

9 NE Lofting Way

3966

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

TREATED BY
BUG MAN
4-17-96

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 3966

DATE ISSUED 4/10/96

OWNER Mr Ronald Holmes

CONTRACTOR OR

ADDRESS #9 NE Lofting way

OWNER/BLDR. OWNER

CITY/ST/ZIP SP

ADDRESS _____

TELEPHONE _____

CITY/ST/ZIP _____

TELEPHONE 377-1630 Beeper

FLOOD ZONE C

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

TO BE CONSTRUCTED HOUSE

SITE ADDRESS #9 LOFTING WAY

SUBDIVISION Plantation

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

CONSTRUCTION VALUE 305,000

FEES

REMODELING/NEW CONSTRUCTION _____

PLUMBING 100.00

IMPACT 1508.20

ELECTRICAL 100.00

RADON 58.93

MECH./A.C. 100.00

SEPTIC _____

ROOF 100.00

WELL _____

WALL _____

FENCE _____

POOL ENCLOSURE _____

POOL _____

OWNER/BUILDER _____

DOCK _____

TOTAL 4,407.13

PAID BY CHECK 3695

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

TIN TAGS ONLY - 7-3-96 R LM

FORM BOARD SURVEY _____ DATE _____
 ROUGH PLUMBING OK DATE 4/15/96 DB
 TERMITE PROTECTION _____ DATE _____
 FOOTING-SLAB OK DATE 4/12/96 DB
 LINTEL OK DATE 5/9/96 DB
 ROUGH ELECTRIC OK DATE 5/23/96 DB
 FRAMING OK DATE 5/23/96 DB
 A/C DUCTS OK DATE 5/29/96 DB

NAILING _____ DATE _____
 ROOF _____ DATE _____
 INSULATION OK DATE 9/3/96 DB
 FINAL ELECTRIC _____ DATE 2-21-97
 FINAL PLUMBING _____ DATE 2-21-97
 SEPTIC FINAL _____ DATE _____
 DRIVEWAY _____ DATE _____
 FINAL C.O. 2-21-97 DATE D DB

PERMIT AUTHORIZED BY _____

Rale Brown

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



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 536331

DATE 4 9, 1996

Legal Svc. SCHOOL

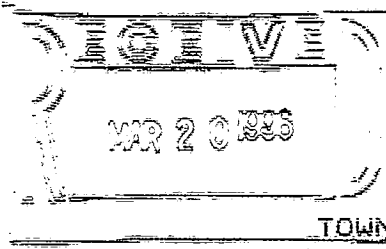
RECEIVED FROM Scott Holmes Building \$ 1,006.03
(NAME OR ORGANIZATION) ~~993.48~~ dmd

FOR Imp. fee. lot 23, Plantation subdivision

FOR DEPOSIT IN _____ FUND(S)

D. Renner

PRINCIPAL OR RESPONSIBLE OFFICER



3966

Tax Folio No. 26-37-41-013-000
00230.8000

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Ronald + Joyce Holmes

Owner's Address 2030 N.W. PINE TREE WAY

Owner's Telephone 692-0317

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

Fee Simple Titleholder's Address (if other than owner) U.S.I.

City STUART State FL. Zip 34994

Contractor's Name SCOTT J. HOLMES BUILDING INC.

Contractor's Address P.O. BOX 2804

City JENSEN BEACH State FL. Zip 34958

Contractor's Telephone 220-4780 OR 285-4492 License Number _____

Job Name LOT 23 PLANTATION

Job Address 9 N.E. LOPPING WAY

City Town of Sewall's Point State Florida Zip 34996

Legal Description 26-37-41-013-000-00230, 8000

Bonding Company N/A

Bonding Company Address N/A

City N/A State N/A

Architect/Engineer's Name Kelly & Kelly John W. Olson

Architect/Engineer's Address 119 W. 16th STREET STUART FL. 5021 S.E. 10th ROAD W. HOLE SAND FL.

Mortgage Lender's Name SUNTRUST

Mortgage Lender's Address U.S.I. STUART FL.

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

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

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

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

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

Plumbing Contractor David's Plumbing License No. MP00030
Electrical Contractor RMS License No. ME00025
Roofing Contractor Scott J Holmes License No. CLL057003
A/C Contractor HYDRO THERMAL License No. CAL035549
Description of Building or Alterations New Home

Name of Street Designated as Front Building Line and Front Yard

LOFTING WAY
Subdivision PLANTATION Lot 23 Block _____

Building Area (air conditioned) 4512 sq. ft.

Garage, Porch, Carport Area 1381 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$245,000

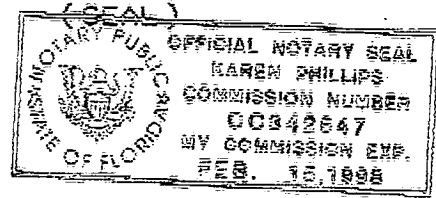
[Signature]
James B. Holmes, CDA
(Owner or Authorized Agent)

DATE 3-18-96
3-18-96

Sworn and Subscribed before me this

18th day of March 1996

[Signature]
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



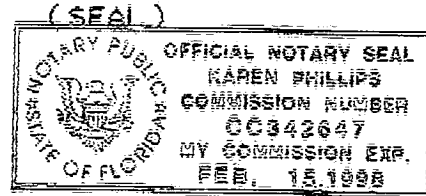
[Signature]
(Contractor)

DATE 3-18-96

Sworn and Subscribed before me this

18th day of March 1996

[Signature]
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. CB-C-025959

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY *[Signature]* Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area 4512 sq. ft. x \$60. = \$ 270,720

Non A/C Area 1381 sq. ft. x \$25. = \$ 34,525

Total = \$ 305,245

Contract Price \$ 2,45,000⁰² (fee will be charged on higher amount)

305,000 M. x \$8.00 = \$ 2,440 Building Fee

25% Owner/Builder Fee \$ _____ (if applicable)

A/C Fee \$ 100.00

Electrical Fee \$ 100.00

Plumbing Fee \$ 100.00

Roofing Fee \$ 100.00

Radon Fee \$ 59.93

County Impact Fee \$ 1,508.20

TOTAL PERMIT FEE \$ 4,407.13

PAYMENT RECEIVED Dale Brown 4/9/96
Signature Date

Contractor's License _____ ✓

Sub-Contractors' Licenses _____ ✓

Workers' Comp. Insurance _____ ✓

General Liability Insurance _____ ✓

Three sets of Plans _____ ✓

Plans sealed by architect or engineer _____ ✓

Plot Plan _____ ✓

Boundary survey _____ ✓

Topographic survey certified to the _____
Town of S.P.

Recorded warranty deed _____ 0

Septic tank permit _____ N/A

Energy Code calculations _____ ✓

Elevation certificate _____

Recorded notice of commencement _____ ✓

Application for c.o. _____ ✓

AC# 2819356

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
08/11/94	CC C057003	94900273

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

HOLMES, SCOTT JAMES
SCOTT J HOLMES BLDG INC
681 S W LIGHTHOUSE DR
P O BOX 2804
JENSEN BEACH FL 34958


LAWTON CHILES
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE


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

AC# 2819367

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
08/11/94	CG C055859	94900273

THE CERTIFIED GENERAL CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489
EXPIRING AUG 31, 1996

F.S. FOR THE YEAR

HOLMES, SCOTT JAMES
SCOTT J HOLMES BUILDING INC
681 SW LIGHTHOUSE DRIVE
P O BOX 2804
JENSEN BEACH FL 34958


LAWTON CHILES
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE


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

AC# 2781182

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
07/26/94	CF C035689	94900171

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

HOWARD, THADIOUS E
 HYDRO THERMAL SYSTEMS INC
 2960 SW MAPP ROAD
 PALM CITY FL 34990

Lawton Chiles
 LAWTON CHILES
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

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

MARTIN COUNTY

1994 COUNTY OCCUPATIONAL LICENSE 1995

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

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

LICENSE AL-524-129 CERT CF C035689

PHONE 407-283-1935 SIC NO. 1711

LOCATION: 2960 SW MAPP RD

****NO OUTSIDE STORAGE****

00000900 33 52412986 00002100 2

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

TOTAL _____

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **PLUMBING CONTR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF OCTOBER 1994 SEC. _____
 AND ENDING THE 30TH DAY OF SEPTEMBER 1995

MAKE CHECKS PAYABLE TO:
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (407) 288-5604

HYDRO-THERMAL INC
 THADIOUS E HOWARD
 2960 SW MAPP RD
 PALM CITY FL 34990

ORIGINAL

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

AC# 2852349

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
08/30/94	CA C035549	94900722

THE CLASS B CERTIFIED AIR COND. CONTR
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER 489 F.S. FOR THE YEAR
 EXPIRING AUG 31, 1996

BOWEN, SANDRA KING
 HYDRO THERMAL SYSTEMS INC
 2960 S W MAPP ROAD
 PALM CITY FL 34990

L. Chiles
 LAWTON CHILES
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

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

MARTIN COUNTY

1994 COUNTY OCCUPATIONAL LICENSE 1995

LICENSE AA-520-241 CERT CAC0425AA

PHONE 407-283-6935 SIC NO. 1711

LOCATION: 2960 SW MAPP RD

****LOC CHANGE OK PER ZONING****

00000900 33 52024188 00002100 1

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

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

MAKE CHECKS PAYABLE TO:

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(407) 288-5604

PREV YR. \$	_____	LIC. FEE \$	<u>9.00</u>
TRANSFER \$	_____	HAZ. WST. \$	<u>10.00</u>
DEL PEN \$	_____	COL. FEE \$	<u>2.00</u>
SUBTOTAL \$	_____	SUBTOTAL \$	<u>21.00</u>

TOTAL _____

HYDRO THERMAL SYSTEMS INC
 2960 SW MAPP RD
 PALM CITY FL 34990

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF CERT AIR COND CONTR

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

ST DAY OF OCTOBER 1994 SEC. _____

AND ENDING THE 30TH DAY OF SEPTEMBER 1995

ORIGINAL

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
02/06/95

PRODUCER R V JOHNSON AGENCY INC P O BOX 26 STUART FL 34995	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 POLICES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A AMERICAN STATES COMPANY B FLORIDA HOME BLDRS COMPANY C COMPANY D
INSURED R M S ELECTRIC INC 1501 DECKER AVE #113 STUART FL 34994	

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01CC4196018	2/08/94	2/08/95	GENERAL AGGREGATE \$ 200,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMPOP AGG \$ 200,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 100,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 100,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	28497	3/01/94	3/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 100,000
					DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 100,000
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 30 DAYS CANCELLATION NOTICE ON WORKERS COMPENSATION

CERTIFICATE HOLDER SCOTT J. HOMES P O BOX 2804 JENSEN BEACH FL 34958	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE R V JOHNSON AGENCY INC LC A
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PRODUCER

RICK CARROLL INSURANCE
P.O. BOX 877
JENSEN BEACH FL 34958

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A Safeco Insurance Company
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

INSURED

Scott J. Holmes
Building, Inc.
PO Box 2804
Jensen Beach, FL 34958

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	SL2301300	07/01/95	07/01/96	GENERAL AGGREGATE \$ 300,000 PRODUCTS-COMP/OP AGG. \$ 300,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXP. (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

95-96-GL- CONTRACTOR/STATE OF FLORIDA
THIS CERTIFICATE FOR PROOF OF INSURANCE ONLY
WORKERS COMPENSATION POLICY IS CANCELLED

CERTIFICATE HOLDER

HAROLD STUART
2460 PALMER
JENSEN BEACH FL 34957

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Rick Carroll

A C C O R D C E R T I F I C A T E O F I N S U R A N C E

ISSUE DATE 01/12/93

PRODUCER
SAFE HARBOR INSURANCE
735 COLORADO AVE
PO BOX 2210
STUART, FLORIDA 34995

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

COMPANIES AFFORDING COVERAGE

COMPANY
LETTER A HANDOVER INSURANCE
COMPANY
LETTER B
COMPANY
LETTER C
COMPANY
LETTER D FLORIDA HOME BUILDERS SIF
COMPANY
LETTER E

INSURED
HYDRO-THERMAL SYSTEMS
2960 SW MAPP RD
PALM CITY
FL 34990

==== C O V E R A G E S =====
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 EFF. DATE	POLICY EXP. DATE	LIMITS
	A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> Owner's & Contractor's Prot. <input type="checkbox"/> <input type="checkbox"/>	VDJ3154012	07/01/92	07/01/93	GENERAL AGGREGATE \$ 600,000 PRODUCTS-COMP/OP AGGREGATE \$ 600,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (Per person) BODILY INJURY \$ (Per accident) PROPERTY DAMAGE \$
		EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> Other Than Umbrella Form				EACH OCCURRENCE \$ AGGREGATE \$
	D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY OTHER	16611	03/01/92	03/01/93	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

STATE OF FLORIDA
30 DAYS NOTICE OF CANCELLATION ON W/C

==== C E R T I F I C A T E H O L D E R ===== C A N C E L L A T I O N =====

SCOTT J. HOLMES
BUILDING INC
PO BOX 2804
JENSEN BEACH FL 34958

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

John Collins

MARTIN COUNTY
CLERK OF CIRCUIT COURT
MARTIN COUNTY

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

011147628

95 DEC - 11 AM 10: 18

This Instrument Prepared by and Return To:
DAVID B. NORRIS, ESQUIRE
Cohen, Chernay, Norris,
Weinberger & Harris
712 U. S. Highway One, 4th Floor
North Palm Beach, Florida 33408

Parcel ID 26-37-41-013-000-00230.8000 **WARRANTY DEED**

THIS INDENTURE, made this 27th day of November, 1995, by and between SEWALL'S POINT PLANTATION PARTNERSHIP, a Florida general partnership (hereinafter called "Grantor"), and Joyce Holmes, a married woman, whose address is Post Office Box 2804, Jensen Beach, Florida 34958 (hereinafter called "Grantee").

WITNESSETH, that said Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration to said Grantor in hand paid by said Grantee, the receipt of which is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns, forever, the following described property, situate, lying and being in Martin County, Florida, to wit:

Lot 23, 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.

THIS IS VACANT LAND.

THIS CONVEYANCE is subject to and by accepting this Deed, the Grantee herein agrees to assume and abide by the following:

1. All matters as shown on the plat of the Plantation at Sewall's Point recorded in Plat Book 12, page 70 of the Public Records of Martin County, Florida; and
2. The Declaration of Covenants and Restrictions for the Plantation at Sewall's Point recorded in Official Record Book 882, page 351 of the Public Records of Martin County, Florida and all exhibits and all amendments thereto; and
3. Memoranda, conditions, limitations, restrictions, reservations and easements of record, if any; and
4. The Articles of Incorporation and By-Laws of the SEWALL'S POINT PLANTATION HOMEOWNERS ASSOCIATION, INC., as now or hereafter promulgated and amended which shall be covenants running with the land and the lien provisions thereof; and
5. Real estate taxes for the year 1996 and all subsequent years.

AND SAID GRANTOR does hereby fully warrant the title to said property and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

SEWALL'S POINT PLANTATION PARTNERSHIP,
a Florida general partnership

BY: Sewall's Point Plantation, Inc., a
Florida corporation as General
Partner

BY: *[Signature]*
JOHN H. BOURASSA, President

[Signature]
print DOMINIC M. FLORENTE

[Signature]
print FRANK CAPUTO

861.00 MARSHA STILLER
MARTIN COUNTY
CLERK OF CIRCUIT COURT
BY *[Signature]* D.C.

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 300,000 .

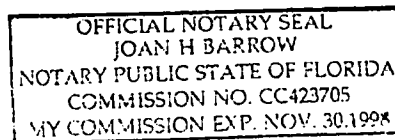
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

[Signature]
Affiant
Property street address:
9 N.E Lofting Way
Sewall's Point

Sworn to and subscribed
before me this 21st day of
February, 1997.

Joan H. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

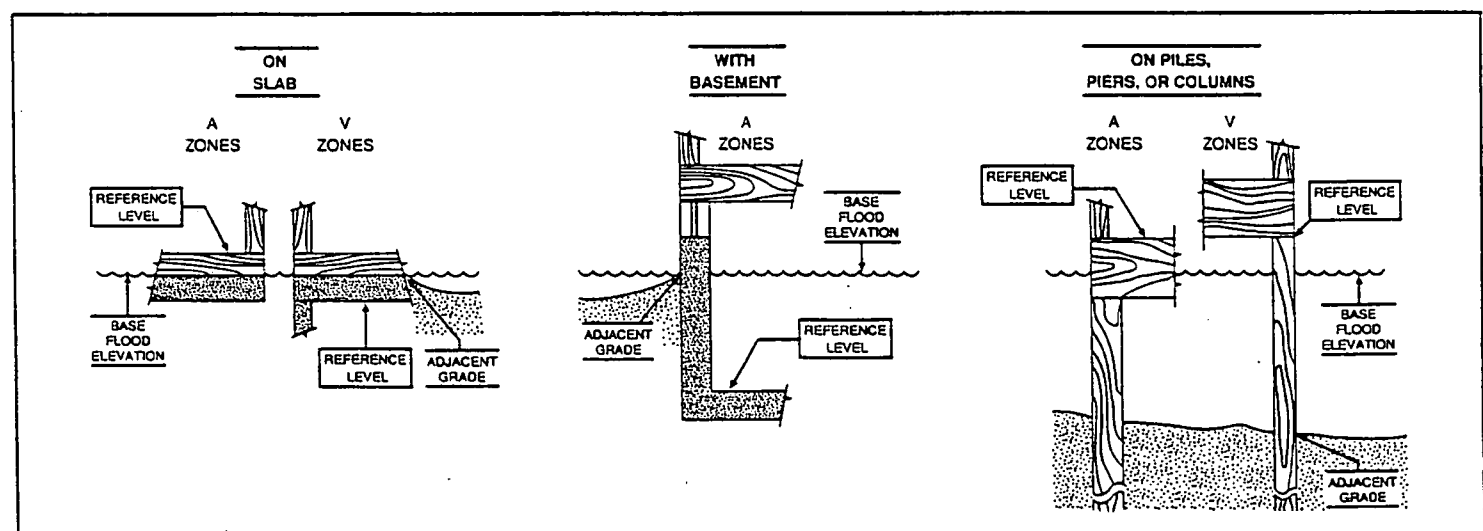
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME		LICENSE NUMBER (or Affix Seal)		
TITLE		COMPANY NAME		
ADDRESS	CITY	STATE	ZIP	
SIGNATURE	DATE	PHONE		

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS: _____



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

SUNTRUST

PREPARED BY/RETURN TO: Ellen Falk
SunTrust Bank, Treasure Coast, N. A.
111 Orange Avenue
Fort Pierce, FL 34950

(name and address)

NOTICE OF COMMENCEMENT

Building Permit No. _____ Tax Folio No. _____

STATE OF Florida

COUNTY OF Martin

(Do not write in this blank area.
Reserved for recording purposes only)

THE UNDERSIGNED hereby gives notice that improvements 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.

Lot 23, of THE PLANTATION AT SEWALL'S POINT, according to the plat thereof,

1. Description of Property: recorded in Plat Book 12, Page 70, Public Records of Martin County, Florida.
(legal description of the property, and street address if available) xxx N.E. Lofting Way, Stuart, Florida 34996
2. General Description of Improvements: Single family residence

3. Owner Information:

- a. Name and Address: RONALD J. HOLMES and JOYCE HOLMES
2030 N.W. PINETREE WAY, STUART, FL 34994
- b. Interest in property: JOINTLY
- c. Name and address of fee simple titleholder (if other than owner):

4. Contractor:

Scott J. Holmes Building, Inc.
P.O. Box 2804, Jensen Beach, FL 34958

5. Surety:

- a. Name and address:
- b. Amount of bond \$ _____

6. Lender Information:

- a. Name and Address: SunTrust Bank, Treasure Coast, N. A.
111 Orange Avenue, Fort Pierce, FL 34950
- b. Designated Contact: Paula Chadwick

7. 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 and address)

8. In addition to himself, Owner designates Paula Chadwick AND Prestige Title Agency, Inc.
of SunTrust Bank, Treasure Coast, N. A., National Banking Association 736 Colorado Ave., Stuart FL
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes : 34994

9. Expiration date of Notice of Commencement (the expiration date is one (1) Year from the date of recording unless a different date is specified). Other expiration date: _____

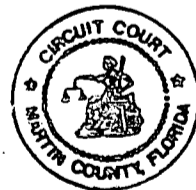
STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK

BY M. Copies D.C.

DATE 4-1-96



Ronald J. Holmes
Signature of Owner RONALD J. HOLMES

Joyce Holmes
Signature of Owner JOYCE HOLMES

Signature of Owner

Signature of Owner

STATE OF Florida

COUNTY OF Martin

The foregoing instrument was acknowledged before me this March 29, 1996 by
RONALD J. HOLMES and JOYCE HOLMES, HIS WIFE

who are personally known to me or who have presented to me valid identification.

Alice J. Bission
Notary Public, State of Florida
My Comm. Expires July 10, 1998
No. CC 383980
Thank You Official Notary Desktop

Alice J. Bission
Notary Public

[Seal]
Serial Number:
CFM #600750 (9/95)

Department of Community Affairs

SN: 2464

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: LOT 23 PLANATION

BUILDER: OWNER

AND ADDRESS: N.E. LOFTING WAY

PERMITTING OFFICE: SEWALLS POIN

CLIMATE ZONE: 7 | 8 | 9 |

OWNER:

PERMIT NO.

JURISDICTION NO.

1. New construction or addition	1. New Construction	CK
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. 4625.00	_____
6. Predominant eave overhang (ft.)	6. 3.00	_____
7. Porch overhang length (ft.)	7. 0.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 1090.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 275.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 6.00, 1780.00sqft	_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 1722.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=19.00, 176.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=30.00 , 2433.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
a. Ducts (Insulation + Location)	12a. R= 6.00 , cond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 11.00	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 11.00	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 11.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
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: 0.91	_____
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. CF CV MZ	_____
19. EPI (must not exceed 100 points)	19. 87.96	_____
a. Total As-Built points	19a. 65296.88	_____
b. Total Base points	19b. 74232.85	_____

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

PREPARED BY: [Signature]
DATE: 2/15

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

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.

OWNER/AGENT: _____
DATE: _____

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	320.00	109.7	35104.0	SGL TINT		N	320.0	65.2	.79	16520.5
E	185.00	109.7	20294.5	SGL TINT		E	90.0	133.9	.74	8873.9
				SGL TINT		E	95.0	133.9	.74	9366.9
S	537.00	109.7	58908.9	SGL TINT		S	537.0	132.5	.65	46313.8
W	48.00	109.7	5265.6	SGL TINT		W	48.0	133.9	.74	4732.8

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS		POINTS	POINTS
.15	4,625.00	1,090.00	.636	119,573.00	76,104.38	85,807.90

NON GLASS-----										
AREA	x BSPM	= POINTS	TYPE	R-VALUE	AREA	x SPM	= POINTS			
WALLS-----										
Ext	3502.0	1.6	5603.2	Ext Wood Frame	19.0	1722.0	1.60	2755.2		
				Ext NormWtBlock In	6.0	1780.0	1.80	3204.0		
Adj	176.0	1.0	176.0	Adj Wood Frame	19.0	176.0	.60	105.6		
DOORS-----										
Ext	20.0	6.4	128.0	Ext Insulated		20.0	6.40	128.0		
Adj	20.0	2.6	52.0	Adj Insulated		20.0	2.60	52.0		
CEILINGS-----										
UA	2433.0	.8	1946.4	Under Attic	30.0	2433.0	.80	1946.4		
FLOORS-----										
Slb	275.0	-20.0	-5500.0	Slab-on-Grade	.0	275.0	-20.00	-5500.0		
INFILTRATION-----										
	4625.0	14.7	67987.5	Practice #2		4625.0	14.70	67987.5		

TOTAL SUMMER POINTS	146,497.47				156,486.59			
---------------------	------------	--	--	--	------------	--	--	--

TOTAL x	SYSTEM	=	COOLING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	=	COOLING
SUM PTS	MULT		POINTS	COMPON	RATIO	MULT	MULT	MULT		POINTS
146,497.47	.37		54,204.06	156,486.59	1.00	1.100	.310	.817		43,596.70

WINTER CALCULATIONS

=== BASE ===				=== AS-BUILT ===								
GLASS-----												
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS		
N	320.00	-.4	-128.0	SGL TINT		N	320.0	3.7	1.10	1297.0		
E	185.00	-.4	-74.0	SGL TINT		E	90.0	.2	6.92	124.5		
				SGL TINT		E	95.0	.2	6.92	131.4		
S	537.00	-.4	-214.8	SGL TINT		S	537.0	-1.8	.42	-404.2		
W	48.00	-.4	-19.2	SGL TINT		W	48.0	.2	6.92	66.4		

.15 x COND. FLOOR /		TOTAL GLASS =		ADJ. x		GLASS =		ADJ GLASS		GLASS		
AREA		AREA		FACTOR		POINTS		POINTS		POINTS		
.15	4,625.00	1,090.00	.636	-436.00	-277.50	1,215.11						
=====												
NON GLASS-----												
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS			

WALLS-----												
Ext	3502.0	.3	1050.6	Ext Wood Frame	19.0	1722.0	.30	516.6				
				Ext NormWtBlock In	6.0	1780.0	.80	1424.0				
Adj	176.0	.5	88.0	Adj Wood Frame	19.0	176.0	.30	52.8				

DOORS-----												
Ext	20.0	1.8	36.0	Ext Insulated		20.0	1.80	36.0				
Adj	20.0	1.3	26.0	Adj Insulated		20.0	1.30	26.0				

CEILINGS-----												
UA	2433.0	.1	243.3	Under Attic	30.0	2433.0	.10	243.3				

FLOORS-----												
Slb	275.0	-2.1	-577.5	Slab-on-Grade	.0	275.0	-2.10	-577.5				

INFILTRATION-----												
	4625.0	1.2	5550.0	Practice #2		4625.0	1.20	5550.0				
=====												
TOTAL WINTER POINTS			6,138.90							8,486.31		
=====												
TOTAL WIN PTS	x SYSTEM MULT	= HEATING POINTS	TOTAL COMPON	x CAP RATIO	x DUCT MULT	x SYSTEM MULT	x CREDIT MULT	= HEATING POINTS				
6,138.90	1.10	6,752.79	8,486.31	1.00	1.100	1.000	.950	8,868.19				

 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	100	.91	1.000		3208.0		1.00		12,832.00

 SUMMARY

=== BASE ===				=== AS-BUILT ===									
COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
54204.1		6752.8		13276.0		74,232.85	43596.7		8868.2		12832.0		65,296.88

 * EPI = 87.96 *

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= 88.0

0 10 20 30 40 50 60 70 80 90 100

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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Tint	-----X-----			
INSULATION.....					
Ceiling R-Value.....	30.0	R-10		R-30	
Wall R-Value.....	6.0	R-0		R-7	
Floor R-Value.....	0.0	R-0		R-19	
AIR CONDITIONER.....					
EER.....	11.0	9.7	EER	16.0	
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
WATER HEATER.....					
Electric EF.....	0.91	0.88		0.96	
Gas EF.....	0.00	0.54		0.90	
Solar EF.....		0.40		0.80	
OTHER FEATURES.....					

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

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____
 Florida Energy Code for Building Construction - 1993
 Florida Department of Community Affairs

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: HOMES.BLD
 For: HOMES RESIDENCE
 LOT 23 THE PLANATION
 SEWALLS POINT, FL. FL

2/15/96

By:

TWO STORY/THREE ZONE RESIDENCE
 VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

Job #: 95190
 Wthr : Fort Pierce FL
 Zone : Entire House

WINTER DESIGN CONDITIONS

Outside db: 42 Deg F
 Inside db: 70 Deg F
 Design TD: 28 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 90 Deg F
 Inside db: 75 Deg F
 Design TD: 15 Deg F
 Daily Range L
 Rel. Hum. : 50 %
 Grains Water 62 gr

HEATING SUMMARY

Bldg. Heat Loss 170540 Btuh
 Ventilation Air 350 CFM
 Vent Air Loss 10780 Btuh
 Design Heat Load 181320 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 74215 Btuh
 Ventilation 5775 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 75990 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 3680 Btuh
 Ventilation 14756 Btuh
 Infiltration 17499 Btuh
 Tot Latent Equip Load 35935 Btuh
 Total Equip Load 111926 Btuh

	HEATING	COOLING
Area (sq.ft.)	6756	6756
Volume (cu.ft.)	62137	62137
Air Changes/Hour	0.7	0.4
Equivalent CFM	726	415

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 3213 CFM
 Htg Air Flow Factor 0.019 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 10.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 3213 CFM
 Clg Air Flow Factor 0.043 CFM/Btuh

Load Sens Heat Ratio 78

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: HOMES.BLD
 For: HOMES RESIDENCE
 LOT 23 THE PLANATION
 SEWALLS POINT, FL. FL

2/15/96

By:

TWO STORY/THREE ZONE RESIDENCE
 VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

Job #: 95190
 Wthr : Fort Pierce FL
 Zone : ZONE 2

WINTER DESIGN CONDITIONS

Outside db: 42 Deg F
 Inside db: 70 Deg F
 Design TD: 28 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 90 Deg F
 Inside db: 75 Deg F
 Design TD: 15 Deg F
 Daily Range L
 Rel. Hum. : 50 %
 Grains Water 62 gr

HEATING SUMMARY

Bldg. Heat Loss 49587 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 49587 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 26087 Btuh
 Ventilation 825 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 25566 Btuh

INFILTRATION

Method Simplified
 Construction Quality Average
 Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	2508	2508
Volume (cu.ft.)	23400	23400
Air Changes/Hour	0.4	0.4
Equivalent CFM	157	90

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1380 Btuh
 Ventilation 2108 Btuh
 Infiltration 3783 Btuh
 Tot Latent Equip Load 7271 Btuh
 Total Equip Load 32837 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 1248 CFM
 Htg Air Flow Factor 0.019 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 10.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 1248 CFM
 Clg Air Flow Factor 0.043 CFM/Btuh

Load Sens Heat Ratio 83

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: HOMES.BLD
 For: HOMES RESIDENCE
 LOT 23 THE PLANATION
 SEWALLS POINT, FL. FL

2/15/96

By:

TWO STORY/THREE ZONE RESIDENCE
 VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

Job #: 95190
 Wthr : Fort Pierce FL
 Zone : ZONE 1

WINTER DESIGN CONDITIONS

Outside db: 42 Deg F
 Inside db: 70 Deg F
 Design TD: 28 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 90 Deg F
 Inside db: 75 Deg F
 Design TD: 15 Deg F
 Daily Range L
 Rel. Hum. : 50 %
 Grains Water 62 gr

HEATING SUMMARY

Bldg. Heat Loss 29416 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 29416 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 28012 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 26611 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	0	
	HEATING	COOLING
Area (sq.ft.)	1530	1530
Volume (cu.ft.)	14275	14275
Air Changes/Hour	1.0	0.4
Equivalent CFM	250	143

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1380 Btuh
 Ventilation 0 Btuh
 Infiltration 6020 Btuh
 Tot Latent Equip Load 7400 Btuh
 Total Equip Load 34011 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 1213 CFM
 Htg Air Flow Factor 0.019 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 10.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 1213 CFM
 Clg Air Flow Factor 0.043 CFM/Btuh

Load Sens Heat Ratio 79

RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: HOMES.BLD
 For: HOMES RESIDENCE
 LOT 23 THE PLANATION
 SEWALLS POINT, FL. FL

2/15/96

By:

TWO STORY/THREE ZONE RESIDENCE
 VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

Job #: 95190
 Wthr : Fort Pierce FL
 Zone : ZONE 3

WINTER DESIGN CONDITIONS

Outside db: 42 Deg F
 Inside db: 70 Deg F
 Design TD: 28 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 90 Deg F
 Inside db: 75 Deg F
 Design TD: 15 Deg F
 Daily Range L
 Rel. Hum. : 50 %
 Grains Water 62 gr

HEATING SUMMARY

Bldg. Heat Loss 91538 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 91538 Btuh

INFILTRATION

Method	Simplified	
Construction Quality	Average	
Fireplaces	0	
	HEATING	COOLING
Area (sq.ft.)	2718	2718
Volume (cu.ft.)	24462	24462
Air Changes/Hour	0.8	0.4
Equivalent CFM	319	183

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 39658 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 37675 Btuh

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 920 Btuh
 Ventilation 0 Btuh
 Infiltration 7697 Btuh
 Tot Latent Equip Load 8617 Btuh
 Total Equip Load 46292 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 1898 CFM
 Htg Air Flow Factor 0.019 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 10.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 1898 CFM
 Clg Air Flow Factor 0.043 CFM/Btuh

Load Sens Heat Ratio 82

FAX TRANSMITTAL

EMPIRE ENGINEERING & TESTING, INC.

1230 Gateway Road, Suite 7, Post Office Box 12716

Lake Park, Florida 33403

Phone: (407) 845-7171 West Palm, (407) 337-7911 Martin Fax: (407) 845-6392

DATE: Apr 11-1996

FAX NO.: 407 220-4765

TO: Sewall's Port Bldg Dept

ATTENTION: _____

SUBJECT: Holmes - Scott - hot 23, Sewall's Port

SENDER: Kim

NUMBER OF PAGES: 2 (including this cover sheet)

COMMENTS: _____

NOTE: If all pages referenced are not received, please advise us.

EMPIRE ENGINEERING & TESTING, INC.

1230 GATEWAY ROAD, SUITE #7
LAKE PARK, FLORIDA 33403

P.O. BOX 12716
LAKE PARK, FLORIDA 33403

April 3, 1996

Scott Homes Building, Inc.
Post Office Box 2084
Jensen Beach, Florida 34958

Reference: House #9, Lofting Way
Lot 23, The Plantation Sewalls Point
Martin County, Florida

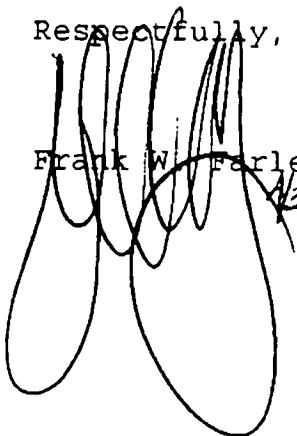
Permit No.:

Job No.: P96-0116

Based on the results of field and laboratory testing performed this date by Empire Engineering & Testing, Inc. at the above referenced site, this letter shall serve as certification that the fill has been compacted to at least 98% Maximum Density Modified Proctor at test locations, meeting local building code requirements.

If you have any questions, please contact our office.

Respectfully,


Frank W. Farley, P.E.

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

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

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

Signed 

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

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____ date
(owner)

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT, FLORIDA

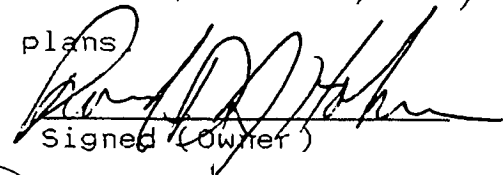
CERTIFICATE OF APPROVAL FOR OCCUPANCY

RECORD OF INSPECTIONS

Date 2-21-97


This is to request a Certificate of Approval for Occupancy to be issued to RONALD HOLMES for a structure built under Permit # 3966
(Owner of Property)

Subdivision PLANTATION Lot 23 Street Address 9 N.E. LOFTING WAY
when completed in conformance with the approved plans


Signed (Owner)

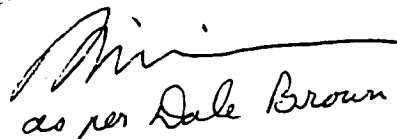
- 1. Lot Stakes/Set Backs 4-8-96 DB
- 2. Termite Protection Min as per permit 4/11/96
- 3. Footing - Slab 4-7-96 DB
- 4. Rough Plumbing 4-15/96 DB
- 5. Rough Electric 8/25/96 DB
- 6. Lintel 5/9/96 DB
- 7. Roof 7-3-96 DB
- 8. Framing 8/28/96
- 9. Insulation 9/18/96 DB
- 10. A/C Ducts 8/28/96 DB
- 11. Final Electric 2-21-97 BB
- 12. Final Plumbing 2-21-97 DB
- 13. Final Construction 2-21-97 DB

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector 2-21-97 date 

Approved by Building Commissioner _____ date

Utilities notified FRL 2-21-97 date


as per Dale Brown
3/17/97

3973

POOL/SPA

TAX FOLIO NO. _____

DATE _____

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

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

3973

Owner Mr. Scott Holmes Present address N/A

Phone 377-1630

Contractor ATG Pools Address 440 SAEDGER AVE

Phone (407) 878-7752 FT. PIERCE, FL. 34983

Where licensed MARTIN CO. License number SP 01599

Electrical Contractor RMS ELECT. License number _____

Plumbing Contractor _____ License number _____

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

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

Subdivision THE PLANTATION Lot Number 23 Block Number _____

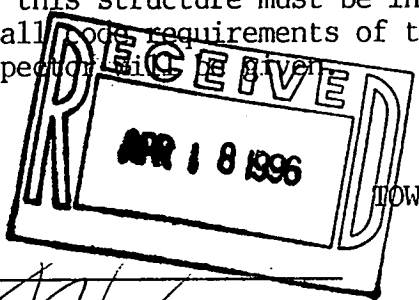
Contract price \$ \$15,000.- Cost of permit \$ \$200.-

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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



Owner [Signature]

Date submitted _____ Approved: Dale Brown 4/18/96 Building Inspector Date

Approved: [Signature] Commissioner Date Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date

PERMIT NO. _____

8238

GENERATOR PAD & ELECTRIC

MasterCounty SPOL-20060007
MASTER PERMIT NO. 20060007

TOWN OF SEWALL'S POINT

Date 5-18-06 BUILDING PERMIT NO. 8238
Building to be erected for O'Neill Type of Permit Gen, Rad+Elec
Applied for by O/B (Contractor) Building Fee 153.60
Subdivision Plantation Lot 23 Block _____ Radon Fee _____
Address 9 Lofting Way Impact Fee _____
Type of structure SFR A/C Fee _____

Parcel Control Number: _____
2637410130000023080000 Plumbing Fee _____
Amount Paid \$192 Check # 2062 Cash _____ Other Fees 25% O/B 38.40 Roofing Fee _____
Total Construction Cost \$ 16000 TOTAL Fees 192.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official [Signature] Clerk

$16 \times 960 = 153.60$
 $25\% \text{ O/B} = 38.40$

 $\$192.00$



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060007
Permit Type: SEWALLS POINT
Date Issued: 17-MAY-06
Project:
Scope of Work: Generator, pad & electric

Applicant/Contact:	O'NEILL, MICHAEL T & LYNN M	/
Parcel Control Number:	26-37-41-013-000-0023.0-80000	
Subdivision:	PLANTATION AT SEWALL'S POINT	
Construction Address:	9 NE LOFTING WAY	
Location Description:		
Owner Name:	O'NEILL, MICHAEL T & LYNN M	
Prime Contractor:	OWNER	CONTACT OWNER
		License No.:

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____ 3050 R/Elec _____

MARTIN COUNTY BUILDING PERMIT CONDITIONS

Conditions

1. ELECTRICAL VERIFICATION-3050

Must be done prior to inspection: 3050

SUBMITTAL OF COMPLETED ELECTRICAL VERIFICATION REQUIRED PRIOR TO SCHEDULING A
ROUGH INSPECTION

RECEIVED
5-11-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5/11/06

OWNER/TITLEHOLDER NAME O'NEIL, MICHAEL & LYNN M Phone (Day) 220-8078 (Fax) _____

Job Site Address: #9 LOFTINGWAY City: SEWALL'S POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 23 Plantation Parcel Number: 26-37-41-013-000 00230 8000

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

Description of Work To Be Done: GENERATOR, PAD + ELECTRIC

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 16,000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 1.8M

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: JIM RIESNER Electric 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)

M. O'Neil

State of Florida, County of: Martin

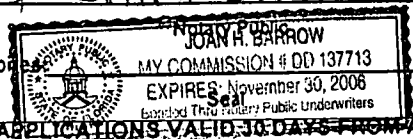
This the 11 day of May, 2006

by M. O'Neil who is personally

known to me or produced Fl. d.d.

as identification: Joant Barrow

My Commission Expires _____



CONTRACTOR SIGNATURE (required)

J. Reisher

On State of Florida, County of: Martin

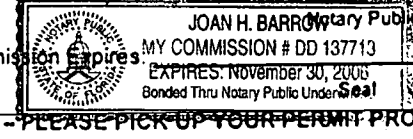
This the 11 day of May, 2006

by J. Reisher who is personally

known to me or produced Fl. d.d.

As identification: Joant Barrow

My Commission Expires _____



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

Name:

Address:

STATE OF FLORIDA
MARTIN COUNTY

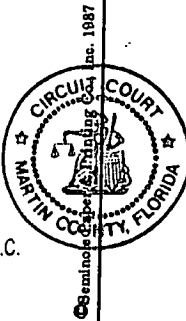
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

This Instrument Prepared by:

MARSHA EWING, CLERK

Address:

BY: [Signature] D.C.
DATE: 5/16/06



FS 713.13



INSTR # 1933564
OR BK 02143 PG 2159
Pg 2159; (1pg)
RECORDED 05/16/2006 02:45:56 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Walsh

Property Appraisers Parcel Identification (Folio) Number(s):

26-37-41-013-000-00230-80000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Permit No. _____ NOTICE OF COMMENCEMENT

State of Florida }
County of }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include Street Address, if available) #9 LOFTING WAY
PLANTATION AT SWANNS POINT LOT #23

General description of improvements INSTALL NEW 25KW GENERATOR & 2-200A TRANSFER SWITCHES

Owner O'NEILL, MICHAEL T & LYNN M

Address #9 LOFTING WAY SWANNS POINT, FL 34996

Owner's interest in site of the improvement HURRICANE PREPAREDNESS
Fee Simple Title holder (if other than owner)

Name _____

Address N/A

Contractor JIM REISNER ELECTRIC, LLC

Address 4886 SW HONEY TEAR, PALM CITY, FL 34990

Surety _____

Address N/A Amount of bond \$ _____

Any person making a loan for the construction of the improvements:

Name _____

Address N/A

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

Name _____

Address N/A

In addition to himself, owner designates _____

Of _____

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

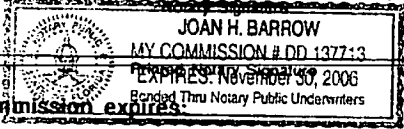
Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Sworn to and subscribed before me this 11
day of May, 2006

Joan H. Barrow

[Signature]
Signature of Owner

Michael T. O'Neill
Printed Signature of Owner



My Commission expires

Name:

Address:

This Instrument Prepared by:

Address:

Property Appraisers Parcel Identification (Folio) Number(s):

26-37-41-013-000-00230-80000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

©Hambleton Paper & Printing Co., Inc. 1987



INSTK # 1933564
OR BK 02143 PG 2159
Pg 2159; (1pg)
RECORDED 05/16/2006 02:45:56 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Walsh

Permit No. SP01 20060007 NOTICE OF COMMENCEMENT

State of Florida
County of }

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include Street Address, if available) #9 LOFTING WAY
PLANTATION AT SWANNS POINT LOT #23

General description of improvements INSTALL NEW 25KW GENERATOR & 2-200A TRANSFER SWITCHES

Owner O'NEIL, MICHAEL T & LYNN M
Address #9 LOFTING WAY SWANNS POINT, FL 34996

Owner's Interest in site of the improvement HURRICANE PREPAREDNESS
Fee Simple Title holder (if other than owner)

Name N/A
Address

Contractor JIM REISNER ELECTRIC, LLC
Address 4886 SW HONKY TONK PAV CITY, FL 34990

Surety N/A
Address Amount of bond \$

Any person making a loan for the construction of the improvements:
Name N/A
Address

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

Name N/A
Address

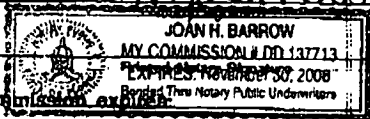
In addition to himself, owner designates
Of
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

Sworn to and subscribed before me this 11
day of May, 2006

Joan H. Barrow

Michael T. O'Neil
Signature of Owner
Michael T. O'Neil
Printed Signature of Owner



My Commission expires

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 through 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: Michael T. O'Neill Date: 5/11/06

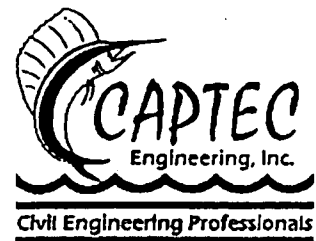
Signature: *Michael T. O'Neill*

Address: 9203 Locting Way

City & State: Sewall's Pt., FL

Permit No. _____

CAPTEC Engineering, Inc.
 100 S.W. St. Lucie Avenue, Stuart, FL 34994
 772.692.4344 * Fax: 772.692.4341 -
 captec1@aol.com



Invoice

Friday, May 12, 2006

Invoice Number: 9126

To: Mr & Mrs Michael O'Neill

#9 Lofting Way
 Sewall's Point, FL 34996

Project: 932.17 Plan Review: Building Permit Application for a generator pad for a single family residence at #9 Lofting Way

Professional Services for the Period: 5/7/2006 to 5/13/2006

Task 2: Permit Application Review

Professional Services

Task 2: Permit Application Review

	<u>Bill Hours</u>	<u>Charge</u>
Assistant Office Manager	0.25	16.25
Design Manager	0.50	47.50
Project Coordinator	0.25	13.75
Task 2: Permit Application Review Total:	1.00	\$77.50

Professional Services Totals: \$77.50

***** Total Project Invoice Amount: \$77.50**

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$77.50	\$0.00	\$0.00	\$0.00	\$0.00

MICHAEL T. O'NEILL
 LYNN O'NEILL
 9 NE LOFTING WAY
 STUART, FL 34996

DATE 5-15-06

2061
 63-515/670
 02

PAY TO THE ORDER OF CAPTEC Engineering, Inc. \$ 77.50

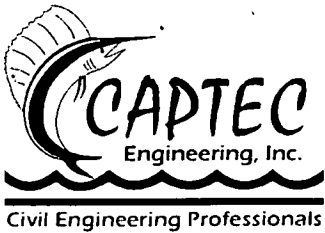
Seventy seven and 50/100 DOLLARS

First National BANK AND TRUST COMPANY
 YOUR SUPERCOMMUNITY BANK
 JENSEN BEACH, FLORIDA 34967

MONEY MANAGER ACCOUNT

FOR Michael O'Neill

⑆06 7005 158⑆ 4020 1 2 18666⑈ 206⑆



May 12, 2006
932.17

Mr. and Mrs. Michael O'Neill
#9 Lofting Way
Sewall's Point, Fl 34996

RE: 932.17 - Building Permit Application for a Generator Pad for a single family residence – #9 Lofting Way

Dear Mr. and Mrs. Michael O'Neill:

Please be advised that a review has been performed of the materials received in our office on May 12, 2006, for the above referenced project and offers no objection to the request.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

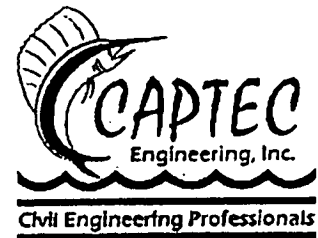
Sincerely,



Monica Graziani,
Project Manager

P:\900\932 - TOSP Reviews\932.17 ONeill1st Review 051206.doc

CAPTEC Engineering, Inc.
 100 S.W. St. Lucie Avenue, Stuart, FL 34994
 772.692.4344 * Fax: 772.692.4341 -
 captec1@aol.com



Invoice

Friday, May 12, 2006

Invoice Number: 9126

To: Mr & Mrs Michael O'Neill
 #9 Lofting Way
 Sewall's Point, FL 34996

Project: 932.17 Plan Review: Building Permit Application for a generator pad for a single family residence at #9 Lofting Way

Professional Services for the Period: 5/7/2006 to 5/13/2006

Task 2: Permit Application Review

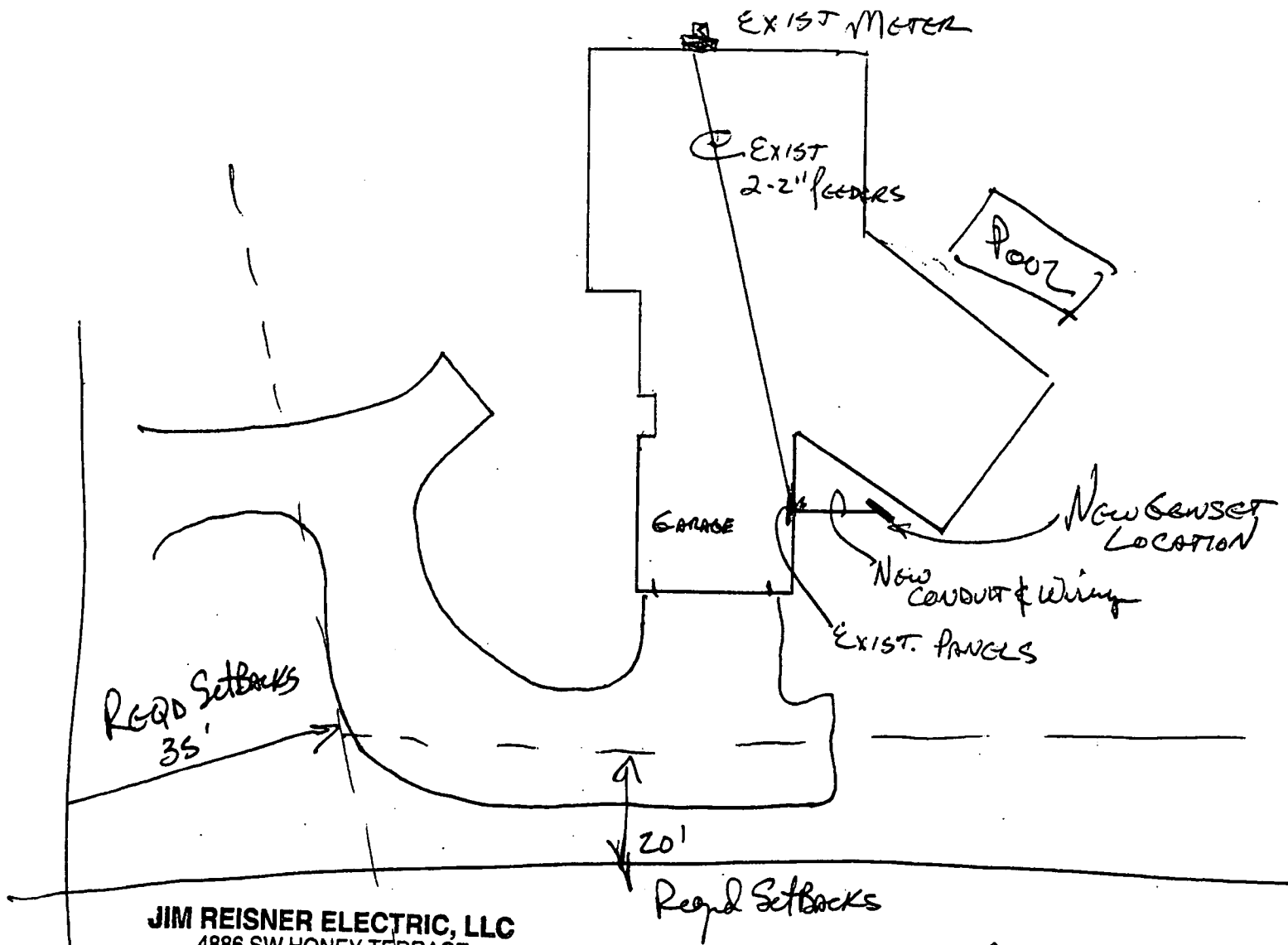
Professional Services

	<u>Bill Hours</u>	<u>Charge</u>
<u>Task 2: Permit Application Review</u>		
Assistant Office Manager	0.25	16.25
Design Manager	0.50	47.50
Project Coordinator	0.25	13.75
<i>Task 2: Permit Application Review Total:</i>	1.00	\$77.50
Professional Services Totals:		\$77.50

***** Total Project Invoice Amount: \$77.50**

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$77.50	\$0.00	\$0.00	\$0.00	\$0.00



JIM REISNER ELECTRIC, LLC
 4886 SW HONEY TERRACE
 PALM CITY, FL 34990
 PHONE (772) 286-2947
 EC-0002442

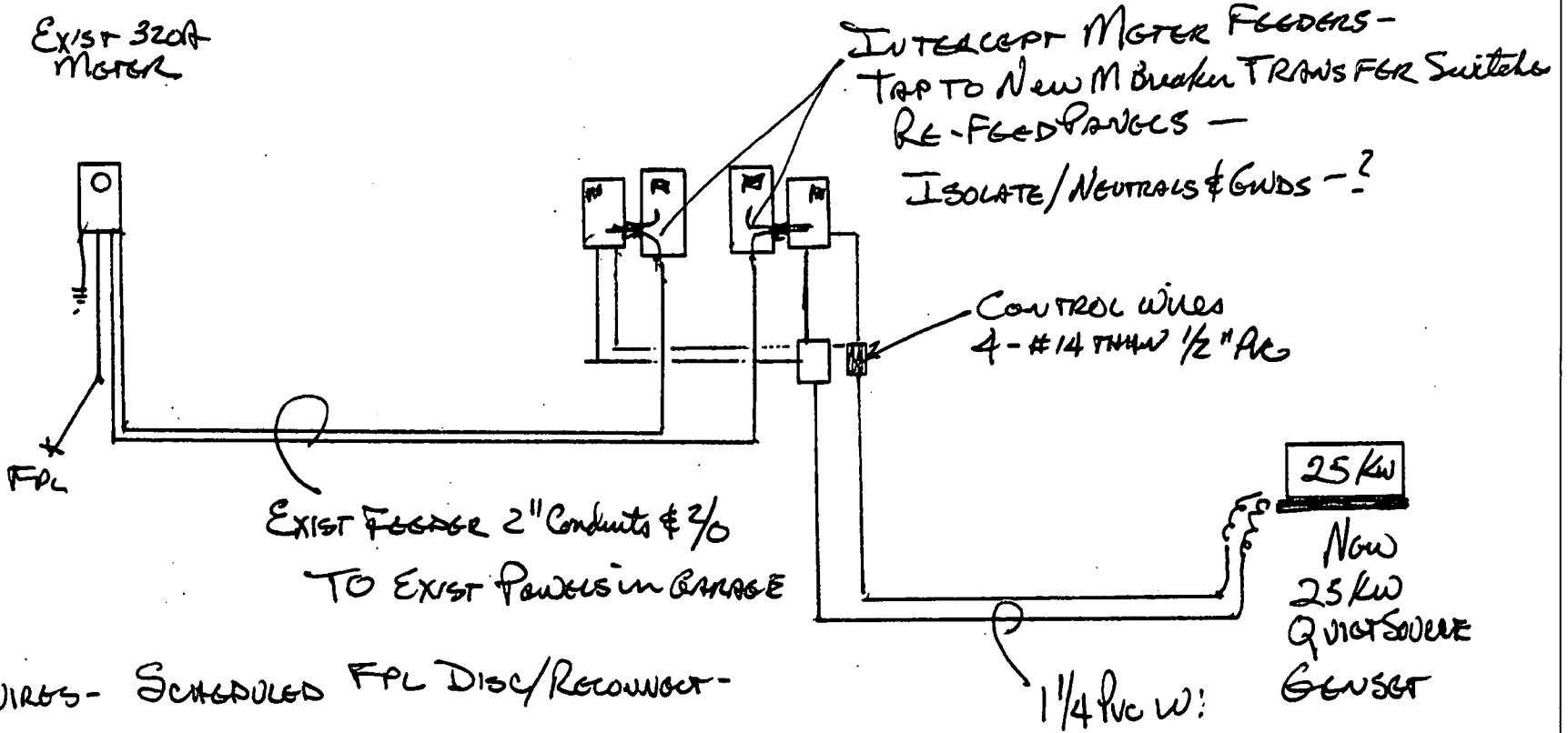
Jim 5/10/06

O'Neil Residence
 #9 Coloma way -

JIM REISNER ELECTRIC, LLC
4886 SW HONEY TERRACE
PALM CITY, FL 34990
PHONE (772) 286-2947
EC-0002442

Jim 5/10/06

O'NEILL RESIDENCE
#9 LOFTING WAY



TOTAL MONITORED LOAD: 62 Amps +/-
PER PHASE (PEAK)

GENSET @ 104 A Per Phase

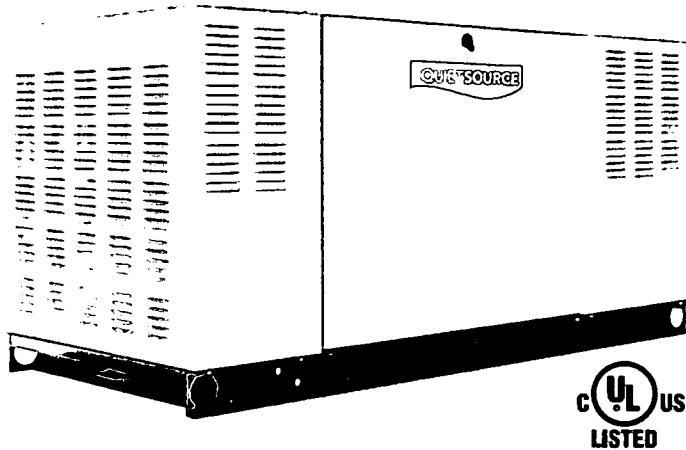
Standby Power Rating

25 kW 60 Hz

Liquid Cooled
Gas Engine
Generator Sets

Model Number:

05213



Ultra Quiet Mode
For Low Noise Exercise
- 58 dB(A) at 23 feet

UL 2200 Listed

Power Matched

GENERAC MMC 2.5FG ENGINE

Naturally Aspirated

2 Year Limited Warranty

STANDARD EQUIPMENT

- All input connections in one single area
- High coolant temperature shutdown
- Low oil pressure shutdown
- Low coolant level automatic shutdown
- Overspeed automatic shutdown
- Crank timer
- Exercise timer
- Oil drain extension
- Cool flow radiator
- Closed coolant recovery system
- UV/Ozone resistant hoses
- Watertight state of the art electrical connectors
- Mainline circuit breaker
- Radiator drain extension
- Battery charge alternator
- 2 Amp static battery charger
- Battery cables
- Battery rack
- Fan and belt guards
- Isochronous governor

FEATURES

- Innovative design and fully prototype tested
- UL2200 Listed
- Solid state frequency compensated voltage regulator
- Dynamic and static battery charger
- Sound attenuated acoustically designed enclosure
- Ultra Quiet Mode for low noise level exercise
- Acoustically designed engine cooling system
- High flow low noise factory engineered exhaust system
- State of the art R100 digital control system
- Watertight electrical connectors
- Rodent proof construction
- High efficiency, low distortion Generac designed alternator
- Vibration isolated from mounting base
- Matching Generac transfer switches engineered and tested to work as a system
- All components easily accessible for maintenance
- Electrostatically applied powder paint



GENERATOR SPECIFICATIONS

TYPE	Four-pole, revolving field
ROTOR INSULATION	Class H
STATOR INSULATION	Class H
VOLTAGE WAVE FORM DEVIATION	<5%
TOTAL HARMONIC DISTORTION (line to line)	<3.5%
TELEPHONE INTERFERENCE FACTOR (TIF)	<50
ALTERNATOR	Self-ventilated and drip-proof
BEARINGS (PRE-LUBED & SEALED)	1
COUPLING	Direct, Flexible Disc
LOAD CAPACITY (STANDBY)	25 kW

NOTE: Emergency loading in compliance with NFPA 99, NFPA 110, paragraph 5-13.2.6. Generator rating and performance in accordance with ISO8528-5, BS5514, SAE J1349, ISO3046, and DIN6271 standards.

VOLTAGE REGULATOR

TYPE	Electronic
SENSING	Single Phase
REGULATION	± 1%
FEATURES.....	V/F Adjustable
	Adjustable Voltage and Gain
	LED Indicators

GENERATOR FEATURES

- Revolving field heavy duty generator
- Directly connected to the engine
- Operating temperature rise 120 °C above a 40 °C ambient
- Insulation is Class H rated at 150 °C rise
- All models are fully prototyped tested

CONTROL PANEL FEATURES

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> SEVEN LED INDICATOR LIGHTS <ul style="list-style-type: none"> • System ready • Low fuel pressure • Low battery voltage • Low oil pressure • High coolant temp/low coolant temp • Overspeed • Overcrank <input type="checkbox"/> INTERNAL FUNCTIONS <ul style="list-style-type: none"> • 3 position switch (auto, off and manual) • 2 wire start for any transfer switch • Communicates with the Generac RTS transfer switch • Built-in 7 day exerciser • Selectable engine speed at exercise • Governor controller is built into the master control board • Temperature range -40 °C to 70 °C | <ul style="list-style-type: none"> <input type="checkbox"/> ADDITIONAL FUNCTIONS <ul style="list-style-type: none"> • Utility sensing • Delay on utility failure for engine start • Engine warm-up before transfer • Delay to retransfer to utility • Engine cooldown timer • Exerciser not set |
|---|---|

ENGINE SPECIFICATIONS

MAKE	FORD INDUSTRIAL
MODEL	2.5FG
CYLINDERS	4 in-line
DISPLACEMENT	2.5 Liter (153 cu. in.)
BORE	96.01 mm (3.78 in.)
STROKE	86.36 mm (3.4 in.)
COMPRESSION RATIO	9.37:1
INTAKE AIR	Naturally Aspirated
NUMBER OF MAIN BEARINGS	5
CONNECTING RODS	4-Drop forged steel
CYLINDER HEAD	S.O.H.C.
PISTONS	4-Aluminum Alloy
CRANKSHAFT	Drop Forged Steel

VALVE TRAIN

LIFTER TYPE	Overhead Cam Rocker Arm Hydraulic Lifter
INTAKE VALVE MATERIAL	High Temperature Alloy Forged
EXHAUST VALVE MATERIAL	High Temperature Alloy Forged
VALVE SEATS	Precision ground

ENGINE GOVERNOR

ELECTRONIC.....	Standard
FREQUENCY REGULATION, NO-LOAD TO FULL LOAD	Isosynchronous
STEADY STATE REGULATION	±0.25%

LUBRICATION SYSTEM

TYPE OF OIL PUMP	Gear
OIL FILTER	Full flow, spin-on cartridge
CRANKCASE CAPACITY	3.8 Liters (4 qts.)

COOLING SYSTEM

TYPE OF SYSTEM	Pressurized, closed recovery
WATER PUMP	Pre-lubed, self-sealing
TYPE OF FAN	Pusher
NUMBER OF FAN BLADES	6
DIAMETER OF FAN	406 mm (16.0 in.)

FUEL SYSTEM

FUEL	Natural Gas or L.P. Vapor	Standard
CARBURETOR	Down draft	
SECONDARY FUEL REGULATOR - Nat. Gas or L.P. Vapor Systems		
AUTOMATIC FUEL LOCKOFF SOLENOID	Standard	
OPERATING FUEL PRESSURE VAPOR SYSTEMS	Nat. Gas 5" to 14" H ₂ O	
	LP Vapor 5" to 14" H ₂ O	

ELECTRICAL SYSTEM

BATTERY CHARGE ALTERNATOR	15 Amps at 12 V
STARTER MOTOR	12 V
RECOMMENDED BATTERY.....	12 V, 525 CCA @ 0° F/75 A.H., Group 26
GROUND POLARITY	Negative

Rating definitions - Standby: Applicable for supplying emergency power for the duration of the utility power outage. No overload capability is available for this rating. (All ratings in accordance with BS5514, ISO3046 and DIN6271). Maximum wattage and current are subject to and limited by such factors as fuel Btu content, ambient temperature, altitude, engine power and condition, etc.

QUIETSOURCE 25 kW

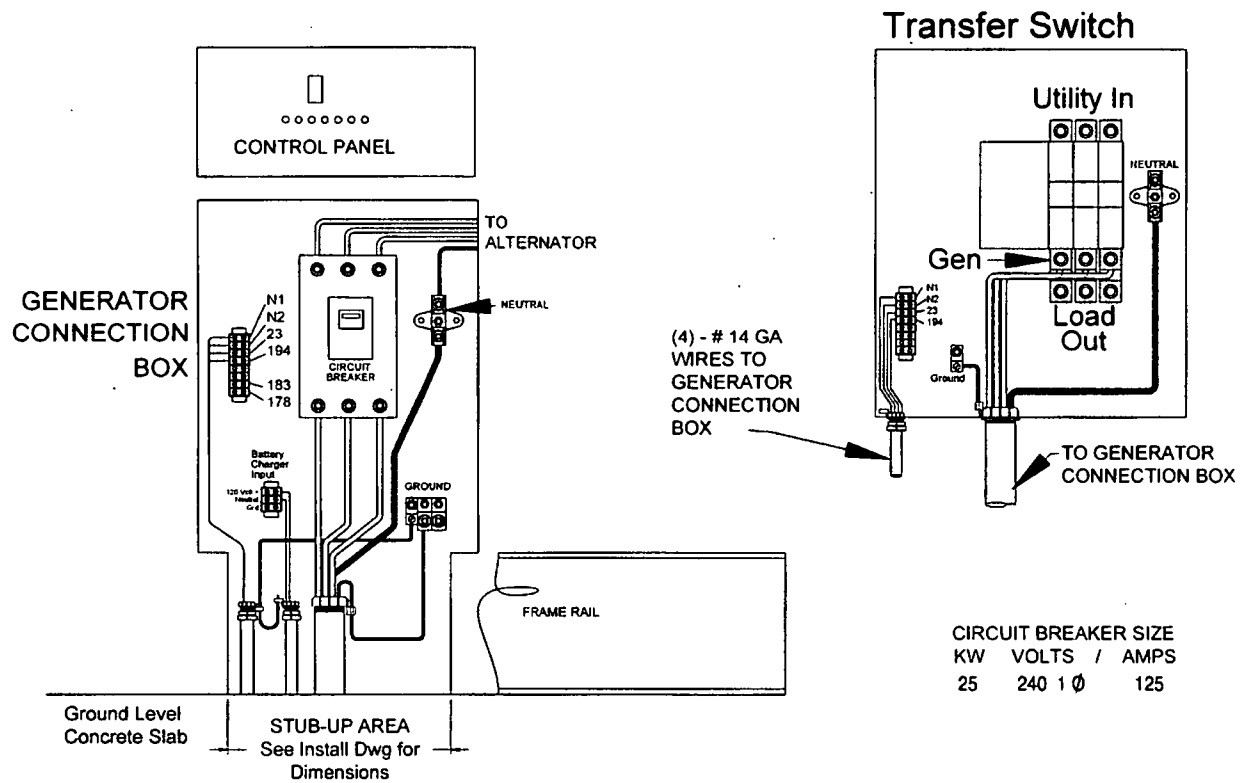


OPERATING DATA

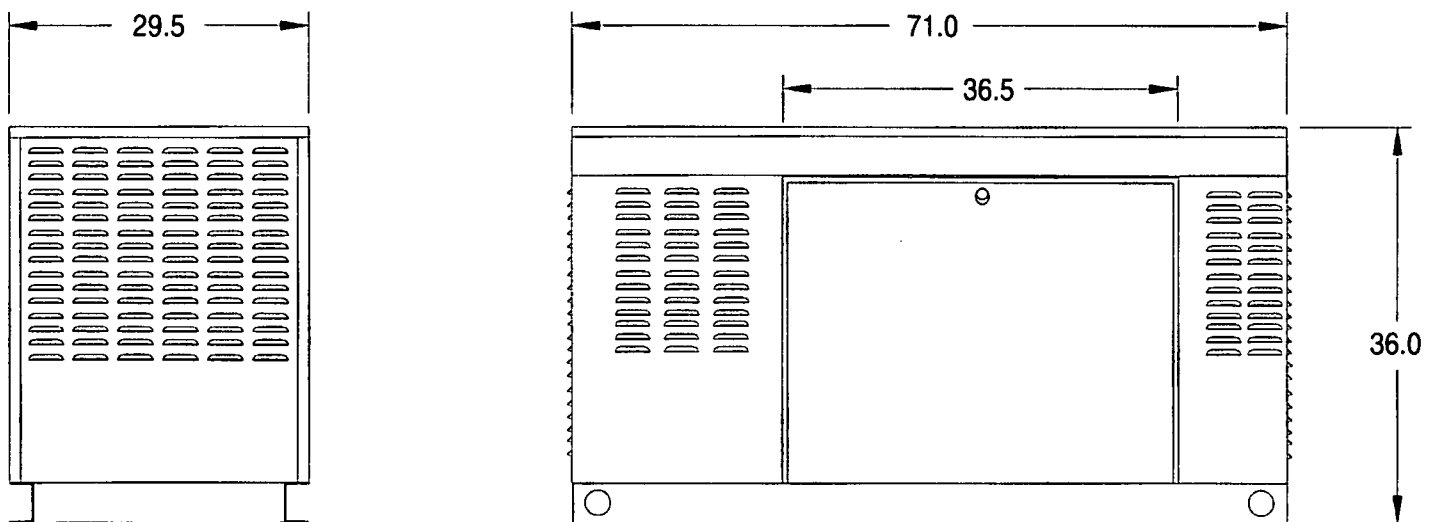
		STANDBY 25 kW				
GENERATOR OUTPUT VOLTAGE/KW - 60Hz		Rated		CB Size		
120/240V, 1-phase, 1.0 pf		NG/LP	AMP			
		25	104.2	125		
MOTORSTARTING		40 KVA				
Maximum at 35% instantaneous voltage dip with standard alternator; 60 Hz						
FUEL – Natural Gas and LP Vapor Only		<u>Exercise Cycle</u>	<u>25% Load</u>	<u>50% Load</u>	<u>75% Load</u>	<u>100% Load</u>
Fuel consumption – 60 Hz						
N.G. ft. ³ /hr.		60	137	206	275	343
LP ft. ³ /hr. (gal./hr - for reference only)		24 (.66)	55 (1.54)	82 (2.25)	110 (3.02)	138 (3.76)
COOLING						
Coolant capacity	System lit.(US gal.)	11.4 (3.0)				
Engine lit.(US gal.)		5.3 (1.4)				
Radiator lit.(US gal.)		6.1 (1.6)				
Coolant flow/min.	60 Hz lit.(US gal.)	67.8 (17.9)				
Heat rejection to coolant	60 Hz BTU/hr.	95,000				
Cooling air flow	60 Hz m ³ /min. (cfm)	41 (1438)				
COMBUSTION AIR REQUIREMENTS						
Flow at rated power 60 Hz	m ³ /min. (cfm)	1.9 (67.5)				
EXHAUST						
Exhaust flow at rated output 60 Hz	m ³ /min. (cfm)	5.2 (183.6)				
Max. recommended back pressure	Kpa (Hg)	5.0 (1.5")				
Exhaust temp. at rated output	°C (°F)	538 (1000)				
Exhaust outlet size	N.P.T. (female)	1.5"				
ENGINE						
Rated at RPM	60 Hz	1800				
HP at rated KW	60 Hz	40				
Piston speed	60 Hz m/min. (ft./min.)	310 (1020)				
BMEP (PSI)	60 Hz	125				
POWER ADJUSTMENT FOR AMBIENT CONDITIONS						
Temperature	-1.65% for every 10°F above - °F	77				
Altitude	-3% for every 1000 ft. above - ft.	600				
SOUND OUTPUT						
In dB(A) at 23 feet with generator operating at full load		69				
In dB(A) at 23 feet with generator operating at exercise		58				
TRANSFER SWITCH SPECIFICATIONS <i>If so equipped</i>						
No. of Poles		2				
Current Rating	(amps)	200				
Voltage Rating	(VAC)	250				
Utility Voltage Monitor	(fixed)					
	<i>Pick-up</i>	80%				
	<i>Dropout</i>	60%				
Enclosure - NEMA 3R		Standard				
Return to Utility		15 seconds				
Exerciser 15 minute weekly		Standard				
UL 1008 Listed		Standard				
Dimensions	(H" x W" x D")	20 x 15 x 7				
Weight		35 lbs.				

INTERCONNECTIONS

QUIETSOURCE 25 KW



INSTALLATION LAYOUT



UNIT WEIGHT 970 LBS.

GENERAC POWER SYSTEMS, INC. • P.O. BOX 297 WHITE WATER, WI 53190
WEBSITE: www.guardiangenerators.com



◆ 2.1.2 OTHER PUBLISHED STANDARDS

In addition to NFPA standards, the following information pertaining to the installation and use of standby electric systems is available:

- Article X, NATIONAL BUILDING CODE, available from the American Insurance Association, 85 John Street, New York, N.Y. 10038.
- AGRICULTURAL WIRING HANDBOOK, obtainable from the Food and Energy Council, 909 University Avenue, Columbia, MO, 65201.
- ASAE EP-964.2, INSTALLATION AND MAINTENANCE OF FARM STANDBY ELECTRIC POWER, available from the American Society of Agricultural Engineers, 2950 Niles Road, St. Joseph, MI-49085.
- AE2.1, AMERICAN NATIONAL STANDARD FOR CHIMNEYS, FIREPLACES AND VENTING SYSTEMS, available from the American National Standard Institute, 1430 Broadway, New York, N.Y. 10018.

2.2 GENERATOR LOCATION

25kw
Install the generator set, in its protective enclosure outdoors, where adequate cooling and venting air always is available. Consider these factors:

- Install the unit where air inlet and outlet openings will not become obstructed by leaves, grass, snow, etc. If prevailing winds will cause blowing or drifting, consider using a windbreak to protect the unit.
- Install the generator on high ground where water levels will not rise and endanger it.
- Allow sufficient room on all sides of the generator for maintenance and servicing. A minimum allowance of space to any solid structure is three feet. Five feet allowance of space is recommended.
- Where strong prevailing winds blow from one direction, face the generator air inlet openings into the prevailing winds.
- Install the generator as close as possible to the transfer switch. This reduces the length of wiring and conduit.
- Install the generator as close as possible to the fuel supply to reduce the length of piping. **HOWEVER, REMEMBER THAT LAWS OR CODES MAY REGULATE THE DISTANCE.**

2.3 GENERATOR MOUNTING AND SUPPORT

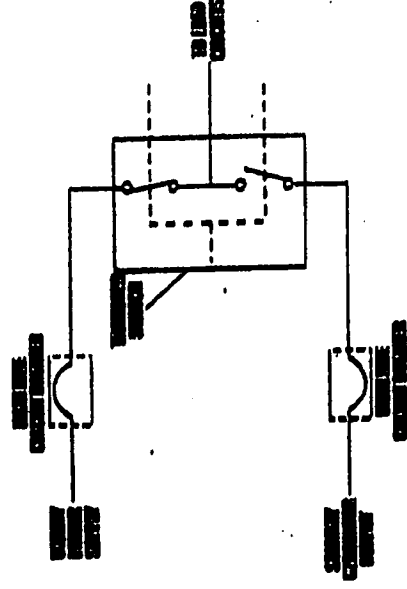
Retain the generator compartment to a concrete slab with 1/4-inch masonry type anchor bolts. Be sure the bolts are long enough to retain the compartment. The slab should be at least six inches thick and should extend beyond the enclosure to a distance of at least three inches on all sides.

2.4 BASIC STANDBY ELECTRIC SYSTEM

Figure 2.1 shows a schematic diagram of a basic standby electric system. Both the UTILITY power supply and the STANDBY GENERATOR output are connected to an approved transfer switch. The transfer switch is required by electrical code and serves the following functions:

- Permits the LOAD circuits to be connected to only one power supply at a time.
- Prevents electrical backfeed between the generator and the UTILITY power circuits.
- Notice that both the STANDBY and the UTILITY power supplies to the transfer switch are protected against overload by a main line circuit breaker.

Figure 2.1 - Basic Standby Electric System



NOTE:

Generator recommends the use of a Generac Power Systems transfer switch in conjunction with this generator.

2.5 EMERGENCY CIRCUIT ISOLATION METHOD

This prevents overloading the generator by keeping electrical loads below the wattage-ampere capacity of the generator. If the generator is powering only critical loads, within the wattage-ampere capacity, during utility power outages, consider using the emergency circuit isolation method.

Critical electrical loads are grouped together and wired into a separate "Emergency Distribution Panel." Load circuits powered by that panel are within the wattage-ampere capacity of the generator set. The transfer switch must meet the following requirements:



TRANSFER SWITCHES 100 AMP AND 200 AMP MODELS

- All switch enclosures are powder paint coated steel
- NEMA 3R (Outdoor rated)

FEATURES

- 2 pole 250 VAC contactors
- 160 millisecond transfer time when contactor is energized
- Dual coil design
- Main contacts are silver plated or silver alloy to resist welding and sticking

AUTOMATIC OPERATION

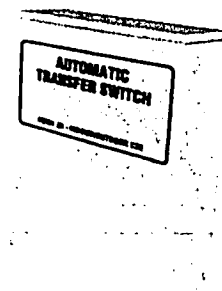
When used in conjunction with one of the Generac home standby generators, the transfer switch receives its signal from the generator control circuit to provide safe and dependable transfer from utility to standby power without any intervention by the owner.

STANDARD

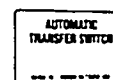
These models are utilized when essential circuits from a home's main distribution panel are to be relocated to a separate sub-panel. These critical circuits are then powered by the generator in a utility failure event.

SERVICE DISCONNECT

These models provide the ability to power a home's entire distribution panel when relocating circuits to a separate sub-panel is not practical. Reduces labor related installation costs. Suitable as service entrance equipment.



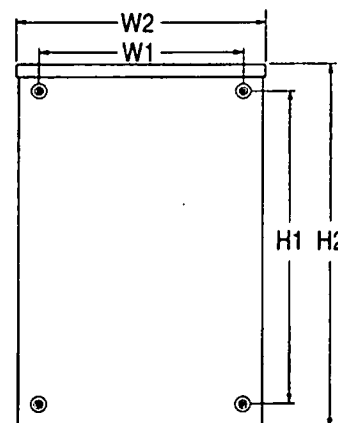
Standard 100 Amp and
200 Amp NEMA 3R



Service Disconnect 100 Amp
and 200 Amp NEMA 3R



SPECIFICATIONS	STANDARD		SERVICE DISCONNECT	
	100A-STD	200A-STD	100A-SRV	200A-SRV
MODEL	100A-STD	200A-STD	100A-SRV	200A-SRV
MODEL NUMBER	04678	04635	05036	04945
RATED CURRENT	100 AMP	200 AMP	100 AMP	200 AMP
VOLTAGE	120/240V	120/240V	120/240V	120/240V
SERVICE DISCONNECT CIRCUIT BREAKER	NA	NA	100 AMP HACR TYPE	200 AMP HACR TYPE
TERMINAL WIRE RANGES				
Switch Terminal	1/0 - 14	250MCM - 6	1/0 - 14	250MCM - 6
Neutral Lug	2/0 - 14	350MCM - 6	2/0 - 14	350MCM - 6
Ground Lug	#4 - #14 AWG	#4 - #14 AWG	#4 - #14 AWG	#4 - #14 AWG
UL LISTING	1008	1008	1008	1008
UNIT DIMENSIONS (H"xW"xD")				
Height - H1/H2	16.5 / 20.0	16.5 / 20.0	20.75 / 23.5	20.75 / 23.5
Width - W1/W2	11.57 / 15.15	11.57 / 15.15	10.67 / 13.05	10.67 / 13.05
Depth	7.07	7.07	7.36	7.36
UNIT WEIGHT (LBS)	35	35	50	50



Specifications subject to
change without notice

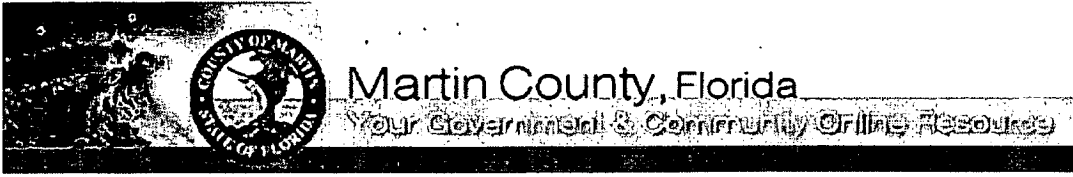
REPORT: bldg03

MARTIN COUNTY REPORTS
 FINALED BUILDING PERMITS WITHOUT A CERTIFICATE OF OCCUPANCY
 Permits with Inspections of '6098' or '6099' or '8099' and Result of 'PASS'
 Completed between: 01-MAY-2005 and 29-NOV-2006

RUN DATE: 29-NOV-2006
 RUN TIME:
 PAGE: 2 of 6

SP01	20060021	OPEN	10-MAY-2006	13-SEP-2006	133841013	SEWALL'S MEADOW	Outstanding Fees
Conditions of Approval							
PGENINFO INFORMATIONAL COMMENTS - GENERATORS							
SP01	20060022	DONE	30-MAY-2006	18-JUL-2006	17-JUL-2006	013841007 LUCINDIA	Outstanding Fees
Conditions of Approval							
SP01	20060023	DONE	30-MAY-2006	31-JUL-2006	28-JUL-2006	353741007 TWIN RIVERS	Outstanding Fees
Conditions of Approval							
SP01	20060024	DONE	30-MAY-2006	29-NOV-2006	09-OCT-2006	133841001 ARCHIPELAGO	Outstanding Fees
Conditions of Approval							
SP01	20060031	DONE	02-JUN-2006	20-JUL-2006	13-JUL-2006	353741004 PERRIWINKLE	Outstanding Fees
Conditions of Approval							
SP01	20060034	DONE	02-JUN-2006	24-JUL-2006	21-JUL-2006	353741000	Outstanding Fees
Conditions of Approval							
SP01	20060034	DONE	02-JUN-2006	24-JUL-2006	02-AUG-2006	353741000	Outstanding Fees
Conditions of Approval							
SP01	20060035	DONE	31-MAY-2006	24-JUL-2006	19-JUL-2006	353741006 RACEY'S	Outstanding Fees
Conditions of Approval							
SP01	20060036	DONE	02-JUN-2006	29-NOV-2006	17-NOV-2006	353741000	Outstanding Fees
Conditions of Approval							
SP01	20060037	DONE	02-JUN-2006	24-JUL-2006	03-JUL-2006	353741002 INDIALUCIE	Outstanding Fees
Conditions of Approval							
SP01	20060039	DONE	02-JUN-2006	31-JUL-2006	28-JUL-2006	123841002 RIO VISTA	Outstanding Fees
Conditions of Approval							
SP01	20060040	DONE	02-JUN-2006	29-NOV-2006	29-SEP-2006	133841001 ARCHIPELAGO	Outstanding Fees
Conditions of Approval							
SP01	20060041	DONE	02-JUN-2006	29-NOV-2006	28-JUL-2006	263741013 PLANTATION AT SEWALL'S POINT	Outstanding Fees
Conditions of Approval							

SB 20060007
 0041



Home | Residents | Visitors | Business | Government | News | Services | Kids/Teens | Contact | Events
 Help Home Look Up Genealogy Summary

Permit Summary

Permit:	SP01 20060041	Flags	NO
Temporary:	SP01 T38		
Description:	SEWALLS POINT		
Project:			
Status:	DONE	Entered:	06/02/06
Issued:	06/13/06	Completed:	11/29/06
Decision:	COMPLETE		
Expiration:		Last Renew Date:	06/02/06
Location Desc.:			

Parcel Information	
Address	APN
9 NE LOFTING WAY	2637410130000023080000

Subdivision: PLANTATION AT SEWALL'S POINT	Block: 000	Lot: 0023
Section: 26 Township: 37 Range: 41		
Domain: C Type: PAR		

Scope of Work
Bury 500 gal. tank, run gas line to generator

Applicant Information			
Company:			
Applicant:	CULBERSON, DANNY J		
Representative:	MARTIN COUNTY PROPANE		
Title:	CONTACT		
Address:	3588 SW MARTIN HWY		
City / State / ZIP:	PALM CITY, FL, 34990		
Work Phone:	772-287-1119	Extension:	
Home Phone:	772-287-1900	FAX:	
E-Mail:			

Contact Information	
Company:	
Name:	

Representative:	
Title:	
Address:	
City / State / ZIP:	
Work Phone:	Extension:
Home Phone:	FAX:
E-Mail:	

Permit Owner	
Name:	O'NEILL, MICHAEL T & LYNN M
Address:	9 NE LOFTING WAY
City / State / ZIP:	STUART, FL 34996
Country:	
Phone:	FAX:
E-Mail:	

Professionals / Contractors	
CULBERSON, DANNY J as PRIME	
3588 SW MARTIN HWY	Phone: 772-287-1900
PALM CITY, FL 34990	
CGF - GAS FITTER	
License: CGF19118 Expires: 10/01/07	

Conditions of Approval			
Seq.	Condition	Description	Status
There are no conditions for this application.			

Required Inspections			
Inspection	Description	Clear Date	Cleared By
6099	RESIDENTIAL FINAL		



Inspections							
Inspection	Result	Completed Date	Completed By	Schedule	C		
					O	C	N
6099 - RESIDENTIAL FINAL	PASS	07/28/06	PWIN	07/28/06	0	0	Y
5026 - GAS LINE ROUGH	FAIL	06/23/06	PWIN	06/23/06	1	0	Y

Activities					
Description	Assigned	Est. Completion	Target End	Decision	Compl
STRUCTURAL REVIEW	AREVW	06/06/06	06/06/06	PASS	06/13/06
DECISION ON PLAN REVIEW PASS/FAIL	PRTECH	06/07/06	06/07/06	PASS	06/13/06
PERMIT READY/NOTIFY APPLICANT	TECH1	06/08/06	06/08/06	PASS	06/13/06

Permit Flags		
Flag	Description	Status

There are no flags on this application

Report Link Or Other Problem

[Home](#) | [Contact Us](#) | [Sitemap](#) | [Search](#) | [Privacy](#) | [Accessibility Policy](#) |  [Acrobat Reader](#) |  [Flash Player](#)
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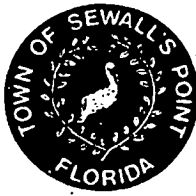
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-19, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1959	McCormick Sq N. River Rd W. Wier	Final boat lift	PASS	2ND BOAT LIFT INSIDE APPROVED MOORING PILING LOCATION FOOTPRINT. INSPECTOR: <i>OM</i>
0073	GOVEL	TEMP TEMP	PASS	CALL. FPL. ✓
14	24 CASTLE HILL	POWER PILE.		SET METER INSPECTOR: <i>OM</i>
0016		ROOF SHEATH	FAIL	
4	3 EMARITA			INSPECTOR: <i>OM</i>
0008		HURRICANE SHUTTERS	PASS	
5	110 HILLCREST TERR.			INSPECTOR: <i>OM</i>
0019		DOOR TRIMMING	FAIL	WILL RECHECK. ✓
6	113 HILLCREST DR			INSPECTOR: <i>OM</i>
0007		GEN PAID & ELEC.	FAIL	
13	9 N.E LOFTINGWAY			INSPECTOR: <i>OM</i>
0035		RE-CANVAS	PASS	CLOSE ✓
10	32 N. S.P.R.	RANNING		INSPECTOR: <i>OM</i>
OTHER: 0037	Sharp 73 P.S.P.R.		FAIL	<i>OM</i>



0007

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 LOTING 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.

FINAL ELEC.

SEAL GAPS AT ELEC.

CONDUIT ENTRY POINTS
AT EXT. GAR. WALL.

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: 7/21

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-21, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8186	Kiplinger	INSULATION IN BOATHOUSE	PASS	
3	143 S River Rd Dunthorpe			INSPECTOR: <i>[Signature]</i>
7934	Parks	Pool final	FAIL	
4	3 Mindow St			INSPECTOR:
7813	Parks	Pool wall - Porch & deck	PASS	
4	3 Mindow St D.B. (Parks)	addition		INSPECTOR:
6798	Parks	Concrete Deck	PASS	Permit is expired
4	3 Mindow St OB			CLOSE INSPECTOR:
0000	01111	Final Elec	FAIL	
MC	9 Lofting Way Reiner			INSPECTOR: <i>[Signature]</i>
7764	Kucks	Meter	PASS	we have power filed
10	20 NS Pld Masterpiece			CONTACT EPL ✓ INSPECTOR: <i>[Signature]</i>
7786	Walker	Slab inspection	FAIL	
1	6 Cranes Nest Janiero	HAM please		INSPECTOR: <i>[Signature]</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-28, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MCO044	Kremer	Dryln	PASS	
1st	23 Ridgeland Dr Reaney Roof.			INSPECTOR: <i>AM</i>
MCO039	McClure	Final	PASS	
3	12 Admirals Walk Available Alum			INSPECTOR: <i>AM</i>
1975	Roberts Law	Final	PASS	CLOSE
2	15 Island Rd All Am Roof.	(will clean up on thurs)		INSPECTOR: <i>AM</i>
7726	Walker	wire lath @ rear of house	FAIL	
5	6 Crane's Nest Janiero	+ mending this part in front	FAIL	RECHECKED 7/31 INSPECTOR: <i>AM</i>
8040	Goldman	generator	PASS	
9	4 Summer La. O/B	final		INSPECTOR: <i>AM</i>
7562	Clifford	final roof	PASS	
11	20 N. River Rd. Tuttle	as late as possible		INSPECTOR: <i>AM</i>
MCO001		FINAL	PASS	
	91 WETTING WAY	(CONDUIT @ WALL)		INSPECTOR: <i>AM</i>

OTHER: _____

Valerie Meyer

From: "Valerie Meyer" <builddpt@sewallspoint.martin.fl.us>
To: <TC_Inspections@fpl.com>
Sent: Tuesday, August 01, 2006 3:46 PM
Subject: Re: 9 NE LOFTING WAY

Yes, it was inspected and passed on July 28 -

Valerie

----- Original Message -----

From: <TC_Inspections@fpl.com>
To: "Valerie Meyer" <builddpt@sewallspoint.martin.fl.us>
Cc: <Rob_Morris@fpl.com>
Sent: Tuesday, August 01, 2006 2:03 PM
Subject: 9 NE LOFTING WAY

>
> Valerie,
>
> Do you have this inspection done for the above address yet?
>
> Theresa

8263

GAS TANK & LINES

TOWN OF SEWALL'S POINT

Date 6-14-06 Receipt#
BUILDING PERMIT NO. 8263
Building to be erected for O'Neil Type of Permit Gas tank & lines
Applied for by MC Propane (Contractor) Building Fee 35.00
Subdivision Plantation Lot _____ Block _____ Radon Fee _____
Address 9 NE Lofting Way Impact Fee _____
Type of structure SFR A/C Fee _____
Electrical Fee _____
Parcel Control Number: _____ Plumbing Fee _____
26-37-41-013-000-00230-80000 Roofing Fee _____
Amount Paid \$35 Check # 1540 Cash _____ Other Fees (_____)
Total Construction Cost \$ 800 TOTAL Fees 35.00

Signed [Signature] Applicant
Signed [Signature] Town Building Official [Signature] Clerk



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Mike O'Neill Phone (Day) 370-8373 (Fax) _____

Job Site Address: 9 N.E. Lofting Way City: Sewall's Pt State: FLA 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

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

CONTRACTOR/Company: Martin Co. Propane Delivery Phone: 408-3203 287-1900 Fax: 287-5961

Street: P.O. Box 386 City: Palm City State: FLA 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)
State of Florida, County of: Martin
This the 1st day of June, 2006
by Michael O'Neill who is personally known to me or produced Florida License as identification.

My Commission Expires
Notary Public VALERIE MEYER
MY COMMISSION # DD552111
EXPIRES: May 14, 2010
Florida Notary Service.com

CONTRACTOR SIGNATURE (required)
On State of Florida, County of:
This the 1 day of June, 2006
by Danny Colberson who is personally known to me or produced as identification.

My Commission Expires
Notary Public OFFICIAL NOTARY SEAL
Bettie Lauderdale
Commission # 99313128



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060041
Permit Type: SEWALLS POINT
Date Issued: 13-JUN-06
Project:
Scope of Work: Bury 500 gal. tank, run gas line to generator

Applicant/Contact:	CULBERSON, DANNY J	/
Parcel Control Number:	26-37-41-013-000-0023.0-80000	
Subdivision:	PLANTATION AT SEWALL'S POINT	
Construction Address:	9 NE LOFTING WAY	
Location Description:		
Owner Name:	O'NEILL, MICHAEL T & LYNN M	
Prime Contractor:	CULBERSON, DANNY J 3588 SW MARTIN HWY PALM CITY, FL 34990	MARTIN COUNTY PROPANE 772-287-1900 License No.: CGF19118

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

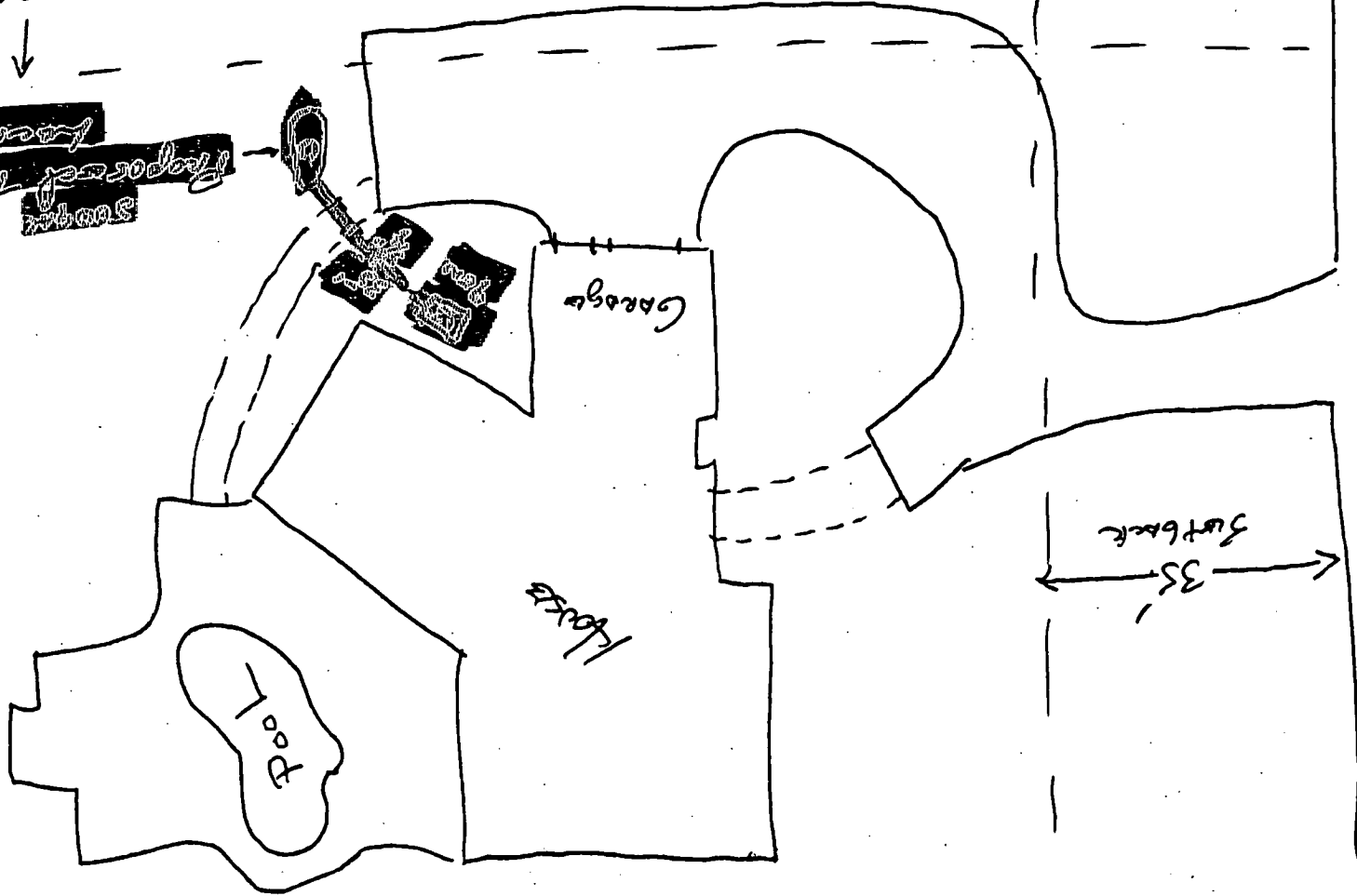
Plantation @ Sewalls Point

to a lotting way

O'Neill Residence

20' setback

Swamp
Proposed Walk
Location



Lotting Way



Wojcieszak & Associates, Inc.

(772) 286-865
Fax: (772) 286-452
Consulting Engineer

August 22, 2006

Ms. Betty Lauderdale
Martin County Propane
3588 S.W. Martin Highway
Palm City, FL 34990

**Re: 9 N.E. Lofting Way
North Sewall's Point**

Dear Betty:

A new 3/4" gas service has been installed for the new generator and pool heater. The service is of sufficient size for the loads served and maintained 30 psi of pressure for a minimum of twenty-four hours.

Please call if you have questions or comments.

Sincerely,

David A. Wojcieszak, P.E., C.I.A.Q.P.
President

DAW:ld

MARTIN COUNTY, FL
KIVA INFORMATION SYSTEMS
REPORT: gprp30.mc

KIVA REPORTING SYSTEM
INSPECTORS REPORT

RUN DATE:08-DEC-2006
RUN TIME:04:31:01
PAGE: 15

Part A INSPECTOR'S DAILY LOG

fg 2062

Inspector: PWIN - WINTERCORN, PHIL
Discipline: B%
Scheduled Range: SCHEDULE RANGE: 01-JAN-1993 to 08-DEC-2006

122 SP01 20060041 9 NE LOFTING WAY 12/08/06 P 6099 RESIDENTIAL FINAL

Subdiv: 263741013 / PLANTATION AT SEWALL'S POINT Comment: Arrive: ___ Depart: ___ Units: ___

5

123 SP01 20060076 92 SOUTH RIVER RD 12/08/06 P 6099 RESIDENTIAL FINAL

Subdiv: 123841002 / RIO VISTA Comment: NEEDS GUARDRAIL AT 30" HIGH FROM CURB Arrive: ___ Depart: ___ Units: ___

288-5911



MC

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 N.E LOFTING 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.

U.G. TANK & GAS LINES

TANK & GAS LINES ARE BACKFILLED
UNCOVER FOR INSPECTION.

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: 6/23

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-23, 2006

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1976	Goldman	GAS Final	PASS	CLOSE
2	4 Summer Ln West Gas			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7223	Raos	Pool final	FAIL	
4	16 Castle Highway Schiller			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1111	Hoffler	Tree	PASS	
1	1735 Sprd McTrees			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC	HADID	POOL IS BEING		ISSUED STOP
3	78N. SPR.	EXPANDED - NOT JUST REPAIRS AS PER PERMIT.		WORK ORDER INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
M.C.	OVERCO	N.C. TANK & LINES	FAIL	
0041	5022 NE LOFTING M.C. PROPANE			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8259	Rossario	Final basis, deck + dock repairs	FAIL	
1A	1375 River Rd OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		DECK BUILT IN	OK	NO WORK DONE
	18 EMARITA	REAR OF HOUSE?		INSPECTOR: <i>[Signature]</i>

OTHER: _____

8815

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:	8815	DATE ISSUED:	FEBRUARY 4, 2008
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	ADRON FENCE		
PARCEL CONTROL NUMBER:	263741013000002308	SUBDIVISION	PLANTATION-LOT 23
CONSTRUCTION ADDRESS:	9 LOFTING WAY		
OWNER NAME:	O'NEILL		
QUALIFIER:	ROSS CHAMBERS	CONTACT PHONE NUMBER:	800-282-5172

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 1-31-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: 1/24/08
BUILDING PERMIT APPLICATION
Permit Number: _____
OWNER/TITLEHOLDER NAME: Michael T + Lynn O'Neill Phone (Day) 772-220-8078 (Fax) 220-8079
Job Site Address: 9 NE LOFTING WAY City: Sewalls Pt State: Fla Zip: 34996
Legal Desc. Property (Subd/Lot/Block) PLANTATION AT SEWALLS PT LOT 223 Parcel Number: 26-37-41-013-000-002308
Owner Address (if different): SAME City: _____ State: _____ Zip: _____
Scope of work: INSTALL 182' of 4' BLACK ALUMINUM FENCE

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 5475.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 AB X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

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

w/c

CONTRACTOR/Company: ADRON FENCE CO. Phone: 800 282-5172 Fax: 863 763 8404
Street: 2762 NW 4th St City: OKEECHOBEE State: FLA Zip: 34972
State Registration Number: N/A State Certification Number: N/A Municipality License Number: SP03127

PROJECT SUPERINTENDANT: LOUIS MARTINEZ CONTACT NUMBER: 772-216-4216 (cell)

ARCHITECT: N/A Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .6.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

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

OWNER SIGNATURE (required)
Michael O'Neill
State of Florida, County of: Martin
This the 26th day of January, 2008
by Michael O'Neill who is personally known to me or produced Florida Drivers license as identification. Elizabeth Jean Mooty, Florida Notary
Notary Public ELIZABETH JEAN MOOTY
My Commission Expires: 12-1-2009

CONTRACTOR SIGNATURE (required)
Ross A. Chambers
On State of Florida, County of: Deechee
This the 24th day of January, 2008
by ROSS A. CHAMBERS who is personally known to me or produced _____ as identification. Amber Peterson
Notary Public, State of Florida
My Commission Expires: Nov. 15, 2008

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NO OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
governmax.com T1.11

Summary

print | | | | | Address
1 of 1

Parcel Info

Summary

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

Parcel ID	Unit Address	SerialIndex ID Order	Commercial	Residential
26-37-41-013-000-00230-8	9 NE LOFTING WY	4106 Address	0	1

Summary

Property Location 9 NE LOFTING WY
Tax District 2200 Sewall's Point
Account # 4106
Land Use 101 0100 Single Family
Neighborhood 120800
Acres 0.864

Legal Description

Property Information
 PLANTATION AT SEWALL'S POINT
 LOT 23
 PI# 26-37-41-013-000-00230-80000

Owner Information

Owner Information
 O'NEILL, MICHAEL T & LYNN M

Mail Information

9 NE LOFTING WAY
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$300,000
Market Impr Value \$870,860
Market Total Value \$1,170,860

Site Functions

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

Recent Sale

Sale Amount \$650,000

Sale Date 1/15/1999
Book/Page 1364 0011

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

Legal disclaimer / Privacy Statement

Data updated on 01/29/2008



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

PERMIT #: _____ TAX FOLIO #: 26-37-41-013-000-00230-8

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): 9 NE Lofting Way
PRESENTATION AT SEWELL'S PT, LOT 23.

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL 182' of 4' BLACK ALUMINUM FENCE

OWNER NAME: Michael T. & Lynn M. O'Neill
ADDRESS: 9 NE LOFTING WAY, STUART, FLA 34996
PHONE NUMBER: 772-220-8070 FAX NUMBER: _____

INTEREST IN PROPERTY: OWNERS

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): N/A

CONTRACTOR: ADRON FENCE CO.
ADDRESS: 2762 NW 4TH ST, ORECHOBEE, FLA 34972
PHONE NUMBER: 800 282 5172 FAX NUMBER: 813-763-8404

SURETY COMPANY (IF ANY): N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
(THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 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.

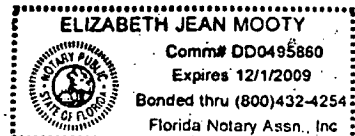
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

OWNER
SIGNATORY'S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 20th DAY OF Jan, 2008
BY: Michael O'Neill AS owner FOR self
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION X

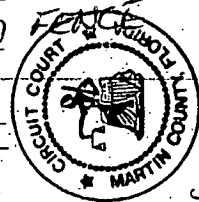
TYPE OF IDENTIFICATION PRODUCED Florida driver's license

Elizabeth Jean Mooty, Florida Notary
NOTARY SIGNATURE NOTARY SEAL



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

Michael O'Neill
(Signature of Natural Person Signing Above)



THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
BY: [Signature] MASHA EWING CLERK
DATE: 1-21-08 DC

INSTR # 2063836
OR BK 02306 PG 1033
RECORDED 01/31/2008 09:51:58 AM
MASHA EWING CLERK OF MARTIN COUNTY

**ADRON FENCE COMPANY
2762 NW 4TH STREET
OKEECHOBEE, FL. 34972
1-863-763-6052
FAX 1-863-763-8404**

**LAWRENCE INSURANCE COMPANY
FAX 467-5142**

**SOUTH EAST PERSONNEL
FAX 1-727-937-2138**

DATE: *January 31st*

**WE NEED A WORKERS COMPENSATION CERTIFICATE FOR THE
FOLLOWING:**

**TOWN OF SEWELL'S POINT
1 SOUTH SEWELLS POINT
STUART, FLA. 34996**

FAX: 772-220-4765

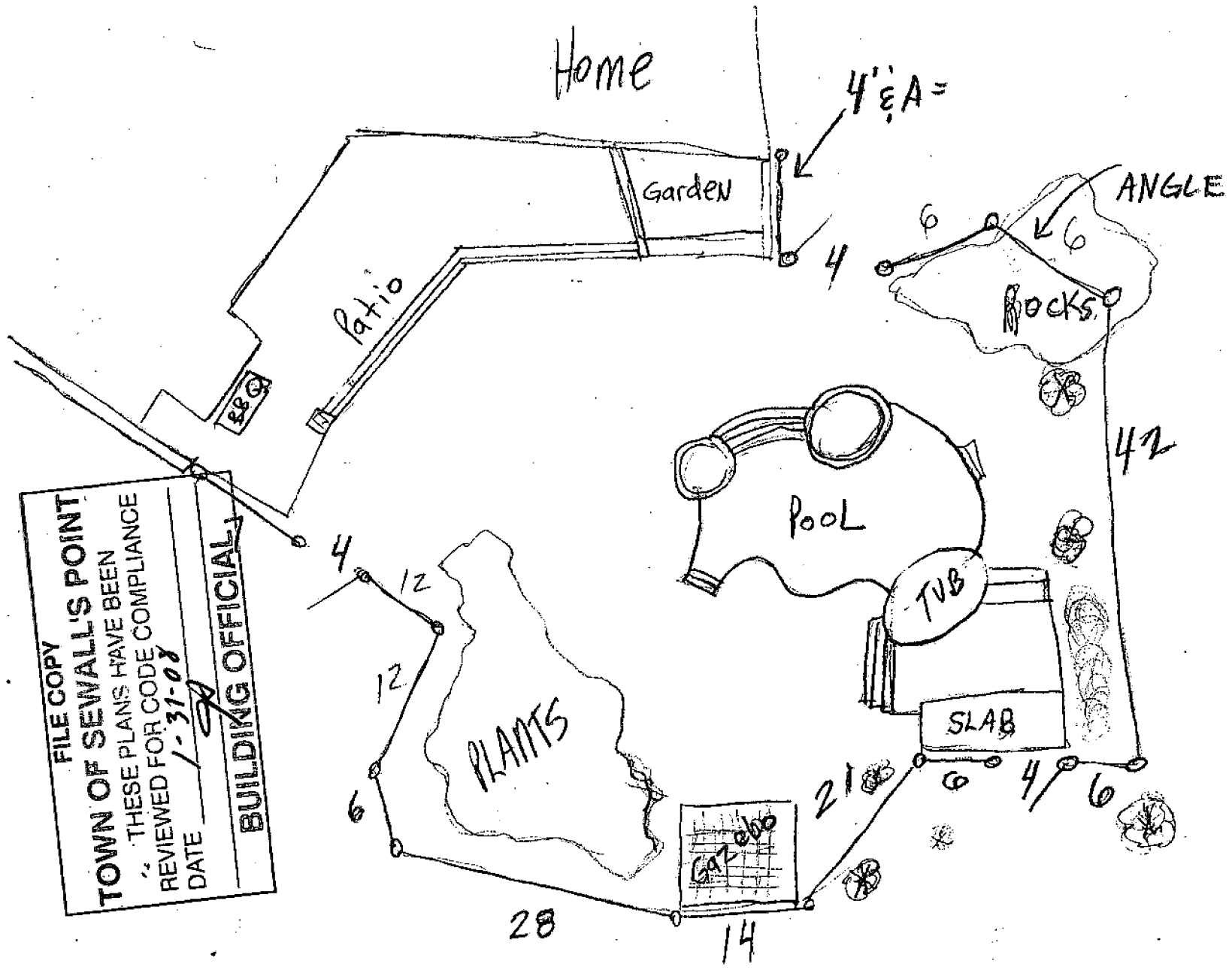
**PLEASE FAX US A COPY ALSO, ATTN: DOREEN FAX 1-863-763-
8404**

THANK YOU FOR YOUR PROMPT ATTENTION TO THE ABOVE,

**ADRON FENCE COMPANY
DOREEN**

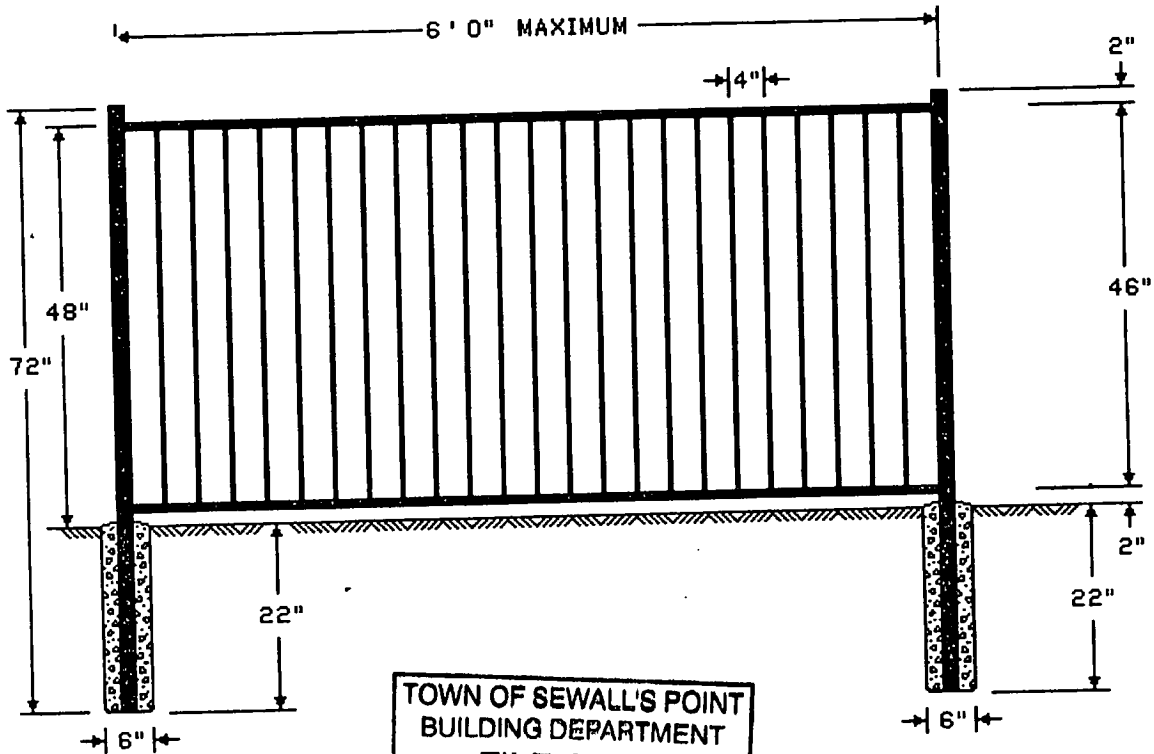
7
A = custom short panel ask Louis.

~~CONFIDENTIAL~~

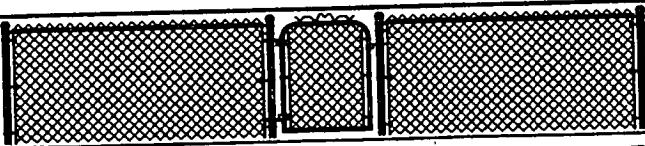


FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 1-31-08
BUILDING OFFICIAL

BLACK ALUMINUM



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



3/4 PLAIN PICKET (4" O.C.) 2 RAIL FENCE
(4' HIGH) POOL CODE

ADRON FENCE CO., INC.
2762 N. W. 4th STREET
OKEECHOBEE, FLORIDA 34972-2337
(800) 282-5172

DRAWN BY: JMO 02-03-1995	SCALE: NONE	PAGE:
REVISED: JMO 3/30/2006	FILE: ovation	1 of 1

OKEECHOBEE
(863) 763-6255

VERO BEACH
(772) 562-0022

SEBRING
(863) 385-4493

JUPITER
(561) 744-1303

STUART
(772) 283-4540

BELLE GLADE
(561) 924-3419

FORT PIERCE
(772) 465-3890

(800) 282-5172
X: (863) 763-8404



"FENCING YOU IN SINCE 1962"
CC# FE-1535



2762 N.W. 4th Street
Okeechobee, FL 34972-2337

3 NAME: ONeill, Michael

DATE: 1/17/08

3 ADDRESS: 9NE Lofting Way
CITY: Stuart, Fla 34996

CONTACT: _____
PHONE: 220-8078-Cell

BILLING ADDRESS: _____

WORK: 370-8373

OP. I.D. #: _____

ALUMINUM

FAX: 220-8079

RESTRICTIONS YES HOMEOWNER'S
 NO ASSOC. _____

JOB #: 0117ONEILLMJE

DIRECTIONS: _____

ADJACENT INTERSECTING STREET: Plantation @ Sewer PERMIT #: _____

TYPE FENCE: ~~BLACK ALUMINUM~~

HEIGHT: 4 FOOTAGE: 1182-12-170

HEIGHT: _____ FOOTAGE: _____

RAIL: 3/4 X 3/4 Pickets

POST: 2" X 2"

MINIMAL POST: 2" X 2"

BRACE/BOTTOM RAIL: ALU.

SEPARATION WIRE: Ø

BED WIRE: Ø

WALK GATE: 3 SIZE: 4 FRAME: ALU.

DRIVE GATE: _____ SIZE: _____ FRAME: _____

DRIVE GATE POST: 2" X 2" ALU.

DRIVE GATE: Ø SIZE: _____ FRAME: _____

DRIVE GATE POST: Ø

DRIVE GATE: Ø SIZE: _____ FRAME: _____

DRIVE GATE POST: Ø

DRIVE GATE: Ø SIZE: _____ FRAME: _____

DRIVE GATE POST: Ø

DRIVE GATE: Ø SIZE: _____ FRAME: _____

DRIVE GATE POST: Ø

DRIVE GATE: Ø SIZE: _____ FRAME: _____

DRIVE GATE POST: Ø

DRIVE GATE: Ø SIZE: _____ FRAME: _____

DRIVE GATE POST: Ø

DRIVE GATE: Ø SIZE: _____ FRAME: _____

* Job includes Permit & N.O.C.

* See drawing on back of paperwork for Job Layout

* Owner to trim back fence line and readjust any rocks in fence line.

all Pool code!

PROPERTY LINES CLEAR: By Owner

PROPERTY MARKS VISIBLE: By Owner

SPECIAL INSTRUCTIONS: _____

CUSTOMER APPROVAL: Michael Jell

COST: 5,475 DEPOSIT: 1,825 BALANCE: 3,650

TERMS: 1/3 down, balance on completion

THIS PRICE EFFECTIVE UNTIL: 2 weeks

PERSONNEL: Del Jim

INSTALLER: _____ DATE: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 LOFTING 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.

FENCE - NO PERMIT POSTED

PERMIT & APPROVED DRAWINGS
MUST BE AVAILABLE &
POSTED AT SITE DURING
INSPECTIONS -

*Permit is void
due to rain*

~~NO FEE~~
NO FEE

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: 2/13

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-13, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8123	Luloh	Housefinal	—	
9AM 10:00	20 E High Pt Sevigne	(COURTESY)		INSPECTOR: <i>AW</i>
8596	Cobello	lathe	PASS	
4	8 N Sewalls Sunrise			INSPECTOR: <i>AW</i>
8815	OPINION	Final	FAIL	REWORK REQUIRED
5	9 Luffing Way Adm Fence			NO FEE INSPECTOR: <i>AW</i>
8811	Gilbert	in-progress	CANCEL	RESCHEDULE FOR THURSDAY 2/14
2	8 Mandalay Dr Stuart Roofing	(NEED MITIGATION INSPECTION REPORT)		INSPECTOR: <i>AW</i>
8617	Grisinger	Final-flat	PASS	
6	3 Castle Hill Cardinal Roof	& 5E Metal		INSPECTOR: <i>AW</i>
8810	Steck	Final A/C	—	RESCHEDULE FOR THURS.
7	32 Fieldway Advantage	(reinspect)		INSPECTOR: <i>AW</i>
8748	McGovern	2nd fl. bond beam	PASS	
3	2 Muscanda Driftwood			INSPECTOR: <i>AW</i>
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-15, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3811	Gilbert	in-progress	PASS	
2	8 Mandalay Street Roofing	NEED MITIGATION REPORT.		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR: <i>[Signature]</i>
8015	O'Neill	Final	PASS	Close
8	9 Lofting Way Iron Fence			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3810	Steck	Final	PASS	Close
9	32 Feldway Advantage A/C			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7356	Burkey	Final	PASS	Close
10	15 Banyan Rd Heaton Roof			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8492	Vasko	Same as	FAIL	
3	98 S River Rd 666 Homes			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8159	Lulub	Final	PASS	Close
1	20 E High Pt Advantage for			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8808	Presley	Final	PASS	Close
7	100 N Sewalls Roof Tech			INSPECTOR: <i>[Signature]</i>
OTHER:				

10146

ALARM-CAMERAS



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:	10146	DATE ISSUED:	JUNE 28, 2012
SCOPE OF WORK:	ALARM - CAMERAS		
CONTRACTOR:	ADT SECURITY		
PARCEL CONTROL NUMBER:	263741013-000-002308	SUBDIVISION	PLANTATION - L 23
CONSTRUCTION ADDRESS:	9 LOFTING WAY		
OWNER NAME:	KENNEDY		
QUALIFIER:	GEORGE MARTINELLI	CONTACT PHONE NUMBER:	561-712-5379

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:	10146
ADDRESS	9 LOFTING WAY - KENNEDY
DATE : 6/28/12	SCOPE OF WORK ALARM

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:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	823
Total number of inspections @ \$75.00 each			00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	00
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	00
TOTAL ACCESSORY PERMIT FEE:		\$	00

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

Renewal
Permit Number: 10146

Date: 2-18-13
 OWNER/LESSEE NAME: Joan Kennedy Phone (Day) _____ (Fax) _____
 Job Site Address: 9 NE Hasting Way City: Stuart State: FL Zip: 33496
 Legal Description _____ Parcel Control Number: 263741013 - 000 - 002308
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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

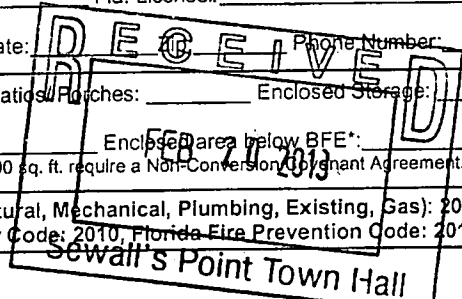
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ _____
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, 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: A.S.T., LLC Phone: _____ Fax: _____
 Qualifiers name: George Marguelli Street: 6931 Vista Parkway N City: Palm Beach State: FL Zip: 33411
 State License Number: EF 9004121 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Sara Kinney Phone Number: 561-712-5446

DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ 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 Occupant 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:
 X _____
 State of Florida, County of: _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification. _____
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Palm Beach
 On This the 18 day of Feb, 2013
 by George Marguelli who is personally
 known to me or produced _____
 As identification. _____
 Notary Public

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

NOTARY PUBLIC
 STATE OF FLORIDA
 SARA LOU KINNEY
 MY COMMISSION # EE 136901
 EXPIRES: November 13, 2015
 Embled thru State of Florida Services

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: June 8, 2012 X
 OWNER/LESSEE NAME: Joan Kennedy Phone (Day) 917 538-8324 (Fax) _____
 Job Site Address: 9 NE Lohan Way City: Stuart State: FL Zip: 34996
 Legal Description: _____ Parcel Control Number: 26-3741-013-000-002508
 Fee Simple Holder Name: _____ Address: 9 N.E. LOHAN WAY
 City: Sewalls Pt. State: FL Zip: 34996 Telephone: 772 872-1431

*SCOPE OF WORK (PLEASE BE SPECIFIC): Burs. Alarm. 2 cameras

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 823.00
 (Notice of Commencement required when over \$2500 and no final inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
 FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure Only (Minus: Re-land value))
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

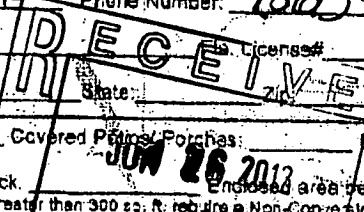
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

Construction Company: ADJ Security Phone _____ Fax _____
 Qualifiers name: George Marinelli Street: 4931 Vista Pkwy City: W.P.B. State: FL Zip: 33411
 State License Number: EF-0000121 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Rochelle Stryker STRYKER Phone Number: (561) 972-5377
 DESIGN PROFESSIONAL: _____ License # _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Porch/Porches: _____ Enclosed Storage: _____
 Carport: _____ Total Under Roof: _____ Elevated Deck: _____
 *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, Electrical, Gas); 2010
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

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 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 60-98.
 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 - 2.

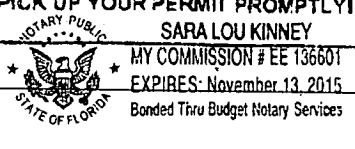
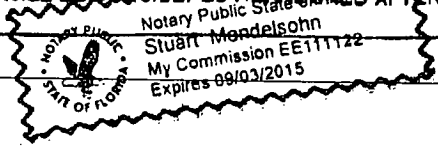
***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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/AGENTS/LESSEE - NOTARIZED SIGNATURE:
 X [Signature]
 State of Florida, County of: PALM Bch
 On This the 26th day of JULY 2012
 by Joan Kennedy who is personally
 known to me or produced DRIVERS LIC
 As identification _____
 My Commission Expires: [Signature]

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X [Signature]
 State of Florida, County of: Palm Beach
 On This the 26th day of July 2012
 by George Marinelli who is personally
 known to me or produced _____
 As identification: [Signature]
 Notary Public
 My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MAY 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 6/27/2012 10:19:13 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-013-000-00230-8	4106	9 NE LOFTING WY, SEWALL'S POINT	\$1,001,510	6/23/2012

Owner Information

Owner(Current)	KENNEDY JOAN B
Owner/Mail Address	9 NE LOFTING WAY STUART FL 34996
Sale Date	5/25/2012
Document Book/Page	2580 1423
Document No.	2334073
Sale Price	925000

Location/Description

Account #	4106	Map Page No.	SP-01
Tax District	2200	Legal Description	PLANTATION AT SEWALL'S POINT LOT 23 PI# 26-37-41-013-000- 00230-80000
Parcel Address	9 NE LOFTING WY, SEWALL'S POINT		
Acres	.8640		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120800 Plantation @ SP

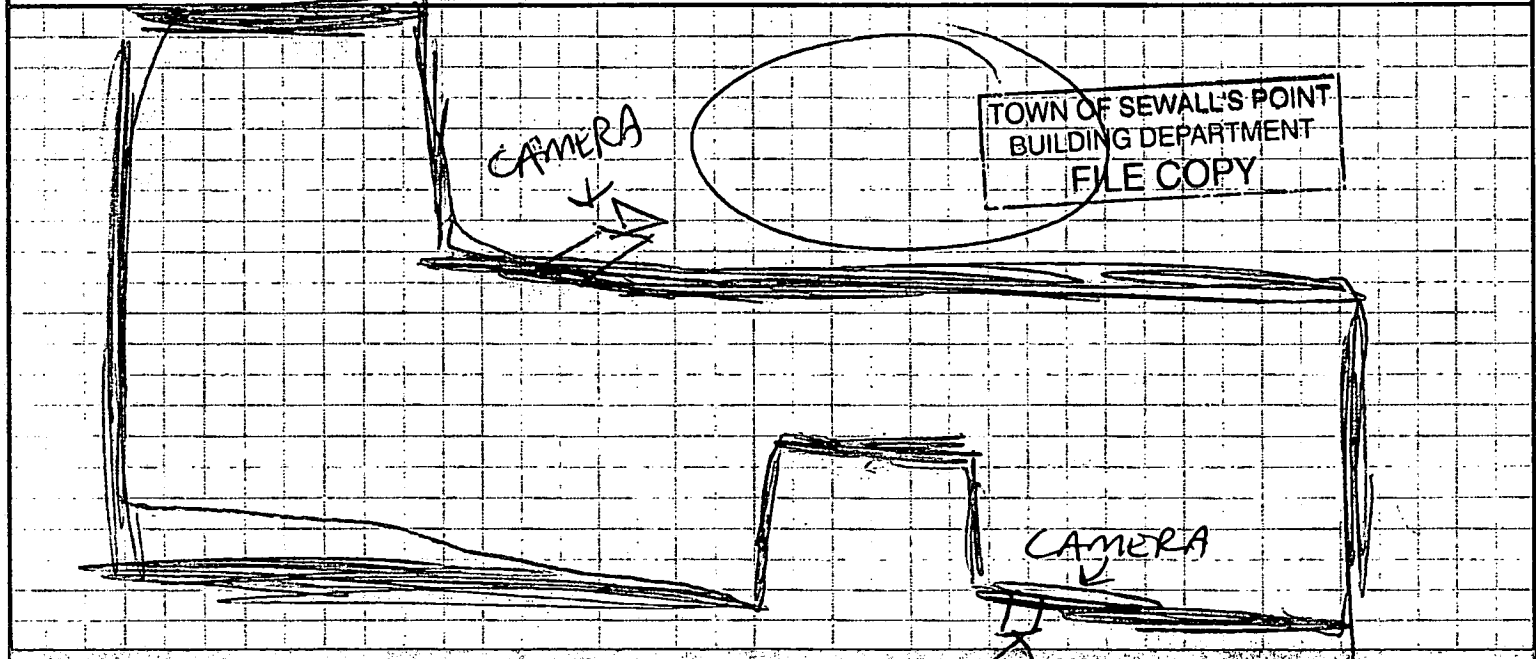
Assessment Information

Market Land Value	\$325,000
Market Improvement Value	\$676,510
Market Total Value	\$1,001,510

ADT® Pulse™ Interactive Business Solutions Scope of Work



Business Name:		Premises Address:	
Contact Name:	City:	State:	ZIP:
Site Telephone:	Alternate:	Hours of Access:	
Email Address: <i>(required for ADT® Pulse™ account)</i>			
Facility Conditions <input type="checkbox"/> Multiple Buildings <input type="checkbox"/> Complex/Plaza <input type="checkbox"/> Campus Environment <input type="checkbox"/> Multiple Floors <input type="checkbox"/> Renovation <input type="checkbox"/> Under Construction			
Construction Type <input type="checkbox"/> Cement <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____ <input type="checkbox"/> Prewire <input type="checkbox"/> Trim			
Type of Ceiling <input type="checkbox"/> Open <input type="checkbox"/> Hard/Closed <input type="checkbox"/> Drop Tile <input type="checkbox"/> Lock Tile <input type="checkbox"/> Other _____			
Ceiling Height <input type="checkbox"/> 8 to 10 feet <input type="checkbox"/> 10 to 12 feet <input type="checkbox"/> _____ Special Ladder or Lift Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (Detail) _____			
Square Footage <input type="checkbox"/> Less than 2,500 <input type="checkbox"/> 2,500 – 5,000 <input type="checkbox"/> 5,000 – 7,500 <input type="checkbox"/> _____			
Building Prints? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, layout or install details below.</i>			
Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate type</i> <input type="checkbox"/> BA <input type="checkbox"/> FA <input type="checkbox"/> Access Control			
Any Exposed Wire? <input type="checkbox"/> Yes <input type="checkbox"/> No Attic Space Available <input type="checkbox"/> Yes <input type="checkbox"/> No Crawl Space Available <input type="checkbox"/> Yes <input type="checkbox"/> No			
Broadband/Internet Provider:		Type of Smartphone:	
Open Port on Router Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the customer's computer meet ADT Pulse requirements? <i>(Windows XP, Windows Vista, Windows 7 or Mac)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the web browser meet ADT Pulse minimum requirements? <i>(Internet Explorer 7, Firefox, Safari 3 or later)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			



SYSTEM LAYOUT CODES

ACP AC Commercial Power	DVR Digital Video Recorder	HU Holdup	OBS CCTV Obs System
AB Sounder	FLD Flood Detector	iHB iHub	PS Power Support
C Contact(s) Only	GB Glass Break	KP Keypad	RFC RF Camera
CAM Camera	HD Heat Detector	LIT Light Switch	Telco Telephone Co Terminal
COM Computer	HE Head End Location	MO Motion Detector	THM Thermostat
CU Control Unit	HS Horn Strobe	MOD Lamp/Appliance Module	TMP Temp Sensor

Lighting Device Description	Device Activation	On Time	Off Time	Event Management

Thermostat Device Description	Time	Temp	Time	Temp	Event Management

Camera Locations	



RESIDENTIAL SERVICES CONTRACT



CONTRACT DATE 06/17/12

CUSTOMER ACCOUNT NO 39517682

JOB NO 02

LEAD SOURCE 66

Section 1. Customer Info

ADT Security Services, Inc. ("ADT") Office Address

6945 Ltc Plany
Port St Lucia, FL
34986
E Wroblewski
772 3401407
772-6264199
www.MyADT.com
1.800.ADT.ASAP®
(1.800.238.2727)

Customer Name ("Customer" or "I" or "me" or "my") JOAN
Kennedy
Address 9th Coasting Way
City STUART

State FL ZIP 34996 Tax Exempt No. [REDACTED]

Protected Premises Telephone 772 972 (131) Tax Expire Date

Traditional Phone Other (Qualified) Other (Non-Qualified)

Alternate Telephone 1 2175378724 Home Cell Work

Alternate Telephone 2 Home Cell Work

EMAIL JustJoan@gmail.com

IF FAMILIARIZATION PERIOD IS REJECTED INITIAL HERE (see Paragraph 14 of the Terms and Conditions for explanation)

Communications Authorization: I authorize ADT to provide me with information and updates about the security system and new ADT and third-party products and services to the contact information provided by me. I may unsubscribe or opt out by emailing donotcontact@ADT.com or by calling 888.DNC4ADT (888.362.4238). Initial here

Confirmation of Appointments: I authorize ADT to call me using an automated calling device to deliver a pre-recorded message to set/confirm appointments and provide other information and notices about the alarm system at the telephone number(s) provided by me. Initial here

Alarm System Ownership: Customer-Owned ADT-Owned

I ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING: (A) THIS CONTRACT CONSISTS OF SIX (6) PAGES. BEFORE SIGNING THIS CONTRACT, I HAVE READ, UNDERSTAND AND AGREE TO EACH AND EVERY TERM OF THIS CONTRACT, INCLUDING BUT NOT LIMITED TO PARAGRAPHS 5 AND 18 OF THE TERMS AND CONDITIONS. (B) THE INITIAL TERM OF THIS CONTRACT IS THREE (3) YEARS. (C) ADT IS NOT A SECURITY CONSULTANT AND CANNOT ADDRESS ALL OF MY POTENTIAL SECURITY NEEDS. ADT HAS EXPLAINED TO ME THE FULL RANGE OF EQUIPMENT AND SERVICES THAT ADT CAN PROVIDE ME. ADDITIONAL EQUIPMENT AND SERVICES OVER THOSE IDENTIFIED IN THIS CONTRACT ARE AVAILABLE AND MAY BE PURCHASED FROM ADT AT AN ADDITIONAL COST TO ME. I HAVE SELECTED AND PURCHASED ONLY THE EQUIPMENT AND SERVICES IDENTIFIED IN THIS CONTRACT. (D) NO ALARM SYSTEM CAN PROVIDE COMPLETE PROTECTION OR GUARANTEE PREVENTION OF LOSS OR INJURY. FIRES, FLOODS, BURGLARIES, ROBBERIES, MEDICAL PROBLEMS AND OTHER INCIDENTS ARE UNPREDICTABLE AND CANNOT ALWAYS BE DETECTED OR PREVENTED BY AN ALARM SYSTEM. HUMAN ERROR IS ALWAYS POSSIBLE. AND THE RESPONSE TIME OF POLICE, FIRE AND MEDICAL EMERGENCY PERSONNEL IS OUTSIDE THE CONTROL OF ADT. ADT MAY NOT RECEIVE ALARM SIGNALS IF COMMUNICATIONS OR POWER IS INTERRUPTED FOR ANY REASON. (E) ADT RECOMMENDS THAT I MANUALLY TEST THE ALARM SYSTEM MONTHLY AND ANY TIME I CHANGE TELEPHONE SERVICE, BY CALLING 1.800.ADT.ASAP OR BY LOGGING IN TO WWW.MYADT.COM. (F) THIS CONTRACT REQUIRES FINAL APPROVAL BY AN ADT AUTHORIZED MANAGER BEFORE ADT MAY PROVIDE ANY EQUIPMENT OR SERVICES, AND IF APPROVAL IS DENIED, THEN THIS CONTRACT WILL BE TERMINATED; AND ADT'S ONLY OBLIGATION WILL BE TO NOTIFY ME OF SUCH TERMINATION AND REFUND ANY AMOUNTS I PAID IN ADVANCE.

ADT Representative Name [Signature] Rep. License No. EF0000473 Rep. ID No. [Signature]

Customer's Approval: Original Signature Required (Must match Customer Name in Section 1 above) [Signature] 06/17/12

NOTICE OF CANCELLATION

I, THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. I ACKNOWLEDGE BEING VERBALLY INFORMED OF MY RIGHT TO CANCEL AT THE TIME OF EXECUTION OF THIS CONTRACT AND RECEIPT OF THIS NOTICE.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

4-1-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10146	Kennedy	Tenant		
	9 Lofting Way AOT	camera alarm	Pass	Inspector [Signature]
10391	Ford	Final Solar panels	Pass	Inspector [Signature]
	98 N Sewalls Solar Energy			
10266	Ford	Final Pool	Fail	BABY BARRIER BOND LOG & REPAIR COPPER GAS LINES IN CONC Inspector [Signature]
	98 N Sewalls Schiller Pools			
	INVESTIGATE	FLAGS IN YARD	BO	SURVEYOR STAKES Inspector
	15 PALMETTO			
	23 RIO VISTA	TREE	OK	Inspector
				INSPECTOR
	3610 US1	PAVING ADJERS		INSPECTOR

TREE

REMOVAL, REPLACEMENT,
RELOCATION

TOWN OF SEWALL'S POINT, FLORIDA

Date NOV 5 2003 TREE REMOVAL PERMIT No 2136

APPLIED FOR BY O'NEILL (Contractor or Owner)

Owner 9 NE LOFTING WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees Gumbo

No. Of Trees: REMOVE 2 - remove what cannot be saved

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Gene Simmons Building Official
Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Michael L O'Neill **Address** 990 Lotting Way **Phone** 220 8078
Contractor _____ **Address** _____ **Phone** 370-8375 *Cell*

No. of Trees: REMOVE 2 **Type:** Gumbo

No. of Trees: RELOCATE _____ **WITHIN 30 DAYS** **Type:** ok to remove which

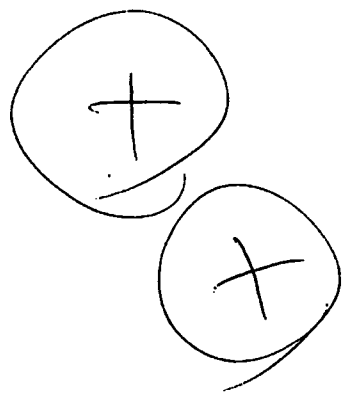
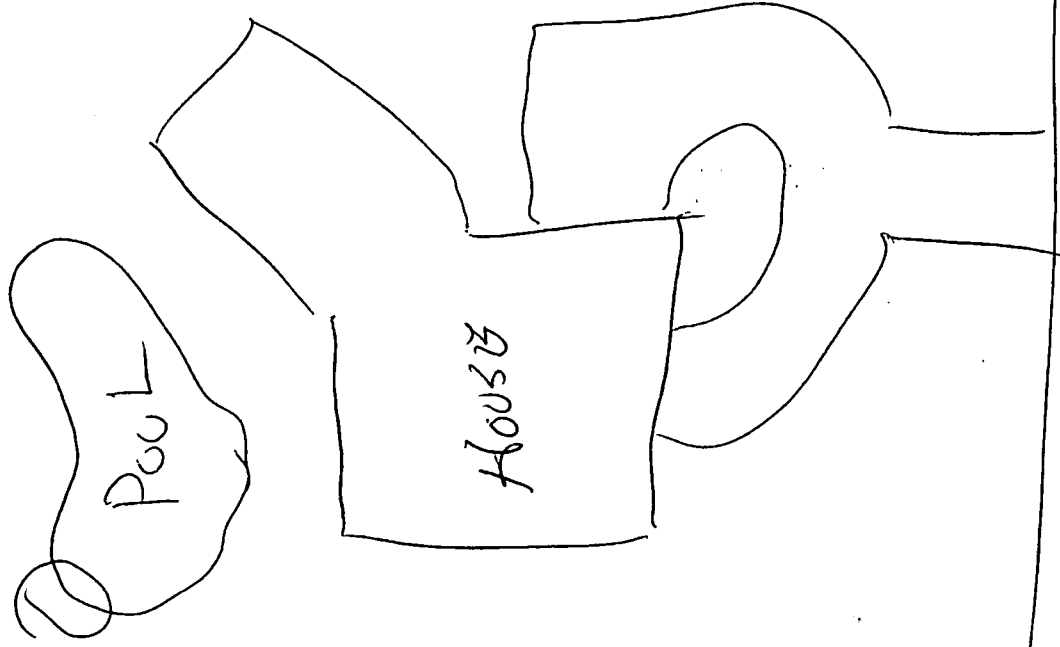
No. of Trees: REPLACE _____ **WITHIN 30 DAYS** **Type:** can not be saved

Written statement giving reasons: Storm damages caused 1/2 the tree to fall - will save whatever part of tree damaged

Signature of Applicant [Signature] **Date** _____

Approved by Building Inspector: [Signature] **Date** 1/5/12 **Fee:** 0

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



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri // 5, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6321	FRANCIS	Pool Deck	Passed	
	5 S. RIVER RD.	+ Pad + Dry Col.		
	WILBERDING	PLEASE (FIRST THING)		INSPECTOR: [Signature]
6330	BUSSEY	TRUSS INC.	Passed	
	1 PALMETTO DR	Tie down		
	WORRELL			INSPECTOR: [Signature]
6333	DONER	TRUSS INC.	Passed	7
	9 NE LOFTING WAY			INSPECTOR: [Signature]
6479	DWYER	FINAL-DEMO	Passed	close
	32 N RIVER RD	SCR. ENCL.		
	O/B			INSPECTOR: [Signature]
6391	WHITWELL	Ge. Pouch	Passed	
	1 MARGUERITA	PLUMBING		
	DAVE'S PLUMBING			INSPECTOR: [Signature]
6289	MISER	FINAL ADDITION	Passed	AC breaker ok Jacuzzi pump access ok
	21 ISLAND DRIVE			close
	GULICK+MCLAULEY			INSPECTOR: [Signature]
5919	BURR	EARLY RELEASE	Passed	(head agreement)
	21 RIVERVIEW	All trades + Paving	Passed	
	O/B			INSPECTOR: [Signature]
OTHER:	87 S. RIVER RD	DEBRIS		[Signature]



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



TREE CITY USA

Since 1990,
 Sewall's Point
 has proudly been
 designated a
 'Tree City USA'

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8:00 AM TO 5:00 PM – NO SUNDAYS

Owner ALLYN Address 9 NE LOFTING Phone 860-213-1408

Contractor to be determined Address _____ Phone _____

No. of Trees REMOVE 1 Species: LIVE OAK Caliper @ 4' above soil 20 (inches) Height 30+ (ft.)

No. of Trees RELOCATE 1 Species: LIVE OAK Caliper @ 4' above soil 16 (inches) Height 30+ (ft.)

No. of Trees REPLACE 1 Species: LIVE OAK Caliper @ 4' above soil 22 (inches) Height 30+ (ft.)

REPLACED OR RELOCATED TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation see attached arbor. str recommend > haw

X

Signature of Property Owner David Allyn Date 8-18-15

This space for Official Use only:
 Approved by Building Official: _____ Date _____ Fee: _____

BUILDING INSPECTOR NOTES: _____

Minimum Tree Requirements Met On Property Prohibited Species Identified for Removal

SKETCH (Show location of tree(s) to be removed/relocated; dimensions of lot; location of structures):

See attached drawing

Not Permissable per code.
Phurke
TM





Mark Lange



P.O. Box 6332, West Palm Beach, FL 33405

561-723-4826

MLange@GreenSpacesConsulting.com

REPORT

August 13, 2015

**To: Dave and Donna Allyn
9 NE Lofting Way
North Sewalls Point,
34996**

**Re: Arboricultural Consultation
3 Live Oaks**

This report does not constitute a complete hazardous tree report for the entire Allyn Residence landscape or the individual tree referenced in the attached photographs. This report is intended to identify trees and potential problems associated with these individual trees. Photographs attached.

This report is to recommend the removal of a 3 Live Oak (*Quercus virginiana*) trees at the above address. The removal of these trees is the remedy of a hazardous condition for people and property. The root systems of these trees are in raised planting areas creating severely limited spaces. The situation of extensive overhangs with limited root systems increases the potential for tree failure and damage to people or property. The trunks of these trees lean to the extent of directly overhanging property and high resident traffic areas. This proximity of these trees is a hazard to the property and residents. These targets are present at any time, day or night. Any codominant branching or included bark increases the liability even under the most favorable conditions. If not removed, these trees would remain a hazard to people and property and a potential risk of failure.

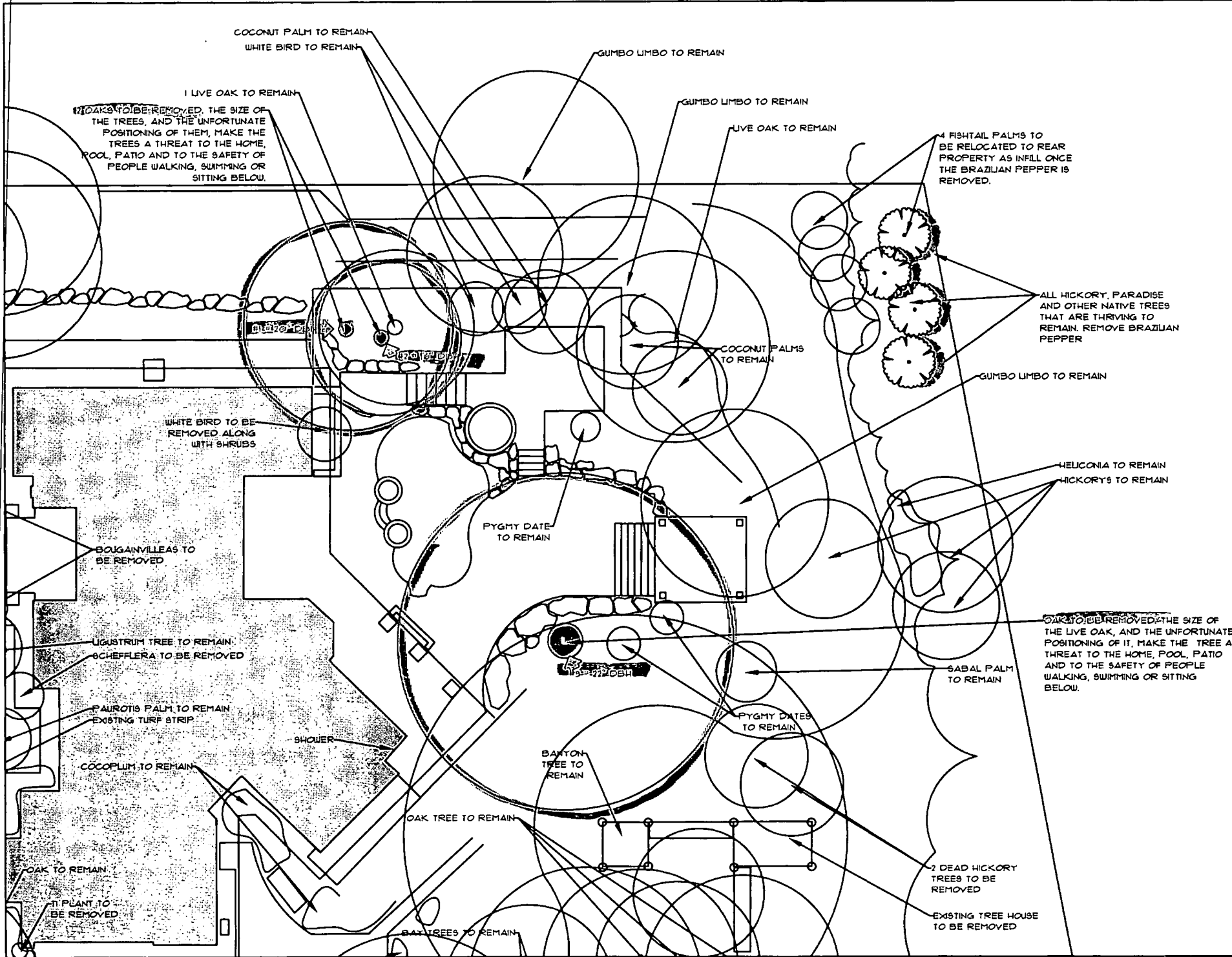
Thank for the opportunity to help resolve your tree issues.

Mark Lang

ISA-Arborist, FL- 5492A

FNGLA- Horticultural Professional

LIAF-Landscape Inspector



COCONUT PALM TO REMAIN
WHITE BIRD TO REMAIN

GUMBO LIMBO TO REMAIN

1 LIVE OAK TO REMAIN

~~12 OAKS TO BE REMOVED~~, THE SIZE OF THE TREES, AND THE UNFORTUNATE POSITIONING OF THEM, MAKE THE TREES A THREAT TO THE HOME, POOL, PATIO AND TO THE SAFETY OF PEOPLE WALKING, SWIMMING OR SITTING BELOW.

GUMBO LIMBO TO REMAIN

LIVE OAK TO REMAIN

4 FISHTAIL PALMS TO BE RELOCATED TO REAR PROPERTY AS INFILL ONCE THE BRAZILIAN PEPPER IS REMOVED.

ALL HICKORY, PARADISE AND OTHER NATIVE TREES THAT ARE THRIVING TO REMAIN. REMOVE BRAZILIAN PEPPER

GUMBO LIMBO TO REMAIN

WHITE BIRD TO BE REMOVED ALONG WITH SHRUBS

HELICONIA TO REMAIN
HICKORY'S TO REMAIN

PYGMY DATE TO REMAIN

~~OAK TO BE REMOVED~~ THE SIZE OF THE LIVE OAK, AND THE UNFORTUNATE POSITIONING OF IT, MAKE THE TREE A THREAT TO THE HOME, POOL, PATIO AND TO THE SAFETY OF PEOPLE WALKING, SWIMMING OR SITTING BELOW.

BOUGAINVILLEAS TO BE REMOVED

SABAL PALM TO REMAIN

LIGUSTRUM TREE TO REMAIN
SCHEFFLERA TO BE REMOVED

PYGMY DATES TO REMAIN

PAUROTIS PALM TO REMAIN
EXISTING TURF STRIP

SHOWER

BAYTON TREE TO REMAIN

COCOPLUM TO REMAIN

OAK TREE TO REMAIN

7 DEAD HICKORY TREES TO BE REMOVED

OAK TO REMAIN

EXISTING TREE HOUSE TO BE REMOVED

PLANT TO BE REMOVED

BAY TREES TO REMAIN



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

Contact Kevin Snieder Valley Crest
 200 - 9529

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 Michael O'Neill Address ~~9 NE Lofting Way~~ Phone 772-220-8078

Contractor Timber Tree Address 2085 SE Ranch Trail Phone 772-260-0377
Stuart

No. of Trees: REMOVE 1 Species: Hickory

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

Reason for tree removal /relocation (See notice above) The tree is dead and hanging over neighbors property line.

X Signature of Property Owner [Signature] Date 1/25/12

Approved by Building Inspector: [Signature] Date 1-26-12 Fee: N/E

NOTES: _____

