

11 NE Lofting Way

4813

SFR

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 02/03/00

BUILDING PERMIT NO. 4813

Building to be erected for ROBT/PAULA FOLLWEILER

Type of Permit BLDG. - S.F.R.

Applied for by ARK HOMES CONST., INC.

(Contractor) Building Fee 4,396.80

Subdivision PLANTATION Lot 22 Block _____

Radon Fee 49.31

Address 11 N.E. LOFTING WAY

Impact Fee *1,508.20

Type of structure S.F.R.

A/C Fee 120.00

**IMPACT FEE SUBJECT TO ADJUSTMENT FOR REVISED FEE SCHEDULE.*

Electrical Fee 120.00

Parcel Control Number: _____

Plumbing Fee 120.00

Amount Paid 6,434.31 Check # 0550 Cash _____

Roofing Fee 120.00

Other Fees (PLAN REVIEW) 439.68

TOTAL Fees 6,873.99

Total Construction Cost \$ 458,000.00

Signed Ronald A. Brubaker, Pres.
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

**SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE**

DATE: 1-20-00

NAME: ARK Honoris Const. Inc.

ADDRESS: 11 N.E. LOFTING WAY (Robert D. Follweiler
and Paula Follweiler)

PHONE NUMBER: 561 334-8379

ESTIMATED COST OF PROJECT BEING REVIEWED \$ 458,000.00

		PROJECT COST	\$	<u>458,000.00</u>	
\$	<u>458,000.00</u>	X \$9.60/m =	\$	<u>4,396.80</u>	ESTIMATED
\$	<u>4,396.80</u>	X 10% =	\$	<u>439.68</u>	BLDG. PERMIT FEE PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and accurate.

Signature Ronald A. Buttin, Pres.
Date 1-20-00

ROBERT D. FOLLWEILER
OR PAULA FOLLWEILER
1692 Ne Seahorse Pl.
Jensen Beach, Fl 34957-6349

0534

Date 12-22-99

63-607/670

Pay to the
Order of

Town of Sewall's Point

\$ 439.68

Four hundred thirty nine

68/100

Dollars

Security features included. Details on back.

SUNTRUST

SunTrust Bank, South Florida, N.A.
Osceola Office
Stuart, Florida

For

Plan Review

Paula Follweiler

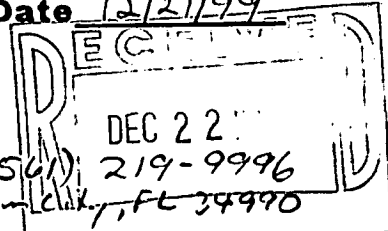
⑆067006076⑆0237120031151⑆0534

Bldg. Pmt# 4813
02/03/00

Town of Sewall's Point

Date 12/21/99

BUILDING PERMIT APPLICATION



Owner's Name: Robert D. Follweiler and Paula Follweiler Phone No. (561) 219-9996
* Owner's Present Address: 5132 SW Hammock Creek Drive, Palm City, FL 34990
Fee Simple Titleholder's Name & Address if other than owner: _____

11 NE LOFTING WAY

Location of Job Site: Lot 22 of the Plantation at Sewalls Point
TYPE OF WORK TO BE DONE: Construction of Single Family Residence
CONTRACTOR INFORMATION
Contractor/Company Name: ARK HOMES CONST, INC Fax # (561) 334-6057
Phone No. (561) 334-0379
COMPLETE MAILING ADDRESS: 1046 N.E. JENSEN BEACH BLVD, Jensen Beach, FL, 34957
State Registration _____ State License CG-C 057270
Legal Description of Property: Lot 22 of the Plantation at Sewalls Point
* Parcel Number: 26-37-41-013-000-00220-00000

ARCHITECT/ENGINEER INFORMATION

Architect: T&M Design Architecture & Planning Phone No. _____
Address: 10300 N. Military Trail, Ste. 223, Palm Beach Gardens, FL 33410
Engineer: Mathers Engineering Corporation Phone No. (561) 287-0525
Address: 2431 SE Dixie Highway, Stuart, FL 34996
Area Square Footage: Living Area 3984 Garage Area 947 Carport _____
Accessory Bldg. _____ Covered Patio 672 Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. N/A
NEW electrical SERVICE SIZE 2-150 AMPS

FLOOD HAZARD INFORMATION

flood zone C minimum Base Flood Elevation (BFE) N/A NGVD
proposed finish floor elevation 2.50 NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement \$ 450,000.00
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

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

Electrical: Cook Electric State License ME 00152
Mechanical: Classic Cooling State License# CAL 029403
Plumbing: Arrow Plumbing State License# LFL 029692
Roofing: Pacific Roofing State License# CGC 056793

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

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



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES November 30, 2002
OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER'S SIGNATURE: Robert D. Follweiler

Sworn to and subscribed before me this 21st day of Dec., 1999 by R.D. Follweiler who is personally known to me or has produced or has produced Fl. d.l. and who did (did not) take an oath. Joan H. Barrow

CONTRACTOR SIGNATURE: Ronald A. Britton, Sr.

Sworn to and subscribed before me this 21st day of Dec., 1999 by R. Britton who is personally known to me or has produced Fl. d.l. and who did (did not) take an oath.



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES November 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

Joan H. Barrow

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed 41 No. to be retained 47 No. to be planted 9

Specimen tree removed _____ Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

RECORDED & VERIFIED
BY [Signature]
99 SEP 22 PM 4:43
D.C.

01391984

Prepared by and return to:
Terence P. McCarthy, Esq.

McCarthy, Summers, Bobko, McKey, Wood, & Sawyer
2081 E. Ocean Boulevard Second Floor
Stuart, Florida 34996

DOC-DEED # 826.00 MARSHA STILLER
DOC-MTG # _____ MARTIN COUNTY
DOC-ASM # _____ CLERK OF CIRCUIT COURT
INT. EX. # _____ BY [Signature] D.C.

File No.: 568200
Will Call No.:

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 16th day of **September, 1999** between
Charles William Raska and Lois Ann Raska, husband and wife
whose post office address is
4937 SE Longleaf Place, Hobe Sound, Florida 33455
grantor, and
Robert Follweiler and Paula Follweiler, husband and wife
whose post office address is
1692 NE Seahorse Place, Jensen Beach, Florida 34957
grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

WITNESSETH, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Martin County, Florida** to-wit:

Lot 22, THE PLANTATION AT SEWALL'S POINT, according to the Plat thereof on file in the Office of the Clerk of the Circuit Court in and for Martin County, Florida recorded in Plat Book 12, page 70; said lands situate, lying and being in Martin County, Florida.

Parcel Identification Number: 26-37-41-013-000-00220-00000

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1998.

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

Signed, sealed and delivered in our presence:

AS TO BOTH
[Signature]
Witness Name: TERENCE P. MCCARTHY
[Signature]
Witness Name: LOUIS W. WINNEBACHER

[Signature] (Seal)
Charles William Raska

[Signature] (Seal)
Lois Ann Raska

Witness Name: _____

Witness Name: _____

STATE OF Florida
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 16th day of September, 1999 by Charles William Raska and Lois Ann Raska, [] who are personally known to me or [X] have produced ORIGINS LICENSE as identification.

[Notary Seal]

Terence P McCarthy
My Commission CC718538
Expires February 22, 2002

[Signature]
Notary Public
Printed Name: TERENCE P. MCCARTHY
My Commission Expires: _____

Robert Fallweiler

RECORDED
NOV 27 2000

OWNER'S AFFIDAVIT OF BUILDING COSTS BY:

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 \$ 458,000.00.

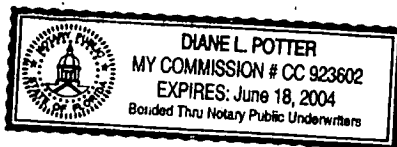
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Robert Fallweiler
Affiant
Property street address: -
11 NE. Laffing Way
Sewall's Point FL

Sworn to and subscribed
before me this 27 day of
November, 2000.

Diane L. Potter
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



ACORD CERTIFICATE OF LIABILITY INSURANCE

PP ID C2 ARKHO-1 DATE (MM/DD/YY) 11/03/00

PRODUCER
 Plastridge Agency, Inc.
 811 S. E. Ocean Blvd.
 Stuart FL 34994-2427
 Phone: 561-287-5532 Fax: 561-287-5572

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

INSURERS AFFORDING COVERAGE

INSURED
 Ark Homes Construction, Inc.
 1046 N.E. Jensen Beach Blvd.
 Jensen Beach FL 34957

FILE
refus

INSURER A: Assurance Company of America
 INSURER B: FCCI Insurance Co.
 INSURER C: NOV - 6 2000
 INSURER D:
 INSURER E:
 BY: *[Signature]*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	RGP27323261	01/01/00	01/01/01	EACH OCCURRENCE \$ 300000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 300000
A	AUTOMOBILE LIABILITY	RGP27323261	01/01/00	01/01/01	GENERAL AGGREGATE \$ 600000
	<input checked="" type="checkbox"/> ANY AUTO				PRODUCTS - COMP/OP AGG \$ 600000
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
A	GARAGE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 300000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
A	EXCESS LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				OTHER THAN EA ACC \$
	<input type="checkbox"/> DEDUCTIBLE				AGG \$
	<input type="checkbox"/> RETENTION \$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC99A32623	01/01/99	01/01/00	E.L. EACH ACCIDENT \$ 100000
					E.L. DISEASE - EA EMPLOYEE \$ 100000
					E.L. DISEASE - POLICY LIMIT \$ 500000
A	Property Section	RGP27323261	01/01/00	01/01/01	
	Install/Builders R	EC82662629	06/01/99	06/01/00	

EXPIRED

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

CERTIFICATE HOLDER N ADDITIONAL INSURED; INSURER LETTER: SEWAL-2

CANCELLATION

Sewalls Point, Bldg Dept
 Fax#220-4765
 Mr. Arnold
 One S. Sewalls Point Rd
 Sewalls Point FL 34996

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

ACORD CERTIFICATE OF LIABILITY INSURANCE		POLICY NO. ARKHO-1	DATE (MM/DD/YY) 11/06/00
PRODUCER Plastridge Agency, Inc. 811 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 561-287-5532 Fax: 561-287-5572		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Ark Homes Construction, Inc. 1046 N.E. Jensen Beach Blvd. Jensen Beach FL 34957		INSURERS AFFORDING COVERAGE INSURER A: Assurance Company of America INSURER B: FCCI Insurance Co. INSURER C: _____ INSURER D: _____ INSURER E: _____	

RECEIVED
11/6/00
 OCT 30 2000

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	RGP27323261	01/01/00	01/01/01	EACH OCCURRENCE \$ 300000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 300000
					GENERAL AGGREGATE \$ 600000
					PRODUCTS - COMP/OP AGG \$ 600000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
	AUTOMORILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	32623	01/01/00	01/01/01	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$ 100000
					E.L. DISEASE - EA EMPLOYEE \$ 100000
					E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Insured Subcontractor; *30 days written notice for Workers Cancellation

CERTIFICATE HOLDER TOWNSE1 Town of Sewall's Point 220-4765 Building Inspector 1 S Sewall's Point Road Stuart FL 34996	ADDITIONAL INSURED; (INSURER LETTER: _____)	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. Jean R. Parks <i>Jean R. Parks</i>
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MASTER PERMIT NO. 4813

TOWN OF SEWALL'S POINT

FILE

Date 4/12/00

BUILDING PERMIT NO. 4814

Building to be erected for ROBT. FOLLOWEILER

Type of Permit A/C SUB.

Applied for by CLASSIC COOLING

(Contractor) Building Fee _____

Subdivision PLANTATION Lot 22 Block _____

Radon Fee _____

Address 11 NE LOFTING WAY

Impact Fee _____

Type of structure S.F.R. (PRIMARY PERMIT ISSUED 02/03/00)

A/C Fee SEE PN 4813

QUALIFIER: STEPHEN STRAIT CA-C 029403

Electrical Fee _____

Parcel Control Number: 26-37-41-013-000-00220-00000

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector [Signature]

BUILDING PERMIT **A/C SUB**

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID SB
CLASS-1

DATE (MM/DD/YY)
04/12/00

COPY

FILE

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

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

INSURED
dba ~~Classing Cooling~~
Personalized A/C of Stuart Inc
1259 SW 34th Street
Palm City FL 34990

INSURERS AFFORDING COVERAGE
INSURER A: Hanover Insurance Company
INSURER B: Auto Owners Insurance Co
INSURER C:
INSURER D:
INSURER E:

RECEIVED
APR 12 2000

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUP GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	VDJ-5764349	07/01/99	07/01/00	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9543511300	07/01/99	07/01/00	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUP <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Heating & A/C Systems & Equip Installation, Service or Repair

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWNS-1			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Town of Sewalls Point 1 S Sewalls Point Road Stuart FL 34996			Joseph E. Coons, CPCU. CIC.

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CB
PERSO-1
DATE (MM/DD/YY)
01/31/00

PRODUCER

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

COPY

William B. Meyers
Phone No. 561-287-3366 Fax No. 561-287-4439

FILE

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

COMPANIES AFFORDING COVERAGE

COMPANY A	FCCI Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

RECEIVED
FEB - 3 2000
BY: *[Signature]*

FILE
UC/INS

Personalized Air Conditioning
d/b/a Classic Cooling
1259 SW 34th Street
Palm City FL 34990-

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								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	001WC99A32893	01/01/00	01/01/01	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHEL</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$ 100000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$ 100000</td> </tr> </table>	WC STATUTORY LIMITS	OTHEL	EL EACH ACCIDENT	\$ 100000	EL DISEASE - POLICY LIMIT	\$ 500000	EL DISEASE - EA EMPLOYEE	\$ 100000
WC STATUTORY LIMITS	OTHEL												
EL EACH ACCIDENT	\$ 100000												
EL DISEASE - POLICY LIMIT	\$ 500000												
EL DISEASE - EA EMPLOYEE	\$ 100000												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN024

Town of Sewalls Point
1 S. Sewalls Point Road
Stuart FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

AC 58 6831

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NO.
03/08/2000	99029509	CA 6029403

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2000



STRAIT, STEPHEN ALAN
CLASSIC COOLING
1259 SW 34TH STREET
PALM CITY, FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1973 518 384 CERT CAC029403
PHONE 561 283 8710 SIC NO 0000
LOCATION: 1259 SW 34TH ST.

PREV YR. \$	0.00	LIC. FEE \$	0.00
\$	0.00	PENALTY \$	0.00
\$	0.00	COL. FEE \$	0.00
\$		TRANSFER \$	0.00
TOTAL		EXEMPT	

CLASSIC COOLING
1259 SW 34TH STREET
PALM CITY, FL 34990

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF MISC CONTR.-
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 19 99 SEC.
AND ENDING SEPTEMBER 30, 2000

MASTER PERMIT NO. 4813

TOWN OF SEWALL'S POINT

Date 02/10/00 BUILDING PERMIT NO. 4815
Building to be erected for ROBT. FOLLOWEILER Type of Permit ELECT. SUB
Applied for by COOK ELECTRIC INC. (Contractor) Building Fee _____
Subdivision PLANTATION Lot 22 Block _____ Radon Fee _____
Address 11 NE LOFTING WAY Impact Fee _____
Type of structure S.F.R. (MASTER PERMIT ISSUED 02/03/00) A/C Fee _____
~~Electrical Fee~~ SEE PN 4813

Parcel Control Number: _____
Roofing Fee _____
Amount Paid _____ Check # _____ Cash _____ Other Fees (_____) _____
Total Construction Cost \$ _____ TOTAL Fees _____

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

ELECT. BUILDING PERMIT SUB

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

COOK ELECTRIC INC

(561) 287-0938 ELECTRICAL CONTRACTORS Lic.# ER0008060 FAX 287-9084

4250 S.E. COMMERCE AVE.
P.O. Box 1104
PORT SALERNO, FL 34992

TO: Building Department - Town of Sewall's Point
FROM: Robert C. Cook, Qualifier for
Cook Electric, Inc. ME00152 / ER0008060
RE:

Follweiler Residence
Lot 22 Plantation, Sewall's Point
11 N.E. Lofting Way, Sewall's Point, Fl.
Builder: Ark Homes Construction, Inc.
Permit #4813

With reference to the above job, I hereby authorize Steven Ingmire or Matthew Cook to pickup and sign for electrical permits.

Robert C. Cook
Robert C. Cook, Qualifier

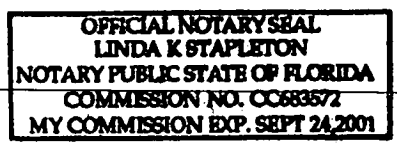
STATE OF FLORIDA COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this
10th of Feb, 2000 by Robert C. Cook, who is personally
Date Name of Person Acknowledging
known to me and did not take an oath.

Notary Public: Linda K Stapleton
Signature

Notary Public: Linda K. Stapleton
Print Name

Notary Stamp:



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BC
COOKE-1

DATE (MM/DD/YY)
01/17/00

PRODUCER

Plastridge Agency, Inc.
811 S. E. Ocean Blvd.
Stuart FL 34994-2427

Jean Reed Parks

Phone No. 561-287-5532 Fax No. 561-287-5572

INSURED

Cook Electric
PO Box 1104
Pt. Salerno FL 34992

FILE
PERMIT 4815 (SUB)
MASTER 4813

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

COMPANIES AFFORDING COVERAGE

COMPANY A Old Dominion Ins.

COMPANY B Comp Options/BC-BS

COMPANY C

COMPANY D

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	<input checked="" type="checkbox"/> 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	MPG26908	12/01/99	12/01/00	GENERAL AGGREGATE \$ 1000000 PRODUCTS - COM/OP AGG \$ 1000000 PERSONAL & ADV INJURY \$ 500000 EACH OCCURRENCE \$ 500000 FIRE DAMAGE (Any one fire) \$ 500000 MED EXP (Any one person) \$ 10000								
A	AUTOMOBILE LIABILITY <input checked="" 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	B1G26908	12/01/99	12/01/00	COMBINED SINGLE LIMIT \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CUG24347R	12/01/99	12/01/00	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	S21UB152D382399R	12/01/99	12/01/00	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$ 500000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$ 500000	EL DISEASE - POLICY LIMIT	\$ 500000	EL DISEASE - EA EMPLOYEE	\$ 500000
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$ 500000												
EL DISEASE - POLICY LIMIT	\$ 500000												
EL DISEASE - EA EMPLOYEE	\$ 500000												
A	Property Section	MPG226878	12/01/99	12/01/00									
A	Acct Rec/Val Paper	MPG226878	12/01/99	12/01/00									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Electrical contractors

CERTIFICATE HOLDER

SEWAL-1

Village of Sewalls Point
1 S. Sewalls Point Rd.
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Jean Reed Parks

AC# 5166439

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

DATE	BATCH NUMBER	LICENSE NBR
06/13/1998	97903993	ER -0008060

ELECTRICAL CONTRACTOR
 and below HAS REGISTERED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2000
 (INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS
 PRIOR TO CONTRACTING IN ANY AREA)

COOK, ROBERT
 COOK ELECTRIC INC
 PO BOX 1104
 PORT SALERNO FL 34992-1104

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

**MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 1982 508 133 CERT ME00152
 PHONE 561 287 0938 SIC NO 0000
 LOCATION:
4250 SE COMMERCE AVE

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **MASTER ELEC.**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 1998 SEC.
 AND ENDING SEPTEMBER 30 1999 998081101 870

**COOK ELECTRIC INC
 PO BOX 1104
 PORT SALERNO FL 34992**

MASTER PERMIT NO. 4813

TOWN OF SEWALL'S POINT

Date 5/4/00

BUILDING PERMIT NO. 4816

Building to be erected for ROBT. FOLLOWILER

Type of Permit PLMBG. SUB

Applied for by ARROW PLUMBING, INC. (M.C.) (Contractor)

Building Fee _____

Subdivision PLANTATION Lot 22 Block _____

Radon Fee _____

Address 11 NE LOFTING WAY

Impact Fee _____

Type of structure S.F.R. (MASTER PERMIT ISSUED 02/03/00)

A/C Fee _____

QUALIFIER: DONALD L. ALEX
CF- C029692

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee SEE PN4815

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

**PLMBG
SUB**

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
4/19/00

PRODUCER
Palmer & Cay of Georgia, Inc.
3348 Peachtree Road, N.E.
Suite 1400
Atlanta, GA 30326

INSURED
~~Arrow Plumbing of~~ Martin
County, Inc.
3000 SE Waaler Street
Stuart FL 34997

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.

COPY
FILE
before permit
FILE

COMPANIES AFFORDING COVERAGE

COMPANY A	American Casualty Company	RECEIVED MAY - 5 2000 BY: _____
COMPANY B	Valley Forge Insurance Company	
COMPANY C	Zurich American Ins Co	
COMPANY D	Transcontinental Insurance Co	

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 OWNER'S & CONTRACTOR'S PROT	1079085374	3/01/00	3/01/01	GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$ 5000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	1079085388	3/01/00	3/01/01	COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	AUC3646785	3/01/00	3/01/01	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC1079085391	3/01/00	3/01/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER EL EACH ACCIDENT \$ 500000 EL DISEASE - POLICY LIMIT \$ 500000 EL DISEASE - EA EMPLOYEE \$ 500000
A	OTHER Leased/Rented Equipment	1079085374	3/01/00	3/01/01	\$150,000 Per Item \$250,000 Maximum Limit

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
ATTN: ED ARNOLD
1 SOUTH SEWALL'S ROAD
SEWALL'S POINT, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

James R. Williams

AC 5435938

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

DATE	BATCH NUMBER	LICENSE NBR
12/17/1998	98016310	CF - C029692

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

ALLEX, DONALD L.
ARROW PLBG/MARTIN COUNTY, INC.
3000 SE WAALER STREET
STUART FL 34997

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA AC 5435938
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CF - C029692 12/17/1998 98016310
CERTIFIED PLUMBING CONTRACTOR
ALLEX, DONALD L.
ARROW PLBG/MARTIN COUNTY, INC.
IS CERTIFIED under the provisions of Ch. 489, FS.
Expiration Date: AUG 31, 2000

RICHARD T. FARRELL
SECRETARY

lie/mis
FILE

RECEIVED
MAY - 5 2000
BY: _____

MASTER PERMIT NO. 4813

TOWN OF SEWALL'S POINT

Date 5/2/00

BUILDING PERMIT NO. 4817

Building to be erected for ROBT. FOLLOWELLER

Type of Permit RFG. SUB

Applied for by PACIFIC ROOFING

(Contractor)

Building Fee _____

Subdivision PLANTATION Lot 22 Block _____

Radon Fee _____

Address 11 NE LOFTING WAY

Impact Fee _____

Type of structure S.F.P. (MASTER PERMIT ISSUED 02/03/00)

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Amount Paid _____

Check # _____

Cash _____

Other Fees (_____)

Roofing Fee SEE PN 4813

Total Construction Cost \$ _____

TOTAL Fees _____

Signed _____

[Signature]

Applicant

Signed _____

[Signature]

Town Building Inspector OFFICER

BUILDING PERMIT

RFG. SUB

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

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

PROOF OF NOTICE:
SUBDIVISION REVIEW/APPROVAL

RECEIVED
JAN 10 2000
BY: 9

To: Building Official, Town of Sewall's Point
FROM: Permit Applicant
RE: Subject structure described as follows:

OWNER: FOLLWEILER; ADDRESS: 11 Loffing Way

PROJECT ADDRESS: LOT 22; LEGAL DESCRIPTION: LOT 22 BLK _____ SUB Plantation of Sewall's Pt.

GENERAL CONTRACTOR: ARK Homes Construction, Inc.; LIC/CERT No. LC057270

ADDRESS: 1046 N.E. JENSEN BEACH BLVD.; TEL 334-8329; FAX 334-6057
Jensen Beach, FL 34957

ARCHITECT OR ENGINEER: Mather Engineering Corporation; LIC/REG No. EA 0004456
NA 002026

ADDRESS: 2431 SE. Dixie Hwy. Stuart, FL 34996; TEL 287-0525; FAX 220-8686

PERMIT No: _____; DATE OF ISSUE: _____; DATE OF THIS STATEMENT: _____

The proposed project is located in the located in S.P. Plantation Subdivision.
In compliance with permit application review requirements, please be advised as follows:

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS NOT REQUIRED.

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS REQUIRED.

APPROVAL DOCUMENTATION IS ATTACHED - approved - Elly Stenaro

NOTICE OF THE ABOVE PROPOSED CONSTRUCTION WAS PROVIDED TO THE SUBDIVISION/ASSOCIATION ON _____

Executed at Stuart, FL, this 10th day of January 2000.

NAME: Ronald A. Brittan; SIGNATURE: Ronald A. Brittan; Lic. No: LC057270

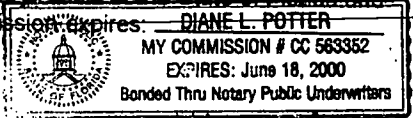
STATE OF FLORIDA
COUNTY OF Martin

Sworn to and subscribed before me this 10th day of Jan, 2000, by _____, who is
personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL)

Diane L. Potter
Name Diane L. Potter

I am a Notary Public of the State of Florida and my commission expires: DIANE L. POTTER



**SEWALL'S POINT PLANTATION HOMEOWNERS ASSOCIATION
2421 SE OCEAN BOULEVARD, #1093
STUART FLORIDA 34996**

Ellyn Stevenson 287-9995 Tony Smith 288-1244 Irene Todd 286-9897 Nick Elliott 223-0566

January 7, 1999

**Dr. and Mrs. Robert Follweiler
901 East Ocean Blvd.
Stuart FL 34996**

Dear Dr. and Mrs. Follweiler,

Thank you for submitting the plans for your lovely new home. The ARB has approved the plans as they meet the design guidelines for the Association. It is the responsibility of the home owner to assure that all applicable building codes are met.

Please contact us should any changes be made to the exterior appearance of you home, and best of luck in the completion of the project.

Yours truly,



**Ellyn Stevenson, President
Sewall's Point Plantation HOA**



RECEIVED
MAY - 2, 2000
BY: _____

April 26, 2000

To: Town of Sewall's Point
Attn: Edward Arnold

4843

6 KINGSTON CT. (4849)
(4845)

4813

~~1102 COLTON DR. #2 (4817)~~

4803


101 HEAVY SEATTLE WAY (4802)

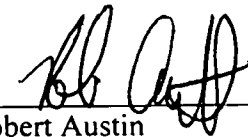
From: Richard J. Gomes
Pacific Roofing Corporation

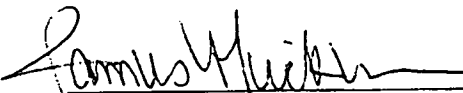
To Whom It May Concern:

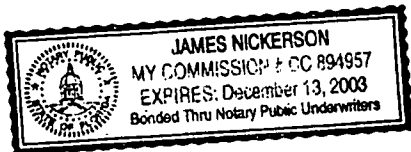
Please accept this letter as authorization for Robert Austin to sign permit applications on behalf of Pacific Roofing Corporation.

If you have any questions, please feel free to contact me.


Richard J. Gomes, President of Pacific Roofing


Robert Austin


Notary Public



P.O. Box 2697 • Stuart, Florida 34995
808 SE Dixie Highway • Stuart, Florida 34994

(561) 283-7663 • 1-800-226-3283 (Ext. 9056) • FAX (561) 283-9505 • WWW.PACIFICROOFING.COM

License No. CCC056793 & Insured



BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1803
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

Pioneer Concrete Tile
1340 Southwest 34th Avenue
Deerfield Beach, FL 33442

Your application for Product Approval of:

~~Pioneer Nail-On, Mortar Set or Adhesive Set~~ 99 Flat Roofing Tile

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:

Redland Technologies, The Center for Applied Engineering, Inc., and Testwell Craig Laboratories & Consultants, Inc.

has been recommended for acceptance by the Building Code Compliance Department to be used in Dade County, Florida under the specific conditions set forth on pages 2 through 15 and the standard conditions set forth on page 16.

The approval shall not be valid after the expiration date stated below. The Building Code Compliance Office reserves the right to secure this product or material at any time for a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0202.02

Revises No. 96-0509.03

Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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

ST 600 TOWN OF SEWELL'S POINT
REVIEW:
BCHG OFFICIAL

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 02/09/98

TOWN COPY
11 N.E. LORTING WAY

PN 4817
(MASTER 4813)



ROOFING SYSTEM APPROVAL

Applicant:
Pioneer Concrete Tile
1340 Southwest 34th Avenue
Deerfield Beach, FL 33442

Product Control No.: 98-0202.02

<u>Category:</u>	Prepared Roofing
<u>Sub-Category:</u>	Flat Profile Tiles
<u>Type:</u>	Nail-on/Mortar Set/Adhesive Set
<u>Sub-Type:</u>	Concrete

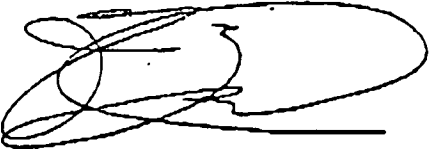
System Description

Pioneer Concrete Tile is a domestic manufacturer of concrete roof tile with manufacturing facilities stretching from the West Coast to the Southeast. All tile is manufactured from extruded concrete consisting of Portland Cement, plasticizer, iron and metallic oxides, and blended aggregates. This Product Control Approval relates to Pioneer's "9" Flat" tile profile. Refer to appropriate Product Control Approvals for other tile profiles.

Pioneer tile is fabricated with a wide ridged and grooved sidelap providing a water channel at vertical joints. The ridged sidelaps provide a self-aligning function, creating a uniform appearance. All profiles have matching trim pieces used for rake hip, ridge hip, and valley terminations. Tile system accessories are also available to make up a complete tile system.

Pioneer's "9" Flat" roof tile has been tested in compliance with the South Florida Building Code requirements for concrete, nail-on, mortar set and adhesive set tile applications. The minimum roof slope for Pioneer's "9" Flat" nail-on, mortar set or adhesive set tiles shall be 2":12". See the "Profile Drawing" section in this Approval for the "9" Flat" profile drawing. The Pioneer "9" Flat" tile profile has been tested for both wind characteristics and static uplift performance, therefore, any consideration for installation shall be done as a 'Moment Based System'. Data for attachment calculations is noted in Tables 1 through 4 of this Approval.

Contact:
Pioneer Concrete Tile
Technical Services Dept.
1340 Southwest 34th Avenue
Deerfield Beach, FL 33442
(800) 624-4152



Frank Zuloaga,
Roofing, Product Control Examiner

**TRADE NAMES OF PRODUCTS MANUFACTURED OR
LABELED BY APPLICANT**

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Pioneer 9" Flat tile	l = 16" w = 9" 3/8" thick	PA 112	Flat extruded concrete roof tile equipped with two nail holes for direct deck or battened nail-on mortar or adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	PA 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.



Frank Zuloaga,
Roofing Product Control Examiner

TRADE NAMES OF PRODUCTS MANUFACTURED OTHERS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
#30 Felt	N/A	ASTM D 226 type II	Saturated organic felt to be used as a nailed anchor sheet.	generic
#43 Coated Base Sheet	N/A	ASTM D 2626	Saturated and coated organic base sheet for single or double ply underlayment.	generic
Mineral Surface Cap Sheet	N/A	ASTM D 249	Mineral surfaced asphalt roll roofing for use as a top ply in a double ply underlayment system.	generic
Lenzingtex-ZB 140 Underlayment	59" x 164' roll 22 lbs/roll	PA 104	Single ply, nail-on underlayment.	Lenzing Performance, Inc. with current PCA
Rainproof II	30" x 75' roll 36" x 75' roll or 60" x 75' roll	PA 104	Single ply, nail-on underlayment with 2" self-adhering top edge.	Protect-O-Wrap, Inc. with current PCA
Ice and Water Shield	36" x 75' roll	PA 103	Self-adhering underlayment for use as a top ply in a two ply underlayment system with Approved #30 or #43 as the base layer.	W.R. Grace Co. with current PCA
Mopping Asphalt	N/A	ASTM D 312 type III or IV	Asphalt for bonding a mineral surface cap to a mech. attached base sheet in a double ply underlayment system.	generic
Flashing Cement	N/A	ASTM D 4586	Cure back, asphalt based, asbestos free, fiber reinforced, trowel grade cement for repair and flashing applications.	generic



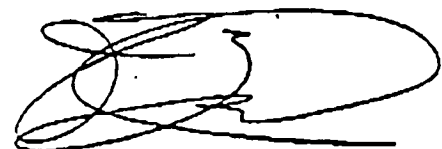
Frank Zuloaga,
Roofing, Product Control Examiner

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Asphalt Primer	N/A	ASTM D 41	Cut back, asphalt based coating used to facilitate bonding of dissimilar materials.	generic
Roofing Nails	min. 12 ga. with 3/8" head	PA 114 Appendix E	Annular ring shank, hot dipped, electro or mechanically galv. roofing nails for use in underlayment attachment.	generic
Tin Caps	min. 32 ga. min. 1 3/8" o.d. max. 2" o.d.	PA 114 Appendix E	Corrosion resistant circular disc for use in underlayment attachment	generic
Wood Battens	<u>vertical</u> min. 1" x 4" <u>horizontal</u> min. 1" x 4" for use with vertical battens or min. 1" x 2" for use alone	Wood Preservers Institute LP - 2	Salt pressure treated or decay resistant lumber battens	generic
Tile Nails	min. 8d x 2 1/2" or min. 10d x 3"	PA 114 Appendix E	Corrosion resistant, screw or smooth shank nails.	generic
Tile Screws	#8 x 2 1/4" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread diameter	PA 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	generic
Roof Tile Mortar ("TileTite™")	N/A	PA 123	Prepared mortar mix designed for mortar set roof tile applications.	Bermuda Roof Company, Inc. with current PCA
Roof Tile Mortar ("Quikrete® Roof Tile Mortar #1140")	N/A	PA 123	Prepared mortar mix designed for mortar set roof tile applications.	Quikrete Construction Products with current PCA



Frank Zuloaga,
Roofing, Product Control Examiner

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Roof Tile Mortar ("BONSAL® Roof Tile Mortar Mix")	N/A	PA 123	Prepared mortar mix designed for mortar set roof tile applications.	W.R. Bonsal Co. with current PCA
→ Roof Tile Adhesive (Polypre® AH160)	N/A	PA 110	Adhesive designed for use in roof tile applications.	Polyfoam Products, Inc. with current PCA
Hurricane Clip & Fasteners	<u>Clips</u> min. ½" width min. 0.060" thick <u>Clip Fasteners</u> min. 8d x 1¼"	PA 114 Appendix E	Corrosion resistant bronze, aluminum, stainless steel, galvanized steel or plastic attachment clips for supplemental tile attachment. Clips are installed with corrosion resistant roofing nails compatible with the clip. A hurricane clip is required on all nail- on eave tiles.	generic
Valley Flashing	min. 26 ga. min. 16" width	ASTM A 525	Galvanized steel valley flashing	generic
Drip Edge	min. 26 ga. min. 2" face flange min. 2" deck flange	PA 111	Galvanized steel drip edge	generic

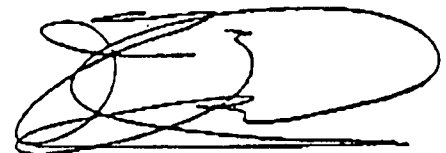


Frank Zuloaga,
Roofing, Product Control Examiner

TEST REPORTS

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Redland Technologies	7161-03 Appendix III	Static Uplift Testing PA 102	Dec. 1991
Redland Technologies	7161-03 Appendix III	Static Uplift Testing PA 102(A)	Dec. 1991
The Center for Applied Engineering, Inc.	94-084	Static Uplift Testing PA 101 (Mortar Set)	May 1994
The Center for Applied Engineering, Inc.	94-060A	Static Uplift Testing PA 101 (Adhesive Set)	March, 1994
Redland Technologies	7161-03 Appendix II	Wind Tunnel Testing PA 108 (Nail-On)	Dec. 1991
Redland Technologies	Letter Dated Aug. 1, 1994	Wind Tunnel Testing PA 108 (Nail-On)	Aug. 1994
Redland Technologies	P0631-01	Wind Tunnel Testing PA 108 (Mortar Set)	July 1994
Redland Technologies	P0402	Withdrawal Resistance Testing of screw vs. smooth shank nails	Sept. 1993
The Center for Applied Engineering, Inc.	Project No. 307025 Test #MDC-77	Wind Driven Rain PA 100	Oct. 1994
Testwell Craig Laboratories & Consultants, Inc.	YQ-12	Physical Properties PA 112	Sept. 1994

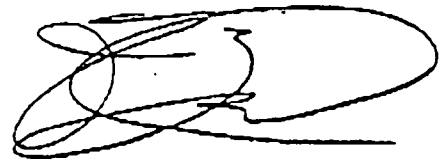
7



Frank Zuloaga,
Roofing, Product Control Examiner

SYSTEMS

- Deck Type:** Wood, Non-insulated
- Deck Description:** New Construction
1⁹/₃₂" or greater plywood or wood plank.
- SYSTEM A:** Counter-Batten Application
- Slope Range:** 2":12" to 7":12"
Note: Counter-Battens, as noted below, are required for slope range 2":12" to less than 4":12" and are optional for slopes of 4":12" to 7":12". For slopes exceeding 7":12", refer to System C.
- Underlayment:** Install underlayment system in compliance with Dade County Application Standard PA 118.
- Vertical Battens:** Install vertical battens in compliance with Dade County Application Standard PA 118
- Horizontal Battens:** Install horizontal battens in compliance with Dade County Application Standard PA 118.
- Roofing Tile:** Install tile in compliance with Dade County Application Standard PA 118. (See "Data for Attachment Calculations" included in this Approval.)
- Comments:** 1. For re-roof applications, 1⁹/₃₂" plywood is an acceptable substrate.



Frank Zuloaga,
Roofing, Product Control Examiner

**SYSTEMS
(CONTINUED)**

Deck Type: Wood, Non-insulated

Deck Description: New construction $1\frac{1}{2}$ " or greater plywood or wood plank.

SYSTEM B: Direct Deck Application

Slope Range: 4":12" to 7":12"
Note: System B is only acceptable in this slope range. For slopes less than 4":12", refer to System A. For slopes in excess of 7":12", refer to System C.

Underlayment: Install underlayment system in compliance with Dade County Application Standard PA 118.

Roofing Tile: Install tile in compliance with Dade County Application Standard PA 118. (See "Data for Attachment Calculations" included in this Approval.)

Comments: 1. For re-roof applications, $1\frac{1}{2}$ " plywood is an acceptable substrate.



Frank Zuloaga,
Roofing, Product Control Examiner

**SYSTEMS
(CONTINUED)**

Deck Type: Wood, Non-insulated

Deck Description: New construction ¹⁹/₃₂" or greater plywood or wood plank.

SYSTEM C: Horizontal Batten Application

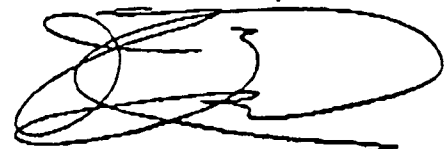
Slope Range: 4":12" or greater
Note: Horizontal battens, as noted below, are required for slopes in excess of 7":12" and are optional for slopes of 4":12" to 7":12". For slopes less than 4":12", refer to System A.

Underlayment: Install underlayment system in compliance with Dade County Application Standard PA 119.

Horizontal Battens: Install horizontal battens in compliance with Dade County Application Standard PA 119.

Roofing Tile: Install tile in compliance with Dade County Application Standard PA 119. (See "Data for Attachment Calculations" included in this Approval.)

Comments: 1. For re-roof applications, ¹⁵/₃₂" plywood is an acceptable substrate.



Frank Zuloaga,
Roofing, Product Control Examiner

SYSTEMS
(CONTINUED)

Deck Type: Wood, Non-Insulated

Deck Description: New Construction, 1 1/2" or greater plywood or wood plank.

SYSTEM D: Mortar or Adhesive Set Application

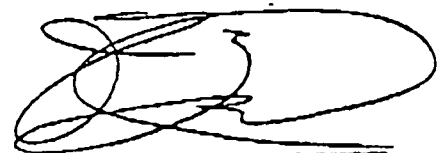
Slope Range: 2" 12" (0.7" 12")

Note: System D is only acceptable in this slope range. For slopes in excess of 7" 12", refer to System C.

Underlayment: Install underlayment system in compliance with Dade County Application Standard PA 120. (See System Limitation #5.)

Roofing Tile: Install tile in compliance with Dade County Application Standard PA 120. (See "Data for Attachment Calculations" included in this Approval.)

Comments: 1. For re-roof applications, 1 1/2" plywood is an acceptable substrate.



Frank Zuloaga,
Roofing, Product Control Examiner

SYSTEM LIMITATIONS

1. The standard minimum roof pitch for Pioneer's "9" Flat", flat profile tile shall comply with Dade County Application Standards PA 118, PA 119 or PA 120, depending on the method of installation.
2. For nail-on applications, fasteners for mechanical attachment of tiles shall have a head diameter larger than that of the preformed holes in the tile.
3. System installation shall be in compliance with the system specifications outlined in this Product Control Approval. The method of attachment utilized shall provide sufficient attachment resistance expressed as a moment to meet or exceed the required moment of resistance determined in compliance with Dade County Protocol PA 115 or PA 127. The Pioneer "9" Flat" tile profile has been tested for both wind characteristics and static uplift performance, therefore, attachment calculations for installation in compliance with PA 115 or PA 127 shall be done as a 'Moment Based System'.
4. For mortar or adhesive set tile applications, a field static uplift test by a Dade County accredited testing agency, in compliance with Dade County Protocol PA 106, shall be performed.
5. For mortar set tile applications, 30/90 hot mopped underlayment applications may be installed perpendicular to the roof pitch unless stated otherwise by the underlayment material manufacturer's published literature.
6. All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo for identification in the field. The identifiable mark for the "9" Flat", flat profile tile shall be the word "Pioneer" on the back side of the tile.
7. Applications for roofing permits shall include a completed Section II of the Uniform Building Permit, a copy of Pioneer's current specifications and details, a copy of this Product Control Approval and a copy of the Product Control Approval of any Roofing Component used in the proposed tile application. Reference shall be made to appropriate data for the required fire rating.
8. The applicant shall retain the services of a Dade County certified testing laboratory to maintain quality control in compliance with the South Florida Building Code and related protocols. Samples taken shall be in compliance with Dade County Protocol PA 112, Appendix 'A'.
9. Any amendments to these provisions shall be in compliance with Sections 203 and 204 of the South Florida Building Code.

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Frank Zuloaga,
Roofing, Product Control Examiner

DATA FOR ATTACHMENT CALCULATIONS

Table 1: Aerodynamic Multipliers - λ (ft ²)		
Tile Profile	λ (ft ²) Batten Application	λ (ft ²) Direct Deck Application
Pioneer 9" Flat Tile	0.13	0.14

Table 2: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Pioneer 9" Flat	5.05	5.40	4.97	5.31	4.87	5.20	4.75	5.07	4.39	N/A

Table 3: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Nail-On Systems									
Tile Profile	Tile Application	Approved Nails		Approved Screws ¹		Approved Field Clip With:		Approved Eave Clip With:	
		1 nail	2 nails	1 screw	2 screws	1 nail	2 nails	1 nail	2 nails
Pioneer 9" Flat	Battens	4.90	7.40	5.40	9.10	24.20	34.80	22.10	32.20
	Direct Deck	9.80	18.80	25.30	41.30	24.30	35.50	19.00	31.90

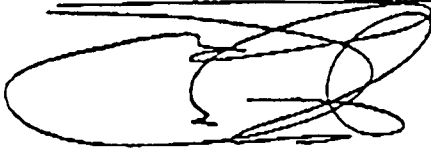
¹ Approved screws are as noted in the 'Trade Names of Products Manufactured By Others' and 'Profile Drawings' sections of this Approval. Clips on eave tile are not required for this attachment configuration unless the Required Moment of Resistance exceeds the values noted above.

Table 4: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Mortar or Adhesive Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Pioneer 9" Flat	Mortar Set	39.00
	Adhesive Set	118.90



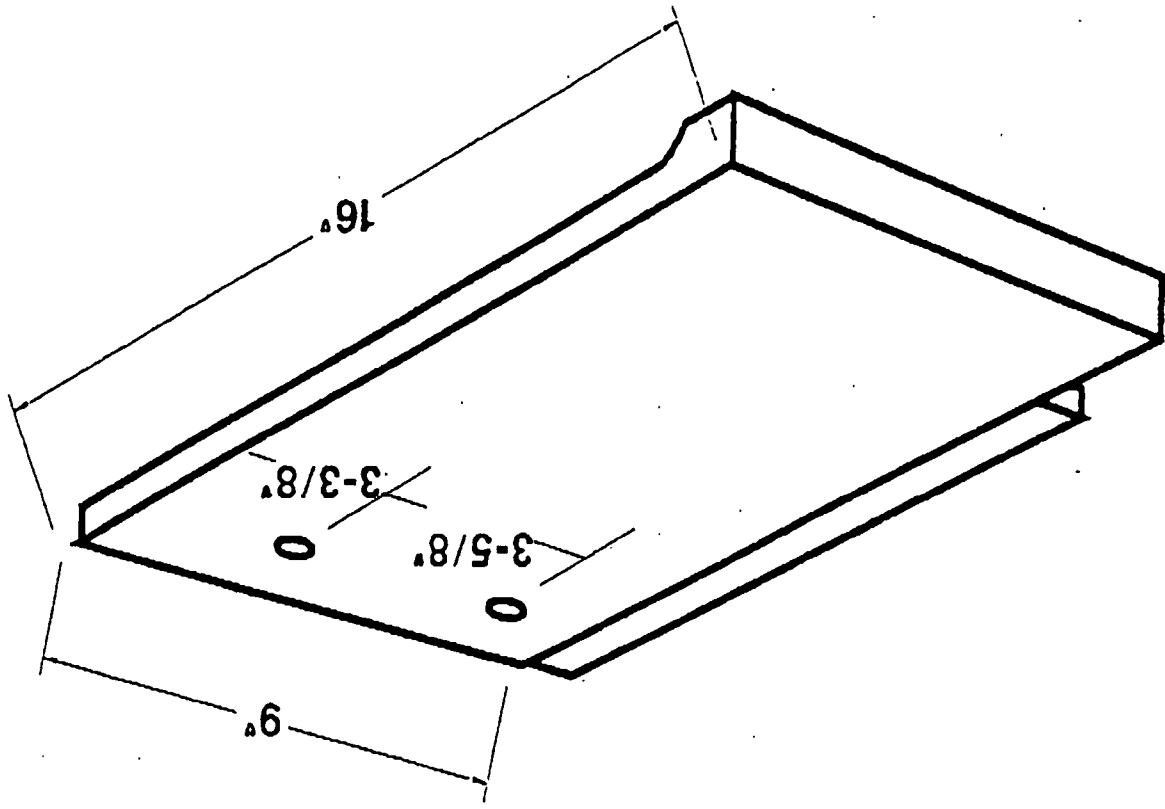
Frank Zuloaga,
Roofing, Product Control Examiner

Frank Zuloaga,
Roofing, Product Control Examiner



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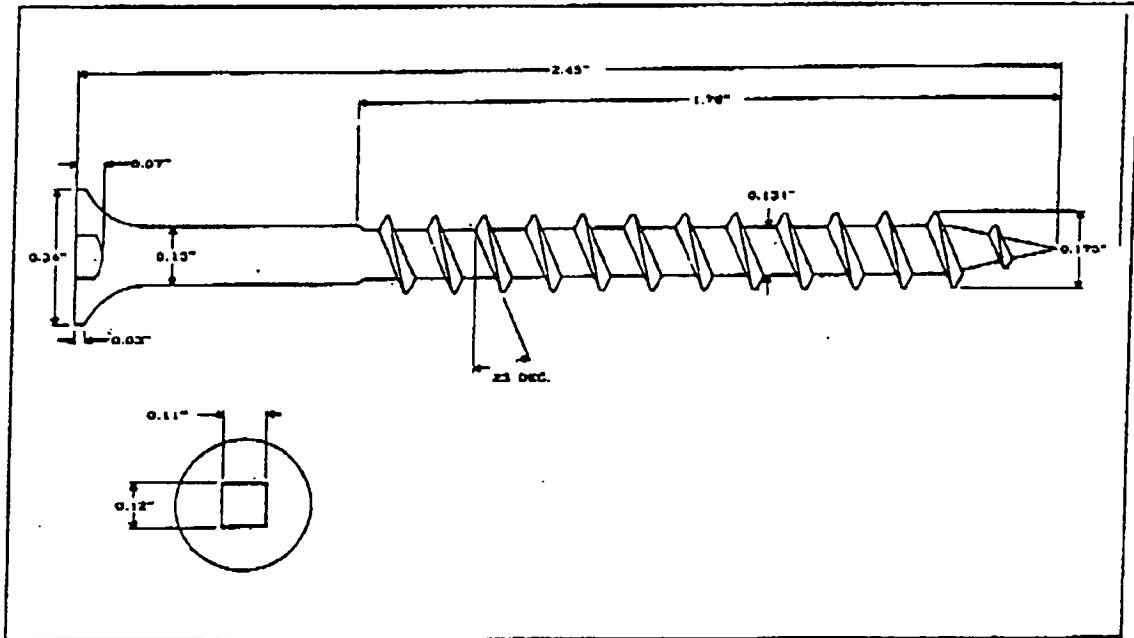
~~PIONEER 98-0202-02~~



PROFILE DRAWINGS

Product Control No.: 98-0202-02

PROFILE DRAWINGS
(CONTINUED)



APPROVED SCREW FOR SCREW DATA IN TABLE 3

Frank Zuloaga,
Roofing, Product Control Examiner

Pioneer Concrete Tile
1340 Southwest 34th Avenue
Deerfield Beach, FL 33442

ACCEPTANCE NO.: 96-0509.03

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance number preceded by the words Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Acceptance contains pages 1 through 16.

END OF THIS ACCEPTANCE

16



Frank Zuloaga,
Roofing, Product Control Examiner



FILE

197 S.E. Monterey Rd. • Stuart, FL 34994
(888) 287-6476 • FAX(888) 287-9740 • (800) 244-4743

STORM PANEL ORDER FORM

copy
RECEIVED
APR 22 2000
RECEIVED
BY: NOV 27 2000
BY:

Dealer GAS Phone _____ Date _____
Customer or PC# Ark Feilweller Approx. Delivery Date _____
Job Material Only _____ Tracks First? Tracks Done _____ Panels Done _____
(date)

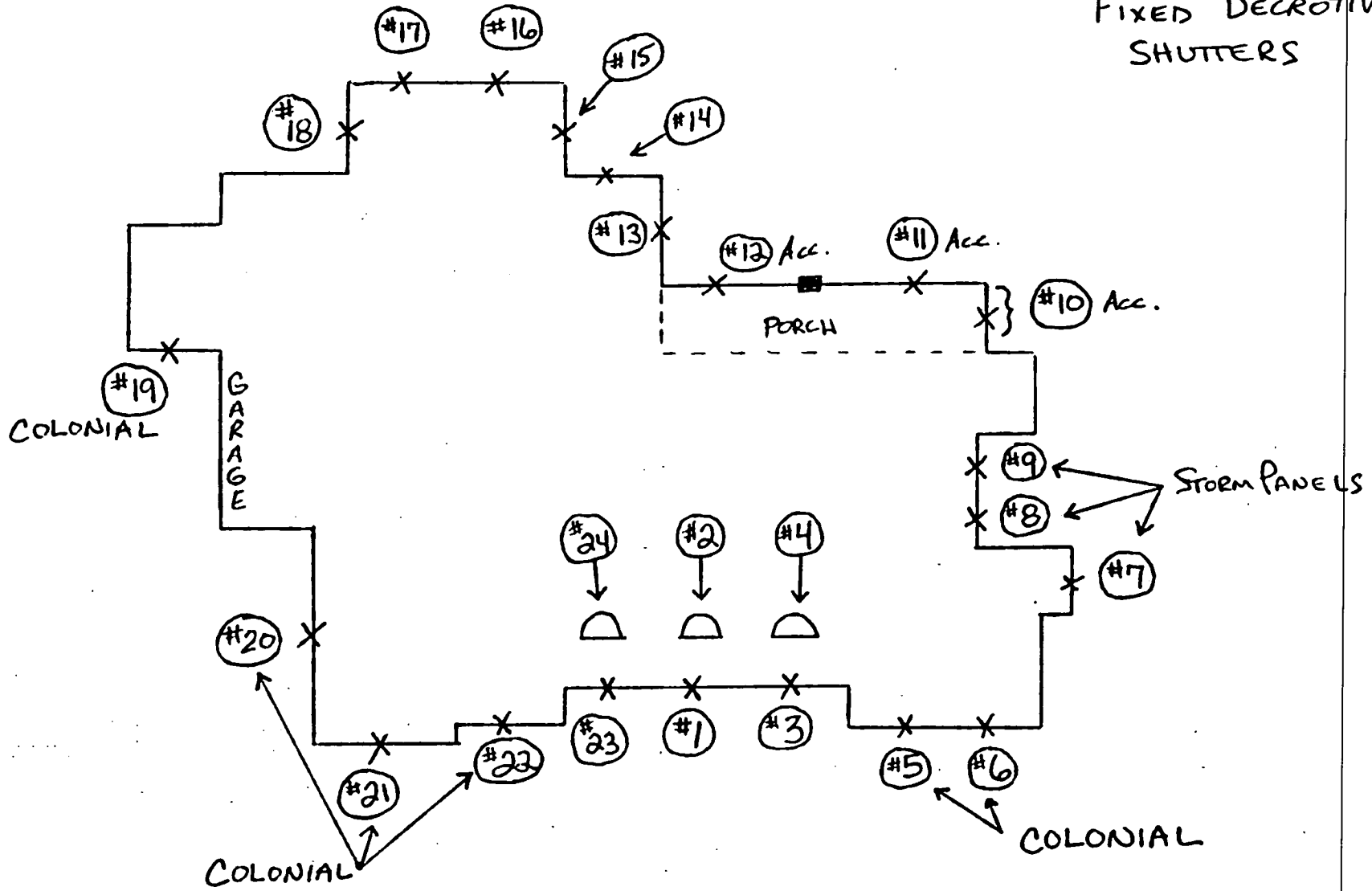
OPEN # Gauge & Panel Color Number of Panels Panel Height Header U Style n Track Color NOTES

OPEN #	Gauge & Panel Color	Number of Panels	Panel Height	Header U Style n	Track Color	NOTES
1	063 MF	6	L	White	RT	2x5 angle top (side fills)
2		6	L		BTR	2x3 angle top
3		6	L		RT	2x5 angle top (side fills)
4		6	L		BTR	2x3 angle top
7		4	H			mount on bands.
8		3	L			2x3 angle top, bottom track on bands
9		3	L			2x3 angle top, bottom track on bands
13		6	L		BTR	2x3 angle top
14		6	L		BTR	2x3 angle top
15		3	L		BTR	2x5 angle top
16		6	H			mount on bands
17		6	L			2x5 angle top bottom, side fills
18		6	H			mount on bands.
23		6	L		RT	2x5 angle top side fills.
24		6	L		BTR	2x3 angle top

STORM PROTECTION LAY-OUT FOR FOLLWIELLER RES.

RECEIVED
NOV 27 7000
BY:

NOTE: COLONIALS ON OPENING #1, #3 & #23 ARE FIXED DECORATIVE SHUTTERS





Do It Once. Do It Right.

Since 1979

STORM PANEL INSTALLATION

INSTRUCTION SHEET

THANK YOU FOR ALLOWING US TO PROVIDE YOU WITH STORM PANELS. THE FOLLOWING INSTRUCTIONS ARE A STEP-BY-STEP, EASY TO FOLLOW LIST. PLEASE READ THEM CAREFULLY AND BE AWARE OF WHAT YOU SHOULD DO AHEAD OF TIME. IN THE EVENT OF A HURRICANE WARNING ALLOW YOURSELF THE NECESSARY TIME TO INSTALL YOUR PANELS. WAITING UNTIL IT IS RAINING AND WINDY OUTSIDE COULD BE HAZARDOUS.

HAVE YOUR LAYOUT PLAN HANDY. YOU WILL NEED IT TO KNOW WHICH STORM PANELS COVER THE DIFFERENT OPENINGS. IF YOU HAVE STORM PANELS FOR YOUR FRONT ENTRY DOOR, THEN THIS WOULD BE OPENING #1. IF NOT, THE FIRST OPENING TO THE RIGHT OF THE DOOR THAT HAS STORM PANELS WOULD BE #1. YOU WILL ALWAYS WORK YOUR WAY TO THE RIGHT AROUND THE HOME.

BEGIN BY INSTALLING THE TRACKS, IF NEEDED. THEY ARE NUMBERED TO MATCH THE OPENING NUMBERS ON YOUR LAYOUT PLAN. REMOVE THE SCREWS FROM THE CONCRETE OR WOOD. PUT THE TRACK IN PLACE AND PUT THE SCREWS LOOSELY IN PLACE. DO NOT TIGHTEN THEM UNTIL ALL THE SCREWS ARE IN PLACE. CONTINUE THIS PROCEDURE UNTIL ALL THE TRACKS ARE INSTALLED.

NEXT YOU INSTALL THE STORM PANELS. THE NUMBERING SYSTEM IS THE SAME AS FOR THE TRACKS. START AT THE LEFT SIDE OF THE OPENING AND INSERT THE FIRST FULL PANEL, BY SLIDING IT UP UNDER THE TOP TRACK AND THEN PUT THE WINGNUTS ON AT THE BOTTOM. PROCEED WITH THE REMAINING FULL PANELS TO THE END OF THE OPENING. IF THERE IS A HALF PANEL ON ANY OPENING YOU WOULD INSERT THE FULL PANEL FIRST AND THEN THE HALF PANEL OVER THE 1ST PANEL LAST. DO NOT TIGHTEN THE WINGNUTS UNTIL THE PANELS AND WINGNUTS ARE IN PLACE. CONTINUE THIS PROCEDURE FOR ALL COVERED OPENING, WORKING TO THE RIGHT AROUND THE HOME.

WHEN IT IS TIME TO REMOVE THE PANELS YOU WILL REPEAT THE ABOVE STEPS IN REVERSE ORDER. AFTER REMOVING ANY TRACKS, ALWAYS APPLY SOME TYPE OF LUBRICATE (WE RECOMMEND LITHIUM OR BEARING GREASE) TO THE SCREWS BEFORE PLACING THEM IN THE ANCHORS MAKING SURE YOU KEEP ALL SAND AND DEBRIS AWAY FROM THE LUBRICATED PARTS. WE RECOMMEND STORING YOUR WINGNUTS IN A PLASTIC BAG INSIDE YOUR HOME PREFERABLY WITH YOUR PANELS. HOWEVER, IF YOU DECIDE TO LEAVE THEM ON THE TRACKS MAKE SURE TO LUBRICATE THEM ALSO. THIS HELPS TO RETARD CORROSION. ALSO, BE SURE YOUR STORM PANELS ARE COMPLETELY DRY. EVEN A SMALL AMOUNT OF WATER WILL CAUSE THE PANELS TO STAIN. ALWAYS STORE YOUR PANELS AND HARDWARE IN AN AREA IS DRY AND EASY TO REACH. KEEP EVERYTHING TOGETHER SO THEY ARE NOT LOST OR MISPLACED. BY DOING THIS YOU WILL HAVE EVERYTHING YOU NEED IN ONE SPOT WHEN THEY ARE NEEDED AGAIN.

REMEMBER THAT A LITTLE PREVENTIVE MAINTANCE WILL KEEP YOUR SHUTTERS WORKING PROPERLY.



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ACCORDION OPERATING INSTRUCTIONS

Dear Valued Customer,

Thank you for the purchase of your Gulfstream Aluminum Accordion Shutter(s). For your convenience the following is a list of instructions for operating your shutter(s).

- If any of your shutter(s) have removable tracks: remove all screws from floor, take the bottom track and line this up with the portion of the track under the shutter stacks, make sure your holes in the track line up with the holes in the floor and replace the screws you have removed.
- In order to close your shutters: loosen the knob screws holding the locking rods of the male side of your shutter (this is the side without the lock), pull the male side over reaching as high as possible on the shutter, engage the locking rods into the holes already in your track. Repeat this with the female side of your shutter. Keeping in mind, before locking yourself in or out of home, make sure to lock the opposite lock in the open position, (i.e. if you are locking the accordion from the inside, lock the outside lock in the open position first and vice versa). And then lock your shutter with the key lock. Your shutter is now safely and properly locked.
- In order to open your shutters reverse all the steps listed above. When replacing any removable tracks we recommend you lubricate the screws before placing them in the anchors. Any type of lithium or bearing grease is recommended, but be careful to keep any sand or dirt away from lubricated hardware.

We hope the above instructions will make operating your shutters a little easier. Please contact the office for further information.

Thank you again for your patronage. Please do not hesitate to contact the office if you have any questions or need any other assistance.



Do It Once. Do It Right.

Since 1979

ACCORDION MAINTENANCE INSTRUCTIONS

Dear Valued Customer,

Thank you for purchasing your Gulfstream Aluminum Accordion Shutter(s). With a little preventive maintenance your shutter(s) will provide you with years of protection and peace of mind.

Helpful Hints For Maintaining Your Accordion Shutter(s):

- Lubricate screws located in locking rods with marine grease or Vaseline.
- Lubricate wheels and top track of shutters with L.C. Wax, a spray lubricant available at Gulfstream or from most local hardware stores.
- Lubricate the locks with L.C. Wax. Just spray a little in the key hole.
- Lubricate all screws for removable tracks with a lithium or bearing grease.

Maintenance on your shutter(s) should be performed at least once a year for non-coastal residents. If you live near the ocean or any water these measures will need to be taken more often, anywhere from two times to four times a year.

Due to our harsh coastal climate problems with your shutter(s) due to lack of maintenance is not covered under your warranty.

We at Gulfstream do offer a maintenance program for our customers that are interested, please contact the office for more information.

Again thank you for your patronage. Do not hesitate to contact us if you have any question or need any additional work.



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Gulfstream Aluminum and Shutter Corporation
197 S.E. Monterey Rd.
Stuart FL 34994

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

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

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

Your application for Product Approval of:

ASSA/Economy Aluminum Accordion Shutter

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

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0712.04

Expires: 08/30/2002

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

FILE

*TOWN COPY
11 COPIES W/KEY*

1 of 3

Francisco J. Quintana, R.A.

Director

Miami-Dade County

Building Code Compliance Office

Approved: 09/01/1999

PN 4813





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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

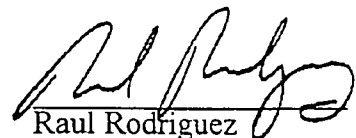
Gulfstream Aluminum & Shutter
197 S.E. Monterey Rd.
Stuart FL 34994

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

Your application for Product Approval of:
Aluminum Storm Panel (5052-H32 Alloy)
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with Gulfstream Aluminum & Shutter Corp. Drawing No. 96-314, sheets 1 through 5 of 5, dated 10/07/96, revision #1 dated 01/15/98, signed and sealed on 01/16/98 by Walter A. Tillit Jr., P.E. (For listing, see Section 8 of this Notice of Acceptance)*
has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 97-0606.01
Expires: 02/19/01

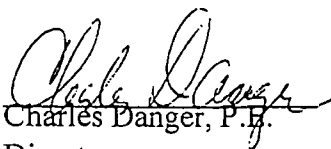

Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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

FILE TOWN COPY
11 LOTTING COPY
PU-4813


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 02/19/98



APPROVED

: OCT 01 1998

EXPIRES

: OCT 01 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

A DRAWINGS

1. Drawing prepared by Al-Farooq Corporation Titled "Sectional Residential Garage Door", Drawing No.98-12, dated 04/03/98 with latest revision on 07/25/98, Sheet 1 through 3 of 3, signed and sealed by Humayoun Farooq, PE.

B TEST

1. Test Report on Large Missile Impact Test, Cyclic Wind Pressure Test and Force Entry Test, "16'-2" Sectional Residential Garage Door" prepared by Hurricane Engineering & Testing Inc., Report No. Heti 98-722, dated 04/06/98 signed and sealed by H. M. Medina, PE.
2. Test report on Uniform Static Air Test "16'-2" Overhead Sectional Garage Door", prepared by Hurricane Engineering & Testing Inc., Report No. Heti 98-720, dated 03/27/98, signed and sealed by H. M. Medina, PE.
3. Test Report on Salt Spray Exposure Test "G40- Painted", prepared by Celotex Corporation Testing Services, Report No 258592, dated 08/17/98, signed and sealed by R. G. Miller, PE.

C CALCULATION

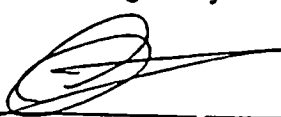
1. Anchor Verifications dated 04/28/98, pages 1 through 4 of 4 prepared by Al-Farooq Corporation, signed and sealed by H. Farooq, PE.

D MATERIAL CERTIFICATION

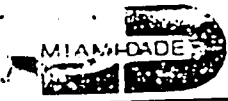
1. Test Report on Tensile Test "16'-2"w x 24GA steel residential sectional garage door u-bar", prepared by Hurricane Engineering & Testing Inc., Report No. Heti 98-T86, dated 04/16/98, signed and sealed by H. M. Medina PE..
2. Product Control Notice of Acceptance by Metropolitan Dade County, Acceptance No 95-0626.01, approved on 01/11/96, expiring on 01/11/99, signed by C. Danger.

E STATEMENTS

1. Letter of Non Financial Interest, issued by Al-Farooq Corporation, dated 04/24/98 and signed by H. Farooq PE.
2. Letter of compliance, issued by Al-Farooq Corporation, dated 04/24/98, and signed by H. Farooq PE.



Candido Font, PE, Sr. Product Control Examiner
Product Control Division



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens FL 33016

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

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

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

Your application for Product Approval of:

Sectional Residential Garage Door

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *applicant, along with Dab Door Co. Inc. drawing No 98-05, sheet 1 to 3 of 3, dated 02/23/98, revised on 08/24/98, signed and sealed by H. Farooq-PE*

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 98-0901.09 (Revises No.: 98-0409.04)

Expires: 08/14/01

Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET. SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

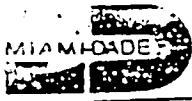
BUILDING CODE COMMITTEE

This application for Product Approval ~~has been~~ reviewed by the Metropolitan Dade County Building Code Compliance Department and approved by the Building Code Committee to be used in Dade County, Florida under the conditions set forth above.

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

dated: 10/22/98





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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens FL 33016

Your application for Product Approval of:
Sectional Residential Garage Door

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *applicant, along with Dab Door Co. Inc. drawing No 98-05, sheet 1 to 3 of 3, dated 02/23/98, revised on 08/24/98, signed and sealed by H. Farooq-PE*

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Acceptance No.: 98-0901.09 (Revises No.: 98-0409.04)

Expires: 08/14/01

Raul Rodriguez
Product Control Supervisor

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BUILDING CODE COMMITTEE

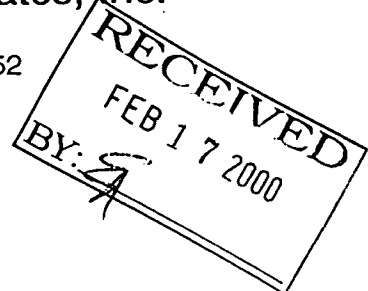
This application for Product Approval ~~has been~~ reviewed by the Metropolitan Dade County Building Code Compliance Department and approved by the Building Code Committee to be used in Dade County, Florida under the conditions set forth above.

Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County



Ardaman & Associates, Inc.

1017 SE Holbrook Court
Port St. Lucie, Florida 34952
(561) 337-1200



FIELD DENSITY TEST REPORT

DATE OF TEST: 2/14/00

DATE REPORTED: 2/17/00

FILE NO. 00-5520

~~PROJECT: Lot #22 The Plantation, 11 NE Lofting Way, Permit No. 4813~~

SUBMITTED TO: Ark Homes Construction

FILE

MAXIMUM DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-1557/AASHTO T-180

FIELD DENSITY DETERMINED IN ACCORDANCE WITH ASTM D-2922/AASHTO T-238

Test No.	Location of Test: <u>House pad fill</u>	OMC %	Max. Den. (lb./cu.ft.)	Moisture at Time of Test %	Field Density (lb./cu.ft.) Dry	% of Max. Den.	Job Spec.	Elevation
1	5' southeast of northwest corner	12.5	109.3	7.9	107.0	98	95	0' to -1' FS
2	5' northwest of southeast corner	12.5	109.3	10.9	107.8	99	95	0' to -1' FS
3	Center of house	12.5	109.3	8.1	107.1	98	95	0' to -1' FS
4	Center of house	12.5	109.3	10.6	109.0	100	95	-1' to -2' FS
5	5' northeast of southwest corner	12.5	109.3	10.0	111.3	100+	95	-1' to -2' FS
6	5' southwest of northeast corner	12.5	109.3	9.8	107.4	98	95	-1' to -2' FS

F-soil directly below footing; FS-soil under floor slab; GA-soil in general compacted area; PAV-soil below stabilized section; PSSG-stabilized subgrade; PB-pavement base; NSSG-non stabilized subgrade; RS-roadway subgrade; TOP-top of pipe; BOP-bottom of pipe

Roberto E. Balbis, P.E.



Ardaman & Associates, Inc.

1017 SE Holbrook Court
Port St. Lucie, Florida 34952
(561) 337-1200

Permit No. 4813



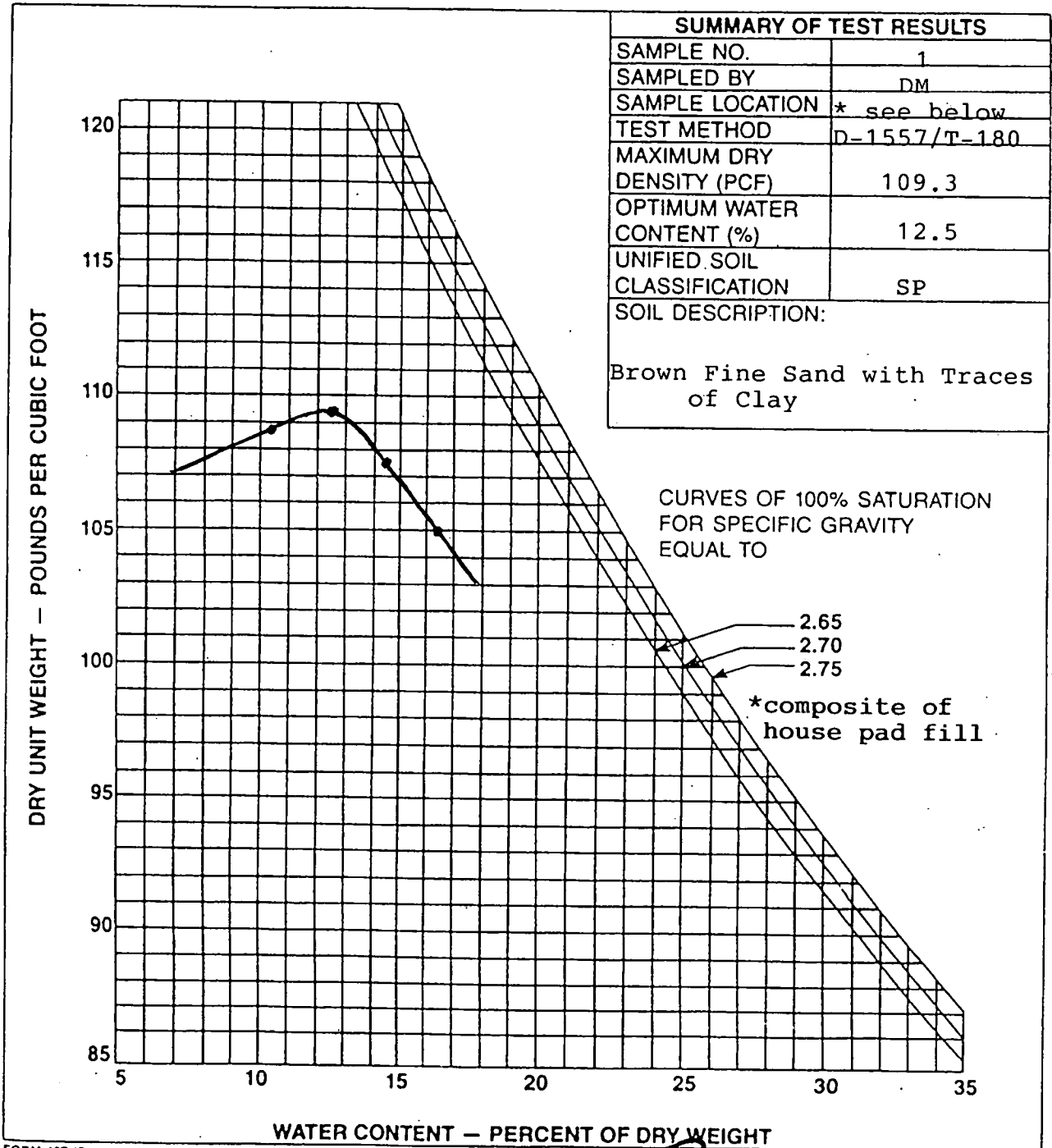
MOISTURE - DENSITY RELATIONSHIP

PROJECT: Lot #22 Lofting Way
The Plantation

FILE NO.: 00-5520

REPORTED TO: Ark Homes Construction

DATE: 12/14/00



FORM 407 (Rev. 4/86)

By R. L. R.

FILE

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4765

RECEIVED
NOV 13 2000
BY: SA

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4813

OWNER: Dr. Robert & Paula Follweiler; ADDRESS: 901 E. Ocean Blvd, Stuart
~~11 N.E. Loftingway~~

PROJECT ADDRESS: 11 N.E. LOFTINGWAY; LEGAL: LOT 22 BLK SUB Plantation at Sewall's Point

GENERAL CONTRACTOR: Ark Home Const. Inc.; LIC/CERT No. CC057270

ADDRESS: 1046 NE Jensen Beach Blvd, Jensen Beach, FL; TEL 334-8379; FAX 334-6057

ELECTRICAL CONTRACTOR: COOK ELEC INC; LIC/CERT No. EC 0002265

ADDRESS: 4250 SE Commerce; TEL 287-0938; FAX 287-9084

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electrical service for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of A/C & Pool Equip for the purpose of Wood Floors & Pool Mosaic & Fill at the above designated construction now in progress under a valid building permit; and

WHEREAS, it is necessary to have a temporary electric hook-up for testing of equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. This temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this 13 day of November, 2000.

Ronald A. Butcher Pres.
SIGNATURE OF GENERAL CONTRACTOR
R Follweiler
SIGNATURE OF OWNER

Edwin B. Arnold
SIGNATURE OF ELECTRICAL CONTRACTOR
Edwin B. Arnold
EDWIN B. ARNOLD, BUILDING OFFICIAL 11/13/00

3001 SE Gran Park Way
Stuart, FL 34997

PHONE: 561-287-6476 * 800-244-4143

FAX: 561-287-9740

EMAIL: rwilson@gulfshutters.com



11 DE LASTING DAY

Fax Transmittal Form

To: The Town of Sewall's Point
Name: Mr. Edwin B. Arnold
Organization Name/Dept: Building Official
CC:
Phone number: 561-287-2455
Fax number: 561-220-4765

FILE

RECEIVED
JAN 2 - 2001
BY: SA

From Rayna Wilson

Date sent: 12-21-00
Time sent: 3:25 PM
Number of pages including cover page: 7

- Urgent
- For Review
- Please Comment
- Please Reply

Message:

The following is regarding the Folweller Residence recently finished by Ark Homes. Please contact me ASAP with your reply. Thanking you in advance for your patience and attention in this matter.

Sincerely,

Rayna Wilson

PS HAPPY HOLIDAYS!!!!!!

PROD CONTROL
NO A
CC-0711.10
APPROVED 2/8/01
COPY ATTACHED

December 21, 2000

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

Attn: Mr. Edwin B. Arnold, AIA, CBO

Dear Mr. Arnold,

I regret to write this letter. On November 29, 2000 we made an agreement with you to submit a Dade County Notice of Product Approval for our Colonial Shutters installed on the Folweiller Residence (contractor Ark Homes) to your office within 30 days. We made this agreement based on a telephone conversation with Mr. Helmy Makar, PE an employee of Miami Dade County and the gentleman in charge of reviewing our package #00-0411.10. In this conversation he said he would do everything he could to make sure we received our NOA in the allotted time, but did promise a Notice of Proposed Action for this product within 20 - 30 days. He explained to me that a Notice of Proposed Action was basically a letter stating that our shutters were approved and our Notice of Approval would be received in about two week, I told him that although this may be enough to temporarily meet your criteria I would rather have the actual NOA and pleaded with him to do his best to achieve this. Despite numerous, and I mean numerous, telephone conversations reminding him of his promise Mr. Makar has not produced either document. With our deadline approaching we are afraid we will not be able to produce the promised documents and are requesting an extension.

You may or may not recall that I did explain and show proof (see following copy) that both our Colonial and Bahama packages were submitted to Miami - Dade in April of this year. There was also a follow up fax (see copy) sent in early June to see how the packages were progressing. On this fax we were told our packages were scheduled to start review early the week of June 11th. With this information in mind we expected there would be no problem having the necessary forms in time for the upcoming Folweiller Residence. As time neared I began telephoning Mr. Makar once week progressing to two and three time a week each time being assured he would be working on my packages next week. I was totally at his mercy in this situation.

I have finally again received something in writing (see copy) from Mr. Makar. This is by no means what you or I were expecting or wanting. I think his reply is self-explanatory, but just so you know once we receive his comments my engineer (if he's not out of town due to the holidays) will make any necessary changes within 24 hours, just as he has already done with the Bahama Shutters. Although I must warn you I am still awaiting a Notice of Proposed Action for that product, this could be due to the urgency I have placed on the review and action on our Colonial Shutters.

Basically Mr. Arnold I want you to know that Gulfstream Aluminum & Shutter Corp. did not intend for any of this to occur. Based on information from Miami - Dade County we fully expected that we would have the Notice of Approval well before the scheduled November installation date for the Folweiller job and again based on information received from Mr. Makar we were sure we'd have at minimum a Notice of Proposed Action from Miami - Dade to present to your office within the allotted 30 days.

Upon reviewing this letter anything you can do in the way of an extension be would be greatly appreciated. Based on my last correspondencce with Mr. Makar I seriously doubt I could produce a NOA in another 30 days. Possibly if Mr. Makar does what he has said and continues to treat this package with the urgency it deserves after rceceiving any changes from my engineer we may have a Notice of Proposed Action within 30 days. We our totally at your and Mr. Makar's mercy at this moment.

We realize we are asking a lot and none of this is your fault or problem again anything you could do would be much appreciated by us as well as Mr. & Mrs. Folweiller and of course Ron Britton of Ark Homes.

Sincerely,



Rayna Wilson

Code & Permitting Dept.

JE 16:22 FAX 305 3726339 BCCO PRODUCT CONTROL DIV 001

Gulfstream Aluminum & Shutter; 561 287 9740; Jun-6-00 12:01PM; Page 1/1



Helmy
M. Car

Phone 561-287-6476
Fax 561-287-9740
1-800-244-4143

197 S.E. Monterey Road
Stuart, FL 34994

Visit us on-line at
Gulfstream@ecqual.net
www.gulfshutters.com

To: JAMIE GASCOE Fax #: (305) 372-6339
From: RAYNA Date: 6/6/00
Re: BAHAMA & Colonial Pages: 1
PACKAGES

Handwritten signature/initials

Comments:

MR. GASCOE -
IF YOU COULD PLEASE ADVISE ME OF THE
STATUS OF OUR OLD FLORIDA SHUTTERS
BAHAMA & Colonial PACKAGES. ALSO COULD
YOU FAX BACK THE REVIEW NUMBERS
FOR THESE PACKAGES. THANK YOU
VERY MUCH.

P.S. THESE PACKAGES WERE SENT IN
BY WARREN Schaffer.

00-0411.11 BAHAMA Thank You!
00-0411.10 Colonial RAYNA Wilson

TECHNICAL REVIEW OF THESE FILES IS SCHEDULED TO START EARLY NEXT WEEK.

J. Gascon
Colonial

HAVE A GREAT DAY!

3001 SE Gran Park Way
Stuart, FL 34997

PHONE: 561-287-6476 * 800-244-4143
FAX: 561-287-9740
EMAIL: rwilson@gulfshutters.com



Fax Transmittal Form

To

Name: DAD E Co.
Organization Name/Dept: Helmeq
CC:
Phone number: (305) 375-2901
Fax number: (305) 372-4339

From

Rayna Wilson
Date sent:
Time sent:
Number of pages including cover page:

- Urgent
- For Review
- Please Comment
- Please Reply

Message:

Please Reply - Please indicate STATUS
of my Colonial Shutter package
Review # 00-0411.01. I will be in out of
the office please fax reply.

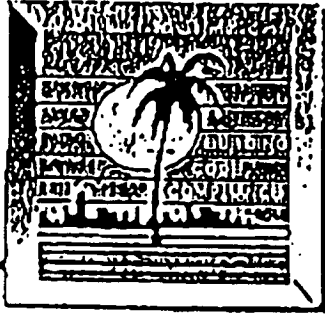
Thanks!

Rayna (:) HAPPY Holidays!

MS. WILSON

YOUR FILE #00-0411.10 WILL BE REVIEWED
EARLY NEXT WEEK. I WILL FAX YOU
MY COMMENTS ONCE THE REVIEW IS

DEC-21-2000(THU) 16:25 GULFSTREAM ALUMINUM & SHUTTER (FAX) 2879740 P. 006/007



Metro Dade County Building Code Compliance Office Product Control Division

- **date:** 12/20/00
- **to:** Ms. RAYNA WILSON
- **company:** GULFSTREAM ALUM. & SHUTTER CORP.
- **from:** HELMY MAKAR, P.E.
- **regarding:** 00-0411.10
- **fax number:** (561)287-9740
- **pages (including this one):** 2
- **phone:** (305)375-2901 **fax:** (305)372-6339



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Gulfstream Aluminum and Shutter Corporation
3001 SE Gran Park Way
Stuart, FL 34997

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

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

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

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

Your application for Notice of Acceptance (NOA) of:

"Impact" Aluminum Colonial Shutter

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

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

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

ACCEPTANCE NO.: 00-0411.10
EXPIRES: 02/08/2004

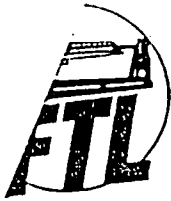
Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 02/08/2001



Quality Accuracy Assurance

Fenestration Testing Laboratory, Inc.

1677 West 31st Place Hiataeh, FL 33012 Phone: 305/819-7877 Fax 305/819-7998

Lab. Number 2015
April 16, 1998
Report Number 26
File Number 98-102
Page 1 of 3
L-2863

OFFICIAL TEST REPORT

MANUFACTURER:	Kinco Limited	DESIGNATION:	H-LC55 - 53 x 78
ADDRESS:	P.O. Box 6398 Jacksonville, Florida 32236	SPECIFICATIONS:	AAMA/NWWDA 101/I.S.2.-97

DESCRIPTION OF UNIT

Model Designation: TW-1; Aluminum Single Hung Tilt Window
Overall Size: 4' 5 1/8" (53 1/8") by 6' 6" (78") high by 2.376" deep.
Configuration: O/X
No. & Size of Vents: One extruded aluminum tilt vent, 4' 1 3/4" (49 3/4") by 3' 3 1/8" (39 1/8") high.

MATERIAL CHARACTERISTICS

Frame Construction: Unit tested with a flange type frame, butt joints with a white coated finish, aluminum alloy 6063-T6. Frame corners were fastened with two No. 8 by 5/8" pan head sheet metal screws; fixed meeting rail fastened at ends with one No. 8 by 1" pan head sheet metal screw. Overall interior frame sill height is 2.188". Size of frame members as follows: frame head 1.000" by 2.438" by 1.500"; frame sill 1.136" by 2.558" by 2.188"; frame jambs 1.125" by 2.376" by 2.719"; fixed meeting rail 0.688" by 1.373" by 2.124". Frame members are solid extrusions with a typical wall thickness of 0.062".

Vent Construction: Vent has butt joints with a white coated finish, aluminum alloy 6063-T6. Top vent corners were fastened with one No. 8 by 5/8" pan head sheet metal screw; bottom vent corners were fastened with two No. 8 by 5/8" pan head sheet metal screws. Size of rails as follows: vent meeting rail 0.375" by 1.201" by 1.437" by 1.451"; vent bottom rail 1.133" by 1.437" by 1.951" by 2.163"; vent jamb rails (solid extrusions) 0.322" by 1.201" by 1.000". Vent rails are hollow extrusions, except where noted. Vent members have a typical wall thickness of 0.062".

Glazing:

Material: 0.562" overall sealed insulated glass using two lights of 0.129" annealed glass with 0.312" air space between the two lights of glass.

Method: Fixed light is interior glazed and vent is exterior glazed, each with 1/2" glazing penetration using a closed cell foam between glass and frame and a semi-rigid vinyl snap on glazing bead.

Daylight Opening: Clear opening of vent, 47 3/4" by 35 9/16" high; fixed light, 47 5/8" by 35 3/4" high.

Weatherstripping:

Quantity	Description	Location
Single row	Q-lon No. 5743-3301-6	at vent meeting rail
Double row	Pile with integral plastic fin	at each jamb rail of vent
Single row	Vinyl flap	at vent bottom rail

[Handwritten signature]
9/14/98



Quality Accuracy Assurance

Fenestration Testing Laboratory, Inc.

1677 West 31st Place Hialeah, FL 33012 Phone: 305/819-7877 Fax 305/819-7998

Lab. Number 2196
November 13, 1998
Report Number 81
File Number 98-102
Page 1 of 3
L-3193

OFFICIAL TEST REPORT

MANUFACTURER:	Kinco Limited	DESIGNATION:	H-LC40 - 144 x 77 (mulled)
ADDRESS:	P.O. Box 6398 Jacksonville, Florida 32236	SPECIFICATIONS:	AAMA/NWWDA 101/A.S.2.-97

DESCRIPTION OF UNIT

Model Designation: Series: TB-1; Aluminum Single Hung Tilt Windows Mulled Together.

Overall Size: 12' 3/4" (144 3/4") by 6' 5" (77") high by 2.812" deep.

Overall Size of each Single Hung Frame: 4' 0" (48") by 6' 5" (77") high.

Configuration: O/X: O/X: O/X

No. & Size of Vents: Three vents, one extruded aluminum tilt vent in each frame, each 3' 9 1/2" (45 1/2") by 3' 3 5/8" (39 5/8") high.

MATERIAL CHARACTERISTICS

Frame Construction: Test unit has butt joints and a bronze coated finish. Overall size of unit including fin frame is 147" by 79 1/4" high. Aluminum alloy is 6063-T6. Frame corners were fastened with two No. 8 by 5/8" pan head sheet metal screws. Fixed meeting rails were fastened at ends with one No. 8 by 1" pan head sheet metal screw. Overall interior frame sill height is 2.188". Size of frame members are as follows: frame head 1.125" by 2.812" by 0.500"; frame sill 0.625" by 2.812" by 2.188"; frame jambs 2.219" by 2.812" by 1.113"; fixed meeting rail (hollow extrusion) 2.124" by 1.560" by 0.812" by 1.166". Frame members are solid extrusions, except where indicated. Frame extrusions have a typical wall thickness of 0.062". Frame members, except meeting rails, contained a 0.424" wide poured in place urethane thermal break.

Vent Construction: Vents have butt joints and a bronze coated finish. Aluminum alloy is 6063-T6. Corners were fastened with one No. 8 by 1" flat head sheet metal screw. Size of rails are as follows: vent meeting rail 1.313" by 1.389" by 2.000"; vent bottom rail 1.438" by 2.201" by 2.125" by 1.389"; vent jamb rails 0.310" by 1.389" by 1.000". Vent rails are solid extrusions with a typical wall thickness of 0.062". Vent members contained a 0.424" wide poured in place urethane thermal break.

Glazing:

Material: 9/16" overall insulated using two lights of double strength annealed glass with a 5/16" air space between the two lights of glass.

Method: Vents are exterior glazed and fixed lights are interior glazed, each with a 3/8" glazing penetration, using an adhesive back glazing tape and a semi-rigid snap on vinyl glazing bead.

Daylight Opening: Clear opening of each vent, 43 1/2" by 35 5/8" high; each fixed light, 43 1/2" by 35 1/2" high.

Weatherstripping:

Quantity	Description	Location
Single row	rigid vinyl flap	at mullion on each weathering flange
Double row	pile with integral plastic fin	at each vent jamb rail
Single row	pile with integral plastic fin	at each vent meeting rail
Single row	vinyl flap	at each vent bottom rail



Quality Accuracy Assurance

Fenestration Testing Laboratory, Inc.

1677 West 31st Place Hialeah, FL 33012 Phone: 305/819-7877 Fax 305/819-7998

Lab. Number 2192
November 10, 1998
Report Number 73
File Number 98-102

Page 1 of 2
L-3179

OFFICIAL TEST REPORT

MANUFACTURER:	Kinco Limited	DESIGNATION:	F-LC50 - 112 x 56
ADDRESS:	P.O. Box 6398 Jacksonville, Florida 32236	SPECIFICATIONS:	AAMA/NWWDA 101/I.S.2.-97

DESCRIPTION OF UNIT

Model Designation: Series: TW-1-CT; Aluminum Circle Top Fixed Window
Overall Size: 9' 4" (112") by 4' 8" (56") high by 2.376" deep.
Configuration: O

MATERIAL CHARACTERISTICS

Frame Construction: Test unit has a flange type frame, butt joints and a white coated finish. Frame corners were fastened with two No. 8 by 1" pan head sheet metal screws. Size of frame members are as follows: circle top 0.625" by 2.376" by 1.125"; frame sill 0.555" by 2.506" by 0.740". Frame members are solid extrusions with a typical wall thickness of 0.055".

Glazing:

Material: 3/4" overall insulated using two lights of 3/16" annealed glass with a 3/8" air space between the two lights of glass.

Method: Unit is interior glazed with 1/2" glazing penetration using a double sided glazing tape and an extruded aluminum glazing channel with foam between the bead and glass. Glazing bead was fastened to frame with a single row of No. 8 by 1 1/4" pan head sheet metal screws, location of fasteners are as follows: circle top from the left, 1 3/4", 19 1/2", 38 3/8", 59 3/8", 81", 108", 127 3/4", 146 3/4", 164 3/4"; frame sill from the left, 5 1/4", 24 7/8", 44 1/2", 64", 84 3/4", 104 1/2".

Daylight Opening: Clear opening, 108 1/2" by 53" high, approximately 34.2 square feet.

Weatherstripping: None

Hardware: None

Weepholes: None

Reinforcement: None

Sealants: Frame corners were sealed with a clear colored sealant. Installation screws were sealed with a white colored sealant.

Pads: None

Screen: Not applicable

Unit Installation: Test unit installed in a 2 X 12 wood test buck. Frame installed with a single row of No. 8 by 1 1/4" pan head sheet metal screws at perimeter of frame. Location of installation screw spacing are as follows: circle top from bottom left, 1 3/4", 22 1/4", 42 1/4", 63 1/4", 86 1/2", 111", 132 1/4", 151 1/4", 171 1/4"; frame sill from the left, 7", 26 1/2", 46 1/4", 66", 85 1/2", 105".

Product markings: None

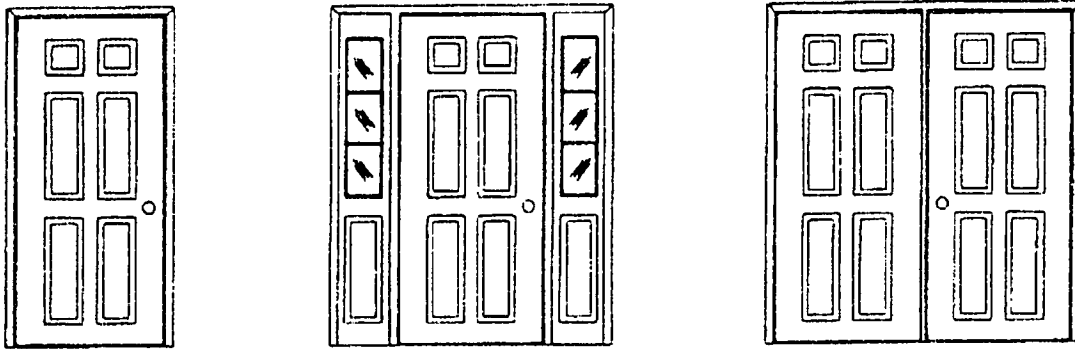
OFFICIAL TEST RESULTS

Paragraph Number	Title of Test	Measured	Allowed
2.1.2	Air Infiltration Test: (ASTME283-96) at 1.57 psf	0.05 cfm/sq.ft. (0.28 cml)	Passed 0.3 (1.67) maximum

Note: The tested specimen meets or exceeds the performance levels specified in specification reference for air infiltration.

NORANDEX/REYNOLDS DISTRIBUTION COMPANY
4504 30TH STREET WEST
BRADENTON, FLORIDA 34207
941-371-7395 FAX 941-351-2166

PRODUCT CERTIFICATION
FOR
STEEL ENTRY DOORS

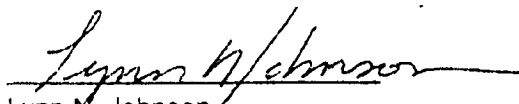


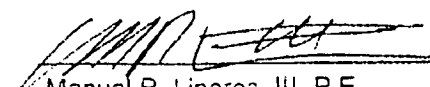
Product Description: 1 1/4" thick, 22 gage steel, urethane foam filled, out-swing & in-swing doors with 20 gage steel stiles and rails in a 4 1/2" x 1 1/4" wood frame with an aluminum sill. Side lites of similar construction.

Norandex, Inc., certifies that the products listed above meet all applicable requirements of the 1997 Standard Building Code, for residential and light commercial structures, within the limitations described herein. However, the responsibility for selection of Norandex products to meet any applicable local law, building code, ordinance or other requirement rest solely with the architect, building owner or contractor.

This product certification is intended for use on multiple projects where Norandex products are installed. Therefore, reproduction of this certification and the attached product information is allowed in conjunction with project permitting.

See additional pages for the specific conditions of this certification.


Lynn W. Johnson
Engineering Manager


Manuel R. Linares, III, P.E.
Fl. Reg. Eng. 44041
June 25, 1999



INSTALLATION AND OPERATING INSTRUCTIONS

GOLDEN BLOUNT SUPER-FIRE MODEL SF3624-TV TOP-VENT FIREPLACE

A.G.A. APPROVED FOR NATURAL GAS OR PROPANE GAS



IMPORTANT! Read all instructions carefully before starting installation. Failure to follow these instructions may result in property damage, personal injury or possible loss of life.

WARNING: Improper installation, adjustment, alteration, service or maintenance can cause injury or property damage. Refer to this manual. For assistance or additional information consult qualified installer, service agency or the gas supplier.

FOR YOUR SAFETY

Do not store or use gasoline or other flammable vapors and liquids in the vicinity of this or any other appliance.

FOR YOUR SAFETY

WHAT TO DO IF YOU SMELL GAS:

1. Do not try to light any appliance.
2. Do not touch any electrical switch; Do not use any phone in your building.
3. Immediately call your gas supplier from a neighbor's phone and follow the gas supplier's instructions.
4. If you cannot reach your gas supplier, call the fire department.

- The Flue Damper must be in the full open position when burning the gas logs.
- This fireplace is to be burned only with the gas log set supplied with the fireplace. Burning other items could cause a fire hazard or injury.
- For best results, Natural Gas pressure should be 7" to 12" W.C. and 11" W.C. for Propane Gas.
- To simulate real wood burning, the gas burner is designed to burn a yellow flame. It is normal for the logs to soot-up. The soot can be easily removed with a vacuum cleaner or soft brush.
- Check the label on the firebox to assure the proper gas type. Never use anything but the correct gas type for your fireplace.

This appliance complies with National Safety and is tested and listed by A.G.A. to ANSI Z21.50 - 1996 as Vented Decorative Gas appliance. Installation must conform to local codes. In the absence of local codes, installation must conform with the current National Fuel Gas Code, ANSI Z223.1.

MANUFACTURED BY:

Golden Blount
4200 WESTGROVE DRIVE
DALLAS, TX. 75248

Massachusetts State Code requires damper to be welded open or removed.

BUILDING CODES AND SAFETY STANDARDS

The design of this FIREPLACE ACCESSORY has been tested and is listed with INTERNATIONAL APPROVAL SERVICES in accordance with THE AMERICAN NATIONAL STANDARDS INSTITUTE - ANSI Z21.11.2, I.A.S. Test Report No. L3924002.

This manual serves only as a basic guideline for installation and use of this firebox and gas piping. The complete installation must be in accordance with local codes and ordinances, or, in the absence of local codes, with the American National Standards Institute National Fuel Gas Code Z223.1 latest edition.

GENERAL INFORMATION

MODEL SF3624-TV IS A TOP-VENTED DECORATIVE GAS APPLIANCE. IT IS DESIGNED TO BURN BY DRAWING COMBUSTION AIR FROM THE OUTSIDE AIR KIT THAT ATTACHES TO THE LEFT SIDE OF THE FIREPLACE.

THE EXHAUST FLUE GASES ARE TO BE VENTED THROUGH THE TOP-VENT USING 8" B-TYPE GAS VENT PIPE. ALL-FUEL CLASS A CHIMNEY PIPE MAY ALSO BE USED.

THE CONTROL SYSTEM IS A MILLIVOLT TYPE THAT INCLUDES A ON-OFF SHUT-OFF VALVE, A GAS CONTROL VALVE, A STANDING PILOT LIGHT ASSEMBLY, PIEZO IGNITOR AND ON-OFF ROCKER SWITCH.

WARNING: THIS UNIT IS NOT FOR USE WITH SOLID FUEL.

NOTE: INSTALLATION AND REPAIR SHOULD BE DONE BY A QUALIFIED SERVICE PERSON. THE APPLIANCE SHOULD BE INSPECTED BEFORE USE AND AT LEAST ANNUALLY BY A PROFESSIONAL SERVICE PERSON. MORE FREQUENT CLEANING MAY BE REQUIRED DUE TO EXCESSIVE LINT FROM CARPETING, BEDDING MATERIAL, ETC. IT IS IMPERATIVE THAT THE UNITS CONTROL COMPARTMENT, BURNERS, AND CIRCULATING AIR PASSAGE-WAYS BE KEPT CLEAN TO PROVIDE ADEQUATE COMBUSTION AND VENTILATION AIR.

CLEARANCES REQUIRED

MINIMUM CLEARANCES FOR THE FIREBOX ARE:

1/2" ON THE SIDES AND BACK AND 0 AT THE BOTTOM. TOP CLEARANCE IS 3" WHICH IS THE HEIGHT OF TOP STANDOFFS, SEE FIGURE 7.1 FOR FRAMING DIMENSIONS:

NOTE: PROVIDE ADEQUATE CLEARANCES AROUND AIR OPENINGS INTO THE COMBUSTION CHAMBER.

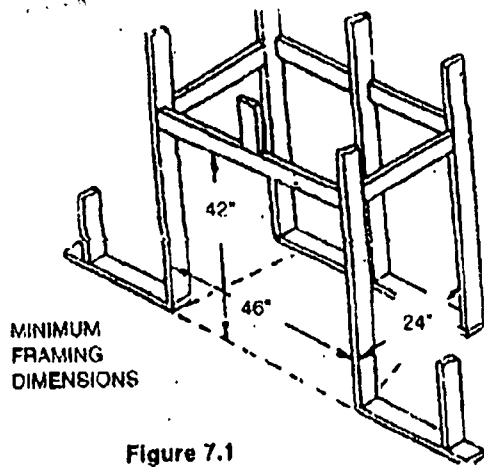
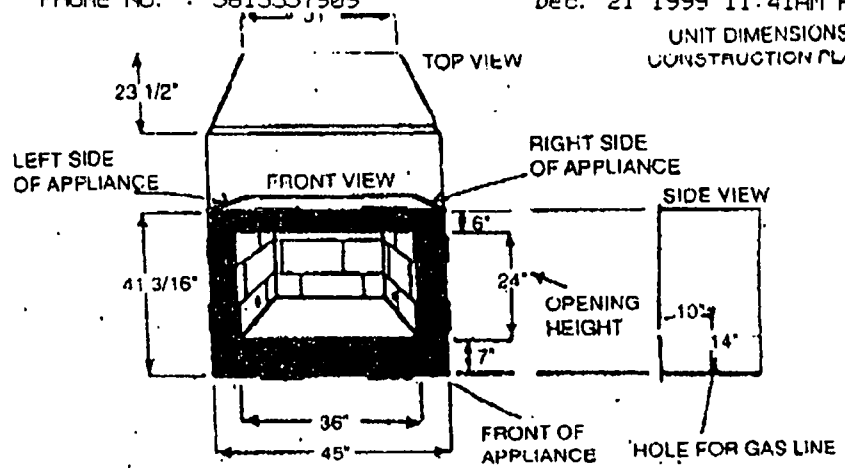


Figure 7.1



Installing Chimney/Vent System

Model SF3624-TV is approved to be used with 8" B-Type Gas Vent or 8" Class-A All Fuel Chimney. Refer to manufacturers venting specifications for pipe installation. **Note: (90-degree elbows are not approved!)** In the event of draft related problems due to extreme wind conditions a special draft inducing cap is available.

Warning! This gas appliance must not be connected to a chimney flue serving a Separate solid-fuel burning appliance.

Installing Outside Air Kit

Model SF3624-TV is supplied with the component parts for outside combustion with the exception of the 4" flex duct. It is recommended that the outside air system be used whenever possible. Connect 4" Class-1 Flex duct or Metal Vent to duct collar on side of firebox, run duct to fresh air source and terminate using duct Termination Cap. The Outside air can be opened by pulling control knob toward front of fireplace and closed By pushing back (Refer to figure 7.2).

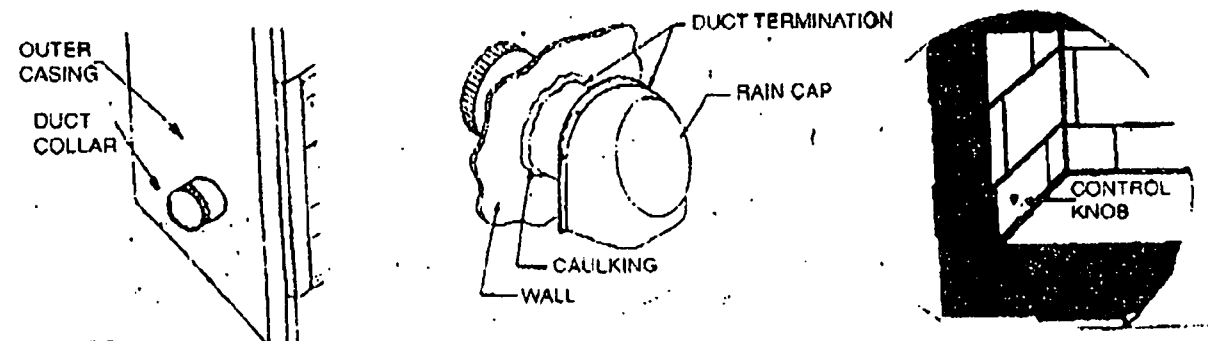


Figure 7.2

Connecting the Gas Line

Consult local building codes before gas line installation. This gas fireplace is designed to accept a 3/8" male flare fitting attached to a 1/2" supply line. Have the gas line installed by a qualified service person in accordance with all building codes. Install gas line to fireplace on the right side attaching gas line to the gas flex line inside the control box accessed by opening the control box door.

S/N 5859

RIGHT-J SHORT FORM
File name: ARKFOLUB.BLD

11-23-99

Job #: FOLLWEILER RESIDENCE
M.BED SYSTEM

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

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

FL 34990

HEATING EQUIPMENT

Make TRANE
Model SKW
Type
Efficiency / HSPF 1.0
Heating Input 0 Btuh
Heating Output 17000 Btuh
Heating Temp Rise 19 Deg F
Actual Heating Fan 800 CFM
Htg Air Flow Factor 0.049 CFM/Btuh

COOLING EQUIPMENT

Make TRANE
Model TTN024D100/TVF024140
Type
COP/EER/SEER 11.0
Sensible Cooling 16400 Btuh
Latent Cooling 6000 Btuh
Total Cooling 22400 Btuh
Actual Cooling Fan 800 CFM
Clg Air Flow Factor 0.064 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 75

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
M.BED	352	9014	6548	443	420
POWER	96	1045	1037	51	67
CLOSET	60	1346	1002	66	64
M.BATH	280	4859	3876	239	249
Entire House	788	16264	12463	800	800
Ventilation Air Equip. @ 0.95 RSM		0	0		
Latent Cooling			11840		
			4154		
TOTALS	788	16264	15994	800	800

S/N 5859

RIGHT-J SHORT FORM
File name: ARKFOLLOW.BLD

11-23-99

Job #: FOLLWEILER RESIDENCE
For: LIVING SYSTEM

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

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

FL 34990

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE
Model 15KW
Type
Efficiency / HSPF 1.0
Heating Input 0 Btuh
Heating Output 51000 Btuh
Heating Temp Rise 23 Deg F
Actual Heating Fan 2000 CFM
Htg Air Flow Factor 0.055 CFM/Btuh

Make TRANE
Model TTN060D100/TWE060C140
Type
COP/VEER/SEER 11.0
Sensible Cooling 39500 Btuh
Latent Cooling 19500 Btuh
Total Cooling 59000 Btuh
Actual Cooling Fan 2000 CFM
Clg Air Flow Factor 0.059 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 74

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
CABANA	100	2392	1753	132	103
G.BED	260	4274	3145	235	185
LAUNDRY	88	2127	2284	117	134
FAMILY/DINING	644	8575	8888	472	523
KITCHEN	288	871	2930	48	172
LIVING	396	7174	5594	395	329
MEDIA	168	3211	2530	177	149
BED#2	192	2736	1937	150	114
BATH#2	104	1992	1373	110	81
BED#3	208	3006	3537	165	208
Entire House	2448	36356	33970	2000	2000
Ventilation Air		0	0		
Equip. @ 0.95 RSM			32272		
Latent Cooling			11812		
TOTALS	2448	36356	44084	2000	2000

S/N 5859

RIGHT-J SHORT FORM
File name: ARKFOLLOW.BLD

11-23-99

Job #: FOLLWEILER RESIDENCE
LIVING SYSTEM

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

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

FL 34990

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE
Model 15KW
Type
Efficiency / HSPF 1.0
Heating Input 0 Btuh
Heating Output 51000 Btuh
Heating Temp Rise 23 Deg F
Actual Heating Fan 2000 CFM
Htg Air Flow Factor 0.055 CFM/Btuh

Make TRANE
Model TTN060D100/TWE060C140
Type
COP/EER/SEER 11.0
Sensible Cooling 39500 Btuh
Latent Cooling 19500 Btuh
Total Cooling 59000 Btuh
Actual Cooling Fan 2000 CFM
Clg Air Flow Factor 0.059 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 74

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
CABANA	100	2392	1753	132	103
G.BED	260	4274	3145	235	185
LAUNDRY	88	2127	2284	117	134
FAMILY/DINING	644	8575	8888	472	523
KITCHEN	288	871	2930	48	172
LIVING	396	7174	5594	395	329
MEDIA	168	3211	2530	177	149
BED#2	192	2736	1937	150	114
BATH#2	104	1992	1373	110	81
BED#3	208	3006	3537	165	208
Entire House	2448	36356	33970	2000	2000
Ventilation Air Equip. @ 0.95 RSM		0	0		
Latent Cooling			32272		
			11812		
TOTALS	2448	36356	44084	2000	2000

S/N. 5859

RIGHT-J SHORT FORM
File name: ARKFOLUB.BLD

11-23-99

Job #: FOLLWEILER RESIDENCE
M.BED SYSTEM

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

FL 34990

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

HEATING EQUIPMENT

Make TRANE
Model 5KW
Type
Efficiency / HSPF 1.0
Heating Input 0 Btuh
Heating Output 17000 Btuh
Heating Temp Rise 19 Deg F
Actual Heating Fan 800 CFM
Htg Air Flow Factor 0.049 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT

Make TRANE
Model TTN024D100/TVF024140
Type
COP/EER/SEER 11.0
Sensible Cooling 16400 Btuh
Latent Cooling 6000 Btuh
Total Cooling 22400 Btuh
Actual Cooling Fan 800 CFM
Clg Air Flow Factor 0.064 CFM/Btuh

Load Sensible Heat Ratio 75

ROOM NAME	AREA SQ.FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
M.BED	352	9014	6548	443	420
POWER	96	1045	1037	51	67
CLOSET	60	1346	1002	66	64
M.BATH	280	4859	3876	239	249
Entire House	788	16264	12463	800	800
Ventilation Air Equip. @ 0.95 RSM		0	0		
Latent Cooling			11840		4154
TOTALS	788	16264	15994	800	800

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: New Projectarkfol Address: Lot 22 of the Plantation of Sewalls Point City, State: Sewalls Point, FL Owner: Robert O. & Paula Follweiler Climate Zone: South	Builder: ARK Homes Const. Inc. Permitting Office: Permit Number: Jurisdiction Number:
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">1. New construction or existing</td> <td style="width: 10%; text-align: center;">New</td> <td style="width: 5%; text-align: center;">___</td> </tr> <tr> <td>2. Single family or multi-family</td> <td style="text-align: center;">Single family</td> <td style="text-align: center;">___</td> </tr> <tr> <td>3. Number of units, if multi-family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">___</td> </tr> <tr> <td>4. Number of Bedrooms</td> <td style="text-align: center;">4</td> <td style="text-align: center;">___</td> </tr> <tr> <td>5. Is this a worst case?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">___</td> </tr> <tr> <td>6. Conditioned floor area (ft²)</td> <td style="text-align: center;">3976 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td>7. 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Glass/Floor Area: 0.18	Total as-built points: 47805.00	PASS
	Total base points: 53582.00	

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

PREPARED BY: M


DATE: 11-17-99

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

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

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

BASE	AS-BUILT
GLASS TYPES	
.18 X Conditioned X BSPM = Points Floor Area	Type/SC Ornt Overhang Len Hgt Area X SPM X SOF = Points
.18 3976.0 53.20 38076.1	Double, Clear W 2.0 6.5 72.0 58.70 0.88 3708.8
	Double, Clear W 10.0 10.0 144.0 58.70 0.56 4752.3
	Double, Clear W 10.0 3.5 36.0 58.70 0.40 854.6
	Double, Clear S 2.0 2.5 8.0 55.75 0.56 248.4
	Double, Clear S 2.0 6.5 36.0 55.75 0.82 1643.3
	Double, Clear S 38.0 10.0 72.0 55.75 0.43 1718.1
	Double, Clear S 2.0 6.5 36.0 55.75 0.82 1643.3
	Double, Clear S 2.0 10.0 21.0 55.75 0.92 1082.6
	Double, Clear E 10.0 6.5 36.0 65.05 0.44 1028.4
	Double, Clear E 16.0 10.0 96.0 65.05 0.43 2692.9
	Double, Clear E 2.0 6.5 36.0 65.05 0.88 2051.4
	Double, Clear E 2.0 2.5 12.0 65.05 0.59 460.4
	Double, Clear E 2.0 10.0 48.0 65.05 0.95 2968.7
	Double, Clear N 60.0 6.5 18.0 31.47 0.61 343.3
	Double, Clear N 2.0 6.5 36.0 31.47 0.91 1036.4
	As-Built Total: 707.0 26233.1
WALL TYPES Area X BSPM = Points	Type R-Value Area X SPM = Points
Adjacent 586.0 1.0 586.0	Concrete, Int Insul, Exterior 5.4 2401.0 1.92 4609.9
Exterior 2401.0 2.70 6482.7	Frame, Wood, Adjacent 11.0 586.0 1.00 586.0
Base Total: 2987.0 7068.7	As-Built Total: 2987.0 5195.9
DOOR TYPES Area X BSPM = Points	Type Area X SPM = Points
Adjacent 24.0 2.60 62.4	Adjacent Insulated 24.0 2.60 62.4
Exterior 0.0 0.00 0.0	
Base Total: 24.0 62.4	As-Built Total: 24.0 62.4
CEILING TYPES Area X BSPM = Points	Type R-Value Area X SPM = Points
Under Attic 3976.0 0.80 3180.8	Under Attic 30.0 3976.0 0.80 3180.8
Base Total: 3976.0 3180.8	As-Built Total: 3976.0 3180.8
FLOOR TYPES Area X BSPM = Points	Type R-Value Area X SPM = Points
Slab 361.0(p) -20.0 -7220.0	Slab-On-Grade Edge Insulation 0.0 361.0(p) -20.00 -7220.0
Raised 0.0 0.00 0.0	
Base Total: -7220.0	As-Built Total: -7220.0

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

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

BASE			AS-BUILT			
INFILTRATION	Area X	BSPM = Points	Area X SPM = Points			
3976.0	18.79	74709.0	3976.0	18.79	74709.0	
Summer Base Points: 115877.0			Summer As-Built Points: 102161.2			
Total Summer Points	X System Multiplier	= Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier X Credit Multiplier = Cooling Points
115877.0	0.3560	41252.2	102161.2	0.625	1.008	0.341 1.000 21954.3
			102161.2	0.375	1.008	0.341 1.000 13172.6
			102161.2	1.00	1.008	0.341 1.000 35126.8

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES											
.18	X	Conditioned	X BWPM = Points	Type/SC	Ornt	Overhang Len Hgt		Area X	WPM X	WOF =	Points
		Floor Area									
.18		3976.0	2.02 1448.9	Double, Clear	W	2.0 6.5	72.0	2.26	1.00		162.5
				Double, Clear	W	10.0 10.0	144.0	2.26	1.03		333.8
				Double, Clear	W	10.0 3.5	36.0	2.26	1.03		83.9
				Double, Clear	S	2.0 2.5	8.0	1.49	1.27		15.2
				Double, Clear	S	2.0 6.5	36.0	1.49	1.04		55.7
				Double, Clear	S	38.0 10.0	72.0	1.49	1.44		154.8
				Double, Clear	S	2.0 6.5	36.0	1.49	1.04		55.7
				Double, Clear	S	2.0 10.0	21.0	1.49	1.01		31.5
				Double, Clear	E	10.0 6.5	36.0	1.64	1.18		69.8
				Double, Clear	E	18.0 10.0	96.0	1.64	1.19		186.7
				Double, Clear	E	2.0 6.5	36.0	1.64	1.03		60.6
				Double, Clear	E	2.0 2.5	12.0	1.64	1.08		21.3
				Double, Clear	E	2.0 10.0	48.0	1.64	1.02		80.0
				Double, Clear	N	60.0 6.5	18.0	2.60	0.95		44.4
				Double, Clear	N	2.0 6.5	36.0	2.60	0.99		92.7
				As-Built Total:				707.0			1448.4
WALL TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points	
Adjacent		586.0	0.5 293.0	Concrete, Int Insul, Exterior		5.4		2401.0	0.86	2064.9	
Exterior		2401.0	0.60 1440.6	Frame, Wood, Adjacent		11.0		586.0	0.50	293.0	
Base Total:			2987.0 1733.6	As-Built Total:				2987.0			2357.9
DOOR TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points	
Adjacent		24.0	1.30 31.2	Adjacent Insulated				24.0	1.30	31.2	
Exterior		0.0	0.00 0.0								
Base Total:			24.0 31.2	As-Built Total:				24.0			31.2
CEILING TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points	
Under Attic		3976.0	0.10 397.6	Under Attic		30.0		3976.0	0.10	397.6	
Base Total:			3976.0 397.6	As-Built Total:				3976.0			397.6
FLOOR TYPES Area X BWPM = Points				Type		R-Value		Area X WPM =		Points	
Slab		361.0(p)	-2.1 -758.1	Slab-On-Grade Edge Insulation		0.0		361.0(p)	-2.10	-758.1	
Raised		0.0	0.00 0.0								
Base Total:			-758.1	As-Built Total:							-758.1

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE			AS-BUILT			
INFILTRATION	Area X BWPM =	Points	Area X WPM = Points			
3976.0	-0.06	-238.6	3976.0	-0.06	-238.6	
Winter Base Points:		2614.6	Winter As-Built Points:			3238.4
Total Winter Points	X System Multiplier	= Heating Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier X Credit Multiplier = Heating Points
2614.6	1.0900	2849.9	3238.4	0.600	1.054	1.000 1.000 2047.5
			3238.4	0.400	1.054	1.000 1.000 1365.0
2614.6	1.0900	2849.9	3238.4	1.00	1.054	1.000 1.000 3412.5

WATER HEATING & CODE COMPLIANCE STATUS

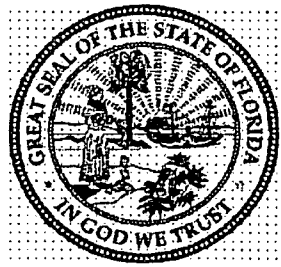
Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
WATER HEATING											
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Multiplier	= Total	
4		2370.00	9480.0	40.0	0.90	4		1.00	2316.36	1.00	9265.4
				As-Built Total:						9265.4	

CODE COMPLIANCE STATUS										
BASE					AS-BUILT					
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+ Hot Water Points	= Total Points
41252.2		2849.9		9480.0	53582.1	35126.8		3412.5	9265.4	47804.7

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.6

The higher the score, the more efficient the home.

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? Yes <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3976 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 707.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 361.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=5.4, 2401.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent R=11.0, 586.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 3976.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.0, 105.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 95.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Resistance <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></p> <p>15. HVAC credits <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating) <input type="checkbox"/></p>	<p>Cap: 60.0 kBtu/hr <input type="checkbox"/></p> <p>SEER: 10.00 <input type="checkbox"/></p> <p>Cap: 36.0 kBtu/hr <input type="checkbox"/></p> <p>SEER: 10.00 <input type="checkbox"/></p> <p>Cap: 51.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 40.0 gallons <input type="checkbox"/></p> <p>EF: 0.90 <input type="checkbox"/></p>
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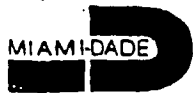
I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: Ronald A. Benthon, Pres. Date: 12-20-99
ARC Homes Const. Inc.

Address of New Home: Lot 22 City/FL Zip: Sewalls Pt., FL
of the Platitation of
Sewalls Pt.



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Polyfoam Products, Inc.
P.O. Box 1132
Spring TX 77383-1132

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

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

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

Your application for Product Approval of:

Two Component Polyurethane Foam Adhesive

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

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0423.01 (Revises No.: 98-0303.02)

Expires: 04/16/2001

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 07/16/1999

1 of 8



FRSA & NTRMA MODEL TILE SPECIFICATIONS

System Three Mortar & Adhesive-Set Tile Applications Only

Mortar or Adhesive-Set Tile Specification

DISCLAIMER NOTICE (PLEASE READ CAREFULLY):

This mortar or adhesive-set fastened tile specification is a consensus document developed by a joint Task Force of the Florida Roofing, Sheet Metal and Air Conditioning Contractors Association (FRSA) and the Florida Chapter of the National Tile Roofing Manufacturers Association (NTRMA). It is important to recognize that these recommendations are neither warranties, explicit or implicit, nor representative of the only method by which a mortar or adhesive-set tile system can be installed. Rather, they try to summarize for the designer, applicator or developer good roofing practice and some of the industry standards for the installation of mortar or adhesive-set tiles which have been developed over a period of time from actual trade practice and the requirements of various building code agencies. These specifications may not be applicable in all geographical areas. It is the responsibility of those individuals who are referring to these specifications to independently research and determine which is best for their particular project.

System Three

Mortar & Adhesive Set Tile Applications Only Mortar Or Adhesive Set Tile Specification

NOTE: The following specification was developed for use within the jurisdiction of the local building codes. Different or additional standards may be required in other jurisdictions and should be investigated accordingly. The following table provides the contractor with the choices available for underlayment systems. These systems can only be used on pitches designated in the tables below:

Pitch of Roof	Direct Deck Only	Choice of Underlayment	Plastic or Compatible Cement at Nails Penetrating Underlayment	Reference
2":12" and greater		1. #30 or #43 organic base nailed to deck, min. #74 organic cap sheet in type IV hot asphalt.	Required	3.02 A & 3.02 B
		2. #30 or #43 organic base nailed to deck, min. 60 mil. SBS modified cap sheet in type IV hot asphalt.	See Note Below	3.02 C & 3.02 D
		3. #30 or #43 organic base nailed to deck, min. #74 organic cap sheet in cold applied adhesive.	Required	3.02 E & 3.02 F
		4. #30 or #43 organic base nailed to deck, approved self-adhered membrane bonded to base ply.	See Note Below	3.02 G
		5. Local code approved self-adhered underlayment applied direct to wood deck.	See Note Below	See note below
NOTE: Refer to underlayment manufacturer's recommendations.				

DIVISION 7

This guide specification covers Flat, Low and High Profile Roof Tile, using a minimum 2" tile headlap, or a designed limited headlap, on minimum 15/32" solid decking nailed in compliance with the requirements of the local building codes.

NOTE: Check with local building code for sheathing size requirements.

- 07300 - Shingles and Roofing Tiles.
- 320 - Roofing Tiles.
- Nail-On Tile Specification.

PART I - GENERAL

- 1.01 Related Work Specified Elsewhere
 - A. Rough Carpentry - Section 06100.
 - B. Roof and Deck Insulation - Section 07220.
 - C. Flashing and Deck Insulation - Section 07600.
 - D. Roof Accessories - Section 07700.
- 1.02 Quality Assurance
 - A. Products.
 - 1. Concrete Roof Tile - In compliance with the local building code.
 - 2. Clay Roof Tile - In compliance with ASTM Standard C 1167.
 - B. Requirements of Regulatory Agency
 - 1. South Florida Building Code Chapter 23 & 34 - 19 ____ Edition.

Specification

2.07 Adhesive/Sealer

- A. Structural bonding adhesive - conforming to ASTM C 557 or ASTM D 3498.

2.08 Mortar

A. Materials

1. Cements - Choose one of the following:

a. Blended cement - Mortar shall be tested and approved bagged premixed unit consisting of ASTM type "M" masonry cement, or equivalent, in combination with ASTM C332 lightweight aggregate or ASTM C144 sand.

or,

b. Portland cement - conforming to ASTM C 150, type I.

or,

c. Masonry cement - conforming to ASTM C 91, type M.

2. Sand - Sand, if added to the mixture shall conform to ASTM C 144, uniformly graded, clean and free from organic materials.

- B. Mixes - conforming to ASTM C 270, type M mortar. (2.25 to 2.5 : 1 sand to cement ratio) Choose one of the following:

1. Cement 2.08 A-1-a.

or,

2. Equal combination of cement 2.08 A-1-b and A-1-c.

or,

3. A pre-mix, bagged mortar product.

2.09 Polyurethane adhesives

- A. Polyurethane adhesive conforming to the following specifications.

1. Density conforming to ASTM D 1622.
2. Compressive strength conforming to ASTM D 1621.
3. Tensile strength conforming to ASTM D 1623.
4. Water absorption conforming to ASTM D 2127.
5. Moisture vapor transmission conforming to ASTM E 96.
6. Dimensional stability conforming to ASTM D 2126.
7. Closed cell content conforming to ASTM D 2856.

2.10 Eave Closure

- A. Prefabricated EPDM synthetic rubber conforming to ASTM D 1056.
- B. Prefabricated metal eave closure.
- C. Prefabricated concrete or clay eave closure.
- D. Mortar (color optional) on granular surface underlayments only.

2.11 Coating

- A. Paint - color coordinated paint for painting tile, flashing and/or accessories (optional).
- B. Sealer - for point-up mortar (optional).
- C. Tint Seal - color coordinated sealer for staining tile or accessories (as required).

2.12 Sheathing - Material shall conform to APA rated sheathing.

NOTE: Refer to local building code and Wind Load requirements.

- A. Minimum span rated 32/16; 15/32" thick APA rated sheathing.

PART III - EXECUTION

3.01 Inspection

- A. Verify that surfaces to receive underlayments and roof tile are uniform, smooth, clean and dry.
- B. Do not start roofing installation until the local building official has inspected and approved the decking installation, (where required).

3.02 Underlayment Application - Choose one of the following:

NOTE: In reroofing applications, in order to minimize water damage, it is suggested to eliminate phased application (For systems A-F). On any finished underlayments, cut any fishmouths and seal with approved flashing cement and membrane where applicable.

- A. Hot Mop 30/90 (See Drawing 1)

A two ply roof application commonly called a 'Hot Mop' system. The roof cover is terminated at approved metal flashings. A No. 30 anchor sheet shall be mechanically attached to the wood deck with approved nails and tin caps, round cap nails or other approved fasteners spaced in a 12" grid staggered in two rows in the field, and 6" on center at the laps. Anchor sheet side laps shall be a minimum of 6" and head laps shall be a minimum of 2". Over properly installed anchor sheet, apply one layer of mineral surfaced cap sheet in a full 25 lbs./sq. ±15% mopping of asphalt. Asphalt shall be applied uniformly. Side laps shall be a minimum of 6"; head laps shall be a minimum of 3" and backnailed 12" on center, minimum 3/4" from top edge of sheet.

- B. Hot Mop 43/90 (See Drawing 1)

A two ply roof application commonly called a 'Hot Mop' system. The roof cover is terminated at approved metal flashings. A No. 43 anchor sheet shall be mechanically attached to the wood deck with approved nails

Specification

G. Self-Adhered Underlayment/Anchor Sheet (See Drawing 1)

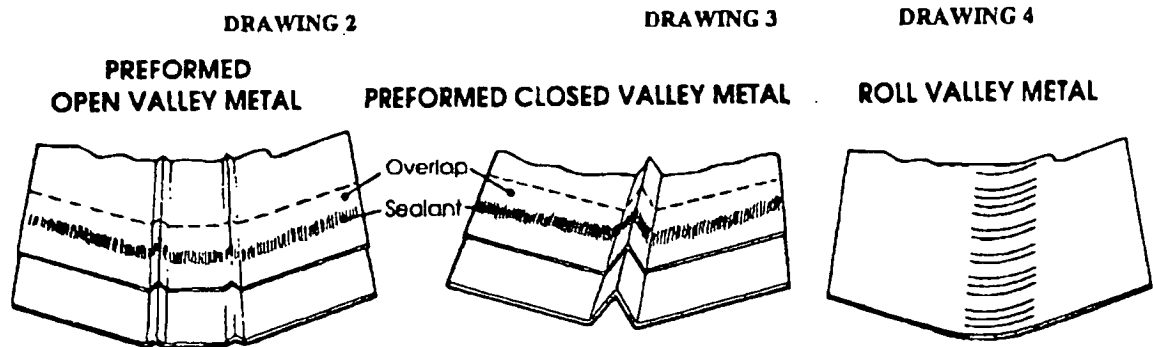
A two ply roof application utilizing a self-adhered single ply underlayment in compliance with the local building code. The roof cover is terminated at approved metal flashings. Any approved No. 30 or No. 43 sheet shall be mechanically attached to the wood deck with approved nails and tin caps, round cap nails or other approved fasteners spaced in a 12" grid staggered in two rows in the field and 6" on center at the laps. Anchor sheet side laps shall be a minimum of 6" and head laps shall be a minimum of 2". Over properly installed anchor sheet, apply one layer of any approved, self-adhered underlayment in compliance with the self-adhered underlayment manufacturers' recommendation.

3.03 Drip Edge Metal - choose one of the following: (For anti-ponding metal, see Section 3.08 C.2.c)

- A. Edge metal shall be installed over the anchor sheet at all perimeters fastened 6" on center with 12 ga. corrosion resistant roof nails or other approved fasteners. All joints shall be lapped a minimum of 2". Continue from eave up rake/gable in same manner, insuring water shedding capabilities of all metal laps. The mineral surface cap sheet shall be bonded to the metal with asphaltic adhesive
- or,
- B. Drip edge metal shall be installed at the eave over the finished cap sheet. The metal shall be fastened 6" on center with 12 ga. corrosion resistant roofing nails, or other approved fasteners. All joints shall be lapped a minimum of 2". The metal and underlayment sheet shall be joined with an 1/8" bed of flashing cement and a 4" strip of asphalt saturated cotton or fiberglass fabric. The fabric shall be fully embedded in the flashing cement.

3.04 Valleys - Choose one of the following: (See Drawings 2, 3 & 4)

- A. Standard roll metal, 16" wide, shall be placed over the anchor sheet in the valley and shall be installed fastened 6" on center with 12 ga. corrosion resistant roof nails, or other approved fasteners placed near the outside edge of the valley metal. All joints shall be lapped a minimum of 6" in a bed of flashing cement. The mineral surface cap sheet shall be bonded to the metal with asphaltic adhesive.
- or,



- B. Preformed metal without returns, 16" wide, shall be placed over the anchor sheet in the valley and shall be installed fastened 6" on center with 12 ga. corrosion resistant roof nails, or other approved fasteners placed near the outside edge of the valley metal. All joints shall be lapped a minimum of 6" in a bed of flashing cement. The mineral surface cap sheet shall be bonded to the metal with asphaltic adhesive.
- or,
- C. Preformed metal without returns 16" wide, shall be installed on top of ply and placed in the valley and fastened 4" on center with 12 ga. corrosion resistant roof nails, or other approved fasteners. All joints shall be lapped a minimum of 6" and apply plastic cement between laps. Granular surface cap sheet shall be joined with a 1/8" bed of flashing cement and a 6" strip of asphalt saturated cotton or fiberglass fabric. The fabric shall be fully embedded in the flashing cement. An optional sweat sheet may be applied prior to the installation of the valley metal and cap sheet.

3.05 Flashing and Counter Flashings at Wall Abutments - (Choose A or B)

- A. Install 4" x 4", "L" metal flush to base of walls with 4" flange on the anchor sheet and nail near the outside edges of metal. Lap joints 4" and apply approved flashing cement between laps. Start at lower portion and work up to insure water tightness. Nail 6" on center near the outside edge of the metal. The mineral surface cap sheet shall be bonded to the metal with asphaltic adhesive (See Drawings 5 & 6).
- or,
- B. Install a 4" x 4" "L" metal on the top ply and fastened 6" on center with 12 ga. corrosion resistant roof nails, or other approved fasteners near the outside edge of the metal. All joints shall be lapped a minimum of 4" and apply plastic cement between laps. Granular surface cap sheet shall be joined with a 1/8" bed of flashing cement and a 6" strip of asphalt saturated cotton or fiberglass fabric. The fabric shall be fully embedded in the flashing cement (See Drawings 7 & 8).
- C. Seal along top edge of vertical flange, covering all nail penetrations with approved flashing cement and membrane where required.

APPROVED: JUL 15 1999

EXPIRES: 04/16/2001

NOTICE OF ACCEPTANCE:

EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA.)

A. DRAWINGS: NONE

B. TESTS:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Center for Applied Engineering	#94-060	Miami Dade Protocol PA 101	04/08/94
Center for Applied Engineering	257818-1PA	Miami Dade Protocol PA 101	12/16/96
Center for Applied Engineering	25-7438-3 25-7438-4	SSTD 11-93	10/25/95
Center for Applied Engineering	25-7438-7	SSTD 11-93	11/02/95
Center for Applied Engineering	25-7492	SSTD 11-93	12/12/95
Miles Laboratories Polymers Division	NB-589-631	ASTM D 1623	02/01/94
Ramtech Laboratories, Inc.	9637-92	ASTM E 108	04/30/93
Southwest Research Institute	01-6743-011	ASTM E 108	11/16/94
Southwest Research Institute	01-6739-062b[1]	ASTM E 84	01/16/95
Trinity Engineering	7050.02.96-1	PA 114	03/14/96
Celotex Corp. Testing Services	528454-2-1 528454-9-1 528454-10-1	Miami Dade Protocol PA 101	10/23/98
Celotex Corp. Testing Services	520109-1 520109-2 520109-3 520109-6 520109-7	Miami Dade Protocol PA 101	12/28/98

Frank Zuloaga, RRC
Product Control Examiner
Product Control Division

Polyfoam Products Inc.

ACCEPTANCE No. : 99-0423.01

APPROVED: JUL 15 1999

EXPIRES: 04/16/2001

NOTICE OF ACCEPTANCE:

EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA.)

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Celotex Corp. Testing Services	520191-1 520109-2-1	Miami Dade Protocol PA 101	03/02/99

C. CALCULATIONS: Walker Engineering, Inc., Evaluation of Tests. Dated 04/07/99

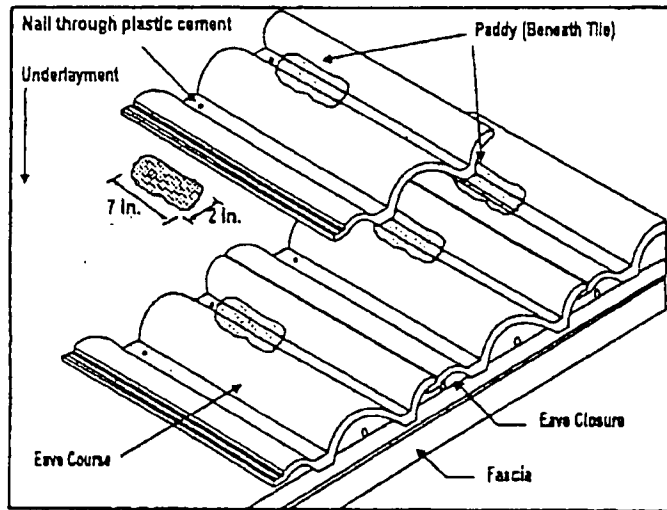
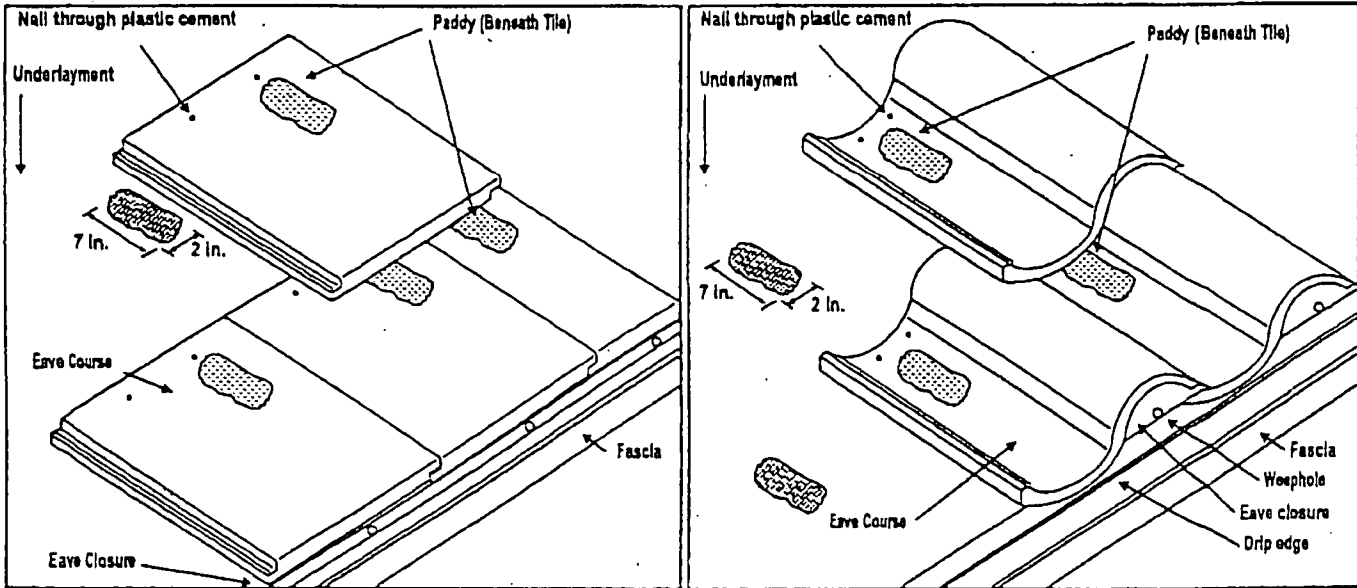
D. MATERIAL CERTIFICATIONS: NONE

E. STATEMENTS: NONE



Frank Zuloaga, RRC
Product Control Examiner
Product Control Division

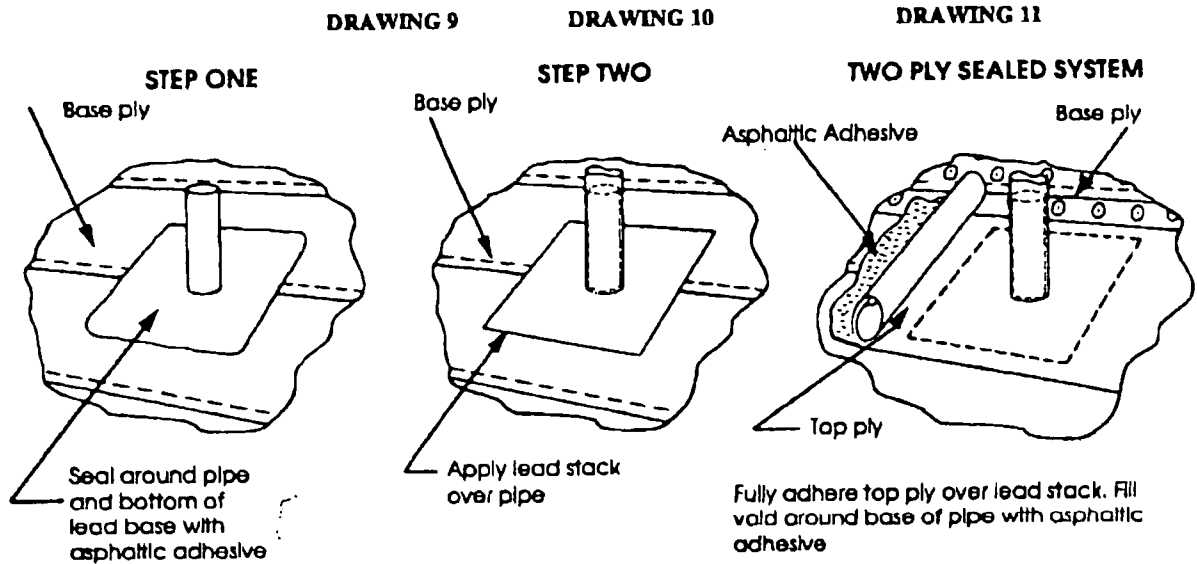
NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS



DETAIL #2

Frank Zuloaga, RRC
Product Control Examiner
Product Control Division

Specification



3.08 Tile Installation

A. Layout - Horizontal.

1. Chalk horizontal lines beginning one tile length from eave less desired overhang. Overhang shall be 3/4" to 2", depending on tile type, use of gutter, or other functional requirements.
2. Chalk succeeding lines to accommodate a minimum 2" headlap unless restricted by product design.
3. Increase headlap when necessary for equal course spacing.

B. Layout - Vertical - Choose one of the following:

1. Staggered/cross bond tile installation - (Recommended for flat tile)
 - a. Gable end - Choose one of the following.
 - i. Chalk vertical lines one full tile and one half tile width plus 1" to 2" from starting gable to accommodate rake tile.
 - or,
 - ii. Chalk vertical lines one full tile and one half tile width from starting gable to accommodate flush finish.
 - iii. Chalk additional lines, if necessary, to maintain alignment.
 - b. Hip roof
 - i. Chalk vertical line 90 degrees from eave line.
 - ii. Chalk second line parallel to first to accommodate staggered/cross bonded tile.
 - iii. Chalk additional lines, if necessary, to maintain alignment.
 - or,
2. Straight bond tile installation - (Not recommended for flat tile)
 - a. Gable end - Choose one of the following.
 - i. Chalk vertical line one full tile width plus 1" to 2" from starting gable to accommodate rake tile.
 - or,
 - ii. Chalk vertical line one full tile width from starting gable to accommodate flush finish.
 - iii. Chalk additional lines, if necessary, to maintain alignment.
 - b. Hip roof
 - i. Chalk vertical line 90 degrees from eave line.
 - ii. Chalk second line parallel to first to accommodate staggered/cross bonded tile.
 - iii. Chalk additional lines, if necessary, to maintain alignment.

C. Tile Installation

1. Stack tile to facilitate installation and minimize tile movement.
2. Eave treatment - Choose one of the following.
 - a. Prefabricated Rubber Eave Closure - install closure strip along eave. Fasten with a minimum 3 fasteners per 36" strip. (See Drawing 12)
 - or,
 - b. Metal Eave Closure - install closure strip along eave. Fasten a minimum of 18" on center. If metal closure is inclusive of the drip edge fasten 6" on center (See Drawing 13).
 - or,
 - c. Raised Fascia/Wood Starter Strip - (See Drawing 14)
 - i. Install fascia board approximately 1 1/2" above roof deck or a minimum 1" x 2" starter strip at roof edge.
 - Choose one of the following:
 - ii. Install tapered cant strip at eave behind fascia and/or starter strip to support metal flashing and ensure positive drainage when using drip edge.

APPROVED : JUL 15 1999

EXPIRES : 04/16/2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

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2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approval", or as specifically stated in the specific conditions of this Acceptance.
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 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
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5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer need not reseal the copies.
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9. This Notice of Acceptance consists of pages 1 through 7 and this last page 8.

END OF THIS ACCEPTANCE



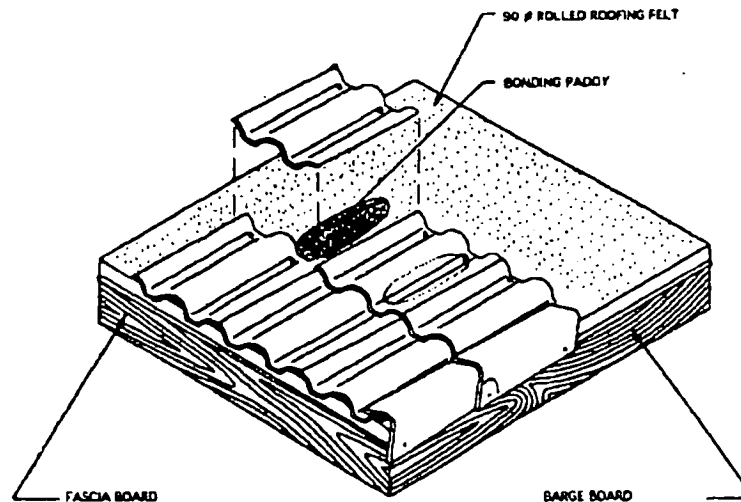
Frank Zuloaga, RRC
Product Control Examiner
Product Control Division

Specification

NOTE: Tile shall be attached to resist the aerodynamic moment determined when using the design pressures for the building and fixing calculations set forth in the local building code..

1. Set tile in a bed of approved mortar / adhesive. Apply 10" minimum length mason trowel of mortar or required amount of adhesive vertically under pan closest to underlock of previously installed tile. For flat tile place mortar adjacent to underlock of previously installed tile. Mortar / adhesive should be placed from head of tile in previous course to head of tile being set. Do not apply mortar / adhesive under headlug of tile, or onto the underlock of adjacent tile which may create a tilted or cocked tile. Mortar / adhesive shall be placed in general compliance with the detail drawings attached hereto.
2. Use half starter/finisher tile when provided or cut/break tile for proper staggering of tile courses when using the staggered/cross bond method of installation.
3. Set tile in stepped course fashion or in a horizontal and/or vertical fashion when utilizing straight bond method.
4. Lay succeeding course of field tile in same manner. Bed of mortar or adhesive should make contact with head of the lower course of tile and underside of tile being set.
5. Cut/break field tile to form straight edge at center of hip/ridge.

DRAWING 16



Mortar and Adhesive Placement for Double Roll -Low Profile Tile

C. Mortar application. Two-Piece Barrel Tile (See drawing 18)

NOTE: Tile shall be attached to resist the aerodynamic moment determined when using the design pressures for the building and fixing calculations set forth in the local building code.

1. Apply 10" mason's trowel of mortar vertically over chalk line and under center of each pan with narrow end facing down roof.
2. Place bed of mortar along inside edges of pans and set covers with wide end facing down roof.
3. Point mortar to form acceptable straight-edge finish insuring contact along edges.
4. Lay succeeding courses of field tile in same manner. Bed of mortar should make contact with head of lower course of tile and underside of tile being set.
5. Cut/break field tile to form straight edge at center of hip/ridge.

D. Adhesive Set Application. Two-Piece Barrel Tile (See drawing 18)

1. Apply adhesive material to the underlayment and/or tile in strict compliance with the adhesive manufacturers recommendations and local building code approval.

NOTE: Tile shall be bonded to resist the design pressures determined in compliance with local building codes.

Specification

2. Open Valley - Chalk a line minimum 2" on both sides valley center. Place bed of color coordinated mortar along outside edge of chalk lines. Miter tile to form straight border and point to match tile surface.
3. Valley with trim tile - Chalk a line down center of valley. Cut / break field tile near center line. Set trim tile in a continuous bed of mortar, lapping tile a minimum of 1". Point mortar and finish to match tile surface. Ensure weep hole at end of valley

or,

B. Preformed Metal Without Returns

1. Closed Valley - Miter tile to form straight border on either side of water diverter (See Drawing 19).
2. Open Valley - Miter tile to form straight border on either side of two water diverters (See Drawing 20).

3.11 Hip Starter - choose one of the following:

A. Prefabricated hip starter

1. Miter tile as hip starter to match eave lines.

or,

B. Use standard hip tiles as starter.

3.12 Hip and Ridge Installation - Choose one of the following:

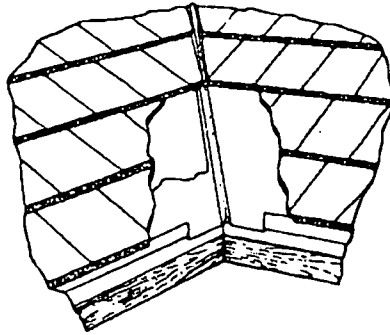
- A. Set hip and ridge tile in a continuous bed of mortar, lapping tile minimum 1". Point mortar and finish to match tile surface.

or,

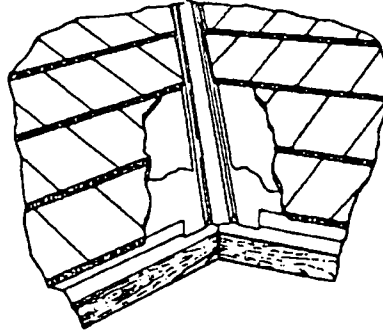
B. Mechanically fasten hip and ridge tiles to nailer board (See section 3.13)

NOTE: A ridge vent or venting within 18" of ridge is recommended on all tile applications using self-adhered underlayment directly to deck. Ridge vents shall be installed per vent manufacturers' recommendation.

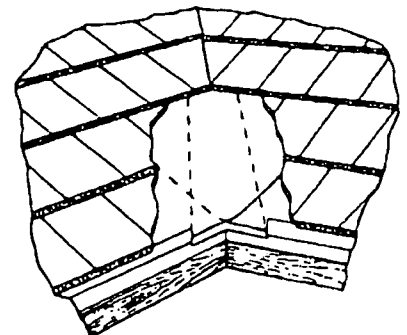
DRAWING 19



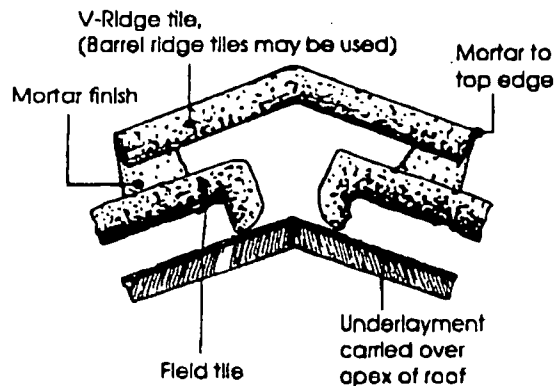
DRAWING 20



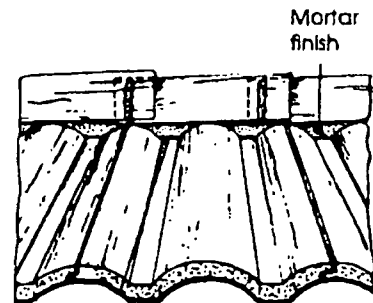
DRAWING 21



DRAWING 22

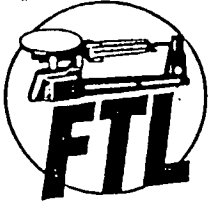


DRAWING 23



3.13 Hip and Ridge Nailer Boards - (Optional)

- A. Install pressure treated nailer boards secured directly to trusses. Fasten with nails or screws of sufficient length to penetrate a minimum of 3/4" into each truss.
- B. Install self-adhered membrane over nailer board and seal to tile surface per membrane manufacturers' recommendation.
- C. Install hip and ridge tiles with nails or screws of sufficient length to penetrate a minimum of 3/4" into nailer board.
- D. Use approved adhesive or clips at overlaps.



Lab. Number 2095
July 15, 1998
Report Number 42
File Number 98-102
Page 1 of 3
L-3030

OFFICIAL TEST REPORT

MANUFACTURER:	Kinco Limited	DESIGNATION:	H-LC55 * - 53 x 63
ADDRESS:	P.O. Box 6398 Jacksonville, Florida 32236	SPECIFICATIONS:	AAMA/NWDA 101/I.S.2.-97

DESCRIPTION OF UNIT

Model Designation: Mark 40/50 HP; Aluminum Single Hung Window
Overall Size: 4' 5" (53") by 5' 3" (63") high by 2.000" deep.
Configuration: O/X
No. & Size of Vents: One extruded aluminum vent, 4' 2 1/8" (50 1/8") by 2' 8 3/8" (32 3/8") high.

MATERIAL CHARACTERISTICS

Frame Construction: Test unit has a flange type frame, butt joints and a white coated finish. Aluminum alloy is 6063-T6. Frame corners were fastened with two No. 8 by 5/8" pan head sheet metal screws. Fixed meeting rail was fastened at each end with one No. 8 by 5/8" pan head sheet metal screw. Overall interior sill height is 2.188". Size of frame members are as follows: frame head 1.000" by 2.050"; frame sill 0.938" by 2.062" by 2.188"; frame jambs 1.188" by 2.000" by 1.938"; fixed meeting rail (hollow extrusion) 1.064" by 1.550" by 2.100". Frame members are solid extrusions, except where noted. Extrusions have a typical wall thickness of 0.062".

Vent Construction: Vent has butt joints and a white coated finish. Aluminum alloy is 6063-T6. Vent corners were fastened with one No. 8 by 1" pan head sheet metal screw. Size of rails are as follows: vent meeting rail (hollow extrusion) 0.812" by 1.500" by 0.984" by 2.000"; vent bottom rail 1.624" by 1.562" by 0.812" by 2.062"; vent jamb rails 0.812" by 0.384" by 0.937". Vent members are solid extrusions, except where noted. Extrusions have a typical wall thickness of 0.062".

Glazing:

Material: Double strength annealed (1/8") glass.

Method: Exterior glazed with 3/8" glazing penetration using a clear colored adhesive bedding compound, Schnee Morehead 5731 and an aluminum rolled glazing bead.

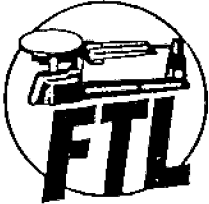
Daylight Opening: Clear openings, eight lights in vent and fixed light, each 11 1/4" by 13 5/8" high.

Weatherstripping:

Quantity	Description	Location
Single row	Pile with integral plastic fin, Amesbury	at each jamb rail of vent and vent meeting rail
Single row	Vinyl flap, Wiborg	at vent bottom rail

Hardware:

Quantity	Description	Location
Two	spring and pulley balance, Caldwell Mfg.	one in each frame jamb
Two	Adjustable spring loaded plastic hook lock, Hughes Supply	at vent bottom rail, 8 1/2" from each end
Two	balance plastic guide	one at each end of vent meeting rail
Four	vent plastic face guide, Progress Plastics	one at each jamb rail of vent, 3 1/2" from each end



Lab. Number 2095
July 15, 1998
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File Number 98-102
Page 2 of 3
L-3030

MATERIAL CHARACTERISTICS

Weepholes:

Quantity	Description	Location
Two	1 1/2" weep notch	at sill screen retainer leg, 3" from each end

Muntins: Three 1.062" by 0.812" deep by 29 1/4" long vertical muntins in fixed light and vent. One 1.062" by 0.812" deep by 49" long horizontal muntin in fixed light and in vent, (8 over 8).

Mullions: None

Reinforcement: None

Sealants: Lower left frame corner was sealed with a white colored sealant, Schnee Morehead 5504.

Pads: One closed cell foam gasket, Frank Lowe Rubber Company, at lower right frame corner.

Screen: Water resistance test performed with and without fiberglass mesh screen installed.

Unit Installation: Test unit installed in a 2 X 12 test buck with a 1 X 3 buck strip. Frame installed with a single row of No. 10 by 1 1/4" flat head sheet metal screws in frame head, frame sill and frame jambs. Approximate spacing of installation screws are as follows: frame head and frame sill, 4" from each end; frame jambs from the bottom, 2 3/4", 15 1/4", 28 1/4", 60".

Product Markings: None

OFFICIAL TEST RESULTS

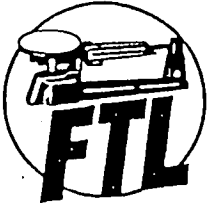
Paragraph Number	Title of Test	Measured	Allowed
4.3	Water Resistance Test: (ASTM E547-96/E331-96) with and without screen, no leakage at	8.25 psf (395.0 pa)	Passed 4.50 (215) minimum
4.4.2	Uniform Structural Load Test: (ASTM E330-96)		Passed
	Exterior Load	82.5 psf (3950 pa)	45.0 (2155) minimum
	Interior Load	82.5 psf (3950 pa)	45.0 (2155) minimum
	Permanent Deformation	0.092 inches (2.34 mm)	0.201 (5.11) maximum

Note: At conclusion of above tests, there was no apparent damage to unit, glass or fasteners.

Reference Section 2: Laboratory Number 1653; Report No. 26; May 1997; L-2998

Test Began - July 13, 1998

Test Completed - July 13, 1998



Lab. Number 2095
July 15, 1998
Report Number 42
File Number 98-102
Page 3 of 3
L-3030

continued:

Remarks: This test report does not constitute certification of this product, but only that the above test results were obtained using the designated test methods and they indicate compliance with the performance requirements (paragraphs as listed) of the above referenced specifications. As per manufacturer, unit complies with section 3, material and component requirements.

Detailed assembly drawings showing wall thickness of all members, corner construction and hardware application are on file and have been compared to the sample submitted. A test sample will be retained at the test laboratory. A copy of this report has been forwarded to the Validator.

Note: Test specimens were covered with a 1.5 mil plastic sheeting to seal from air leakage when load tests were performed, however this had no effect on the above tests results.

Witnessed by:
Mr. Gilbert Diamond, P.E.
Mr. Jay Wyrick
Mr. Dan Duet

FENESTRATION TESTING LABORATORY, INC.

Manny Sanchez
President

Laboratory Technicians:
Jose Vargas
Ryan Robleto

✓ 4 - Kinco, Ltd.
2 - ALI



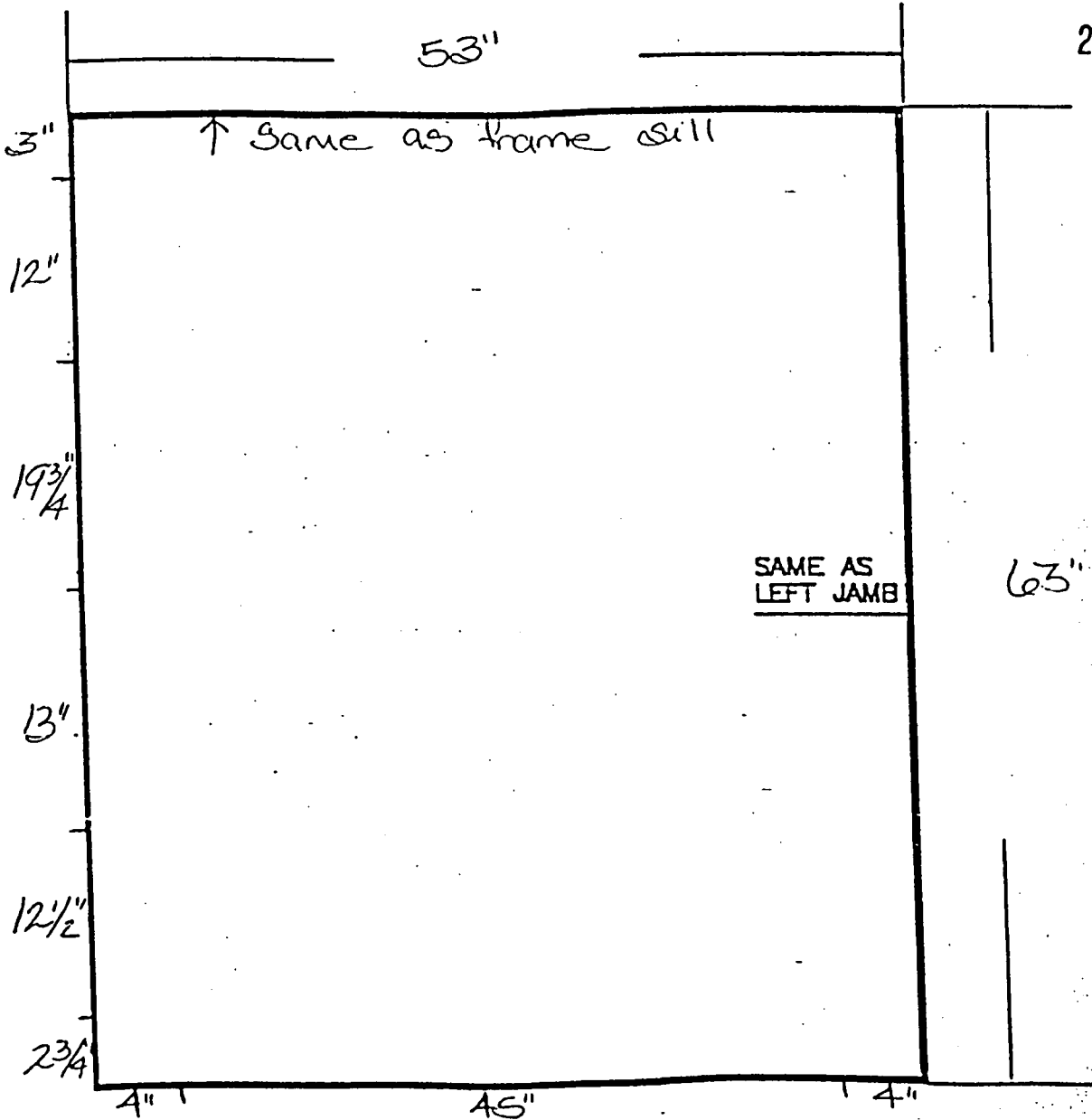
LAB. NO.
CLIENT
UNIT TYPE
INSTALLATION DIA.

2095
Kinco Limited
Aluminum Single
Hung Window

DATE 7-17-98
LAB. TECH. J. Hernandez

FENESTRATION TESTING
LABORATORY, INC.

2095



UNIT TESTED IN A 2 x 12 P.T. OR Y.P. WOOD TEST BUCK WITH A 1 x 3 P.T. OR Y.P. BUCK STRIP INSTALLED USING A:

HEAD Single row of No. 10x1 1/4" F.H. Sheet Metal Screws.
SILL Single row of No. 10x1 1/4" F.H. Sheet Metal Screws.
JAMBS Single row of No. 10x1 1/4" F.H. Sheet Metal Screws.

Kinco Ltd.

ACCEPTANCE No.: 97-0707.11

APPROVED : MAY 0 7 1998

EXPIRES : MAY 0 7 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This approves an aluminum single hung window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

2.1 The Mark-40/50 H.P. Series - Aluminum Single Hung Window with true muntins and its components shall be constructed in strict compliance with the following documents: Drawing No KJAX0020, titled "Series MK 40/50 H.P. S.H. Window," Sheets 1 through 5 of 5, dated 4/18/97, revised on 03/17/98 and 02/10/98, signed and sealed by Ronald R. Rainey, P.E., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

3.1 This approval applies to single unit applications of flange type frame or fin type frame windows only, as shown in approved drawings.
3.2 For Design Pressure Rating vs. Window Size, see Comparative Analysis Tables in Sheets 4 and 5 of 5 of approved drawings.

4. INSTALLATION

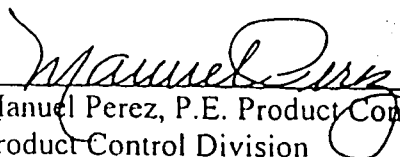
4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings.
4.2 Hurricane protection system (shutters): the installation of this unit will require a hurricane protection system.

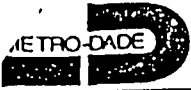
5. LABELING

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

6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:
6.1.1 This Notice of Acceptance
6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Manuel Perez, P.E. Product Control Examiner
Product Control Division



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

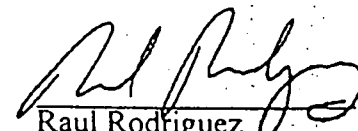
Kinco Ltd.
5245 Old Kings Road
Jacksonville, FL 32254

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

Your application for Product Approval of:
Mark 40/50HP Series; Aluminum Single Hung Window
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with Drawing No. KJAX0020, Sheets 1 thru 5 of 5.*
has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code. The expense of such testing will be incurred by the manufacturer.

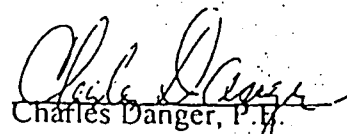
Acceptance No.: 97-0707.11
Expires: 05/07/01


Raul Rodriguez
Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 05/07/98



Kinco Ltd.

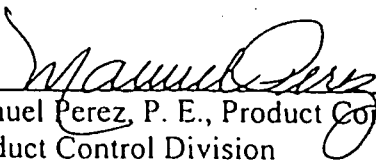
ACCEPTANCE No.: 97-0707.11

APPROVED : MAY 07 1998

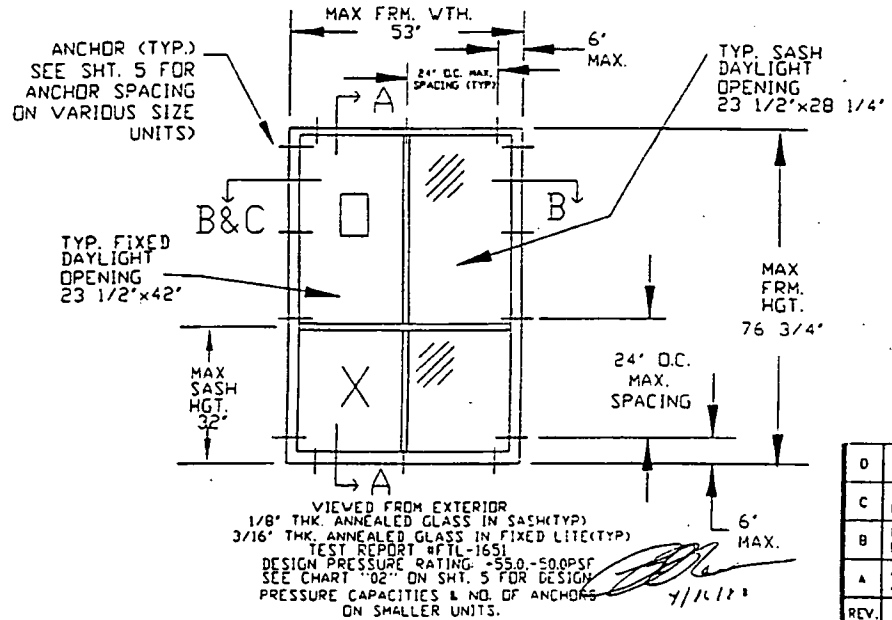
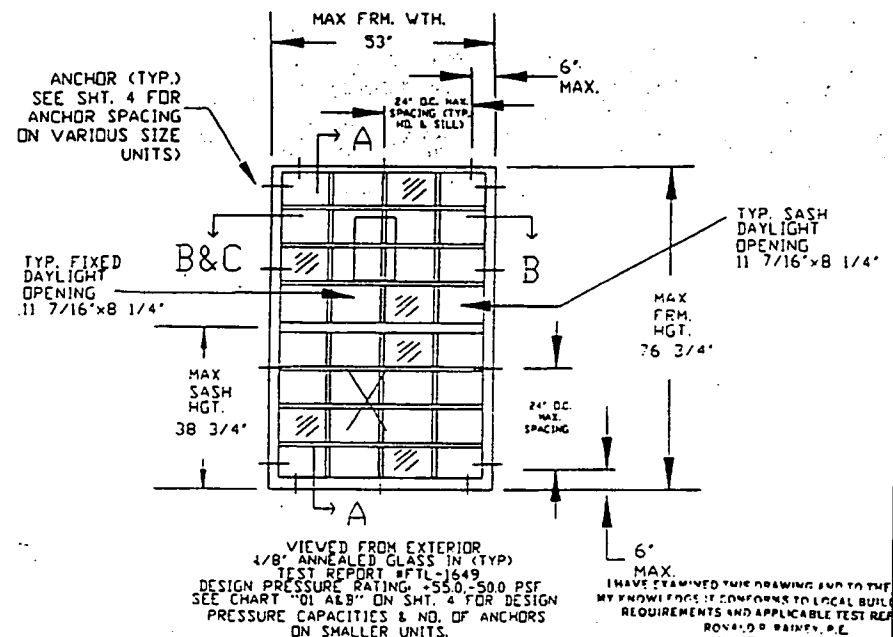
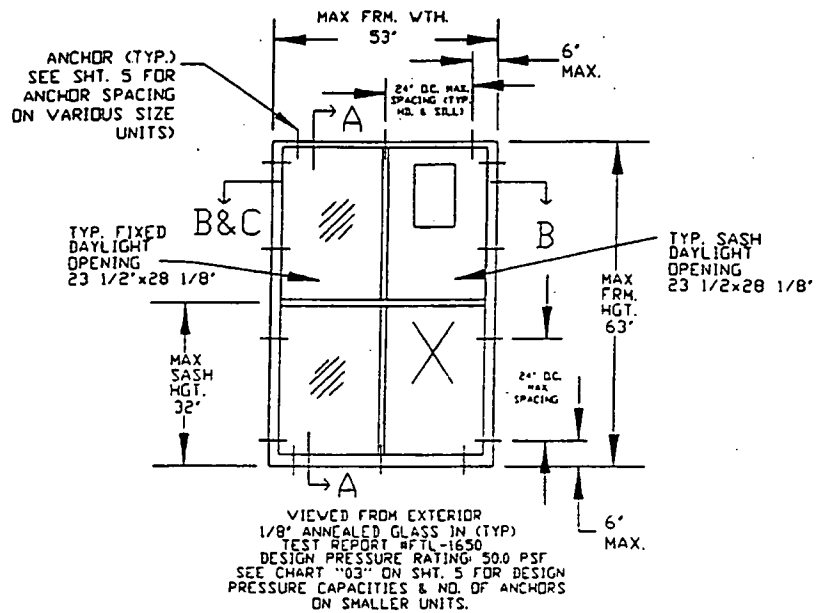
EXPIRES : MAY 07 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted is no longer practicing the engineering profession.
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8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.


Manuel Perez, P. E., Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE



- GENERAL NOTES:
- 1) ONE ANCHOR @ EA. LOCATION (TYP.)
 - 2) SEE SHTS. 2,4,5 & 6 FOR INSTALLATION ANCHOR TYPE, SIZE, QNTY. & EMBEDMENT FOR VARIOUS SUBSTRATES, & SIZES.
 - 3) MAX. ANCHOR SPACING 24' O.C.

I HAVE EXAMINED THIS DRAWING AND TO THE BEST OF MY KNOWLEDGE IT CONFORMS TO LOCAL BUILDING CODE REQUIREMENTS AND APPLICABLE TEST REPORTS.
 RONALD R. PAINY, P.E.
 FL REG. NO. 13897
 CIVIL

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: MAY 7 1998
 BY: Ronald R. Painy
 PRODUCT CONTROL DIV'S ON BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0707.11

REV.	DESCRIPTION	DATE
D	ADDED MAX. ANCHOR SPACING	4-15-98
C	REVISED PER METRO DADE LETTER DATED 3-13-98	3-17-98
B	REVISED PER METRO DADE LETTER DATED 1-28-98	1-30-98
A	ADDITIONAL TITLE BLOCK INFO. ADDED ANCHOR & SPACING INFO.	10-24-97

KINCO, LTD. 5245 OLD KINGS ROAD JACKSONVILLE, FLORIDA 32254

TITLE: SERIES MK 40/50 H.P. S.H. WINDOW ELEVATIONS

ENGINEER: RONALD R. PAINY, P.E. DRW: JS DATE: 4/18/97
 DISCIPLINE: CIVIL SCALE: N.T.S. DWG. NO: KJA0020
 FL REG. NO: 13897 REV. LETTER: D SHEET: 1 OF 5



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Polyfoam Products, Inc.
P.O. Box 1132
Spring TX 77383-1132

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

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

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

Your application for Product Approval of:

Two Component Polyurethane Foam Adhesive

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

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

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

Acceptance No.: 99-0423.01 (Revises No.: 98-0303.02)

Expires: 04/16/2001

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.

Director
Miami-Dade County
Building Code Compliance Office

Approved: 07/16/1999

1 of 8



RECEIVED
NOV 27 2000
BY: _____

BRIAN KRAFT
IRRIGATION BY KRAFT
546-5620

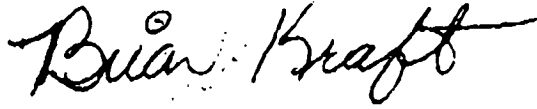
Sewalls Pt Bldg Dept

Re: Robert & Paula Follweiler Residence

To whom it may concern;

I used low volume irrigation devices and automatic rain shutoff devices when installing the irrigation system at lot 22 Sewalls Point Plantation.

Thanks You



Brian Kraft
Kraft Irrigation



Do It Once. Do It Right.

Since 1979

November 28, 2000

Mr. Edwin B. Arnold AIA, CBO
Building Official
Town of Sewall's Point
One Sewall's Point Road
Sewall's Point, FL 34996

FILE

PW 4813


Re: ~~Follweiler Residence~~
~~11 NE Lofton Way~~
Sewall's Point

Dear Mr. Arnold,

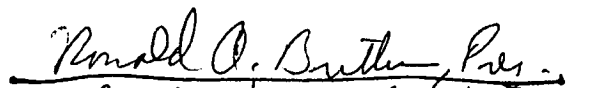
This letter is a guarantee that Gulfstream Aluminum & Shutter Corp. has applied for and is awaiting a Dade County Product Approval for the Colonial type shutters installed at the above residence. The Notice of Approval from Dade County will be submitted to the Town of Sewall's Point within thirty (30) days or the Colonial shutters on the above referenced residence will be removed and replaced with a product carrying a valid Dade County Product of Approval. In the event that the Colonial shutters are replaced the Town of Sewall's Point will be provided with a current Notice of Acceptance for the replacement shutter type.

If you have any questions or need any additional information please do not hesitate to contact me.

Sincerely,


John L. O'Brien
President / CEO
Qualifier

READ, UNDERSTOOD & AGREED.


Ronald A. Smith, Pres.
ARK Homes Const. Inc.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-8, 2000; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4859	Abbot	pool/deck	Reject	Has no thickened
③	108 N.S.P. Rd E.S. UNLIMITED		BG	EDGE with steel + Bor AS per plan, plan show FIBER MIX.
4732	Tetsamanti	tintag &		
①	9 Lofting Way Hufnagel	metal		CANCEL 5/8
4916	Lino	final	Passed	will call Mon. to
④	6 Island Pk. THOMAS F. 1220	hurricane shutters	BG	set up specific time - COMPLIANCE LTR. TO OWNER/CONTR.
4771	VAN WAGNER	FRAMING (REINSP)	Consultation	SOFFIT VENTILATION
②	3 PALAMA WAY ENGINEERED HOMES, INC	AT OFFICE WITH ED. ARNETT ABOUT SOFFIT + A/C IN GARAGE	BG + B	WATER REQUIREMENT - GARAGE AIR HAULER COVER
4813	FOLLOWER	"SPOT CHECK"	OK	DELIVER FIELD COPY
①A	11 N. COFFIN WAY ARC HOMES	INSPECTION	BG	OR PLUMB. SUB (PN 4816)
4832	COCORULLO	FINAL	Passed	called in 8:00 5/8
⑤	20 ISLAND ROAD WILSON BLDGS.	(REMOVED)	BG	
4873	Foster	Tin Tag + Metal	Passed	
	7 TIMOR HEATON ROOFING		BG	

OTHER: GAS UP TRUCK.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/26/00, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4937 (2)	OAKLEY / D. Kinnier Justwood Fence 99 S. SEWALL'S PT. RD	FINAL	Reject W/Fee BG.	Post not cemented AS per plan.
4181 (5)	FOLLWEILER 11 ME. Loring Way	Roof Sheathing MAILING INSP. PRIOR to DRY-IN	Passed BG	
4589 (4)	DEGIODA 130 N. SEWALL'S PT. RD.	TEMP. C.O. WALK- (FOR FINAL) THRU	Partial BG.	SEE LIST Below.
4771 (7)	VONWAGNER 3 PALMA WAY CASTLE HILL	Insulation WALLS ONLY	Passed BG	
4613 (3)	SUBIN 8 PALM CT.	FINAL (REINSPECT)	Passed BG.	1. Vents in soffits 2. Vents in utility Rm. FOR GAS HEATER 3. 42" RAILING - Need letter FROM ARCHITECT.
4732 (6)	JETTAMANTE 19 Loring Way <i>gary 884-8824</i>	GAS VALVE (REPAIRED LEAK) you can call if you don't want to go.	Passed BG.	25 PSI
4929 (1)	DEANEY 116 S. SEWALL'S PT. RD.	FINAL (-ROOF)	Passed BG.	

OTHER: # 4589 **(1)** ELEVATOR NOT HOOKED UP. + Need seal letter
(2) SEAL ALL Holes in Basement **(3)** Need GFI AT BOTH ENDS of
 Island. **(4)** Hooked up Elec. Bond to water heater. **(5)** Need hose bit
 INSPECTOR (Name/Signature): *Syphon Devices* **(6)** All SINKS + FIXTURES To be
 installed. **(7)** Need ATTIC ACCESS COVER **(8)** Need ACCESS FOR WHIRLPOOL
(9) Need RAILING AT A/C AREA ON 2ND FL.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-26-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4817	Follweiler	antag	Passed	
①	11 Lofting Way PACIFIC ROOF (MPO 4813)	metal	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4882	Woods	roof sheath	Passed	
④	116 S. River Rd. EMMICK CONST.	ing, nail-in	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4643	107 HEREMANN	metal	Passed	Partial
③	104 Hillcrest Ct MPP ROOF	metal & dry-in	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4877	Loyola/Osborne	tie-beam	Passed	1st Fl. House only, Bea
②	20 C. Hill Way BUFORD CONST.	Partial	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4912	CHICOS FAS INC 3730 SE OCEAN (HAWKON HRS) MORRAY COSTELLO CONST (219-4862)	FIDM	Partial BG	Fire Dept wot the yet. Will take dividing wall down
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4984	Winer 3 Middle Rd. Pacific Roofing	Sheathing	Passed BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Version~~, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4860	Demarkarian	patio POOL DECK	Reject	Deck NOT Even STARTED.
③	19 castle Hill way HARBOR BAY POOLS		B.G. w/fee	NO WORK DONE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	Folweiler	exterior	OK B.G.	
②	11 Lofting way ARK HOMES	nail plywood & metal STRAPPING		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4959	Tetamanti	steel &	OK B.G.	FORMWORK SURVEY PCVD 6/28/00
①	19 Lofting way POOLS BY GREGG	ground - pool		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4925	chico's	sign final		PERFORMED 6/28/00 PASSED B.G. FILE CLOSED
X	Harbour Bay STOPPED AT JOB. SIGN CALLED INSPECTION W.	CO. MAY HAVE CHECKS OK		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4602	Foglia	FINAL C.O.		PERFORMED 6/28/00
	106 H. Sewall way			
	FOGLIA CONTR			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4662	FOGLIA	FINAL - C.O.	OK	
④	106 HEAVY SEWALL WAY FOGLIA		B.G.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
* 4554 (EXP)	PAGE	CONSTRUCTION	STATUS	OWNER IS SUBSTITUTING
⑤	8 ST. LUCIE COURT OFF HILLCREST	STATUS	B.G.	NEW G.C.; WILL REBUILD PERMIT; ARCH. RPT. REQ.

* OTHER: ① Roof Loaded with Cement Tile - Spanish S
② NO Windows & Doors installed. ③ House FRAMES with ALL TRAD
④ CAN'T see 1st + 2nd FL - STRAPPING + Anchor-nds ⑤ No Dumpster

INSPECTOR (Name/Signature): And Portable Toilet ⑥ Check Exterior plywood
& NAILING.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-12, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4762	Foglia	pool final	PASSED	
S (7)	105 H. Sewall Way STAR-LITE POOL BLDS		EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4780	Foglia	pool final	PASSED	
S (8)	106 H. Sewall Way STAR-LITE POOL BLDS		EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4895	Seely	tin tag & metal	PASSED	
N (1)	37 Lofting Way Gibben		EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4904	Miranda	rough pl.	PASSED	re-inspect
N (5)	34 Castle (same) Hill Way	" el.	EA	paid fee
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	Folweiler	meets (VTC) ME	PASSED	
N (2)	11 Lofting Way Ark	lathing for stucco	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4983	Achby	final shutters	NO ACCESS	CALL FOR REINSPECTION
N (6)	3 RIVER CREST PRO-TEC SHUTTERS		UNABLE TO INSPECT EA	(NO FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4860	Demarkarian	pool deck	PASSED	COMP. TEST ROUND 7/11/00
N (9)	19 C. Hill Way Harbor Bay Pools		EA	TERMINATE TREAT. 7/11/00

OTHER: T/R PN 0340, 16 RIDGEWOOD DR., FL. PINEST (VENNIS) - REINSPECTION; VERIFY TREE MARKING.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-17-00, 2000;

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4943	Botwinick	foundation	OK	as early as possible
✓ (1)	27 Emanita Way FIRST FLOOR LEVEL		BG.	Footer only.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 48131	Folweiler	framing	OK	
✓ (4)	11 Lofting Way Ark	"4 in 1" 284-5991	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4628	Hellnegel	driveway &	OK-BG	
✓ (5)	11 Castle Hill Way Strathmore	ret. wall	OK BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4775	Campos	pl, e, ac,	Reject	9: if possible
✓ (6)	5 Pelama Way Seagate	framing - "ready for insulation"	w/Fee	MISSING FINESTEPS & STRAPPING JOB W/ TEMP GLASS TUB AREA NO PERM. SUB PERMIT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5019	Vasquez	temp. para.	OK	7/14 1:30 CALLED PPL
✓ (3)	82 S. S.P. Rd. Croza		BG.	"SHERI" METER REBARE ZA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4936	Mice	metal &	OK	
✓ (2)	6 N. Via Lucindia Pacific	tin-tsg	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5006	Pare	pool patio	OK	as late as possible
✓ (7)	61 N. River Petill		BG.	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/19/00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4978	Primer	rough framing	OK	ENERG REV. RCVD - OK
S ✓ (2)	29 So. River Rd. Lear	changes	BG	OVER HANG - 10 FRONT STRAPPING + COLLARS ON ROOF RAFT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4813	Folweiler	insulation	OK	
N ✓ (9)	11 Lofting Way ARK HOMES		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4775	Campo	frame all	OK	paid fee
N ✓ (11)	5 Palms Way Seagate	re-inspect	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4987	Greenwasser	final	OK	
✓ (10)	6 Castle Hill Way Macey	hurricane shutters	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4964	Gass Holdings	footer for	OK	
S ✓ (1)	3727 E Ocean (back building) Gould	sign	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4717	Zerro	strapping	Partial	EXTERIOR TRUSS
✓ (8)	124 N.S.P. Rd. Buford *	(Has Elec. Below Flood Elev.?)	BG	STRAPPING ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ 4995	Leighton *	final fence	OK	VERIFY ALL FENCE HGTS
✓ (7)	43 W. High Point Just Wood Fence	Front 35' 5" HI 7' High - 50' FROM WATER 3' High	BG	FOR CODE COMPLIANCE PER APPROVED DWGS.

OTHER: CODE BAF. (COMPLAINT): FENCE (MERGE) AUSTRALIAN PINES 22 W. HIGH POINT; FITZGERALD

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-26-00, 2000;

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S ✓ 4899	Kohler 19 S. Via Lucindia Challenger Pools	pool deck & Bond 286-4099	Reject w/ Fee BG.	Received Completion Test. No Steel 1W thicken Edge + Bond win
N ✓ 4856	Hellriegel 11 Castle Hill Way Advantage Pools	form board pool Deck & Bond.	OK BG.	Need Termito Spray
S ✓ 4781	Foglia 110 H. Sewall Way StarLite Pools	final pool	OK BG.	
N ✓ 4853	Follweiler 111 Lofting Way Ark	form steel & Bond	OK BG.	
S ✓ 4882	Woods 116 S. River L. Merrick	electrical	Cancel Cancel (left message on old phone)	NO ONE ON Job. Don't know what to inspect.
N ✓ 4775	Compo 5 Paloma Way Seagate	metal tin tag	OK BG.	
N ✓ 4983	Ashby 3 River Crest Pro-Tec Shutters	final storm shutters	Reject w/ Fee Bg	NO ONE HOME GATE LOCKED NO SPECS. Spoke with Susa.

OTHER: 335-3000

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

SEE ATTACHED SHEETS

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4882	Woods (EMMICK CONT)	rough el.	Partial	REINSP. FEE REQ. PAID? <u> </u>
(5)	116 S. River Rd. AC Electric (SUB IN 4883)	3 RD INSP. REQUEST. 335-7954 TIM Add3	BG	(WILL DELIVER PRIOR TO INSP.) INSP. BETWEEN 10:00-11:00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4951	Stukel	wall sheathing	OK BG	
(6)	7 Lantana Ln Masterpiece	roof sheathing	OK BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	Folweiler	screw for	OK	DRF RIO VISTA
(1)	11 Lofting Way ARK	drywall	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5031	Oughters on	sheathing	OK	(Perriwinkle
(3)	710 N. River Rd. Stuart Roofing		BG	Subdivision)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5038	WATTLES	STORM SHUTTER-	PASSED	INSP. 12:30
(7)	20 W. RIDGEVIEW View EXPERT SHUTTER SERVICE	FINAL	SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5043	Herrman	final roof	OK	PERMIT EXPIRED 7/7/00
(4)	107 Hillcrest A & P Roofing 220-7505 (COSTA APOSTOLOPOULOS)		BG	1 MO. RENEWAL REQUIRED 100% = \$12.00.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Wagner	driveway	OK	
(2)	3 Palama Diaz	pre-pour	BG	
OTHER:	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5001	BERCAW (REAR DEVEL.)	TEMP. ELECT.	Reject	No Fee
(2A)	11 RIVERCREST CT.		BG	Water meter Full of Ants. Need Hose Bib.

INSPECTOR (Name/Signature):

(Signature)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ 11-10, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5119	Kokoyanis	tc & metal	PASSED	paid re-inspect
③	80 S. River Pacific		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4813	Folweiler	metal	INCOMPLETE	TEMP. HOOK-UP AGMT. REQ.
✓ ⑤	11 Lofting Way Ark	final	FA	(FORM DELIVERED TO CONTR) REINSPECT 11/13 (NO FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5097	Kilbride	electrical	PASSED	
①	4 Lantana TWIN POOLS	niche	FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5091	O'Conner	roof final	PASSED	
⑥	16 Fieldway Pacific		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	DEMBIOSKI	FIELD VERIF.	PASSED	TREE ON P/L - CONFIRM
⑦	4 KNOWLES ROAD O/B	20" PIPING (?) <u>DEAD</u>	FA	(FWD. TO TOWN MGR.) A 10' S OF HYDRANT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	JOSEPH	FIELD VERIF.	PASSED	1:00 PM
⑧	12 N. VIA LUCINDA (VACANT) O/B 467-7142(W)		FA	BRAC. TRUNK & UNREGROWTH ONLY
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5075	Vasquez	double bond beam	PASSED	ARCH. V.M. REL. FIELD @ POSIT
②	82 E.S.P. Rd. Groza 476-7653	down cells + ROOF SHEATHING	FA	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/13, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4760	Galfond	final-RE ROOF	PASSED	- QUALIFIED AFFID. ROW 11/8
⑦	85 SEWALL'S POINT RD. WILFRAM CONST.	ROD WILSON 546-0300	↗	(TOWN FILE TO INSP.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 0379 (1/R)	Gifford	tree-TAPE	PASSED	- CONST. TRUCK (8'x26')
④	85 N. S.P. Rd. Holmes	OFF LIMITS OF T/R ACTIVITY.	↗	INSTRUCTED ON SITE w/ PORTOLET
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4943	Botwinick	frame all	NOT	- RESCHEDULE 11/15 AM
⑥	27 Emerita 1st Fl.	(RESCHEDULED FROM 11/10)	READY	(100 FEE)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4813	FOLLWEILER	METAL FRAC	PASSED	COPY OF LTR. AGMT TO G.C.
①	11 N.E. LORRAINE ARIL HOMES	POOL & A/C (PER LTR. AGMT.)	↗	(SHERI EPL-23-402-117 140)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4904	MIRANDA	WIRE LATH	PASSED	
②	34 CASTLE HILL O/B	(PT) PORCH/PORCHES/ PIL-23-402-117	↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5137	Kearney	framing	PASSED	
⑤	12 N FIVERT RD	(TRELLIS)	↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4877	Loyola/Osborne	partial ✓	PASSED	
③	20 Castle Hill Euford	1st floor BRK RM/ PORCHES/2ND FL-PORCH	↗	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection ~~Mon~~ Wed ~~11-27~~ , 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4313	Follweiler	final	PASSED	RENSP. STORM SHUTTERS,
N 4A	11 Lofting Way ARK HOMES	c.o.	FA	- SELF CLONING DR. @ GARAGE - PRE-INSULATED
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4974	Follweiler	pool	PASSED	
N 4B	11 LOFTING WAY FLAMINGO POOLS	final	FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 5160	Follweiler	pool enc.	PASSED	
4C	11 LOFTING WAY CORSTAL ALUMI	final	FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5136	Geller	pool	PASSED	- FORMBOARD SURVEY
E 2	10 Palmetto Mahaffey POOLS	steel & bond	FA (AS NOTED)	NOT BOND! REB PROX TO POOL
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5092	Aune	final	PASSED	- FINAL SURVEY RCVD 11/22
N 3	6 Michael Rd. Masterpiece	shed	FA	- FIELD COM TO SITE ✓
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
E 5103	Duvall	roof final	PASSED	9:30 ✓
✓ 1	6 Rio Vista Pacific		FA	OWNER DISPUTE W/ CONTR RESOLVED. (NO STRUCT. ISSUES)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N X	Gifford 3/4 N. S. P. Rd	site observation	X	NO WEATHER TIME CANCELLED (NEED 11/22) WILL HOLD ESTAB. GRAVE.

OTHER: _____

INSPECTOR (Name/Signature): _____

STATEMENT OF INSPECTION

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

RECEIVED
NOV 27 2000
BY: _____

OWNER: Robert D Follweiler and Paula Follweiler; ADDRESS: 5132 SW HAMMECK CREEK DR, Palm City, FL 34990

PROJECT ADDRESS: 11 N.E LOFTINGWAY; LEGAL DESCRIPTION: LOT 22 BLK _____ SUB The Plantation

GENERAL CONTRACTOR: ARK Homes Const. Inc.; LIC/CERT No. CG-C057270

ADDRESS: 1046 N.E. Jensen Beach Blvd. Jensen Beach, FL 34957; TEL 334-8379; FAX 334-6087

ARCHITECT OR ENGINEER: William J. MATHERS, PE.; LIC/REG No. FLA 19658

ADDRESS: 2431 S.E. Dixie Hwy, Stuart, FL 34996 (561); TEL 287-0525; FAX 220-8686 (561)

PERMIT No: 4813; DATE OF ISSUE: 2/03/00; DATE OF THIS STATEMENT: 11/24/00

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
- To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
- To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at offices of MATHERS ENGINEERING CORP., this 29th day of NOV, 2000.

NAME: William J. MATHERS; SIGNATURE: William J. Mathers; LIC. No: 19658

STATE OF FLORIDA
COUNTY OF MANATEE

Sworn to and subscribed before me this 24th day of NOV, 2000, by WILLIAM J. MATHERS, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL) OFFICIAL NOTARY SEAL
DALE H ADAMS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC837404
MY COMMISSION EXP. JUNE 12 2003

Name Dale H Adams
I am a Notary Public of the State of Florida and my commission expires: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/29, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S (2)	4978 Rimer/Bird 29 S. River Rd. Leor	tie down of studio	PASSED A	
✓ S (6)	5167 Gibson 134 S. River Rd. A & W	sheathing	PASSED A	
✓ N (3)	4213 Follweller 11 Lofting Way NE ARK	storm shutters (REINSPECT)	PASSED A	10/30/00 FINAL INSP. COMPLETE - OK FOR C.O.
✓ N (4)	4527 SEELY 37 NE LOFTING WAY GRIBBEN	DRY WALL & NAIL (REINSPECT - GARAGE)	PASSED A	
✓ N (7)	5086 Karr 1 Palama Conway	mech. FRAMING (JW)	PASSED A	
✓ S (5)	5075 Vasquez 82 S.S.P. Rd. GROZA	sheathing (ROOF. 2000 P.T.C.)	PASSED A	
✓ S (4)	4965 Danielson 161 S. River Rd. Miller	steps	PASSED A	9:30+

OTHER: _____

INSPECTOR (Name/Signature): _____

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. MCCARTHY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

COPY

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: ROBERT D. & DIANA FOLLWEILER ; PROPERTY ADDRESS: 11 N.E. LOFTING WAY

LEGAL DESCRIPTION: LOT 22 BLOCK _____ SUBDIVISION PLANTATION

GENERAL CONTRACTOR: ARK HOMES CONST. INC. ; LIC/CERT NO. CG-C057270

ADDRESS: 1046 N.E. JENSEN KEN BLVD., JENSEN BEACH, FL 34957 ; TEL 334-8379 ; FAX 334-6057

ARCHITECT OR ENGINEER: WILLIAM J. MATHERS, P.E. ; LIC/REG. NO. 19658

ADDRESS: 2431 SE DIXIE HWY., STUART, FL 34996 ; TEL 887-0525 ; FAX 220-8696

PERMIT NO: 4813 ; DATE OF ISSUE: 2/3/00 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: _____

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

Entered at Sewall's Point, Florida, this 29TH day of NOVEMBER, 2000.

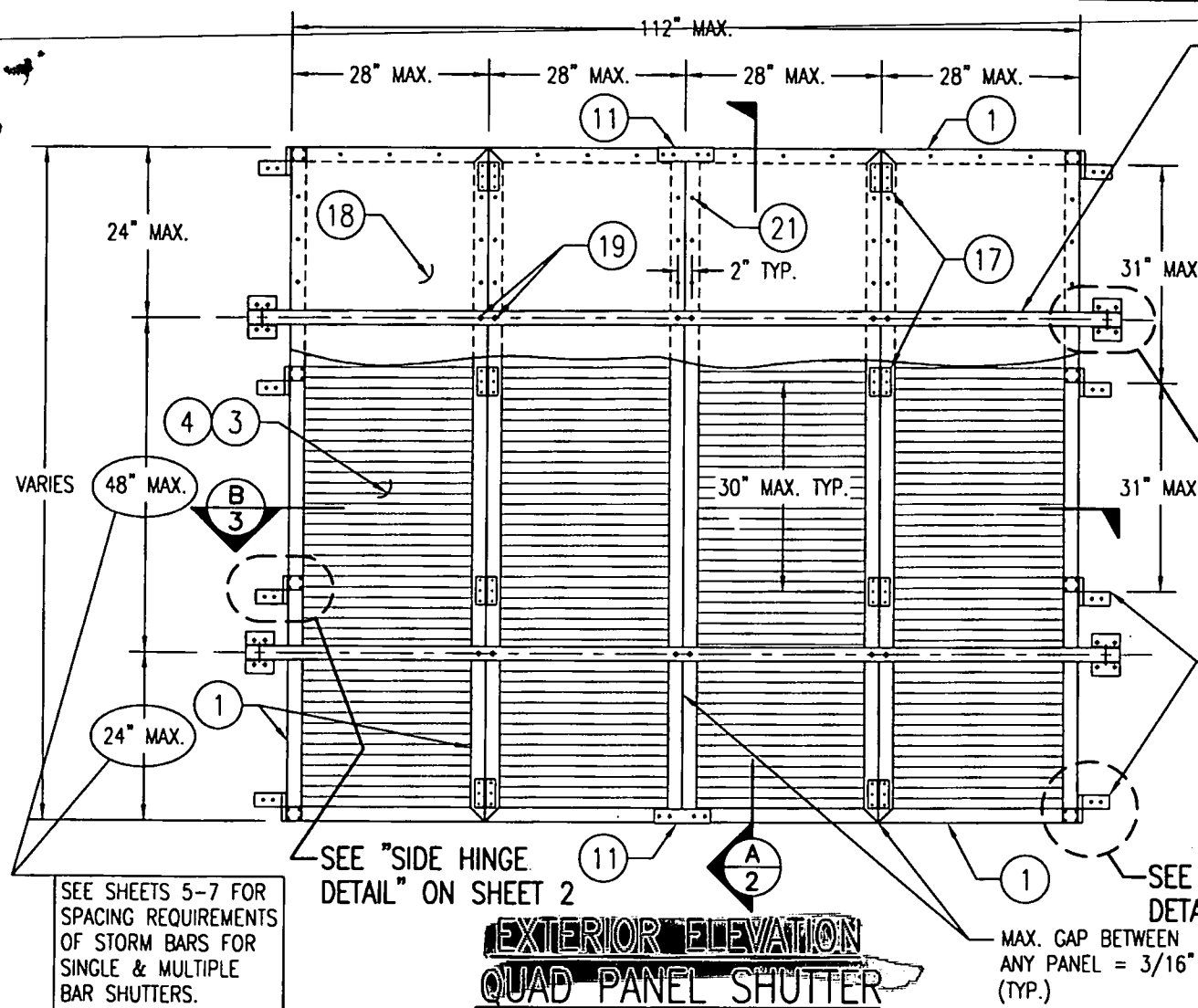
Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

cc: CHIEF OF POLICE
TOWN CLERK
BUDG FILE

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org



- STORM BAR:
- ⑦ = TS2X2X1/8
 - ⑧ = TS2X3X1/8
 - ⑨ = TS2X4X1/8
 - ⑩ = TS2X5X1/8

SEE "STORM BAR END CONNECTION DETAILS" ON SHEET 3

SEE "FRAME CORNER DETAIL" ON SHEET 2

SEE SHEETS 5-7 FOR SPACING REQUIREMENTS OF STORM BARS FOR SINGLE & MULTIPLE BAR SHUTTERS.

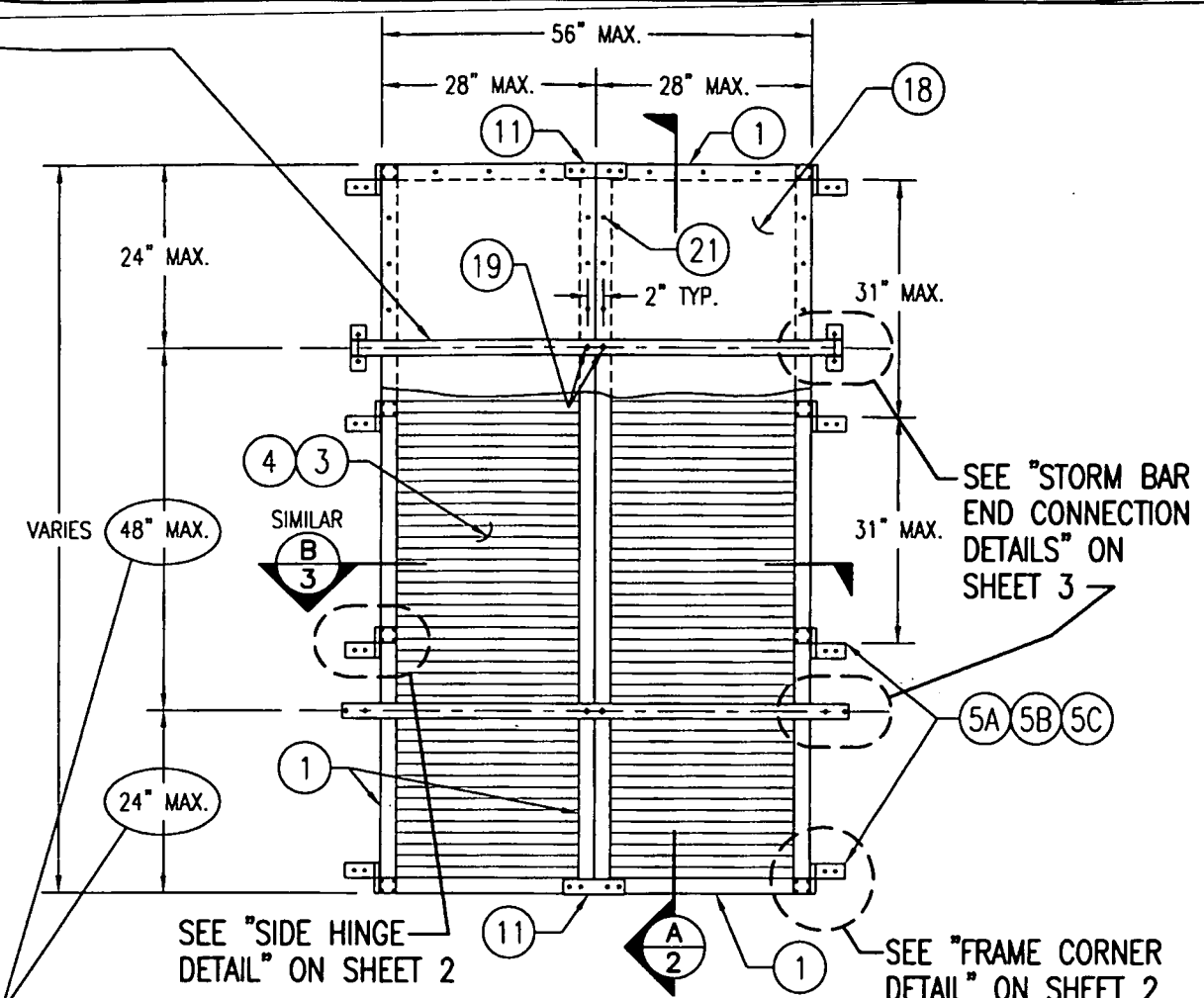
EXTERIOR ELEVATION
QUAD PANEL SHUTTER

SCALE: 1/2"=1'-0"

GENERAL NOTES:

1. ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T5 ALLOY UNLESS SHOWN OTHERWISE ON THESE DRAWINGS.
2. IT SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER TO VERIFY THE STRUCTURAL INTEGRITY OF THE EXISTING STRUCTURE TO SUPPORT THE LOADS SUPERIMPOSED BY THE SHUTTERS.
3. THESE SHUTTER SYSTEMS ARE DESIGNED TO WITHSTAND WIND PRESSURES, IN THE OPEN POSITION, RESULTING FROM WIND SPEEDS UP TO 110 MPH IN ACCORDANCE WITH ASCE 7-93 & THE SOUTH FLORIDA BUILDING CODE 1994 EDITION. SEE WALL CLIP DETAILS FOR EACH 75 MPH & 110 MPH WIND SPEED CONDITIONS. WHEN CLOSED, THE OWNER SHALL BE RESPONSIBLE FOR SECURING THE SHUTTER AS REQ'D.
4. THE OWNER SHALL BE RESPONSIBLE FOR PROVIDING A SUITABLE PLATFORM WHEN SECURING THE SHUTTER DURING A HURRICANE.
5. THESE SHUTTER SYSTEMS HAVE BEEN DESIGNED & TESTED IN ACCORDANCE WITH THE SOUTH FLORIDA BUILDING CODE 1994 EDITION AND DADE COUNTY PROTOCOLS PA-201, 202 & 203.
6. THESE SHUTTER SYSTEMS HAVE BEEN TESTED, ANALYZED & APPROVED FOR WIND PRESSURES NOT TO EXCEED THOSE SHOWN IN THE LOAD TABLES.
7. ALL FASTENERS SHALL BE AS SPECIFIED ON THESE DRAWINGS WITH MINIMUM EDGE DISTANCE, SPACINGS & EMBEDMENTS BEING AS SPECIFIED.
8. SHUTTER WIDTH SHALL BE RESTRICTED BY THE MAXIMUM DIMENSIONS SHOWN. SHUTTER HEIGHT MAY EXCEED 96" PROVIDING THE REQUIRED NUMBER & SPACING OF STORM BARS ARE USED.
9. EACH SHUTTER SHALL HAVE A LEGABLE & READILY VISIBLE MARKING INSTRUCTING THE OWNER/TENANT TO SECURE THE SHUTTER WITH BRACKETS & STORM BARS, PER THE MANUFACTURER'S INSTRUCTIONS, DURING PERIODS OF HURRICANE WARNINGS.
10. EACH SHUTTER ASSEMBLY SHALL BE PERMANENTLY LABELED AS FOLLOWS:
GULFSTREAM ALUMINUM & SHUTTER CORP.
STUART, FLORIDA
DADE COUNTY PRODUCT CONTROL APPROVED
11. POSITIVE & NEGATIVE DESIGN WIND LOAD CALCULATIONS SHALL BE PERFORMED IN ACCORDANCE WITH THE APPLICABLE WIND CODE FOR THE LOCAL JURISDICTION WHERE THE SHUTTERS ARE BEING INSTALLED TO VERIFY THE WIND LOADS ARE LESS THAN OR EQUAL TO THE DESIGN WIND LOAD RATING FOR EACH SHUTTER.

MAX. GAP BETWEEN ANY PANEL = 3/16" (TYP.)



SEE SHEETS 5-7 FOR SPACING REQUIREMENTS OF STORM BARS FOR SINGLE & MULTIPLE BAR SHUTTERS.

SEE "SIDE HINGE DETAIL" ON SHEET 2

SEE "FRAME CORNER DETAIL" ON SHEET 2

EXTERIOR ELEVATION
DOUBLE PANEL SHUTTER

SCALE: 1/2"=1'-0"

NOTE: SINGLE & THREE PANEL SHUTTERS ARE ALSO PART OF THIS APPROVAL.

MAX. ALLOWABLE DESIGN WIND LOADS

POSITIVE	NEGATIVE
80 PSF	80 PSF

SEE SHUTTER & STORM BAR TABLES ON SHEETS 5-7 FOR REDUCED LOADS AS CONTROLLED BY SHUTTER SPAN, STORM BAR SPAN & STORM BAR SPACING.

STORM BAR NOTE: THE NUMBER OF STORM BARS REQUIRED WITH EACH SHUTTER TYPICALLY VARIES FROM 1 TO 3 & IS DEPENDENT ON SHUTTER SIZE & REQUIRED DESIGN PRESSURE. SEE ELEVATION SKETCHES & LOAD TABLES ON SHEETS 5-7 FOR STORM BAR REQUIREMENTS.

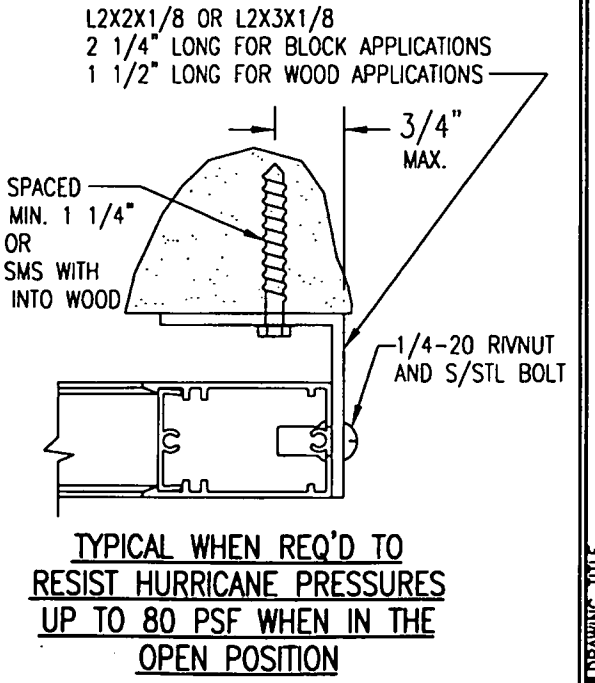
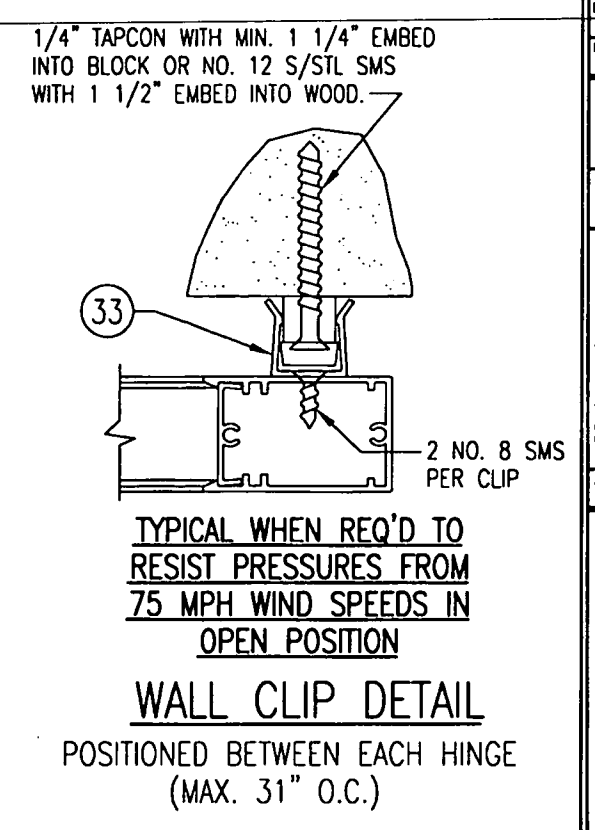
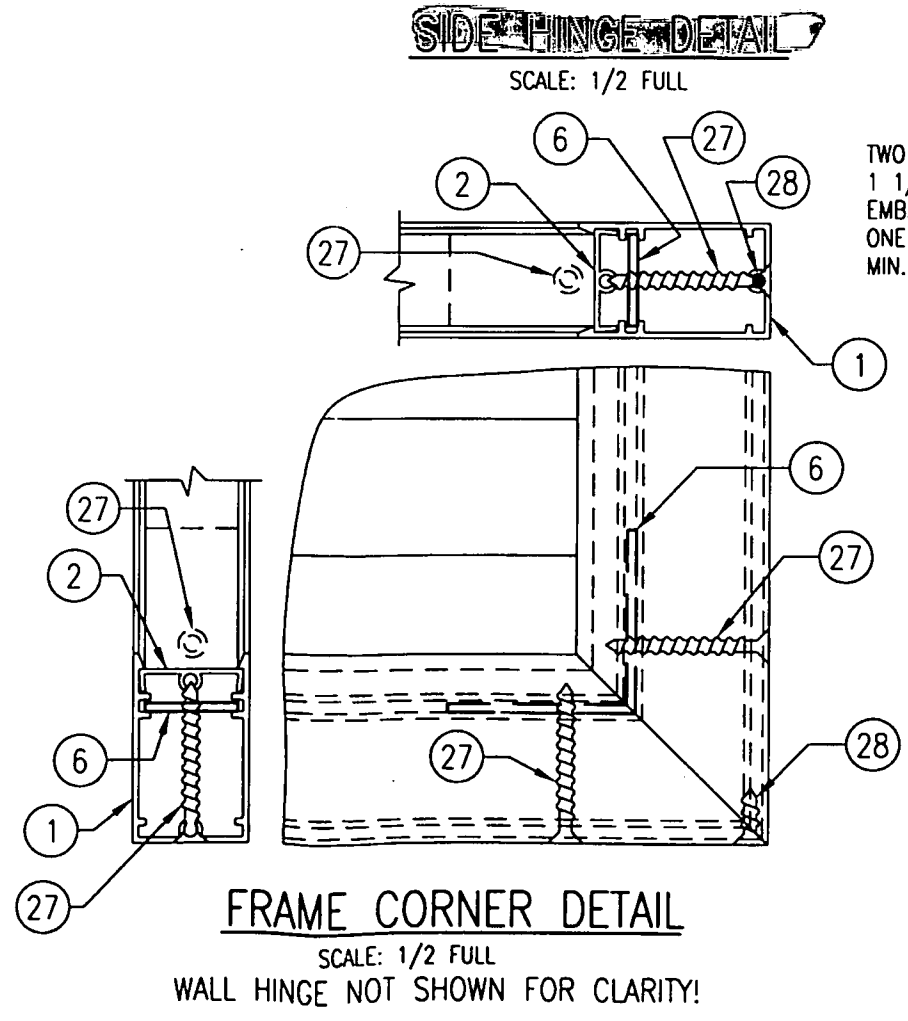
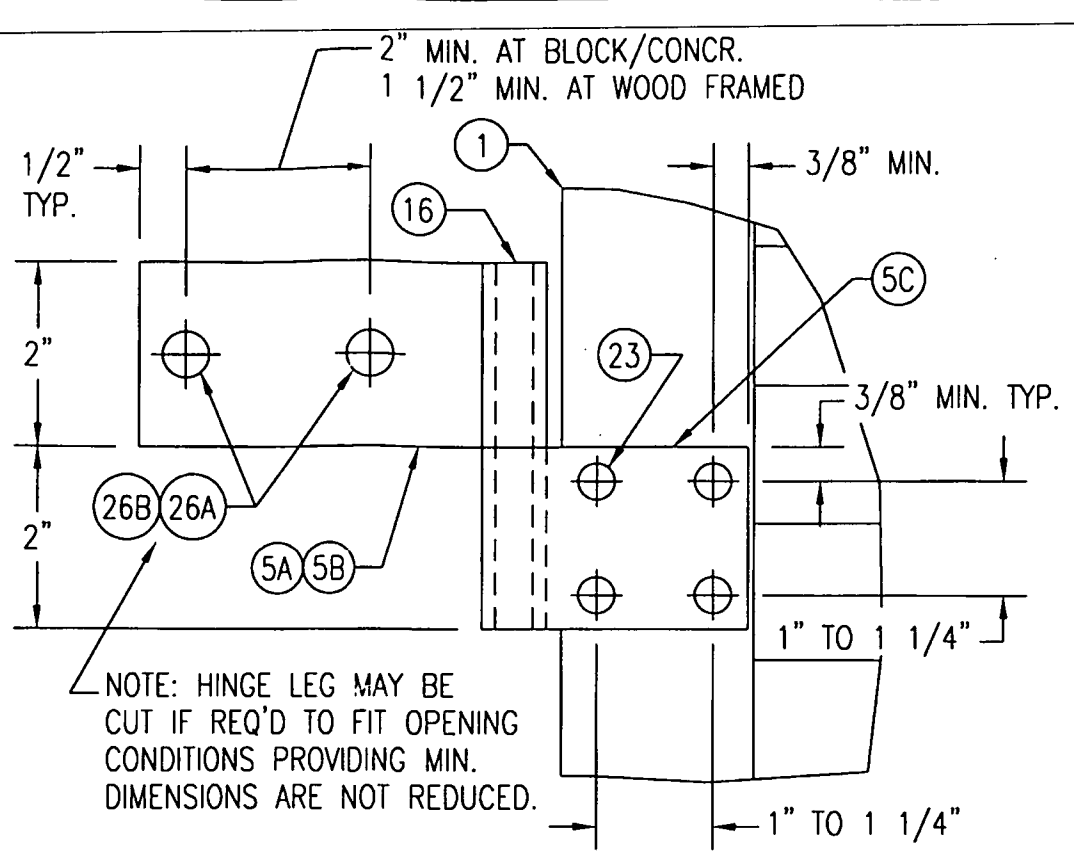
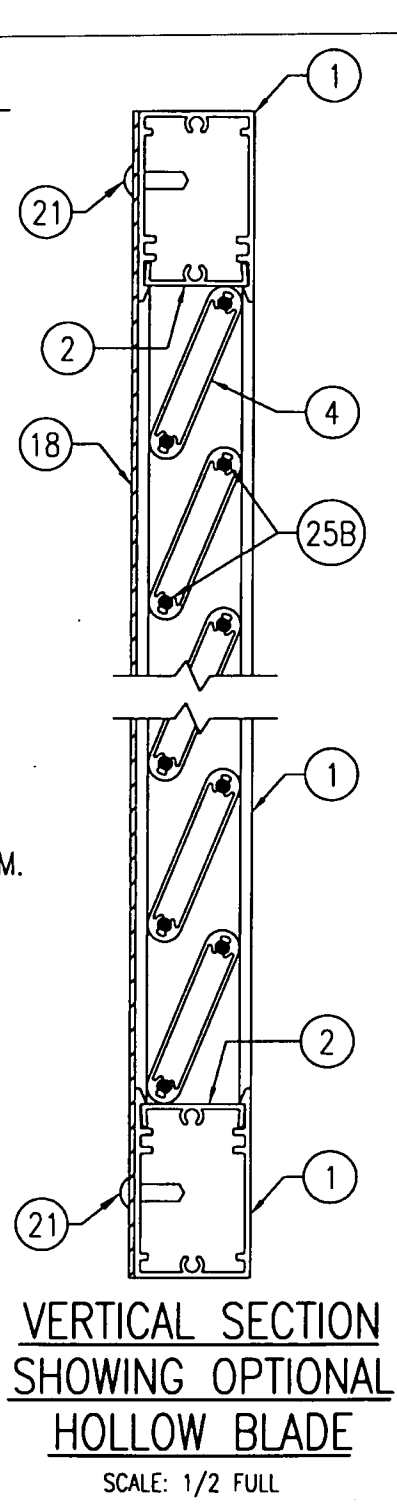
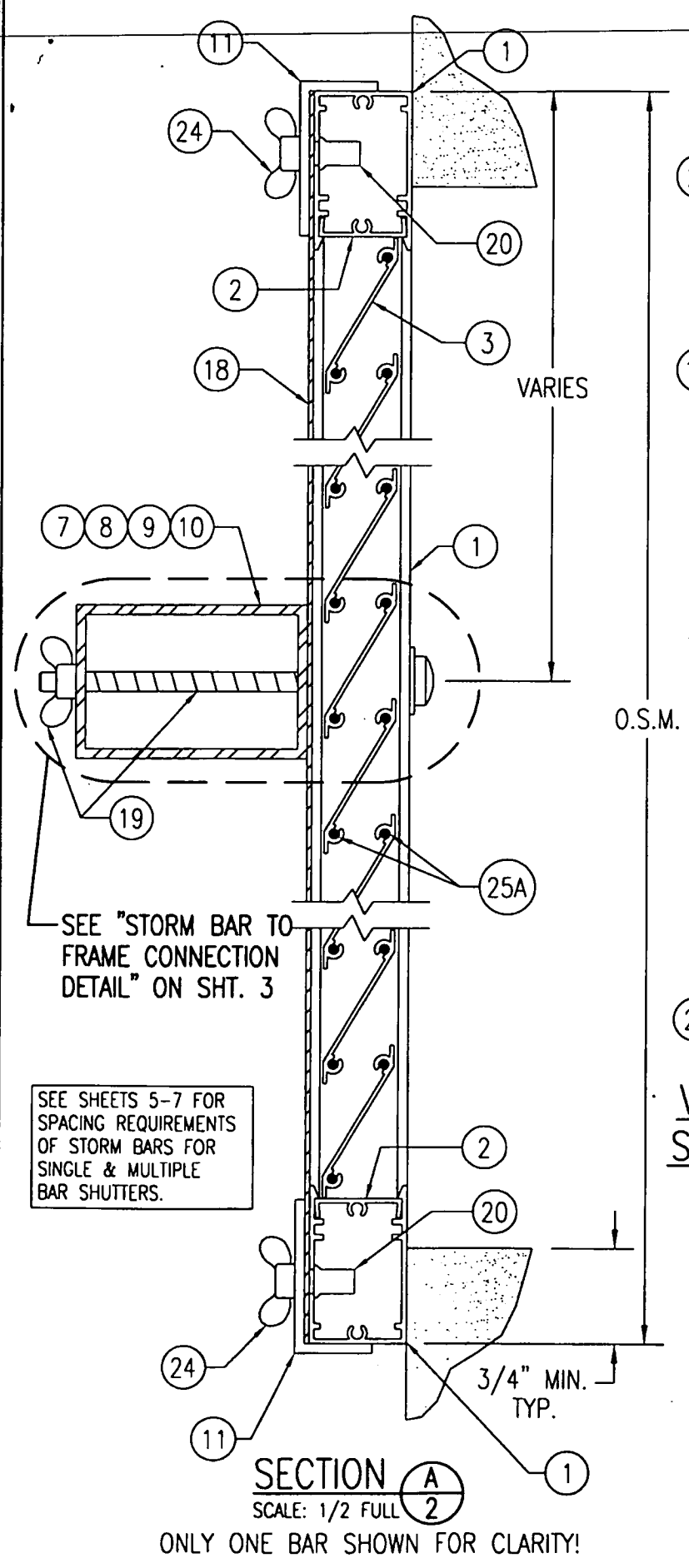
RECEIVED
NOV 27 2000
BY: _____

FILE *TOWN COPY*
11 LEFT LUG COPY

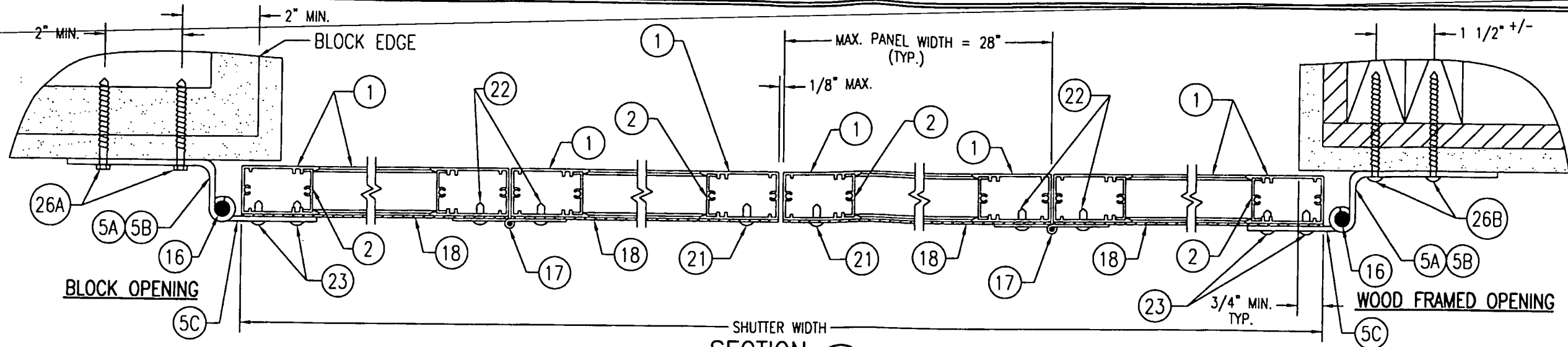
M-DC PROD APPROVAL PENDING
(SEE 30 DAY LTR. AGENT. RE: REPAIRMENT PANEL)

PN 4813

DRAWN BY: W.W.S.	CHECKED BY: W.W.S.
PLOT: 1-24	DATE: 01/03/00
NO.	REVISION DESCRIPTION
DATE	BY
IMPACT COLONIAL SHUTTERS (DADE)	
MANUFACTURER GULFSTREAM ALUMINUM & SHUTTER CORP. 197 S.E. MONTEREY RD. STUART, FLORIDA 34994 (561)287-6476	
CONSULTANTS W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. 800 SANDTREE DRIVE, SUITE 203B PALM BEACH GARDENS, FL 33403 PHONE: 561-775-4902 FAX: 561-775-4903	
CERTIFICATION	DRAWING TITLE
MAR 23 2000	IMPACT COLONIAL SHUTTERS
WARREN W. SCHAEFER, P.E. P.E. NO. 44135	
DRAWING NO. 1000	REV.
SHEET NO. 1	OF 7

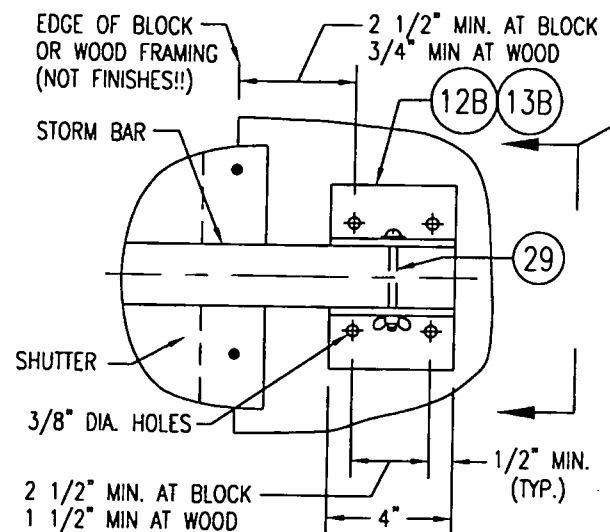


DRAWN BY: W.W.S.		CHECKED BY: W.W.S.	
PLOT: 1-2		DATE: 01/03/00	
NO.	REVISION DESCRIPTION	BY	DATE
(DADE)			
DRAWING TITLE		IMPACT COLONIAL SHUTTERS	
CONSULTANTS		MANUFACTURER	
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.		GULFSTREAM ALUMINUM & SHUTTER CORP.	
600 SANDTREE DRIVE, SUITE 203B PALM BEACH GARDENS, FL 33403		197 S.E. MONTEREY RD. STUART, FLORIDA 34994	
PHONE: 561-775-4902 FAX: 561-775-4903		(561)287-6476	
CERTIFICATION			
MAR 23 2000			
WARREN W. SCHAEFER, P.E.			
P.E. NO. 44135			
DRAWING NO. 1000		REV.	
SHEET NO. 2		OF 7	

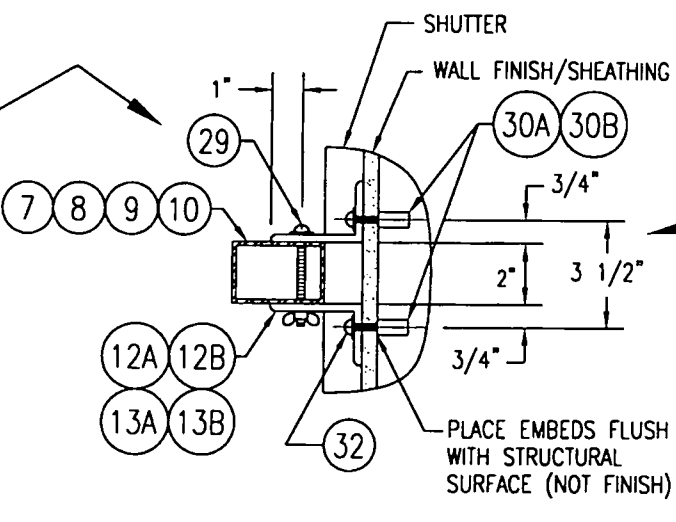


SECTION B
SCALE: 1/3 FULL

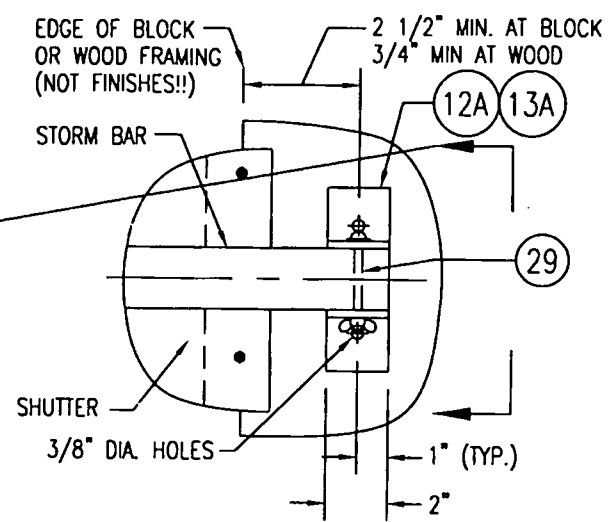
STORM BAR NOT SHOWN FOR CLARITY!



STORM BAR END CONNECTION "A"
SCALE: 2"=1'-0"

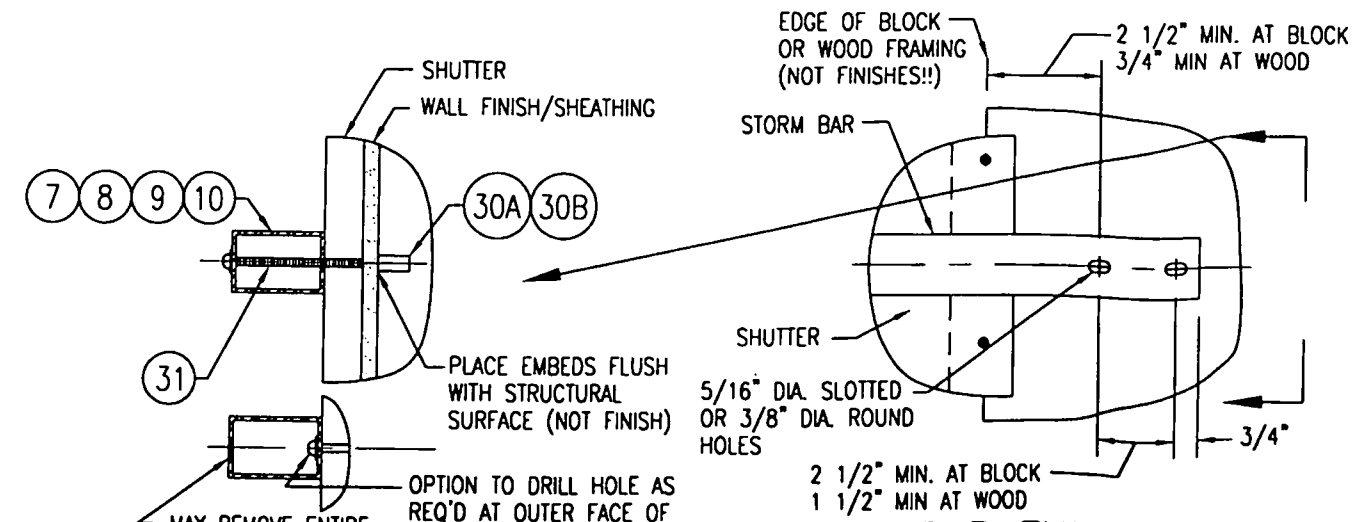


STORM BAR END CONNECTION "B"
SCALE: 2"=1'-0"



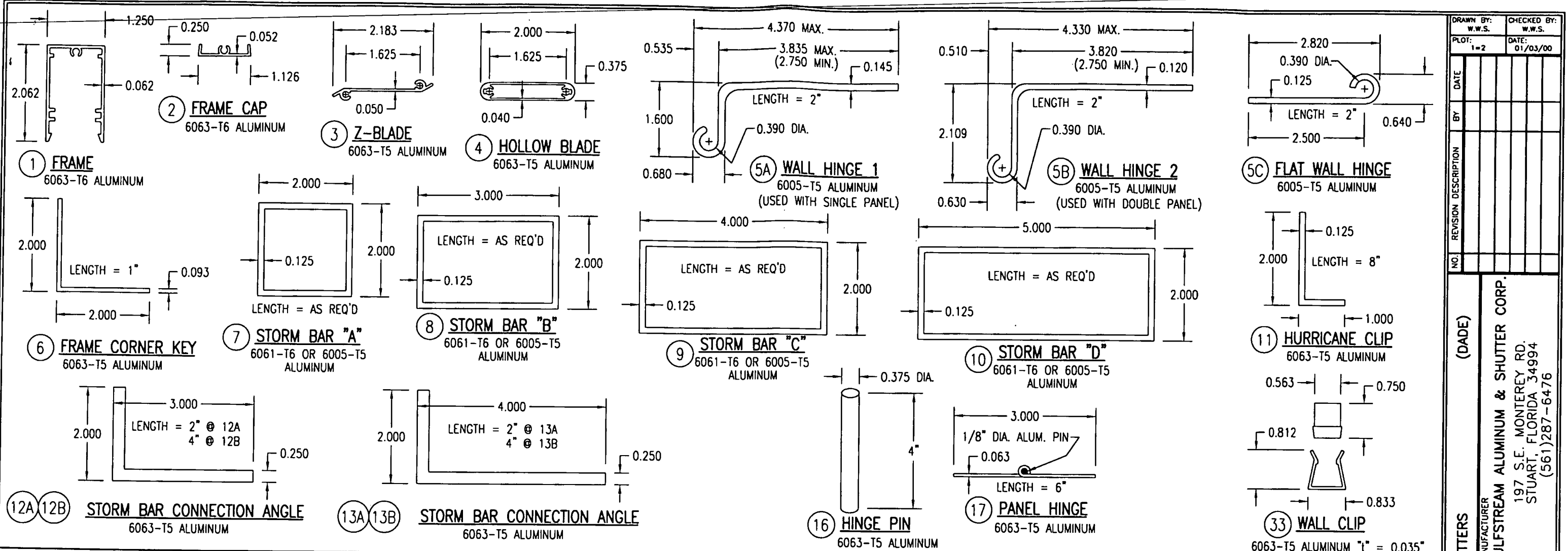
STORM BAR TO FRAME CONNECTION DETAIL
SCALE: 1/2 FULL

NOTE: CONNECTION OF STORM BAR TO SHUTTER FRAMES IS NOT REQUIRED AT SINGLE BAR SHUTTERS.



STORM BAR END CONNECTION "C"
SCALE: 2"=1'-0"

DRAWN BY: W.W.S.		CHECKED BY: W.W.S.	
PLOT: 1=3		DATE: 01/03/00	
NO.	REVISION DESCRIPTION	DATE	BY
IMPACT COLONIAL SHUTTERS			
MANUFACTURER			
GULFSTREAM ALUMINUM & SHUTTER CORP.			
197 S.E. MONTEREY RD. STUART, FLORIDA 34994 (561)287-6476			
CONSULTANTS			
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.			
600 SANDTREE DRIVE, SUITE 203B PALM BEACH GARDENS, FL 33403 PHONE: 561-775-4902 FAX: 561-775-4903			
DRAWING TITLE			
IMPACT COLONIAL SHUTTERS			
CERTIFICATION			
MAR 23 2000			
WARREN W. SCHAEFER, P.E. P.E. NO. 44135			
DRAWING NO. 1000		REV.	
SHEET NO. 3		OF 7	



MATERIAL LIST

NO.	DESCRIPTION	NOTES	NO.	DESCRIPTION	NOTES
1	SHUTTER FRAME	6063-T6 ALUMINUM	17	SHUTTER PANEL HINGE	6063-T5 ALUMINUM; 6" LONG PIANO HINGE
2	FRAME CAP	6063-T6 ALUMINUM	18	0.050" THICK ALUMINUM HURRICANE SHEET	3003-H14 ALUMINUM; CUT TO FRAME SIZE
3	Z-BLADE	6063-T5 ALUMINUM	19	1/4" STL BOLT OR THREADED ROD W/WING NUT	NOT REQ'D AT SINGLE BAR SHUTTERS
4	HOLLOW BLADE	6063-T5 ALUMINUM	20	1/4" MOLLY JACK NUT OR 6061-T6 RIVNUT	FOR HURRICANE CLIP BOLTS & STORM BAR THROUGH BOLTS
5A	WALL HINGE TYPE 1	6005-T5 ALUMINUM; USED WITH SINGLE PANELS	21	3/16" 5052 ALUMINUM POP RIVETS	POSITIONED AT FRAME CORNERS & 6" MAX. O.C.
5B	WALL HINGE TYPE 2	6005-T5 ALUMINUM; USED WITH DOUBLE HINGED PANELS	22	NO. 6 X 5/8" S/STL SMS SCREWS	6 PER PIANO HINGE (3 PER HINGE LEAF)
5C	FLAT WALL HINGE	6005-T5 ALUMINUM; FASTENS TO SHUTTER FRAME	23	NO. 6 X 5/8" S/STL SMS SCREWS	4 PER WALL HINGE INTO SHUTTER FRAME
6	L2X2X0.093 FRAME CORNER KEY	6063-T5 ALUMINUM; PLACED AT EA. FRAME CORNER	24	1/4" X 1" STEEL BOLT OR WING BOLT	4 PER HURRICANE CLIP INTO SHUTTER RIVNUTS
7	TS2X2X1/8 STORM BAR	6061-T6 OR 6005-T5 ALUMINUM	25A	NO. 6 X 5/8" S/STL P.H. SMS	SECURES Z-BLADE END TO FRAME CAP (2 PER BLADE END)
8	TS3X2X1/8 STORM BAR	6061-T6 OR 6005-T5 ALUMINUM	25B	NO. 8 X 5/8" S/STL P.H. SMS	HOLLOW BLADE END TO FRAME CAP (2 PER BLADE END)
9	TS4X2X1/8 STORM BAR	6061-T6 OR 6005-T5 ALUMINUM	26A	1/4" X MIN. 1 3/4" TAPCON	2 PER WALL HINGE INTO BLOCK/CONCR. WALL MIN. 1 1/4"
10	TS5X2X1/8 STORM BAR	6061-T6 OR 6005-T5 ALUMINUM	26B	NO. 12 X MIN 2" S/STL SMS	2 PER WALL HINGE INTO WOD FRAMING MIN. 1 1/2"
11	L2X1X1/8 HURRICANE CLIP 8" LONG	6063-T5 ALUMINUM; LOCKS SHUTTERS CLOSED	27	NO. 6 X 1 3/4" S/STL F.H. SMS	2 PER FRAME CORNER INTO CORNER KEY
12A	L3X2X1/4 STORM BAR END CONNECTOR	6063-T5 ALUMINUM; 2" LONG; USED WITH-OUT BUILD-OUT	28	NO. 6 X 5/8" S/STL F.H. SMS	1 PER FRAME CORNER INTO FRAME SCREW BOSS
12B	L3X2X1/4 STORM BAR END CONNECTOR	6063-T5 ALUMINUM; 4" LONG; USED WITH-OUT BUILD-OUT	29	1/4" X MIN. 3" STL. BOLT W/WING NUT	1 PER STORM BAR END THROUGH END ANGLES & BAR
13A	L4X2X1/4 STORM BAR END CONNECTOR	6063-T5 ALUMINUM; 2" LONG; USED WITH BUILD-OUT	30A	1/4-20 RAWL CAULK-IN OR DADE APPR. EQUAL	EMBED FULL ANCHOR BODY INTO BLOCK/CONCR.
13B	L4X2X1/4 STORM BAR END CONNECTOR	6063-T5 ALUMINUM; 4" LONG; USED WITH BUILD-OUT	30B	1/4-20 MALE OR FEMALE PANEL MATE	EMBED 1 1/2" INTO WOOD & MIN. 1 1/4" INTO BLOCK
14	OPEN		31	1/4" STL BOLT OR THREADED ROD W/ WINGNUT	ANCHORS STORM BAR ENDS TO WALL ANCHORS
15	OPEN		32	1/4-20 STEEL BOLT	ANCHORS STORM BAR END CLIPS TO WALL ANCHORS
16	3/8" DIA. X 4" LONG HINGE PIN	6063-T5 ALUMINUM	33	6063-T6 ALUMINUM OR NYLON WALL CLIP	ONE BETWEEN EACH WALL HINGE (31" O.C. MAX.)

NOTE: ALL DETAILS ARE DRAWN TO 1/2 FULL SIZE UNLESS NOTED OTHERWISE.

DRAWN BY: W.W.S. CHECKED BY: W.W.S.
 PLOT: 1-2 DATE: 01/03/00

REVISION DESCRIPTION BY DATE

(DADE)

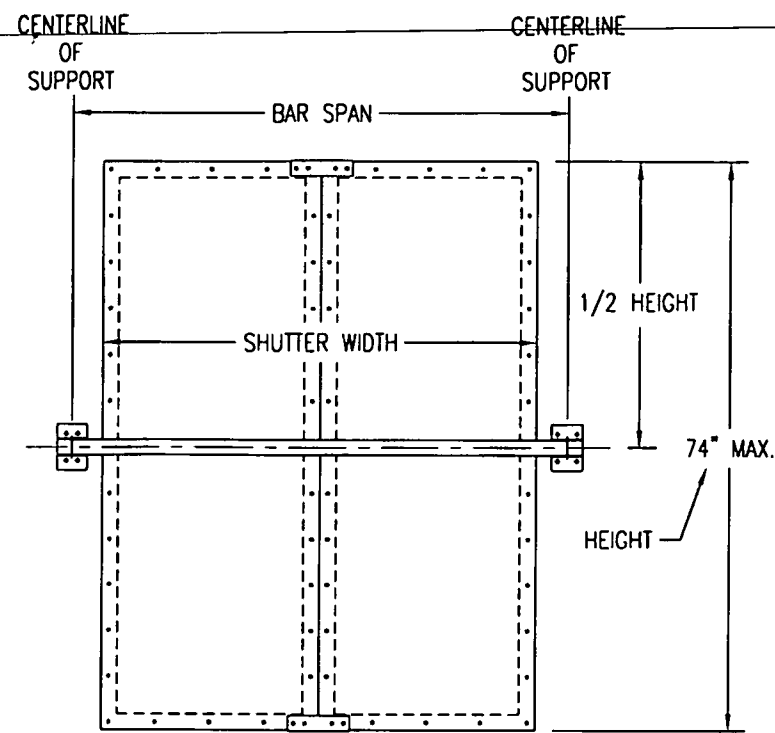
IMPACT COLONIAL SHUTTERS

MANUFACTURER
 W. W. SCHAEFER ENGINEERING GULFSTREAM ALUMINUM & SHUTTER CORP.
 & CONSULTING, P.A.
 197 S.E. MONTEREY RD.
 STUART, FLORIDA 34994
 (561)287-6476

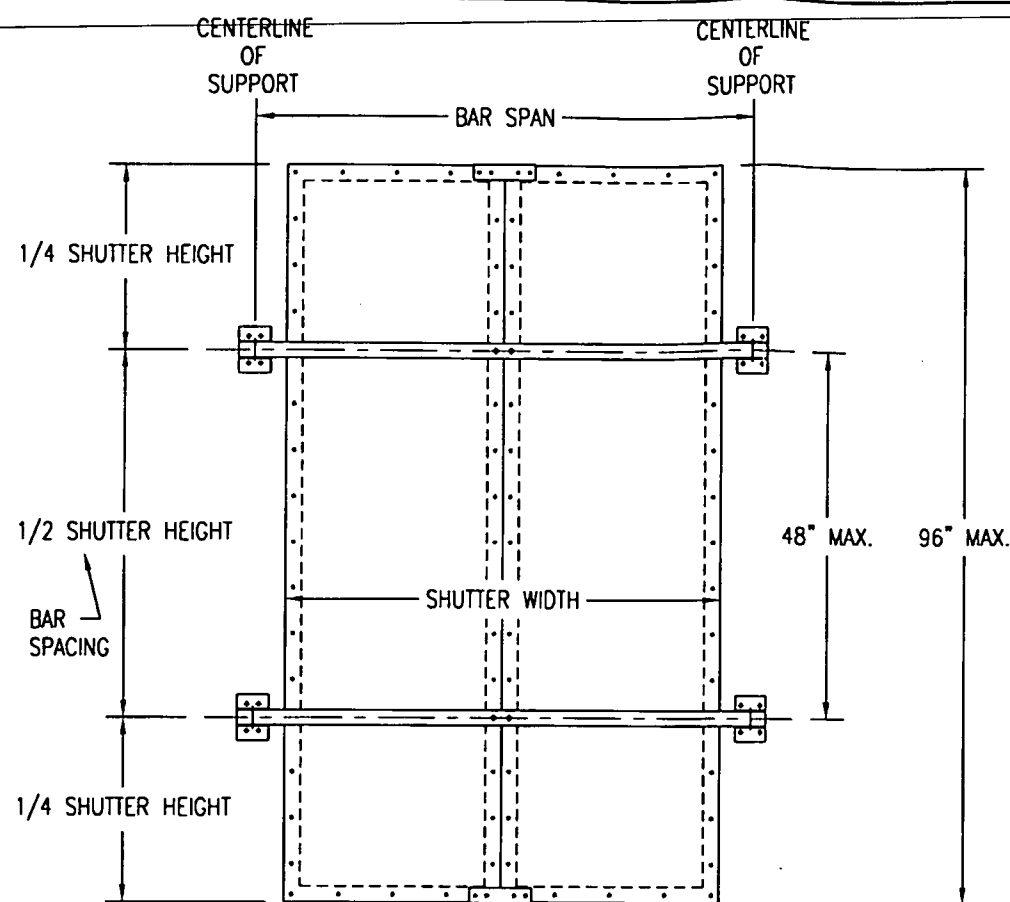
CONSULTANTS
 W. W. SCHAEFER ENGINEERING GULFSTREAM ALUMINUM & SHUTTER CORP.
 & CONSULTING, P.A.
 600 SANDTREE DRIVE, SUITE 203B
 PALM BEACH GARDENS, FL 33403
 PHONE: 561-775-4902 FAX: 561-775-4903

CERTIFICATION
 MAR 23 2008
 WARREN W. SCHAEFER, P.E.
 P.E. NO. 44135

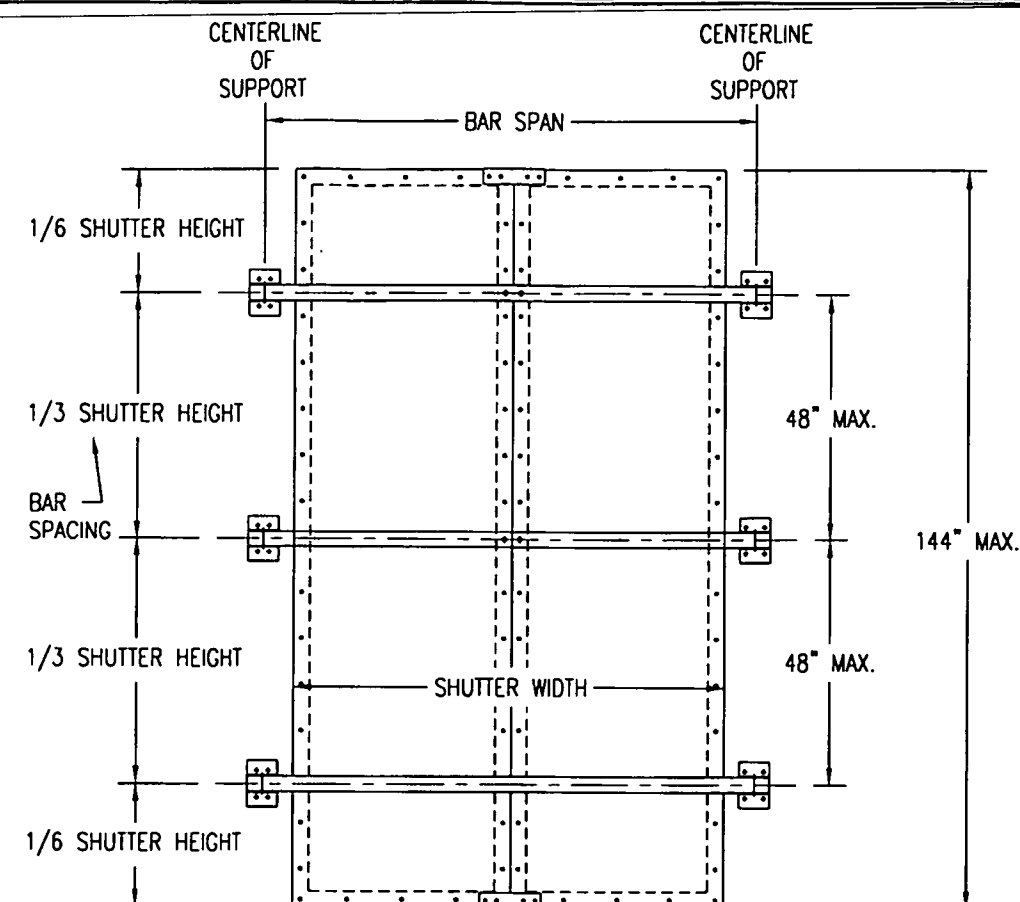
DRAWING NO. 1000 REV.
 SHEET NO. 4 OF 7



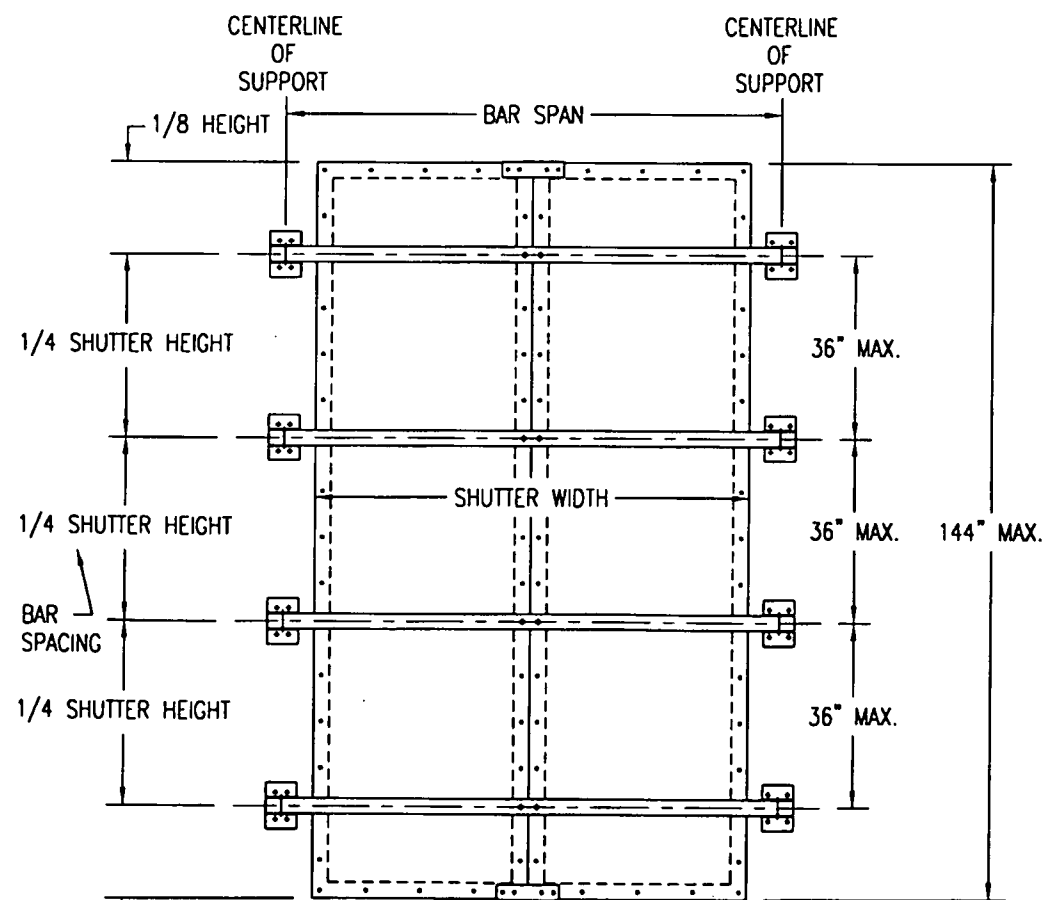
SINGLE BAR



TWO BARS



THREE BARS



FOUR BARS

ALLOWABLE PRESSURE TABLE FOR SINGLE BAR SHUTTERS		
SHUTTER HEIGHT	PRESSURE (PSF)	
	POSITIVE	NEGATIVE
54" & LESS	80	80
56"	77	77
58"	74	74
60"	71	71
62"	68	68
64"	63	65
66"	55	60
68"	49	55
70"	44	50
72"	39	45
74"	35	40

PRESSURE TABLE NOTES:

- 80 PSF IS THE ALLOWABLE PRESSURE FOR ALL SHUTTERS LESS THAN 54" IN HEIGHT.
- THE PRESSURES IN THIS TABLE ARE ACCEPTABLE FOR ALL SHUTTERS WITH PANEL WIDTHS OF 28" & LESS.
- SINGLE BAR SHUTTERS MAY NOT BE TALLER THAN 74"
- IN LOCATIONS WHERE, BY CODE, THE SHUTTER IS NOT ALLOWED TO CONTACT THE GLASS DURING MAXIMUM DEFLECTION, THE SHUTTER MUST BE PLACED A MIN. DISTANCE OF 2" AWAY FROM THE GLASS. IF REQUIRED, A BUILD-OUT CONDITION MUST BE USED & APPROVED BY A FLORIDA REGISTERED ENGINEER.
- ALL PRESSURES IN THIS TABLE ARE FOR BOTH POSITIVE & NEGATIVE PRESSURES.
- WHEN THE SHUTTER IS PLACED AT LEAST 2" AWAY FROM THE GLASS, INTERNAL PRESSURE (GC_{pi}) NEED NOT BE CONSIDERED WHEN DETERMINING THE REQUIRED DESIGN WIND PRESSURES FOR THE SHUTTER.
- POSITIVE PRESSURE IS AS CONTROLLED BY 1" ALLOWABLE SHUTTER DEFLECTION. NEGATIVE PRESSURE IS AS CONTROLLED BY L/30 SHUTTER DEFLECTION.
- SEE INSTRUCTIONS ON SHEET 7 FOR USE OF ALL LOAD TABLES.

DRAWN BY: W.W.S.	CHECKED BY: W.W.S.
PLOT: 1-24	DATE: 01/03/00
DATE	BY
REVISION DESCRIPTION	NO.
IMPACT COLONIAL SHUTTERS	
MANUFACTURER	
GULFSTREAM ALUMINUM & SHUTTER CORP.	
197 S.E. MONTEREY RD. STUART, FLORIDA 34994 (561)287-6476	
CONSULTANTS	
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.	
600 SANDTREE DRIVE, SUITE 203B PALM BEACH GARDENS, FL 33403 PHONE: 561-775-4902 FAX: 561-775-4903	
DRAWING TITLE	
IMPACT COLONIAL SHUTTERS	
DRAWING NO.	
1000	
REV.	
SHEET NO.	
5 OF 7	

CERTIFICATION
 MAR 23 2000
 WARREN W. SCHAEFER, P.E.
 P.E. NO. 44135

PRESSURE LOAD TABLE FOR STORM BARS & BAR END CONNECTIONS

SHUTTER WIDTH (IN)	HEIGHT OR BAR SPACING (IN)	ALLOWABLE PRESSURES FOR BARS				ALLOWABLE P AS CONTROLLED BY CONNECTIONS			
		TS2X2X1/8 (PSF)	TS3X2X1/8 (PSF)	TS4X2X1/8 (PSF)	TS5X2X1/8 (PSF)	CONN "A"		CONN "B" & "C"	
						WOOD	BLOCK	WOOD	BLOCK
36	48	80	80	80	80	80	80	80	80
	54	80	80	80	80	80	80	80	78
	60	80	80	80	80	80	80	80	70
	66	80	80	80	80	80	80	80	64
	72	80	80	80	80	80	80	78	58
	74	80	80	80	80	80	80	76	57
42	42	80	80	80	80	80	80	80	80
	48	80	80	80	80	80	80	80	71
	54	80	80	80	80	80	80	80	67
	60	80	80	80	80	80	80	80	60
	66	79	80	80	80	80	80	73	55
	72	72	80	80	80	80	80	67	50
48	36	80	80	80	80	80	80	80	80
	42	80	80	80	80	80	80	80	71
	48	80	80	80	80	80	80	80	62
	54	77	80	80	80	80	80	78	58
	60	70	80	80	80	80	80	70	53
	66	63	80	80	80	80	80	64	48
54	30	80	80	80	80	80	80	80	80
	36	80	80	80	80	80	80	80	73
	42	77	80	80	80	80	80	80	63
	48	67	80	80	80	80	80	73	55
	54	60	80	80	80	80	80	69	52
	60	54	80	80	80	80	80	62	47
60	24	80	80	80	80	80	80	80	80
	30	70	80	80	80	80	80	80	80
	36	62	80	80	80	80	80	80	66
	42	53	80	80	80	80	80	75	57
	48	47	80	80	80	80	80	66	50
	54	42	80	80	80	80	80	62	47
66	24	80	80	80	80	80	80	80	80
	30	70	80	80	80	80	80	80	80
	36	62	80	80	80	80	80	80	66
	42	53	80	80	80	80	80	75	57
	48	47	80	80	80	80	80	66	50
	54	42	80	80	80	80	80	62	47

PRESSURE LOAD TABLE FOR STORM BARS & BAR END CONNECTIONS

SHUTTER WIDTH (IN)	HEIGHT OR BAR SPACING (IN)	ALLOWABLE PRESSURES FOR BARS				ALLOWABLE P AS CONTROLLED BY CONNECTIONS			
		TS2X2X1/8 (PSF)	TS3X2X1/8 (PSF)	TS4X2X1/8 (PSF)	TS5X2X1/8 (PSF)	CONN "A"		CONN "B" & "C"	
						WOOD	BLOCK	WOOD	BLOCK
72	24	50	80	80	80	80	80	80	80
	30	40	80	80	80	80	80	80	66
	36	33	80	80	80	80	80	73	55
	42	-	77	80	80	80	80	63	47
	48	-	67	80	80	80	80	55	41
	54	-	60	80	80	80	80	52	39
	60	-	54	80	80	80	80	47	35
	66	-	49	80	80	80	80	42	32
	72	-	45	80	80	80	78	39	29
	74	-	44	78	80	80	76	38	-
78	24	-	80	80	80	80	80	80	76
	30	-	80	80	80	80	80	80	61
	36	-	68	80	80	80	80	80	51
	42	-	58	80	80	80	80	67	44
	48	-	51	80	80	80	80	58	38
	54	-	45	80	80	80	80	51	38
	60	-	41	80	80	80	80	48	36
	66	-	37	76	80	80	80	43	32
	72	-	34	69	80	80	78	39	29
	74	-	33	68	80	80	72	36	-
84	24	-	78	80	80	80	80	80	71
	30	-	62	80	80	80	80	75	57
	36	-	52	80	80	80	80	63	47
	42	-	44	80	80	80	80	54	40
	48	-	39	80	80	80	80	47	35
	54	-	35	71	80	80	80	44	33
	60	-	31	64	80	80	80	40	30
	66	-	-	58	80	80	73	36	-
	72	-	-	53	80	80	67	33	-
	74	-	-	52	80	80	65	32	-
90	24	-	61	80	80	80	80	80	66
	30	-	49	80	80	80	80	70	53
	36	-	41	80	80	80	80	58	44
	42	-	35	71	80	80	80	50	38
	48	-	30	62	80	80	80	44	33
	54	-	-	55	80	80	80	41	31
	60	-	-	50	80	80	75	37	-
	66	-	-	45	80	80	68	34	-
	72	-	-	42	74	80	62	31	-
	74	-	-	40	72	80	61	30	-

LOAD TABLE CONTINUED ON SHEET 7

NOTE: SEE INSTRUCTIONS ON SHEET 7 FOR USE OF ALL LOAD TABLES!

1. ALL PRESSURES ARE FOR BOTH POSITIVE & NEGATIVE AND ARE PSF.
2. PRESSURES ARE LIMITED TO MAX. 80 PSF AS CONTROLLED BY TESTING & MIN. 30 PSF.
3. REF. SHEET 3 FOR CONNECTION TYPES.
4. ALL PRESSURES IN THESE TABLES ALLOW FOR A MAXIMUM OF 1" SHUTTER DEFLECTION. THEREFORE, IN ACCORDANCE WITH THE SOUTH FLORIDA BUILDING CODE 1994 EDITION, THE SHUTTERS MUST BE POSITIONED MINIMUM 2" FROM THE GLASS THEY PROTECT.

DRAWN BY: W.W.S.	CHECKED BY: W.W.S.
PLOT: 1=1	DATE: 01/03/00
NO.	REVISION DESCRIPTION
DATE	BY
IMPACT COLONIAL SHUTTERS (DADE)	
MANUFACTURER GULFSTREAM ALUMINUM & SHUTTER CORP. 197 S.E. MONTEREY RD. STUART, FLORIDA 34994 (561)287-6476	
CONSULTANTS W. W. SCHAEFER ENGINEERING & CONSULTING, P.A. 600 SANDTREE DRIVE, SUITE 203B PALM BEACH GARDENS, FL 33403 PHONE: 561-775-4902 FAX: 561-775-4903	
DRAWING TITLE IMPACT COLONIAL SHUTTERS	
CERTIFICATION MAR 23 2008 WARREN W. SCHAEFER, P.E. P.E. NO. 44135	
DRAWING NO. 1000	REV.
SHEET NO. 6 OF 7	

PRESSURE LOAD TABLE FOR STORM BARS & BAR END CONNECTIONS

SHUTTER WIDTH (IN)	HEIGHT OR BAR SPACING (IN)	ALLOWABLE PRESSURES FOR BARS				ALLOWABLE P AS CONTROLLED BY CONNECTIONS			
		TS2X2X1/8 (PSF)	TS3X2X1/8 (PSF)	TS4X2X1/8 (PSF)	TS5X2X1/8 (PSF)	CONN "A"		CONN "B" & "C"	
						WOOD	BLOCK	WOOD	BLOCK
96	24	-	48	80	80	80	80	80	62
	30	-	39	79	80	80	80	66	50
	36	-	32	66	80	80	80	55	41
	42	-	-	57	80	80	73	47	35
	48	-	-	49	80	80	64	41	31
	54	-	-	44	78	78	60	39	29
	60	-	-	40	70	70	54	35	-
	66	-	-	36	64	64	49	32	-
	72	-	-	33	58	58	45	29	-
74	-	-	32	57	57	44	-	-	
102	24	-	39	79	80	80	80	77	58
	30	-	31	63	80	80	80	62	47
	36	-	-	53	80	80	80	52	39
	42	-	-	45	80	80	69	44	33
	48	-	-	40	70	78	60	39	29
	54	-	-	35	62	73	57	37	-
	60	-	-	32	56	66	51	33	-
	66	-	-	-	51	60	47	30	-
	72	-	-	-	47	55	43	27	-
74	-	-	-	45	53	42	-	-	
108	24	-	31	64	80	80	80	73	55
	30	-	-	52	80	80	80	58	44
	36	-	-	43	76	80	76	49	37
	42	-	-	37	65	80	65	42	31
	48	-	-	32	57	73	57	37	28
	54	-	-	-	51	69	54	35	-
	60	-	-	-	46	62	48	31	-
	66	-	-	-	41	57	44	28	-
	72	-	-	-	38	52	40	-	-
74	-	-	-	37	50	39	-	-	
112	24	-	-	56	80	80	80	70	53
	30	-	-	45	80	80	80	56	42
	36	-	-	38	66	80	73	47	35
	42	-	-	32	57	80	63	40	30
	48	-	-	-	50	71	55	35	-
	54	-	-	-	44	67	52	33	-
	60	-	-	-	40	60	47	30	-
	66	-	-	-	36	55	42	27	-
	72	-	-	-	33	50	39	-	-
74	-	-	-	32	49	38	-	-	

LOAD TABLE INSTRUCTIONS:

1. DETERMINE THE SIZE OF THE SHUTTER.
2. DETERMINE WHAT THE REQUIRED DESIGN POSITIVE & NEGATIVE WIND LOADS ARE FOR THE SHUTTER.
3. IF THE SHUTTER HEIGHT IS 74" OR LESS, GO TO THE PRESSURE TABLE ON SHEET 5. IF THE REQUIRED LOADS ARE LESS THAN OR EQUAL TO THOSE IN THE TABLE, ONLY ONE BAR IS REQUIRED. IF NOT, MORE THAN ONE BAR IS REQUIRED.
4. IF THE SHUTTER HEIGHT IS GREATER THAN 74", IGNORE THE TABLE ON SHEET 5 & GO TO THE STORM BAR LOAD TABLES ON SHEETS 6 & 7.
5. IF ONLY ONE BAR IS REQUIRED, GO TO THE STORM BAR LOAD TABLES ON SHEETS 6 & 7. FIND THE APPLICABLE SHUTTER WIDTH IN THE 1ST COLUMN & SHUTTER HEIGHT IN THE 2ND COLUMN. GO ACROSS THE STORM BAR COLUMNS UNTIL YOU HAVE A BAR WHICH MEETS THE REQUIRED PRESSURE. THEN GO ACROSS THE CONNECTION COLUMNS UNTIL YOU HAVE A CONNECTION THAT MEETS THE REQUIRED PRESSURE. USE THAT BAR & THAT CONNECTION. NOTE THAT IF YOU DECIDE THAT THE BAR &/OR CONNECTION IS TOO LARGE FOR YOUR LIKING, ADD A BAR & GO TO INSTRUCTION NUMBER 6 BELOW.
6. IF MORE THAN ONE BAR IS REQUIRED, GO TO THE STORM BAR LOAD TABLES ON SHEETS 6 & 7. FIND THE APPLICABLE SHUTTER WIDTH IN THE 1ST COLUMN & STORM BAR SPACING IN THE 2ND COLUMN. GO ACROSS THE STORM BAR COLUMNS UNTIL YOU HAVE A BAR WHICH MEETS THE REQUIRED PRESSURE. THEN GO ACROSS THE CONNECTION COLUMNS UNTIL YOU HAVE A CONNECTION THAT MEETS THE REQUIRED PRESSURE. USE THAT BAR & THAT CONNECTION. NOTE THAT IF YOU DECIDE THAT THE BAR &/OR CONNECTION IS TOO LARGE FOR YOUR LIKING, ADD ANOTHER BAR & START AGAIN WITH INSTRUCTION NUMBER 6.

NOTE THAT WHEN MORE THAN ONE BAR IS USED WITH ONE SHUTTER, THE MAXIMUM BAR SPACING MAY NOT EXCEED 48".

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3. REF. SHEET 3 FOR CONNECTION TYPES.
4. ALL PRESSURES IN THESE TABLES ALLOW FOR A MAXIMUM OF 1" SHUTTER DEFLECTION. THEREFORE, IN ACCORDANCE WITH THE SOUTH FLORIDA BUILDING CODE 1994 EDITION, THE SHUTTERS MUST BE POSITIONED MINIMUM 2" FROM THE GLASS THEY PROTECT.

DRAWN BY: W.W.S.	CHECKED BY: W.W.S.
PLOT: 1=1	DATE: 01/03/00
DATE	
BY	
REVISION DESCRIPTION	
NO.	
(DADE)	
IMPACT COLONIAL SHUTTERS	
MANUFACTURER	
GULFSTREAM ALUMINUM & SHUTTER CORP.	
197 S.E. MONTEREY RD. STUART, FLORIDA 34994 (561)287-6476	
CONSULTANTS	
W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.	
600 SANDTREE DRIVE, SUITE 203B PALM BEACH GARDENS, FL 33403 PHONE: 561-775-4902 FAX: 561-775-4903	
DRAWING TITLE	
IMPACT COLONIAL SHUTTERS	
CERTIFICATION	
MAR 23 2000	
WARREN W. SCHAEFER, P.E. P.E. NO. 44135	
DRAWING NO. 1000	REV.
SHEET NO.	
7 OF 7	

4974

POOL/DECK

MASTER PERMIT NO. 4813

TOWN OF SEWALL'S POINT

Date 6/20/00

BUILDING PERMIT NO. 4974

Building to be erected for PAULA & ROBB FOLLWEILER

Type of Permit POOL/DECK

Applied for by FLAMINGO POOLS & PATIOS

(Contractor) Building Fee \$240.00

Subdivision PLANTATION Lot 22 Block _____

Radon Fee _____

Address 11 WE LOFTING WAY

Impact Fee _____

Type of structure S.F.R. (UNDER CONST.)

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Other Fees (_____)

TOTAL Fees \$240.00

Parcel Control Number:

26-37-41-01300-00002-2000000

Amount Paid \$240.00 Check # 6547 Cash _____

Total Construction Cost \$ 15,000.00

Signed Carol Zubowski
Applicant

Signed [Signature]
Town Building Inspector APPLC/KC

POOL / SPA PERMIT

INSPECTIONS

SETBACKS	DATE _____	DECK	DATE _____
COMPACTION TESTS	DATE _____	ENCLOSURE & LATCH	DATE _____
GROUND ROUGH	DATE _____	DOOR ALARM(S)	DATE _____
STEEL & BOND	DATE _____	FINAL	DATE <u>11/27/00</u>
LIGHT NITCHE	DATE _____		

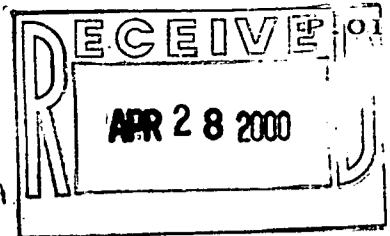
24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



BIDGAPMNT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Owner's Name: PAULA + BOB FOLLWEILER Phone No. 219-9996
Owner's Present Address: 5132 SW HAMMOCK CREEK DR PALM CITY FL
Fee Simple Titleholder's Name & Address if other than owner

Location of Job Site: LOT 22 THE PLANTATION AT SEWALLS PT - 11 NE LOFTING WAY
TYPE OF WORK TO BE DONE: CONSTRUCT POOL + DECK

CONTRACTOR INFORMATION
Contractor/Company Name: FLAMINGO POOLS + PATIOS INC Phone No. 220-8627
COMPLETE MAILING ADDRESS: 3400 SE DIXIE HWY STUART FL 34997
State Registration CPC 056806 Star License
Legal Description of Property LOT 22 THE PLANTATION AT SEWALLS PT
Parcel Number

ARCHITECT/ENGINEER INFORMATION
Architect Phone No.
Address
Engineer SAL AMICO Phone No. 283-1822
Address E. 14th ST STUART FL 34996
Area Square Footage: Living Area Garage Area Carport
Accessory Bldg. Covered Patio Scr. Porch 1611 Wood Deck
Type Sewage: Septic Tank Permit # from Health Dept.
NEW electrical SERVICE SIZE AMPS

FLOOD HAZARD INFORMATION
flood zone minimum Base Flood Elevation (BFE) NGVD
proposed finish floor elevation NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement \$15,000.00
Fair Market Value (FMV) prior to improvement
Substantial Improvement 50% of FMV yes No
Method of determining FMV

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)
Electrical PAU State License
Mechanical State License#
Plumbing FLAMINGO POOLS + PATIOS State License# CPC 056806
Roofing State License#

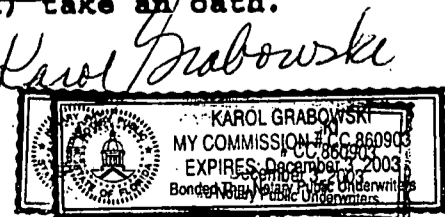
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE Paula Follweiler
Sworn to and subscribed before me this 7 day of APRIL, 1998 by PAULA FOLLWEILER who is personally known to me or has produced or has produced and who did (did not) take an oath.

CONTRACTOR SIGNATURE
Sworn to and subscribed before me this 7 day of APRIL, 1998 by ALLEN K SCHROEDER who is personally known to me or has produced and who did (did not) take an oath.



TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
 Specimen tree removed _____ Fee _____ Authorized/Date _____
 DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD.

CERTIFICATE OF INSURANCE

TL

10539

ISSUE DATE (MM/DD/YY)

01/03/00

PRODUCER

ACORDIA SOUTHEAST
SOUTH FLORIDA DIVISION
501 S. FLAGLER DR. #600
WEST PALM BEACH FL 33401

COPY

FILE

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

COMPANIES AFFORDING COVERAGE

COMPANY **A C N A**

LETTER

COMPANY **B**

LETTER

COMPANY **C**

LETTER

COMPANY **D**

LETTER

COMPANY **E**

LETTER

FILE

hefin

INSURED

FLAMINGO POOLS & PATIOS
INC
3400 SE DIXIE HIGHWAY
STUART, FL 34997

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. <input checked="" type="checkbox"/> POOL POP UP IS INCLUDED	B173759452	01/01/00	01/01/01	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED.EXP. (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" 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	B1073791513\TRANS	01/01/00	01/01/01	COMBINED SINGLE LIMIT \$ 500,000 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 \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC173770676\TRANS	01/01/00	01/01/01	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALLS PT
1 SOUTH SEWALLS PT RD
STUART FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk


LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: Flamingo Pools & Patios, Inc.
3400 SE Dixie Highway
Stuart, FL 34997

From: Edwin B. Arnold, Building Official 

Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act

Date: Sept. 1, 2000

COPY

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

Department records indicate you have the following outstanding pool permit in our jurisdiction:

PN 4974

11 NE Lofting Way

Follweiler

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. Please contact me if you have any questions.



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org



LIFE SAVER POOL FENCE SYSTEM SPECIFICATIONS

General Description:

A removable mesh pool fence designed specifically to provide a barrier around residential swimming pools for toddlers and young children. Installed in sections to provide convenience for easy removal and reinstallation by the homeowner. Available in 42, 48 or 60 inch heights.

System

Tension based system utilizing a series of 15 foot sections of fence with inserts for mounting in non-conducting polypropylene sleeves core drilled 4 inches deep into a concrete deck or other substantial surface, connected in series at the top with 2 1/2 inch brass safety hooks with stainless springs.

Construction

Mesh: Polyester mesh fabric with a mildew resistant polyvinyl coating to provide for years of use in direct sunlight.

Continuous basket weave with a tensile strength rating of 270 lbs. per inch making it impossible to rip under normal use.

Color selection is black, white or green.

Bordered on all four sides by a reinforced vinyl material with a rating of 387 lbs. to prevent sagging and provide the necessary tension to insure the fence's integrity for its intended purpose both at the top and bottom.

The mesh is pre-mounted on aluminum Quad-X poles and secured by aluminum cove molding strips.

Poles: Poles are constructed of aluminum, black, white or green powder coated or silver finish.

Pole spacing is optional at either 30 or 36 inches.

Stainless steel screws (14) are utilized for securely attaching the aluminum cove molding to the poles and mesh.

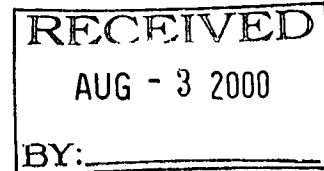
Surface of the poles are finished for handling and to prevent injuries from physical contact.

The poles are capped to provide a neat finished appearance.

Standard sections supplied are 15 feet to provide for easy removal and storage by the homeowner. The standard section weighs only 15 lbs.

A.M. ENGINEERING AND TESTING, INC.

3504 Industrial 33rd Street
FT. PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX



Client: Flamingo Pools And Patios, Inc.

Project: 11 N.E. Lofting Way - Sewall's Point

Date Tested: 8/1/00

Project No.: 00666

Report No.:

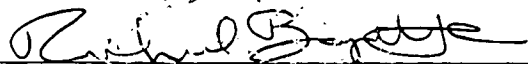
Backfill Between House and Pool / Pool Deck
Permit No. 4974

REPORT OF COMPACTION TESTS

As requested by the client, a representative of A.M. Engineering and Testing, Inc. performed compaction tests at the above referenced project. The tests were taken in order to determine if the soil below the pool deck and between the pool shell and the house has been compacted in accordance with the requirements of the Sewall's Point Building Department. A minimum of five (5) locations were tested using a combination of a nuclear density gauge and a hand-cone penetrometer. At four (4) of the locations, the upper one-foot of soil was tested. At the (5th) fifth location, at the closest point between the existing house and the pool, the fill was tested to a depth of four (4) feet. At the locations and depths tested, the test results indicated the soil has been compacted to a minimum of 90% of the maximum dry density as determined by ASTM D-1557.

Respectfully submitted,

A.M. ENGINEERING AND TESTING, INC.



Richard Boyette, P.E.
Vice President

Copies: Client - 1
Sewall's Point Building Dept. - 1

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-26-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4899	Kohler 19 S. Via Lucindia Challenger Pools	pool deck & Bond. 286-4099	Reject w/ Fee BG.	Received Complaint Test. No Steel 1W Thicker Ed + Bond w/
✓ 4856	Hellriegel 11 Castle Hill Way Advantage Pools	form board pool Deck & Bond.	OK BG.	Need Termin Spray
✓ 4781	Foglia 110 H. Sewall Way StarLite Pools	final pool	OK BG.	
✓ 4812	Follweiler 11 Lofting Way ARK PLAMINGO	form & steel & Bond	OK BG.	
✓ 4887	Woods 116 S. River Linnick	electrical	OK Cancel	NO ONE C Job. Don't Know what to inspect
✓ 4775	Campo 5 Paloma Way Seagate	metal & tin tag	OK BG.	
✓ 4983	Ashby 3 River Crest Pro-Tec Shutters	final storm shutters	Reject w/ Fee Bg	NO ONE HOME GATE LOCKED NO SPECS. Spoke with Sus.

OTHER: 335-3000

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/25/00, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓4855 (2)	UNIVERSAL GRP. 23 S. Sewalls Pt Rd. Lagana	footing	PASSED ✓	as early as possible 8:30 PTC; REPLY LATE A.M. - 11:30 REPLY.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓4723 (10)	Koch 71 N. River Rd. Brown	dry well screws - PTL, (2" PL. ONLY)	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓4963 (11)	Johnson 9 Quail Run Pacific	roof sheathing COMPLETE	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓4771 (8)	Van Wagner 3 Palama Way Engineered Frames	Temp. meter New (1) ONE VOLT KEY	PASSED ✓	ltr. req. in file METER REC. PPL 223-4208 Called 1145 CU AMP
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓4894 (13)	Braunstein 11 N. River (Ind. 2400) Tropic	fr & final 'dock	PASSED ✓	- no permit doc in file - review from town file 80' x 9' w. 30' x 5' TRAIL 1" SPAC.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓4977 (7)	Follweiler 4974 11 Lofting Way Flamingo	pool deck	PASSED ✓	FORWARD SURVEY RCD P/24 - SOIL STERILIZATION REQ. PRIOR TO POOL.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓5052 (12)	Chodera-Harns 54 N River Rd. A & W (Knowles)	roof sheathing	PASSED ✓	- OK TO COMPLETE SPOT CK @ DRP-W

OTHER: COMPLIANCE INSPECTION - "BAY TREE" - S. SEWALLS POINT RD.
- ALL EXCESS BILL HAS BEEN REMOVED FROM STOCKPILE ALONG S.P. RD.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed Fri 11-27, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 4813 (4A)	Follweiler 11 Lofting Way ARK HOMES	final c.o.	PASSED ⊗ PTL. AS NOTED	- REINSP. STORM SHUTTERS, - SELF CLOSING DRS. @ GARAGE - FIRE SEPARATION GAR. CLG. (FM)
✓ N 4924 (4B)	Follweiler 11 LOFTING WAY FLAMINGO POOLS	pool final	PASSED ⊗	REMARKS
✓ N 5160 (4C)	Follweiler 11 LOFTING WAY CORRAL ALUM.	pool enc. final	PASSED ⊗	
✓ S 5136 (2)	Geller 10 Palmetto Mahaffey POOLS	pool steel & bond	PASSED ⊗ (AS NOTED)	- FORMBOARD SURVEY NOT BOND! REA PROX TO POOL.
✓ N 5092 (3)	Aune 6 Michael Rd. Masterpiece	final shed	PASSED ⊗	- FINAL SURVEY RCVD 11/22 - FIELD COPY TO SITE ✓
✓ S 5102 (1)	Duval 6 Rivista Pacific	roof final	PASSED ⊗	9:30 ✓ OWNER DISPUTE W/ CONTR RESOLVED. (NO STRUCT. ISSUES)
✓ N X	Gifford 8 1/2 N. S. P. Rd	site observation	⊗ X	Not a weather. time CANCELLED (NEED 11/22) WILL HOLD ESTAB. GRAVE.

OTHER: _____

INSPECTOR (Name/Signature): _____

5160

POOL ENCLOSURE

MASTER PERMIT NO. 4813
POOL 4974

TOWN OF SEWALL'S POINT

Date 11/14/00 BUILDING PERMIT NO. 5160
Building to be erected for ROBERT FOLLWELLER Type of Permit POOL ENCL.
Applied for by COASTAL ALUMINUM (Contractor) Building Fee \$120.00
Subdivision PLANTATION Lot 22 Block _____ Radon Fee _____
Address 11 NE LOFTING WAY Impact Fee _____
Type of structure SFR (UMBER CONST.) A/C Fee _____
Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____
26-37-41-013-000-0022.0-00000 Roofing Fee _____

Amount Paid \$120.00 Check # 6262 Cash _____ Other Fees (_____)
Total Construction Cost \$ 5,950.00 TOTAL Fees \$120.00

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

SCREEN ENCLOSURE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	STEEL & BOND FINAL	DATE _____ DATE <u>11/27/00</u>
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS - 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

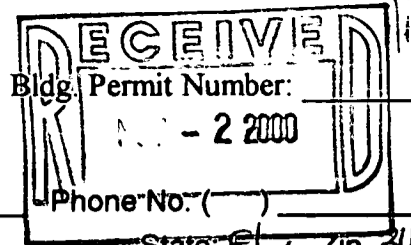
New Construction Remodel Addition Demolition

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION

MPN 4813
 POOL 4974



Owner or Titleholder's Name: Robert Follweiler
 Street: 1492 NE Seattorse Pl City: Seach State: FL Zip: 34957
 Legal Description of Property: Plantation at Sewall's Point Lot 22
PF # 26-37-41- Parcel Number: 26-37-41-013-00000220

Location of Job Site: NE Lofting way II NE LOFTING WAY
 TYPE OF WORK TO BE DONE: Alum mansard pool enclosure

CONTRACTOR/Company Name: Coastal Aluminum Phone No. (904) 468-0288
 Street: 4205 Metzger Rd City: Pierce State: FL Zip: 34947
 State Registration: SEA State License: SC050660

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

ENGINEER: Khanal, Nagendran Phone No. (501) 433-5361
 Street: 3155 Lillian Road City: WPB State: FL Zip: 33406

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

FLOOD HAZARD INFORMATION
 Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 5950
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

 Owner
 State of Florida, County of: St Lucie On
 this the 4 day of Oct, 2000,
 by _____ who is personally
 known-to-me or produced _____
 as identification.

CONTRACTOR SIGNATURE (Required)

 Contractor
 State of Florida, County of: St Lucie On
 this the 4 day of Oct, 2000,
 by Richard Sharp who is personally
 known to me or produced _____
 as identification.

Notary Public
 My Commission Expires: _____
 WILLIAM T. DRAMBLE
 Notary Public - State of Florida
 My Commission Expires Nov 7, 2003
 Commission # CC886301

Notary Public
 My Commission Expires: _____
 Notary Public - State of Florida
 My Commission Expires Nov 7, 2003
 Commission # CC886301

TREE REMOVAL (Attach sealed survey)

2181 000
-1705 1000

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/08/99

PRODUCER

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.

JPA INSURANCE
PO BOX 857217
PT ST LUCIE

FL 34985

FILE
permit

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

ZURICH

COPY

FILE
UC/LWS

INSURED

COASTAL ALUMINUM
CONSTRUCTION INC
4205 METZGER ROAD
FT PIERCE

FL 34947

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY	CFM24614563	12/27/99	12/27/00	GENERAL AGGREGATE \$ 600,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 600,000
CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$ 300,000
OWNER'S & CONTRACTOR'S PROT..				EACH OCCURRENCE \$ 300,000
				FIRE DAMAGE (Any one fire) \$
				MED. EXPENSE (Any one person) \$ 10,000
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
ANY AUTO				
ALL OWNED AUTOS				BODILY INJURY (Per person) \$
SCHEDULED AUTOS				
HIRED AUTOS				BODILY INJURY (Per accident) \$
NON-OWNED AUTOS				
GARAGE LIABILITY				PROPERTY DAMAGE \$
EXCESS LIABILITY				EACH OCCURRENCE \$
UMBRELLA FORM				AGGREGATE \$
OTHER THAN UMBRELLA FORM				
WORKER'S COMPENSATION				STATUTORY LIMITS
AND				EACH ACCIDENT \$
EMPLOYERS' LIABILITY				DISEASE—POLICY LIMIT \$
				DISEASE—EACH EMPLOYEE \$
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT
SEWALL'S POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

JIM POWER

DA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/23/2000

Serial # A1531

AVATIVE BUSINESSES CORP.
 30 DELTONA BLVD. SUITE # 201
 DELTONA, FLORIDA 32725

FILE

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

INSURERS AFFORDING COVERAGE

INSURED
 COASTAL ALUMINUM CONSTRUCTION, INC. *See flow*
 4205 METZGER RD
 FORT PIERCE, FL 34947
 FAX # 561-468-0287

INSURER A: AMCOMP PREFERRED INSURANCE COMPANY
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:
 BY: *[Signature]*

AUG 28 2000

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV 7017451	07/10/2000	07/10/2001	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWN OF SEWALLS POINT
 CITY HALL
 1 SOUTH SEWALLS POINT RD.
 SEWALLS POINT, FL 34994

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530

COPY FILE
Refer

RECEIVED
NOV 1 2000
BY: *[Signature]*

SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION INC
1156 SW COLEMAN AVE
PORT ST LUCIE FL 34953

FILE
Refer

STATE OF FLORIDA AC# 5937390
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
SC -C056660 08/07/2000 00900
CERT. SPECIALTY STRUCTURE CON
SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION
IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5937390

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NO
8/07/2000	00900354	SC -C056660

The **SPECIALTY STRUCTURE CONTRACTOR**
Named Below **IS CERTIFIED**
Under the provisions of Chapter 489 FS
Expiration date: **AUG 31, 2002**

SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION INC
1156 SW COLEMAN AVE
PORT ST LUCIE FL 34953

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Plantation at Sewall's Pt 10122 NE Lofting Way

GENERAL DESCRIPTION OF IMPROVEMENT: Aluminum screen enclosure over pool

OWNER: Robert D Follweiler

ADDRESS: 1692 NE Seahorse Place, Jensen Beach

PHONE #: _____

FAX #: _____

CONTRACTOR: Coastal Aluminum Construction, INC.

ADDRESS: 4205 Metzger Rd Ft Pierce, FL 34947

PHONE #: 468-0288

FAX #: 468-0287

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

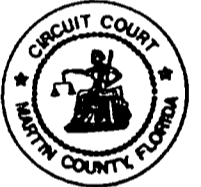
FAX #: _____

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

MARSHA STILLER, CLERK

BY [Signature] D.C.

DATE 11-13-02



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 #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

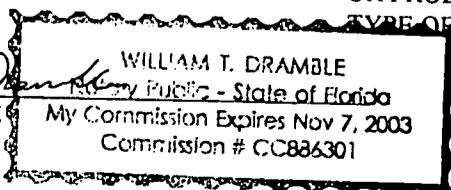
SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF November 2000 BY Robert Follweiler

PERSONALLY KNOWN

OR PRODUCED ID _____

TYPE OF ID _____

[Signature]
NOTARY SIGNATURE

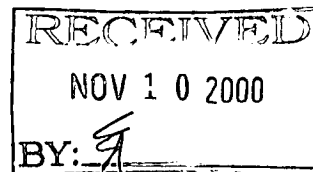


**SEWALL'S POINT PLANTATION HOMEOWNERS ASSOCIATION
2421 SE OCEAN BOULEVARD, #1093
STUART FLORIDA 34996**

Ellyn Stevenson 287-9996 Tony Smith 288-1244 Irene Todd 286-9897 Nick Elliott 223-0566

November 10, 2000

Town fo Sewall's Point
Building Department



Re: New residence for Dr. and Mrs. Follweiler

Please be advised that the Plantation at Sewall's Point does not have a prohibition regarding swimming pool enclosures. The Association does not object to the installation of a screened enclosure at this site.

Yours truly,

Ellyn Stevenson, President
SPPHOA

FILE

*pending pool eval
appl*
11 NE LOFTWEG CDR 9
MPN 4813
POOL 4974

PN 5160

FILE TOWN COPY
11 DE. OFFICE WORK

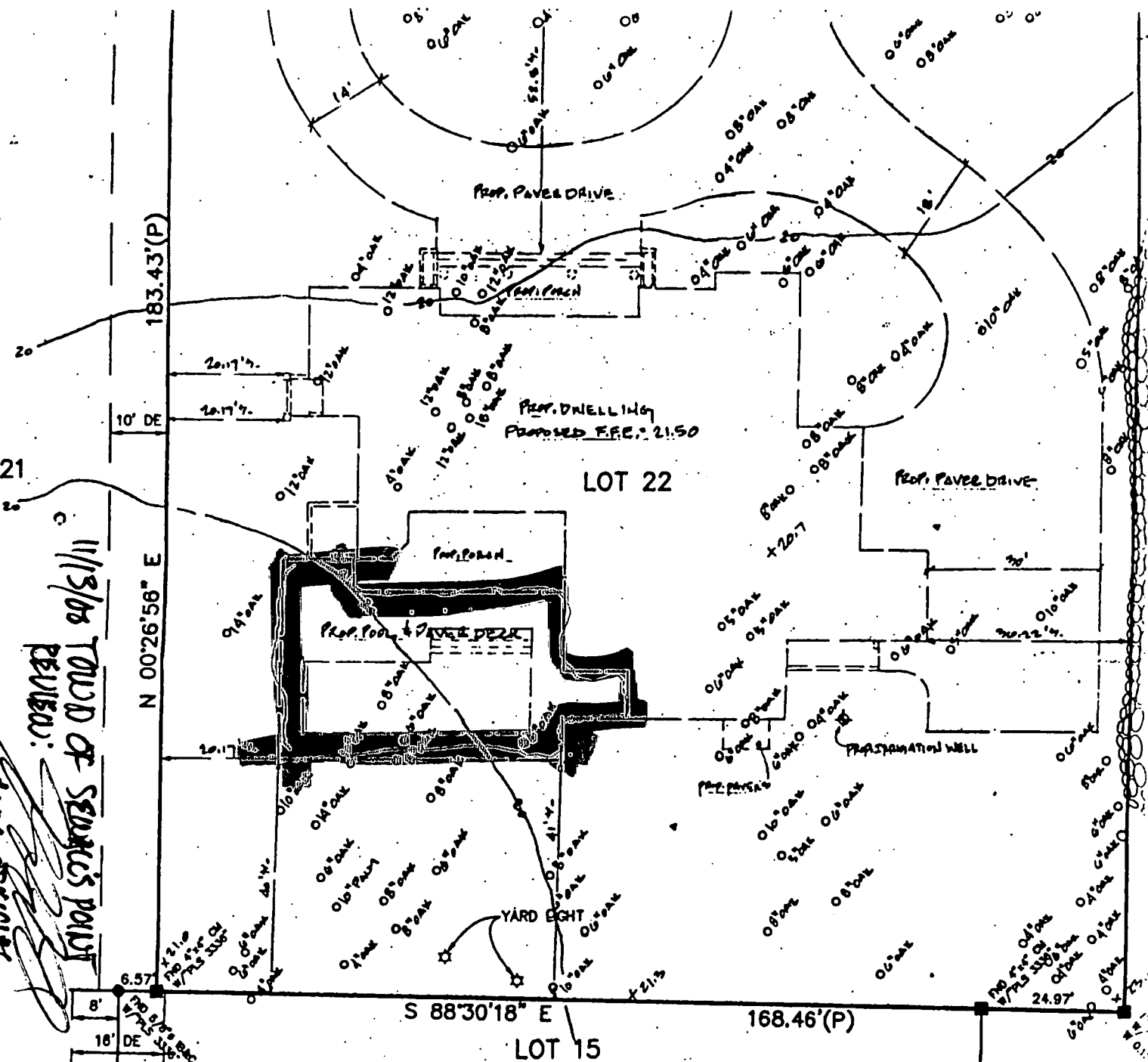
LOT 21

LOT 22

LOT 15

*11/13/08 TOWN OF SEASIDE'S POINT
 REVIEW:
 [Signature]*

PLG OFFICER



AC A/C
 ALUM ALUM
 ANC ANCHOR
 AVE AVENUE
 BNG BEARING
 BLOC BLOCK
 BLK BOULEVARD
 BLDV
 BE BUFFER EASEMENT

CHD CONC
 CBS
 CI ANCHOR
 CIR
 COP
 COR
 CDP
 CUP

CHORD DISTANCE
 CONCRETE
 CONC. BLOCK STRUCTURE
 CONCRETE MONUMENT
 CONCRETE NOT READ
 CONCRETE POWER POLE
 CORNER
 COVERED
 CORRUGATED METAL PIPE

EW
 E2
 ES
 ELEV
 ENCL
 ENCRD
 EX
 FT
 F

EDGE OF WATER
 ELECTRIC METER
 ELECTRIC SERVICE
 ELEVATION
 ENCLOSURE
 ENCROACHMENT
 EXISTING ELEVATION
 FEET
 FIELD MEASUREMENT

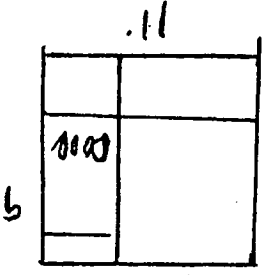
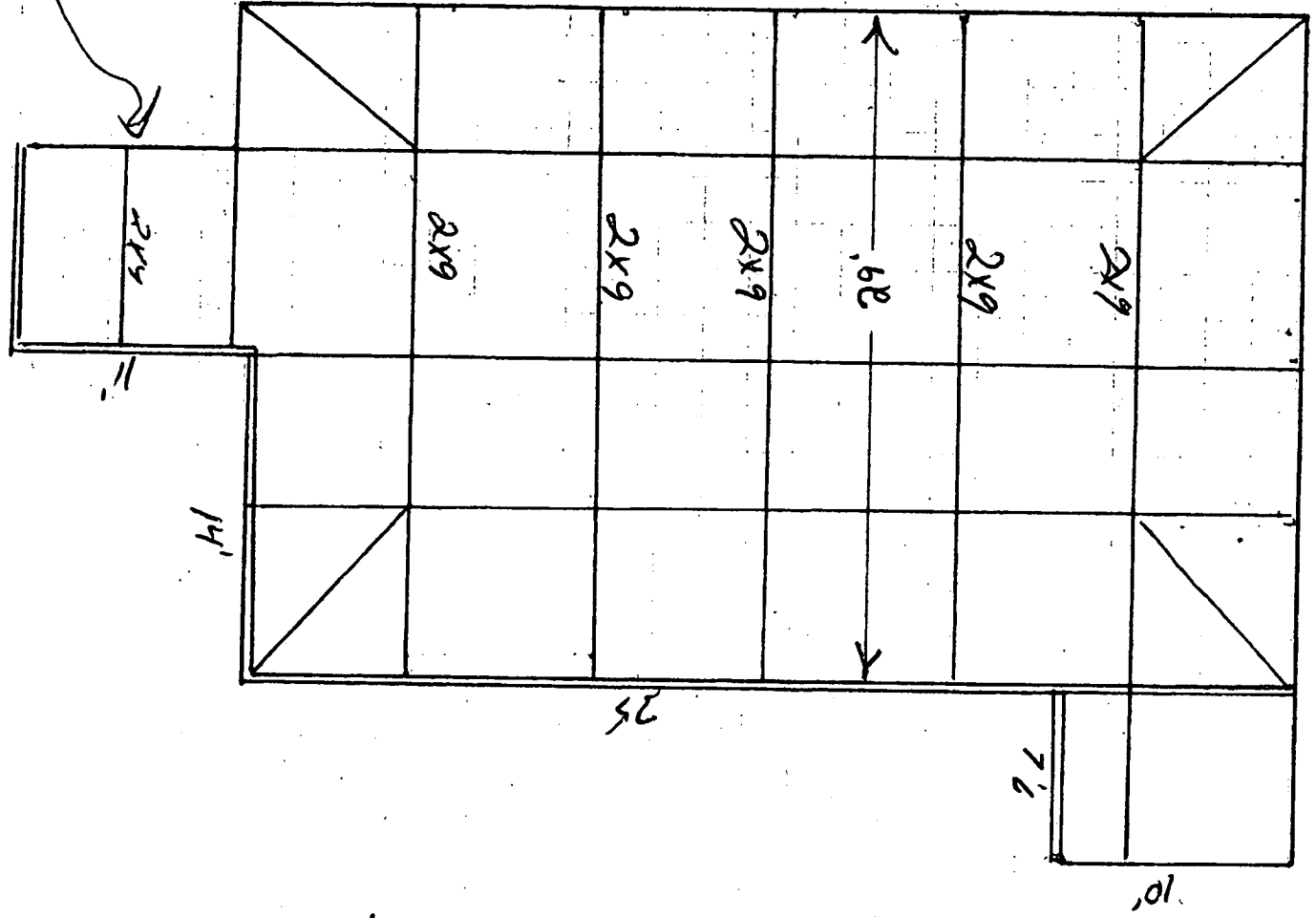
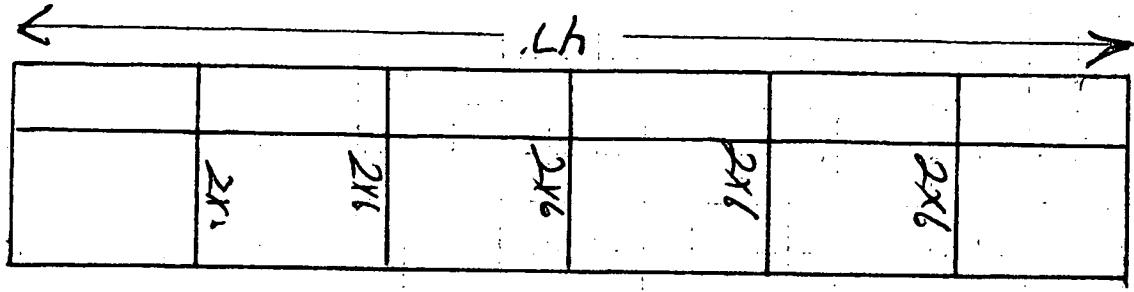
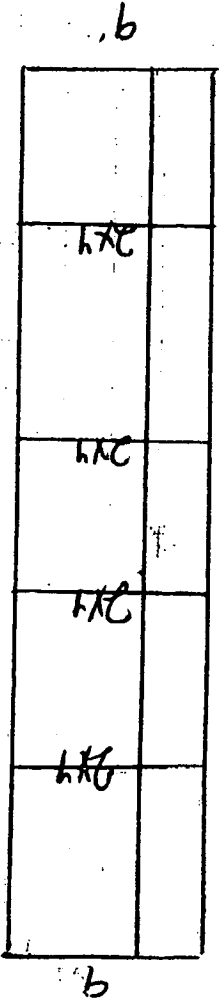
I & E
 INV
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 IP
 IRB & C
 IRP & C
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 LB
 L

INGRESS & EGRESS EASEMENT
 INVERT
 IRON BAR
 IRON PIPE
 IRON BAR & CAP
 IRON PIPE & CAP
 ARC LENGTH
 LANDSCAPE EASEMENT
 LICENSE BUSINESS

N & TT
 N & W
 NOVD
 NC
 NTS
 N
 NO
 ORB
 O/S
 OL

NAIL & TIN TAB
 NAIL & WASHER
 NATIONAL GEODETIC VERTICAL
 NOT INCLUDED
 NOT TO SCALE
 NORTH
 NUMBER
 OFFICIAL RECORD BOOK
 OFFSET
 PARTIAL

Follweiler Res



BEAM AND COLUMN SCHEDULE

MARK	SIZE	T1	T2	TYPE	MAX. BEAM SPANS AT GIVEN SPACINGS						
					5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"
Box Bm.	2 x 2	.055	.055	HOLLOW	6'-11"	6'-9"	6'-7"	6'-4"	6'-3"	6'-1"	5'-11"
Box Bm.	2 x 3	.055	.055	SNAP	9'-7"	9'-3"	9'-0"	8'-9"	8'-7"	8'-4"	8'-2"
Box Bm.	2 x 4	.062	.062	SNAP	12'-6"	12'-2"	11'-9"	11'-5"	11'-2"	10'-11"	10'-8"
Box Bm.	2 x 4	.120	.055	LAP	14'-3"	13'-9"	13'-4"	13'-0"	12'-8"	12'-5"	12'-2"
Box Bm.	2 x 5	.062	.062	SNAP	15'-1"	14'-7"	14'-2"	13'-9"	13'-5"	13'-2"	12'-10"
Box Bm.	2 x 6	.130	.055	LAP	19'-10"	19'-5"	18'-8"	18'-2"	17'-9"	17'-6"	16'-9"
Box Bm.	2 x 6	.120	.062	SNAP	19'-11"	19'-4"	18'-9"	18'-3"	17'-10"	17'-5"	17'-1"
Box Bm.	2 x 7	.130	.068	SNAP	22'-11"	22'-5"	21'-7"	21'-0"	20'-6"	20'-1"	19'-7"
Box Bm.	2 x 7	.130	.055	LAP	21'-7"	20'-7"	19'-9"	18'-11"	18'-3"	17'-8"	17'-1"
Box Bm.	2 x 7	.280	.070	LAP	27'-1"	26'-3"	25'-5"	24'-9"	24'-2"	23'-7"	23'-2"
Box Bm.	2 x 8	.224	.072	LAP	28'-8"	27'-9"	26'-11"	26'-3"	25'-7"	25'-0"	24'-6"
Box Bm.	2 x 8	.224	.082	LAP	29'-0"	28'-2"	27'-5"	26'-7"	25'-11"	25'-6"	24'-10"
Box Bm.	2 x 9	.224	.072	LAP	31'-5"	30'-5"	29'-3"	28'-1"	27'-1"	26'-2"	25'-4"
Box Bm.	2 x 9	.320	.082	LAP	34'-3"	33'-3"	32'-3"	31'-5"	30'-8"	30'-0"	29'-4"
Box Bm.	2 x 10	.360	.092	LAP	38'-7"	37'-4"	36'-4"	35'-4"	34'-6"	33'-8"	33'-0"

PURLIN TABLE HEAVY LINE INDICATES MAXIMUM SPAN FOR 4" GUTTER "Z" BRACKET. NO LIMIT TO 5" GUTTER BRACKET.

MARK	SIZE	T1	T2	TYPE	MAXIMUM SPAN
2 x 2	.055	.055	HOLLOW	MAXIMUM SPAN = 7'-0" AS PURLIN AND CHAIRRAIL	
2 x 3	.055	.055	HOLLOW	MAXIMUM SPAN = 8'-0" AS PURLIN AND CHAIRRAIL	

NOTE: MAXIMUM SPACING OF PURLINS = 84". MAXIMUM AREA IN ANY PANEL = 56 SQ. FT.
 MAXIMUM SPACING OF 2X2 CHAIRRAILS = 60" AVG.
 MAXIMUM SPACING OF 3X2 CHAIRRAILS = 72" AVG. SPANS SHOWN ABOVE ARE CLEAR SPANS. 4" MAY BE ADDED TO EACH SPAN SHOWN.

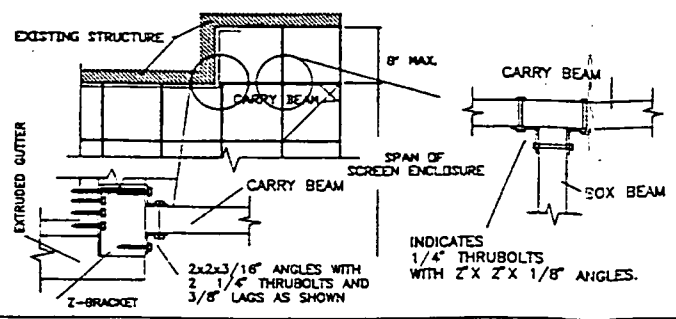
MARK	SIZE	T1	T2	TYPE	MAX. COLUMN HEIGHTS AT GIVEN SPACINGS						
					5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"
Box Col.	2 x 3	.055	.055	SNAP	6'-8"	6'-6"	6'-2"	5'-11"	5'-9"	5'-7"	5'-4"
Box Col.	2 x 4	.062	.062	SNAP	9'-2"	8'-8"	8'-4"	8'-0"	7'-9"	7'-5"	7'-3"
Box Col.	2 x 4	.120	.055	LAP	11'-1"	10'-7"	10'-1"	9'-8"	9'-4"	9'-0"	8'-9"
Box Col.	2 x 5	.062	.062	LAP	13'-4"	12'-9"	12'-2"	11'-9"	11'-4"	10'-11"	10'-7"
Box Col.	2 x 6	.130	.055	LAP	15'-10"	15'-1"	14'-5"	13'-10"	13'-4"	12'-11"	12'-6"
Box Col.	2 x 7	.130	.055	SNAP	16'-6"	15'-9"	15'-1"	14'-5"	13'-11"	13'-6"	13'-0"
Box Col.	2 x 7	.280	.070	LAP	22'-0"	21'-4"	20'-9"	20'-1"	19'-4"	18'-8"	18'-1"
Box Col.	2 x 8	.224	.082	LAP	23'-10"	23'-1"	22'-1"	21'-3"	20'-5"	19'-9"	19'-2"

NOTE: MAX SPACING OF CHAIRRAILS IS 78". SPANS SHOWN ABOVE ARE CLEAR SPANS. 4" MAY BE ADDED TO EACH SPAN SHOWN.
 2X3 AND 2X4 NON-LOAD BEARING BOX COLUMNS MAY BE INCREASED AN ADDITIONAL 10% TO THE HEIGHTS SHOWN ABOVE.
 ALL OTHER COLUMNS TO REMAIN THE SAME.

- NOTES:**
- ROOF AND SIDES SHALL BE COVERED WITH SCREEN CLOTH BEING 60% OPEN OR GREATER ONLY.
 - THE EXISTING STRUCTURE MUST BE CAPABLE OF SUPPORTING THE LOADED SCREEN ENCLOSURE.
 - METAL STRUCTURES WITHIN 5 FT. OF SWIMMING POOLS SHALL BE GROUNDED PER N.E.C. 680-22
 - ANCHORS TO CONCRETE & MASONRY SHALL BE 3/8" X 3" ANCHORS OR APPROVED EQUAL UNLESS OTHERWISE SPECIFIED.
- ASCE 7-88
- DESIGN CRITERIA: SOUTH FLORIDA BUILDING CODE**
- | | |
|---------------------------------|----------|
| WALLS DESIGN WIND LOAD IN & OUT | 19.6 PSF |
| TEST LOAD WIND IN & OUT | 29.4 PSF |
| ROOF LIVE LOAD UP & DOWN | 10.6 PSF |
| TEST LOAD UP & DOWN | 15.9 PSF |
- DEFLECTION LIMITATION: L/80
 ALUMINUM ALLOY 6063-T6 UNLESS OTHERWISE SPECIFIED.

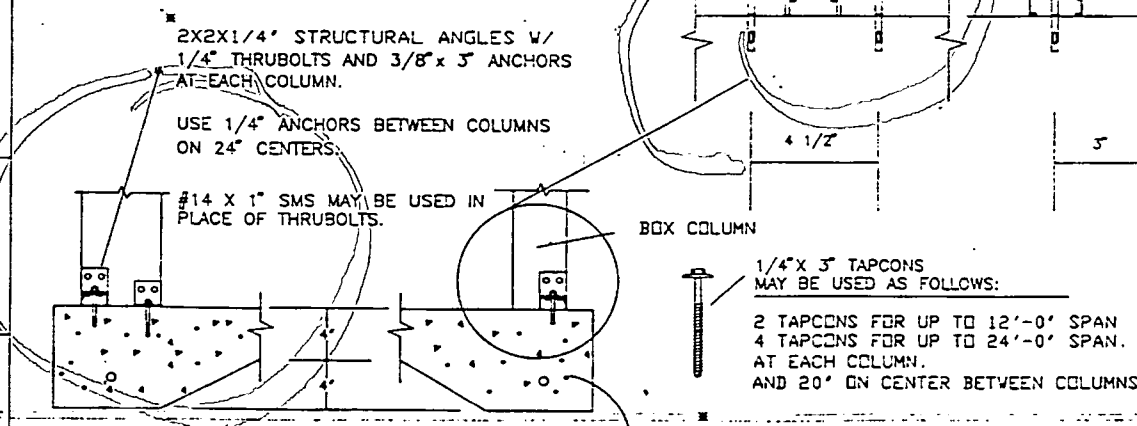
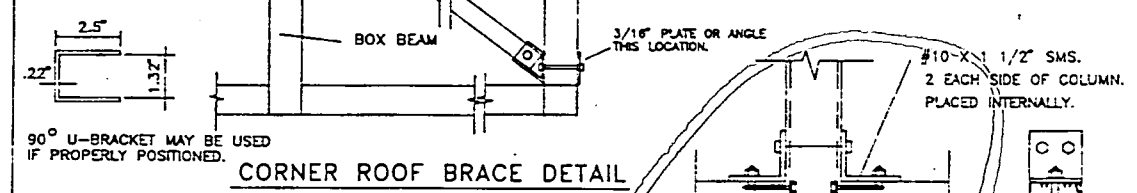
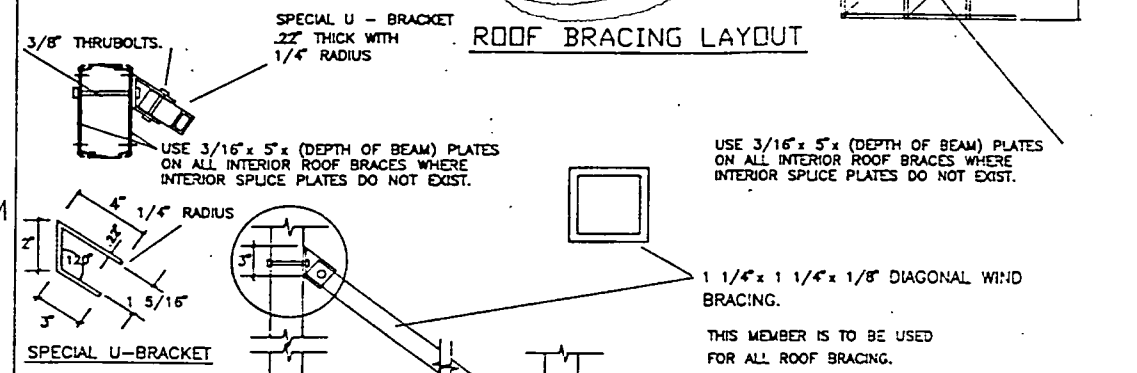
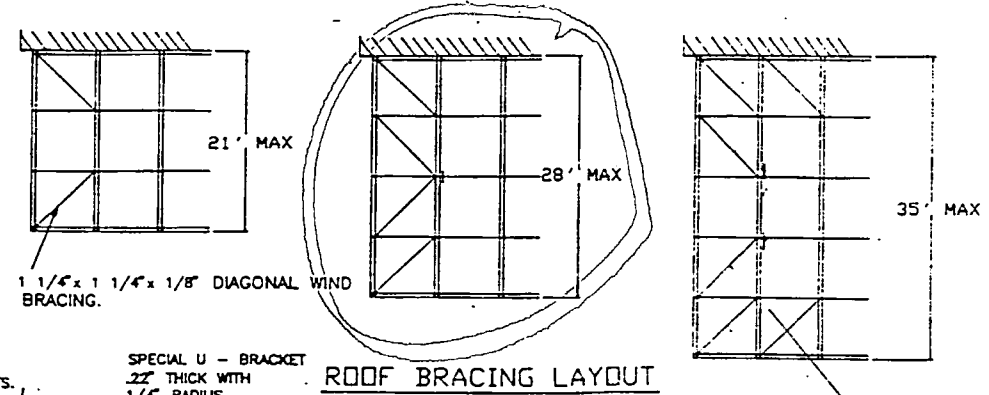
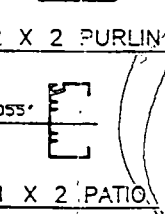
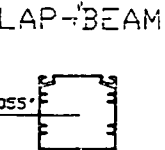
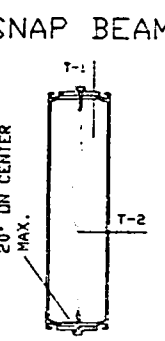
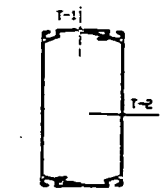
CARRY BEAM TABLE

CLEAR SPAN OF 2 X 6 CARRY BEAM	MAX SPAN OF SCREEN ENCLOSURE	CLEAR SPAN OF 2 X 7 CARRY BEAM	MAX SPAN OF SCREEN ENCLOSURE
10'-0"	MAXIMUM	14'-0"	MAXIMUM
12'-0"	MAXIMUM	16'-0"	27'-7"
14'-0"	MAXIMUM	18'-0"	20'-1"
16'-0"	23'-4"	20'-0"	14'-9"
18'-0"	14'-0"	22'-0"	10'-1"



MAXIMUM SPAN SHOWN IN BEAM TABLE ABOVE.

TYP. CROSS SECTIONS



ANCHOR BOLTS TO EXTEND 1 1/4" BEYOND CHART. OR BRICK PAVEMENT SURFACES

NOTE: COLUMNS ALONG END WALLS REQUIRE ONE PAIR OF 2X2X1/8" ANGLES UNLESS COLUMNS ARE 2X5 OR GREATER. THEN TWO PAIR OF ANGLES ARE REQUIRED.

REPRODUCTION AND APPROVAL OF THIS PLAN OR ANY PART THEREOF FOR CONSTRUCTION OR ANY OTHER USE SHALL ONLY BE DONE BY RAMMS ENGINEERING, INC.

WHEN USING 4 ANGLES, 1/4" X 3" ANCHORS MAY BE USED.

REVISIONS	BY

RAMMS ENGINEERING, INC.
Structural Design
 2100 W. 76th STREET, SUITE 311
 MIAMI, FLORIDA 33016
 EB 0000031

SCREEN ENCLOSURE
DADE COUNTY APPROVED

DRAWN
CHECKED
DATE
SCALE
JOB NO.
SHEET

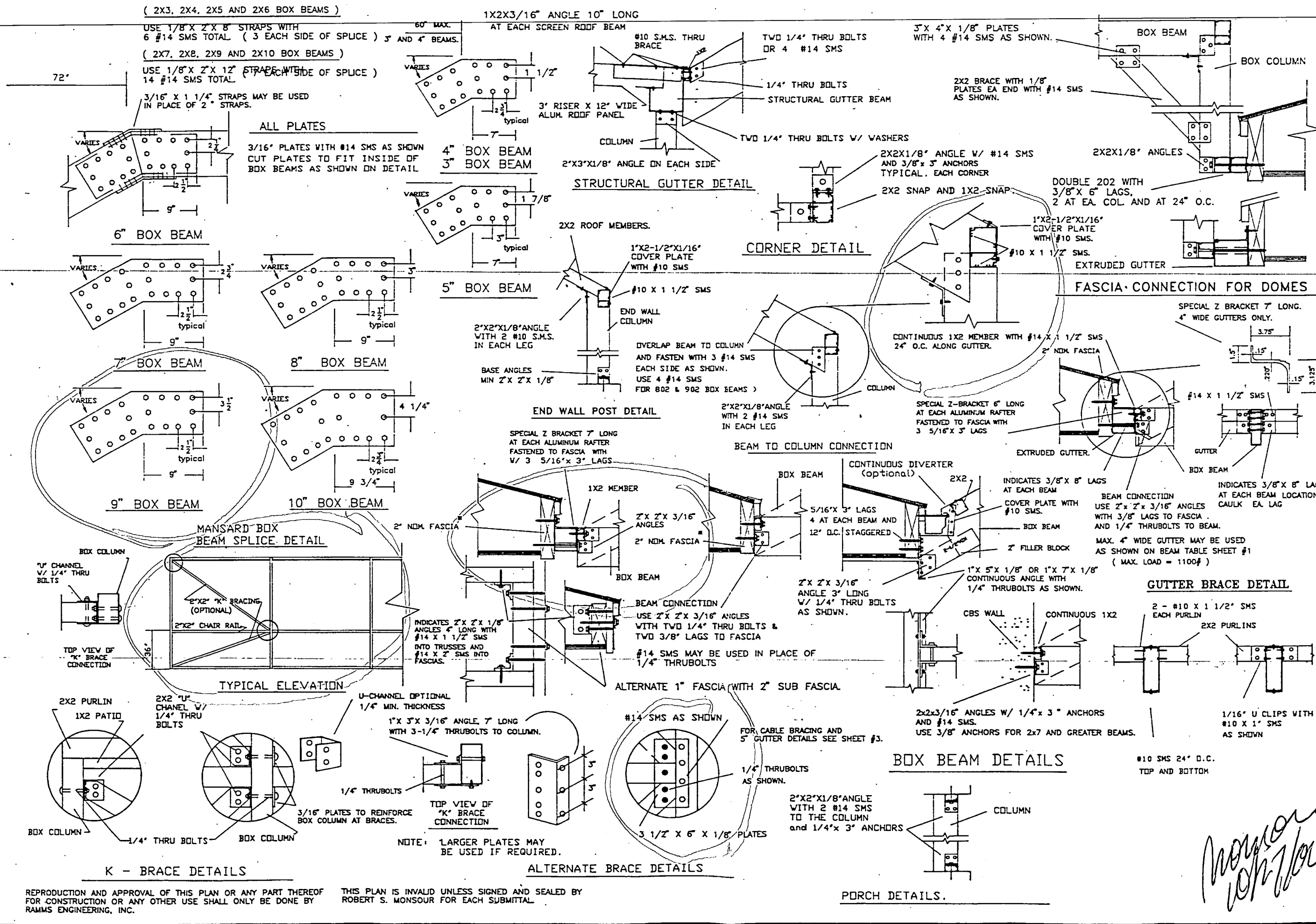
Monsour

REVISIONS	BY

RAMMS ENGINEERING, INC.
Structural Design
 2100 W. 76th STREET, SUITE 311
 HIALEAH, FLORIDA 33016
 EB 0008024

SCREEN ENCLOSURE
DADE COUNTY APPROVED

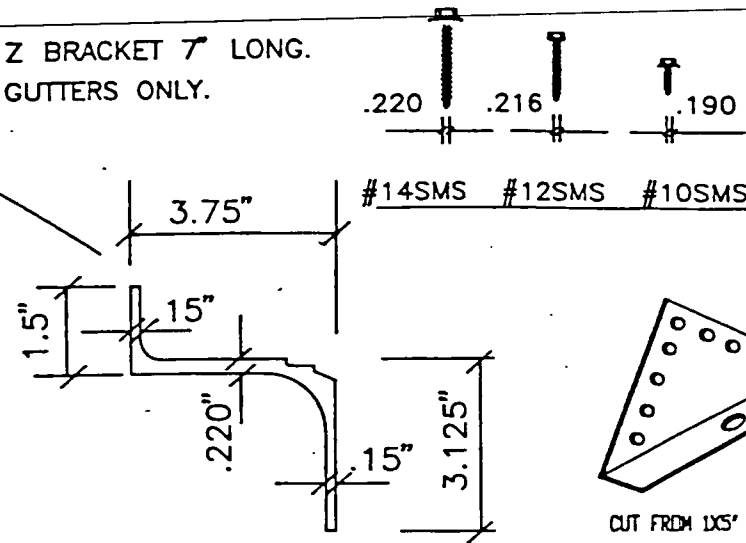
DATE	BY	SCALE	NO.



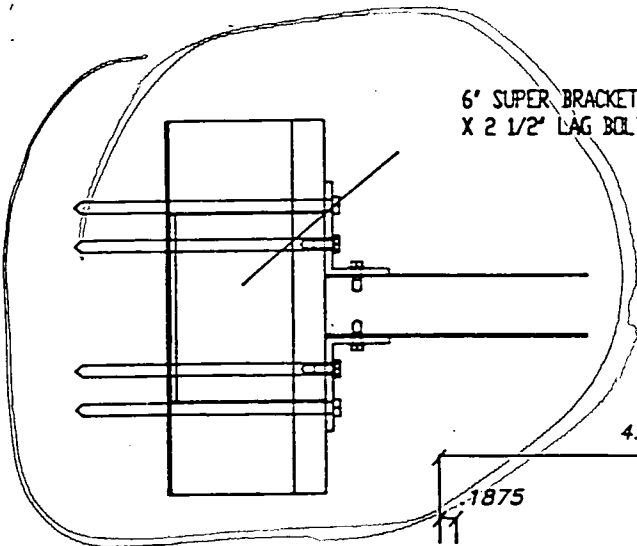
Monsour
 10/1/10

REPRODUCTION AND APPROVAL OF THIS PLAN OR ANY PART THEREOF FOR CONSTRUCTION OR ANY OTHER USE SHALL ONLY BE DONE BY RAMMS ENGINEERING, INC. THIS PLAN IS INVALID UNLESS SIGNED AND SEALED BY ROBERT S. MONSOUR FOR EACH SUBMITTAL.

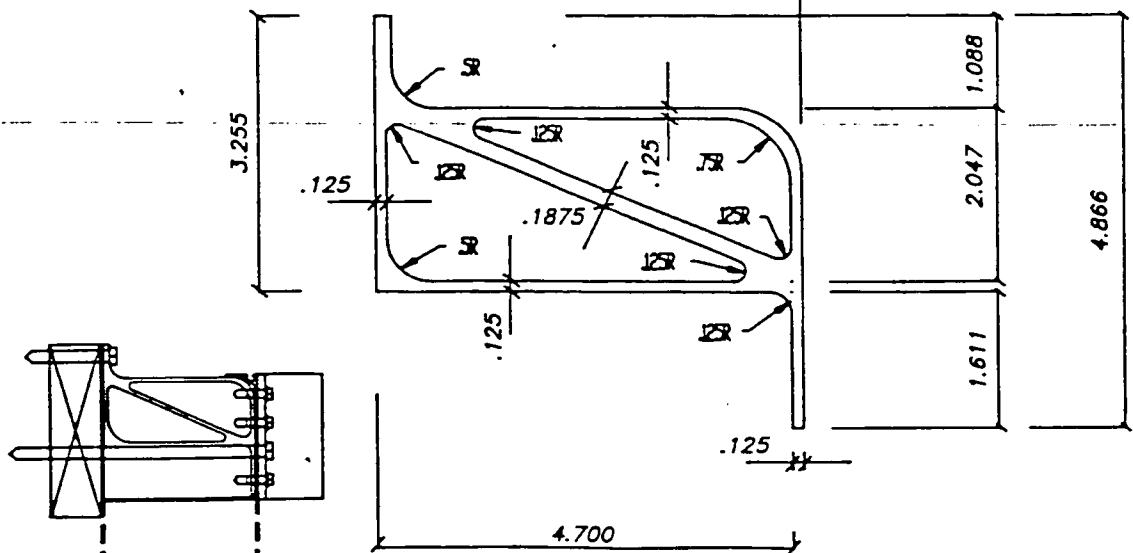
SPECIAL Z BRACKET 7" LONG.
4" WIDE GUTTERS ONLY.



4" Z-BRACKET

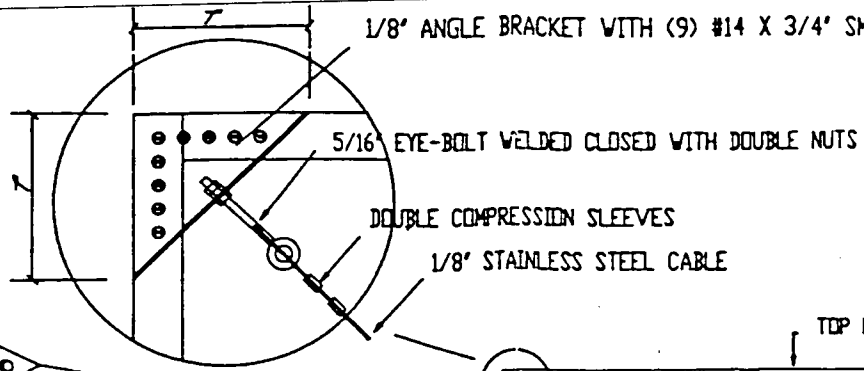


6' SUPER BRACKET WITH (4) 3/8" X 2 1/2" LAG BOLTS TO FASCIA



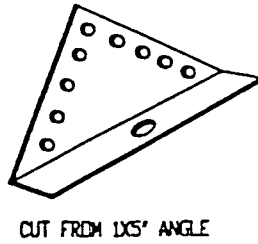
ALTERNATE GUTTER SIZE

1/8" ANGLE BRACKET WITH (9) #14 X 3/4" SMS TO WALL MEMBERS

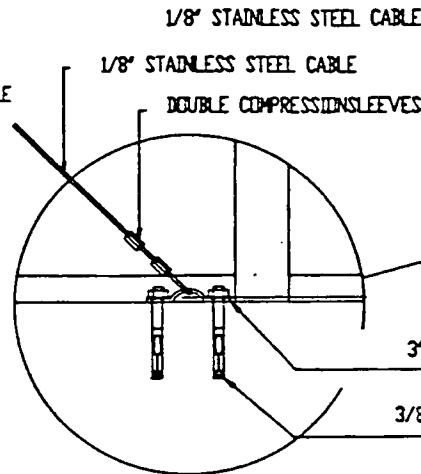


END NON LOAD BEARING WALL SQUARE FOOTAGE				
1-145	146-273	274-363	364-416	417-443
TOTAL NUMBER OF CABLES ON THE FRONT LOAD BEARING WALL				
2	4	6	8	10
1 EA. END	2 EA. END	3 EA. END	4 EA. END	5 EA. END

QUANTITIES ABOVE ARE FOR 3 SIDED ENCLOSURES. REFER TO ENGINEER'S SITE SPECIFIC PLAN FOR OTHER CONDITIONS. USE ONE SET OF CABLES ON RETURN WALLS FOR SPANS OVER 16 FEET.



CUT FROM 1x5" ANGLE



3" ASTM A-36 STEEL CLIP WITH (2)

3/8" X 3" SLEEVE ANCHORS TO CONCRETE DECK

ALTERNATE

THIS CLIP MAY ALSO BE USED ON SIDE OF CONCRETE SLAB. MAINTAIN 2" MIN. EDGE DISTANCE.

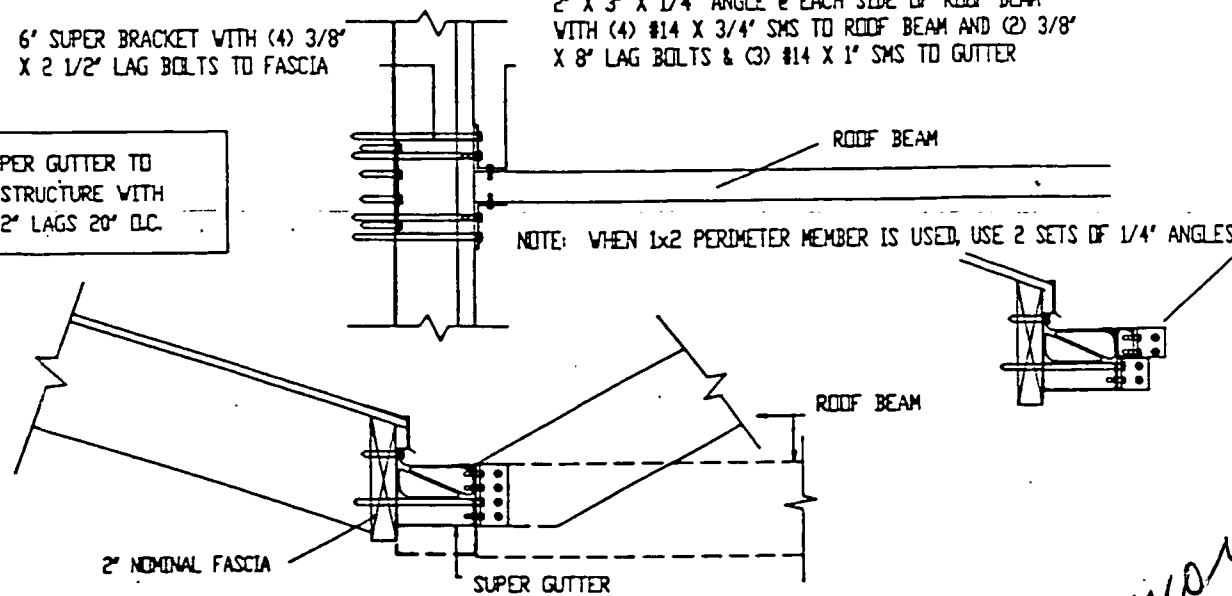
CABLE BRACING DETAIL

6' SUPER BRACKET WITH (4) 3/8" X 2 1/2" LAG BOLTS TO FASCIA

FASTEN SUPER GUTTER TO THE HOST STRUCTURE WITH 1/4" X 2 1/2" LAGS 20" O.C.

2" X 3" X 1/4" ANGLE @ EACH SIDE OF ROOF BEAM WITH (4) #14 X 3/4" SMS TO ROOF BEAM AND (2) 3/8" X 8" LAG BOLTS & (3) #14 X 1" SMS TO GUTTER

NOTE: WHEN 1x2 PERIMETER MEMBER IS USED, USE 2 SETS OF 1/4" ANGLES.



5" GUTTER BRACKET DETAILS.

REVISIONS	BY

RAMMS ENGINEERING, INC.
Structural Design
2100 W. 78th STREET, SUITE 311
HALEAH, FLORIDA 33016
EB 0006024

SCREEN ENCLOSURE
DADE COUNTY APPROVED

MONSOUR
RSM
JUNE 6, 1995
SHOWN
3

Monsour
6/2/95

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection ~~Mon~~ Wed Fri ~~11/27~~ _____, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 4813 (4A)	Follweiler 11 Lofting Way ARK HOMES	final c.o.	PASSED ☞ PTL. AS USUAL	- REINSP. STORM SHUTTERS, - SELF CLEANING DRS. @ GARAGE - FIRE SEPARATION GAR. CLG. (FBI)
✓ N 4974 (4B)	Follweiler 11 LOFTING WAY FLAMINGO POOLS	pool final	PASSED ☞	
✓ N 5760 (4C)	Follweiler 11 LOFTING WAY COASTAL ALUM.	pool/enc. final	PASSED ☞	
✓ S 5136 (2)	Geller 10 Palmetto Mahaffey POOLS	pool steel & bond	PASSED ☞ (AS NOTED)	- FORMBOARD SURVEY NOT BOND! REB PROX TO POOL.
✓ N 5092 (3)	Aume 6 Michael Rd. Masterpiece	final shed	PASSED ☞	- FINAL SURVEY RCVD 11/22 - FIELD COPY TO SITE ✓
✓ E 5115 (1)	Duvall 6 Pio Vista Pacific	roof final	PASSED ☞	9:30 ✓ OWNER DISPUTE W/ CONTR RESOLVED. (NO STRUCT. ISSUES)
✓ N X	Gifford 2 1/2 N. S. P. Rd	site observation	X	W/ a weather. time CANCELLED (NEED 11/22) WILL HOLD ESTAB. GRAVE.

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed 12-1, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5100	Mckenzie	pl. & patio		ROLL OVER TO 12/4
✓ (7)	1 Riverview Dr. Louden		CANCEL FINAL	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5132	Everx	roof/final	X	CANCELLED BY CONTR.
N X	6 Knowles Rd. A&W		X	12/1 7:30 AM.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5160	Follweiler	pool area	X	PERFORMED 11/27/00
N X	11 N.E. Lantana Coastal	final NOT REG.	X	NO REINSPECTION REQUIRED
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4775	CAMPO	CO - FINAL	PASSED	9:00 NOT READY; TRY P.M.
N (2)	5 PALAMA WAY SEAGATE ^{LEP} _{PERMUTKI}	SHUTTERS K THRU 268-4448	⌘	(RETURN WSP. 12/2)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5158	NICKLAS	FRAMING IN PROGRESS	PASSED	
N (1)	21 CASTLE HILL AR MARTIN		⌘	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5111	Schell	final	PASSED	
N (4)	8 Periwinkle Circle Tropic	seawall	⌘	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5112	Grimes	final	PASSED	
N (5)	6 Periwinkle Circle Tropic	seawall	⌘	

OTHER: NOTE: BLDG OFFICIAL REQUIRED TO ATTEND MEDIATION MTG AS
TOWN OBSERVER 10:00 - 5:30; UNABLE TO COMPLETE
SCHEDULED INSPECTIONS; "ROLL OVER" SCHED. FOR MON. 12/4/00

INSPECTOR (Name/Signature): _____ ⌘

7455

REMODEL MASTER BATH

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/5/05

BUILDING PERMIT NO. 7455

Building to be erected for WILSON

Type of Permit Master Bath Renovation

Applied for by BUFORD CONSTRUCTION

(Contractor) Building Fee \$40 x \$9.60/1000 = 384.00

Subdivision PLANTATION Lot 22 Block _____

Radon Fee _____

Address 11 NE LOFTING WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

263741030000022000000

Electrical Fee 35.00

Plumbing Fee 35.00

Amount Paid 499.40 Check # 25906 Cash _____

Other Fees 10% PLAN REVIEW 45.40

Total Construction Cost \$ 40,000

TOTAL Fees 499.40

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

APR 01 2005

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 4-1-05

OWNER/TITLEHOLDER NAME: Paul & Shannon Wilson Phone (Day) 463-8441 (Fax) _____

Job Site Address: 11 N.E. LOFTING WAY City: SEWALL'S Pt. State: FLA Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 26-37-41-013-000-00220.00000

Owner Address (if different): AS ABOVE City: _____ State: _____ Zip: 34996

Description of Work To Be Done: Remodel MASTER BATH

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 40,000⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: BUFORD Const. Co. Phone: 283-2050 Fax: 283-0940

Street: 606 CAMDEN AVE. City: STUART State: FLA Zip: 34994

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

SUBCONTRACTOR INFORMATION:

Electrical: New Light Elect. State: _____ License Number: EL 0002775

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

Plumbing: MASTER PLUMBING State: _____ License Number: CFC057528

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

ARCHITECT JOE McCARTY Lic.#: DP# 9639 Phone Number: 287-6735

Street: 900 EAST OXEOCA ST. City: STUART State: FLA Zip: 34994

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

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

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

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

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
[Signature]

State of Florida, County of: Martinez

This the 14th day of March, 2005

by Paul Wilson who is personally

known to me or produced _____

as identification. _____

CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: MARTIN

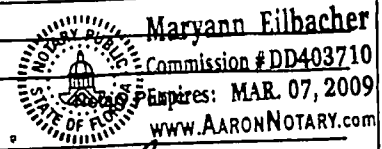
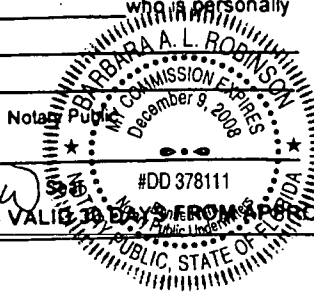
This the 1st day of APRIL, 2005

by Dennis Buford who is personally

known to me or produced _____

As identification. Maryann Eilbacher

My Commission Expires: _____



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

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (772)335-8804 FAX (772)335-8847
S.M. FINES INSURANCE AGENCY
1250 S.E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952-5392
Sherry Sherrard

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

INSURED Buford Construction Company
606 Camden Ave.
Stuart, FL 34994

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: NAS

INSURER B: Association Insurance Company

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADDL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	00011742	05/31/2004	05/31/2005	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	022000023658	04/17/2004	04/17/2005	<input checked="" type="checkbox"/> WC STATU-JOBY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

State of Florida

CERTIFICATE HOLDER

Town of Sewells Point
One South Sewells Point Rd.
Sewells Point Rd., FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Susan Fines/SAS

Susan M. Fines

C#0966270

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L03071000742

DATE	BATCH NUMBER	LICENSE NBR
07/10/2003	030018749	QB0012246

RECEIVED
NOV 10 2003
BY:

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

BUFORD CONSTRUCTION COMPANY
606 SW CAMDEN AVENUE
STUART FL 34994

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	03/20/2003	EXPIRATION DATE	03/19/2005
PERSON	BUFORD	DENNIS	A
SSN	386-48-4105		
FEIN	650893849		
BUSINESS	BUFORD CONSTRUCTION COMPANY, INC. 606 SW CAMDEN AVENUE STUART FL 34994		

Contractor ID: AP01080121
 License Type: CBC
 Expires: September 30, 2004

RECEIVED
 NOV 10 2003



**CITY OF STUART
 OCCUPATIONAL LICENSE
 2003-2004**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
3128	19380	061002

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

BUSINESS TYPE: CONTRACTOR - BUILDING

OWNER AND LOCATION: DENNIS A. BUFORD
 606 CAMDEN AVENUE

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

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS: BUFORD CONSTRUCTION COMPANY
 DENNIS A. BUFORD
 606 CAMDEN AVENUE
 STUART, FL 34994

DATE: 08/29/2003

CHERYL WHITE
 CITY CLERK

**2003-2004 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE**

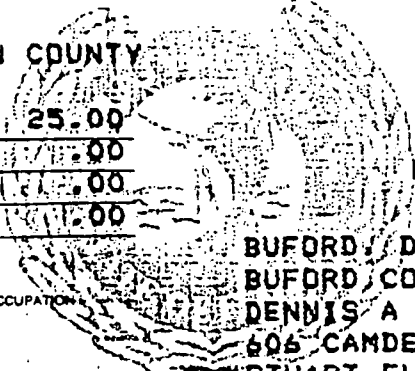
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-5604

LICENSE: 1988-513-305 CERT: _____
 PHONE: (561) 283-2050 SIC NO: 001521

LOCATION: 606 CAMDEN AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$.00 LIC. FEE \$ 25.00
 \$.00 PENALTY \$ 0.00
 \$.00 COL. FEE \$ 0.00
 \$.00 TRANSFER \$ 0.00
 TOTAL \$ 25.00



BUFORD, DENNIS A.
 BUFORD CONSTRUCTION COMPANY
 DENNIS A BUFORD
 606 CAMDEN AVENUE
 STUART FL 34994

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF CERT BLDG CONTR
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF SEPTEMBER 20 03
 AND ENDING SEPTEMBER 30 2004

12 03091001 003209

TOWN OF SEWALL'S POINT

Date 4/5/05

BUILDING PERMIT NO. 7456

Building to be erected for Wilson Type of Permit SUB-ELECTRIC

Applied for by Bufford/New Light Electric (Contractor) Building Fee /

Subdivision PANTAGON Lot 22 Block _____ Radon Fee _____

Address 11 NE LOFTING WAY Impact Fee PN

Type of structure SK A/C Fee 7455

PRINCIPAL NAME: GARY J. VIGRASS

Lic#: EC0002775

Parcel Control Number: _____ Electrical Fee _____

263741013 000002200000 Plumbing Fee _____

Amount Paid _____ Check # X Cash _____ Other Fees (_____) _____ Roofing Fee _____

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL
- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL
- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION

INSPECTIONS

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LP
NEWLI-1

DATE (MM/DD/YYYY)
01/04/05

PRODUCER

R.V. Johnson Agency, Inc. (GW)
2041 E Ocean Blvd.
Stuart FL 34996
Phone: 772-287-3366 Fax: 772-287-4439

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

INSURED

New Light Electric Inc
PO Box 8206
Port St Lucie FL 34985

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Owners Insurance Company	32700
INSURER B:	Zenith Insurance Company - FL	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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

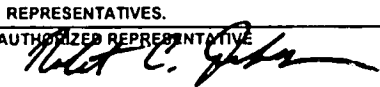
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hire/Nonown \$500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20520418-04	09/15/04	09/15/05	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" 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	9543132400	09/14/04	09/15/05	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	20501424	01/01/05	01/01/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Electric Work Within Buildings.
 30 days notice of cancellation for workers compensation coverage.
 Companies have the option to cancel 10 days for non-payment

CERTIFICATE HOLDER

TOWN024

Town of Sewalls Point
1 S. Sewalls Point Road
Stuart FL 34996

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


STATE OF FLORIDA AC# 1460794
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC0002775 06/23/04 030740549

CERTIFIED ELECTRICAL CONTRACTOR
 VIGRASS, GARY JOE
 NEW LIGHT ELECTRIC, INC.

IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 L04062303048

CITY OF PORT ST LUCIE
BUILDING DEPARTMENT
 COMPUTER SERVICE MEMBER
 EXPIRES SEPTEMBER 30, 2005

VIGRASS, GARY J
 NEW LIGHT ELECTRIC INC
 PO BOX 8206
 PORT ST LUCIE, FL 33452

Signature 
 ELECTRICAL CONTRACTOR

FEE \$25.00

PSL05 1528

STATE OF FLORIDA AC# 1460794
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC0002775 08/23/04 030740549
CERTIFIED ELECTRICAL CONTRACTOR
VIGRASS, GARY J
NEW LIGHT ELECTRIC INC
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04062303048

CITY OF PORT ST LUCIE
BUILDING DEPARTMENT
COMPUTER SERVICE MEMBER
EXPIRES SEPTEMBER 30, 2005

VIGRASS, GARY J
NEW LIGHT ELECTRIC INC
PO BOX 8206
PORT ST LUCIE, FL 33452

Signature 
ELECTRICAL CONTRACTOR

FEE \$25.00

PSL05 1528

MASTER PERMIT NO. 7455

TOWN OF SEWALL'S POINT

Date 4/5/05

BUILDING PERMIT NO. 7457

Building to be erected for WILSON

Type of Permit SUB PLUMBING

Applied for by BURD/MASTERS PLUMBING (Contractor)

Building Fee /

Subdivision PLANTATION Lot 22 Block _____

Radon Fee _____

Address 11 NE LOFTING WAY

Impact Fee SEE

Type of structure SFR

A/C Fee PN 7455

PRINT QUAL. NAME: PETER VAN ETEN

Electrical Fee _____

Parcel Control Number: LIC#: CFL057528

Plumbing Fee _____

263741 01300000220000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Peter Van Eten
Applicant

Signed Jane Sumner
Town Building Official

PERMIT

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

INSPECTIONS

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE DATE (MM/DD/YYYY)
 MASTP-1 10/11/04

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Masters Plumbing, Inc. of Martin County dba Master Plumbing 2551 SE Clayton Street Stuart FL 34997-5017	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Southern Owners</td> <td style="text-align: center;">10190</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td style="text-align: center;">18988</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Southern Owners	10190	INSURER B: Auto Owners Insurance Co	18988	INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Southern Owners	10190												
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INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	20592185	10/09/04	10/09/05	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> blnkt contrct l				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMPI/OP AGG	\$ 2,000,000
B	AUTOMOBILE LIABILITY	4248759300	10/09/04	10/09/05	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 500000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 500000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 500000
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	EXCESS/UMBRELLA LIABILITY	20593643	10/09/04	10/09/05	EACH OCCURRENCE	\$ 2000000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2000000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$10000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Plumbing Contractor - State of Florida

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

PRODUCER
Serial # A1069
AON RISK SERVICES OF FLORIDA
C/O AON CLIENT SERVICES
1330 POST OAK BOULEVARD, SUITE 900
HOUSTON, TX 77056-3089
(866) 283-7124

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

COMPANIES AFFORDING COVERAGE

- COMPANY A ZURICH AMERICAN INSURANCE COMPANY
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
Oasis Outsourcing, Inc.
Alt. Emp.: Master Plumbing, Inc.
4400 N Congress Ave., Suite 250
West Palm Beach, FL 33407-3288

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 29-38-687-02	06/01/04	06/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
MASTER PLUMBING, INC.

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 S SEWALLS POINT ROAD
SEWALLS POINT, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE OF INDEPENDENT INSURANCE AGENCY

Joseph F. ...

AC# 1451538

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061601613

DATE	BATCH NUMBER	LICENSE NBR
06/16/2004	030728401	CFC057528

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 494
Expiration date: AUG 31, 2006



VAN ETEN, PETER J
MASTERS PLUMBING INC OF MARTIN COUNTY
2551 SE CLAYTON STREET
STUART FL 34997

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

Kuckon
Barber Piles

ATTN
Laura

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. Crissman, Tax Collector, P.O. Box 10100, Ft. Pierce, FL 34939

License # 977-924-053 cont
Phone # (861) 287-2366 ext # 023511

LOCATION: 2551 86 CLAYTON ST. MAR

CHARACTER COUNTY TAX MARTIN

PREV. YR.	00	DEC. PER.	0
1	00	FEBRUARY	0
2	00	OCTOBER	0
3	00	THREE	00
TOTAL	25.00		



PLUMBING
of PLUMBING
AT LOCATION LISTED FOR THE PRESENT LICENSEE OF THE
PLUMBING INC OF MARTIN CO.
PETER JOHN VAN
CLAYTON
STUART FL 34997

15 SEPTEMBER 04
NO. 04091401 002262

INSTR # 1828266 OR BK 01999 PG 2153 RECD 04/06/2005 12:29:38 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T. Copus (asst mgr)

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 26-37-41-013-000-00220-00000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

11 N.E. LOFTING WAY

GENERAL DESCRIPTION OF IMPROVEMENT: Remodel Bathroom

OWNER: PAUL + SHANNON WILSON

ADDRESS: 11 NE LOFTING WAY, SEWAKS PT, FL 34996

PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: Buford Construction Company

ADDRESS: 606 SW Camden Avenue, Stuart, FL 34994

PHONE #: 772-283-2050 FAX #: 772-283-0940

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____ FAX #: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY N/A

ADDRESS: _____ FAX #: _____

PHONE #: _____

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 #: _____ FAX #: _____

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 #: _____ FAX #: _____

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

X Shannon Wilson
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1st DAY OF APRIL 2005
BY _____

PERSONALLY KNOWN _____
OR PRODUCED ID X
TYPE OF ID _____

Maryann Eilbacher
NOTARY/SIGNATURE

Maryann Eilbacher
Commission #DD403710
Expires: MAR. 07, 2009
www.AARONNOTARY.com

02/06/03

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/6, 2008 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7441	TOMPECK	FINAL ROOF	FAIL	INSPECTOR:
4	20 EMERALDA WY O/B			
7596	MADDEN	BATH WINDOW	PASS	INSPECTOR:
2	160 S. RIVER RD O/B			
7597	MADDEN	DOOR	PASS	INSPECTOR:
2	160 S. RIVER RD O/B			
7391	CONRAD	FINAL ROOF		INSPECTOR:
	9 S. VIA LUCINDA STUART ROOFING			
7521	ZEWRA	RAT PUMB	PASS	INSPECTOR:
3	1 RIVERVIEW DR HOMESAFE	RAT ELECTRIC FRAMING	PASS	
7581	WILKINSON	A/C CHANGEOUT	FAIL	INSPECTOR:
1	8 OAKWOOD CLASSIC COOLING			
7455	WILSON	UG PUMB.	PASS	INSPECTOR:
5	11 LOFTING WAY BUFORD			

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/25/05, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7455	Wilson	Frame	PASS	
11	11 NE Lidstone Way Buford Constr			INSPECTOR:
TREE	Scheppe	brush/clear lot	PASS	
3	9 Palm Road			INSPECTOR:
7070	Slder	Pool steel	PASS	
1	4 Marguerite Dummic			INSPECTOR:
6813	Proter	Tie beam	CANCEL	
2	106 Abbey Ct Buford			INSPECTOR:
7568		DRY-IN	PASS	
8A	27 N. RIVER PACIFIC			INSPECTOR:
7023		DRY-IN	PASS	
5A	82 S. RIVER PACIFIC			INSPECTOR:
	SHORPE			
	9 PALM RD			INSPECTOR:

OTHER: 37 W. H. P. FILL PERMIT ~~FAIL~~ ~~DATE~~

TREE PERMITS
REMOVAL, REPLACEMENT,
RELOCATE

TOWN OF SEWALL'S POINT, FLORIDA

Date 02/08/00 19 TREE REMOVAL PERMIT No 294

APPLIED FOR BY ARK HOMES (Contractor or Owner)

Owner ROBT/PAULA FOLLOWEER - PROJ. ADDRESS 11 D.E. LOFTING WAY

Sub-division PLANTATION, Lot 22, Block

Kind of Trees ONE/ PINEAPPLE/ CABBAGE PALM

No. Of Trees: REMOVE 41

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

No. Of Trees: REPLACE WITHIN 30 DAYS

FIELD INSPECTION/ VERIFICATION 02/09/00 SA

REMARKS REMOVAL FROM BLDG. FOOTPRINT; REQUIRED (NEAREST) PD. TO CONSTRUCTION (BP 4813 - 02/03/00) FEE \$ 15.00 CASH

Signed, Ronald A. Butler, Pres. Applicant

Signed, [Signature] Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 294

Date Issued 2/08/00

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

Owner Dr. Bob Follweiler & Paula Follweiler Address _____ Phone _____

Contractor ARK HOMES CONST. INC. Address 1046 NE. JENSEN BEACH BLVD Jensen Beach, FL 34957 Phone 334-0379

Number of trees to be removed (list kinds of trees) 41 (Oaks, Peppers, Caribbean Palm)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): _____

Number of trees to be replaced _____ (list kinds of trees): _____

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00)

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Ronald A. Smith Pres. Date submitted 2-4-00

Approved by Building Inspector [Signature] Date 2/8/00

Approved by Building Commissioner _____ Date _____

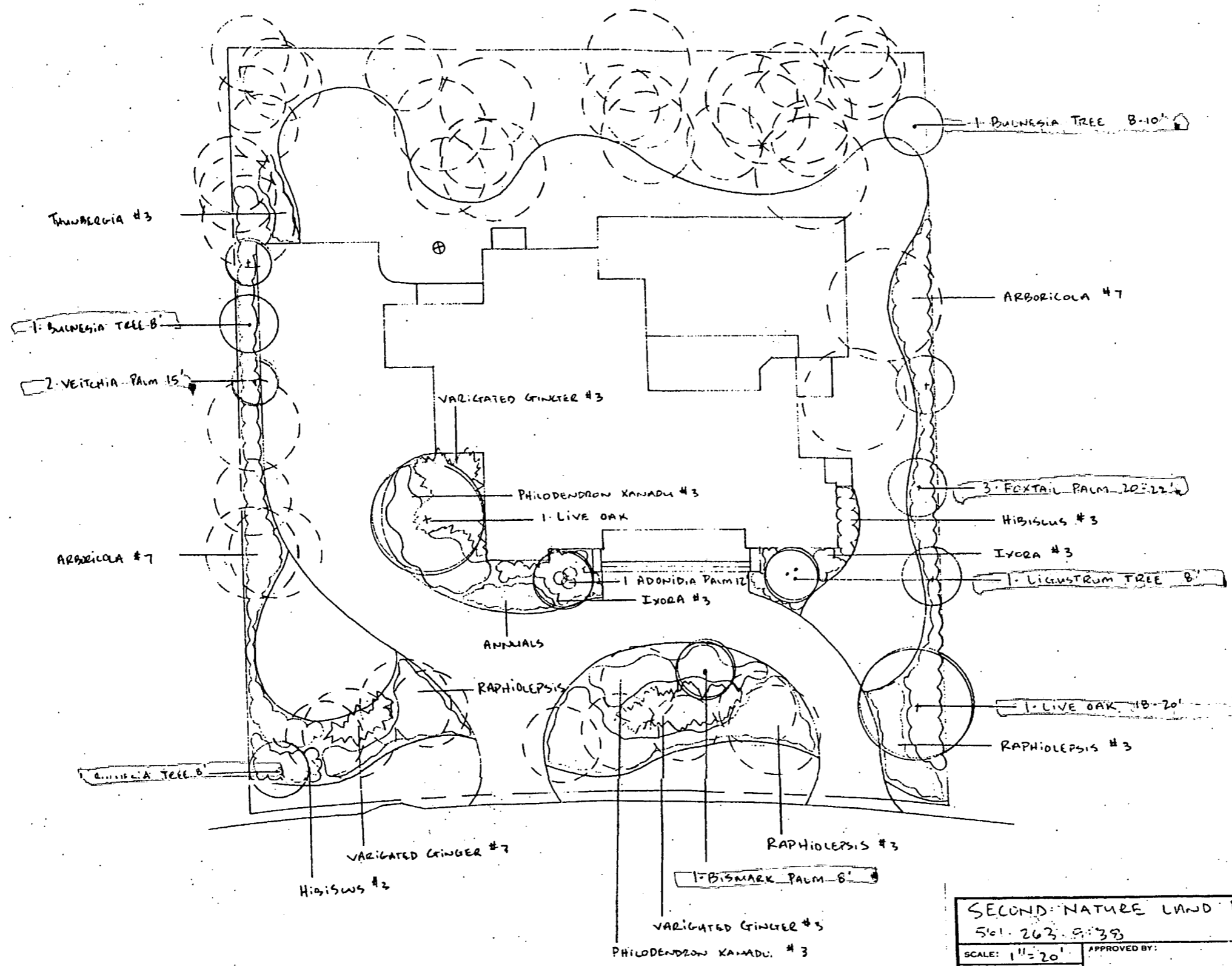
Completed _____ Date _____ Checked by _____

FEE: FILED (WSP) VERCA 2/4/00

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

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

TREES TO BE PLANTED



SECOND NATURE LAND DESIGN INC		
561. 263. 9. 39		
SCALE: 1" = 20'	APPROVED BY:	DRAWN BY: <i>KT</i>
DATE:		REVISED:
ARK HOMES CONSTRUCTION		
PLANTATION LOT 22		
FOLLWEILER RESIDENCE	DRAWING NUMBER: 1	

~~2000 1998-1999~~
Town of Sewall's Point
Building Department - Inspection Log

2

Fr. 2-4-00

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4785 (2)	Hansen 22 N. S.P. Rd.	final driveway	Passed BG	
4658 (11)	FOGUA 103 HENRY/SEWALL	DRYWALL SCREW	Passed By	Add. Few screws to several AREAS
4803 (10)	FOGUA 101 HENRY/SEWALL	STEM WALL FOOTING BONDING	Passed BC	
4795 (7)	Downing 47 S.S.P. Rd.	final roof	Passed BG	
4691 (9)	Wattles 20 N. Ridgeview	sub-structure	NOT READY 2:30 PM	CONTR. TO OFFICE MONDAY RE. RESCHEDULE & SUBMIT REV. DWGS
4813 X	R. Folweller 11 Lofting Way (Castle Hill)	tree	PASSED (CONFORM) APPL.	- PM - EA OK TO ISSUE PERMIT
4723 (12)	Koch 71 N. River Rd.	TIE BEAM	Passed By	MAIN BEAM. Added inspection

OTHER:

INSPECTOR:

DATE:

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

321

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

Owner Ron Holmes Address 2030 N.W. Pine Tree Phone 692-1554

Contractor Scott J Holmes Address P.O. Box 2804 Phone 220-4780

Number of trees to be removed(list kinds of trees) 10 Palms Oaks

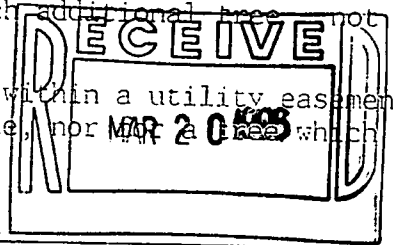
Number of trees to be relocated within 30 days(no fee)(list kinds of trees):

NONE

Number of trees to be replaced (list kinds of trees):

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

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



Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 3-20-96

Approved by Building Inspector [Signature] Date 3/20/96

Approved by Building Commissioner [Signature] Date _____

Completed _____ Date _____ Checked by _____

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

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

TOWN OF SEWALL'S POINT, FLORIDA

Date JULY 16 ~~16~~ 2003 TREE REMOVAL PERMIT No 2054

APPLIED FOR BY WILSON (Contractor or Owner)

Owner 11 LOFTING WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 HICKORY

No. Of Trees: REMOVE 1 - DEAD

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant FEE \$ 0
Signed, Gene Simmons (Signature)
Town Clerk
Building Official

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

TOWN OF SEWALL'S POINT
TREE REMOVAL PERMIT

RE: ORDINANCE 103

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 S. Wilson Address 11 Lofting way Phone 561-248-9163

Contractor T. Carbon Address _____ Phone _____

No. of Trees: REMOVE 2 Type: Hickory

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

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

Written statement giving reasons: Dead (S.F.R.)

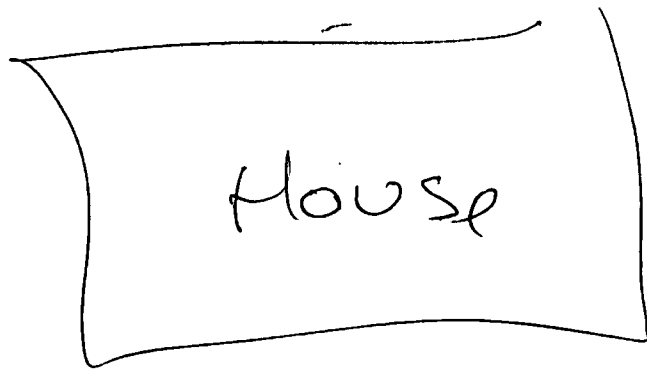
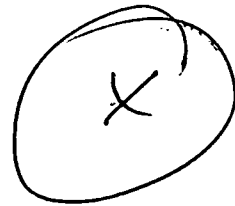
Signature of Applicant [Signature] Date 7-15-03

Approved by Building Inspector: [Signature] Date 7/16/03 Fee: 0

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

ON BACK

2 DEAF




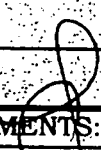
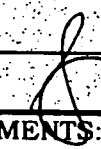
Drive



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/16, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	HECKENBERG	TREE	Passed	
	5 NE LAGOON ISL			
				INSPECTOR: 
TREE	LESTER	TREE	Passed	
	15 LOFTING WAY			
				INSPECTOR: 
TREE	WILSON	TREE	Passed	
	11 LOFTING WAY			
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 30 12 2004 TREE REMOVAL PERMIT No 2194

APPLIED FOR BY WILSON (Contractor or Owner)

Owner 11 NE LOFTING WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees Dead Oak

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (Signature) Town Clerk

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.

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for project description or additional notes.

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, Bolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

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

PLANTATION

Owner Paul Wilson Address 11 NE Lofting Way Phone 403-8441

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE X Type: 1 dead oak tree

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

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

Written statement giving reasons: wind/storm broke tree in half.

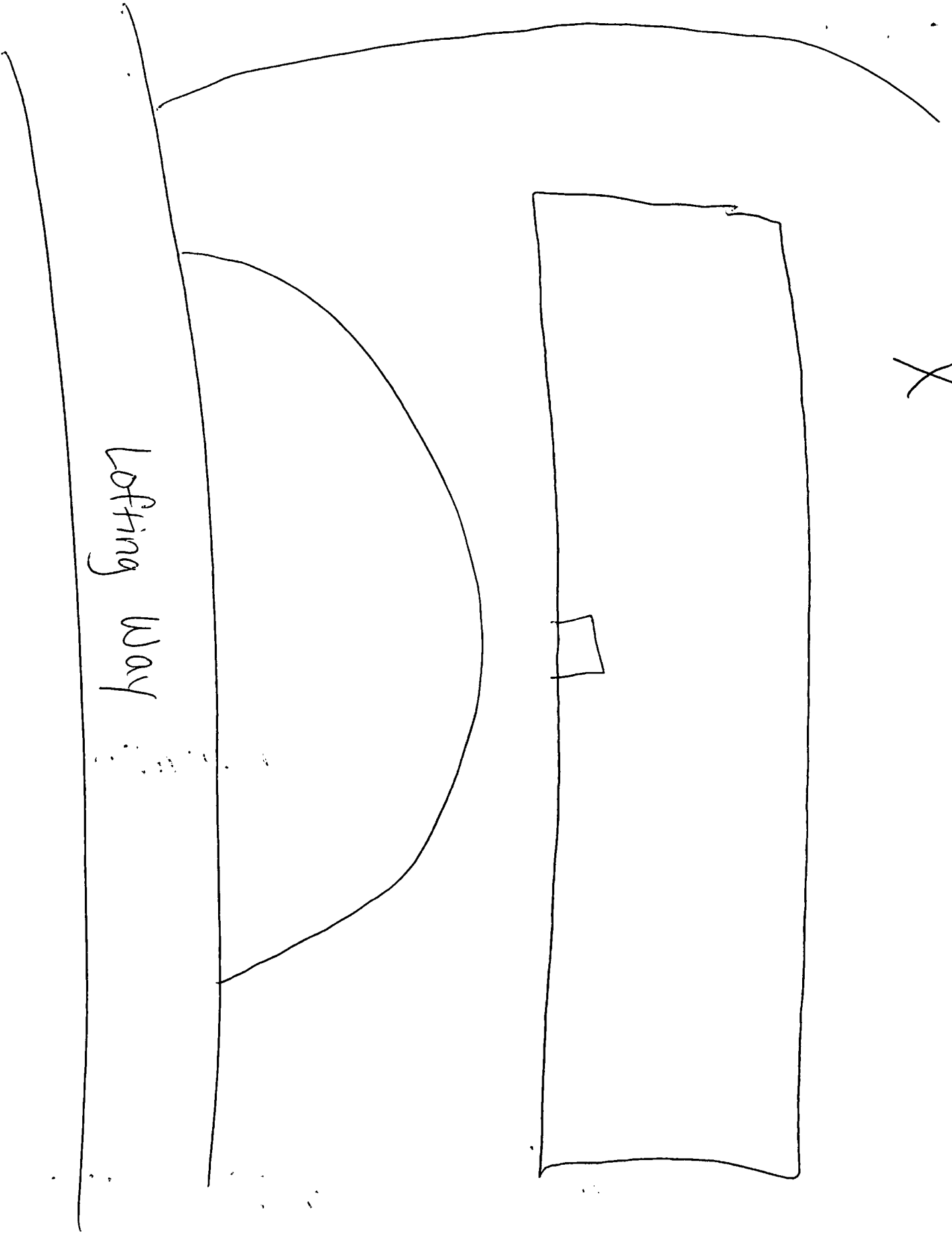
Signature of Applicant Paul Wilson Date 1-28-04

Approved by Building Inspector: [Signature] Date 1/30/04 Fee: -0-

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

X Tree

Lofting Way



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/30, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
7	WILSON	TREE	PASS	
3	11 LOFTING WAY			INSPECTOR: MW
6	6335 T.W. O'HEY	LATH	PASS	
3	119 Hillcrest SEARGATE			INSPECTOR: MW
4	6456 SHARFI	COLUMN	PASS	
8	73 N. Sewall's Pt O/B	DOOR BUCK	PASS	INSPECTOR: MW
3	6261 SMITH	TEUSSENG +	FAIL	WALLS HEAVING - PASS
7	7 SIMARA	WINDOW + DOOR BUCKS	FAIL	
	SUNRISE	TIN TAG	PASS	INSPECTOR: MW
2	6561 G & G ARCHITECT	AKC	FAIL	
5	3601 DEAN #002 O/B	(8:30 ON EARLY PLEASE)		INSPECTOR: MW
1	5937 FOSTER	ADDITION FINAL	FAIL	
	128 S. Sewall's Pt RALPH PARKS			INSPECTOR: MW
1A	6016 FOSTER	GAS TANK + LINES	FAIL	
	128 S. Sewall's Pt AMERIGAS			INSPECTOR: MW
OTHER:				



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Paul Wilson Address 11 N.E. Lofting Way Phone 463-8441

Contractor CB Landscaping Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Hong Kong Orchid

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

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

Reason for tree removal /relocation Tree is dead.

Signature of Property Owner [Signature] Date 9/18/07

Approved by Building Inspector: [Signature] Date 9/20 Fee: 0

NOTES:

SKETCH:

House
11 N.E. Lofting Way

Front Door

Dead Tree



Lofting Way