

# 7 NE Lofting Way

4307

SFR, POOL, AND SCREEN  
ENCLOSURE

---

MASTER PERMIT NO. 4307

TOWN OF SEWALL'S POINT

Date 12/31/97

BUILDING PERMIT NO. 4314

Building to be erected for ANTHONY SMITH Type of Permit Sw. Pool

Applied for by KEITH MAHLAFFEY POOLS (Contractor) Building Fee 200

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 7 NE LOFTING WAY Impact Fee \_\_\_\_\_

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

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

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

Parcel Control Number:

26 37 41 013 000 00240 6000 Roofing Fee \_\_\_\_\_

Amount Paid 200 Check # 8499 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 25,500 TOTAL Fees 200

Signed \_\_\_\_\_ Signed [Signature]  
Applicant Town Building Inspector

# POOL PERMIT

INSPECTIONS

SETBACKS	DATE _____	STEEL & BOND	DATE _____
COMPACTION TESTS	DATE _____	LIGHT NICHE	DATE _____
GROUND ROUGH	DATE _____	DECK	DATE _____
		FINAL	DATE _____

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455**  
**WORK HOURS - 8:00 AM UNTIL 5:00 PM**  
**MONDAY THROUGH SATURDAY**

New Construction  Remodel  Addition  Demolition

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

4314

# Town of Sewall's Point

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

## ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE  SWIMMING POOL  WALL
- SOLAR WATER HEATER  SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: \_\_\_\_\_

Owner's Name ANTHONY SMITH

Owner's Address NE LOFTING WAY

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

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

City SEWALLS POINT State FL Zip \_\_\_\_\_

Contractor's Name LEITE MAHAFFEL POOLS INC.

Contractor's Address 1710 BILTMOORE

City FGV State FL Zip 34984

Job Name SMITH

Job Address NE LOFTING WAY

City SEWALLS POINT County MARTIN

Legal Description LOT 24 THE PLANTATION AT SEWALLS PT.

Bonding Company N/A

Bonding Company Address N/A

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

Architect/Engineer's Name \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

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



Square Footage 1850 Impervious Area \_\_\_\_\_ Linear Footage \_\_\_\_\_ Walls, Fences, Docks  
Construction Value \$ 25500.00 (\$)

OWNER'S AFFIDAVIT: I certify that al 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.**

X [Signature] 12/30/97  
Owner or Agent Date

Keith Mahaffey 12/30/97  
Contractor Date

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this 30<sup>th</sup> day of December, 1997, by Anthony Smith who: [ ] is/are personally known to me, or [  ] has/have produced N. Hampshire d.t. identification, and who did not take an oath.

(NOTARY SEAL) Joan H. Barrow  
OFFICIAL NOTARY SEAL  
JOAN H BARROW  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC423705  
MY COMMISSION EXP. NOV. 30, 1998  
Name: \_\_\_\_\_  
Typed, printed or stamped  
I am a Notary Public of the State of Florida having a commission number of \_\_\_\_\_ and my commission expires: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this 30<sup>th</sup> day of December, 1997, by Keith Mahaffey who: [ ] is/are personally known to me, or [  ] has/have produced FL d I as identification, and who did / did not take an oath.

Joan H. Barrow  
Name: \_\_\_\_\_  
Typed, printed or stamped  
I am a Notary Public of the State of Florida having a commission number of \_\_\_\_\_ and my commission expires: \_\_\_\_\_  
OFFICIAL NOTARY SEAL  
(NOTARY SEAL)  
JOAN H BARROW  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC423705  
MY COMMISSION EXP. NOV. 30, 1998

Certificate of Competency Holder

Contractor's State Certification or Registration No. CPC 033767  
Contractor's Certificate of Competency No. \_\_\_\_\_

Application Approved \_\_\_\_\_ Building Official \_\_\_\_\_ Building Commissioner  
Date: \_\_\_\_\_ Date: \_\_\_\_\_





# Ardaman & Associates, Inc.

1017 S.E. Holbrook Ct.  
Port St. Lucie, FL 34952  
(407) 337-1200



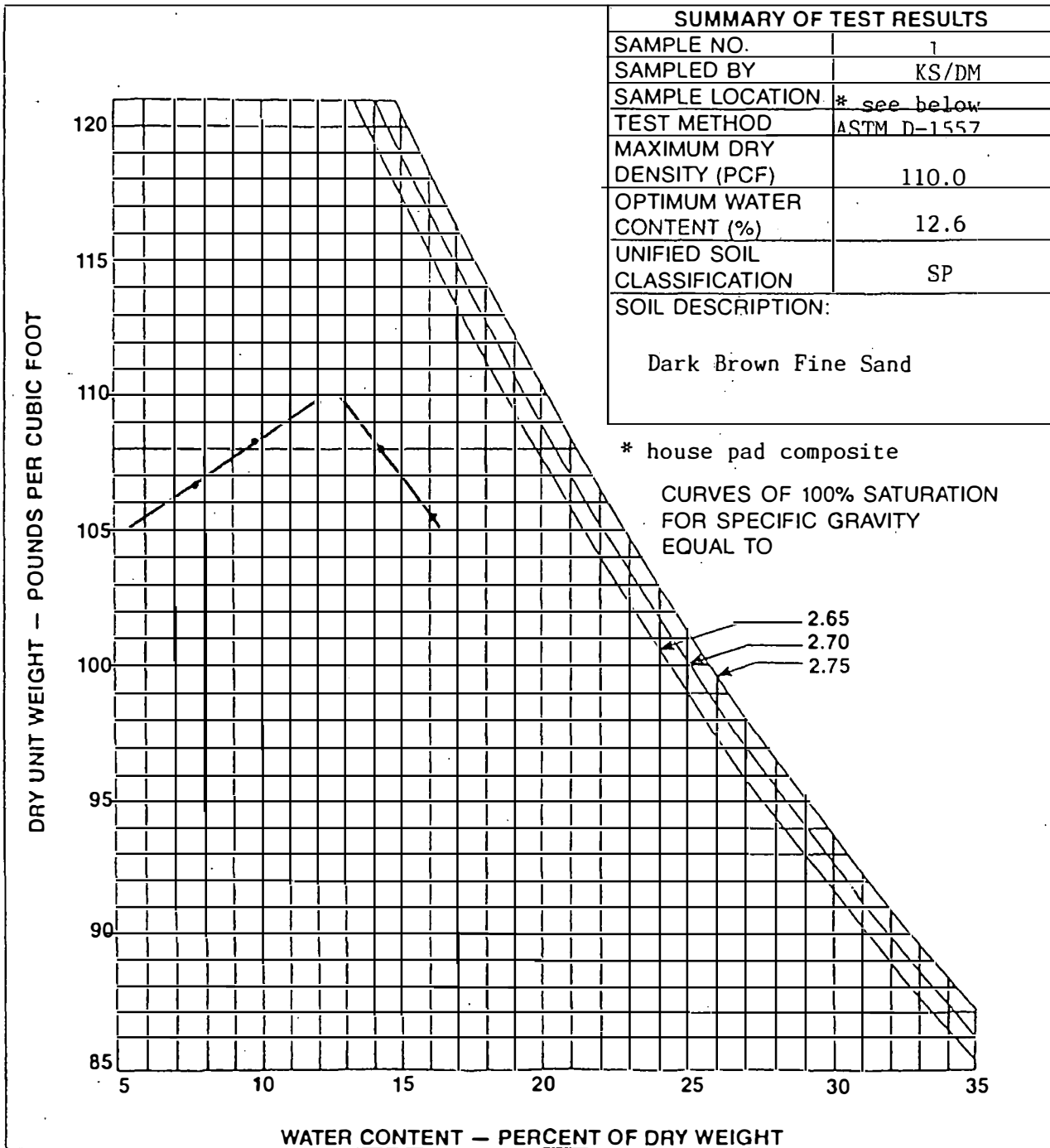
## MOISTURE - DENSITY RELATIONSHIP

PROJECT: Lot #24 The Plantation

FILE NO.: 98-5504

REPORTED TO: Ark Homes Construction

DATE: 1/07/98



FORM 407 (Rev. 4/86)

By *[Signature]* JAN 09 1998

MASTER PERMIT NO. 4307

TOWN OF SEWALL'S POINT

Date 12/31/97

BUILDING PERMIT NO. 4313

Building to be erected for ANTHONY & MARY SMITH Type of Permit Screen Room

Applied for by EAST COAST SPECIALTIES, INC (Contractor) Building Fee 100

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 7 NE LOFTING WAY Impact Fee \_\_\_\_\_

Type of structure SCREEN ENCLOSURE A/C Fee \_\_\_\_\_

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

26 37 41 013 000 00240 - 6000 Plumbing Fee \_\_\_\_\_

Amount Paid 100 Check # 2345 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 6000 TOTAL Fees 100

Signed X [Signature] Applicant Signed [Signature] Town Building Inspector

# SCREEN ROOM PERMIT

INSPECTIONS			
SETBACKS	DATE _____	STEEL & BOND FINAL	DATE _____ DATE _____
<b>24 HOURS NOTICE REQUIRED FOR INSPECTIONS.</b>		<b>CALL 287-2455</b>	
<b>WORK HOURS - 8:00 AM UNTIL 5:00 PM</b>			
<b>MONDAY THROUGH SATURDAY</b>			

4313

New Construction    Remodel    Addition    Demolition

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NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



# Town of Sewall's Point

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

Date 12/29/97

## ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE       SWIMMING POOL       WALL
- SOLAR WATER HEATER     SCREENED ENCLOSURE
- FENCE may not require sealed drawings.

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

Owner's Name

~~John F. Smith~~ Anthony + Mary Smith

Owner's Address

~~# 4 Baker Street~~ N.E. Lofting Way

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

N/A

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

N/A

City

State

Zip

Contractor's Name

East Coast Spec Inc

Michael Hall

Contractor's Address

1758 SW Beltmore

City

Pt. St. Lucie

State

Fla

Zip

34984

Job Name

Anthony + Mary Smith

Job Address

N.E. Lofting way

Martin County, Stuart, FL 34966

Legal Description

Plantation at Sewall Pt Lot 24

Bonding Company

Bonding Company Address

City

State

Zip

Architect/Engineer's Name

N/A

Architect/Engineer's Address

N/A

Mortgage Lender's Name

N/A

Mortgage Lender's Address

N/A

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Michael A Hall  
Owner or Agent

12/29/97  
Date

Ark Homes for  
Brixton Building  
House He Has  
Notice of  
Commencement

Michael A Hall  
Contractor

12/29/97  
Date

Michael A Hall

COUNTY OF MARTIN  
STATE OF FLORIDA

Sworn to and subscribed before me this 30 day of Dec 1997 by  
Michael A Hall who:  is/are personally known to me, or [ ] has/have produced \_\_\_\_\_  
as identification, and who did not take an oath.



Name: Nancy S. McHenry  
Printed or stamped

I am a Notary Public of the State of Florida having a  
commission number of CC 656434 and my  
commission expires: 10/17/01

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this 30 day of Dec 1997 by  
Michael A Hall who:  is/are personally known to me, or [ ] has/have produced \_\_\_\_\_  
as identification, and who did not take an oath.



Name: Nancy S. McHenry  
Printed or stamped

I am a Notary Public of the State of Florida having a  
commission number of CC 656434 and my  
commission expires: 10/17/01

**Certificate of Competency Holder**

Contractor's State Certificate of Registration No. \_\_\_\_\_

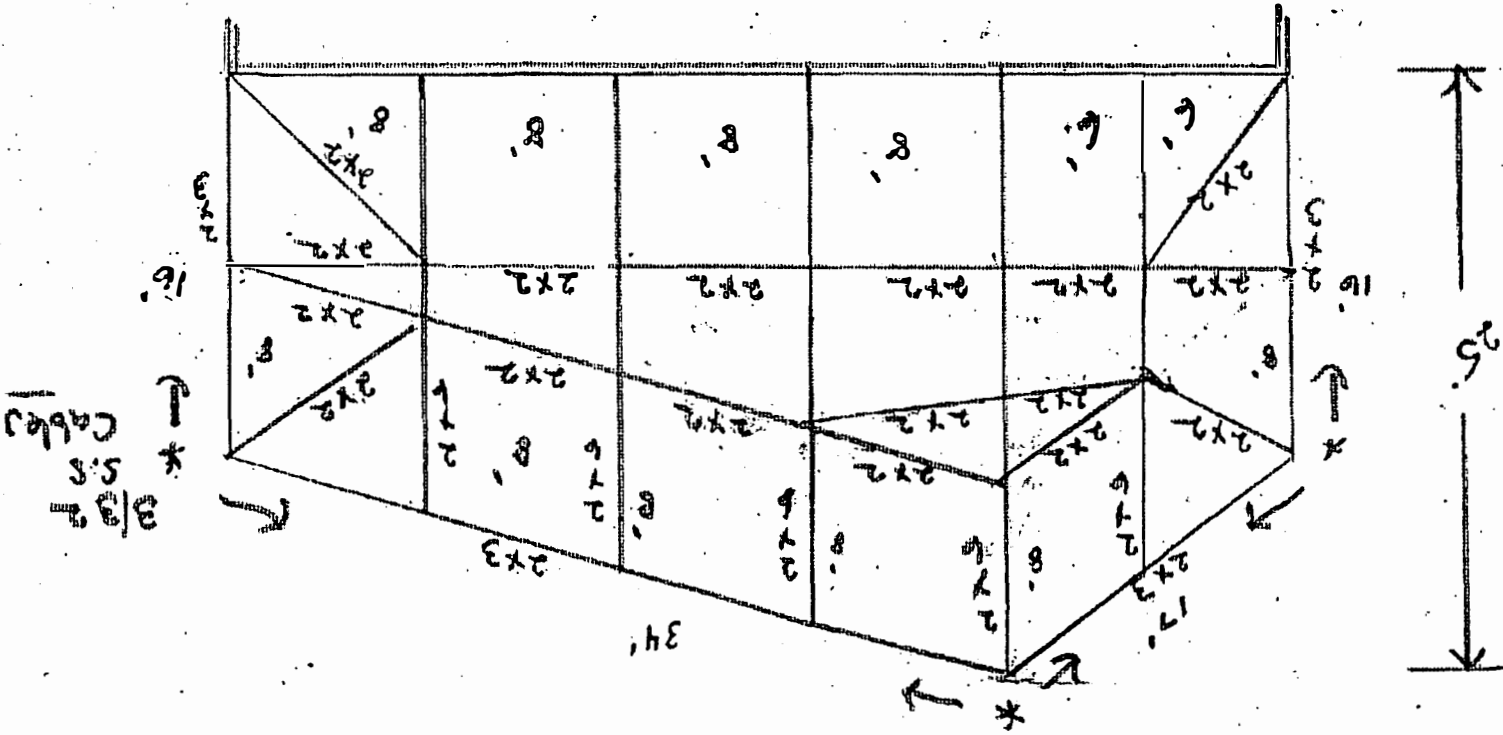
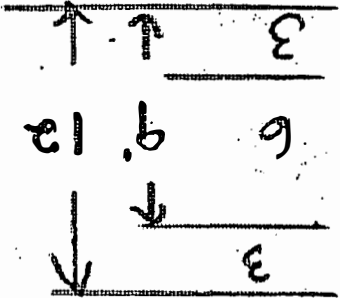
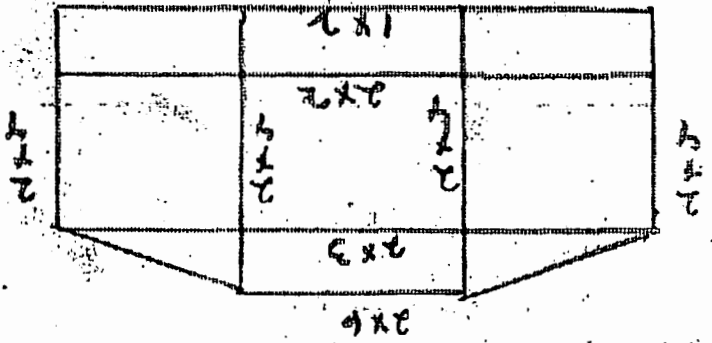
Contractor's Certificate of Competency No. SP02074

APPLICATION APPROVED BY \_\_\_\_\_ Permit Officer

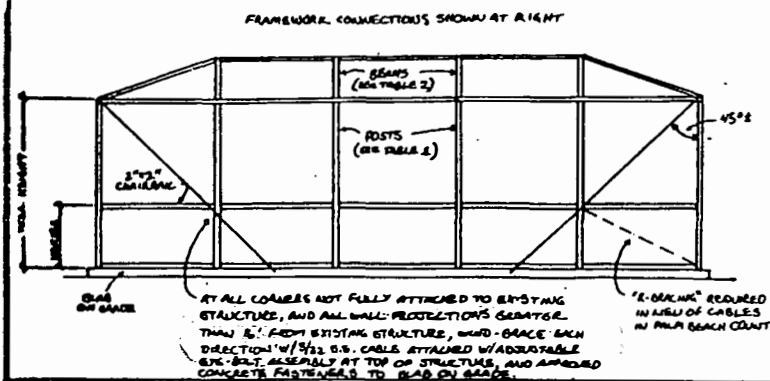
\_\_\_\_\_ Building Commissioner

John Riely  
 #4 Baker St  
 Sewalls Pt.  
 1st 21st  
 12/29/97  
 East Coast Spec Inc  
 M. Hall

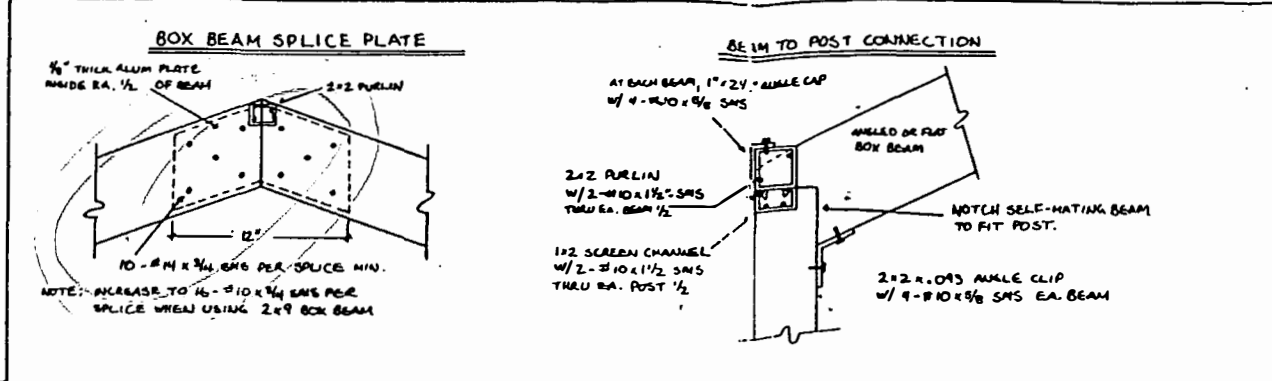
Frame Plan



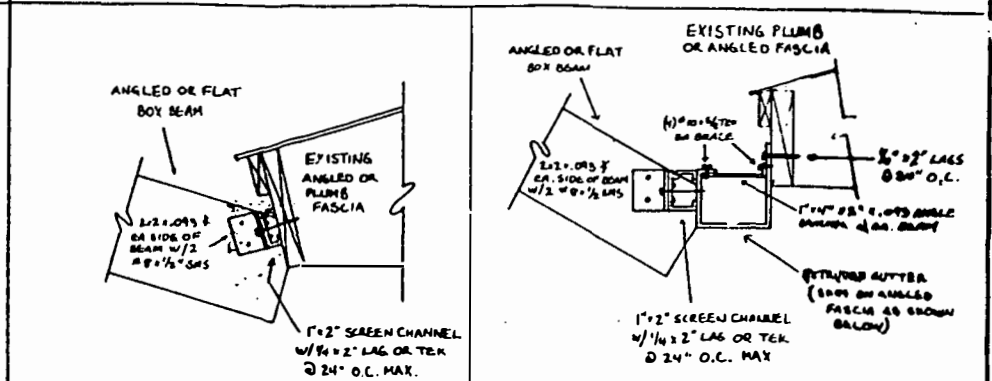
**POOL ENCLOSURE - TYPICAL ELEVATION AND DETAILS**



**STRUCTURAL CONNECTION DETAILS**



**ATTACHMENT TO EXISTING STRUCTURE - DETAILS & COMPONENTS**



**EXTRUSIONS - SPECIFICATIONS**

SECTION PROPERTIES

$S_x$ (in <sup>3</sup> )	0.040	0.060
$S_y$ (in <sup>3</sup> )	0.124	0.178
$A$ (in <sup>2</sup> )	0.215	0.332
$K_y$	1.175	1.176

ALLOY 6063-T5

SECTION PROPERTIES

$S_x$ (in <sup>3</sup> )	0.040	0.050	0.060	0.075
$S_y$ (in <sup>3</sup> )	0.124	0.170	0.222	0.430
$A$ (in <sup>2</sup> )	0.215	0.270	0.332	0.430
$K_y$	1.175	1.175	1.175	1.000

ALLOY 6063-T5

SECTION PROPERTIES

$S_x$	0.432 in <sup>3</sup>
$S_y$	0.342 in <sup>3</sup>
$A$	0.622 in <sup>2</sup>
$K_y$	1.175

ALLOY 6063-T5

SECTION PROPERTIES

$S_x$	0.432 in <sup>3</sup>	$S_y$	0.342 in <sup>3</sup>
$A$	0.622 in <sup>2</sup>	$K_y$	1.175

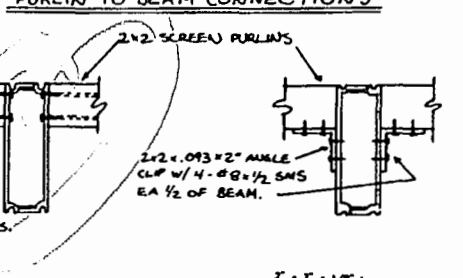
ALLOY 6063-T5

SECTION PROPERTIES

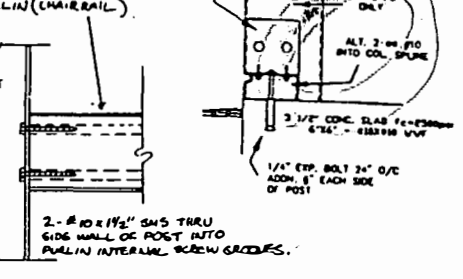
$S_x$	0.432 in <sup>3</sup>	$S_y$	0.342 in <sup>3</sup>
$A$	0.622 in <sup>2</sup>	$K_y$	1.175

ALLOY 6063-T5

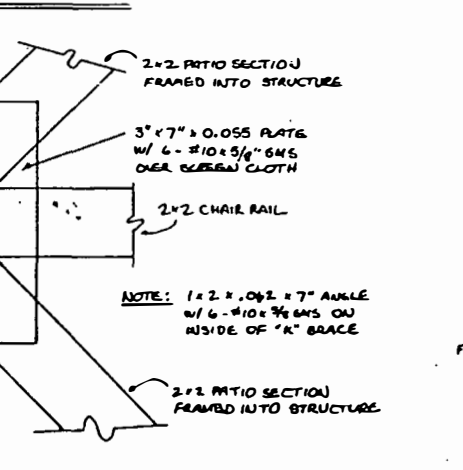
**PURLIN TO BEAM CONNECTIONS**



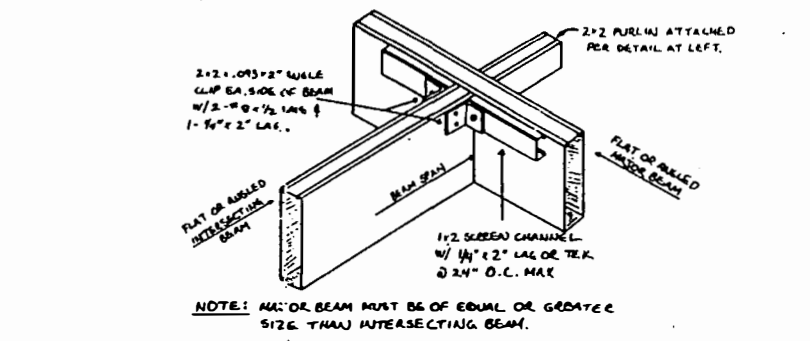
**PURLIN TO POST CONNECTION**



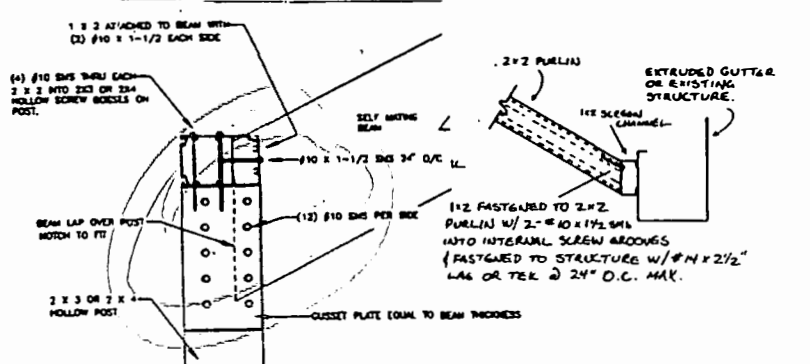
**K-BRACING DETAIL**



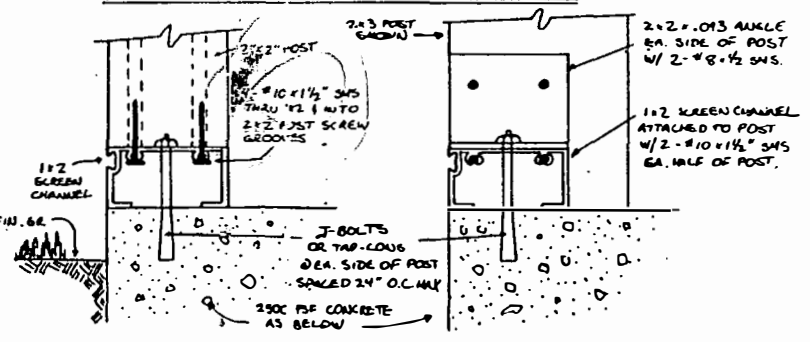
**BEAM TO BEAM CONNECTION**



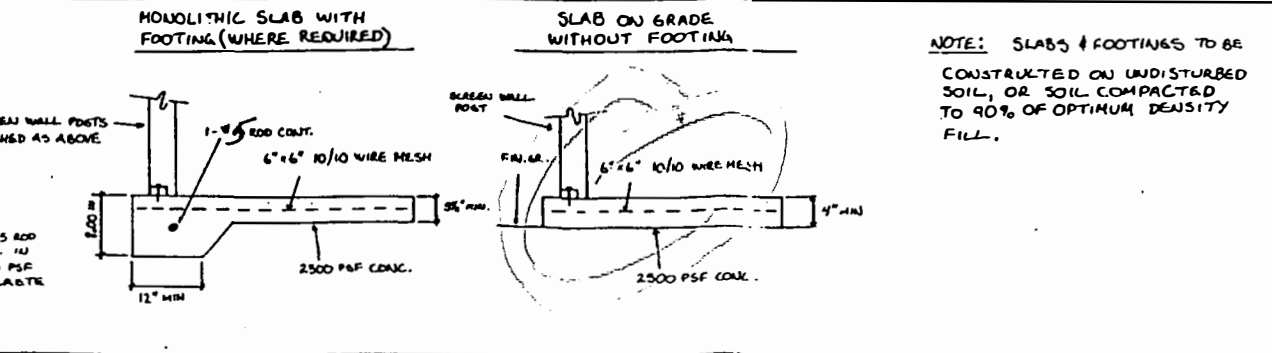
**PERIMETER CONNECTIONS**



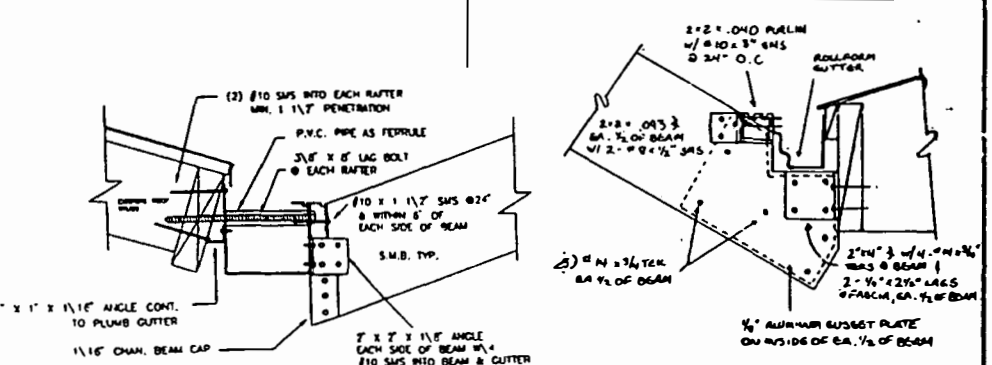
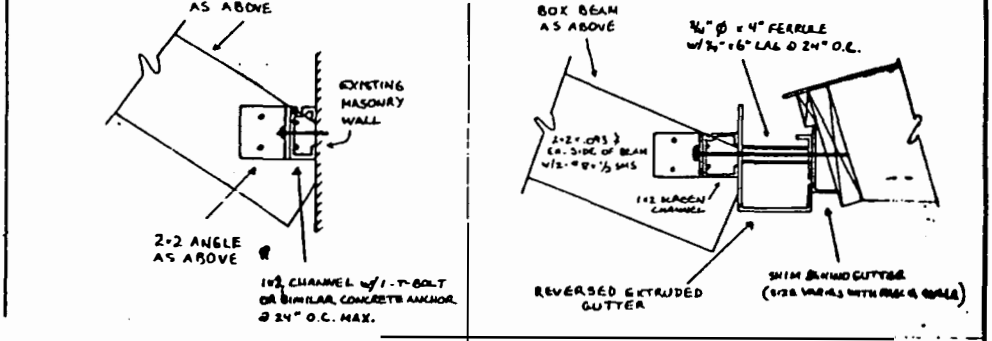
**BASE PLATE AND POST CONNECTION DETAILS**



**CONCRETE - SLABS, FOOTINGS & FASTENER DETAILS**



**ATTACHMENT TO EXISTING STRUCTURE - DETAILS & COMPONENTS**



**TABLE 1 - POST LENGTHS AND SPACING - SCREENED WALLS**

POST SIZE	MAX. WALL HEIGHT	MAX. POST SPACING O.C.
2x2 x .050 OR EQUIV.	7'7"	7'1"
2x3 x .050 OR EQUIV.	9'2"	9'0"
2x4 x .050 OR EQUIV.	10'0"	10'0"
2x6 x .050 OR EQUIV.	12'0"	11'0"
2x7 x .050 OR EQUIV.	13'0"	12'0"
2x8 x .050 OR EQUIV.	15'0"	13'0"
2x10 x .050 OR EQUIV.	17'0"	15'0"

**TABLE 2 - SPAN TABLE FOR SCREENED ROOF BOX BEAMS (SELF-MATING BEAMS)**

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS AT VARIOUS SPACINGS							
	4'0\"/>							
2x4 S.M.B.	22'6"	20'0"	19'6"	19'0"	18'6"	18'0"	17'9"	17'6"
2x6 S.M.B.	31'0"	29'0"	28'0"	27'0"	26'3"	25'6"	25'3"	25'0"
2x7 S.M.B.	38'0"	35'0"	34'0"	33'0"	32'8"	32'4"	32'2"	32'0"
2x8 S.M.B.	46'0"	44'0"	42'0"	41'0"	40'3"	39'6"	38'9"	38'0"

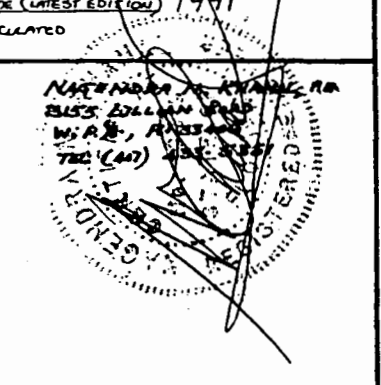
STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE FOR LOAD CONDITIONS AS FOLLOWS:  
 DEAD LOADS - 30 PSF LIVE LOAD (Δ = 4/60 MAX.)  
 120 MPH WIND VELOCITY PRESSURES  
 - ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER LIMITATIONS ON PROJECTIONS, SPANS, AND LOAD CONDITIONS.  
 - ALSO DESIGNED TO CONFORM TO FLA BEACH COUNTY WIDE CODE (30 PSF LL AND 29 PSF WL WITH APPROPRIATE FACTORS APPLIED)  
 - ALSO CONFORMS TO THE S.F.L.A. BUILDING CODE (LATEST EDITION) 1991  
 - S.M.S. FASTENER HOLDING CAPACITIES ARE CALCULATED PER ALUMINUM ASSOCIATION HANDBOOK

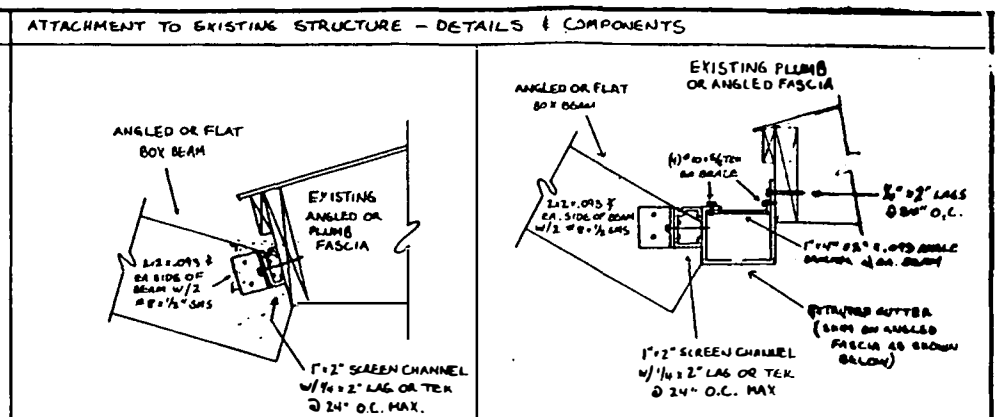
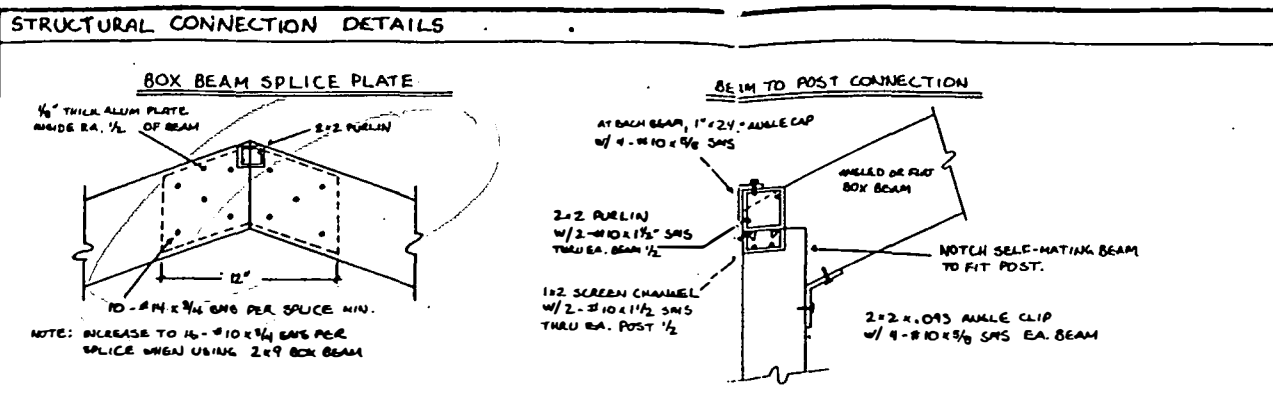
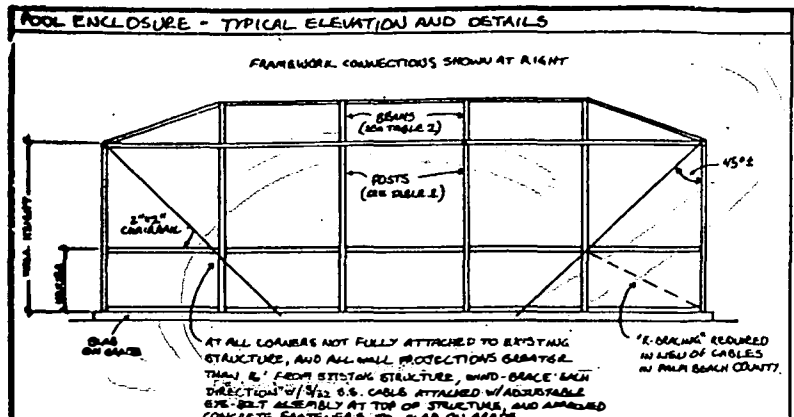
**GENERAL SPECIFICATIONS**

- 1) STEEL FASTENERS SHALL BE PLATED OR STAINLESS.
  - 2) ALUMINUM FASTENERS SHALL BE ALLOY 2024-T4
  - 3) S.M. BEAMS SHALL BE ALLOY 6063-T6
  - 4) POSTS, PURLINS, ANGLES, AND CHANNELS - ALLOY 6063-T5
  - 5) CONCRETE: F<sub>c</sub>' - 2500 PSI
- NOTE: ALL EXTRUSIONS MAY ACCEPT FLAT OR ROUND SPARE, INSTALLED TO HOLD SCREEN CLOTH INTO EXTRUDED SLING GROOVES.

**MASTER PLANS**

ALUMINUM SCREEN ENCLOSURES (120 MPH WIND REGIONS)  
 THESE PLANS ARE FOR EXCLUSIVE USE BY:  
**EAST COAST SPECIALTIES**





### EXTRUSIONS - SPECIFICATIONS

NO. 6063-T5

SECTION PROPERTIES	2"	3"	4"	6"
I <sub>x</sub> (in <sup>4</sup> )	0.040	0.050	0.060	0.085
S <sub>x</sub> (in <sup>3</sup> )	0.320	0.370	0.372	0.430
I <sub>y</sub> (in <sup>4</sup> )	0.320	0.370	0.372	0.430
A (in <sup>2</sup> )	0.418	0.520	0.448	0.720
R <sub>y</sub>	1.175	1.175	1.175	1.000

ALLOY 6063-T5

2x2 BEAM OR POST

SECTION PROPERTIES	2"	3"	4"	6"
I <sub>x</sub> (in <sup>4</sup> )	0.040	0.050	0.060	0.085
S <sub>x</sub> (in <sup>3</sup> )	0.320	0.370	0.372	0.430
I <sub>y</sub> (in <sup>4</sup> )	0.320	0.370	0.372	0.430
A (in <sup>2</sup> )	0.418	0.520	0.448	0.720
R <sub>y</sub>	1.175	1.175	1.175	1.000

ALLOY 6063-T5

2x2 PARAMETER SWAP BEAM

2x2 SELF-MATING SWAP BEAM (2 PICES)

2x3 x 0.050 RATIO BEAM

SECTION PROPERTIES	2"	3"	4"	6"
S <sub>x</sub>	0.432 in <sup>3</sup>	0.342 in <sup>3</sup>	0.622 in <sup>3</sup>	1.175
I <sub>y</sub>	0.342 in <sup>4</sup>	0.622 in <sup>4</sup>	1.175	1.175
A	0.622 in <sup>2</sup>	1.175	1.175	1.175
R <sub>y</sub>	1.175	1.175	1.175	1.175

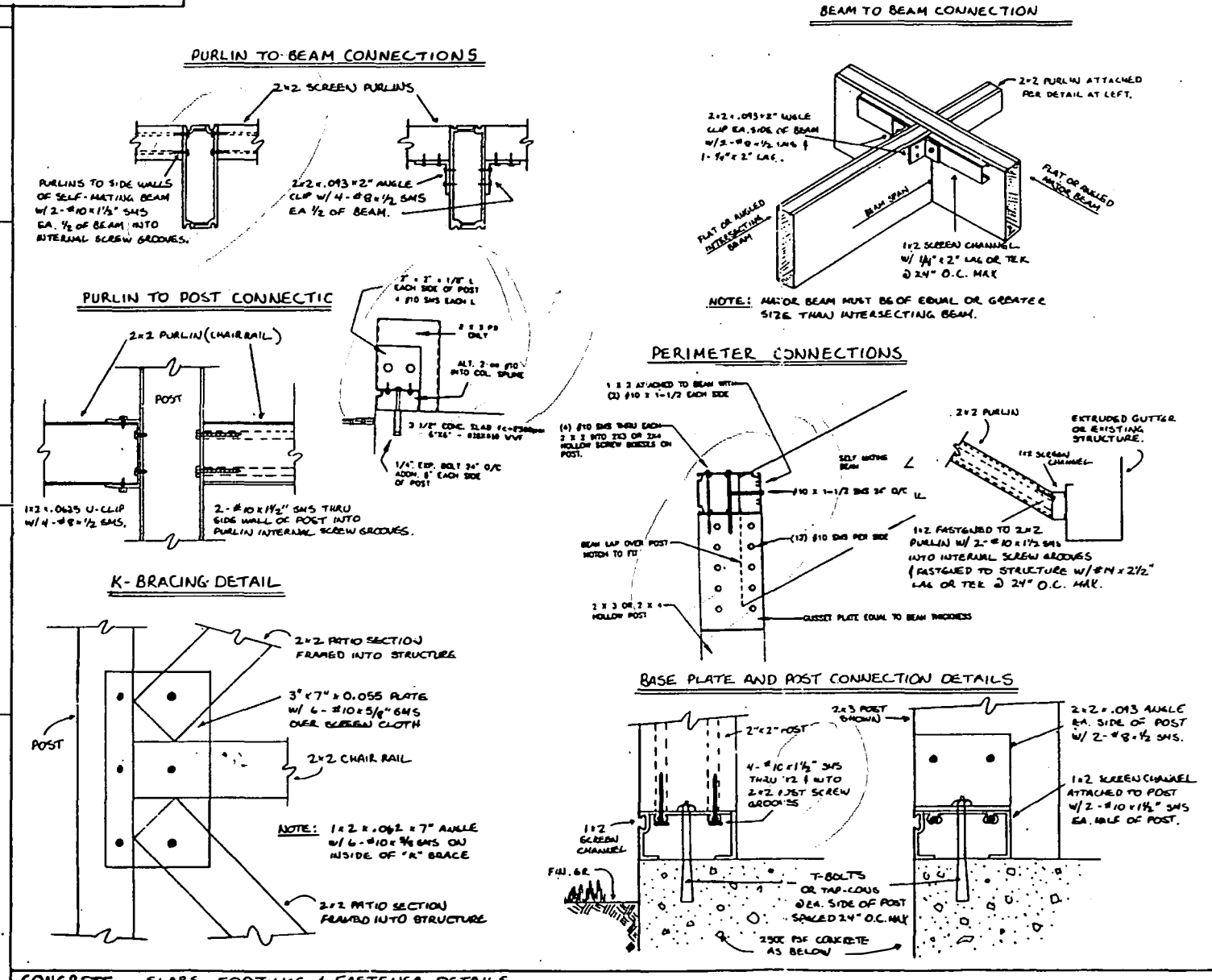
ALLOY = 6063-T5

NOTE: COMPOSITE 2x2 x 0.050 RATIO WITH 1/2" OPENBACK IS EQUAL TO ABOVE SECTION.  
2x3 x 0.050 SELF-MATING SWAP BEAM IS ALSO EQUAL.

2" WIDE SELF-MATING BOX BEAMS

SECTION PROPERTIES	2"	3"	4"	6"
I <sub>x</sub> (in <sup>4</sup> )	0.115	0.045	1.08	0.48
S <sub>x</sub> (in <sup>3</sup> )	0.109	0.095	1.86	0.75
I <sub>y</sub> (in <sup>4</sup> )	0.325	0.095	3.69	0.98
A (in <sup>2</sup> )	0.320	0.072	6.92	1.94
R <sub>y</sub>	1.10	1.10	1.10	1.10

NOTE: FASTENERS MAY BE ELIMINATED WHEN SELF-MATING CONTINUOUS SWAP TYPE BEAMS ARE SUBSTITUTED.



### ATTACHMENT TO EXISTING STRUCTURE - DETAILS & COMPONENTS

ANGLED OR FLAT BOX BEAM  
EXISTING MASONRY WALL  
2x2 ANGLE AS ABOVE  
1/2" CHANNEL W/ 1" T-BOLT OR SIMILAR CONCRETE ANCHOR @ 24" O.C. MAX.

BOX BEAM AS ABOVE  
1/2" x 4" FERRULE W/ 1/4" x 16" LAG @ 24" O.C.  
2x2 x 0.013 x 2" ANGLE CLIP W/ 4" x 8" x 1/2" SWS  
1/2" SCREEN CHANNEL  
3/16" BRASS GUTTER (1/2" WIDE WITH 1/4" x 1/4" BEAM)

2x2 x 0.013 x 2" ANGLE CLIP W/ 4" x 8" x 1/2" SWS  
1/2" x 1/4" ANGLE CLIP W/ 1/2" x 10" x 1 1/2" SWS  
1/2" x 1/4" ANGLE CLIP W/ 1/2" x 10" x 1 1/2" SWS  
1/2" x 1/4" ANGLE CLIP W/ 1/2" x 10" x 1 1/2" SWS  
1/2" x 1/4" ANGLE CLIP W/ 1/2" x 10" x 1 1/2" SWS

POST SIZE	MAX. WALL HEIGHT	MAX. POST SPACING O.C.
2x2 x 0.050 OR EQUIV.	7'7"	7'1"
2x3 x 0.050 OR EQUIV.	9'0"	9'0"
2x4 x 0.050 OR EQUIV.	10'0"	10'0"
2x4 x 0.050 OR EQUIV.	12'0"	12'0"
2x6 x 0.050 OR EQUIV.	15'0"	15'0"
2x7 x 0.050 OR EQUIV.	17'0"	17'0"
2x8 x 0.050 OR EQUIV.	19'0"	19'0"
2x9 x 0.050 OR EQUIV.	21'0"	21'0"

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS AT VARIOUS SPACINGS							
	4'0" O.C.	5'0" O.C.	5'6" O.C.	6'0" O.C.	6'6" O.C.	7'0" O.C.	7'6" O.C.	8'0" O.C.
2x4 S.M.B.	22'6"	20'0"	19'6"	19'0"	18'6"	18'0"	17'9"	17'6"
2x6 S.M.B.	31'0"	29'0"	28'0"	27'0"	26'3"	25'6"	25'3"	25'0"
2x7 S.M.B.	38'0"	35'0"	34'0"	33'0"	32'8"	32'4"	32'2"	32'0"
2x9 S.M.B.	46'0"	44'0"	42'0"	41'0"	40'3"	39'6"	38'9"	38'0"

STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH STANDARD BUILDING CODE FOR LOAD CONDITIONS AS FOLLOWS:  
DEAD LOADS + 30 PSF LIVE LOAD (Δ = 1/60 MAX.)  
120 MPH WIND VELOCITY PRESSURES

- ADHERE TO LOCAL ORDINANCES WHICH IMPOSE FURTHER LIMITATIONS ON PROJECTIONS, SPANS, AND LOAD CONDITIONS.  
- ALSO DESIGNED TO CONFORM TO PMA BEACH COUNTY WIDE CODE (30 PSF LL AND 29 PSF WL WITH APPROPRIATE FACTORS APPLIED)  
- ALSO CONFORMS TO THE S. FLA. BUILDING CODE (LATEST EDITION) 1991

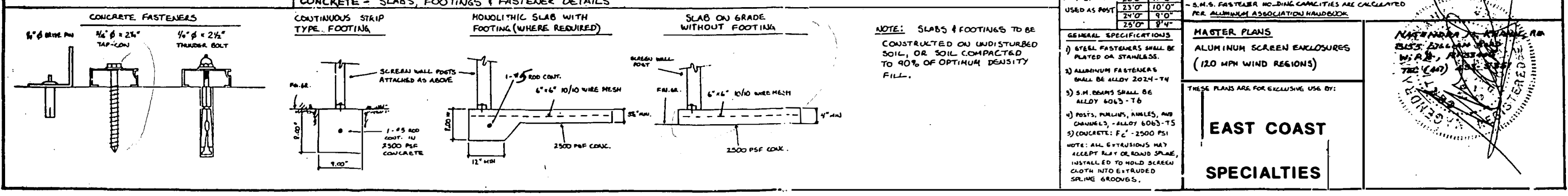
- S.M.B. FASTENER HOLDING CAPACITIES ARE CALCULATED PER ALUMINUM ASSOCIATION HANDBOOK.

GENERAL SPECIFICATIONS  
1) STEEL FASTENERS SHALL BE PLATED OR STAINLESS.  
2) ALUMINUM FASTENERS SHALL BE ALLOY 2024-T4  
3) S.M.B. BEAMS SHALL BE ALLOY 6063-T6  
4) POSTS, PURLINS, ANGLES, AND CHANNELS - ALLOY 6063-T5  
5) CONCRETE: F<sub>c</sub> - 2500 PSI  
NOTE: ALL EXTRUSIONS MAY ACCEPT FLAT OR ROUND SPINE, INSTALLED TO HOLD SCREEN CLOTH INTO EXTRUDED SPINE GROOVES.

MASTER PLANS  
ALUMINUM SCREEN ENCLOSURES  
(120 MPH WIND REGIONS)

THESE PLANS ARE FOR EXCLUSIVE USE BY:

**EAST COAST SPECIALTIES**



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

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

### 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, Fla. Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: Lot 24 OF THE Plantation at Sewell's Point, According to the Plat thereof recorded in Plat Book 12, Page 70, of the Public Records of Martin County, Florida.
2. General description of improvement: Construction of Single Family Residence w/attached Garage.
3. Owner information:
  - a. Name and address: Anthony D. Smith and Mary Edith Smith  
665 SW Lighthouse Dr., Palm City, FL 34990
  - b. Interest in property: Fee Simple
  - c. Name and address of fee simple titleholder (if other than owner):

4. Contractor:
  - a. Name and address: ARK HOMES CONSTRUCTION, INC.  
1046 N.E. Jensen Beach Blvd., Jensen Beach, FL 34957
  - b. Phone number: (561) 334-8379
  - c. Fax number (optional, if service by fax is acceptable)

5. Surety:
  - a. Name and address: N/A (NONE)
  - b. Phone number:
  - c. Fax number (optional, if service by fax is acceptable).
  - d. Amount of bond \$ \_\_\_\_\_

6. Lender:
  - a. Name and address: N/A (NONE)
  - b. Phone number:
  - c. Fax number (optional, if service by fax is acceptable).

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1) (a)7., Florida Statutes.
  - a. Name and address:
  - b. Phone number:
  - c. Fax number (optional, if service by fax is acceptable).

8. In addition to himself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (h), Florida Statutes.
  - a. Phone number:
  - b. Fax number (optional, if service by fax is acceptable).

9. Expiration date of notice of commencement: \_\_\_\_\_ (The expiration date is 1 year from the date of recording unless a different date is specified)
 

<u>[Signature]</u> Signature of Owner	<u>[Signature]</u> Signature of Owner
Name: <u>ANTHONY D. SMITH</u> Please Print, Type or Stamp.	Name: <u>Mary Edith Smith</u> Please Print, Type or Stamp

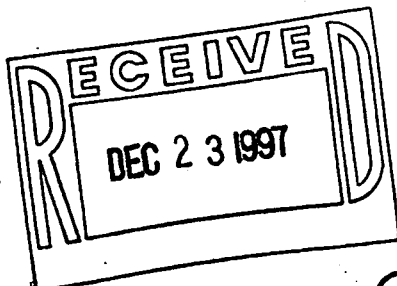
STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 10th day of December 1997, by Anthony + Mary Edith Smith || personally known to me, or || has produced NADC #'s as identification, and who || did || did not take an oath.

05SHA35261  
01SHM37031

[Signature]  
Signature of Notary

Name: \_\_\_\_\_  
Please Print, Type or Stamp



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

OTARY SEAL)



OFFICIAL RECEIPT  
(FOR MONEY RECEIVED)

No. 599402

DATE 12/23, 1997

FINANCE SCHOOL

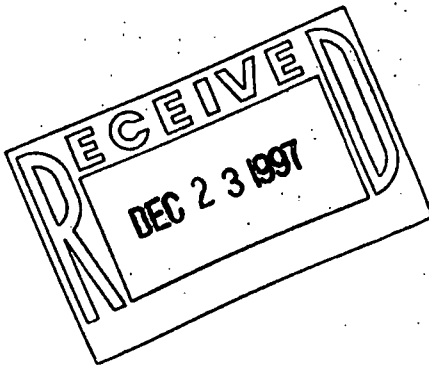
RECEIVED FROM ARK HOMES (NAME OR ORGANIZATION) \$ 1006<sup>03</sup>/<sub>100</sub>

FOR IMPACT FEE - THE LOFTING WAY - SEWALL'S PT

FOR DEPOSIT IN SUBDIVISION - PLANTATION - CK 9872 FUND(S)

SCHOOL IMPACT  
FEE

Betty Nickoy  
PRINCIPAL OR RESPONSIBLE OFFICER





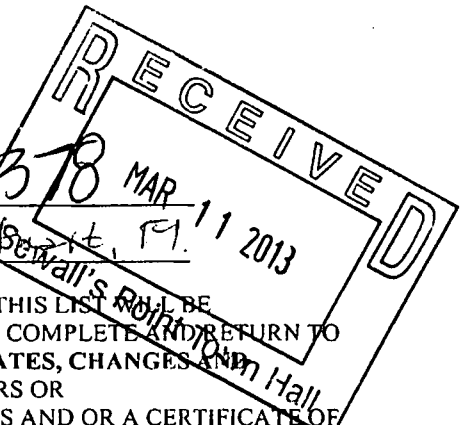
TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

*McKeon*  
*7100 King Way*

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME *Stam Parks Inc* BLDG. PERMIT # *10378*

MAILING ADDRESS *3451 SE. Willoughby Blvd. Sewall's Point, FL*



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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH	<i>Int. Concepts</i>	<i>CCCA 10859</i>
IN	INSULATION	<i>Pro. Insulators</i>	<i>CBC1254041</i>
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	<i>Agua</i>	<i>CFC057526</i>
AC	* HARV	<i>N/A</i>	
EL	* ELECTRICAL	<i>Blosser</i>	<i>EC13001570</i>





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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

\* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

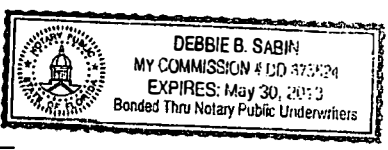
[Signature]  
 SIGNATURE OF CONTRACTOR  
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida COUNTY OF MARTIN

SWORN TO AND SUBSCRIBED before me this 5th day of Feb., 2013

[Signature]  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_





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

7 Lofting Way  
 McKeon

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Stam Parks Inc BLDG. PERMIT # \_\_\_\_\_  
 MAILING ADDRESS 3461 SE Willoughby Blvd. Stuart, FL

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

BTR  
 GYWC  
 BTR-SC-X

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG	Int. Concepts	Perini Interiors
DF	- FINISH		CGCA 10859
IN	INSULATION	Pro. Insulators	CBC1254041
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Agua	CFC057526
AC	* HARV	N/A	
EL	* ELECTRICAL	Blosseriz	EC13001570

op  
 op

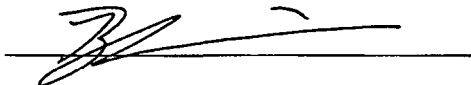


**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

\* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.



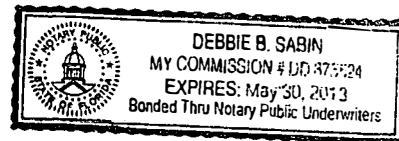
SIGNATURE OF CONTRACTOR  
(OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida COUNTY OF MARTIN

of Feb., 20 13 SWORN TO AND SUBSCRIBED before me this 5<sup>th</sup> day

  
 NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



Blosser Electric  
P. 337.2699

OP



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Steven McKean

CONSTRUCTION ADDRESS: 7 Lottling Way

PERMIT TYPE: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: Electrical wiring for remodel in kitchen

VALUE OF CONSTRUCTION \$ 2000.00

_____ LOW VOLTAGE
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER
SCOPE OF WORK: _____ VALUE _____

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

[Signature]  
SIGNATURE OF LICENSED CONTRACTOR

Blosser Electric Inc.  
P.O. Box 7305  
Port St. Lucie, FL 34985

ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Kent Blosser

TELEPHONE NO: 337.0055 FAX NO: 772-237-2699

PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13001570

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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

TOWN OF SEWALL'S POINT  
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Steven McKeon

CONSTRUCTION ADDRESS: 7 Raftering Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

*Aqua Sun*

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Rough-Topout-Final

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

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

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

SIGNATURE OF LICENSED CONTRACTOR: *[Signature]*

ADDRESS OF CONTRACTOR: 1651 SW Macedo Blvd PSL 7134984

COMPANY OR QUALIFIER'S NAME: Robert Ludlum  
PLEASE PRINT

TELEPHONE NO: 772-344-8433 FAX NO: 772-343-7418

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 057526

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ CLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

Send or Fax to:  
Town of Sewall's Building Department  
181 Sewall's Point Road  
Sewall's Point, FL 34896  
FAX # (772) 220-4766

10:39:53 AM 2/8/2013

**Data Contained In Search Results Is Current As Of 02/08/2013 10:38 AM.**

**Search Results**

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified General Contractor	<b><u>PERINI INTERIORS LLC</u></b>	DBA	CGCA10859 Cert General	Current, Active 08/31/2014
	<b>License Location Address*:</b> 157 SW RIVERWAY BLVD PALM CITY, FL 34990 <b>Main Address*:</b> 157 SW RIVERWAY BLVD PALM CITY, FL 34990			
Certified General Contractor	<b><u>PERINI, DARIO MONTE</u></b>	Primary	CGCA10859 Cert General	Current, Active 08/31/2014
	<b>License Location Address*:</b> 157 SW RIVERWAY BLVD PALM CITY, FL 34990 <b>Main Address*:</b> 157 SW RIVERWAY BLVD PALM CITY, FL 34990			

[Back](#) [New Search](#)

**\* denotes**

- Main Address - This address is the Primary Address on file.
- Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
- License Location Address - This is the address where the place of business is physically located.

.....  
**1940 North Monroe Street, Tallahassee FL 32399** :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \* Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.

10:44:50 AM 2/8/2013

**Data Contained In Search Results Is Current As Of 02/08/2013 10:43 AM.**

**Search Results**

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Building Contractor	<b><u>PROFESSIONAL INSULATORS OF SOUTH FLORIDA</u></b>	DBA	CBC1254041 Cert Building	Current, Active 08/31/2014
Main Address*: 380 ST PETER ST SUITE 1020 SAINT PAUL, MN 55102				
Certified Building Contractor	<b><u>RITTER, DANIEL WILLIAM SR</u></b>	Primary	CBC1254041 Cert Building	Current, Active 08/31/2014
Main Address*: 380 ST PETER ST SUITE 1020 SAINT PAUL, MN 55102				

[Back](#) [New Search](#)

**\* denotes**

- Main Address - This address is the Primary Address on file.
- Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
- License Location Address - This is the address where the place of business is physically located.

.....  
[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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**Licensee**

Name: **RITTER, DANIEL WILLIAM** License Number: **1254041**  
 Rank: **Certified Building Contractor** License Expiration Date: **08/31/2014**  
 Primary Status: **Current** Original License Date: **03/15/2006**  
 Secondary Status: **Active**

**Related License Information**

License Number	Status	Related Party	Relationship Type	Relation Effective Date	Rank	Expiration Date
	Current	UNITED SUBCONTRACTORS INC	Primary Qualifying Agent for Business	03/15/2006	Construction Business Information	



**Related License Search**

License Type

First Name  Last Name

License Number

Expiration Date

From  To

**Search**

**1940 North Monroe Street, Tallahassee FL 32399** :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

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### Business Tax Receipt Details

[New Search](#)   
 [Back to Search Results](#)   
 [Help](#)

<b>Business Tax Account</b>	2004-000512-00009.000	<b>Status</b>	CLOSED
<b>Business Name</b>	UNITED SUBCONTRACTORS INC	<b>Current Amount Due</b>	0.00
<b>Business Category</b>	INSULATION CONSTRUCTION CONTRACTORS		
<b>Additional Description</b>	ACCOUNT NOT PAID	<b>New Business Date</b>	01/22/2004
<b>Business Address</b>	OCCY	<b>Date Closed</b>	03/09/2010
<b>Doing Business As</b>	PROFESSIONAL INSULATORS OF THE TC		
<b>Owner Name</b>	GILLIGAN, JOHN K. CEO		
<b>Mailing Address</b>	PROFESSIONAL INSULATORS OF THE TC UNITED SUBCONTRACTORS INC DANIEL RITTER SR (QUALIFIER) 4497 SW PORT WAY PALM CITY FL 34990		
		<a href="#">Update Business Details</a>	

License Renewal History

Year	License Amount	Penalty	Fees	Transfer	Duplicate	Exempt	Amount Due	Paid
2010	26.25	6.56	6.60				39.41	UNPAID
2009	26.25	6.56	6.60				39.41	UNPAID
2008	26.25						26.25	PAID

### Business Tax Receipt Details

<a href="#">New Search</a> <a href="#">Back to Search Results</a> <a href="#">Help</a>			
<b>Business Tax Account</b>	1990-000520-00120.000	<b>Status</b>	CLOSED
<b>Business Name</b>	UNITED SUB CONTRACTORS INC..	<b>Current Amount Due</b>	0.00
<b>Business Category</b>	MISC CONTR - INSULATION		
<b>Additional Description</b>	ACCOUNT NOT PAID	<b>New Business Date</b>	02/27/1990
<b>Business Address</b>	OCCY	<b>Date Closed</b>	03/19/2008
<b>Doing Business As</b>	WEST COAST INSULATION OF CEN FLA		
<b>Owner Name</b>	RITTER, DANIEL W (QUAL)		
<b>Mailing Address</b>	WEST COAST INSULATION OF CEN FLA UNITED SUB CONTRACTORS INC.. RITTER, DANIEL W (QUAL) 251 COMMERCIAL CT SEBRING FL 33870		
<a href="#">Update Business Details</a>			

License Renewal History								
Year	License Amount	Penalty	Fees	Transfer	Duplicate	Exempt	Amount Due	Paid
2008	26.25	6.56	6.60				39.41	UNPAID

# BUILDING PERMIT

FORM BOARD SURVEY DATE \_\_\_\_\_  
COMPACTION TESTS DATE \_\_\_\_\_  
GROUND ROUGH DATE 1-26/98  
SOIL POISONING DATE \_\_\_\_\_  
FOOTINGS / PIERS DATE 1/26/98  
SLAB ON GRADE DATE 1/26/98  
TIE-BEAMS & COLUMNS DATE 3/13/98  
STRAPS AND ANCHORS DATE 5/14/98  
DRIVEWAY DATE \_\_\_\_\_  
AS-BUILT SURVEY DATE \_\_\_\_\_

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

DATE 4/9/98  
DATE 5/14/98  
DATE 5/13/98  
DATE 4/13/98  
DATE 5/14/98  
DATE \_\_\_\_\_  
DATE \_\_\_\_\_  
DATE \_\_\_\_\_  
DATE \_\_\_\_\_  
DATE 7-22-98

SMITH  
4307

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

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

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

## WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction     Remodel     Addition     Demolition

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

### TOWN OF SEWALL'S POINT

Date 12/22/97

BUILDING PERMIT NO. 4307

Building to be erected for ANTHONY D. SMITH Type of Permit \_\_\_\_\_

Applied for by ARK HOMES CONST (Contractor) Building Fee 4304-

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_ Radon Fee 35<sup>51</sup>

Address 7 NE LOBING WAY Impact Fee 1508<sup>20</sup>

Type of structure S. F. RES A/C Fee 100

RECEIPT FROM SCHOOL BOARD

Electrical Fee 100

Parcel Control Number: COPY OF N.O.C. Plumbing Fee 100

Roofing Fee 100

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

Total Construction Cost \$ 538 000

TOTAL Fees 6247<sup>11</sup>

Signed Ronald A. Britton, Pres.

Signed 

Applicant

Town Building Inspector

PREPARED BY AND RETURN TO:  
Town of Sewall's Point  
1 S. Sewall's Point Road  
Stuart, FL 34996

[Space above this line for recording]

Date: 7-22-98

This is to request a Certificate of Approval for Occupancy to be issued to:  
Anthony Smith for Permit No. 4307 issued to construct a residence  
upon property described as follows:


Lot 24, Block -, Section -, Subdivision The Plantation  
known as: 7 N.E. Lofting Way When completed in conformance  
with the approved plans and approval of the following required inspections.

# CERTIFICATE OF OCCUPANCY

## TOWN OF SEWALL'S POINT, FLORIDA

Lot Stakes/Setbacks	Approved: <u>1-26-98</u>	Termite Protection	Approved: <u>1-27-98</u>
Footings/Slab	Approved: <u>1-26-98</u>	Rough Plumbing	Approved: <u>1-26-98</u>
Rough Electric	Approved: <u>5-14-98</u>	Lintel/Tie-beam	Approved: <u>5-13-98</u>
Roofing	Approved: <u>5-14-98</u>	Framing/Furring	Approved: <u>5-14-98</u>
Insulation	Approved: <u>5-18-98</u>	HVAC Rough	Approved: <u>5-14-98</u>
Final Electric	Approved: <u>7-22-98</u>	Final Plumbing	Approved: <u>7-22-98</u>
Final HVAC	Approved: <u>7-22-98</u>	Storm Shutters	Approved: <u>7-22-98</u>
Tie-in Survey	Approved: <u>1-26-98</u>	Landscape	Approved: <u>7-22-98</u>

ISSUED THIS 22<sup>nd</sup> DAY OF July, 1998

  
Building Inspector

  
Town Clerk

Town of Sewall's Point



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

Date 12-15-97

BUILDING PERMIT APPLICATION

to construct:

RESIDENTIAL  NEW CONSTRUCTION  ADDITION  ALTERATION  
COMMERCIAL

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

DEMOLITION \_\_\_\_\_

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

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

OTHER: \_\_\_\_\_ CONTRACT PRICE \_\_\_\_\_

Owner's Name Anthony D. Smith and Mary Edith Smith

Owner's Address 665 SW Lighthouse Dr., Palm City, FL 34990

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

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

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

Contractor's Name ARK Homes Construction, Inc.

Contractor's Address 1046 N.E. Jensen Beach Blvd.

City Jensen Beach State Florida Zip 34957

Job Name Smith Job

Job Address xxx N.E. LOFTING WAY

City \_\_\_\_\_ County Martin County

Legal Description Lot 24 of the Plantation at Sewall's Point

Bonding Company NONE

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

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

Architect/Engineer's Name Mathews Engineering Corporation

Architect/Engineer's Address 1111 S. Federal Hwy, Suite 226, Stuart, FL 34994

Mortgage Lender's Name NONE

Mortgage Lender's Address \_\_\_\_\_

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

## PERMIT GENERAL CONDITIONS

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

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

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

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

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

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

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

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

\*NOT : NOTICE OF COMMENCEMENT required for work with a cumulative value of \$2,500.00 or more.

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

ACCEPTED:

Anthony S. Smith  
Owner

Ronald A. Britton, Pres.  
Contractor

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

Square Footage \_\_\_\_\_ Impervious Area \_\_\_\_\_ Lineal Footage \_\_\_\_\_ Walls, Fences, Docks  
Construction Value \_\_\_\_\_ (\$)

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.**

Anthony Smith Mary Edith Smith 12/10/97  
Owner or Agent Date

Ronald A. Britton, Pres. 12/10/97  
Contractor Date

STATE OF FLORIDA  
COUNTY OF MARTIN

Sworn to and subscribed before me this 10<sup>th</sup> December day of, 1997 by Ronald Britton, Mary E. & Anthony D. Smith  
who: [ ] is/are personally known to me, or [  ] has/have produced FC + NH DL'S as identification, and who did not take an oath.

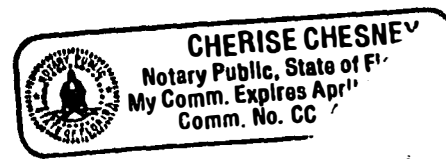
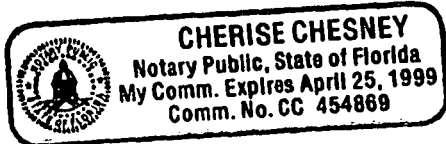
FLDL# 0635-721-57-458  
NHDL# 05SHA35261  
NHDL# 0ISHM37031

Cherise Chesney  
Name: \_\_\_\_\_  
Typed, printed or stamped

(NOTARY SEAL)

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

STATE OF FLORIDA  
COUNTY OF MARTIN



Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 199\_\_\_ by \_\_\_\_\_, who: [ ] is/are personally known to me, or [ ] has/have produced \_\_\_\_\_ as identification, and who did / did not take an oath.

Name: \_\_\_\_\_

Typed, printed or stamped

(NOTARY SEAL)

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

Certificate of Competency Holder

Contractor's State Certification or Registration No. \_\_\_\_\_  
Contractor's Certificate of Competency No. \_\_\_\_\_

Application Approved \_\_\_\_\_ Building Official \_\_\_\_\_ Building Commissioner  
Date: \_\_\_\_\_ Date: \_\_\_\_\_



ARK HOMES CONSTRUCTION INC. 3-68  
PH. 407-334-8379  
1046 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957

9870

DATE 12/22/97

63-5153  
670

PAY TO THE ORDER OF Town of Sewalls Pt \$ 6247.71

Six thousand two hundred forty-seven <sup>71</sup>/<sub>100</sub> DOLLARS

FIRST NATIONAL  
BANK AND TRUST COMPANY  
THE SUPER COMMUNITY BANK  
STUART, FLORIDA 34996

000

FOR Permit Lot 24 at the Plantation Ronald A. Butler MP

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

### TOWN OF SEWALL'S POINT

Date 12/22/97 BUILDING PERMIT NO. 4307

Building to be erected for ANTHONY D. SMITH Type of Permit \_\_\_\_\_

Applied for by ARK HOMES CONST (Contractor) Building Fee 4304-

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_ Radon Fee 35<sup>51</sup>

Address 7 NE LOBTING WAY Impact Fee 1508<sup>25</sup>

Type of structure S. F. RES A/C Fee 100

RECEIPT FROM SCHOOL BOARD

Parcel Control Number: COPY OF N.O.C. Electrical Fee 100

Plumbing Fee 100  
Roofing Fee 100

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

Total Construction Cost \$ 538 000 TOTAL Fees 6247<sup>71</sup>

Signed Ronald A. Butler, Pres. Signed \_\_\_\_\_

Applicant

Town Building Inspector



STATE OF FLORIDA AC# 4045693  
Department of Business and Professional Regulation

CG - C057270 07/18/1996 96900281

CERTIFIED GENERAL CONTRACTOR  
BRITTIAN, RONALD ALLEN  
ARK HOMES CONSTRUCTION INC

IS CERTIFIED under the provisions of Ch. 489, FS.

Expiration Date: AUG 31, 1998

STATEMENT

ARK HOMES  
-SMITH HOMES

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes currently adopted and enforced by Martin County Building Division. I also certify that the structural elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: \_\_\_\_\_ 1994 SBC \_\_\_\_\_ 95 ASCE 7-~~88~~ X OTHER \_\_\_\_\_

BUILDING DESIGN AS: PARTIALLY ENCLOSED X ENCLOSED \_\_\_\_\_  
 OPEN \_\_\_\_\_

BASIC WIND SPEED 110 m.p.h. \_\_\_\_\_ 140 m.p.h. X

IMPORTANCE/USE FACTOR D

DESIGN WIND PRESSURE: MWFRS 45 psf COMPONENTS AND CLADDING DESIGN PRESSURES SCHEDULED ON PLANS X YES \_\_\_\_\_ NO

MINIMUM SOIL BEARING PRESSURE 2000 psf

EXPOSURE C

BUILDING HEIGHT 20 FT ±

FLOOR LOADS 40 LL 15 DL

ROOF DEAD LOAD 30

ROOF LIVE LOAD 20

SHEAR WALL CONSIDERED X YES \_\_\_\_\_ NO

CONTINUOUS LOAD PATH PROVIDED X YES \_\_\_\_\_ NO

COMPONENTS AND CLADDING DETAILS PROVIDED X YES \_\_\_\_\_ NO

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge and belief.

NAME WILLIAM J. MATHERS

CERTIFICATION # 19658

DATE \_\_\_\_\_

DESIGN FIRM MATHERS ENGINEERING CORP.

OTHER \_\_\_\_\_

12/11/97

*William J. Mathers*

SEAL

\*\*\*\*\* THIS FORM MUST INCLUDE THE PLAN REVIEW CHECKLIST IF IN THE "FAST TRACK" PERMIT PROGRAM.\*\*\*\*\*



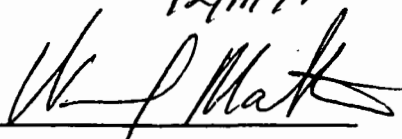
## EXTREME WIND ANALYSIS

ASCE 7-95

Builder: ARK HOMES

Job No.: 1436-01

Residence: SMITH RES.

12/11/97  


William J. Mathers, P.E.  
FL License #19658  
GA License #21275

**Calculation of Wind Loads (ASCE 7-95)**

Project: Ark Homes - Smith Residence  
Date: 12/11/97  
Calculations by: WSM  
Checked by: WJM

**General Building Information:**

Mean roof height:  $h := 23\text{-ft}$       Roof member spacing:  $t := 2\text{-ft}$   
Eave height:  $z := 10\text{-ft}$       Roof overhang dist:  $o := 2\text{-ft}$   
Roof Angle:  $\theta := 22.6\text{-deg}$   
Building width (shortest dimension):  $W := 51\text{-ft}$   
Building length (longest dimension):  $L := 83\text{-ft}$   
Roof dead load:  $DL_r := 42\text{-lb}\cdot\text{ft}^{-2}$

**General Information:**

Basic wind speed (mph):  $V := 140$       Topographic Factor:  $K_{zt} := 1.0$   
Exposure: C       $\alpha := 9.5$        $z_g := 900\text{-ft}$   
Importance Factor:  $I := 1.00$       Gust Factor:  $G := 0.85$  (Exp. C&D)

**External Wall Pressure Coefficients (MWFRS):**      **External Roof Pressure Coefficients (MWFRS):**

Windward wall:  $C_{pw} := 0.8$       Normal to ridge (windward):  $C_{p1} := 0.3$   
Leeward wall:  $C_{pl} := -0.3$       Normal to ridge (leeward):  $C_{p2} := -0.6$   
Side walls:  $C_{ps} := -0.7$       Parallel to ridge:  $C_{p3} := -0.9$

**External Pressure Coefficients for Components & Cladding:**

**External Roof Pressure Coeff.:**

$GC_{p1} := -0.8$   
 $GC_{p2} := -1.4$   
 $GC_{p3} := 0.3$

**Calculation of Constant:**

$$C := \frac{1}{2} \left[ \frac{0.0765 \cdot \frac{\text{lb}}{\text{ft}^3}}{32.2 \cdot \frac{\text{ft}}{\text{sec}^2}} \cdot \left[ \left( \frac{\text{mi}}{\text{hr}} \cdot \frac{5280\text{-ft}}{\text{mi}} \cdot \left( \frac{\text{hr}}{3600\text{-sec}} \right) \right)^2 \right] \right]$$

**Roof Overhang Pressure Coefficients:**

$$C = 0.00256 \cdot \text{lb} \cdot \text{ft}^{-2}$$

$GC_{p20} := -2.2$   
 $GC_{p30} := -2.5$

**Internal Pressure Coefficients:**

Positive:  $GC_{pip} := 0.8$   
Negative:  $GC_{pin} := -0.3$

### Calculation of MFWRs loadings:

Calculate velocity pressure coefficients:

$$K_{zh} := 2.01 \cdot \left(\frac{z}{z_g}\right)^{\frac{2}{\alpha}} \quad K_{z15} := 2.01 \cdot \left(\frac{15\text{-ft}}{z_g}\right)^{\frac{2}{\alpha}} \quad K_z := \text{if}(z \geq 15\text{-ft}, K_{zh}, K_{z15})$$
$$K_{hh} := 2.01 \cdot \left(\frac{h}{z_g}\right)^{\frac{2}{\alpha}} \quad K_{h15} := 2.01 \cdot \left(\frac{15\text{-ft}}{z_g}\right)^{\frac{2}{\alpha}} \quad K_h := \text{if}(h \geq 15\text{-ft}, K_{hh}, K_{h15})$$

Calculate Velocity Pressures:

$$q_z := C \cdot K_z \cdot K_{zt} \cdot V^2 \cdot I \quad q_h := C \cdot K_h \cdot K_{zt} \cdot V^2 \cdot I$$
$$q_z = 42.52 \cdot \text{lb} \cdot \text{ft}^{-2} \quad q_h = 46.52 \cdot \text{lb} \cdot \text{ft}^{-2}$$

### MFWRs Wall Pressures:

*Windward Wall Pressure Loadings:*

Pos. Internal Pressure

$$P_{wp} := q_z \cdot G \cdot C_{pw} - q_h \cdot GC_{pip}$$

$$P_{wp} = -8.3 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{wn} := q_z \cdot G \cdot C_{pw} - q_h \cdot GC_{pin}$$

$$P_{wn} = 42.87 \cdot \text{lb} \cdot \text{ft}^{-2}$$

*Leeward Wall Pressure Loadings:*

Pos. Internal Pressure

$$P_{lp} := q_z \cdot G \cdot C_{pl} - q_h \cdot GC_{pip}$$

$$P_{lp} = -48.06 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{ln} := q_z \cdot G \cdot C_{pl} - q_h \cdot GC_{pin}$$

$$P_{ln} = 3.11 \cdot \text{lb} \cdot \text{ft}^{-2}$$

*Side Wall Pressure Loadings:*

Pos. Internal Pressure

$$P_{sp} := q_z \cdot G \cdot C_{ps} - q_h \cdot GC_{pip}$$

$$P_{sp} = -62.51 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{sn} := q_z \cdot G \cdot C_{ps} - q_h \cdot GC_{pin}$$

$$P_{sn} = -11.34 \cdot \text{lb} \cdot \text{ft}^{-2}$$

### MFWRs Roof Pressures:

Wind Direction Normal to Ridge

*Windward Roof Pressure Loadings:*

Pos. Internal Pressure

$$P_{rp} := q_z \cdot G \cdot C_{pl} - q_h \cdot GC_{pip}$$

$$P_{rp} = -26.37 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{rn} := q_z \cdot G \cdot C_{pl} - q_h \cdot GC_{pin}$$

$$P_{rn} = 24.8 \cdot \text{lb} \cdot \text{ft}^{-2}$$

(normal to ridge wind loading continued.)

*Leeward Roof Pressure Loadings:*

Pos. Internal Pressure

$$P_{lp} := q_z \cdot G \cdot C_{p2} - q_h \cdot GC_{pip}$$

$$P_{lp} = -58.9 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{ln} := q_z \cdot G \cdot C_{p2} - q_h \cdot GC_{pin}$$

$$P_{ln} = -7.73 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Wind Direction Parallel to Ridge

*Roof Pressure Loadings:*

Pos. Internal Pressure

$$P_{rp} := q_z \cdot G \cdot C_{p3} - q_h \cdot GC_{pip}$$

$$P_{rp} = -69.74 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{wn} := q_z \cdot G \cdot C_{p3} - q_h \cdot GC_{pin}$$

$$P_{wn} = -18.57 \cdot \text{lb} \cdot \text{ft}^{-2}$$

**Calculations of Components & Cladding Loading:**

Calculation of Design Wind Pressures:

*Zone 1:*

Pos. Internal Pressure

$$P_{z1P} := q_h \cdot (GC_{p1} - GC_{pip})$$

$$P_{z1P} = -74.43 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{z1N} := q_h \cdot (GC_{p1} - GC_{pin})$$

$$P_{z1N} = -23.26 \cdot \text{lb} \cdot \text{ft}^{-2}$$

*Zone 2:*

Pos. Internal Pressure

$$P_{z2P} := q_h \cdot (GC_{p2} - GC_{pip})$$

$$P_{z2P} = -102.34 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{z2N} := q_h \cdot (GC_{p2} - GC_{pin})$$

$$P_{z2N} = -51.17 \cdot \text{lb} \cdot \text{ft}^{-2}$$

*Zone 3:*

Pos. Internal Pressure

$$P_{z3P} := q_h \cdot (GC_{p3} - GC_{pip})$$

$$P_{z3P} = -23.26 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Negative Internal Pressure

$$P_{z3N} := q_h \cdot (GC_{p3} - GC_{pin})$$

$$P_{z3N} = 27.91 \cdot \text{lb} \cdot \text{ft}^{-2}$$

*Roof Overhang:*

$$P_{ro} := q_h \cdot (GC_{p20})$$

$$P_{ro} = -102.34 \cdot \text{lb} \cdot \text{ft}^{-2}$$

For corners:  $P_c := q_h \cdot (GC_{p30})$

$$P_c = -116.3 \cdot \text{lb} \cdot \text{ft}^{-2}$$

Calculation of the width of "a" for Zone 2 & 3:

$$a_w := 0.1 \cdot W \quad a_h := 0.4 \cdot h \quad a_{\min} := 3 \cdot \text{ft}$$

$$a_1 := \text{if}(a_w < a_h, a_w, a_h) \quad a_2 := \text{if}(a_1 < a_{\min}, a_{\min}, a_1)$$

$$a := a_2 \quad a = 5.1 \cdot \text{ft}$$

Calculation of common roof members:

$$P1 := \text{if}(P_{z1P} < P_{z1N} \cdot P_{z1P} \cdot P_{z1N}) \quad P2 := \text{if}(P1 \neq P_{z1P} \cdot P_{z2N} \cdot P_{z2P})$$

$$P3 := \text{if}(P1 \neq P_{z1P} \cdot P_{z3N} \cdot P_{z3P})$$

$$\text{overhang load: } OL := t \cdot o \cdot p_{ro} \quad OL = -409.36 \cdot \text{lb}$$

$$\text{corner load: } CL := o^2 \cdot p_c \quad CL = -465.18 \cdot \text{lb}$$

$$P1 = -74.43 \cdot \text{lb} \cdot \text{ft}^{-2}$$

$$P2 = -102.34 \cdot \text{lb} \cdot \text{ft}^{-2}$$

$$P3 = -23.26 \cdot \text{lb} \cdot \text{ft}^{-2}$$

End & Corner Jacks w / Overhang:

$$J7 := \left[ \frac{t \cdot ((P2 \cdot a) + (P1 \cdot (7 \cdot \text{ft} - a)))}{7 \cdot \text{ft}} + DL_r \cdot t \right] \cdot \frac{7 \cdot \text{ft}}{2} + OL$$

$$J5 := \left[ (P2 + DL_r) \cdot t \right] \cdot \frac{5 \cdot \text{ft}}{2} + OL$$

$$J3 := \left[ (P2 + DL_r) \cdot t \right] \cdot \frac{3 \cdot \text{ft}}{2} + OL$$

$$J1 := \left[ (P2 + DL_r) \cdot t \right] \cdot \frac{1 \cdot \text{ft}}{2} + OL$$

$$K7 := \frac{(49 \cdot \text{ft}^2 - a^2) \cdot P2 + a^2 \cdot P3 + a^2 \cdot DL_r}{49 \cdot \text{ft}^2} \cdot \frac{49 \cdot \text{ft}^2}{4} + CL$$

$$K5 := \frac{(25 \cdot \text{ft}^2 - a^2) \cdot P2 + a^2 \cdot P3 + a^2 \cdot DL_r}{25 \cdot \text{ft}^2} \cdot \frac{25 \cdot \text{ft}^2}{4} + CL$$

$$K3 := \frac{(9 \cdot \text{ft}^2) \cdot (P3 - DL_r)}{4} + CL$$

Roof framing members:

$$\text{Range of Truss Spans: } i := 10, 11 \dots 50 \quad S_i := i \cdot \text{ft}$$

Reaction Calculations:

$$x := 4 \cdot a \quad x = 20.4 \cdot \text{ft}$$

Without overhang:

With overhang:

$$R1_i := (P2 + DL_r) \cdot t \cdot \frac{S_i}{2}$$

$$R3_i := (P2 + DL_r) \cdot t \cdot \frac{S_i}{2} + OL$$

$$R2_i := \left[ \frac{[(P2 \cdot a \cdot 4) + [P1 \cdot (S_i - a \cdot 4)]]}{S_i} + DL_r \right] \cdot t \cdot \frac{S_i}{2}$$

$$R4_i := \left[ \frac{[(P2 \cdot a \cdot 4) + [P1 \cdot (S_i - a \cdot 4)]]}{S_i} + DL_r \right] \cdot t \cdot \frac{S_i}{2} + OL$$

$$R_i := \text{if}(S_i < x, R1_i, R2_i)$$

$$RO_i := \text{if}(S_i < x, R3_i, R4_i)$$



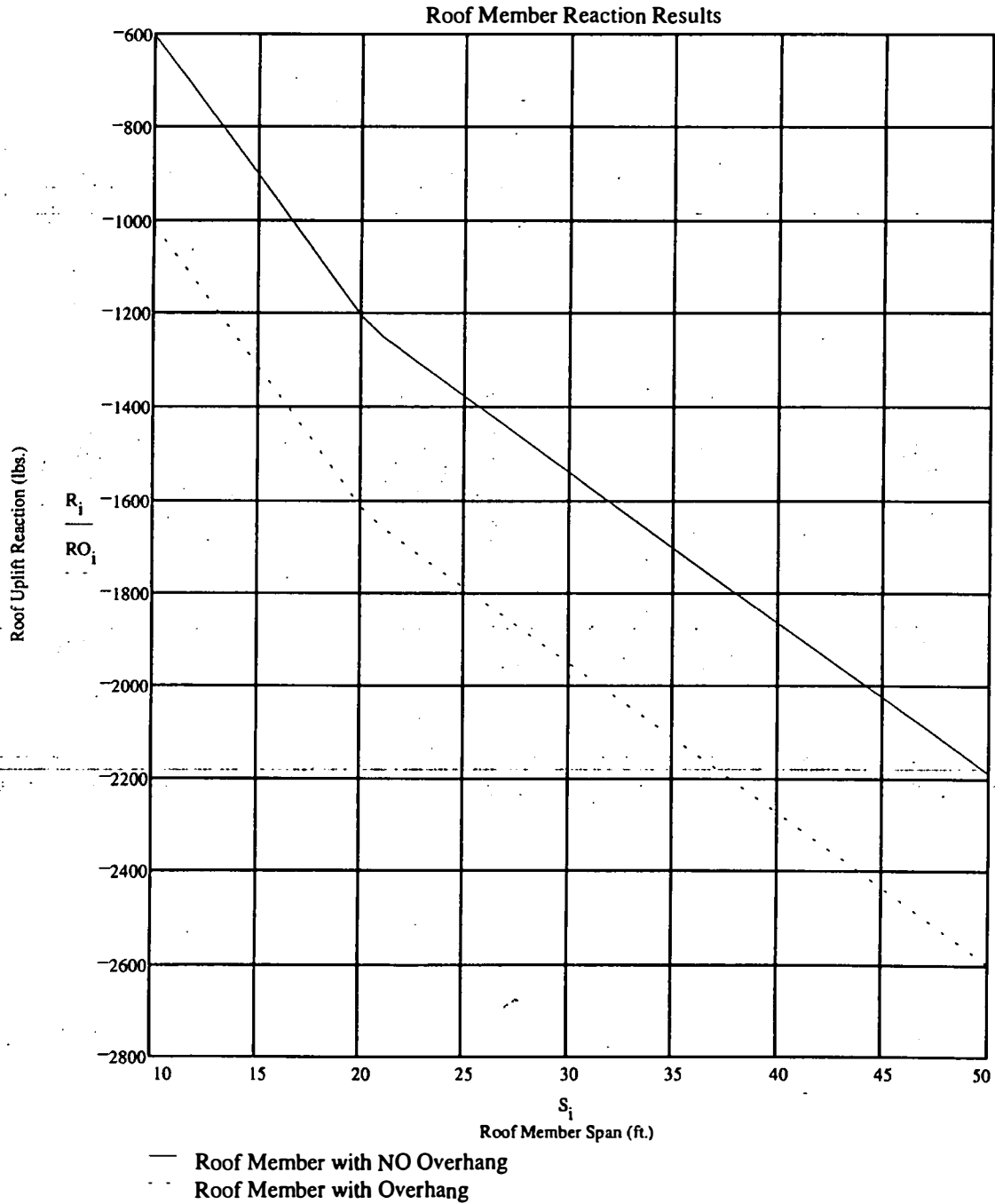
**Roof Framing Member Results:**

Jacks:

J7 = -778.71•lb    J5 = -711.06•lb    J3 = -590.38•lb    J1 = -469.7•lb

King Jacks:

K7 = -931.52•lb    K5 = -317.48•lb    K3 = -612.02•lb    OL = -409.36•lb  
 CL = -465.18•lb



## Horizontal Diaphragm Calculations

$$P_p := p_{wp} \cdot (-1) + p_{lp}$$

$$P_n := p_{wn} \cdot (-1) + p_{ln}$$

### General Building Information:

Diaphragm I.D.: Roof

Wind Pressure:

$$P := \text{if}(P_p < P_n, P_p, P_n)$$

Tributary height for diaphragm:

$$h_2 := h - (z \cdot 0.5) \quad h_2 = 18 \cdot \text{ft}$$

Wind load on diaphragm:

$$w := P \cdot h_2 \quad w = -910.67 \cdot \text{lb} \cdot \text{ft}^{-1}$$

Length of diaphragm in N-S direction:

$$b := W$$

Length of diaphragm in E-W direction:

$$l := L$$

Length to width ratios:

$$r := \frac{l}{b}$$

$$r = 1.63$$

$$r_1 := \frac{b}{l}$$

$$r_1 = 0.61$$

### Diaphragm Calculations:

Reactions in the N-S direction:

$$R_N := \frac{w \cdot l}{2}$$

$$R_N = -3.78 \cdot 10^4 \cdot \text{lb}$$

Reactions in the E-W direction:

$$R_E := \frac{w \cdot b}{2}$$

$$R_E = -2.32 \cdot 10^4 \cdot \text{lb}$$

Worst case diaphragm shear in N-S direction:

$$v_N := \frac{R_N}{b}$$

$$v_N = -741.04 \cdot \text{lb} \cdot \text{ft}^{-1}$$

Worst case diaphragm shear in E-W direction:

$$v_E := \frac{R_E}{l}$$

$$v_E = -279.79 \cdot \text{lb} \cdot \text{ft}^{-1}$$

Maximum diaphragm moment in N-S direction:

$$M_N := \frac{w \cdot l^2}{8}$$

$$M_N = -7.84 \cdot 10^5 \cdot \text{lb} \cdot \text{ft}$$

- Chord Force:  $T_N := \frac{M_N}{b}$

$$T_N = -1.54 \cdot 10^4 \cdot \text{lb}$$

$$C_N := T_N$$

Maximum diaphragm moment in E-W direction:

$$M_E := \frac{w \cdot b^2}{8}$$

$$M_E = -2.96 \cdot 10^5 \cdot \text{lb} \cdot \text{ft}$$

- Chord Force:  $T_E := \frac{M_E}{l}$

$$T_E = -3.57 \cdot 10^3 \cdot \text{lb}$$

$$C_E := T_E$$

### Flexural Design of Reinforced Masonry Wall (ACI 530.1-92/ASCE 6-92/TMS 602-92)

- Design criteria and methods based on above referenced materials in the *Masonry Designer's Guide*.

#### Materials :

Unit Strength	2000-psi
Mortar	Type S
Reinforcement	Grade 60
$f_m := 1800 \cdot \text{lb} \cdot \text{in}^{-2}$	$E_s := 29 \cdot 10^6 \cdot \text{lb} \cdot \text{in}^{-2}$
$E_m := 2.2 \cdot 10^6 \cdot \text{lb} \cdot \text{in}^{-2}$	$n := \frac{E_s}{E_m} \quad n = 13.18$
$F_s := 24000 \cdot \text{lb} \cdot \text{in}^{-2}$	

#### Reactions on Wall :

- Reactions from worst case.

Maximum Moment on Wall:	$M := \frac{(P \cdot 1 \cdot \text{ft}) \cdot z}{8}$	Maximum Shear:	$V := \frac{(P \cdot 1 \cdot \text{ft}) \cdot z}{2}$
	$M = -632.41 \cdot \text{lb} \cdot \text{ft}$		$V = -252.96 \cdot \text{lb}$

#### Estimate Reinforcement :

- Try 8" C.M.U., assume steel at mid-depth

$$d := \frac{7.63 \cdot \text{in}}{2} \quad d = 3.81 \cdot \text{in}$$

(Assume  $j = 0.9$  for initial estimate.)

(Use the 1/3 stress allowable increase for wind load)

$$A_s := \left( \frac{M}{1.33 \cdot F_s \cdot j \cdot d} \right) \quad A_s = -0.07 \cdot \text{in}^2 \quad (\text{initial estimate})$$

Estimated Steel Spacing:  $b := 8 \cdot \text{ft}$

$$A_{sp} := (0.31 \cdot \text{in}^2) \cdot \frac{12 \cdot \text{in}}{b} \quad A_{sp} = 0.04 \cdot \text{in}^2$$

Therefore, Area of #5 Rebar:  $A_s := 0.31 \cdot \text{in}^2$

#### Check Strength :

-Define the reinforcing ratio:  $\rho := \frac{A_s}{b \cdot d} \quad \rho = 0.00085$

-Solve for k:  $k := \sqrt{(\rho \cdot n)^2 + 2 \cdot \rho \cdot n} - \rho \cdot n \quad k = 0.139$

-Solve for j:  $j := 1 - \frac{k}{3} \quad j = 0.954$

**Allowable Tension Flexural Capacity :**

$$M_t := A_s \cdot j \cdot d \cdot F_s \cdot 1.33$$

$$M_t = 3000 \cdot \text{lb} \cdot \text{ft}$$

**Allowable Compression Flexural Capacity :**

$$F_b := \frac{1}{3} \cdot f_m \cdot 1.33$$

$$F_b = 798 \cdot \text{lb} \cdot \text{in}^{-2}$$

$$M_m := \frac{b \cdot d^2}{2} \cdot k \cdot j \cdot F_b$$

$$M_m = 6143 \cdot \text{lb} \cdot \text{ft}$$

**Check Steel Stress :**

$$f_s := \frac{M}{A_s \cdot j \cdot d}$$

$$f_s = -6728 \cdot \text{lb} \cdot \text{in}^{-2}$$

**Check Masonry Stress :**

$$F_b := \frac{f_m}{3}$$

$$F_b = 600 \cdot \text{lb} \cdot \text{in}^{-2}$$

$$f_b := \frac{2 \cdot M}{j \cdot k \cdot b \cdot d^2}$$

$$f_b = -82.15 \cdot \text{lb} \cdot \text{in}^{-2}$$

**Check Shear Stress :**

Allowable Shear Stress:  $F_v := \left( \sqrt{f_m} \right) \cdot \frac{\text{lb}^{0.5}}{\text{ft}}$

$$F_v = 3.54 \cdot \text{lb} \cdot \text{in}^{-2}$$

$$f_v := \frac{V}{b \cdot j \cdot d}$$

$$f_v = -0.72 \cdot \text{lb} \cdot \text{in}^{-2}$$

S/N 5859

RIGHT-J SHORT FORM

11-24-97

File name: A3MBED.BLD

Job #: ARK HOMES SMITH RESIDENCE  
For: M.BED SYSTEM

Htg Clg  
Outside db 45 91  
Inside db 70 75  
Design TD 25 16  
Daily Range - L  
Inside Humid. - 50  
Grains Water - 62  
Method Simplified  
Const. qlty Average  
Fireplaces 0

By: CLASSIC COOLING  
1259 SW 34th STREET  
PALM CITY  
283-8710

FL 34990

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE  
Model SKW  
Type  
Efficiency / HSPF 1.0  
Heating Input 0 Btuh  
Heating Output 5000 Btuh  
Heating Temp,Rise 6 Deg F  
Actual Heating Fan 800 CFM  
Htg Air Flow Factor 0.050 CFM/Btuh

Make TRANE  
Model TTBO24C100A/TWV018B140  
Type  
COP/EER/SEER 10.0  
Sensible Cooling 16300 Btuh  
Latent Cooling 5900 Btuh  
Total Cooling 22200 Btuh  
Actual Cooling Fan 800 CFM  
Clg Air Flow Factor 0.058 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 74

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
M.BED	342	4867	4052	245	235
POWER	30	44	393	2	23
STUDY	195	4868	4487	246	260
M.BATH	210	3425	3263	173	189
CLOSET	150	2659	1600	134	93
Entire House	927	15864	13796	800	800
Ventilation Air Equip. @ 1.00 RSM		0	0		
Latent Cooling			4777		
TOTALS	927	15864	18573	800	800

S/N 5859

RIGHT-J SHORT FORM  
File name: A3LIV.BLD

11-24-97

Job #:  
For: ARK HOMES SMITH RESIDENCE  
LIVING SYSTEM

Outside db	Htg	Clg
45	45	91
Inside db	70	75
Design TD	25	16
Daily Range	-	L
Inside Humid.	-	50
Grains Water	-	62
Method	Simplified	
Const. qlty	Average	
Fireplaces	0	

By: CLASSIC COOLING  
1259 SW 34th STREET  
PALM CITY  
283-8710

FL 34990

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE  
Model 10KW  
Type  
Efficiency / HSPF 1.0  
Heating Input 0 Btuh  
Heating Output 34000 Btuh  
Heating Temp Rise 22 Deg F  
Actual Heating Fan 1400 CFM  
Htg Air Flow Factor 0.048 CFM/Btuh

Make TRANE  
Model TTR042C100/TWE042C140  
Type  
COP/EER/SEER 10.0  
Sensible Cooling 28700 Btuh  
Latent Cooling 14300 Btuh  
Total Cooling 43000 Btuh  
Actual Cooling Fan 1400 CFM  
Clg Air Flow Factor 0.047 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 76

ROOM NAME	AREA SQ.FT.	HTG. BTUH	CLG BTUH	HTG CFM	CLG CFM
LIVING/FOYER	588	9299	7499	444	351
DINING	288	4513	3821	215	179
KITCHEN	336	2804	3683	134	173
PANTRY	120	754	814	36	38
LAUNDRY	96	1298	1656	62	78
BREAKFAST	168	2497	3053	119	143
FAMILY	240	3745	4852	179	227
G. BED	252	3897	3856	186	181
BATH#2	77	518	654	25	31
Entire House	2165	29326	29889	1400	1400
Ventilation Air		0	0		
Equip. @ 1.00 RSM			29889		
Latent Cooling			9398		
TOTALS	2165	29326	39287	1400	1400

S/N 5859

RIGHT-J SHORT FORM  
File name: A3UPBED.BLD

11-24-97

Job #: ARK HOMES SMITH RESIDENCE  
For: UP STAIRS SYSTEM

Htg Clg  
Outside db 45 91  
Inside db 70 75  
Design TD 25 16  
Daily Range - L  
Inside Humid. - 50  
Grains Water - 62  
Method Simplified  
Const. qlty Average  
Fireplaces 0

By: CLASSIC COOLING  
1259 SW 34th STREET  
PALM CITY  
283-8710

FL 34990

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE  
Model 5KW  
Type  
Efficiency / HSPF 1.0  
Heating Input 0 Btuh  
Heating Output 5000 Btuh  
Heating Temp Rise 6 Deg F  
Actual Heating Fan 800 CFM  
Htg Air Flow Factor 0.048 CFM/Btuh

Make TRANE  
Model TTBO24C100/TWV024F140  
Type  
COP/EER/SEER 10.0  
Sensible Cooling 16300 Btuh  
Latent Cooling 5900 Btuh  
Total Cooling 22200 Btuh  
Actual Cooling Fan 800 CFM  
Clg Air Flow Factor 0.061 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 73

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
BED#4	224	3947	2801	191	171
BATH#4	72	817	892	40	54
CLOSET#4	60	782	735	38	45
OFFICE	256	4124	3030	200	184
BED#3	196	4286	3041	208	185
BATH#3	108	2559	2641	124	161
Entire House	916	16516	13141	800	800
Ventilation Air Equip. @ 1.00 RSM		0	0		
Latent Cooling			4972		
TOTALS	916	16516	18113	800	800

Smith

Department of Community Affairs

SN: 6568

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: Single Family Residence  
AND ADDRESS: Lot 24 of the Plantation

BUILDER: Ark Homes Const, Inc.

PERMITTING

CLIMATE

OFFICE:

ZONE: 7 | 1 | 8 | X | 9 | 1

PERMIT NO.

JURISDICTION NO:

OWNER: Anthony D. Smith and Mary Edith Smith

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. 4593.00	_____
6. Predominant eave overhang (ft.)	6. 2.60	_____
7. Porch overhang length (ft.)	7. 19.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 642.2sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 308.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 2160.00sqft	_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 414.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 526.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=30.00 , 3601.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.90	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18.	_____
19. EPI (must not exceed 100 points)	19. 85.83	_____
a. Total As-Built points	19a. 63129.03	_____
b. Total Base points	19b. 73555.03	_____

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

PREPARED BY: MS  
DATE: 11-20-17

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

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

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

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



Department of Community Affairs  
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 6568

FORM 600A-93 Residential Whole Building Performance Method A SOUTH

PROJECT NAME: \_\_\_\_\_ BUILDER: \_\_\_\_\_  
 AND ADDRESS: \_\_\_\_\_ PERMITTING \_\_\_\_\_ CLIMATE \_\_\_\_\_  
 OFFICE: \_\_\_\_\_ ZONE: 7 | 8 | 9 |  
 OWNER: \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ JURISDICTION NO. \_\_\_\_\_

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. 4593.00	_____
6. Predominant eave overhang (ft.)	6. 2.60	_____
7. Porch overhang length (ft.)	7. 19.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 642.2sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 308.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 2160.00sqft	_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 414.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 526.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=30.00 , 3601.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.90	_____
16. Hot Water Credits:, (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16. _____	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. _____	_____
19. EPI (must not exceed 100 points)	19. 85.83	_____
a. Total As-Built points	19a. 63129.03	_____
b. Total Base points	19b. 73555.03	_____

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

PREPARED BY: my  
 DATE: 11-21-9

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

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

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

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

\*\* INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST \*\*

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	606.1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES.	
Windows	606.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	606.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	
PRACTICE #2	606.1	COMPLY WITH PRACTICE #1 AND THE FOLLOWING:	
Exterior Walls & Floors	606.1	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.	
Exterior Walls & Ceilings	606.1	Penetrations, joints and cracks on interior surface caulked, sealed or gasketed.	
Ductwork	606.1	Ductwork in unconditioned space must be sealed.	
Fireplaces	606.1	Equipped with outside combustion air, doors and flue dampers.	
Exhaust Fans	606.1	Equipped with dampers. Combustion devices see 606.1.A.2.	
Combustion Heating	606.1	Combustion space and water heating systems provided with outside combustion air, except direct vent appliances.	
** OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.) **			
Water Heaters	612.1	Comply with efficiency requirements in Table 6-11. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78 percent.	
Shower Heads	612.1	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics must be insulated to a minimum of R-6. Air handlers shall not be installed in attics unless in mechanical closet.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1 602.1	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

SUMMER CALCULATIONS

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

GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
N	104.40	109.7	11452.7	SGL CLR		N	48.0	64.5	.53	1640.9
				SGL CLR		N	3.2	64.5	.63	129.6
				SGL CLR		N	17.0	64.5	.53	581.1
				SGL CLR		N	36.2	64.5	.80	1872.8
E	198.00	109.7	21720.6	SGL CLR		E	21.6	136.3	.34	1001.0
				SGL CLR		E	32.4	136.3	.34	1520.3
				SGL CLR		E	120.0	136.3	.38	6273.9
				SGL CLR		E	24.0	136.3	.41	1330.4
S	95.00	109.7	10421.5	SGL CLR		S	17.0	135.6	.30	691.6
				SGL CLR		S	42.0	135.6	.78	4448.6
				SGL CLR		S	36.0	135.6	.73	3540.7
W	244.80	109.7	26854.6	SGL CLR		W	64.8	136.3	.75	6651.7
				SGL CLR		W	66.0	136.3	.59	5307.5
				SGL CLR		W	6.0	136.3	.38	307.4
				SGL CLR		W	12.0	136.3	.42	680.2
				SGL CLR		W	96.0	136.3	.59	7720.0

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

.15	4,593.00	642.20	1.073	70,449.34	75,577.81	43,697.64
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NON GLASS-----							
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x SPM = POINTS

WALLS-----							
Ext	2574.0	1.6	4118.4	Ext NormWtBlock In	5.4	2160.0	1.92 4147.2
				Ext Wood Frame	19.0	414.0	1.60 662.4
Adj	526.0	1.0	526.0	Adj Wood Frame	11.0	526.0	1.00 526.0

DOORS-----							
Ext	48.0	6.4	307.2	Ext Insulated		48.0	6.40 307.2
Adj	24.0	2.6	62.4	Adj Insulated		24.0	2.60 62.4

CEILINGS-----							
UA	3551.0	.8	2840.8	Under Attic	30.0	2509.0	.80 2007.2
				Under Attic	30.0	1092.0	.80 873.6

FLOORS-----							
Slb	308.0	-20.0	-6160.0	Slab-on-Grade	.0	308.0	-20.00 -6160.0

INFILTRATION-----							
	4593.0	14.7	67517.1	Practice #2		4593.0	14.70 67517.1

TOTAL SUMMER POINTS	144,789.72	113,640.73
---------------------	------------	------------

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

144,789.72	.37	53,572.20	113,640.73	1.00	1.070	.340	1.000	41,342.50
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\*\*\*\*\*  
 WINTER CALCULATIONS  
 \*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	104.40	-.4	-41.8	SGL CLR		N	48.0	3.7	1.26	223.8
				SGL CLR		N	3.2	3.7	1.19	14.1
				SGL CLR		N	17.0	3.7	1.26	79.3
				SGL CLR		N	36.2	3.7	1.09	145.9
E	198.00	-.4	-79.2	SGL CLR		E	21.6	.1	22.04	47.6
				SGL CLR		E	32.4	.1	21.80	70.6
				SGL CLR		E	120.0	.1	19.60	235.2
				SGL CLR		E	24.0	.1	18.31	43.9
S	95.00	-.4	-38.0	SGL CLR		S	17.0	-2.0	-1.92	65.3
				SGL CLR		S	42.0	-2.0	.70	-59.2
				SGL CLR		S	36.0	-2.0	.59	-42.8
W	244.80	-.4	-97.9	SGL CLR		W	64.8	.1	6.46	41.9
				SGL CLR		W	66.0	.1	11.04	72.9
				SGL CLR		W	6.0	.1	20.03	12.0
				SGL CLR		W	12.0	.1	17.69	21.2
				SGL CLR		W	96.0	.1	11.04	106.0

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	4,593.00	642.20	1.073		-256.88		-275.58	1,077.59

NON GLASS-----									
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x	WPM	= POINTS
WALLS-----									
Ext	2574.0	.3	772.2	Ext NormWtBlock In	5.4	2160.0	.86		1857.6
				Ext Wood Frame	19.0	414.0	.30		124.2
Adj	526.0	.5	263.0	Adj Wood Frame	11.0	526.0	.50		263.0
DOORS-----									
Ext	48.0	1.8	86.4	Ext Insulated		48.0	1.80		86.4
Adj	24.0	1.3	31.2	Adj Insulated		24.0	1.30		31.2
CEILINGS-----									
UA	3551.0	.1	355.1	Under Attic	30.0	2509.0	.10		250.9
				Under Attic	30.0	1092.0	.10		109.2
FLOORS-----									
Slb	308.0	-2.1	-646.8	Slab-on-Grade	.0	308.0	-2.10		-646.8
INFILTRATION-----									
	4593.0	1.2	5511.6	Practice #2		4593.0	1.20		5511.6

=====  
 TOTAL WINTER POINTS  
 6,097.12 | 8,664.89  
 =====

TOTAL	x	SYSTEM	=	HEATING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	HEATING
WIN PTS	MULT	POINTS		POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT	MULT	POINTS		POINTS
6,097.12	1.10	6,706.83		8,664.89	1.00	1.070	1.000	.950					8,807.86		

\*\*\*\*\*

WATER HEATING

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL		TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
4		3319.0	=	13,276.00		40	.90	1.000		3244.7		1.00	=	12,978.67

\*\*\*\*\*

SUMMARY

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

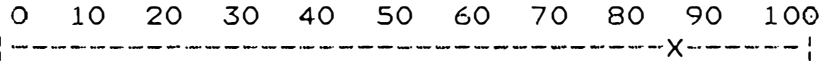
COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS		COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
53572.2		6706.8		13276.0	=	73,555.03		41342.5		8807.9		12978.7	=	63,129.03

\*\*\*\*\*  
 \* EPI = 85.83 \*  
 \*\*\*\*\*

ENERGY GUIDE

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

EPI= 85.8



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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Clear	X-----			
INSULATION.....					
Ceiling	R-Value..... 30.0	R-10		R-30	-----X
Wall	R-Value..... 5.4	R-0		R-7	-----X
Floor	R-Value..... 0.0	R-0		R-19	X-----
AIR CONDITIONER.....					
EER.....	10.0	9.7	EER	16.0	X-----
HEATING SYSTEM.....					
Electric	COP..... 1.0	2.50	COP	4.19	X-----
WATER HEATER.....					
Electric	EF..... 0.90	0.88		0.96	-----X
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 \_\_\_\_\_

7072

WINDOWS

---

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

### TOWN OF SEWALL'S POINT

Date 11/10/04

BUILDING PERMIT NO. 7.072

Building to be erected for SMITH

Type of Permit REPLACE 2 WINDOW

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_

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

Address 7 NE LOFTING WAY

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

Type of structure SFR

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

Parcel Control Number:

26374101 300000 2406000

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

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

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

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

Total Construction Cost \$ 2100.00

TOTAL Fees 35.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

## PERMIT

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

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

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

## 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 \_\_\_\_\_



RECEIVED

NOV 16 2004

Date: 11/13/04 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: ANTHONY SMITH Phone (Day) 388 1844 (Fax) \_\_\_\_\_

Job Site Address: 7 NE LOFTING WAY City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PLANTATION Lot 24 Parcel Number: 2637410130000024060000

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

Description of Work To Be Done: REPLACE 2 WINDOWS

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: \$ 2100.<sup>00</sup>  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 0

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

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

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

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

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

SUBCONTRACTOR INFORMATION:

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

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

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

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

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

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

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

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

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

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

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

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

Anthony Smith

State of Florida, County of: Martin

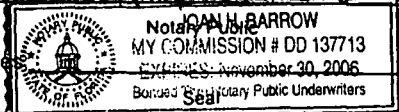
This the 16<sup>th</sup> day of November, 2004

by Anthony Smith who is personally

known to me or produced

as identification Joan Barrow

My Commission Expires:



CONTRACTOR SIGNATURE (required)

\_\_\_\_\_

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

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

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

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

as identification \_\_\_\_\_

Notary Public

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

Seal

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

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

**DISCLOSURE STATEMENT**

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

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

Name: ANTHONY D. SMITH Date: 4/13/04

Signature: 

Address: 7 NE Losting way

City & State: SEWALL'S POINT

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



BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

DATE: 11/16/04

**BUILDING OFFICIAL**  
 Gene Simmons

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

**NOTICE OF ACCEPTANCE (NOA)**

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

**REPAIR WORK FOR  
HURRICANE DAMAGE**

**SCOPE:**

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

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

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

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

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

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

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

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

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

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

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

This NOA revises NOA # 02-0702.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.

*10/16/2003*

NOA No 03-0514.01  
Expiration Date: November 01, 2006  
Approval Date: November 06, 2003  
Page 1



BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

## NOTICE OF ACCEPTANCE (NOA)

---

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

### SCOPE:

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

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

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

### DESCRIPTION: 1"x Std. Wall-Aluminum Tube Clipped Mullions

**APPROVAL DOCUMENT:** Drawing No. 6620, titled "1" STD. Wall Mullion", sheets 1 through 5 of 5, prepared, signed and sealed by Robert L. Clark, P.E., dated 5/24/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

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

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

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

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

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

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

This NOA revises NOA # 00-0912.05 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.



NOA No 02-0701.05  
Expiration Date: June 28, 2006  
Approval Date: July 10, 2002  
Page 1

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JAN 7, 2005 Page 3 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
- 6933	CIVIELLO	METAL ROOF	—	→ IN DISCHARGE FINAL
14	31 FIELDWAY DR O/B	TIN/THE/METAL	PASS	INSPECTOR: <i>[Signature]</i>
- 6476	CIVIELLO	FINAL MSTR BATH	PASS	(PARTIAL)
14	31 FIELDWAY DR O/B	(NOT FINAL FOR CLOSE)		INSPECTOR: <i>[Signature]</i>
7177	BRAND	SKATHING	PASS	
2	4 E. HIGH PT. RD LYNN TITUS			INSPECTOR: <i>[Signature]</i>
- 7093	LANGER	ROUGH GAS	PASS	
16	3 LOFTING FERRELL GAS			INSPECTOR: <i>[Signature]</i>
751	HARRIGAN	FAMILY ROOM + FOYER PRE DRYWALL	PASS	
13A	2 PALMETTO WORELL CONST.	WINDOW BULK-Fe		INSPECTOR: <i>[Signature]</i>
- 7072	<del>SMITH</del>	WINDOW	PASS	? CLOSE
17	7 NE LOFTING	FASTENING		INSPECTOR: <i>[Signature]</i>
- 7138	MINNET	FRAMING	PASS	CLOSE
15	8 PEREWINKLE CR O/B	IF NOT THERE ACROSS THE STREET # 7		INSPECTOR: <i>[Signature]</i>

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

8114

GENERATOR

---

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

### TOWN OF SEWALL'S POINT

Date 3-20-06

BUILDING PERMIT NO. 8114

Building to be erected for SMITH

Type of Permit GENERATOR & ELE

Applied for by ALFRED BOESSAN EXEC (Contractor)

Building Fee 15 x 9.60 / 100 = 144.10

Subdivision PLANTATION Lot 12 Block \_\_\_\_\_

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

Address 2 LORING Way

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

Type of structure GR

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

Electrical Fee 35.00

Parcel Control Number:

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

2637410130000024060000

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

Amount Paid 179.10 Check # 2435 Cash \_\_\_\_\_

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

Total Construction Cost \$ 15,000.

TOTAL Fees 179.10

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

## PERMIT

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

## INSPECTIONS

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

RECEIVED  
3/17/06

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

OWNER/TITLEHOLDER NAME: T. Smith Phone (Day) 334-4014 (Fax) 334-8776

Job Site Address: # 7 - LOFTING WAY - City: S. PT State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Desc. Property (Subd/Lot/Block) D. ANTIATION Parcel Number: 26-37-41-013-000

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 00240-6

Description of Work To Be Done: LAN & ELEC (PAD SEPARATE PERMIT)

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 15000  
(Notice of Commencement needed over \$2500)

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

CONTRACTOR/Company: ALFRED BRESSAN Phone: 334-4094 Fax: 334-8776

Street: 654 N.E. Dixie Hwy City: J2 B State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: EC-0000915 State Certification Number: MC-00059 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: EC-0000915 License Number: MC-00059

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

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

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

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

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

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

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

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

This the \_\_\_\_\_ day of \_\_\_\_\_, 2006

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

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

as identification. \_\_\_\_\_

Notary Public

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

Seal

CONTRACTOR SIGNATURE (required)

On: State of Florida, County of: MARTIN

This the 17th day of MARCH, 2006

by ALFRED BRESSAN who is personally

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

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

Notary Public

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

Seal



PERMIT # \_\_\_\_\_

TAX FOLIO # 26 37 41 013 000 00 240 - 6

**NOTICE OF COMMENCEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

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

Plantation at Sewall's Point Lot 24 Pl# 26 37 41 013 000 00 240 - 6 0000

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL 15 KW GENERATOR

OWNER: ANTHONY D. SMITH

ADDRESS: 7 NE LOSTING WAY

PHONE #: 772-288-1244 FAX #: 772 288 0831

CONTRACTOR: ALFRED BRESSAN

ADDRESS: 654 NE DIXIE HIGHWAY

PHONE #: 772-334-4014 FAX #: \_\_\_\_\_

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

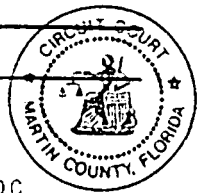
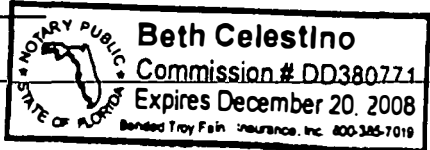
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17<sup>th</sup> DAY OF March 192006 BY Anthony D. Smith

[Signature]  
NOTARY SIGNATURE

OR PERSONALLY KNOWN  
PRODUCED ID   
TYPE OF ID FLIDC



INSTR # 1918439 OR BK 02122 PG 2036 RECD 03/17/2006 11:47:25 AM  
Pg 2036 (1Pg)  
MARGA EWING MARTIN COUNTY DEPUTY CLERK C Walsh

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OPID I.E ALFRE-2	DATE (MM/DD/YYYY) 03/20/06
<b>PRODUCER</b> R.V. Johnson Agency, Inc. (JOK) 2041 E Ocean Blvd. Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4439		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> Alfred Bressaw Elec Contr Inc. P.O. Box 1726 Jensen Beach FL 34958		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: <b>American States Ins Co</b>	<b>19704</b>
		INSURER B: <b>Auto-Owners Insurance Co</b>	<b>18988</b>
		INSURER C:	
		INSURER D:	
		INSURER E:	

**COVERAGES**

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

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>01CD475595-10</b>	<b>07/22/05</b>	<b>07/22/06</b>	EACH OCCURRENCE <b>\$ 1,000,000</b>								
					DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$ 200,000</b> MED EXP (Any one person) <b>\$ 10,000</b> PERSONAL & ADV INJURY <b>\$ 1,000,000</b> GENERAL AGGREGATE <b>\$ 2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$ 2,000,000</b>								
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>9556805400</b>	<b>07/22/05</b>	<b>07/22/06</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$</b>								
					BODILY INJURY (Per person) <b>\$ 100,000</b> BODILY INJURY (Per accident) <b>\$ 300,000</b> PROPERTY DAMAGE (Per accident) <b>\$ 50,000</b>								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	<b>NOT COVERED W/THIS AGENCY</b>			AUTO ONLY - EA ACCIDENT <b>\$</b> OTHER THAN AUTO ONLY: EA ACC <b>\$</b> AGG <b>\$</b>								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION <b>\$</b>	<b>NOT COVERED W/THIS AGENCY</b>			EACH OCCURRENCE <b>\$</b> AGGREGATE <b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b>								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>NOT COVERED W/THIS AGENCY</b>			<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> WC STATUTORY LIMITS</td> <td style="width:50%;"><input type="checkbox"/> OTHER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT <b>\$</b></td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE <b>\$</b></td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT <b>\$</b></td> </tr> </table>	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT <b>\$</b>		E.L. DISEASE - EA EMPLOYEE <b>\$</b>		E.L. DISEASE - POLICY LIMIT <b>\$</b>	
<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER												
E.L. EACH ACCIDENT <b>\$</b>													
E.L. DISEASE - EA EMPLOYEE <b>\$</b>													
E.L. DISEASE - POLICY LIMIT <b>\$</b>													
	OTHER												

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

<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point Building Department 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10+ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

City of Fort Pierce, Florida  
Contractor Licensing  
P. O. Box 1480  
Fort Pierce, Florida 34954  
Local License: CONT1517-05  
Expiration: 9/30/2005



Type: ELECTRICAL CONTR (CERTIFIED)  
ALFRED BRESSAW ELECTRICAL CONTRAC  
Qualifier FRANK FITZPATRICK

NO 1447170 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD SECTION 469.10(3)(a)

DATE	CANDIDATE	LICENSE #
05/11/2004	030706674	ME0000915

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 469 FS.  
Expiration date: AUG 31, 2006

FITZPATRICK, FRANK  
ALFRED BRESSAW ELECTRICAL CONTRACTORS INC  
654 NE DIXIE HIGHWAY  
JENSEN BEACH FL 34957

JEB BUSH GOVERNOR      DISPLAY AS REQUIRED BY LAW      DIANE CARR SECRETARY

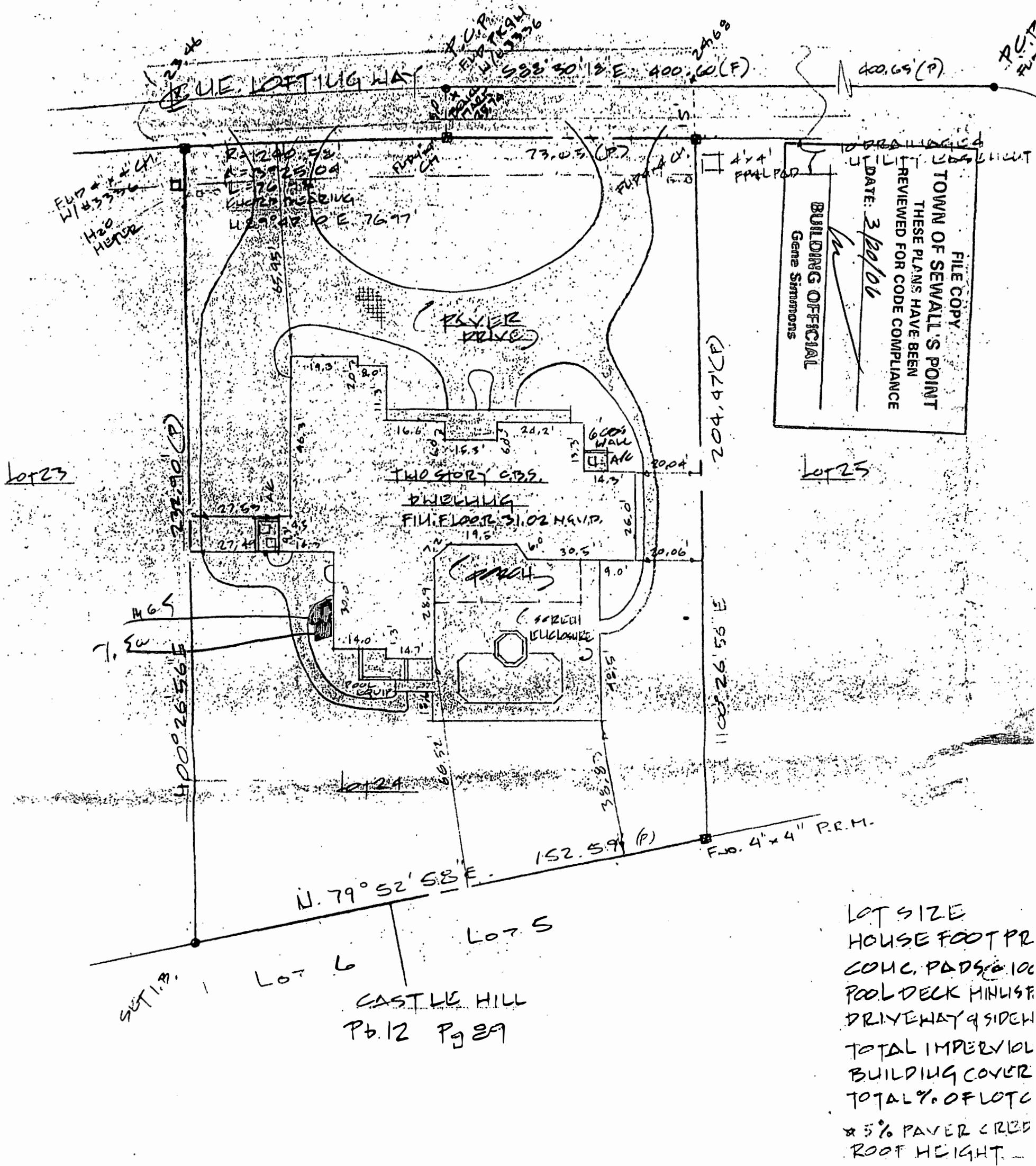


MARTIN COUNTY, FLORIDA  
Construction Industry Licensing Board  
Certificate of Competency

**MASTER ELECTRICIAN**

License Number ME00059 Expires: 30-SEP-07

BRESSAW, ALFRED  
ALFRED BRESSAW ELECTRIC ENT  
626 NE SILVER OAK DR  
JENSEN BEACH, FL 34957



FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 3/20/06  
 BUILDING OFFICIAL  
 Gene Simmons

LOT SIZE  
 HOUSE FOOT PR  
 CONC. PAD 5' x 10'  
 POOL DECK MIN 15'  
 DRIVEWAY & SIDEW  
 TOTAL IMPERVIOUS  
 BUILDING COVER  
 TOTAL % OF LOT C  
 \* 5% PAVED CREEP  
 ROOF HEIGHT

1. PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
2. PROPERTY ADDRESS: 7 NE. LOFTING WAY
3. CERTIFIED TO: ANTHONY D. & MARY EDITH SMITH  
 COMMONWEALTH LAND TITLE INSURANCE  
 COMPANY COHEN, CHERNAY, NORRIS,  
 WEINBERGER & HARRIS

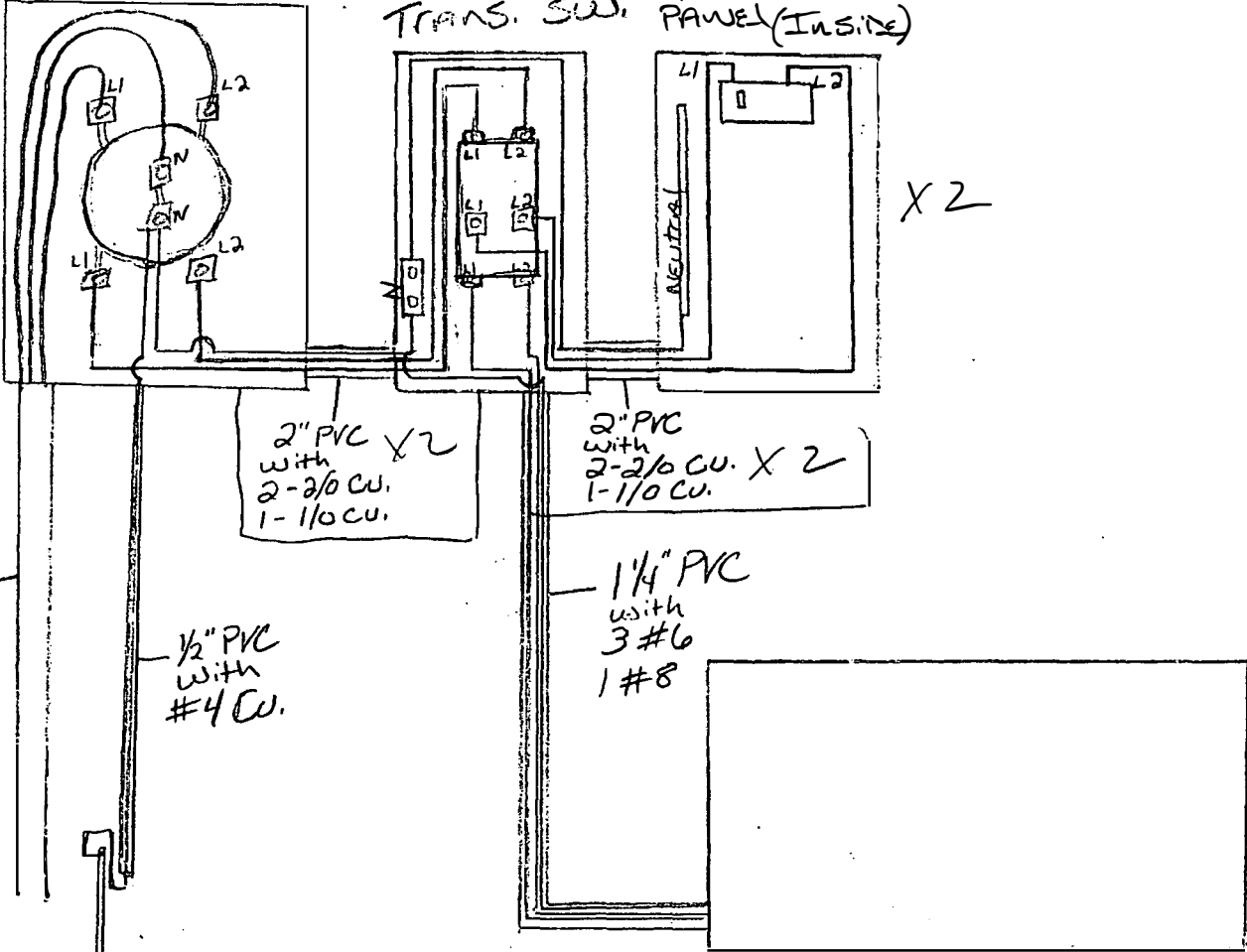
- NOTES:
1. Survey of description as furnished by Client.
  2. Lands shown hereon were not abstracted for and/or rights-of-way of record.
  - (P) Denotes distance or bearing by description
  - (F) Denotes measured distance or bearing.
  - (C) Denotes calculated distance or bearing.
  3. All bearings are referenced to the Instrument as shown hereon, unless otherwise noted.
  4. Elevations shown hereon are relative to Natio Vertical Datum of 1929, and are based on b
  5. There are no above ground encroachments, unless oit

SET I.B. - SET 5/8 IRON BAR & CAP #4049  
 FND. - FOUND OBJECT  
 I.P. - IRON PIPE  
 C.M. - CONCRETE MONUMENT  
 I.B. - IRON BAR  
 P.K. - P.K. NAIL  
 P.P.S. - RAILROAD SPIKE  
 OHW - OVERHIE  
 DRA  
 M.H. - MANH  
 P.P. - POWE  
 C.B. - CAT

400 A  
~~AMP~~ 1 Ø  
meter CAN

400 A  
~~AMP~~ 1 Ø  
TRANS. SW.

200 AMP  
MAIN BREAKER  
PANEL (INSIDE)



PL  
1" PVC  
with  
-4/0  
AL.

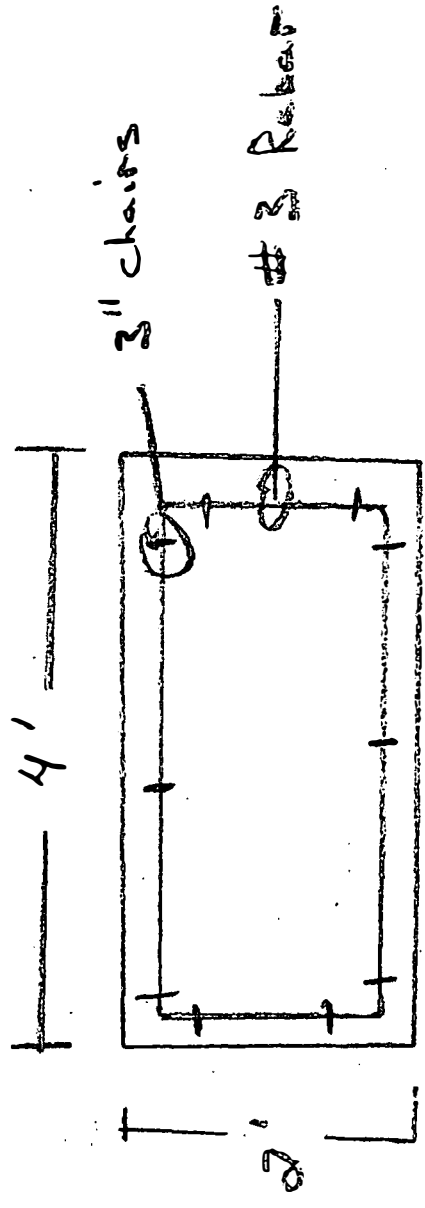
1/2" PVC  
with  
#4 CU.

1 1/4" PVC  
with  
3 #6  
1 #8

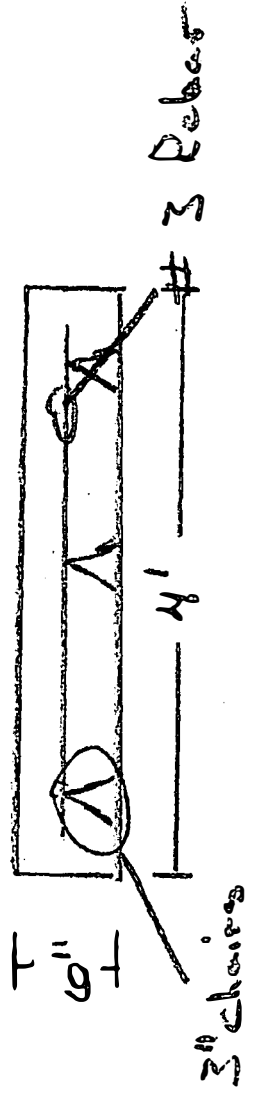
8' Copper  
Ground Rod.

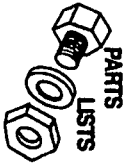
Gen.  
15 KW.

# Top View

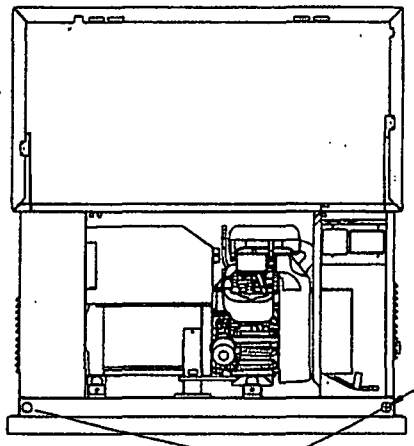
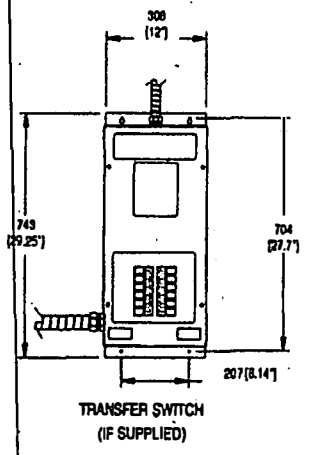


# Side View

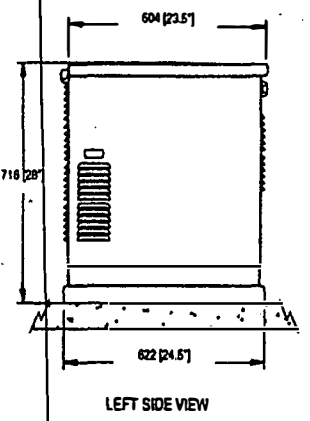
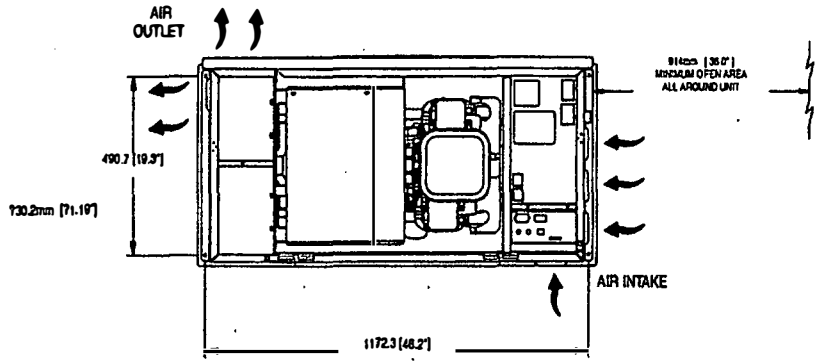




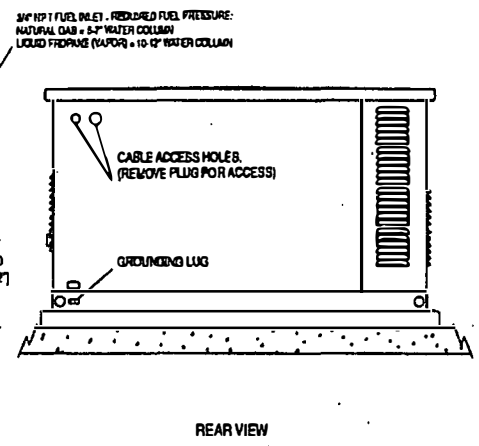
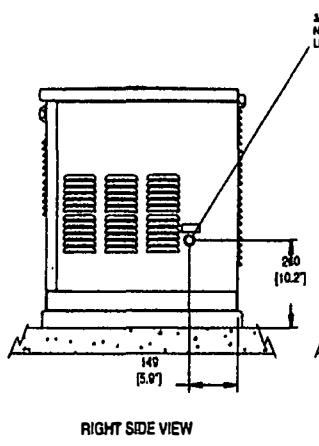
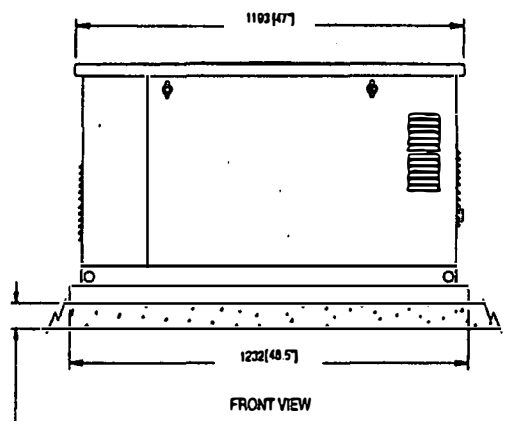
**Section 8 — Mounting Dimensions**  
**Air-cooled 7 kW, 12 kW and 15 kW Generators**  
**Drawing No. 0D3739-C**



**"DO NOT LIFT BY THE ROOF"**



78.2mm (3.07)  
 FEA GRAVEL  
 104.0mm



**\*\*ALL DIMENSIONS IN:  
 MILLIMETERS (INCHES)**

## 1.4 THE GENERATOR

Figure 1.1 – 7 kW, Single Cylinder GH-410 Engine

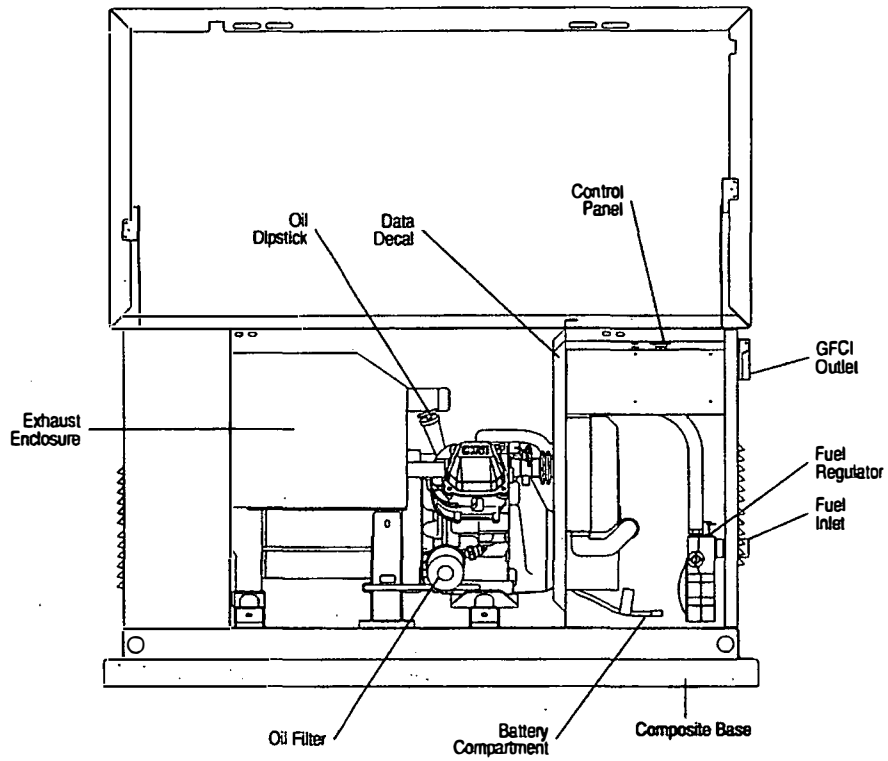
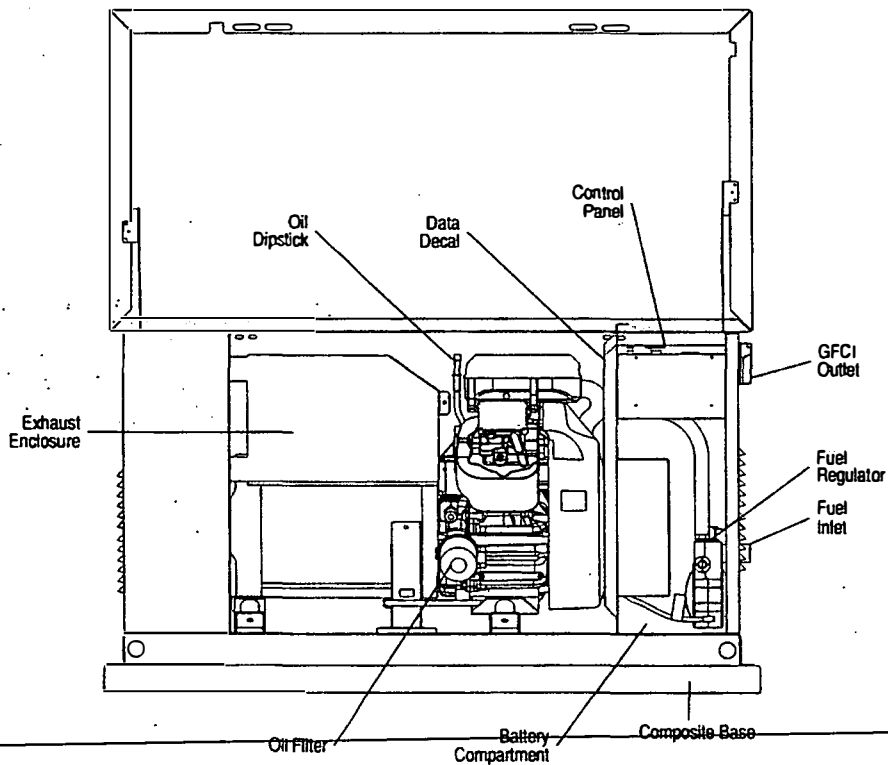
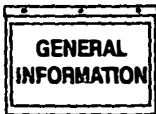


Figure 1.2 – 12 kW/15 kW, V-twin GT-990/760 Engine







## Section 1 – General Information

### Air-cooled 7 kW, 12 kW and 15 kW Generators

## 1.5 SPECIFICATIONS

### ◆ 1.5.1 GENERATOR

	Model 04673	Model 04674	Model 04675
Rated Max. Continuous Power Capacity (Watts*)	6,000 NG/7,000 LP	12,000 NG/12,000 LP	13,000 NG/15,000 LP
Rated Voltage	120/240	120/240	120/240
Rated Max. Continuous Load Current (Amps)			
120 Volts +	50.0 NG/58.3 LP	100 NG/100.0 LP	108.3 NG/125.0 LP
240 Volts	25.0 NG/29.2 LP	50 NG/50.0 LP	54.2 NG/62.5 LP
Main Line Circuit Breaker	30 Amp	50 Amp	65 Amp
Phase	1	1	1
Number of Rotor Poles	2	2	2
Rated AC Frequency	60 Hz	60 Hz	60 Hz
Power Factor	1	1	1
Recommended Air Filter	Part # 0C8127	Part # 0C8127	Part # 0C8127
Battery Requirement	Group 26/26R 12 Volts and 350 Cold-cranking Amperes Minimum	Group 26/26R 12 Volts and 525 Cold-cranking Amperes Minimum	Group 26/26R 12 Volts and 525 Cold-cranking Amperes Minimum
Weight	375 Pounds	470 Pounds	487 Pounds
Output Sound Level @ 23 ft (7m) at full load	68 db (A)	70.5db (A)	71.5 db (A)
Normal Operating Range	-20°F (-28.8°C) to 104°F (40°C)		

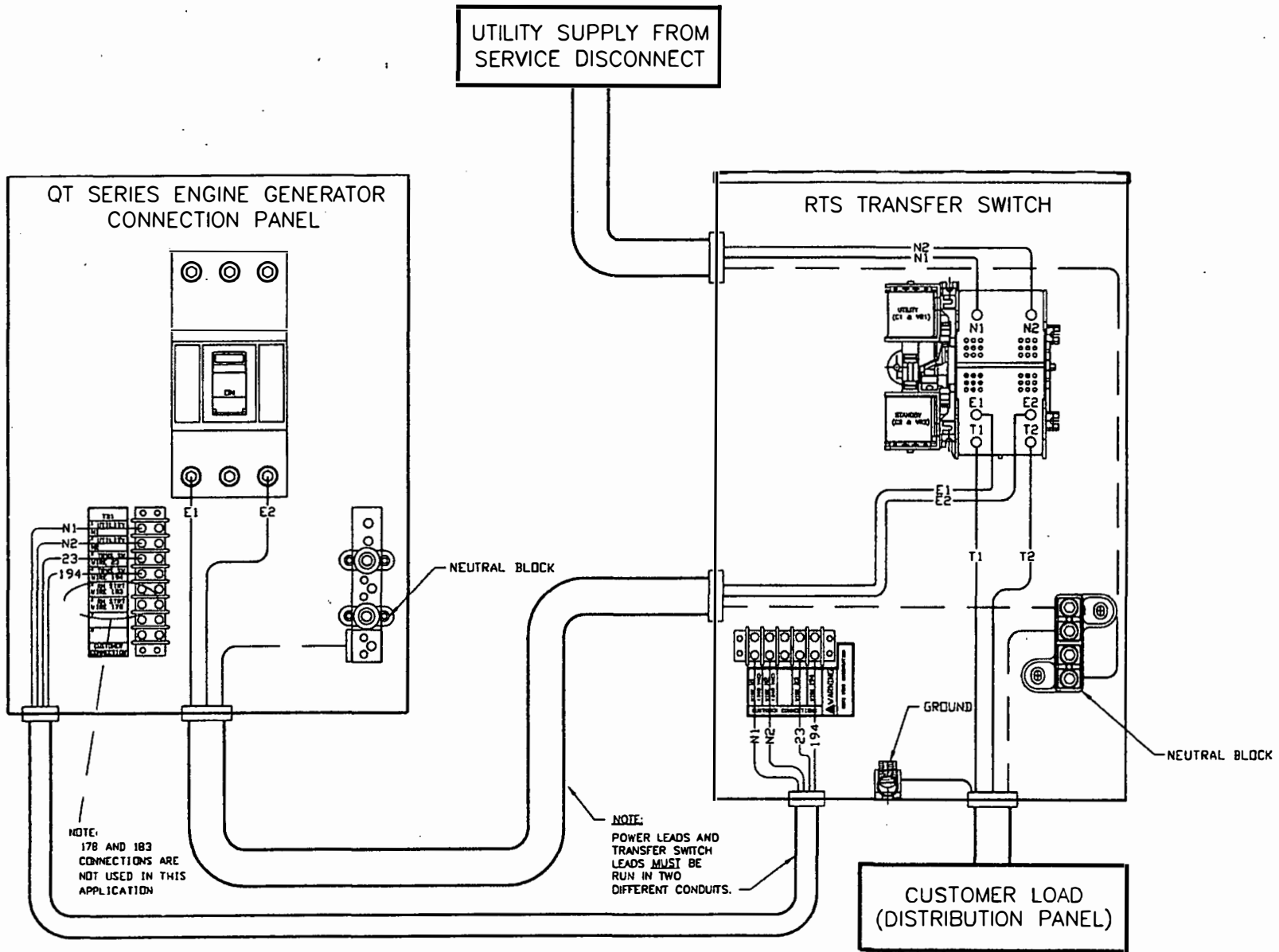
\* Maximum wattage and current are subject to and limited by such factors as fuel Btu content, ambient temperature, altitude, engine power and condition, etc. Maximum power decreases about 3.5 percent for each 1,000 feet above sea level; and also will decrease about 1 percent for each 6° C (42° F) above 16° C (60° F).

+ Total current in TWO separate circuits. Current in each circuit must not exceed the value stated for 240V.

### ◆ 1.5.2 ENGINE

	Model 04673	Model 04674	Model 04675
Type of Engine	GH-410	GT-990	GT-990
Number of Cylinders	1	2	2
Rated Horsepower	14.5 @ 3,600 rpm	30 @ 3,600 rpm	30 @ 3,600 rpm
Displacement	410cc	992cc	992cc
Cylinder Block	Aluminum w/Cast Iron Sleeve	Aluminum w/Cast Iron Sleeve	Aluminum w/Cast Iron Sleeve
Valve Arrangement	Overhead Valves	Overhead Valves	Overhead Valves
Ignition System	Solid-state w/Magneto	Solid-state w/Magneto	Solid-state w/Magneto
Recommended Spark Plug	RC14YC	RC12YC	RC12YC
Spark Plug Gap	0.76 mm (0.030 inch)	0.508 mm (0.020 inch)	0.508 mm (0.020 inch)
Compression Ratio	8.6:1	9.5:1	9.5:1
Starter	12 Vdc	12 Vdc	12Vdc
Oil Capacity Including Filter	Approx. 1.5 Qts	Approx. 1.7 Qts	Approx. 1.7 Qts
Recommended Oil Filter	Part # 070185B	Part # 070185B	Part # 070185B
Recommended Air Filter	Part # 0C8127	Part # 0C8127	Part # 0C8127
Operating RPM	3,600	3,600	3,600

C  
S  
O  
S  
P



Transfer Switch Interconnections - Drawing No. 0F6941

Section 6 -- Electrical Data  
RTS "HS" Type Transfer Switch

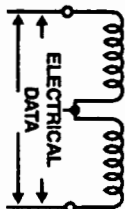
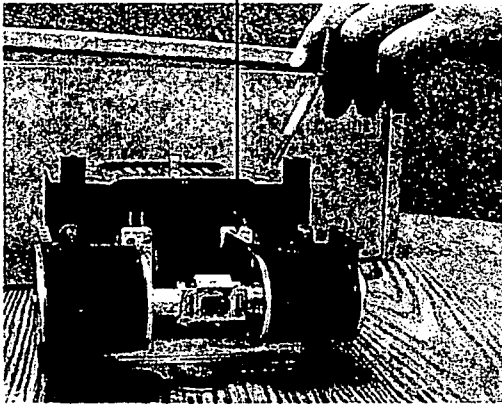
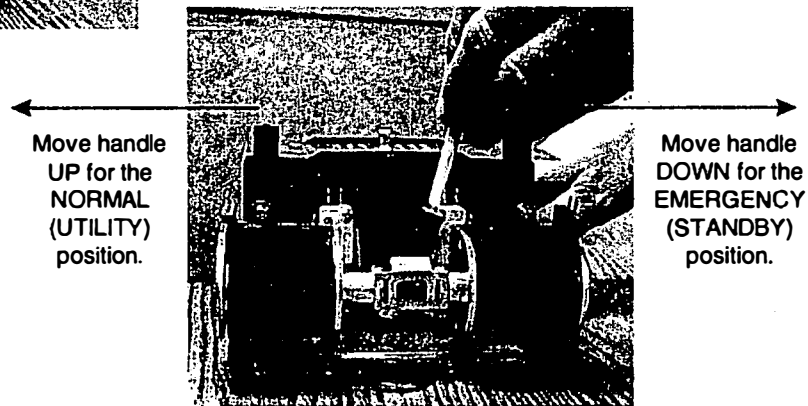


Figure 3.1 — Actuating Transfer Switch

Attach handle to actuating shaft.



NOTE: Return handle to storage position in enclosure when finished with manual transfer.



### ◆ 3.2.2 CLOSE TO EMERGENCY SOURCE SIDE

Before proceeding, verify the position of the switch by observing the position of the manual operation handle in Figure 3.1. If the handle is DOWN, the contacts are closed in the EMERGENCY (STANDBY) position. No further action is required. If the handle is UP, proceed with Step 1.

Step 1: With the handle inserted into the actuating shaft, move the handle DOWN. Be sure to hold on to the handle as it will move quickly after the center of travel.

### ◆ 3.2.3 RETURN TO NORMAL SOURCE SIDE

Manually actuate switch to return manual operating handle to the UP position.

## 3.3 VOLTAGE CHECKS

1. Turn ON the UTILITY power supply to the transfer switch with whatever means provided (such as the UTILITY main line circuit breaker).

—▲ DANGER ▲—

- ▲ PROCEED WITH CAUTION. THE TRANSFER SWITCH IS NOW ELECTRICALLY HOT. CONTACT WITH LIVE TERMINALS RESULTS IN EXTREMELY HAZARDOUS AND POSSIBLY FATAL ELECTRICAL SHOCK.
2. With an accurate AC voltmeter, check for correct voltage.  
**Single-phase utility supply:**  
Measure across ATS terminal lugs N1 and N2. Also check N1 to NEUTRAL and N2 to NEUTRAL.
  3. When certain that UTILITY supply voltage is correct and compatible with transfer switch ratings, turn OFF the UTILITY supply to the transfer switch.
  4. On the generator panel, set the AUTO-OFF-MANUAL switch to MANUAL position. The generator should crank and start.
  5. Let the generator stabilize and warm up at no-load for at least five minutes.
  6. Set the generator's main circuit breaker (CB1) to its ON or CLOSED position.



## 2.1 INTRODUCTION TO INSTALLATION

This equipment has been wired and tested at the factory. Installing the switch includes the following procedures:

- Mounting the enclosure.
- Connecting power source and load leads.
- Connecting the generator start and sensing circuit.
- Connecting any auxiliary contact (if needed)
- Testing functions.

## 2.2 UNPACKING

Carefully unpack the transfer switch. Inspect closely for any damage that might have occurred during shipment. The purchaser must file with the carrier any claims for loss or damage incurred while in transit.

Check that all packing material is completely removed from the switch prior to installation.

## 2.3 MOUNTING

Mounting dimensions for the transfer switch enclosure are in this manual. Enclosures are typically wall-mounted. See "Installation Diagram"; Section 5.



**CAUTION**

- ▲ Handle transfer switches carefully when installing. Do not drop the switch. Protect the switch against impact at all times, and against construction grit and metal chips. Never install a transfer switch that has been damaged.

Install the transfer switch as close as possible to the electrical loads that are to be connected to it. Mount the switch vertically to a rigid supporting structure. To prevent switch distortion, level all mounting points. If necessary, use washers behind mounting holes to level the unit.

## 2.4 CONNECTING POWER SOURCE AND LOAD LINES



**DANGER**

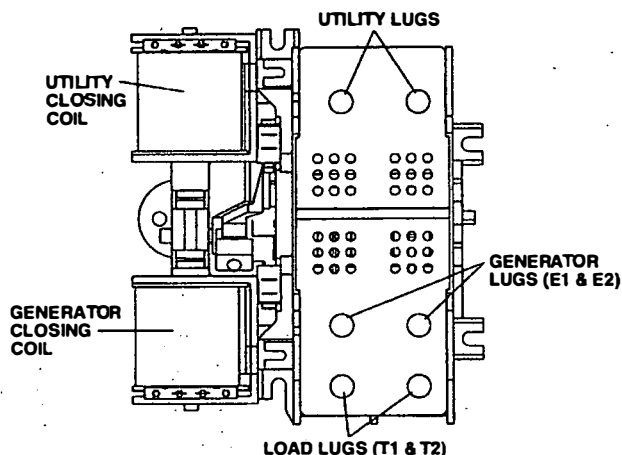
- ▲ Make sure to turn OFF both the UTILITY (NORMAL) and EMERGENCY (STANDBY) power supplies before trying to connect power source and load lines to the transfer switch. Supply voltages are extremely high and dangerous. Contact with such high voltage power supply lines will result in an extremely hazardous, possibly lethal, electrical shock.

Wiring diagrams and electrical schematics are provided in this manual. Power source and load connections are made at a transfer mechanism, inside the switch enclosure.

### ◆ 2.4.1 2-POLE MECHANISM

These switches (Figure 2.1) are used with a single-phase system, when the single-phase NEUTRAL line is to be connected to a Neutral Lug and is not to be switched.

Figure 2.1 — Typical 2-Pole Transfer Mechanism (200 Amp Shown)



Solderless, screw-type terminal lugs are standard.

Switch Rating	Wire Range	Conductor Tightening Torque
100A	#14-1/0 AWG	50 in.-lbs.
200A	#6-250 MCM	275 in.-lbs.

Conductor sizes must be adequate to handle the maximum current to which they will be subjected to, based on the 75°C column of tables, charts, etc. used to size conductors. The installation must comply fully with all applicable codes, standards and regulations.

Before connecting wiring cables to terminals, remove any surface oxides from the cable ends with a wire brush. All power cables should enter the switch next to transfer mechanism terminals. If ALUMINUM conductors are used, apply corrosion inhibitor to conductors. Tighten terminal lugs to the torque values as noted on the decal located on the inside of the door. After tightening terminal lugs, carefully wipe away any excess corrosion inhibitor.

All power cables should enter the switch next to the transfer mechanism terminals.



**CAUTION**

- ▲ Use a torque wrench to tighten the conductors, being sure not to over tighten, or damage to the switch base could occur. If not tightened enough, a loose connection would result, causing excess heat which could damage the switch base.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/19, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7764	RUCKS	FRAMING	FAIL	
4	20 N. SEWALLS PT	A/C ROUGH	FAIL	INSPECTOR: <i>OM</i>
	MASTERPIECE	ELEC ROUGH	FAIL	
7764	"	PUMBINA RAIL	PASS	
4	"	"	"	INSPECTOR: <i>OM</i>
7099	RUCKS	GAS ROUGH	FAIL	
4	20 N. SEWALLS PT			INSPECTOR: <i>OM</i>
	PROPANE DISCOUNTERS			
8115	<del>SMITH</del>	FINAL GEN ELEC	<del>FAIL</del>	CLOSE <i>PAH</i>
<del>8114</del>	<del>7 LOFTING WAY</del>	<del>FIN. GEN. ELEC</del>	<del>FAIL</del>	<del>RENEGED</del>
3	ALFRED BRESSAN			INSPECTOR: <i>OM</i>
3155	SCHECODNIC	ROUGH GAS	FAIL	
11	12 S. SEWALLS PT			INSPECTOR: <i>OM</i>
	FERRER GAS			
7938	<del>Bonifacio</del>	FINAL POOL	PASS	CLOSE
10	63 S. River Rd.	FOUNTAIN		INSPECTOR: <i>OM</i>
	ADVANTAGE POOL	LATE MORN		
7710	Bonifacio	Final Pool	PASS	CLOSE
10	63 S River Rd			INSPECTOR: <i>OM</i>
	ADVANTAGE	LATE MORN		

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

\_\_\_\_\_

\_\_\_\_\_

8115

GENERATOR PAD

---

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

### TOWN OF SEWALL'S POINT

Date 3-20-06

BUILDING PERMIT NO. 8115

Building to be erected for SMITH

Type of Permit GENERATOR PAD

Applied for by CASTLE CONTRACTING (Contractor)

Building Fee 35.00

Subdivision PLANTATION Lot 12 Block \_\_\_\_\_

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

Address 7 LOFTING WAY

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

Type of structure \_\_\_\_\_

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

Parcel Control Number:

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

2637-41013-0000024060000

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

Amount Paid 35.00 Check # \_\_\_\_\_ Cash  Other Fees ( \_\_\_\_\_ )

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

Total Construction Cost \$ 250.00

TOTAL Fees 35.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

FROM : KALEITA INS

FAX NO. : 5616877884

Mar. 22 2006 18:17AM P1

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/22/2006

**INSURED**  
Robert J Kaleita Ins. Agency, Inc  
2300 Palm Beach Lakes Blvd, #105  
West Palm Beach, FL 33409  
5616873761

**INSURED**  
GEORGE J. CASTLE  
GENERAL CONTRACTING, INC.  
854 STAFFORD DRIVE  
STUART, FL 34996

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

INSURERS AFFORDING COVERAGE		NAICS
INSURER A:	CANAL INDEMNITY INS CO	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

### COVERAGES

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

TYPE	DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLICABLE: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOC	GJ.4069	12/21/05	12/21/06	EACH OCCURRENCE: 300,000 DAMAGE TO RENTED PREMISES (EA OCCUR): 50,000 BODILY INJURY (Per person): 5,000 PERSONAL & AUTO INJURY: 300,000 GENERAL AGGREGATE: 600,000 PRODUCTS - COMPROP AGG: 300,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				OPERATED/OWNED OR LEASED (Per accident): BODILY INJURY (Per person): BODILY INJURY (Per accident): PROPERTY DAMAGE (Per accident):
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - PER ACCIDENT: OTHER THAN AUTO ONLY: EA ACC: AGG:
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> INDUCTIVE <input type="checkbox"/> RETENTION				EACH OCCURRENCE: AGGREGATE:
	<b>EMPLOYERS' LIABILITY</b> <input type="checkbox"/> EMPLOYERS' LIABILITY <input type="checkbox"/> EMPLOYERS' LIABILITY <input type="checkbox"/> SPECIAL PROVISIONS				INCIDENTS: OTH: PER: P4 E.L. EACH ACCIDENT: E.L. DISEASE - EA EMPLOYEE: E.L. DISEASE - POLICY LIMIT:
	Other				

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


**CERTIFICATE HOLDER**

SEWALLS POINT BUILDING DEPT.  
1 SOUTH SEWALLS POINT ROAD  
SEWALLS POINT, FL. 34996

7722204765

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE HEREOF, THE INSURED INSURER SHALL endeavor to MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER MAILED 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 SIGNATURE: 



TOM GALLAGHER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

• • CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW • •

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE: 01/17/2006 • • EXPIRATION DATE: 01/17/2008

PERSON: CASTLE GEORGE

FEIN: 202368533

BUSINESS NAME AND ADDRESS: GEORGE J CASTLE GENERAL CONTRACTING INC  
854 STAFFORD DRIVE  
STUART FL 34996

SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 41 -1609

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE 01/17/2006 • • EXPIRATION DATE: 01/17/2008</p> <p>PERSON: GEORGE J CASTLE FEIN: 202368533</p> <p>BUSINESS NAME AND ADDRESS: GEORGE J CASTLE GENERAL CONTRA 854 STAFFORD DRIVE STUART, FL 34996</p> <p>SCOPE OF BUSINESS OR TRADE: 1- CERTIFIED GENERAL CONTRACTOR</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">FOLD HERE</p> <p style="text-align: center;"><b>IMPORTANT</b></p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p style="text-align: right;">QUESTIONS? (850) 413-1109</p>
---	--

CUT HERE

• Carry bottom portion on the job, keep upper portion for your records.



**CITY OF STUART  
OCCUPATIONAL LICENSE  
2005-2006**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
6262	22704	170500

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.  
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION  
OF CITY CODE OF ORDINANCES

<b>BUSINESS TYPE</b>	CONTRACTOR - GENERAL
----------------------	----------------------

<b>OWNER AND LOCATION</b>	CASTLE, GEORGE 854 STAFFORD DR
---------------------------	-----------------------------------

854 STAFFORD DRIVE

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

<b>BUSINESS NAME AND MAILING ADDRESS</b>	GEORGE J CASTLE GENERAL CONTRACTING CASTLE, GEORGE 854 STAFFORD DRIVE STUART	34996
--	---	-------

<b>DATE</b>
01/12/2006

**CHERYL WHITE**  
CITY CLERK

THIS IS NOT AN INVOICE

**THIS IS YOUR OCCUPATIONAL LICENSE**

PSFMPZ

12041




**STATE OF FLORIDA**

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**CASTLE, GEORGE JOSEPH  
GEORGE J CASTLE GENERAL CONTRACTING INC  
854 STAFFORD DRIVE FL 34996  
STUART**

 **STATE OF FLORIDA** AC# 2010645  
**DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**CGC060732 05/25/05 040870797**

**CERTIFIED GENERAL CONTRACTOR  
CASTLE, GEORGE JOSEPH  
GEORGE J CASTLE GENERAL CONTRACTI**

**IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2006 L05052500711**

**DETACH HERE**

RECEIVED  
3/20/06

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: T. Smith Phone (Day) 334-4014 (Fax) 334-8726

Job Site Address: #7-LOFTING WAY City: S.P.T State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Desc. Property (Subd/Lot/Block) PLANTATION Parcel Number: 26-37-41-013-000

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: 002 40-6 Zip: \_\_\_\_\_

Description of Work To Be Done: GENERATOR PAD

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 250.00  
(Notice of Commencement needed over \$2500)

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

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

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

(If yes, Owner Builder Affidavit must accompany application)

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

CONTRACTOR/Company George J Castle Contracting Phone: 286-7049 Fax: 286-7053

Street: 854 STAFFORD DRIVE City: STUART State: FL Zip: 34996

State Registration Number: \_\_\_\_\_ State Certification Number CGC060732 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

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

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

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

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)  
T. Smith

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

This the \_\_\_\_\_ day of \_\_\_\_\_, 2006

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

Notary Public

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

Seal

CONTRACTOR SIGNATURE (required)  
George Castle

On State of Florida, County of: MARTIN

This the 20 day of MARCH, 2006

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

Notary Public

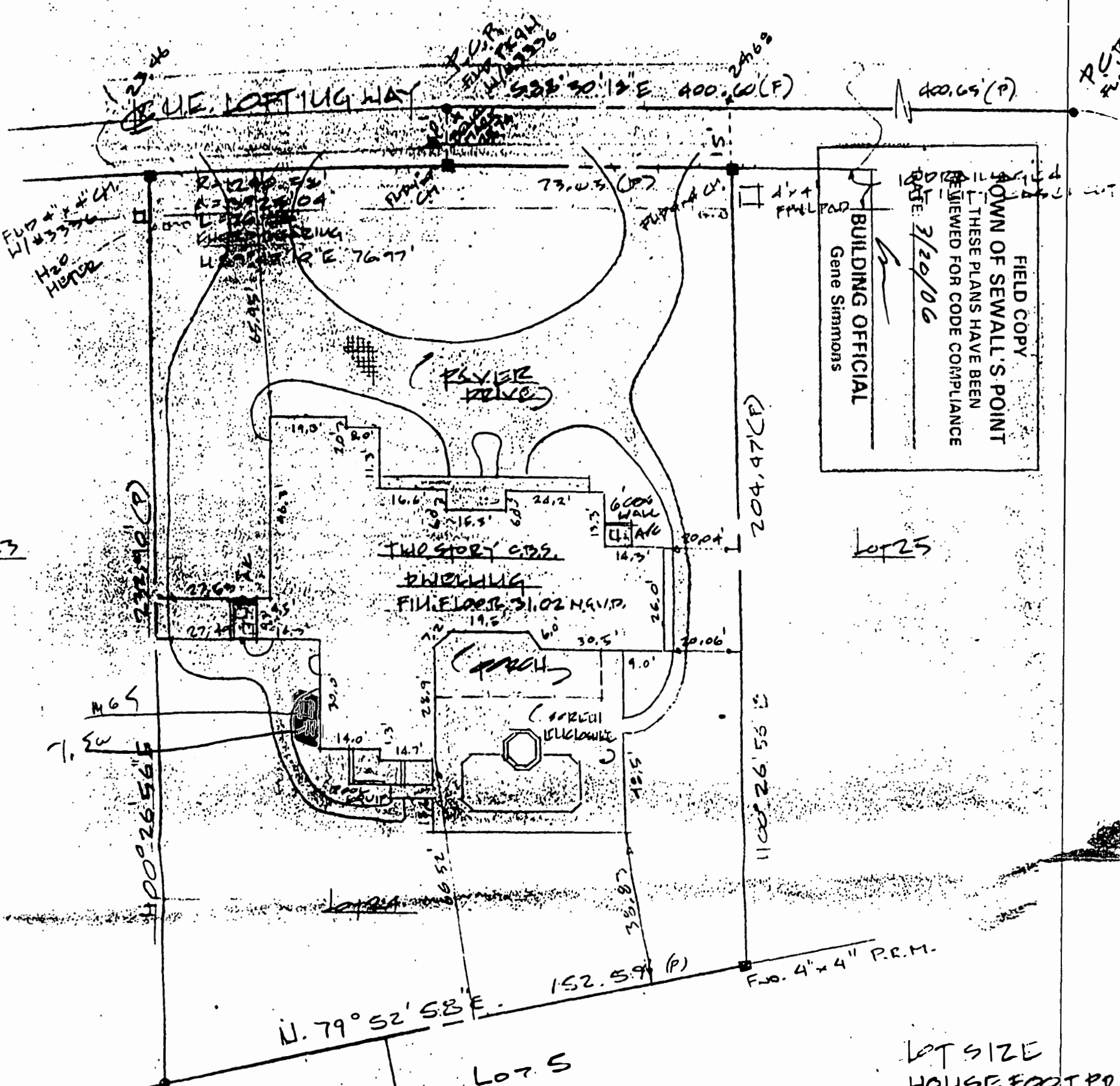
My Commission Expires: 7/18/06 Catherine Bresson

Seal

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



My Commission DD108489  
Expires July 18, 2006



FIELD COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 3/20/06  
 BUILDING OFFICIAL  
 Gene Simmons

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 3/21/06  
 BUILDING OFFICIAL  
 Gene Simmons

CASTLE HILL  
 P. 12 P. 29

LOT SIZE  
 HOUSE FOOTPR  
 CONC. PAD 9' x 10'  
 POOL DECK MINUS  
 DRIVEWAY & SIDEH  
 TOTAL IMPERVIOU  
 BUILDING COVER  
 TOTAL % OF LOT C  
 \* 5% PAVER CIRCLES  
 ROOF HEIGHT

- PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
- PROPERTY ADDRESS: 7 NE. LOFTING WAY
- CERTIFIED TO: ANTHONY D. & MARY EDITH SMITH  
 COMMONWEALTH LAND TITLE INSURANCE  
 COMPANY COHEN, CHERNAY, NORRIS,  
 WEINBERGER & HARRIS

- NOTES:
- Survey of description as furnished by Client.
  - Lands shown hereon were not abstracted for and/or rights-of-way of record.  
 (P) Denotes distance or bearing by description  
 (F) Denotes measured distance or bearing.  
 (C) Denotes calculated distance or bearing.
  - All bearings are referenced to the Instrument as shown hereon, unless otherwise noted.
  - Elevations shown hereon are relative to Natick Vertical Datum of 1929, and are based on b
  - There are no above ground encroachments, unless all

SET I.B. - SET 5/8 IRON BAR & CAP 84049  
 FND. - FOUND OBJECT  
 I.P. - IRON PIPE  
 C.M. - CONCRETE MONUMENT  
 I.B. - IRON BAR  
 OHW - OVERME  
 DRA -  
 M.H. - MAN



## TOWN OF SEWALL'S POINT

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

### CORRECTION NOTICE

ADDRESS: 7 COPTING WAY

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.

GEN. ELEC.

NEED GROUNDING SYSTEM  
FOR UNIT.

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: 4/19

[Signature]  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/19, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7764	RUCKS	FRAMING	FAIL	
4	20 N. SEWALLS PT	A/C ROUGH	FAIL	INSPECTOR: <i>OW</i>
	MASTERPIECE	ELEC ROUGH	FAIL	
7764	11	PUMBINA RAIL	PASS	
4	11			INSPECTOR: <i>OW</i>
7764	11			
3099	RUCKS	GAS ROUGH	FAIL	
4	20 N SEWALLS PT			INSPECTOR: <i>OW</i>
	PROPANE DISCOUNTERS			
<del>815</del>	<del>SMITH</del>	<del>FINAL GEN</del>	<del>FAIL</del>	<del>CLOSE</del>
8114	7 LOFTING WAY	FIN. GENERATOR	PASS	REINSPECTED
3	ALFRED BRESSAN			INSPECTOR: <i>OW</i>
8155	SCHECODNIC	ROUGH GAS	FAIL	
11	12 S. SEWALLS PT			INSPECTOR: <i>JAV</i>
	FERRER GAS			
7938	Bonifacio	FINAL POOL	PASS	CLOSE
10	63 S. River Rd.	FOUNTAIN		INSPECTOR: <i>JAV</i>
	ADVANTAGE POOL	LATE MORN		
7710	Bonifacio	Final Pool	PASS	CLOSE
10	63 S River Rd			INSPECTOR: <i>OW</i>
	ADVANTAGE	LATE MORN		

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

8148

GAS TANK AND LINES

---



Received for Permit Pa 8/23/07 CK# 3032 \$35<sup>00</sup>/<sub>01</sub>

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

### TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. **8148**

Date 3-31-06

Type of Permit WATER MAIN & LINES

Building to be erected for LESMITH

Building Fee 35.00

Applied for by MARTIN HANNON PROPANE (Contractor)

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

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_

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

Address 27 EAST TANG WAY

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

Type of structure SRB

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

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

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

Parcel Control Number: 26337410130000024060000

Amount Paid 35.00 Check # 1342 Cash \_\_\_\_\_ Other Fees (\_\_\_\_\_) \_\_\_\_\_

TOTAL Fees 35.00

Total Construction Cost \$ 800.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

Look for green background on the front of this check, and the IngeSafe-9 logo on back. If not present, do not cash.

**COMO OIL CO. OF FLORIDA**  
**MARTIN COUNTY PETROLEUM DIV.**  
PETTY CASH ACCOUNT

3032

DATE 8/22/2007

63-4/630 FL 573

PAY TO THE ORDER OF TOWN OF SEWALLS POINT

\$ 35.00

THIRTY FIVE DOLLARS & 00/100 \*\*\*\*\*

DOLLARS 

Bank of America



AC H R7 083000047

OR \_\_\_\_\_  
[Signature]

Abandoned

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

### TOWN OF SEWALL'S POINT

Date 3-31-06

BUILDING PERMIT NO. **8148**

Building to be erected for SMITH

Type of Permit GAS TANK + LINES

Applied for by MARTIN COUNTY PROPANE (Contractor)

Building Fee 35.00

Subdivision PLANTATION Lot 24 Block \_\_\_\_\_

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

Address 7 LOFTING WAY

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

Type of structure SR

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

Parcel Control Number:

2637410130000024060000

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

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

Amount Paid 35.00 Check # 1342 Cash \_\_\_\_\_

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

Total Construction Cost \$ 800.00

TOTAL Fees 35.00

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Applicant

Town Building Official

*3/28/07 called mc Propane Donna - left mess. 7-13-07 called wcb - Mon. 8/21/07 called Donna write to Wayne to request final*

**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 \_\_\_\_\_

RECEIVED  
3/29/06

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

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

OWNER/TITLEHOLDER NAME: Tony Smith Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 7 Lofting Way City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

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

Description of Work To Be Done: Bury 500 gal. tank. Run gas line to generator. 20' cts 3/4"

WILL OWNER BE THE CONTRACTOR?: Yes  No  (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Martin Co. Propane Phone: 287-1900 Fax: 287-1117

Street: P.O. Box 386 City: Palma Ceia State: FL Zip: 34990

State Registration Number: \_\_\_\_\_ State Certification Number: 05594 Martin County License Number: 19118

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 800. (Notice of Commencement needed over \$2500)

#### SUBCONTRACTOR INFORMATION:

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

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

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

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

ARCHITECT \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Danny Culberson

State of Florida, County of: Martin

This the 29 day of March, 2006

by DANNY CULBERSON who is personally

known to me or produced

as identification. Sarah Leavin

Notary Public

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

Seal

CONTRACTOR SIGNATURE (required)

Danny Culberson

On State of Florida, County of: Martin

This the 29 day of March, 2006

by DANNY CULBERSON who is personally

known to me or produced

As identification. Sarah Leavin

Notary Public

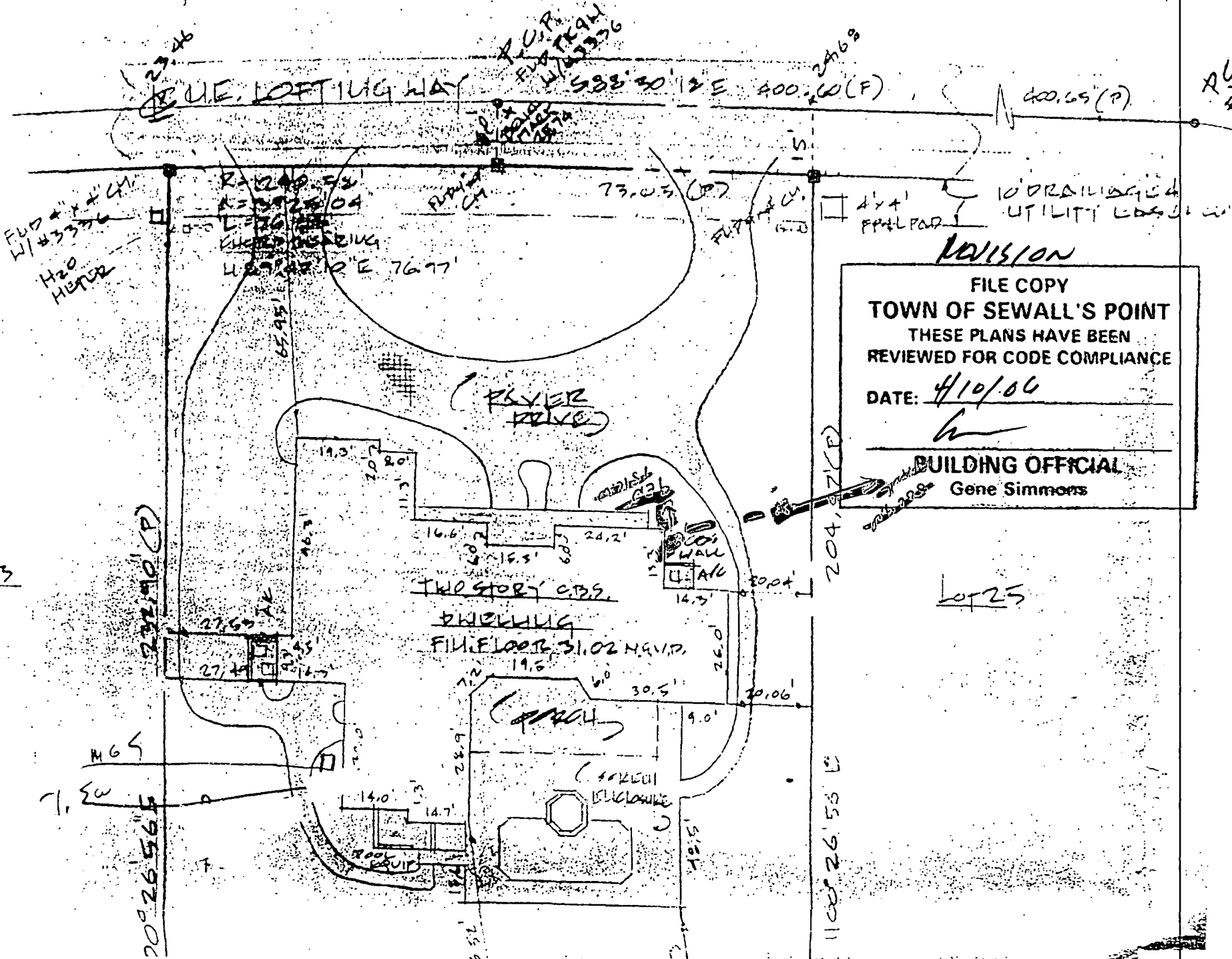
My Commission Expires: \_\_\_\_\_

Seal

NOTARY PUBLIC STATE OF FLORIDA  
Sarah Leavin  
Commission # DD494312  
Expires: NOV. 28, 2009  
Bonded: The Public Landings Co., Inc.

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

Fony  
JAN 11



CASTLE HILL

P 17 P. 59

54' 13"

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 4/7/06 52.59  
 BUILDING OFFICIAL  
 L. Gere Simmons

NO 4" x 4" R.H.

1100' 26.50' E

204,471' (P)

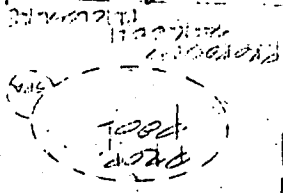
PROPOSED  
RECREATION  
FIELD

400' 26.56' E

232,900' (P)

VISION # 8148

VISION # 8148



PROPOSED  
BUILDING

5000  
TANK

PROPOSED  
DRIVE

65'

R = 1290.58  
 A = 3025.04  
 L = 576.14  
 H = 39.97  
 E = 76.97

H20  
HEIGHT

17' 3" CH

UTILITIES

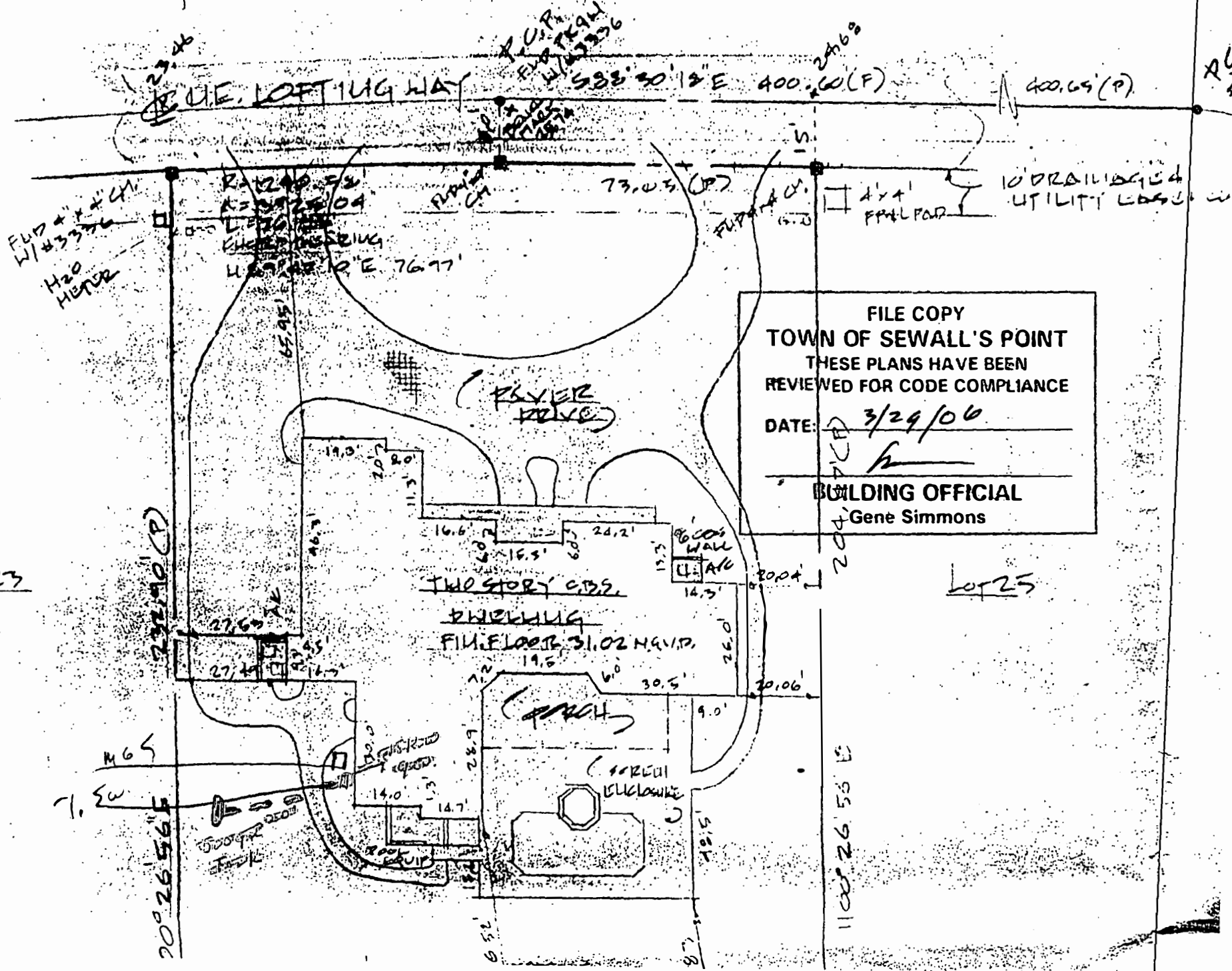
PPALP

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THE LOTTING HAS

400' 26.56' E 400' 26.56' (P)

Font  
JANU



FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 3/29/06  
 \_\_\_\_\_  
 BUILDING OFFICIAL  
 Gene Simmons

Lot 23

Lot 25

M65

T. SW

20° 26' 56" E

110° 26' 53" E

87°

20° 4'

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
05/19/2005

**PRODUCER**  
Serial # 603821  
**AON RISK SERVICES OF FLORIDA**  
1001 BRICKELL BAY DRIVE, SUITE 1100  
MIAMI, FL 33131  
(305) 372-9950

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

**COMPANIES AFFORDING COVERAGE**

- COMPANY A ZURICH AMERICAN INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

**INSURED**  
Oasis Outsourcing, Inc., Alt. Emp.:  
Como Oil Co Of Fla Dba Martin County  
Propane  
4400 N Congress Ave., Suite 250  
West Palm Beach, Fl 33407-3288

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR, PARTNERS, EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 29-38-687-03	06/01/05	06/01/06	X WC STATUTORY LIMITS OT-ER EL EACH ACCIDENT \$ 100000 EL DISEASE - POLICY LIMIT \$ 100000 EL DISEASE - EA EMPLOYEE \$ 100000
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:  
COMO OIL COMPANY OF FLORIDA DBA MARTIN COUNTY PROPANE

**CERTIFICATE HOLDER**  
TOWN OF SEWELLS POINT  
1 S SEWELLS POINT RD  
SEWELLS POINT, FL 31956

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY  
*Joseph T. ...*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE  
MCPRT-1

DATE (MM/DD/YYYY)  
01/03/06

<b>PRODUCER</b>  Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  COMO OIL CO OF FLORIDA DBA MARTIN COUNTY PETROLEUM AND PROPANE P.O. Box 386 Palm City FL 34991	INSURER A:	Empire Fire & Marine
	INSURER B:	St Paul Surplus Lines Ins
	INSURER C:	AIG Group
	INSURER D:	
	INSURER E:	

## COVERAGES

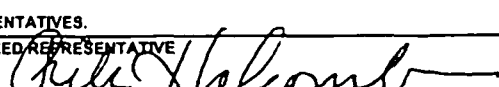
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDE POLLUTION GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP300371	01/01/06	01/01/07	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000 \$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CP300371	01/02/06	01/02/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	QY06825129	01/02/06	01/02/07	EACH OCCURRENCE	\$ 3,000,000
						AGGREGATE	\$ 3,000,000
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS   <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
C		OTHER POLLUTION LIAB	FPL4808748#2	01/01/06	01/01/07	POLLUTION	100000

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

## CERTIFICATE HOLDER

## CANCELLATION

TOWNS - 1  Town of Sewalls Point FAX: 220-4765 1 S Sewalls Point Road Stuart FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---



3586 SW MARTIN HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR	3	.00	LIC. FEE	3	
	4	.00	PENALTY	4	
	5	.00	COL. FEE	5	
	6	.00	TRANSFER	6	
TOTAL		25.00			



RANDY/PRESIDENT  
MARTIN COUNTY PETROLEUM & PROPANE  
PO BOX 386  
PALM CITY FL 34990

IS PERSEBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF GAS/OIL/PROPANE

ALLOCATION LISTED FOR THE PERIOD BEGINNING ON THE

10 SEPTEMBER 2005

and ending September 2005

12 05091302 006216



POST LICENSE  
CONSPICUOUSLY

State of Florida  
Department of Agriculture and Consumer Services

Division of Standards  
Bureau of Liquefied Petroleum Gas  
(850) 921-5001  
Tallahassee, Florida

License Number: 05594  
Expiration Date: August 31, 2006  
Date of Issue: September 1, 2005  
License Fee: \$25.00  
Type and Class: 0801

Liquefied Petroleum Gas License

CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

This license is issued under authority of Section 527.02, Florida Statutes, to:

MARTIN COUNTY PROPANE  
3586 SW MARTIN HWY  
PALM CITY, FL 34990-8140

*Charles H. Bronson*  
CHARLES H. BRONSON  
COMMISSIONER OF AGRICULTURE

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/10, 2006

Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>3148</del>	<del>SMITH</del>	IN GRANK LINES	PASS	
	7 LOFTING WAY			
	MARTIN CY PROpane			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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

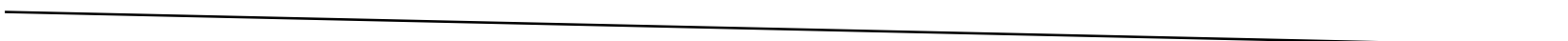
## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-24, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6572	Francis	Final	PASS	CLOSE
7	5 Silver Rd First Quality Elec.	(dock elec)		INSPECTOR: <i>[Signature]</i>
8678	Fedrick		PASS	
6	32 SSPR OIB	SUBSIDING PARTIAL		INSPECTOR: <i>[Signature]</i>
8456	Pope	Final	PASS	CLOSE
4	124 S Sewalls Al Coker			INSPECTOR: <i>[Signature]</i>
8643	BAKER	FINAL ELEC.	FAIL	
8	88 N. S. P. R.	FOR GENERATOR <u>11:30</u>		INSPECTOR: <i>[Signature]</i>
7801	Cummings	recessed light	PASS	
5	835 River Rd Elias Mgmt	on porch		INSPECTOR: <i>[Signature]</i>
1292	Mangan	Final - gas	PASS	CLOSE
10	16 Ferrisville Martin Co. Prop.	(heater)		INSPECTOR: <i>[Signature]</i>
<del>8108</del>	<del>Smith</del>	<del>Final - gas</del>	<del>PASS</del>	<del>CLOSE</del>
9	7 Luffing Way Martin Co. Prop.	(generator)		INSPECTOR: <i>[Signature]</i>
OTHER: _____				

10325

FENCE





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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10325	DATE ISSUED:	JANUARY 15, 2013
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	263741013-000-002406	SUBDIVISION	PLANTATION - LOT 24
CONSTRUCTION ADDRESS:	7 LOFTING WAY		
OWNER NAME:	MCKEON		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10325
ADDRESS	7 LOFTING WAY - MCKEON
DATE 1/15/13	SCOPE OF WORK   FENCE
SINGLE FAMILY OR ADDITION /REMODEL	Declared Value \$
Plan Submittal Fee (\$250.00 SER. \$175.00 Remodel < \$200K)	\$

**STUART FENCE COMPANY INC.**  
 P.O. BOX 2636  
 STUART, FL 34995  
 (772) 288-1151

11945

PAY TO THE ORDER OF Sewalls Point

DATE 1-15-13

63-515-670

Eighty-four and 00/100

\$ 84.00

DOLLARS

SEACOAST NATIONAL BANK

FOR McKeon Permit

Deborah Vance

MP

Road impact assessment: (.04% of construction value - \$5.00 min.)	\$	
Martin County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	8640
Total number of inspections @ \$75.00 each	1		75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	84

✓ 11945  
*pa*



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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10325
ADDRESS	7 LOFTING WAY - MCKEON
DATE 1/15/13	SCOPE OF WORK FENCE

SINGLE FAMILY OR ADDITION/REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	8640
Total number of inspections @ \$75.00 each	1		75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	84

✓ 11945  
 Pd

INSTR # 2371355  
OR BK 2623 PG 2986  
(1 Pgs)  
RECORDED 01/11/2013 02:55:37 PM  
CAROLYN TIMMANN  
MARTIN COUNTY CLERK

**NOTICE OF COMMENCEMENT**

To be completed when construction value exceeds \$2,500.00

PERMIT #: 10325 TAX FOLIO #: 26-37-41-013-000-00240-6

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE): Plantation at Scwall's Point Lot 24  
7 NE Lofting Way, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: Steven McKeon  
Address: 7 NE Lofting Way, Stuart, FL 34996  
Interest in property: owner  
Name and address of fee simple title holder (if different from Owner listed above):

CONTRACTOR'S NAME: Stuart Fence Company Inc. Phone No.: 772-288-1151  
Address: P.O. Box 2624, Stuart, FL 34995

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: N/A Bond amount:

LENDER'S NAME: N/A Phone No.:  
Address:

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

Name: N/A Phone No.:  
Address:

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
Phone number of person or entity designated by Owner: \_\_\_\_\_

Expiration date of Notice of Commencement:  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

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

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

X Steven McKeon  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Owner  
Signatory's Title/Office

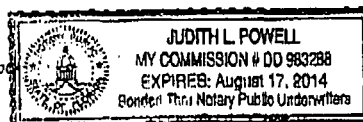
The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of JANUARY, 2013

By: Steven McKeon as owner for STUART FENCE  
Name of person Type of authority (e.g., officer, trustee) Party on behalf of whom instrument was executed

Judith L Powell  
Notary's Signature

Personally known  or produced identification   
Type of identification produced \_\_\_\_\_

(Print, Type, or Stamp Commissioned Name of Notary)





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

Permit Number: 10325

Date: 1-9-13

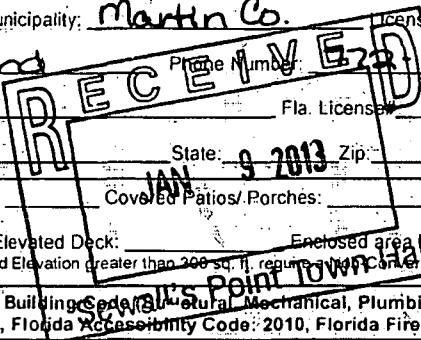
OWNER/LESSEE NAME: Steve McKeon Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address: 7 NE. Letting Way City: Stuart State: FL Zip: 34994  
 Legal Description: Plantation of Sewall's Pt. lot 24 Parcel Control Number: 26-37-41-013-00-00240 6  
 Fee Simple Holder Name: N/A Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*SCOPE OF WORK (PLEASE BE SPECIFIC): Aluminum Fence

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

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 2640  
 (Notice of Commencement required, when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 AE9 AE8 X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Stuart Fence Phone: 255-1151 Fax: \_\_\_\_\_  
 Qualifiers name: Chester Richmond Street: PO Box 2636 City: Stuart State: FL Zip: 34995  
 State License Number: \_\_\_\_\_ OR: Municipality: Martin Co. License Number: MOFE 3584  
 LOCAL CONTACT: Chester Richmond Phone Number: 255-1151  
 DESIGN PROFESSIONAL: N/A Fla. License # \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: 9 2013 Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_



AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 200 sq. ft. require a Flood Commission Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010  
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

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

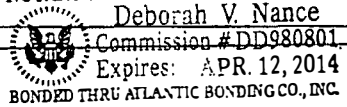
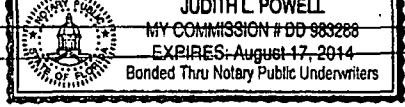
\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\*

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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:  
 X Steve McKeon  
 State of Florida, County of: MARTIN  
 On This the 7th day of JANUARY, 2013  
 by STEVEN MCKEON who is personally  
 known to me or produced X  
 As identification, NA  
 My Commission Expires: JULY 2, 2014  
 Notary Public: Judith L Powell

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:  
 X Chester Richmond  
 State of Florida, County of: Martin  
 On This the 9th day of JANUARY, 2013  
 by Chester Richmond who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, Deborah V. Nance  
 Notary Public: \_\_\_\_\_  
 My Commission Expires: Apr. 12, 2014

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



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

generated on 1/9/2013 10:57:26 AM EST

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-013-000-00240-6	4107	7 NE LOFTING WY, SEWALL'S POINT	\$827,920	1/5/2013

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**Owner Information**

<b>Owner(Current)</b>	MCKEON STEVEN M & MARJORY W
<b>Owner/Mail Address</b>	7 NE LOFTING WAY STUART FL 34996
<b>Sale Date</b>	11/29/2012
<b>Document Book/Page</b>	2615 0989
<b>Document No.</b>	2364149
<b>Sale Price</b>	890000

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**Location/Description**

<b>Account #</b>	4107	<b>Map Page No.</b>	SP-01
<b>Tax District</b>	2200	<b>Legal Description</b>	PLANTATION AT SEWALL'S POINT LOT 24 PI# 26-37-41-013-000- 00240-60000
<b>Parcel Address</b>	7 NE LOFTING WY, SEWALL'S POINT		
<b>Acres</b>	.7550		

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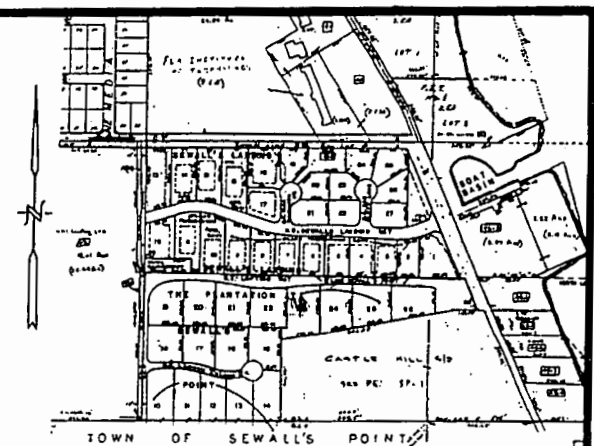
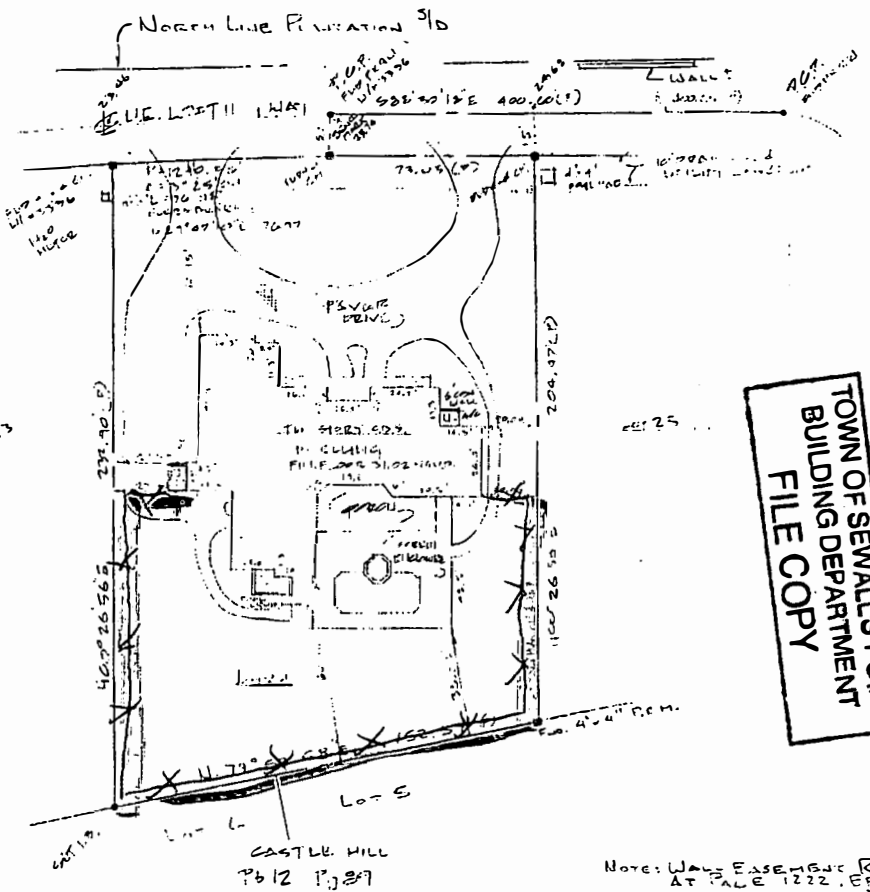
**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120800 Plantation @ SP

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**Assessment Information**

<b>Market Land Value</b>	\$250,000
<b>Market Improvement Value</b>	\$577,920
<b>Market Total Value</b>	\$827,920



LOCATION MAP

LEGAL DESCRIPTION

LOT 24 OF THE PLANTATION AT SEWALL'S POINT, ACCORDING TO THE PLAT THEREOF RECORDED IN PLAT BOOK 12, PAGE 70, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

TOWN OF SEWALLS POINT  
BUILDING DEPARTMENT  
FILE COPY

Note: Wall Easement Recorded in O.R.B. 884, AT PAGE 1222. EFFECTS PARCEL (WITHIN LEGAL Easement "A") BUT IS ALONG THE NORTH LINE AND WEST LINE OF PLANTATION BOUNDARY!

12085C0152 10/24/96 N/A

1. PROPERTY LOCATED WITHIN FLOOD ZONE. "X"
2. PROPERTY ADDRESS: 7 N.E. LOFTING WAY
3. CERTIFIED TO: STEVEN M. MCKEON & MARJORY W. MCKEON - COMMONWEALTH LAND TITLE INSURANCE COMPANY  
MCCARTHY, SUMMERS, BOBKO, WOOD, NORMAN, BASS & MEIBY, P.A.

NOTES:

1. Survey of description as furnished by Client
2. Lands shown hereon were not constructed for easements and/or rights-of-way of record
- (P) Denotes distance or bearing by description as furnished.
- (F) Denotes measured distance or bearing
- (C) Denotes calculated distance or bearing
3. All bearings are referenced to the instrument of record as shown hereon, unless otherwise noted.
4. Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
5. There are no above ground encroachments, unless otherwise shown.

- |  |                          |
|--|--------------------------|
| SET 1.0 - SET 5/8 IRON BAR & CAP #4045 | D.M. - OVERHEAD WIRE     |
| F.O. - FOUND OBJECT                    | D.F. - DRAINAGE FLOW     |
| I.P. - IRON PIPE                       | H.W. - HAMMOLE           |
| C.M. - CONCRETE MONUMENT               | P.P. - POWER POLE        |
| I.B. - IRON BAR                        | C.B. - CATCH BASIN       |
| P.A. - P.C. NAIL                       | R.S.D. - RAILROAD SPIKE  |
| R.R.S. - RAILROAD SPIKE                | N. & W. - NAIL & WASHER  |
| N. & W. - NAIL & WASHER                | N. & T. - NAIL & TIM TAB |
| E. - EXISTING ELEVATION                |                          |

P.O.C. - POINT OF COMMENCEMENT  
P.O.B. - POINT OF BEGINNING  
ENC. - ENCROACHMENT

SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE BOUNDARY SURVEY AS SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AS SURVEYED UNDER OUR DIRECTION. WE FURTHER CERTIFY THAT IT MEETS THE MINIMUM TECHNICAL STANDARDS UNDER RULE 5J.17 - FLA ADMINISTRATIVE CODE PURSUANT TO CHAPTER 472.027 FLA. STATUTES. NOT VALID, UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

STEPHEN J. BROWN INC.

Stephen J. Brown PROFESSIONAL LAND SURVEYOR  
REGISTRATION No. 4049 STATE OF FLORIDA

THE TOWN OF SEWALLS POINT

REVISIONS	BY
FIELD SURVEY 1/17/96	SJB
FINAL SURVEY 7/2/96	SJB
REVISION 10/24/96	SJB

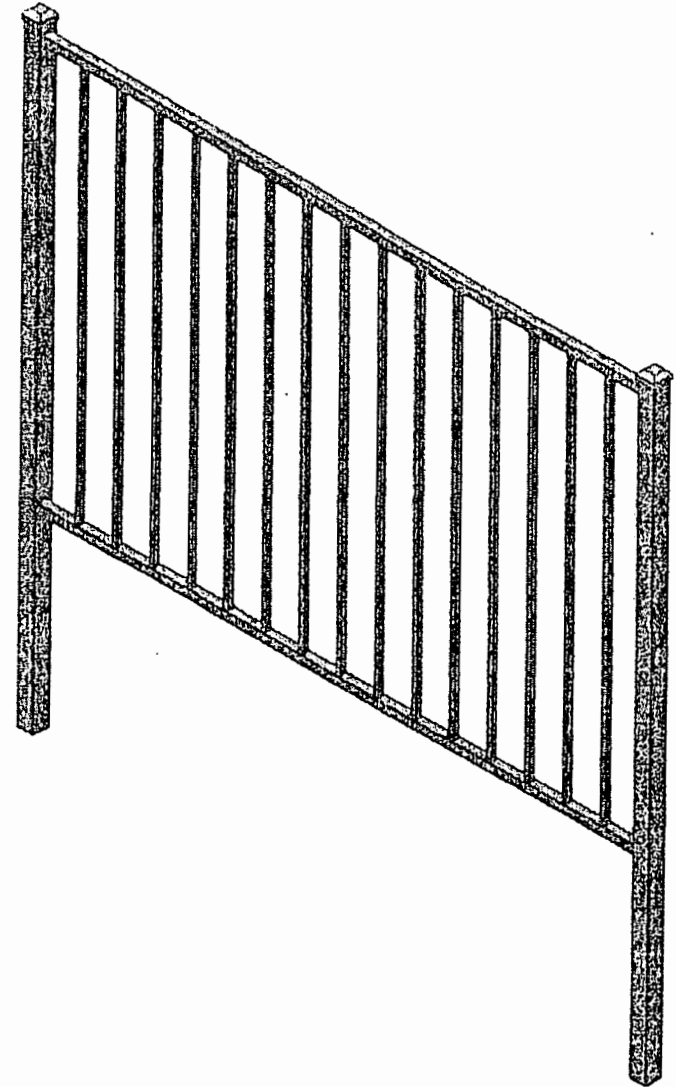
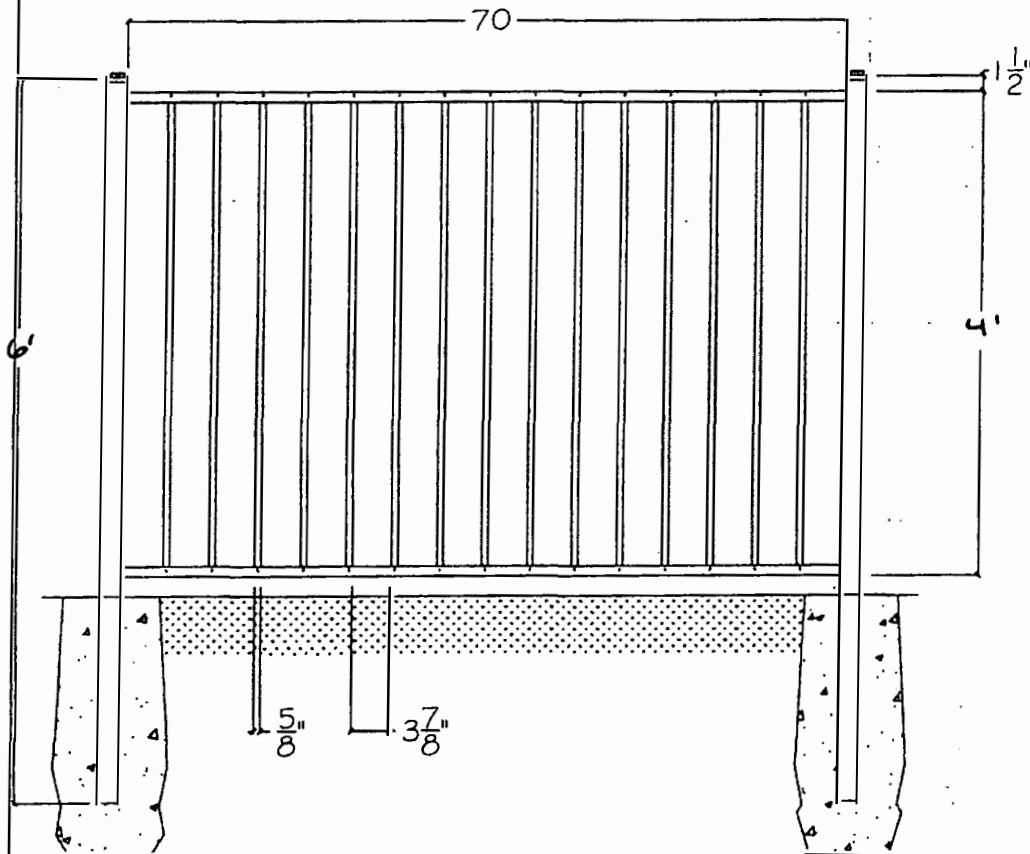
BOUNDARY SURVEY

PREPARED FOR: MCKEON  
STEPHEN J. BROWN INC.  
SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS  
619 EAST 5<sup>TH</sup> STREET STUART, FL 34994 (772) 288-7176

DRAWN	
S. J. B.	
CHECKED	
S. J. B.	
DATE	
04/24/96	
SCALE	
1" = 30'	
JOB NO.	
1444-58-01	
SHEET	
ONE	
OF ONE	SHEETS

FENCE PARTS

ITEM	QTY	DESCRIPTION
1	15	5/8" PRESS POINT PICKET W/ .050" THICKNESS
2	3	1" X 1" HORIZONTAL RAIL W/ .062" X .072" THICKNESS
3	2	2" POST CAP
4	2	2" SQ. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		



**iDeal**  
aluminum

2000 BRUNSWICK LANE  
DELAND, FL. 32724  
PHONE: 386-736-1700  
FAX: 386-822-4950

DRAWING: #400 RESIDENTIAL

DWG. NO: 300-72-48

REV

SCALE: NTS

12/4/2007 8:44:02 AM

17-191 M. 02/05

www.idealaluminumproducts.com

This drawing is the property of Ideal Aluminum Products. It is not to be reproduced, stored, or shared in whole or in part without written consent.

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1-20-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10325	McKee 7 Roosting Way Stuart Fence	Final Fence	PASS	CLOSE INSPECTOR <i>JA</i>
10267	Hurd 34 N Sewalls Grand Entry Design	Final Kitchen remodel	PASS	CLOSE INSPECTOR <i>JA</i>
11:30 PM	JOHANSON 25 PERRINWICKLE	TRUCK	OK	INSPECTOR
1003	Buro 101 HENRY SEWALLS APEX PAVEN	FINAL PAVEN	PASS	CLOSE INSPECTOR <i>JA</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

10378

REMODEL

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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:	10378	DATE ISSUED:	MARCH 4, 2013
SCOPE OF WORK:	KITCHEN REMODEL		
CONTRACTOR:	TEAM PARKS		
PARCEL CONTROL NUMBER:	263741013-000-002406	SUBDIVISION	PLANTATION - L 24
CONSTRUCTION ADDRESS:	7 LOFTING WAY		
OWNER NAME:	MC KEON		
QUALIFIER:	RYAN STROM	CONTACT PHONE NUMBER:	781-1616

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10378
ADDRESS	7 LOFTING WAY - MC KEON
DATE 3/4/13	SCOPE OF WORK KITCHEN REMODEL

SINGLE FAMILY OR ADDITION/REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	30,000.00
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			300.00
Total number of inspections (Value < \$200K) @\$75 ea.   3		\$	225.00
			525.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	7.87
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	7.87
Road impact assessment: (.04% of construction value - \$5.00 min.)			12.00
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	552.74

*[Handwritten Signature]*  
 5952

**TEAM PARKS INC.**  
 3481 SE WILLOUGHBY BLVD., STE 102  
 STUART, FL 34994

GULFSTREAM BUSINESS BANK  
 2430 SE MONTEREY ROAD  
 STUART, FLORIDA 34996  
 63-1471  
 670

5952

Pay: \*\*\*\*\*Five hundred fifty-two dollars and 74 cents  
 DATE CHECK NO. AMOUNT

March 4, 2013 5952 \$\*\*\*\*\*552.74

**PAY TO THE ORDER OF**  
 Town of Sewell's Point

*[Handwritten Signature]*  
 AUTHORIZED SIGNATURE



# Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 1-31-13 Permit Number: 10378

OWNER/LESSEE NAME: Steven & Marjory McKeon Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address: 7 Letting Way City: Stuart State: FL Zip: 34996  
 Legal Description: Plantation & Sewalls Pt. lot 24 Parcel Control Number: 26-37-41-013-000-00240-6000  
 Fee Simple Holder Name: N/A Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Kitchen Remodel: Remove 4 recessed cans; Add 3 pendant lights. Misc. outlets!

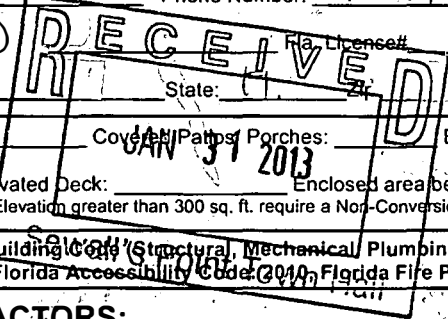
**WILL OWNER BE THE CONTRACTOR?**  
 (If yes, Owner Builder questionnaire must accompany application)  
 YES \_\_\_\_\_ NO X  
**Has a Zoning Variance ever been granted on this property?**  
 YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
 (Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 29,000 30,000 rework  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 AE9 AE8 X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Team Parks, Inc. Phone: 781-1616 Fax: 781-0620  
 Qualifiers name: Ryan Strom Street: 3481 SE Willoughby Blvd City: Stuart State: FL Zip: 34994  
 State License Number: CC 1519045 OR: \_\_\_\_\_ Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Debbie Sabin Phone Number: 781-1616

DESIGN PROFESSIONAL: AKK Homes (Orig Plans) License # \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_



AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010  
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

**WARNINGS TO OWNERS AND CONTRACTORS:**

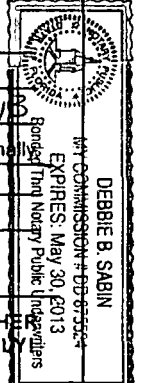
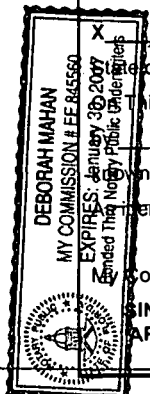
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:  
Steven McKeon  
 State of Florida, County of: Martin  
 This is the 31 day of Jan, 2013  
Steven McKeon who is personally known to me or produced \_\_\_\_\_ as identification.  
 Notary Public  
 Commission Expires: Deborah Han

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
Ryan Strom  
 State of Florida, County of: Martin  
 On This the 31 day of Jan, 2013  
 by Ryan Strom who is personally known to me or produced \_\_\_\_\_ as identification.  
 Notary Public  
 My Commission Expires: Debbie B. Sabin



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

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

generated on 2/1/2013 11:02:17 AM EST

### Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-013-000-00240-6	4107	7 NE LOFTING WY, SEWALL'S POINT	\$827,920	1/26/2013

---

#### Owner Information

<b>Owner(Current)</b>	MCKEON STEVEN M & MARJORY W
<b>Owner/Mail Address</b>	7 NE LOFTING WAY STUART FL 34996
<b>Sale Date</b>	11/29/2012
<b>Document Book/Page</b>	2615 0989
<b>Document No.</b>	2364149
<b>Sale Price</b>	890000

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#### Location/Description

<b>Account #</b>	4107	<b>Map Page No.</b>	SP-01
<b>Tax District</b>	2200	<b>Legal Description</b>	PLANTATION AT SEWALL'S POINT LOT 24 PI# 26-37-41-013-000- 00240-60000
<b>Parcel Address</b>	7 NE LOFTING WY, SEWALL'S POINT		
<b>Acres</b>	.7550		

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#### Parcel Type

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120800 Plantation @ SP

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#### Assessment Information

<b>Market Land Value</b>	\$250,000
<b>Market Improvement Value</b>	\$577,920
<b>Market Total Value</b>	\$827,920

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

3-20-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10378	<del>McKenna</del>	<del>Final</del>	<del>Pass</del>	<del>Close</del>
10:30	Team Parks	Final	Pass	INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10136	Connolly	Window/door		
	10 Ridgeland DR	in progress	Pass	Close
	Home Depot	Final		INSPECTOR <i>GA</i>
		rec'd engineering		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	BRISCOE			
	5 GUMBO LIMBO	TREE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9633	Beel	Final		
	3 Timor	fence	Pass	Close
	A Great Fence			INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		investigate		
	16 Ridgeland		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Sharfi	Trees		
	73 N Sewalls		SEE NOTES	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date Nov 3 2003 TREE REMOVAL PERMIT No 2134

APPLIED FOR BY SMITH (Contractor or Owner)

Owner 7 NE LOFTING WAY

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees Hickory

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 10

Signed, \_\_\_\_\_ Applicant Signed, Gene Simmons (SAB)  
Town Clerk  
Building Official

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection  
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_

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

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

Owner ANTHONY D. SMITH Address 7 NE LOFTING WAY Phone 288 1248

Contractor OWNER Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: HICKORY

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE ~~\_\_\_\_\_~~ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

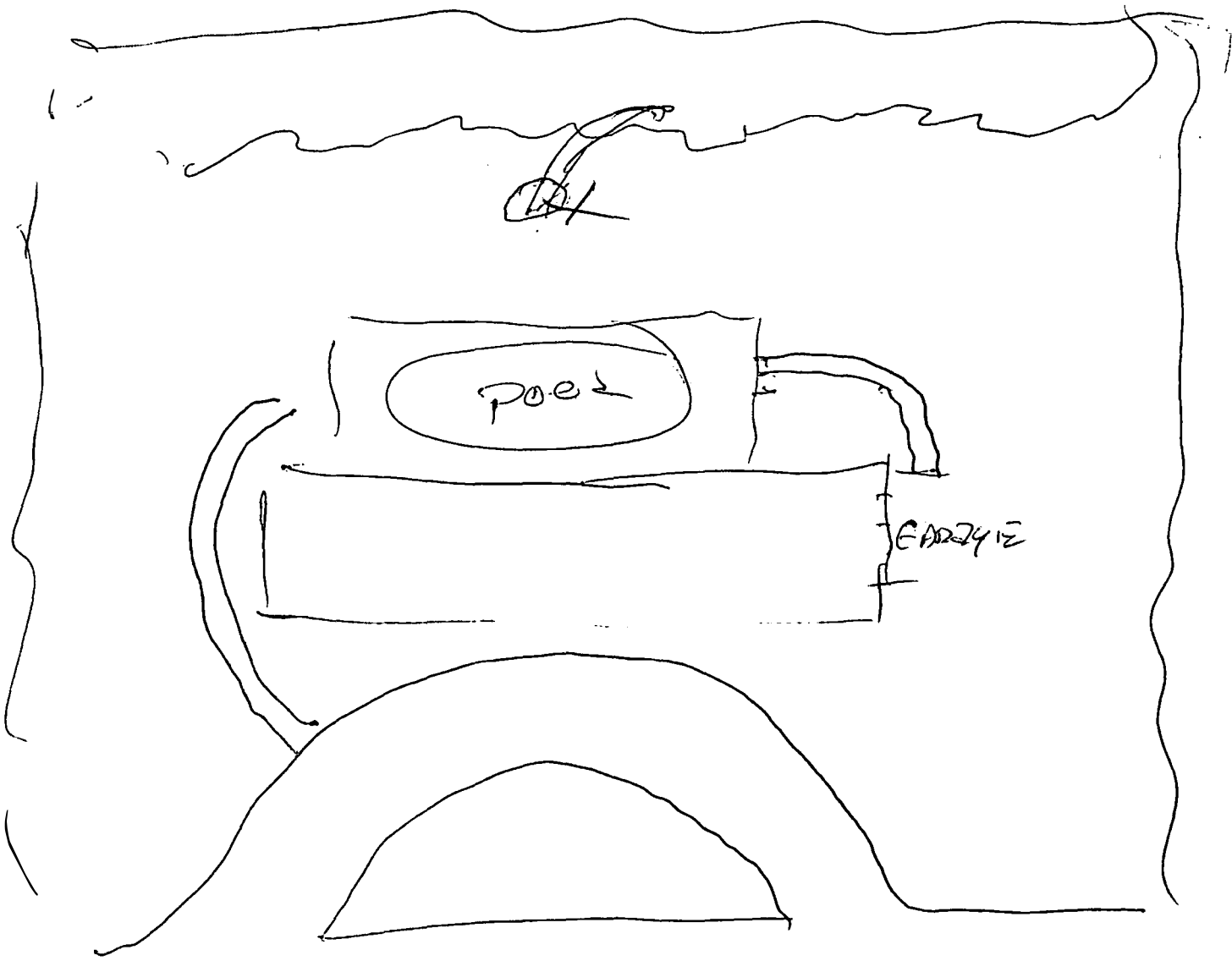
Approved by Building Inspector: [Signature] Date 11/3/03 Fee: 0

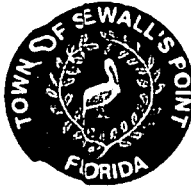
Plans approved as submitted [Signature] Plans approved as revised/marked: \_\_\_\_\_

10/1

pool

EARLY 12





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

OK

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

(ALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS)

Owner Anthony D. Smith Address 7 NE LOSTWAY CRT Phone 258 1244

Contractor SAMPSON TREE Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Species: HICKORY (DEAD)

No. of Trees: <sup>REMOVE</sup> RELOCATE \_\_\_\_\_ Species: 1 CLUMP OF BAMBOO (GROWING OUT OAK)

No. of Trees: <sup>TRIM</sup> REPLACE 1 Species: BRANCH

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

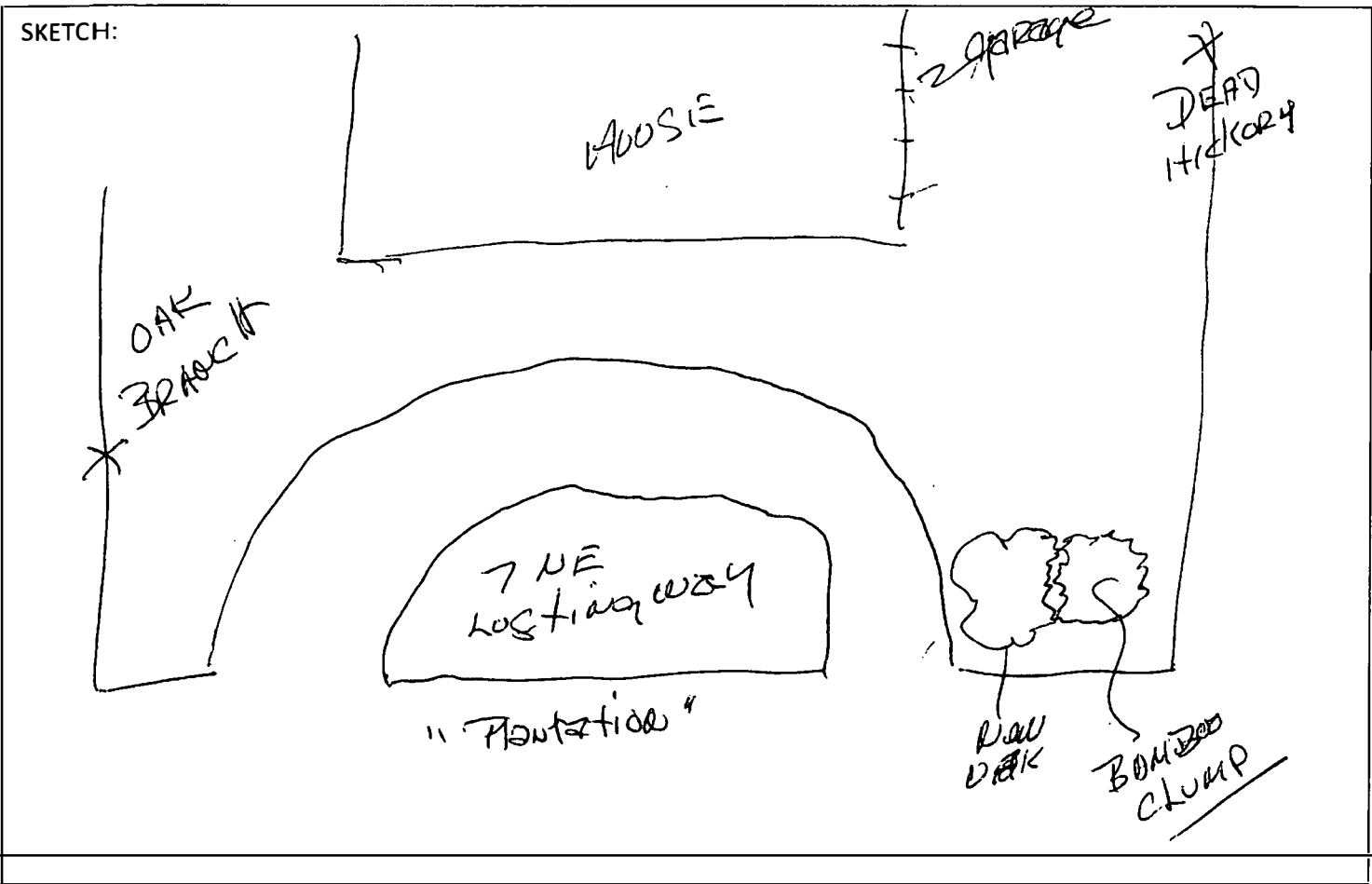
Reason for tree removal/relocation (See notice above) 1 tree DEAD

BAMBOO OUT OF CONTROL GROWING INTO OAK

Signature of Property Owner Anthony D. Smith Date 9/4/05

Approved by Building Inspector: [Signature] Date 9/4 Fee: \_\_\_\_\_

NOTES: \_\_\_\_\_





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

ok

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Tony Smith Address ~~7 N/E US Hwy 1~~ Phone 288-1244

Contractor Sampson Tree Address 2170 S/W Conant Ave. DSA, FL. Phone 336-5763 - FAX

No. of Trees: REMOVE 3 Type: Bamboo Cherry, 2 dead "-3456 - phone

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: hickorys

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Reason for tree removal /relocation

Signature of Property Owner M. E. Smith Date 11/6/07

Approved by Building Inspector: [Signature] Date 11/7/07 Fee: - 0 -

NOTES: \_\_\_\_\_

SKETCH:  
See Attached sketch sheet.



Change  
215799

ingers

150

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XXXX

Q

6



Q

Q

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