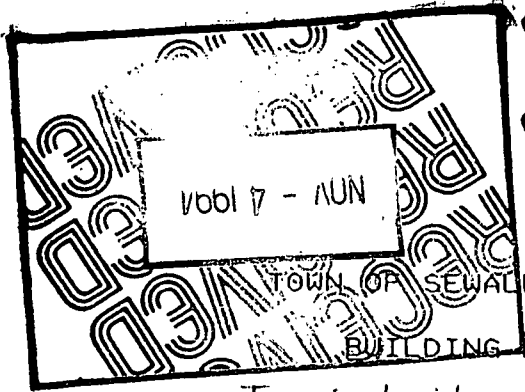


25 Lantana Lane

3690

SFR



3690

Tax Folio No. 12-38-41-002-000-00390-5

Owner's Name Inez Lenihan

Owner's Address 6381 Pent Pl., Miami Lakes, FL 33014-2305

Owner's Telephone (305) 556-9611

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

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

City N/A State N/A Zip N/A

Contractor's Name Perk Construction Co

Contractor's Address 687 S.W. Pt. St. Lucie Blvd.

City Pt. St. Lucie State FL Zip 34953

Contractor's Telephone (407) 871-9788 License Number CGC 013900

Job Name LENIHAN RESIDENCE

Job Address XXYY 25 Lantana Lane

City Town of Sewall's Point State Florida Zip 34996

Legal Description Lot 39, RIO VISTA SUBDIVISION, according to the plat thereof, as recorded in Plat Book 6, Page 95 of the Public Records of Martin County, Florida

Bonding Company N/A

Bonding Company Address N/A

City N/A State N/A

~~Architect/Engineer's Name~~ Walter R. Karpina Reg. No. 46635

~~Architect/Engineer's Address~~ 500 Douglas Dr., Jupiter, FL 33458 (407) 743-8114

Mortgage Lender's Name The Big First Mortgage Corp.

Mortgage Lender's Address 2285 SE. Federal Highway, Stuart, FL 34994

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

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

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

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

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

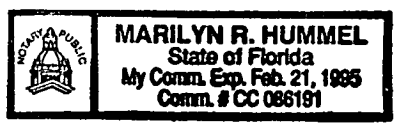
Plumbing Contractor ANKROM Plumbing License No. RF 0042617
Electrical Contractor New Light Electric License No. ER 0008672
Roofing Contractor Steve Castonguay License No. CCC055573
A/C Contractor Dan Warren A/C License No. RA0064277
Description of Building or Alterations New construction, single family residence
Name of Street Designated as Front Building Line and Front Yard Lantana Lane
subdivision Rio Vista Lot 39 Block N/A
Building Area (air conditioned) 2111 sq. ft.
Garage, Porch, Carport Area 859 sq. ft.
Contract Price (excluding carpet, land, appliance, landscaping)
\$ 146,175-

Kathy Killian DATE Nov. 1, 1994
(Owner or Authorized Agent)

Sworn and Subscribed before me this
1st day of November 1994

(SEAL)

Marilyn R. Hummel
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Kenn O. Berk
(Contractor)

DATE Nov. 1, 1994

Sworn and Subscribed before me this
1st day of November 1994

(SEAL)

Marilyn R. Hummel
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 013900

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer

W. Van

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area 2111 sq. ft. x \$60. = \$ 126,660

Non A/C Area 859 sq. ft. x \$25. = \$ 21,475

Total = \$ 148,135

Contract Price \$ 146,175 (fee will be charged on higher amount)

148,500 M. x \$8.00 = \$ 1,188 00 Building Fee

A/C Fee \$ 100 00

Electrical Fee \$ 100 00

Plumbing Fee \$ 100 00

Roofing Fee \$ 100 00

Radon Fee \$ 29 70

County Impact Fee \$ 4,508 20

TOTAL PERMIT FEE \$ 3,525 90

PAYMENT RECEIVED Dale Brown 11/28/94
Signature Date

- Contractor's License ✓
- Sub-Contractors' Licenses ✓
- Workers' Comp. Insurance ✓
- General Liability Insurance ✓
- Three sets of Plans ✓
- Plans sealed by architect or engineer ✓
- Plot Plan ✓
- Boundary survey ✓
- Topographic survey certified to the Town of S.P. ✓
- Recorded warranty deed ✓
- Septic tank permit ✓
- Energy Code calculations ✓
- Elevation certificate ✓
- Recorded notice of commencement ✓
- Application for c.o. ✓

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 3690
 DATE ISSUED 11/28/94
 CONTRACTOR OR
 OWNER/BLDR. Peck Cons
 ADDRESS 697 S Port St Lucie Blvd
 CITY/ST/ZIP Port St Lucie
 TELEPHONE 879-9788

OWNER INEZ Leihan
 ADDRESS _____
 CITY/ST/ZIP SP
 TELEPHONE _____

FLOOD ZONE A-8
 TO BE CONSTRUCTED HOUSE
 SITE ADDRESS 25 Lantana
 SUBDIVISION BIO VISTA
 CONSTRUCTION VALUE 148,000

ONE PER BLDG. PERMIT. MAX. THREE
 SIGNS PER JOB. MAX. SIZE TWO
 SQUARE FEET. BLACK & WHITE.

BLDG. PERMIT GOOD FOR ONE YEAR.
 AT EXPIRATION A NEW PERMIT FEE MUST
 BE PAID.

FEES

REMODELING/NEW CONSTRUCTION _____
 IMPACT 1508.20
 RADON 29.20
 SEPTIC _____
 WELL _____
 FENCE _____
 POOL _____
 DOCK _____

PLUMBING 100.00
 ELECTRICAL 100.00
 MECH./A.C. 100.00
 ROOF 100.00
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER _____
 TOTAL 3,125.90
 PAID BY CHECK 2,247.30

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)			
FORM BOARD SURVEY <u>OK</u>	DATE <u>12/14/94</u>	NAILING <u>OK</u>	DATE <u>11/28/94</u>
ROUGH PLUMBING <u>OK</u>	DATE <u>12/14/94</u>	ROOF _____	DATE _____
TERMITE PROTECTION <u>OK</u>	DATE <u>12-15-94</u>	INSULATION <u>OK</u>	DATE <u>2/9/95</u>
FOOTING-SLAB <u>OK</u>	DATE <u>12/19/94</u>	FINAL ELECTRIC _____	DATE _____
LINTEL <u>OK</u>	DATE <u>1/13/95</u>	FINAL PLUMBING _____	DATE _____
ROUGH ELECTRIC <u>OK</u>	DATE <u>2/1/95</u>	SEPTIC FINAL _____	DATE _____
FRAMING <u>OK</u>	DATE <u>2/1/95</u>	DRIVEWAY <u>OK</u>	DATE <u>3/24/95</u>
A/C DUCTS <u>OK</u>	DATE <u>2/1/95</u>	FINAL C.O. _____	DATE _____

PERMIT AUTHORIZED BY Dale Brown

- Call 287-2455 from 8:00 a.m. to 4:00 p.m. for inspections.
- Requests for inspections require 24 hours notice.
- All work must be in compliance with the Town of Sewall's Point ordinances, the South Florida Building Code, the State of Florida Energy Efficiency Building Code and Elevations based on the latest flood insurance rate map.
- Portable toilet facilities and haul-off trash container must be in job site before initial inspection.
- Working hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday.
- No trucks, trailers or other commercial vehicles may be left on job site overnight unless totally concealed. Violators will be cited. Questions regarding such equipment should be directed to the Building or Police Departments.

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 146,175.00.

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

Ken O. Park

Affiant

Property street address:

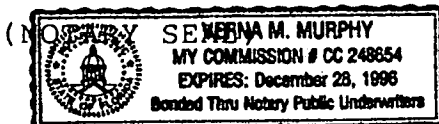
25 Lantana Lane

Sworn to and subscribed
before me this 25th day of
April, 1995.

Shera M. Murphy
Notary Public

STATE OF FLORIDA AT LARGE

My Commission Expires:



RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/26/95

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

For property at 25 Lantana Lane built under Permit No. 3690 Dated 11/28/94 when completed in conformance with the Approved Plans.

Signed Kenn D. Paul

ITEM	DATE	APPROVED BY: (initials)
1. Form board tie in	<u>12/3/94</u>	<u>DB</u>
2. Termite protection	<u>12/16/94</u>	<u>—</u>
3. Footing - slab	<u>12/19/94</u>	<u>DB</u>
4. Rough plumbing - slab	<u>12/14/94</u>	<u>DB</u>
5. Rough electric - slab	<u>12/14</u>	<u>—</u>
6. Lintel	<u>1/13/95</u>	<u>DB</u>
7. Dry in (final)	<u>2/14/95</u>	<u>DB</u>
8. Roof	<u>3/21/95</u>	<u>DB</u>
9. Framing	<u>2/4/95</u>	<u>DB</u>
10. Rough electric	<u>2/6/95</u>	<u>DB</u>
11. Rough plumbing	<u>2/6/95</u>	<u>DB</u>
12. A/C Ducts	<u>2/6/95</u>	<u>DB</u>
13. Insulation	<u>2/9/95</u>	<u>DB</u>
14. Final electric	<u>4/21/95</u>	<u>DB</u>
15. Final plumbing	<u>4/21/95</u>	<u>DB</u>
16. Final construction	<u>4/21/95</u>	<u>DB</u>
17. As-built survey	<u>4/25/95</u>	<u>DB</u>
18. Affidavit of cost	<u>4/25/95</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 4/25/95 date

Approved by Building Commissioner John V. Vorraco date

Utilities notified F.P.L 4/25/95 date

Original Copy sent to OWNER date
(owner)

(Keep carbon copy for Town files)

DECEMBER 14, 1994

BUILDING PERMIT # 3690 SEWELLS POINT

DEAR SIR/MADAM

THIS IS TO CERTIFY THAT WE HAVE OBTAINED THE TOP ELEVATION OF THE FORM BOARDS FOR THE RESIDENCE BUILDING SITUATED ON THE FOLLOWING DESCRIBED PROPERTY:

LOT 39, RIO VISTA, PLAT BOOK 6, PAGE 95, OF PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

ADDRESS OF PROPERTY: 25 LANTANA LANE, SEWELLS POINT, FL 34957

OUR RESULTANT ELEVATION OF THESE FORMS BOARDS ARE 10.61 FEET. THIS ELEVATION IS RELATED TO THE NATIONAL GEODECTIC VERTICAL DATUM OF 1929, FORMERLY KNOWN AS MEAN SEA LEVEL.



**TERRY L. MACDEVITT, FL PLS 4557
PRESIDENT**

SEAL



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Inez Lenihan SEPTIC TANK PERMIT NO. HD94-311

LEGAL DESCRIPTION: Lot 38 Rio Vista

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: 3690 (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is 9 inches (circle one) above below crown of road elevation shown on septic tank permit.
- 4. I certify that the top of the drainfield pipe elevation is _____.
- 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A / B on reverse side) Date Observed: / /
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: / /
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: / /

- NOTE:
- a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or rock.
 - b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
 - c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: [Signature]

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

Date: 12/15/94 Job Number: 94-297

[Signature]
(Signature)

-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

Martin County Health Unit Approval Signature (Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 3/28/92

EMPIRE ENGINEERING & TESTING INC.

P.O. Box 776
Vero Beach, Florida 32961

50 Fifth Court
Vero Beach, Florida 32962

SOIL DENSITY REPORT MODIFIED PROCTOR TEST ASTM D 2922

Date: December 6, 1994
Job #: 940006 -030
Permit #: 94 3690
Client: Peck Construction
Contractor: Peck Construction
Job Location: Lot 39, Sewall's Pointe
25 Lantana Road
Sewall's Point, Florida

Test No.	Test Sample Location	Depth	Pen. In Place Res. Dry Density	Moisture Density Relationship Test No. Maximum Dry Density	% Compacted
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Density - Slab Foundation

Below Slab Grade

1.	S.E. Section	0'-1'	114.9	1 116.4	98.7%
2.	S.W. Section	0'-1'	115.2	1 "	98.9%
3.	N.E. Section	0'-1'	115.0	1 "	98.7%
4.	N.W. Section	0'-1'	115.8	1 "	99.4%
5.	Center	0'-1'	115.0	1 "	98.7%



Frank W. Farley, P.E.

VERO BEACH (407) 569-0153
FAX (407) 569-8408

ST. LUCIE (407) 337-7911
MELBOURNE (407) 676-9956
FT. PIERCE (407) 467-1570

**SOIL DENSITY REPORT
MOISTURE DENSITY RELATIONSHIP**

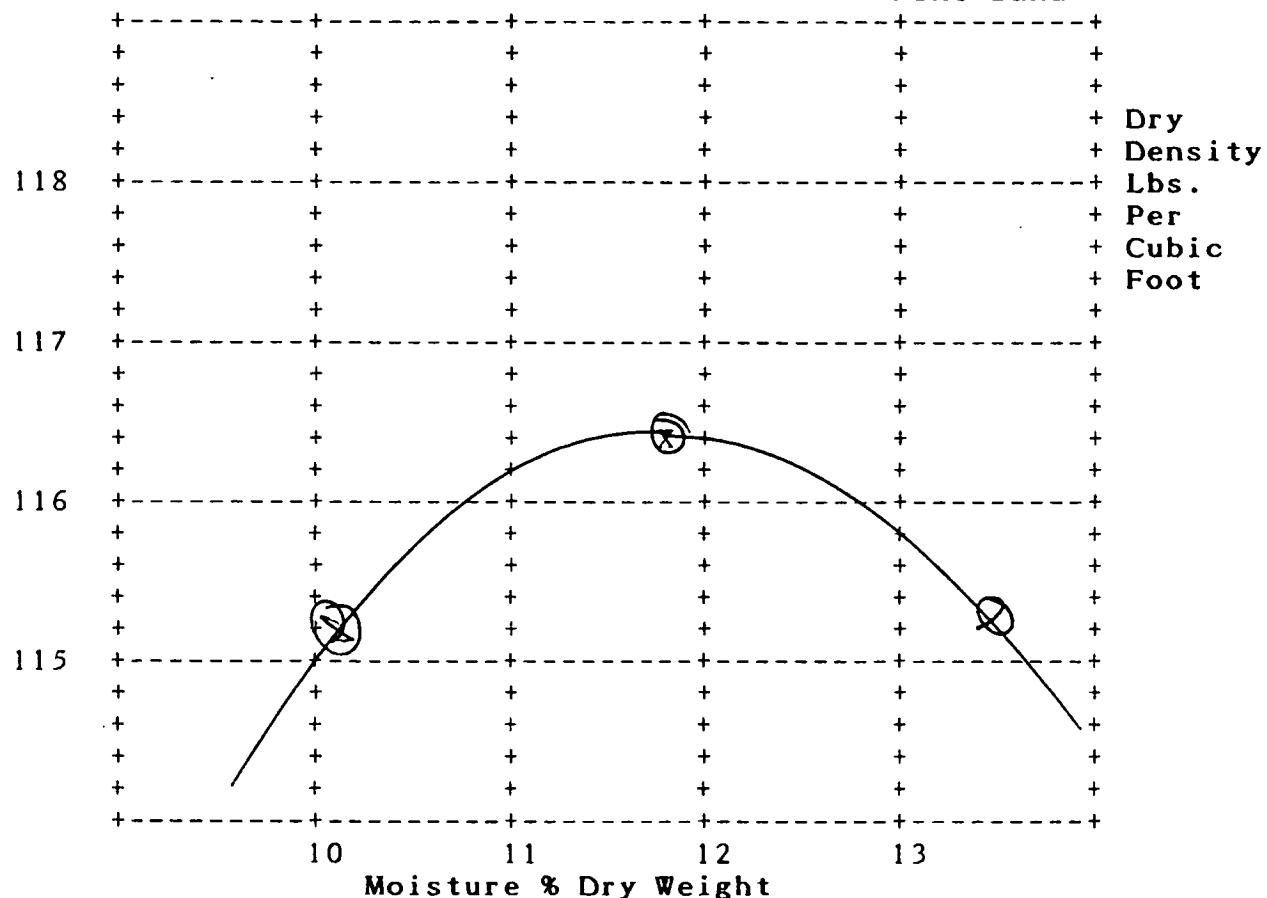
Date: December 6, 1994
 Job #: 940006 -030
 Permit #: 94 3690

Client: Peck Construction

Contractor: Peck Construction

Job Location: Lot 39, Sewall's Pointe
 25 Lantana Road
 Sewall's Point, Florida

Sample Location	In Place Moisture	Optimum Moisture	Max. Dry Density	Soil Description	Test No.
Composite		11.8	116.4	Brown Slightly Clayey Fine Sand	A



Peck

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
ANKROM, WILLIAM R
ANKROM PLMBG SVC INC
1298 SW BILTMORE ST
PSL, FL 34983

EXPIRES SEPTEMBER 30, 1995

AUDIT CONTROL NUMBER	27586	CERTIFICATE NUMBER MP00113
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CERTIFIED
CONTRACTOR

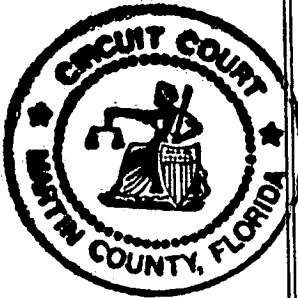
MASTER PLUMBER

SIGNATURE _____

ATTEST:

Valerie A. Messine
LICENSING ADMINISTRATOR

CK# 8710



MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

01064798

RECORDED & VERIFIED
BY *[Signature]* D.C.

94 MAY 27 AM 9:15

F-804FGSjr/pm

WARRANTY DEED

HORACE F. FIELD, III and KAREN JORGENSEN FIELD, his wife,
the Grantors, of Apt L301, 1520 First Street, Coronado, CA
92118, in consideration of the sum of \$10.00 and other good and
valuable considerations received from INEZ LENIHAN, the Grantee,
of 6381 Pint Place, Miami Lakes, FL 33064,
hereby, on this 24TH day of May, 1994, convey to the grantee
the real property in Martin County, Florida, described as:

Lot 39, RIO VISTA SUBDIVISION, according to the Plat thereof
filed December 11, 1975 in Plat Book 6, Page 95, Martin
County, Florida public records.

Subject to reservations, restrictions, and easements of
record, and taxes accruing subsequent to December 31, 1993.

The property appraiser's parcel identification number is
12-38-41-002-000-00390-5.

The Grantees' social security numbers are _____
and _____.

Grantors covenant that the property is free of all
encumbrances, that lawful seisin of and good right to convey that
property are vested in the Grantors, and that the Grantors hereby
fully warrant the title to said land and will defend the same
against the lawful claims of all persons whomsoever.

Witnesses:

[Signature]
Printed Name: C. E. TUCKER, JR.

[Signature]
HORACE F. FIELD, III

[Signature]
Printed Name: SYLVIA JANSEN

[Signature]
KAREN JORGENSEN FIELD

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

The foregoing instrument was acknowledged before me this
24 day of May, 1994 by HORACE F. FIELD, III and KAREN
JORGENSEN FIELD, his wife,
D.C.



[Signature]
Signature of Notary Public
State of California
My commission expires: _____

SYLVIA JANSEN
Print, type or stamp
commissioned name of Notary

Personally known _____ or produced identification X.
Type of Identification produced: Copy of Records

535.00
MARSHA STILLER
MARTIN COUNTY
CLERK OF CIRCUIT COURT

STATE OF FLORIDA
COUNTY OF MARTIN

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

MARSHA STILLER, CLERK
BY *[Signature]*
DATE 11-2-94

LAW OFFICES
OUGHTERSON, OUGHTERSON,
PREWITT & BUNDHEIM, P.A.
810 SW OCEAN BLVD.
STUART, FLORIDA 34994

LAST PAGE

Shannon Byington



FIRST FEDERAL SAVINGS
OF THE PALM BEACHES

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

STATE OF FLORIDA
COUNTY OF MARTIN
THIS IS TO CERTIFY
TRUE AND CORRECT COPY OF
ORIGINAL
CIRCUIT COURT OF MARTIN COUNTY, FLORIDA
MARSHA STALLER, CLERK
BY: [Signature] D.C.
DATE: 10/24/94

NOTICE OF COMMENCEMENT

Permit # _____ Tax Folio # 12-38-41-002-000-00390-5

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

Description of Property: Lot 39, Rio Vista Subdivision, according to the Plat thereof as recorded in Plat Book 6, Page 95, Martin County, Florida, Public Records.

Property Address: XXX Lantana Lane Stuart, FL 34996
General description of improvement: one story, CBS, single family dwelling
Owner: Inez Lenihan

Address: 6381 Pent Place Miami Lakes, FL 33014

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

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

Address: _____

Contractor: Peck Construction Company

Address: 687 S.W. Port St. Lucie Blvd. Port St. Lucie, FL 34953

Surety (if any) _____

Address: _____ Amount of bond \$ _____

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

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

Name: _____

Address: _____

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

Name: _____

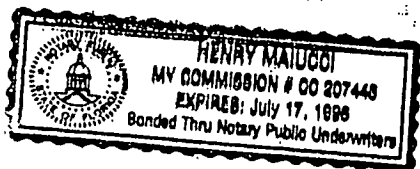
Address: _____

Inez Lenihan
Inez Lenihan (Owner)

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 21 day of OCTOBER, 1994
by Inez Lenihan

who is (are) personally known to me or who has (have) produced _____
as identification and did not take an oath.



[Signature]
(printed name) HENRY MAIUCCI
Notary Public, State of FLORIDA
My commission expires: _____
Serial No.: _____

PROJECT NAME: Single Family Hrs BUILDER: Peak Homes
 AND ADDRESS: _____ PERMITTING OFFICE: _____ CLIMATE ZONE: 7 8 9
 OWNER: LEWIS HAN PERMIT NO.: _____ JURISDICTION NO.: _____

1. New construction or addition
2. Single family detached or Multifamily attached
3. If Multifamily—No. of units covered by this submission
4. If Multifamily, is this a worst case (yes / no)
5. Conditioned floor area (sq. ft.)
6. Predominant eave overhang (ft.)
7. Porch overhang length (ft.)
8. Glass type and area:
 - a. Clear glass
 - b. Tint, film or solar screen
9. Floor type and insulation:
 - a. Slab on grade (R-value + perimeter)
 - b. Wood, raised (R-value + sq. ft.)
 - c. Concrete, raised (R-value)
10. Net Wall type, area and insulation:
 - a. Exterior:
 1. Concrete block (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel frame (Insulation R-value)
 4. Log (Insulation R-value)
 - b. Adjacent:
 1. Concrete block (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel frame (Insulation R-value)
 4. Log (Insulation R-value)
11. Ceiling type, area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
12. Air distribution system:
 - a. Ducts (Insulation + Location)
 - b. Air Handler (Insulation + Location)
13. Cooling system:
 (Types: central-split, central-single pkg., room unit, PTAC., none)
14. Heating system:
 (Types: heat pump, elec. strip, nat. gas, L.P. gas, room or PTAC, none)
15. Hot water system:
 (Types: elec., natural gas, solar, L.P. gas, none)
16. Hot Water Credits:
 - a. Heat Recovery (HR)
 - b. Dedicated Heat Pump (DHP)
17. Infiltration practice: 1, 2 or 3
18. HVAC Credits (Type in Letter designation: CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)
19. EPI (must not exceed 100 points)

	Please Type	CK
1.	<u>NEW</u>	
2.	<u>Single</u>	
3.		
4.		
5.	<u>2111</u> sq. ft.	
6.	<u>2</u> ft.	
7.	<u>11</u> ft.	
	Single Pane Double Pane	
8a.	_____ sq. ft.	_____ sq. ft.
8b.	<u>498</u> sq. ft.	_____ sq. ft.
9a.	R= <u>0</u> , <u>217</u> l. ft.	
9b.	R= _____, _____ sq. ft.	
9c.	R= _____, _____ sq. ft.	
10a-1	R= <u>5.4</u> <u>1411</u> sq. ft.	
10a-2	R= _____ sq. ft.	
10a-3	R= _____ sq. ft.	
10a-4	R= _____ sq. ft.	
10b-1	R= _____ sq. ft.	
10b-2	R= <u>11</u> <u>198</u> sq. ft.	
10b-3	R= _____ sq. ft.	
10b-4	R= _____ sq. ft.	
11a.	R= <u>19</u> <u>2176</u> sq. ft.	
11b.	R= _____ sq. ft.	
12a.	R= <u>6</u> , <u>uncon</u> (cond./uncond.)	
12b.	R= _____ (cond./uncond.)	
13a.	Type: <u>Central</u>	
13b.	SEER/EER/COP: <u>12</u>	
13c.	Capacity: _____	
14a.	Type: <u>ELEC.</u>	
14b.	HSPF/COP/AFUE: _____	
14c.	Capacity: _____	
15a.	Type: <u>ELEC</u>	
15b.	EF: <u>90</u>	
16a.	<u>HR</u>	
16b.	_____	
17.	<u>2</u>	
18.	_____	
19.	<u>90.51</u>	
19a.	<u>33819.15</u>	
19b.	<u>37363.70</u>	

a. Total As-Built points
 b. Total Base points

$$EPI = \frac{\text{Total As-Built points}}{\text{Total Base points}} \times 100$$

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: David R. Sulak DATE: 10/19/96
 I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____
 Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____

Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5267

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: SINGLE FAMILY RESIDENTIAL BUILDER: PECK HOMES

AND ADDRESS:

PERMITTING

CLIMATE

OFFICE:

ZONE: 71_1 81_1 91_1

PERMIT NO.

JURISDICTION NO.

OWNER: LEIHAN RES.

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4. _____	_____
5. Conditioned floor area (sq.ft.)	5. 2111.00	_____
6. Predominant eave overhang (ft.)	6. 2.00	_____
7. Porch overhang length (ft.)	7. 11.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.00sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 497.00sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 217.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 1411.00sqft	_____
a. Adjacent: 2. Wood frame (Insulation R-value)	10a-2 R=11.00, 188.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 2176.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 12.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.90	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16. HR	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. _____	_____
19. EPI (must not exceed 100 points)	19. 90.51	_____
a. Total As_Built points	19a. 33819.15	_____
b. Total Base points	19b. 37363.70	_____

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

PREPARED BY: Daniel Insulate
 DATE: 10/18/94

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

OWNER/AGENT: _____
 DATE: _____

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

BUILDING OFFICIAL: _____
 DATE: _____

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS ORIENT	AREA	x	BSPM	=	POINTS	TYPE	SC	ORIENT	AREA	x	SPM	x	SOF	=	POINTS
NE	54.00		109.7		5923.8	SGL TINT		NE	48.0		94.5		.82		3741.4
						SGL TINT		NE	6.0		94.5		.69		393.1
E	26.00		109.7		2852.2	SGL TINT		E	10.0		133.9		.92		1227.4
						SGL TINT		E	6.0		133.9		.74		591.6
						SGL TINT		E	10.0		133.9		.59		790.0
SE	221.00		109.7		24243.7	SGL TINT		SE	82.0		143.0		.52		6097.5
						SGL TINT		SE	41.0		143.0		.57		3353.8
						SGL TINT		SE	36.0		143.0		.28		1441.4
						SGL TINT		SE	30.0		143.0		.90		3880.1
						SGL TINT		SE	18.0		143.0		.68		1759.7
						SGL TINT		SE	4.0		143.0		.84		479.2
						SGL TINT		SE	10.0		143.0		.92		1313.6
S	26.00		109.7		2852.2	SGL TINT		S	10.0		132.5		.89		1182.2
						SGL TINT		S	6.0		132.5		.65		517.5
						SGL TINT		S	10.0		132.5		.48		636.0
SW	75.00		109.7		8227.5	SGL TINT		SW	41.0		143.0		.56		3292.3
						SGL TINT		SW	18.0		143.0		.32		833.9
						SGL TINT		SW	16.0		143.0		.75		1718.1
NW	95.00		109.7		10421.5	SGL TINT		NW	12.0		94.5		.44		503.9
						SGL TINT		NW	20.0		94.5		.65		1232.9
						SGL TINT		NW	45.0		94.5		.91		3855.6
						SGL TINT		NW	18.0		94.5		.65		1448.0

.15 x COND. FLOOR AREA	TOTAL GLASS AREA	=	ADJ. FACTOR	x	GLASS POINTS	=	ADJ GLASS POINTS		GLASS POINTS		
.15	2,111.00		497.00		.637		54,520.90		34,736.50		40,289.09

NON GLASS	AREA	x	BSPM	=	POINTS	TYPE	R-VALUE	AREA	x	SPM	=	POINTS
-----------	------	---	------	---	--------	------	---------	------	---	-----	---	--------

WALLS												
Ext	1411.0		1.6		2257.6	Ext NormWtBlock In	5.4	1411.0		1.92		2709.1
Adj	188.0		1.0		188.0	Adj Wood Frame	11.0	188.0		1.00		188.0

DOORS												
Ext	35.8		6.4		229.4	Ext Insulated		35.8		6.40		229.4
Adj	19.0		2.6		49.5	Adj Wood		19.0		3.80		72.4

CEILINGS												
JA	2111.0		.8		1688.8	Under Attic	19.0	2176.0		1.50		3264.0

FLOORS												
Slb	217.0		-20.0		-4340.0	Slab-on-Grade	.0	217.0		-20.00		-4340.0

INFILTRATION												
	2111.0		14.7		31031.7	Practice #2		2111.0		14.70		31031.7

TOTAL SUMMER POINTS | 65,841.48 | 73,443.63

TOTAL SUM PTS	x	SYSTEM MULT	=	COOLING POINTS		TOTAL COMPON	x	CAP RATIO	x	DUCT MULT	x	SYSTEM MULT	x	CREDIT MULT	=	COOLING POINTS
---------------	---	-------------	---	----------------	--	--------------	---	-----------	---	-----------	---	-------------	---	-------------	---	----------------

65,841.48 .37 24,361.35 | 73,443.63 1.00 1.100 .280 1.000 22,620.64

WINTER CALCULATIONS

=== BASE === | === AS-BUILT ===

GLASS ORIENT	AREA	x BWPM	= POINTS	TYPE	SC	ORIENT	AREA	x WPM	x WDF	= POINTS
NE	54.00	-.4	-21.6	SGL TINT		NE	48.0	2.9	1.16	161.2
				SGL TINT		NE	6.0	2.9	1.26	21.9
E	26.00	-.4	-10.4	SGL TINT		E	10.0	.2	2.85	5.7
				SGL TINT		E	6.0	.2	6.92	8.3
				SGL TINT		E	10.0	.2	11.04	22.1
SE	221.00	-.4	-88.4	SGL TINT		SE	82.0	-2.0	-.03	4.9
				SGL TINT		SE	41.0	-2.0	.13	-10.3
				SGL TINT		SE	36.0	-2.0	-1.46	105.1
				SGL TINT		SE	30.0	-2.0	.85	-50.7
				SGL TINT		SE	18.0	-2.0	.44	-15.7
				SGL TINT		SE	4.0	-2.0	.74	-5.9
				SGL TINT		SE	10.0	-2.0	.87	-17.4
S	26.00	-.4	-10.4	SGL TINT		S	10.0	-1.8	.88	-15.9
				SGL TINT		S	6.0	-1.8	.42	-4.5
				SGL TINT		S	10.0	-1.8	-.34	6.1
SW	75.00	-.4	-30.0	SGL TINT		SW	41.0	-2.0	.09	-7.8
				SGL TINT		SW	18.0	-2.0	-1.06	38.1
				SGL TINT		SW	16.0	-2.0	.58	-18.6
NW	95.00	-.4	-38.0	SGL TINT		NW	12.0	2.9	1.51	52.4
				SGL TINT		NW	20.0	2.9	1.29	74.9
				SGL TINT		NW	45.0	2.9	1.09	142.4
				SGL TINT		NW	18.0	2.9	1.14	59.4

.15 x COND. FLOOR AREA	TOTAL GLASS AREA	= ADJ. FACTOR	x GLASS POINTS	= ADJ GLASS POINTS	GLASS POINTS
.15	2,111.00	497.00	.637	-198.80	-126.66 555.58

NON GLASS AREA	x BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM	= POINTS
WALLS-----							
Ext	1411.0	.3	Ext NormWtBlock In	5.4	1411.0	.86	1213.5
Adj	188.0	.5	Adj Wood Frame	11.0	188.0	.50	94.0
DOORS-----							
Ext	35.8	1.8	Ext Insulated		35.8	1.80	64.5
Adj	19.0	1.3	Adj Wood		19.0	1.90	36.2
CEILINGS-----							
UA	2111.0	.1	Under Attic	19.0	2176.0	.30	652.8
FLOORS-----							
Slb	217.0	-2.1	Slab-on-Grade	.0	217.0	-2.10	-455.7
INFILTRATION-----							
	2111.0	1.2	Practice #2		2111.0	1.20	2533.2

TOTAL WINTER POINTS | 2,768.50 | 4,694.03

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

2,768.50 1.10 3,045.35 | 4,694.03 1.00 1.100 1.000 1.000 5,163.44

WATER HEATING

=== BASE === | === AS-BUILT ===

NUM OF x MULT = TOTAL | TANK VOLUME EF TANK x MULT x CREDIT = TOTAL
BEDRMS | RATIO MULT

3 3319.0 9,957.00 | 50 .90 1.000 3244.7 .62 6,035.08
=====

SUMMARY

=== BASE === | === AS-BUILT ===

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

24361.3 3045.4 9957.0 37,363.70 | 22620.6 5163.4 6035.1 33,819.15
=====

* EPI = 90.51 *

ENERGY GUIDE

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

EPI= 90.5



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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency
		SINGL CLR		DBL TINT
WINDOWS.....	Single Tint	-----X-----		
INSULATION.....				
Ceiling R-Value.....	19.0	R-10		R-30
Wall R-Value.....	6.1	R-0		R-7
Floor R-Value.....	0.0	R-0		R-19
AIR CONDITIONER.....				
SEER/EER.....	12.6	10.0	SEER	17.0
		9.7	EER	16.0
HEATING SYSTEM.....				
Electric COP/HSPF.....	1.0	2.50	COP	4.19
Gas AFUE.....	0.00	0.78	AFUE	0.90
WATER HEATER.....				
Electric EF.....	0.90	0.88		0.96
Gas EF.....	0.00	0.54		0.90
Solar EF.....		0.40		0.80
OTHER FEATURES.....				

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

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

S/N 2920

RIGHT-J SHORT FORM

9-26-94

Job #: Lenihan
 For: Peck Construction Co.
 651 S.W. Port St. Lucie Blvd
 Port St. Lucie Fl 34953
 407-879-7988

Outside db 45 91
 Inside db 70 75
 Design TD 25 16
 Daily Range - M
 Inside Humid. - 50
 Grains Water - 60

By: Dan's Air Conditioning & Heating Inc.
 1484 S.E. Village Green Drive
 Port St. Lucie Fl 34952
 407-337-0355

Const. Quality a
 # of Fireplaces 0

HEATING EQUIPMENT

COOLING EQUIPMENT

Make RUUD
 Model
 Type Resistance
 Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 1196 CFM
 Htg Air Flow Factor 0.032 CFM/Btuh

Make RUUD
 Model
 Type Straight Cool
 COP/EER/SEER 12.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 1196 CFM
 Clg Air Flow Factor 0.043 CFM/Btuh

Space Thermostat Honeywell

Load Sensible Heat Ratio 79

ROOM NAME	AREA SQ. FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
Masterbed Room	268	6039	4030	193	174
Master Bath	324	3728	1900	119	82
Great Room	300	5449	3382	175	146
Foyer	51	2182	1148	70	50
Dining Room	176	3233	1510	104	65
Kitchen	194	296	3233	9	140
Breakfast Nook	177	5800	3901	186	169
Laundry	103	1279	2131	41	92
Bedroom No.2	215	2963	2223	95	96
Bath No.2	74	962	817	31	35
Bedroom No.3	209	4193	2662	134	115
Cabana Bath	73	1225	695	39	30
Entire House	2163	37348	27631	1196	1196
Ventilation Air Equip. @ 0.95 RSM		4125	2640		
Latent Cooling			13254		
TOTALS	2163	41473	42012	1196	1196

AC# 2775225 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD

07/15/94 AUDIT CONTROL NO. 2775225
 LICENSE NO. BATCH NO. AMOUNT PAID
 CG C013900 94900056 \$209.00

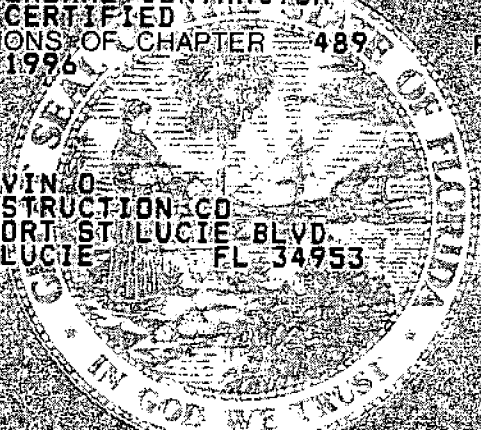
DATE	LICENSE NO.	BATCH NO.
07/15/94	CG C013900	94900056

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

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

Kevin O. Peck
 LICENSEE SIGNATURE

PECK, KEVIN O.
 PECK CONSTRUCTION CO
 687 SW PORT ST LUCIE BLVD.
 PORT ST LUCIE FL 34953



LAWTON CHILES
 GOVERNOR

GEORGE STUART JR.
 SECRETARY, D.B.P.R.

DISPLAY IN A CONSPICUOUS PLACE

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD
 CERTIFIED GENERAL CONTRACTOR
 PECK, KEVIN O.
 PECK CONSTRUCTION CO

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

LAWTON CHILES
 GOVERNOR

GEORGE STUART JR.
 SECRETARY, D.B.P.R.



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

10/13/94

PRODUCER

JPA INSURANCE
PO BOX 857217
PT ST LUCIE FL 34985

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** THE MARYLAND COMPANY

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D** FLORIDA HOME BUILDERS

COMPANY LETTER **E**

INSURED

PECK CONSTR CO INC
PECK REALTY CO
687 SW PT ST LUCIE B
PT ST LUCIE FL 34953

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	ECA20303575	9/09/94	9/09/95	GENERAL AGGREGATE \$, 000 , 000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$, 000 , 000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 00 , 000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 00 , 000
					FIRE DAMAGE (Any one fire) \$ 0 , 000
					MED. EXPENSE (Any one person) \$, 000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	05981	3/01/94	3/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 00 , 000
					DISEASE-POLICY LIMIT \$ 00 , 000
					DISEASE-EACH EMPLOYEE \$ 00 , 000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

STATE OF FLORIDA
30 DAYS WRITTEN NOTICE REQUIRED FOR CANCELLATION ON WORKERS COMP

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
1 SOUTH SEWALLS PT RD
SEWALL'S POINT FL 34994

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
JIM POWER JR

MA



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Inez Lenihan SEPTIC TANK PERMIT NO. HD94-311
LEGAL DESCRIPTION: Lot 39 Rio Vista

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

1. Building Permit Number: _____ (Certification not required for this item).
2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
4. I certify that the top of the drainfield pipe elevation is _____.
5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A/ B on reverse side) Date Observed: / /
6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: / /
7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: / /

- NOTE:
- a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
 - b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
 - c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

William J. Peck

(Signature)

-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

Martin County Health Unit Approval Signature

(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH

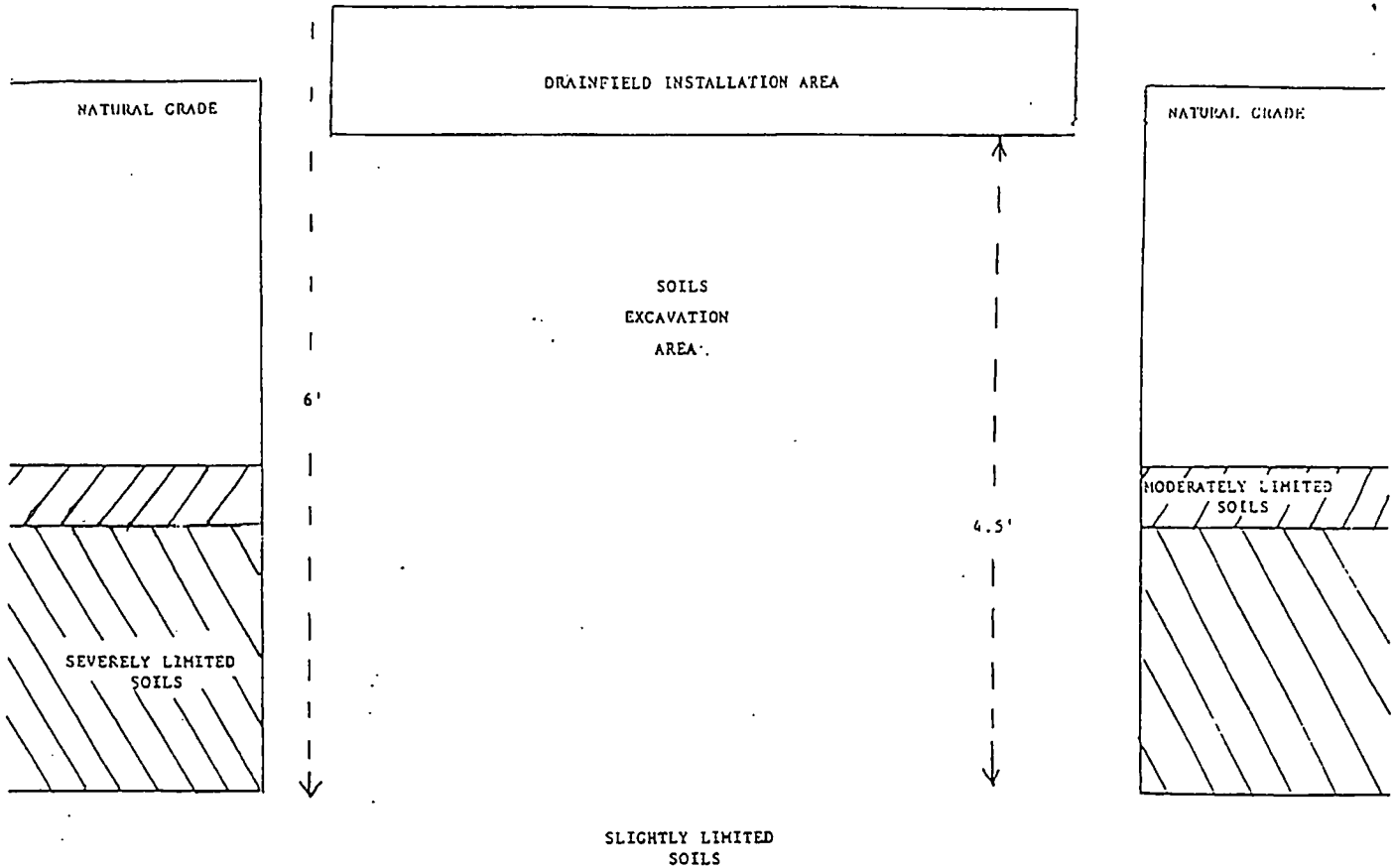
Revised 3/28/92

612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM A"



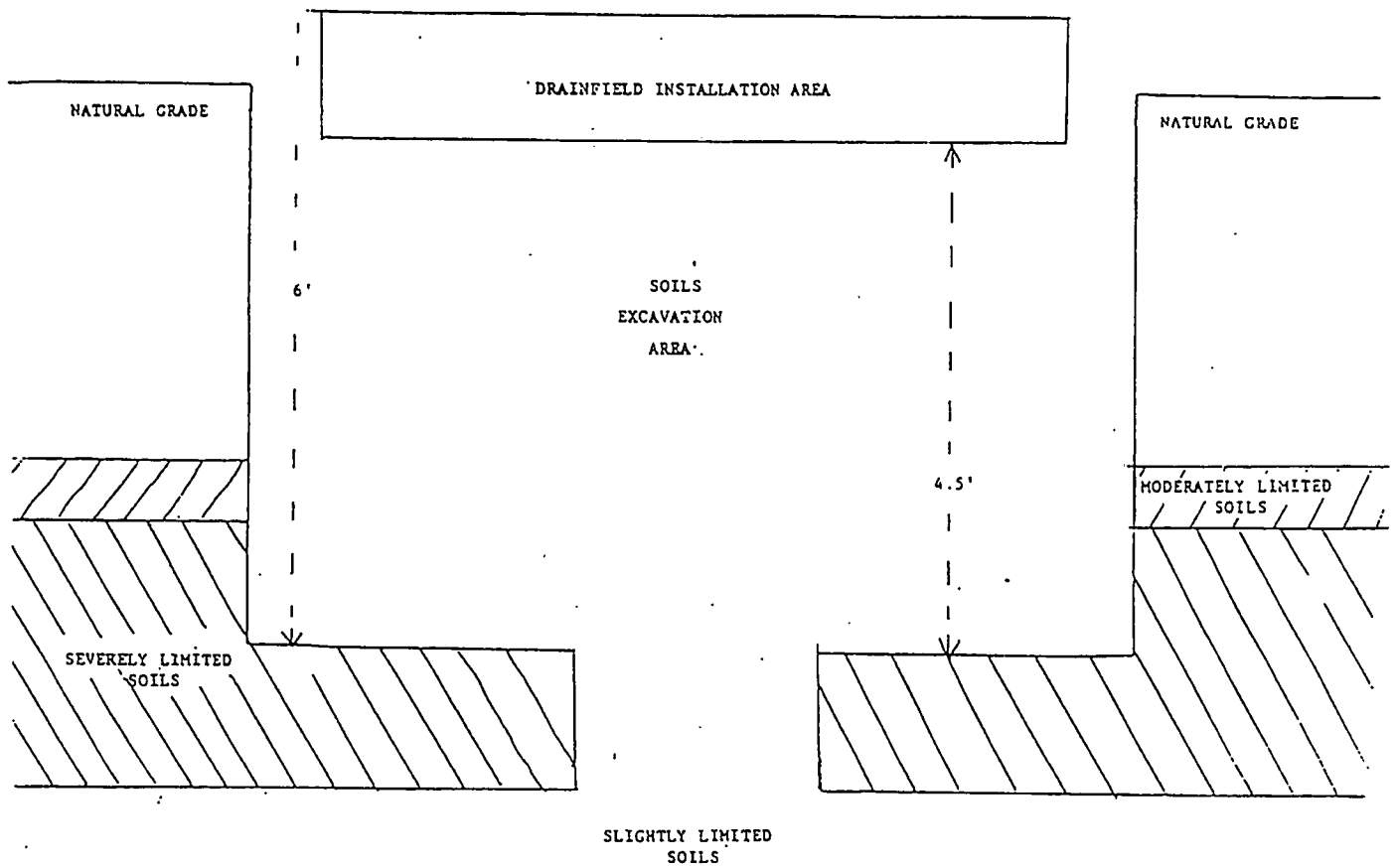
4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"

NTS



SLIGHTLY LIMITED SOILS

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

PERMIT # 94-0311-HD
DATE PAID 11/04/94
FEE PAID \$ 105.00
RECEIPT # 13657
BLDG PERMIT _____

CONSTRUCTION PERMIT FOR:

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

APPLICANT: INEZ LENIHAN

AGENT: CONSTRUCTION PECK

PROPERTY STREET ADDRESS: LANTANA LANE

LOT: 39 BLOCK: _____ SUBDIVISION: RIO VISTA

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

=====

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

=====

SYSTEM DESIGN AND SPECIFICATIONS

T [900] [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY _____ MULTI-CHAMBERED/IN SERIES: [N]
A [0] [GALLONS / GPD] _____ CAPACITY _____ MULTI-CHAMBERED/IN SERIES: [N]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [257] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: STANDARD FILLED MOUND ['] _____
I CONFIGURATION: TRENCH BED 3 TRENCHES X 29'L

F LOCATION OF BENCHMARK: CR:8.48'NGVD

I ELEVATION OF PROPOSED SYSTEM SITE IS [8.6] INCHES ABOVE BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [15.4] INCHES BELOW BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O DRAINFIELD ROCK MUST BE A MINIMUM OF 5 FEET FROM PROPERTY LINE.

T TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 5 INCHES ABOVE CR 8.48'

H TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 5 " BELOW "

E TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 9 " ABOVE "

R DO NOT EXCEED 18 INCHES OF COVER OVER THE DRAINFIELD ROCK.

SPECIFICATIONS BY: EDGAR MORALES

TITLE: ENVIRONMENTAL SP

APPROVED BY: RAY CROSS

TITLE: ENV. SUPERVISOR

MARTIN

CPHU

DATE ISSUED: 11/18/94 VARIANCE Y / N [N/A] INCLUDES EXPIRATION DATE: 11/13/95

VARIANCE EXPIRATION

HRS-H Form 4016 March 1992 (Obsoletes Previous Editions Which May Not Be Used)

Page 1 of 2

** SEE ATTACHED SPECIAL CONDITIONS FORM **



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Lenihan PERMIT NO. (HD) 94-311
SUBDIVISION: _____

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

- 1. Drainfield must be maintained under grass; ___ and protected from vehicular traffic (traffic barriers).
- 2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- 4. Septic system must be 75' from surface water / wetlands / mean high water line.
- 5. Excavate one / three feet beyond drainfield area to a depth of 4.5' below drainfield rock.
- 6. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
- 7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
- 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
- 9. Mound area must be sodded or stabilized with seed and hay prior to final grade inspection.
- 10. Any future ponds or surface water created onsite must be 75' from septic system(s).
- 11. Available area for septic installation must to be evenly filled and leveled.
- 12. ___ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3
MARTIN COUNTY PUBLIC HEALTH UNIT

ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

SPECIAL CONDITION REQUIREMENTS

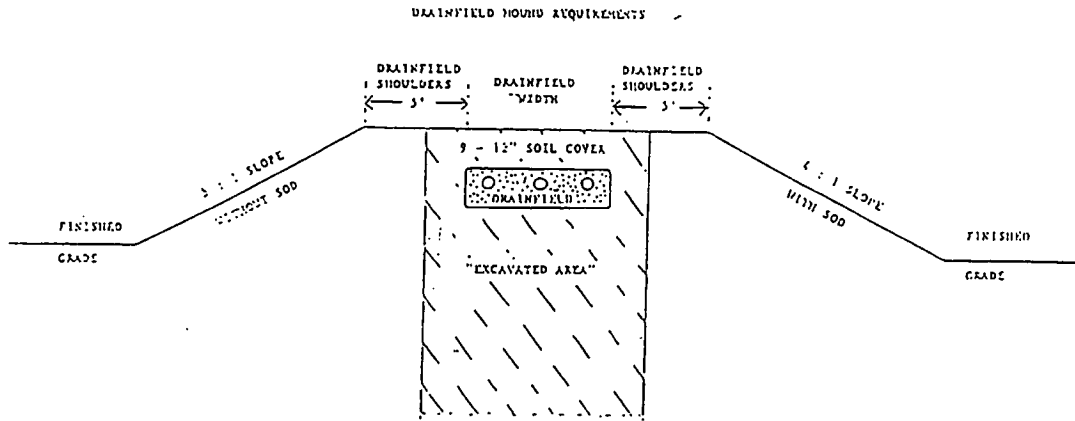
13. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems.
- ___ 14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met.
- ___ 15. Septic tank/ dosing chamber/ grease trap must have traffic lids with two manholes covers per tank extending to the surface.
- ___ 16. ___ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.

All other greaseless flow should be connected directly to the septic tank.

- ___ 17. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump.
- ___ 18. Two pumps are required to alternately dose into at least two separate fields.
19. No sprinklers, roof drainage or gutter drains are allowed to drain into drainfield rock area.
20. Water line must be ten feet from drainfield or; A. Double sleeved. B. Encased in concrete.
- ___ 21. All wells installed onsite must be 25' from the building foundation.
- ___ 22. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
23. If building stubout is placed more than 20ft. from septic tank or drainfield, stubout elv. must be higher than permitted elv. and have prior approval from the health unit.
24. If fill is required, contact Martin County Building Division.
25. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.

SPECIAL CONDITION REQUIREMENTS

- 26. If any information on this permit changes, an amended application is required to be filed immediately.
- 27. Any alteration of the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
- 28. If a mound drainfield is proposed, see following sketch of additional requirements.



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

- 29. Other: SEPTIC TANK IS REQUIRED TO BE AT FINISHED SOIL GRADE, DO NOT EXCEED 18 INCHES OF COVER OVER DRAINFIELD ROCK.

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

Questions concerning special conditions can be answered by calling _____ at (407) 221-4090.

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

PERMIT # 94-0311-HD
 BLDG PERMIT _____

APPLICANT: INEZ LENIHAN AGENT: CONSTRUCTION PECK

LOT: 39 BLOCK: _____ SUBDIVISION: RIO VISTA

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

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

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: .35 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 450 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
 AUTHORIZED SEWAGE FLOW: 875 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1236 SQFT UNOBSTRUCTED AREA REQUIRED: 514 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 8.48 cr of road
 ELEVATION OF PROPOSED SYSTEM SITE IS 8.6 INCHES [ABOVE ~~1.6~~ BENCHMARK/REFERENCE POINT.]

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
 SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? YES NO
 WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
 BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 43 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
 10 YEAR FLOOD ELEVATION FOR SITE: NA FT MSL/NGVD SITE ELEVATION: 9.20 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR 5/1 Gray</u>	<u>silt</u>	<u>0 to 6</u>
<u>10YR 5/1 Gray</u>	<u>sand</u>	<u>6 to 42</u>
<u>10YR 5/1 Yellow/Brown</u>	<u>sand</u>	<u>42 to 72</u>
		to
		to
		to
		to
		to
		to

Munsell #/Color	Texture	Depth
<u>10YR 5/1 Gray</u>	<u>dirt</u>	<u>0 to 3</u>
<u>10YR 7/2 Silty Sand</u>	<u>sand</u>	<u>3 to 38</u>
<u>10YR 5/1 Yellow/Brown</u>	<u>sand</u>	<u>38 to 72</u>
		to
		to
		to
		to
		to
		to

USDA SOIL SERIES: Paola #6

USDA SOIL SERIES: Paola #6

OBSERVED WATER TABLE: 702 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [ABOVE / BELOW] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.75 DEPTH OF EXCAVATION: N/A INCHES
 DRAINFIELD CONFIGURATION: TRENCH BED [OTHER (SPECIFY) _____]
 REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Cindy H DATE: 11/7/94

** SITE EVALUATION FIELD NOTES **

1. WET SEASON (SEASONAL HIGH) WATER TABLE PER USDA SOIL SURVEY 72 in.
(Below / Above - Ground surface.)

2. ESTIMATED SEASONAL HIGH WATER TABLE FROM FIELD VISIT 72 in.
(Below / Above - Ground surface.)

3. JUSTIFICATION FOR ESTIMATED SEASONAL HIGH WATER TABLE (IF NOT CONSISTENT WITH USDA MARTIN COUNTY SOIL SURVEY): _____

4. FIELD NOTES (EXPLAIN UNIQUE CONDITIONS FOUND AT SITE): _____

5. IS THE SITE PLAN ACCURATE? (Y) / N , IF NO, EXPLAIN _____

6. NATIVE VEGETATION PRESENT Oak trees _____

7. OTHER COMMENTS _____

IS BENCHMARK PRESENT ON SITE AS SHOWN ON SITE PLAN? (YES) / NO



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

PERMIT # 94-0311
 DATE PAID 11-4-94
 FEE PAID \$ 185.00
 RECEIPT # 13657

RECEIVED
 NOV 4 1994

AD 94-0311

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

APPLICANT: INEZ LENIHAN TELEPHONE: 817-9788

AGENT: Peck Construction

MAILING ADDRESS: 687 S.W. Port St. Lucie Boulevard Port St. Lucie FLA. 34953

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

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

LOT: 39 BLOCK: _____ SUBDIVISION: RIO VISTA DATE OF SUBDIVISION: 12/11/75

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

PROPERTY SIZE: .35 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY STREET ADDRESS: LANTANA LANE

DIRECTIONS TO PROPERTY: SEE ATTACHED MAP

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	<u>Single Family</u>	<u>3</u>	<u>2111</u>		
2					
3					
4					

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

APPLICANT'S SIGNATURE: Alleen J. Peck DATE: 11-1-94



APPLICANT Tree Heights / Peck Construction

LEGAL DESCRIPTION Lot 39, R.O. 5.5.52


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

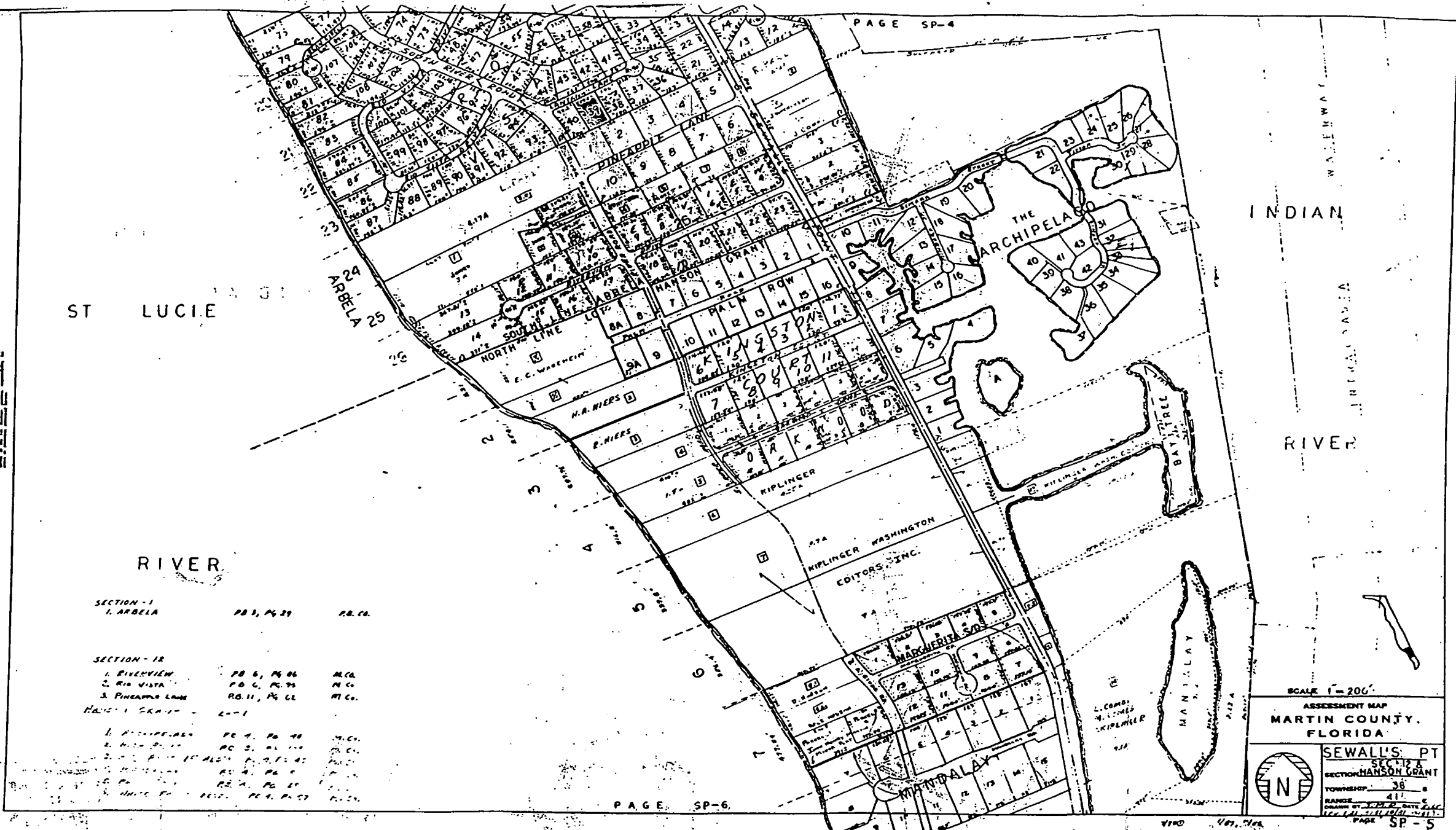
1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? no
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? no
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? no
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? no
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? no
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? no
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? no
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? no
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? no
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? no
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? yes
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? yes
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? yes
14. THERE IS 1236 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 8.48 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 9.2 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? NO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD.

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

CERTIFIED BY: 
 FL. PROFESSIONAL NO. 4557
 DATE: 10/10/94 JOB NO. 94-297



ST LUCIE RIVER

INDIAN RIVER

THE ARCHIPELAGO

RIVER

SECTION - I
 1. ARBELLA PB 3, PG 21 RB. CO.

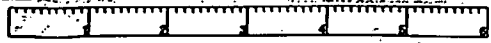
SECTION - 12
 1. RIVERVIEW PB 6, PG 06 M.C.
 2. RIO VISTA PB 6, PG 09 M.C.
 3. PINEAPPLE LANE RB. 11, PG 02 M.C.
 HANSON GRANT - 4-1

1. RIVERVIEW PB 6, PG 06 M.C.
 2. RIO VISTA PB 6, PG 09 M.C.
 3. PINEAPPLE LANE RB. 11, PG 02 M.C.
 4. HANSON GRANT - 4-1
 5. HANSON GRANT - 4-1
 6. HANSON GRANT - 4-1
 7. HANSON GRANT - 4-1
 8. HANSON GRANT - 4-1
 9. HANSON GRANT - 4-1
 10. HANSON GRANT - 4-1

SCALE 1" = 200'

ASSESSMENT MAP
 MARTIN COUNTY,
 FLORIDA

SEWALL'S PT
 SEC. 12 A
 SECTION HANSON GRANT
 TOWNSHIP 38
 RANGE 411
 DRAWN BY: J.P.D. DATE: 11/11/01
 CHECKED BY: J.P.D. DATE: 11/11/01
 PAGE SP-5



3779

GREEN HOUSE

TAX FOLIO NO. #3779

DATE 4/20/95

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

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

Owner INEZ LEVITAN Present address 25 HANTANA LANE

Phone % 221-8250 STUART, FL 34996

Contractor SELF Address SAME

Phone SAME

Where licensed _____ License number _____

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Plant house - 8'x8' wood frame covered by screening

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

25 Hantana Lane

Subdivision Rio Vista Lot Number 39 Block Number _____

Contract price structure is being moved not built Cost of permit \$ 24XX

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted _____

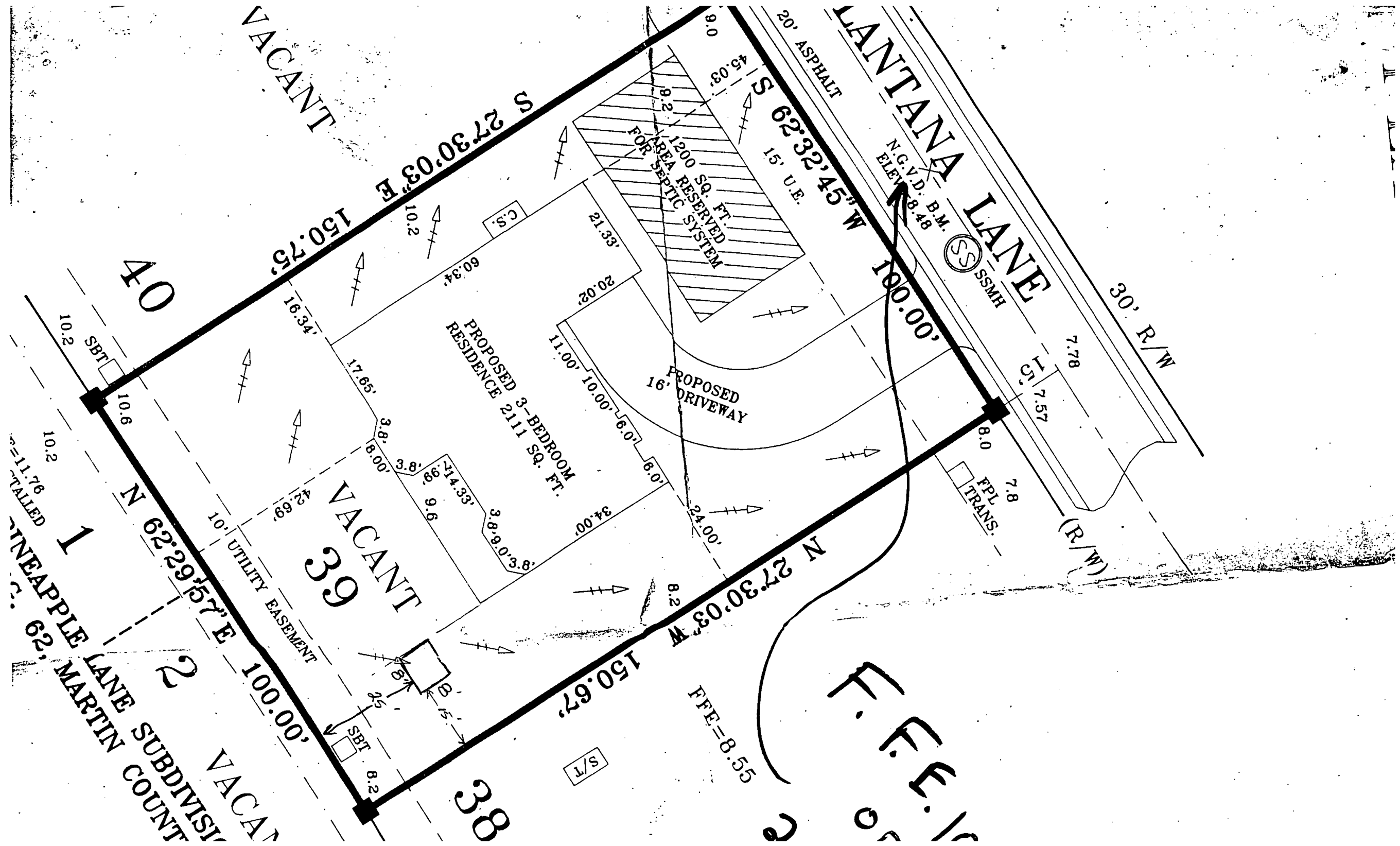
Approved: [Signature] 4/20/95
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. #3779



VACANT
S 27°30'03" E 150.75'

LANTANA LANE
N.G.V.D. B.M. 8.48
ELEV. 8.48
SS SSMH
S 62°32'45" W 100.00'
15' U.E.
20' ASPHALT

30' R/W
7.78

7.57

8.0
7.8
FPL TRANS.

(R/W)

40

PROPOSED 3-BEDROOM RESIDENCE 2111 SQ. FT.

PROPOSED 16' DRIVEWAY

1200 SQ. FT. AREA RESERVED FOR SEPTIC SYSTEM

VACANT
39

38

150.67'

N 27°30'03" W 100.00'

FFE=8.55

10' UTILITY EASEMENT

N 62°29'57" E 100.00'

VACANT

1
2
NEAPPLE LANE SUBDIVISION
MARTIN COUNTY

F.F.F. 10

7512

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/26/05

BUILDING PERMIT NO. 7512

Building to be erected for LENIHAN Type of Permit REROOF

Applied for by COLLINS ROOFING (Contractor) Building Fee _____

Subdivision RIO VISTA Lot 39 Block _____ Radon Fee _____

Address 25 LANTANA LANE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

1298410020000039050000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee 120.00

Amount Paid 120.00 Check # 10604 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 13,000.

TOTAL Fees 120.00

Signed Jessica Long
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

APR 25 2005

BY:

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 4-12-05

OWNER/TITLEHOLDER NAME: Inez Lenihan Phone (Day) _____ (Fax) _____

Job Site Address: 25 Lantana Ln. City: Stuart State: FL Zip: 34994

Legal Desc. Property (Subd/Lot/Block) Rio Vista S/D Lot 39 Parcel Number: 12-98-41-0025-000-003905

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

Description of Work To Be Done: RE ROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 13,000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Collins Roofing, Inc. *529-2253 Phone: 201-1352 Fax: 489-6505

Street: PO Box 12867 City: Ft. Pierce State: FL Zip: 34982

State Registration Number: CCC058011 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: _____

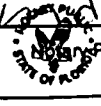
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

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

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

OWNER OR AGENT SIGNATURE (required)
Inez Lenihan
State of Florida, County of: Martin
This the 25 day of April, 2005
by Inez Lenihan who is personally
known to me or produced _____
as identification. Linda Schram

My Commission Expires: _____
Expires January 11, 2006



CONTRACTOR SIGNATURE (required)
Christopher Collins
On State of Florida, County of: St. Lucie
This the 19th day of April, 2005
by Christopher Collins who is personally
known to me or produced _____
As identification. Carla Langel

My Commission Expires: _____
Notary Public
Carla Langel
MY COMMISSION # DD136325 EXPIRES
October 22, 2006



PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

IMPORTANT NOTICE: All items listed below must accompany your permit application.
No application will be accepted unless all items that are applicable are submitted.


Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Estimated cost of construction.
6. Original signature of owner and notarized
7. Original signature of Contractor and notarized.

Submittals (2 copies)

1. Product approvals from Miami/Dade for the following items:
 - a. Roofing
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
6. Copy of Workmen's Compensation
7. Copy of Liability Insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**

X 

(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339**PRODUCT CONTROL NOTICE OF ACCEPTANCE**Johns Manville Corp.
717 17 Street (P.O. Box 5108)
Denver, CO 80217

Your application for Notice of Acceptance (NOA) of:

Johns Manville Modified Bitumen Roofing Systems Over Wood Deck

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


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

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

ACCEPTANCE NO.: 01-0206.17
EXPIRES: 06/14/2006Raul Rodriguez
Chief Product Control Division**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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

APPROVED: 06/14/2001

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>4/26/05</u>  BUILDING OFFICIAL Gene Simmons</p>
--

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

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: APP Modified Bitumen


Approval Date: June 14, 2001

Deck Type: Wood
Maximum Design Pressure -52.5 psf
Fire Classification: See General Limitation #1

Expiration Date: June 14, 2006

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
JM APP Base	150 sq. ft. roll	ASTM D 5147	APP modified asphalt, fiberglass reinforced, smooth surfaced base sheet.
APPeX 4S	32.8' x 3.28'; 90 lb. roll	ASTM D 6222, type I, grade S	APP modified asphalt, polyester reinforced, smooth surfaced membrane.
APPeX 4.5M	32.8' x 3.28'; 90 lb. roll	ASTM D 6222, type I grade G	APP modified asphalt, polyester reinforced, mineral surfaced membrane.
APPeX 4.5MFR	32.8' x 3.28'; 90 lb. roll	ASTM D 6222, type I grade G	APP modified asphalt, polyester reinforced, fire-retardant, mineral surfaced membrane.
APPeX 180	32.8' x 3.28'; 90 lb. roll	ASTM D 6222, type I, grade G	APP modified asphalt, polyester reinforced, smooth surfaced membrane.
Bicor MFR	39-3/8" x 34'	ASTM D 6223	APP modified asphalt, polyester / glass reinforced, granule surfaced membrane.
Tricor MFR	39-3/8" x 34'	ASTM D 6223	APP modified asphalt, polyester / glass reinforced, granule surfaced membrane.
Bicor S	39-3/8" x 34'	ASTM D 6223	APP modified asphalt, polyester / glass reinforced, smooth surfaced membrane.
Tricor S	39-3/8" x 34'	ASTM D 6223	APP modified asphalt, polyester / glass reinforced, smooth surfaced membrane.
Glasply Premier	36" x 180'	ASTM D 2178 Type VI	Type VI asphalt impregnated glass felt for use in conventional and modified bitumen built-up roofing.
Glasply IV	36" x 200'	ASTM D 4601 Type IV	Type IV asphalt impregnated glass felt for use in conventional and modified bitumen built-up roofing.




Frank Zuloaga, RRC
 Roofing Product Control Examiner

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Glasbase	36" x 108"; roll weight: 84 lbs.	ASTM D 4601	Type II asphalt impregnated and coated glass fiber base sheet for use in conventional and modified bitumen built-up roofing.
PermaPly 28	36' x 108'; 72 lb. roll	ASTM D 4601	Type II asphalt impregnated and coated glass fiber base sheet
Ventsulation	36" x 36"	ASTM D 4897 Type II	Heavy duty fiber glass base sheet impregnated and coated on both sides with asphalt with or without fine mineral stabilizer.
JM Ultrafast	various	PA 114	Insulation fastener assembly (steel decks only).
JM CD-10	Various	PA 114	Insulation fastener for concrete decks.
JM ISO-1 or Tapered ISO-1	various	ASTM C 1289	Rigid polyisocyanurate roof insulation for use in conventional built-up and other roof systems; available flat or tapered.
JM Fesco or Tapered Fesco	various	ASTM C 728	Rigid perlite roof insulation board for built-up roofing systems; available flat or tapered.
JM 1/2" Retrofit	various	ASTM C 728	A high density perlite roof insulation board for use in conventional and modified bitumen built-up roofing systems.
E'NRG'Y-2 or Tapered E'NRG'Y-2	various	ASTM C 1289	Polyisocyanurate insulation for use with single-ply, BUR and modified bitumen roof covers (includes all Factory Mutual approved roof covers)
JM Fesco Foam	various	ASTM C 1289	Rigid polyisocyanurate roof insulation with perlite board facing bonded to one side for use in conventional built-up and other roofing.
JM Fiberglas Roof Insulation	various	PA 110	Fiber glass roof insulation
JM Topgard Type B		ASTM D 1227	Fire rated, fibered, non-asbestos, clay water base asphalt emulsion.
JM Fibrated Aluminum Roof Coating		ASTM D 2824	Fire rated, fibered, non-asbestos aluminum coating.
JM Premium Fibered Aluminum Roof Coating		ASTM D 2824	Fire rated, fibered, non-asbestos asphalt aluminum coating

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Description</u>	<u>Date</u>
Factory Mutual Research Corporation	J.I. 0X0A9.AM	Wind Uplift	03/25/94
	J.I. 0W6A2.AM	Wind Uplift	02/05/93
	J.I. 0X7A4.AM	Wind Uplift	08/26/93
	J.I. 3001482		08/11/98
	J.I. 3002823		04/01/99
	J.I. 3003468		02/02/00
	J.I. 3007148		04/19/00
Underwriters Laboratories, Inc.	R-10400		Published Annually
Exterior Research & Design, LLC.	#4361-2.04.97-1	PA 114(J) - Wind Uplift	04/15/97
	10390A.12.97-1	PA 114(J) - Wind Uplift	12/15/97
	10390A.10.97-1	PA 114(J) - Wind Uplift	10/15/97



Frank Zuloaga, RRC
Roofing Product Control Examiner

Deck Type 1: Wood, Non-insulated

Deck Description: 19/32" or greater plywood or wood plank decks

System Type E: Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: *(Option #1)* One ply of JM APP Base, JM PermaPly 28, JM Glasbase, JM Glasbase Plus or JM Ventsulation mechanically fastened to the deck with JM UltraFast, Olympic or Tru-Fast metal plates and fasteners at a 4" side lap 12" o.c. and two rows staggered in the center of the sheet 18" o.c.
Maximum Design Pressure -45 psf - See General Limitation #9.

(Option #2) Minimum two plies of JM PermaPly 28 or JM Ventsulation simultaneously fastened to the deck with JM Ultrafast fasteners and Square Metal Plates spaced 9" o.c. in a 4" lap and 12" o.c. in two staggered rows in the center of the sheet.
Maximum Design Pressure -52.5 psf - See General Limitation #7.

Ply Sheet: (Optional) One or more plies of JM APP Base, APPeX 4S or APPeX 180 heat welded to base sheet.

Membrane: One or two plies of APPeX 4S, APPeX 180, APPeX 4.5M or APPeX 4.5 MFR heat welded.

Surfacing: (Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, JM Topgard Type A, Topgard Type B, JM Aluminum RF CT, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.



Frank Zuloaga, RRC
 Roofing-Product-Control-Examiner

WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

GENERAL LIMITATIONS:

1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq., or mechanically attached using the fastening pattern of the top layer
3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each sidelap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs./sq. Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.
5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida Registered Engineer, Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. (When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)
8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform with Roofing Application Standard RAS 111 and applicable wind load requirements.
9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). (When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)



Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
- 2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
- 3 Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
- 4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
- 5 Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
- 6 The Notice of Acceptance number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
- 7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
- 9 This Acceptance contains pages 1 through 17.

END OF THIS ACCEPTANCE



Frank Zuloaga, RRC
Roofing Product Control Examiner

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-98-41-002-000-00390-5

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

25 Lantana Ln. Sewalls Point 34996 Rio Vista S/D Lot 39

GENERAL DESCRIPTION OF IMPROVEMENT: RE ROOF

OWNER: Inez Lenihan

ADDRESS: 25 Lantana Ln. Stuart FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: Collins Roofing, Inc

ADDRESS: PO Box 12867 Ft. Pierce FL 34982

PHONE #: 201-1352 FAX #: 489-6505

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____


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

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

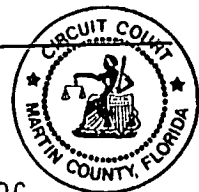
Inez Lenihan
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF April
BY Inez Lenihan

Linda Schram
NOTARY SIGNATURE

 Linda Schram
My Commission DD083124
Expires January 11, 2006

PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID DL



INST # 1833227 OR BK 02006 PG 1230 RECD 04/25/2005 10:51:27 AM
HARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mgr)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2005

PRODUCER
AABACOA INSURANCE INC
8583 S FEDERAL HWY
PORT ST LUCIE, FL 34952

772-344-0874

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

INSURED
COLLINS ROOFING, INC
CHRISTOPHER D COLLINS:DBA
PO BOX 12867
FORT PIERCE, FL 34982

INSURERS AFFORDING COVERAGE

INSURER A: ESSEX INSURANCE CO
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC #

COVERAGES

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

INSR ADD'L	INTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
X	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	3CL1163	08/25/2004	08/25/2005	EACH OCCURRENCE DOWNGRADE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS: COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY: EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe in the SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE: EA EMPLOYEE \$ E.L. DISEASE: POLICY LIMIT \$

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

CERTIFICATE HOLDER

TOWN OF SEWELL'S POINTE
 BUILDING DEPARTMENT
 1 SOUTH SEWELL'S POINTE ROAD
 SEWELL'S POINTE, FL 34996
 ATTN: LAURA OR LISA
 FAX: 772-220-4765

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Signature of Authorized Representative



FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

SELF INSURERS FUND

P.O. BOX 4907 • WINTER PARK, FL 32793 • (407) 671-FRSA
1-800-767-3772 • FAX (407) 671-2520

CERTIFICATE OF INSURANCE

ISSUED TO:

COPY PROVIDED TO:

Town of Sewalls Point
1 S. Sewalls Point Rd.
Sewalls Point FL 34996

Collins Roofing, Inc.

P.O. Box 12867
Ft. Pierce FL 34982

ATTN: Bldg. Dept. Official

Date: 12/07/2004

This is to certify that Collins Roofing, Inc.
P.O. Box 12867
Ft. Pierce FL 34982

being subject to the provisions of the Florida Workers' Compensation Act, has secured the payment of compensation by insuring their risk with the FLORIDA ROOFING, SHEET METAL & AIR CONDITIONING CONTRACTORS ASSOCIATION SELF INSURERS FUND.

COVERAGE NUMBER:	<u>870-033142</u>	<u>LIMITS</u>	
EFFECTIVE DATE:	<u>01/01/2005</u>	Workers' Compensation	Statutory - State of Florida
EXPIRATION DATE:	<u>01/01/2006</u>	Employers' Liability	\$100,000 - Each Accident \$100,000 - Disease, Each Employee \$500,000 - Disease, Policy Limit

REMARKS: Non-cancelable without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

This certificate is not a policy and of itself does not afford any insurance. Nothing contained in this certificate shall be constructed as extending coverage not afforded by the policy(ies) shown above or as affording insurance to any insured not named above. This provides coverage for Florida policyholders and Florida domicile employees only.

By: Brett Stiegel
Brett Stiegel, Administrator
FRSA-SIF

By: Debbie Kemmerer
Debbie Kemmerer - Underwriting Manager
FRSA-SIF

2004-2005

ST. LUCIE COUNTY OCCUPATIONAL LICENSE

BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

ACCOUNT 1761-00930007

EXPIRES SEP 30, 2005

FACILITIES

OR

MACHINES

ROOMS

SEATS

EMPLOYEES 1-10

TYPE OF BUSINESS

1761 ROOFING

BUSINESS LOCATION

5412 Birch Dr
St. Lucie County

RENEWAL
NEW LICENSE
TRANSFER
ORIGINAL TAX

11.25

NAME MAILING ADDRESS

Collins Roofing Inc
Collins, Christopher
P O Box 12867
Fort Pierce FL 34979-286

04875 CTY

AMOUNT
PENALTY
COLLECTION COST
TOTAL

11.25

Please see back for additional information

PAID BOB DAVIS, TAX COLLECTOR PAID

MACH001 8/16/04 3:46PM 00003355

2004 1761-00930007

0600

\$11.25

602004 000000000000 0000176100930007 0000 0000001125 000000000000 111.25 8
CHANGE 80.00

AC#1490342

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04071501043

DATE	BATCH NUMBER	LICENSE NBR
07/15/2004	040049217	CCC058011

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 487, FS
Expiration date: AUG 31, 2006



COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5412 BIRCH DRIVE
FT PIERCE

FL 34982

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW



Martin County Building Department

2401 SE Monterey Road

Stuart, FL 34996

(772) 288-5482

Fax (772) 288-5911

COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5704 BUCHANAN DR
FORT PIERCE, FL 34982

NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



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

ROOFING CONTRACTOR CERTIFIED

License Number CCC058011 Expires: 31-AUG-06

COLLINS, CHRISTOPHER D
COLLINS ROOFING INC
5704 BUCHANAN DR
FORT PIERCE, FL 34982



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

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

NOTICE OF ACCEPTANCE (NOA)

**Owens Corning
One Owens Corning Parkway
Toledo, OH 43659**

SCOPE:

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

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

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

DESCRIPTION: Oakridge PRO 40 AR

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

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

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

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

This NOA consists of pages 1 through 3.

The submitted documentation was reviewed by Frank Zuloaga, RRC



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 4/29/01

BUILDING OFFICIAL
 Gene Simmons

REVISION

NOA No.: 01-1127.08
Expiration Date: 07/19/06
Approval Date: 01/31/02
Page 1 of 3

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Material: Laminate

1. Scope:

This renews a roofing system using Owens Corning Oakridge PRO 40 AR. Asphalt shingles manufactured by Owens Corning as described in this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Oakridge PRO 40 AR	13 1/4" x 39 3/8"	PA 110	A heavy weight, fiberglass reinforced four tab asphalt shingle.

3. LIMITATIONS:

- 3.1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 3.2. Shall not be installed on roof mean heights in excess of 33 ft.

4. INSTALLATION:

- 4.1 Shingles shall be installed in compliance with Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 4.2 Flashing shall be in accordance with Section 9.3 Option "B" (step-flashings) of Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 4.3 The manufacturer shall provide clearly written application instructions.
- 4.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 4.5 Nailing shall be in compliance with Detail 'B', attached.

5. LABELING:

- 5.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved".

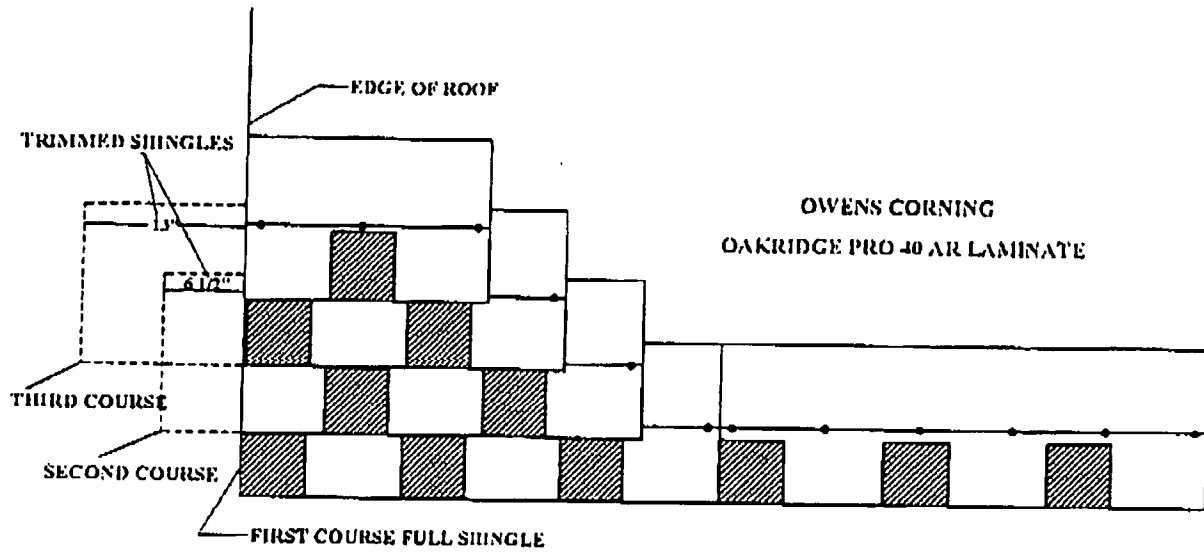
6. BUILDING PERMIT REQUIREMENTS:

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance
 - 6.1.2 Any other document required by Building Official or the Applicable Code in order to properly evaluate the installation of this system.



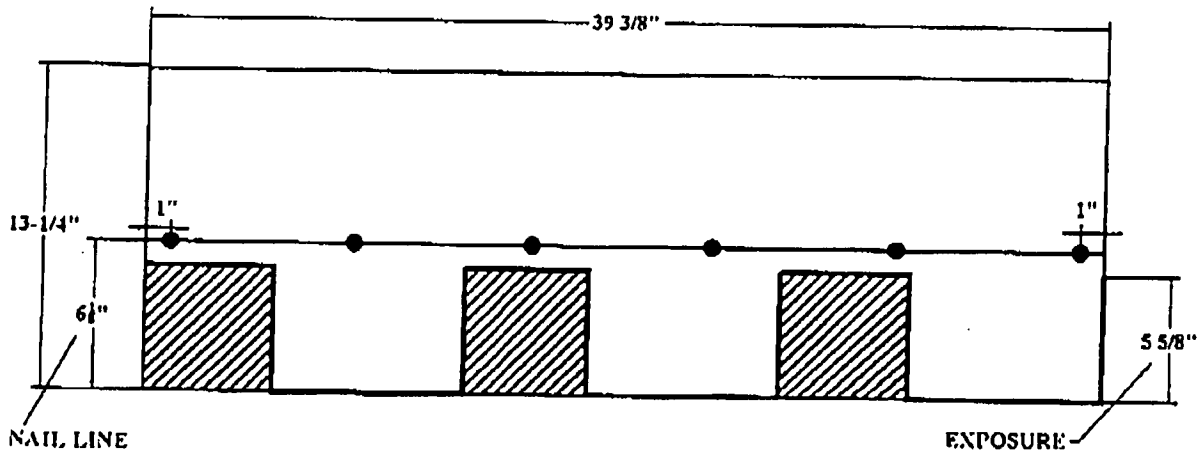
NOA No.: 01-1127.08
 Expiration Date: 07/19/06
 Approval Date: 01/31/02
 Page 2 of 3

DETAIL A



DETAIL B

OWENS CORNING
FASTENING PATTERN & PHYSICAL DIMENSIONS
OAKRIDGE PRO 40 AR LAMINATE



END OF THIS ACCEPTANCE



NOA No.: 01-1127.08
Expiration Date: 07/19/06
Approval Date: 01/31/02
Page 3 of 3



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 25 LANTANA

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

DRY-IN PASSED

CONTRACTOR MUST SUBMIT
PROPER PRODUCT APPROVAL
INFORMATION FOR MATERIAL
INTENDED FOR USE.

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 5/4

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log







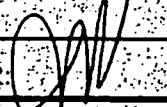
Date of Inspection: Mon Wed Fri 5/4/05, 2002 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6741	Osteen	Electrical - Final		NEEDS POWER
9	1 S. Ridgview Rd	POWER RELEASE	PASS	RELEASE PERM.
	Angus Enterp			INSPECTOR: <i>[Signature]</i>
7481	Millard	Final A/C	PASS	CLOSE
12	5 India Lucie Pkwy			
	O/B			INSPECTOR: <i>[Signature]</i>
6614	Mubson	Fountain	PASS	
11	17 S. River Road			
	Advantage Pools			INSPECTOR: <i>[Signature]</i>
7516	Ferrero	Framing Insp.		Reinspection
	4 Kingston Court	Rough Gas		Cancelled - no fee paid
	Getrick			INSPECTOR: <i>[Signature]</i>
7512	Lenhan	Dry - 11	PASS	MUST RESUBMIT
8	25 Lantana Lane	Sheeting		REMOVED PRODUCT
	Collins Rd			INSPECTOR: <i>[Signature]</i>
7371	O'Connor	Final - Roofs	FAIL	
10	14 Emarikaway			
	Tutthe Roofing			INSPECTOR: <i>[Signature]</i>
7328	Schmader	Column Steel	PASS	
4	102 Henry Sewall Sub			
	Conway			INSPECTOR: <i>[Signature]</i>
OTHER: <u>3 N.E LABONDIA FINAL DRILL PASS</u>				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/13, 20025 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7126	Hemmers	FINAL Roof Repair	PASS	CLOSE
11	4 PALMETTO DRIVE O/B			INSPECTOR: 
7313	McALPIN	FENCE FINAL	FAIL	
4	5 PINEAPPLE LA STUART FENCE			\$40 INSPECTOR: 
7512	LENIHAN	FINAL ROOF	PASS	CLOSE
9	25 LANTANA LA COLLINS ROOFING			INSPECTOR: 
7528	SWEET	DECK-IN	PASS	
10	19 S. RIDGEVIEW RD CARDINAL ROOFING			INSPECTOR: 
6753	RADER	ELEC	PASS	
1A	5 HERITAGEWAY A&P CONSTR.	ALC PLUMBING	FAIL PASS	INSPECTOR: 
11	11	FRAMING	FAIL	
				INSPECTOR: 
TREE	SEAMAN	TREE	PASS	
7	104 S. RIVER RD			INSPECTOR: 

OTHER: _____

8868

REROOF



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:	8868	DATE ISSUED:	APRIL 16, 2008
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	NISSAIR		
PARCEL CONTROL NUMBER:	12384100200003905	SUBDIVISION	RIO VISTA - LOT 39
CONSTRUCTION ADDRESS:	25 LANTANA LANE		
OWNER NAME:	LENIHAN		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	283-0904

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED

Town of Sewall's Point

Date: 4-15-08 DATE: 4-15-08 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Inez Lenihan Phone (Day) 781-4338 (Fax) N/A

Job Site Address: 25 Cantana Road City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) 12-38-41 Parcel Number: 12-38-41-002-000-00390 5008

Owner Address (if different): N/A City: _____ State: _____ Zip: _____

Scope of work: Change out a/c 4 ton Condenser + a/H (like for like)

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 6000.00 (Notice of Commencement required when over \$2500 prior to first inspection) Is subject property located in flood hazard area? V A9 A8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ Fair Market Value of the Primary Structure only (Minus the land value) *** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

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

CONTRACTOR/Company: NLS Air Air Conditioning Phone: 283-0904 Fax: (772) 462-9752

Street: 3700 So US Hwy 1 City: Fort Pierce State: FL Zip: 34982

State Registration Number: CACO4199 State Certification Number: _____ Municipality License Number: 01-00016670

PROJECT SUPERINTENDANT: Philip Nisa Jr CONTACT NUMBER: 772 260-2068

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

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

ENGINEER: N/A Lic# _____ Phone Number: _____

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

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

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

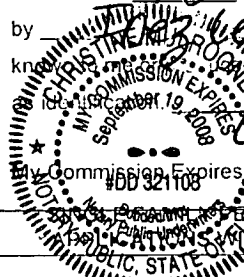
CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.) National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

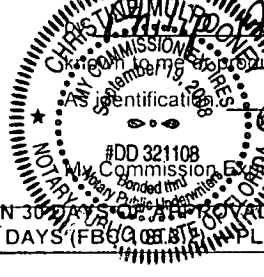
THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5. I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

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

OWNER SIGNATURE (required) Inez Lenihan State of Florida, County of: Martin This the 15 day of April, 2008 by Inez Lenihan who is personally known Personally Known Notary Public: [Signature] 9-19-08



CONTRACTOR SIGNATURE (required) Philip Alurap On State of Florida, County of: Martin This the 15 day of April, 2008 by Nisa Jr who is personally known Personally Known Notary Public: [Signature] 9-19-08



PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF THE DATE OF THE ORIGINAL NOTIFICATION (FBC 105.3.4) ALL OTHER PERMITS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.4) PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
 governmax.com T1.12

Summary

print Owner
 2 of 2

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00390-5	25 LANTANA LN	27552	Owner	0	1

Summary

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

Summary

Property Location 25 LANTANA LN
Tax District 2200 Sewall's Point
Account # 27552
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.347

Legal Description
Property Information
 RIO VISTA S/D LOT 39

Search By

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

Owner Information
Owner Information
 LENIHAN, INEZ

Mail Information
 25 LANTANA LANE
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$257,290
Market Total Value \$532,290

Site Functions

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

Recent Sale
Sale Amount \$75,000

Sale Date 5/27/1994
Book/Page 1073 0924

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

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

Data updated on 04/09/2008



NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: TAX FOLIO #: 12-38-41-002-000-00390-50000

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): 25 Dantana Road Swales Point #34996 R10 VISTA 3/0 Lot 39

GENERAL DESCRIPTION OF IMPROVEMENT: Change out of A/C Equipment

OWNER NAME: Inez Lenihan ADDRESS: 25 Dantana Road, Stuart, FL 34996 PHONE NUMBER: 781-4338 FAX NUMBER: N/A

INTEREST IN PROPERTY: owner NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: Dissan Air Conditioning ADDRESS: PHONE NUMBER: STATE OF FLORIDA MARTIN COUNTY

SURETY COMPANY (IF ANY): n/a ADDRESS: PHONE NUMBER: BOND AMOUNT: THIS IS TO CERTIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL

LENDER/MORTGAGE COMPANY: n/a ADDRESS: PHONE NUMBER: BY: K Winterton D.C. DATE: April 15, 2008

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

NAME: n/a ADDRESS: PHONE NUMBER: FAX NUMBER:

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: April 15, 2009 (EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER Inez Lenihan

SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15 DAY OF April, 20 08

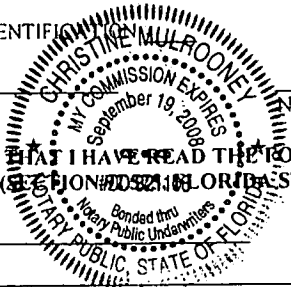
BY: Inez Lenihan AS owner FOR seef NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED NOTARY SIGNATURE/ SEAL

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 713.13, FLORIDA STATUTES).

(Signature of Natural Person Signing Above) Inez Lenihan



INS TR # 2078420 OR BK 02322 PG 0386 RECORDED 04/15/2008 03:04:18 PM HARSHA EWING CLERK OF MARTIN COUNTY FLORIDA RECORDED BY K Winterton.com

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ^{THURS} Fri 4-17, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8866	VanAmsterdam	Final	PASS	CLOSE
1	2 E High Pt Albert Huebler	A/C IN GAR.		INSPECTOR: <i>[Signature]</i>
8368	Lenihan	Final	PASS	CLOSE
	25 Santana La NisQuin	(AC)		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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TREE

REMOVAL, REPLACEMENT,
RELOCATION

TOWN OF SEWALL'S POINT

302

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner Ivez Louhan Address _____ Phone _____

Contractor Peck Construction Co. Address 687 S.W. Pt. St. Lucie Blvd Phone 879-9788

Number of trees to be removed (list kinds of trees) 14 trees ^{Pt. St. Lucie, Fe 34953} ~~(14 trees)~~

Gumbo Limbo (2); Sabel Palm (2), Hickory (2) Oak (8)
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

OWES 20" OF HARDWOOD TREES
Number of trees to be replaced _____ (list kinds of trees):

Permit Fee \$ 100.- (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant Alden J. Peck Date submitted 11-4-94

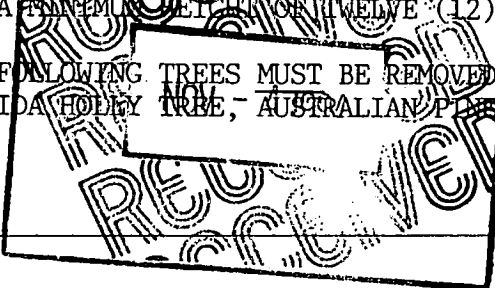
Approved by Building Inspector Dale Brown Date 11/4/94

Approved by Building Commissioner [Signature] Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?



**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Bolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner INEZ LENIHAN Address 25 LANTANA LN Phone _____

Contractor John Owens Address 907 E 9th Phone 286-4060

No. of Trees: REMOVE 3 Type: WASHINGTONIA PALM

No. of Trees: RELOCATE 3 WITHIN 30 DAYS Type: SMALL PALM

No. of Trees: REPLACE 3 WITHIN 30 DAYS Type: _____

Written statement giving reasons: TREE IS TOO TALL AND HANG OVER THE HOUSE AND BROKEN DRIVE-WAY

Signature of Applicant Inez Lenihan Date 6/9/04

Approved by Building Inspector: _____ Date _____ Fee: _____

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

REMOVE (4) WASHINGTONIA PALM ON NORTH SIDE GARAGE - (3) SMALL PALMS WILL NOT BE RELOCATED.

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Bloolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Ms Lenihan Address 25 Lanterna Phone 781-4338
 Contractor MCTREES Address 2302 SE Calcutta Phone _____

No. of Trees: REMOVE 2 Type: Hickory
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Trees are dead could be hazardous to life & property

Signature of Property Owner Ms Lenihan Date 2/6/06

Approved by Building Inspector: _____ Date 2/8 Fee: _____

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

TREES (HICKORY) ARE DEADLY - LIVE BUDS ARE EVIDENT ON ALL AREAS OF TREE - NOT APPROVED FOR REMOVAL THE HICKORY TREES ARE NOT DEAD.

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 11 ~~2004~~ TREE REMOVAL PERMIT No 2280

APPLIED FOR BY LENNAN (Contractor or Owner)

Owner 25 LANANA LANE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE ~~3~~ 4 WASHINGTON Palms ON NORTH OF GARAGE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Summers Town Clerk Building Official

Call 207-2000 for Inspector WORK HOURS 8:00 A.M. - 5:00 P.M. NO SUNDAY WORK.

TOWN OF SEWALL'S POINT TREE REMOVAL PERMIT

RE: ORDINANCE 103

Empty lined box for project details or notes.

PROJECT DESCRIPTION _____
REMARKS _____