

4 Mandalay Road

5567

SFR

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 5567

Date 10/19/01

Building to be erected for PHILIP & DAVID WEBER

Type of Permit S.F.R.

Applied for by BUFORD CONST.

(Contractor)

Building Fee 2640⁰⁰/_{XX}

Subdivision MANDALAY

Lot 2

Block _____

Radon Fee 5170⁰⁰/_{XX}

Address 4 MANDALAY

Impact Fee 40249²³/_{XX}

Type of structure S.F.R.

AC Fee 120⁰⁰/_{XX}

FINAL BLDG COST 290,000
PERMIT CONST COST 285,000
 $15,050 \times 9.60 / 1000 = 144$

Electrical Fee 120⁰⁰/_{XX}

Parcel Control Number:

13 38 41 004.000 00020 00006

Plumbing Fee 120⁰⁰/_{XX}

719662⁰²/_{XX} # 172

Roofing Fee 120⁰⁰/_{XX}

Amount Paid 2640⁰⁰/_{XX} Check # 1161 Cash _____

Other Fees (264⁰⁰/_{XX}) 264⁰⁰/_{XX}

Total Construction Cost \$ 275800⁰⁰/_{XX}

CK# 23508

TOTAL Fees 719662⁰²/_{XX}

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

MASTER PERMIT NO. 5567

TOWN OF SEWALL'S POINT

Date 11/26/01

BUILDING PERMIT NO. 5570

Building to be erected for WEBER Type of Permit SUB-PLUMBING

Applied for by MASER PLUMBING (Contractor) Building Fee _____

Subdivision _____ Lot _____ Block _____ Radon Fee _____

Address 4 MANDALAY Impact Fee _____

Type of structure _____ A/C Fee _____

QUALIFIER: P.V.
LICENSE NO: CFC 057521

Parcel Control Number: _____ Electrical Fee _____

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

Total Construction Cost \$ _____ Roofing Fee _____

TOTAL Fees ~~\$~~ PN 5567

Signed [Signature]
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!**



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

RECEIVED Bldg. Permit Number: 5567
AUG 22 2001 SEP - 7 2001

Owner or Titleholder's Name: Philip D. & Darla S. Weber Phone No. (561) 287-9289
 Street: 4272 SE Cove Lake Circle City: Stuart State: FL Zip: 34997
 Legal Description of Property: Lot 2, less Easterly 14 feet thereof, MANDALAY SUBDIVISION,
Plat Book 4, Pg. 86 Martin County Parcel Number: 133841004-0000002000000
 Location of Job Site: 4 MANDALAY ROAD
 TYPE OF WORK TO BE DONE: New Single Family Residence

CONTRACTOR/Company Name: Buford Construction Co., Inc. Phone No. (561) 283-2050
 Street: 606 Camden Avenue City: Stuart State: FL Zip: 34994
 State Registration: Florida State License: CB-C037840

ARCHITECT: Rock House designs Phone No. (561) 797-0979
 Street: 7632 Old Cypress Trail City: Wellington State: FL Zip: 33414

ENGINEER: John Averkamp Phone No. (561) 795-2333
 Street: 13478 N. Umlerland City: West Palm Beach State: FL Zip: 33414

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: 3132 Garage Area: 809 Carport: N/A Accessory Bldg: N/A
 Covered Patio: 433 Scr. Porch: _____ Wood Deck: _____
 Type Sewage: Sewer Septic Tank Permit # from Health Dept. N/A
 New Electrical Service Size: 200 AMPS

FLOOD HAZARD INFORMATION
 Flood zone: A8 Minimum Base Flood Elevation (BFE): FL9 NGVD
 Proposed first habitable floor finished elevation: 9'-2" NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or improvement: \$ 275,000.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ N/A
 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: All Phase Electric State: FL License # ER0010037
 Mechanical: Environmental Control Technologies State: FL License # CAC041263
 Plumbing: Master Plumbing State: FL License # RF0036357
 Roofing: Pacific Roofing State: FL License # CCC056793

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)
Philip D. Weber

CONTRACTOR SIGNATURE (Required)
Dennis Buford

State of Florida, County of: MARTIN On this the 13th day of JULY, 2000, by PHILIP D. WEBER who is personally known to me or produced FDRLic 1100-664-57-292-0 as identification.

State of Florida, County of: MARTIN On this the 13th day of JULY, 2000, by DENNIS BUFORD who is personally known to me or produced FDRLic 1103-161-49-209-0 as identification.

Notary Public
Heather Sadofski

Notary Public
Heather Sadofski

My Commission Expires: 5/11/05
 HEATHER SADOFSKI (Seal)

My Commission Expires: 5/11/05
 HEATHER SADOFSKI (Seal)

TREE REMOVAL (Attach sealed survey)

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: _____

5 Palms to be relocated

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 LIABILITY INSURANCE

DATE (MM/DD/YY)
04/30/2001

PRODUCER (561)287-2030 FAX (561)288-2481
 Deakins-Carroll Insurance Agency
 www.deakinscarroll.com
 P.O. Box 1597
 Pt. Salerno, FL 34992

INSURED Environmental Control Technology, Inc.
 3397 SW 42nd Avenue
 Palm City, FL 34990

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

INSURER A: Transcontinental Ins. Co.
 INSURER B: Bridgefield Employers Ins Co
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED
 MAY - 2 2001

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	C2020263887	04/01/2001	04/01/2002	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 1,000,000
A	AUTOMOBILE LIABILITY	C2020263923	04/01/2001	04/01/2002	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" 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					AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> NON-OWNED AUTOS					OTHER THAN AUTO ONLY: EA ACC	\$
	GARAGE LIABILITY				AUTO ONLY: AGG	\$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE	\$
	EXCESS LIABILITY				AGGREGATE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	83027415	04/01/2001	04/01/2002	WC STATUTORY LIMITS	OTHER
	E.L. EACH ACCIDENT				\$ 500,000	
	E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

Sewall's Point, City of
 1 South Sewall's 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 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
 David Deakins/BAG

David Deakins
 ©ACORD CORPORATION 11

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

MAZZILLI, MARK
ENVIRONMENTAL CONTROL TECHNOLOGY INC
3397 SW 42ND AVE
PALM CITY FL 34990-5554

STATE OF FLORIDA AC# 5877589
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CA -C041263 06/10/2000 99902144
 CLASS B CERTIFIED AIR COND CONTR
 MAZZILLI, MARK
 ENVIRONMENTAL CONTROL TECHNOLOGY

IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5877589 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
6/10/2000	99902144	CA -C041253

The CLASS B AIR CONDITIONING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2002

MAZZILLI, MARK
 ENVIRONMENTAL CONTROL TECHNOLOGY INC
 3397 SW 42ND AVE
 PALM CITY FL 34990-5554

PERMIT # _____

TAX FOLIO # 133841004-0000002000000

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):

Lot 2 less Easterly 14 Feet thereof MANDALAY Subdivision

GENERAL DESCRIPTION OF IMPROVEMENT: New Residential Structure

OWNER: Philip & Daria Weber

ADDRESS: 4272 SE Cove Lake Circle

PHONE #: 287-9289

FAX #: _____

CONTRACTOR: Buford Construction Company

ADDRESS: 606 Camden Avenue

PHONE #: 283-2050

FAX #: 283-0940

SURETY COMPANY(IF ANY) N/A

ADDRESS: _____

PHONE # _____

FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

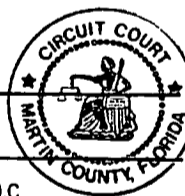
ADDRESS: _____

PHONE #: _____

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

MARSHA EWING, CLERK

BY [Signature] DATE: 10-11-01 D.C.



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

PHONE #: 283-2050

FAX #: 283-0940

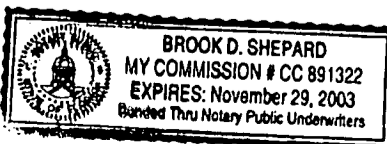
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Philip D. Weber Daria Weber
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 9th DAY OF OCTOBER 2001 BY Philip Weber & Daria Weber

OR PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID FLORIDA DL

[Signature]
NOTARY SIGNATURE



FILE

SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE

DATE: 9/7/01

NAME: PHILIP D. & DARLA S. WEBER

ADDRESS: 4272 S.E. COVELAKE CIRCLE.

PHONE NUMBER: 287-9289

PROJECT ADDRESS:
4 MANDALAY RD.
(LOT 2 (VIC) MANDALAY)
BUPORD COURT,
283-2050

ESTIMATED COST OF PROJECT BEING REVIEWED _____

PROJECT COST 275,000

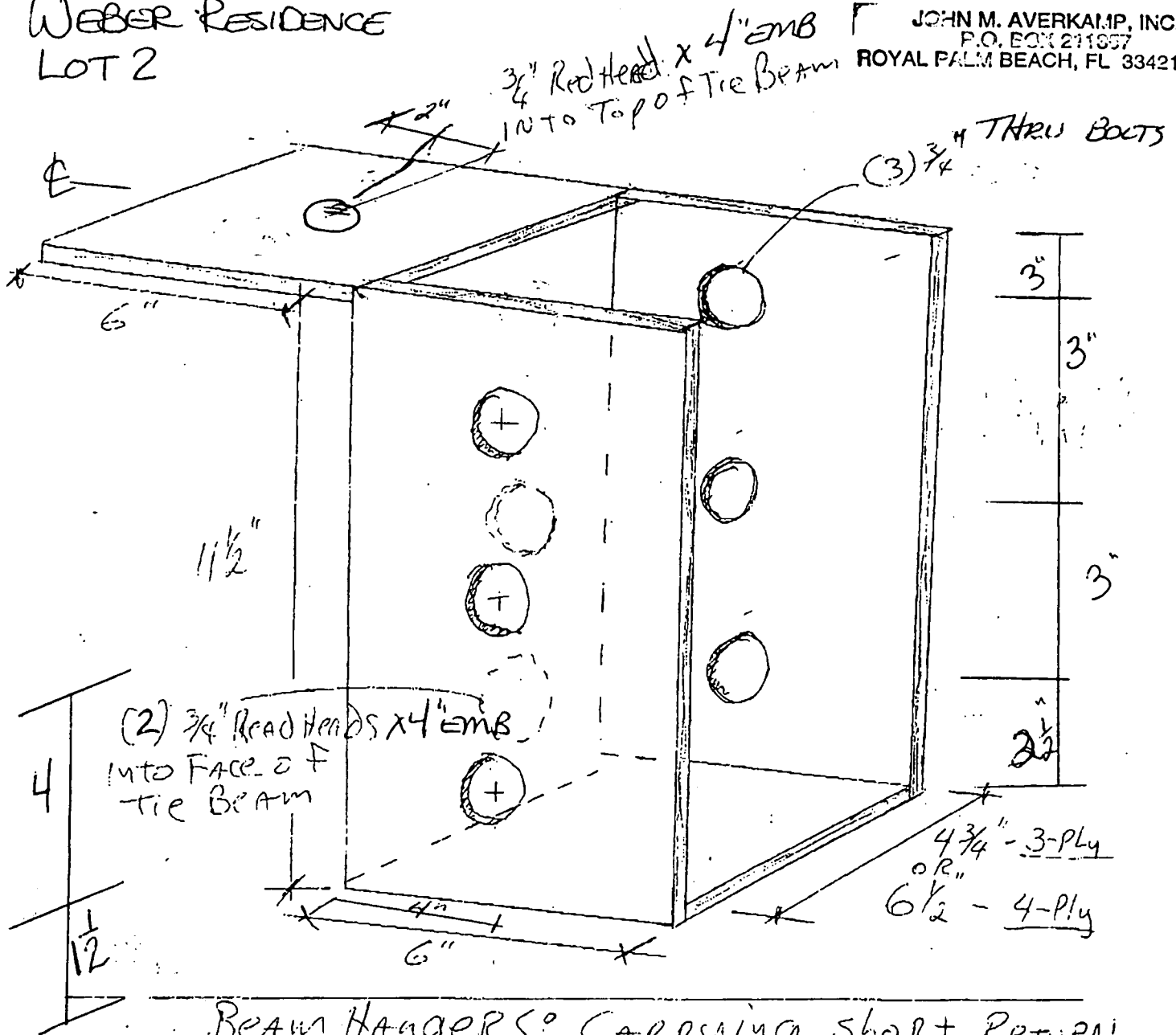
X \$9.60/m = 2,640.00 ESTIMATED
X 10% = 264.00 BLDG. PERMIT FEE
PLAN REVIEW FEE

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

Signature [Handwritten Signature]
Date 9-7-01

WEBER RESIDENCE
LOT 2

JOHN M. AVERKAMP, INC.
P.O. BOX 211357
ROYAL PALM BEACH, FL 33421-1357



BEAM HANGERS: CARRYING SHORT RETURN
BEAMS ON FRONT PORCH / REAR PORCH & BREEZEWAY
SUBSTITUTE FOR NFMEX12U (REAR PORCH BEAM)

Weber Residence Lot #2

Butford Const.

MANDALAY
SEWELL'S POINT

- ALL STEEL 1/4" ASTM A36
- ALL WELDS 100% CONTINUOUS
- PAINT - FINAL ASSEMBLY
- CONTRACTOR TO VERIFY FIT PRIOR TO CONSTRUCTION

Jim [Signature]
1-23-02

MARTIN COUNTY GROWTH MANAGEMENT DEPARTMENT
BUILDING DIVISION

RECEIVED
OCT 08 2001
BY:

DESIGN CERTIFICATION FOR WIND LOAD
COMPLIANCE BY ARCHITECT OR ENGINEER
OF RECORD

BUILDING DIVISION USE ONLY

FILE

PROJECT NAME AND ADDRESS

WABER RESIDENCE
SEWELL POINT

BLDG. PERMIT # _____
OCCUPANCY TYPE _____
CONST. TYPE: CBS
COMMENTS: _____

STATEMENT

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

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 1997 STANDARD BUILDING CODE
CHAPTER 6 OF ASCE 7-98
MARTIN COUNTY HURRICANE ORDINANCE #559
MARTIN COUNTY BARRIER ISLAND ORDINANCE #288

BUILDING DESIGN AS: PARTIALLY ENCLOSED _____ ENCLOSED OPEN _____
WIND TUNNEL TEST _____

BASIC WIND SPEED: WEST OF TURNPIKE 130 MPH 3 SECOND GUST _____
EAST OF TURNPIKE 140 MPH 3 SECOND GUST 2

IMPORTANCE/USE FACTOR 1.0

VELOCITY PRESSURE: 44 psf
GARAGE DOOR DESIGN PRESSURE 39 psf (positive) 44 psf (negative)

MINIMUM SOIL BEARING PRESSURE 2500 psf

EXPOSURE C
MEAN BUILDING HEIGHT 20'

FLOOR LOADS 40
ROOF DEAD LOAD 10 (WIND ANALYSIS)

ROOF LIVE LOAD 30
SHEAR WALL CONSIDERED YES _____ NO

CONTINUOUS LOAD PATH PROVIDED YES _____ NO
COMPONENTS AND CLADDING DETAILS PROVIDED YES _____ NO

IMPACT PROTECTION SPECIFIED YES (MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL
RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND
SIMILAR ENVELOPE ELEMENTS MUST BE INDICATED ON CONSTRUCTION PLANS.

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

NAME JOHN M. AVERKAMP, INC
CERTIFICATION # ER66012
DATE 6-26-01
DESIGN FIRM _____
OTHER _____

SEAL

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

MCBD FORM #100

Prepared by and return to:
Thomas R. Sawyer
Attorney at Law
McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.
2400 S.E. Federal Highway Fourth Floor
Stuart, Florida 34994

File Number: 125700
Will Call No.: 50

Grantee S.S. No. ,
Parcel Identification No.

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 7th day of March, 2001 between Kari S. Lydon, a married woman, joined by her husband John G. Lydon whose post office address is 167 S. Sewalls Point Road, Stuart, Florida 34996 of the County of Martin, State of Florida, grantor*, and Philip D. Weber and Daria S. Weber, his wife whose post office address is 2422 Pine Avenue, Jensen Beach, Florida 34957 of the County of Martin, State of Florida, grantee*,

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 2, less the Easterly fourteen (14) feet thereof, of MANDALAY SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 4, Page 86, of the Public Records of Martin County, Florida.

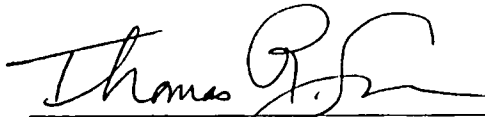
SUBJECT TO taxes accruing subsequent to December 31, 2000, zoning regulations in force and effect, restrictions, reservations, easements and road rights-of-way of public record;

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

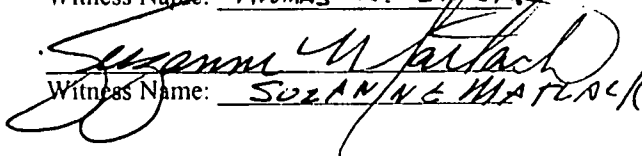
* "Grantor" and "Grantee" are used for singular or plural, as context requires.

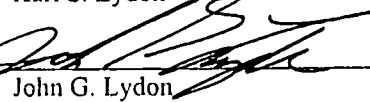
In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:


Witness Name: THOMAS R. SAWYER

 (Seal)
Kari S. Lydon

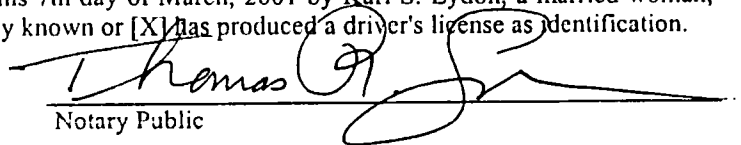

Witness Name: SUZANNE M. MATLACK

 (Seal)
John G. Lydon

State of Florida
County of Martin

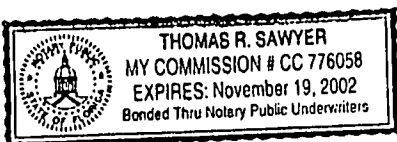
The foregoing instrument was acknowledged before me this 7th day of March, 2001 by Kari S. Lydon, a married woman, joined by her husband John G. Lydon, who is personally known or has produced a driver's license as identification.

[Notary Seal]


Notary Public

Printed Name: _____


My Commission Expires: _____



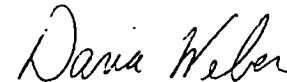
DATE: September 9, 2001
To: Gene Simmons
Sewall's Point Building Dept.
From: Phil & Daria Weber
Re: New residential permit requirements.

This letter is to inform you that lot #2 in Mandalay Subdivision is not under homeowner association covenants. This information was confirmed by the previous owners of the lot and the Clerk of Sewall's point.


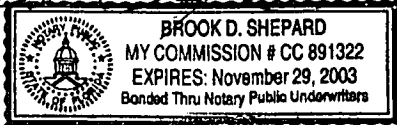
To the best of our knowledge this information is correct and accurate.



Owner: Phil Weber



Owner: Daria Weber

BROOK D. SHEPARD
MY COMMISSION # CC 891322
EXPIRES: November 29, 2003
Bonded Thru Notary Public Underwriters

10/9/01

CRITIQUE SHEET

WEBER RESIDENCE
4 Mandalay Drive
Builder: Buford Construction Co.

DATE: 10/04/01
Phone: 283-2050

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SINGLE FAMILY RESIDENTS AND ADDITIONS

Submittals (2 copies)

1. Product approvals from Miami/Dade for the following items:
 - ✓ a. Roof System
 - b. Garage Door
- ~~2. Statement of Fact (for owner/builder), and proof of ownership (deed or tax recpt.)~~
3. A certified copy of the Notice of Commencement for any work over \$2500.00
4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
5. Wind Load Certification for design wind load of 140 MPH

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Plot/Site plan containing the following information:
 - ~~a. Topo information to determine maximum finish floor elevation~~
 - ~~b. Driveway and turnabouts dimensions~~
 - c. Location of existing or proposed septic & wells
 - d. Survey indicates retention area in same area as drainfield – revise survey
 - ~~e. Elevations at three points along front of residence and at crown of road~~
 - ~~f. Proposed water line location~~
 2. Floor Plan containing the following information:
 - a. Square footage calculations
 - a. Elevation change from house/walkway/garage not shown on foundation
 - b. ✓ Attic access with side of opening
 - c. ✓ Ventilation such as garage vents which require 60 free ,sq. inches per one car therefore 120 sq. inches for two cars
 3. Foundation Plan containing the following information:
 - a. Step downs from house to walkway to garage missing
 - b. Column Layout/dimensions
 4. Electrical Plan containing the following information:
 - a. Disconnect locations for residence, pool, pumps, etc.
 5. Heating/Air Conditioning Plan containing the following information:
 - a. ~~Air Handler locations showing kw rating~~
 - b. Condensing unit locations
-

c. ~~Equipment callouts with name of equipment, model numbers and sizes~~

d. Sensible and latent heat quantities

6. Section/Detail Drawings and Schedules showing the following information:

a. Stair details showing riser height and tread width also handrail with baluster and newel post design showing distance between balusters and height of handrail from leading edge of tread as well as handrail at top of second floor

b. Attic ventilation calculations

CRITIQUE

RESIDENCE HENDERSON/24 ISLAND WAY.

DATE: 10/10/01

PHONE: 263-2050

Builder: BUFORD. CONSTRUCTION.

Contact Person: RUFORD.

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SINGLE FAMILY RESIDENTS AND ADDITIONS

Application form must contain the following information:

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

Submittals (2 copies)

1. ~~Current survey containing the following information:~~
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
- ✓ 2. Health Department Approval for septic system or information on existing system.
- ✓ 3. Health Department Well permit or information on existing system.
4. Product approvals from Miami/Dade for the following items:
 - a. ~~Windows~~ EXPIRES — 10/22/01
 - b. ~~Exterior Doors~~ EXPIRES — 4/2/01
 - c. Roof System
 - d. Garage Door
 - e. Hurricane Shutters
- ✓ 5. Energy Calculations and Compliance Certification.
- SEE 6. Spec. Manufactures specifications or shop drawings for fireplaces, stairs, etc.
- ✓ 7. Statement of Fact (for owner/builder), and proof of ownership (deed or tax recpt.)
8. ~~A certified copy of the Notice of Commencement for any work over \$2500.00~~
9. ~~Letter from Home Owners or Subdivision Associations stating design is per their deed restrictions or covenants~~
- ✓ 10. Application for tree removal or relocation (attach tree survey and removal or relocation plan)

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Plot/Site plan containing the following information:
 - a. Location of all structures proposed and existing along with dimensions
 - b. Location of driveway and turnabouts with dimensions
 - c. Walkways and planters
 - d. Location of all fences
 - e. Location of all docks
 - f. Location of all accessory buildings or structures
 - g. Setback requirements
 - h. Easements
 - i. All encroachments into setbacks
 - j. Location of existing septic, wells, retention areas
 - k. Flood Zone line or lines in relationship to structures proposed or existing
 - l. Elevations at three points along front of residence and at crown-of-road
 - m. Stormwater retention areas
 - n. Computation of pervious and impervious areas
 - o. Desired finish floor elevation relative to Sea Level
 - p.

2. Floor Plan containing the following information:
 - a. Square footage calculations
 - b. Scale – minimum ¼" per foot
 - d. All proposed and existing layouts of structures
 - e. Location of all pads/porches and patios
 - f. All dimensions exterior and interior to define design and construction
 - g. Room callouts
 - h. Elevations, steps, ramps, curbs, dashed outline for second story outline
 - i. Location of all windows and doors with egress requirements
 - j. Location of all bathroom fixtures
 - k. Location of all kitchen fixtures
 - l. Water heater location
 - m. Attic access with side of opening
 - n. Beam callouts
 - o. All through wall or ceiling ventilation such as garage vents, dryer vent etc.
 - p.

3. Elevation Plan containing the following information:
 - a. Front, Rear, and Side Elevations
 - b. All beam heights and changes in beams heights
 - c. ~~Building heights from finish floor to top of roof (maximum 27 feet)~~ HEIGHT IS . 28'
 - d. Location of all windows and doors
 - e. Roof slope
 - f. Wall finishes
 - g. Vertical features and horizontal projections
 - h.

4. Foundation Plan containing the following information:
 - a. Bearing walls exterior and interior
 - b. Dimensions of all bearing walls exterior and interior

- c. All footings and pad locations
 - d. Dimensions of all footing and pads
 - e. Step downs (minimum for residence to garage 7 inches)
 - f. Footing and Pad call outs for size (width and depth), steel (size, lap and placement)
 - g. Any underslab mechanical duct work or gas piping
 - h. Location of any in slab receptacle locations
 - i. Column Layout
 - j. Columns Schedule
 - k.
5. Electrical Plan containing the following information:
- a. Show all receptacle, switch, and fixture locations
 - b. Show all WPGFI's and GFI's locations
 - c. Ceiling fan locations
 - d. Attic or roof top receptacles and fixtures
 - e. Service entrance
 - f. Panel layout with circuits, loads, wire, breaker and conduit sizes
 - g. Riser diagram with size of service, meter, ground, disconnects feeders and panels
 - h. Any specialty lighting requirements
 - i. Disconnect locations for residence, pool, pumps, etc.
 - j. Load calculations
 - k. Panel and sub-panel locations
 - l. Meter can location
 - m.
6. Heating/Air Conditioning Plan containing the following information:
- a. Air Handler locations showing kw rating
 - b. Condensing unit locations
 - c. Duct layout showing sizes of duct and size of diffusers
 - d. CFM per outlet
 - e. Distribution box locations
 - f. Equipment callouts with name of equipment, model numbers and sizes
 - g. Sensible and latent heat quantities
 - h.
7. Plumbing Plan containing the following information:
- a. Piping layout showing all pipe sizes
 - b. All fixtures, sanitary drainage, vents, water supply, water heaters
 - c. Indicate all slopes
 - d.
8. Truss Layout containing the following information:
- a. Show location of all trusses
 - b. Show location of all girders
 - c. Uplift quantities for all trusses
 - d. Connectors schedule for all trusses and girders
 - e. Location of roof mounted equipment
 - f. Location of all structural elements size and reinforcing
-

- g.
- 9. Second Floor Framing Plan
 - a. Location of all floor trusses or joists
 - b. Size of all structural members and spacing dimensions
 - c. Location of all girders

- 10. Section/Detail Drawings and Schedules showing the following information:
 - a. Wall section drawings for single and two story sections
 - b. Show footings, slab, wall, ceiling and roof construction and insulation
 - c. Window and door schedules showing design pressures (+ and -)
 - d. Stair details showing riser height and tread width also handrail with baluster and newel post design showing distance between balusters and height of handrail from leading edge of tread
 - e. Garage door buck detail showing type, size, length and spacing of connectors to be used
 - f. Window buck detail showing type, size, length and spacing of connectors to be used
 - g. Attic ventilation calculations



System #1 Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	170	5,301	0	4,052	4,052
14B Wall 8" or 12" Block + R-4.2	714	2,776	0	1,264	1,264
18C Roof+Ceil R-19 Batts(2x8" rafter)	531	702	0	1,042	1,042
22A Slab on Grade No Edge Insulation	99	2,165	0	0	0
Subtotals for structure:	1,514	10,944	0	6,358	6,358
Active People:	0	0	0	0	0
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	681	0	725	725
Infiltration: Winter CFM: 89.5, Summer CFM: 51.1	170	2,658	2,297	900	3,197
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				7,983	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		14,263	2,297	7,983	10,280

Check Figures

Supply CFM:	363	CFM per square foot:	0.426
Square feet of room area:	852	Square feet per ton:	890.205

System Loads

Total heating required with outside air:	14,283 Btuh	14.283 MBH
Total sensible gain:	7,983 Btuh	78 %
Total latent gain:	2,297 Btuh	22 %
Total cooling required with outside air:	10,280 Btuh	0.857 Tons (based on sensible + latent)
		0.957 Tons (based on 80% sensible capacity)

1 1/2 TONS.

Notes

Calculations are based on 7th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

RHVAC - Residential & Light Commercial HVAC Loads Program
 Wojcieszak & Associates, Inc.
 Stuart, FL 34994



Elite Software Development, Inc.
 Mr. & Mrs. Weber
 Page 7

System #2 Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	342	10,666	0	11,349	11,349
14B Wall 8" or 12" Block | R-4.2	771	2,997	0	1,365	1,365
18C Roof+Ceil R-19 Batts(2x8" rafter)	761	1,007	0	1,491	1,491
22A Slab on Grade No Edge Insulation	124	2,711	0	0	0
Subtotals for structure:	1,998	17,381	0	14,205	14,205
Active People:	10	0	2,300	3,000	5,300
Inactive People:	10	0	1,500	2,500	4,000
Appliances:	0	0	220	220	440
Lighting:	0	0	0	0	0
Ductwork:	0	1,056	0	2,119	2,119
Infiltration: Winter CFM: 126.9, Summer CFM: 72.5	342	3,766	3,254	1,275	4,529
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				23,319	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		22,203	7,274	23,319	30,593

Check Figures

Supply CFM:	1,060	CFM per square foot:	0.877
Square feet of room area:	1,208	Square feet per ton:	398.57

System Loads

Total heating required with outside air:	22,203 Btuh	22.203 MBH
Total sensible gain:	23,319 Btuh	76 %
Total latent gain:	7,274 Btuh	24 %
Total cooling required with outside air:	30,593 Btuh	2.549 Tons (based on sensible + latent)
		3.031 Tons (based on 80% sensible capacity)
		3 TONS

Notes

Calculations are based on 7th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

RHVAC - Residential & Light Commercial HVAC Loads Program
 Wojcieszak & Associates, Inc.
 Stuart, FL 34994



Elite Software Development, Inc.
 Mr. & Mrs. Weber
 Page 8

System #3 Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	51	1,591	0	1,637	1,637
12H Wall R-19 + 1/2" Gypsum Board(R-0.5)	917	1,484	0	1,073	1,073
18C Roof+Ceil R-19 Batts(2x8" rafter)	907	1,200	0	1,778	1,778
Subtotals for structure:	1,875	4,275	0	4,493	4,493
Active People:	0	0	0	0	0
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0		0	
Ductwork:	0	339	0	535	535
Infiltration: Winter CFM: 84.7, Summer CFM: 48.4	51	2,515	2,174	851	3,025
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				5,879	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		7,129	2,174	5,879	8,053

Check Figures

Supply CFM:	267	CFM per square foot:	0.295
Square feet of room area:	907	Square feet per ton:	1,001.288

System Loads

Total heating required with outside air:	7,129 Btuh	7.129 MBH
Total sensible gain:	5,879 Btuh	73 %
Total latent gain:	2,174 Btuh	27 %
Total cooling required with outside air:	8,053 Btuh	0.671 Tons (based on sensible + latent)
		0.906 Tons (based on 80% sensible capacity)

2 TONS

Notes

Calculations are based on 7th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.



System #1 Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	170	5,301	0	4,052	4,052
14B Wall 8" or 12" Block + R-4.2	714	2,776	0	1,264	1,264
18C Roof+Ceil R-19 Batts(2x8" rafter)	531	702	0	1,042	1,042
22A Slab on Grade No Edge Insulation	99	2,165	0	0	0
Subtotals for structure:	1,514	10,944	0	6,358	6,358
Active People:	0	0	0	0	0
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	681	0	725	725
Infiltration: Winter CFM: 89.5, Summer CFM: 51.1	170	2,658	2,297	900	3,197
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				7,983	
Temperature Swing Multiplier:				X1.00	
System Load Totals:		14,283	2,297	7,983	10,280

Check Figures

Supply CFM:	363	CFM per square foot:	0.426
Square feet of room area:	852	Square feet per ton:	890.205

System Loads

Total heating required with outside air:	14,283 Btuh	14.283 MBH
Total sensible gain:	7,983 Btuh	78 %
Total latent gain:	2,297 Btuh	22 %
Total cooling required with outside air:	10,280 Btuh	0.857 Tons (based on sensible + latent)
		0.957 Tons (based on 80% sensible capacity)
		<i>1 1/2 TONS.</i>

Notes

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 Be sure to select a unit that meets both sensible and latent loads.

RHVAC - Residential & Light Commercial HVAC Loads Program
 Wojcieszak & Associates, Inc.
 Stuart, FL 34994



Elite Software Development, Inc.
 Mr. & Mrs. Weber
 Page 7

System #2 Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	342	10,666	0	11,349	11,349
14B Wall 8" or 12" Block + R-4.2	771	2,997	0	1,365	1,365
18C Roof+Cell R-19 Batts(2x8" rafter)	761	1,007	0	1,491	1,491
22A Slab on Grade No Edge Insulation	124	2,711	0	0	0
Subtotals for structure:	1,998	17,381	0	14,205	14,205
Active People:	10	0	2,300	3,000	5,300
Inactive People:	10	0	1,500	2,500	4,000
Appliances:	0	0	220	220	440
Lighting:	0	0	0	0	0
Ductwork:	0	1,056	0	2,119	2,119
Infiltration: Winter CFM: 126.9, Summer CFM: 72.5	342	3,766	3,254	1,275	4,529
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				23,319	
Temperature Swng Multiplier:				X1.00	
System Load Totals:		22,203	7,274	23,319	30,593

Check Figures

Supply CFM:	1,060	CFM per square foot:	0.877
Square feet of room area:	1,208	Square feet per ton:	398.57

System Loads

Total heating required with outside air:	22,203 Btuh	22.203 MBH
Total sensible gain:	23,319 Btuh	76 %
Total latent gain:	7,274 Btuh	24 %
Total cooling required with outside air:	30,593 Btuh	2.549 Tons (based on sensible + latent)
		3.031 Tons (based on 80% sensible capacity)

3 TONS

Notes

Calculations are based on 7th edition of ACCA Manual J.
 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

TOWN OF SEWALL'S POINT

Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN: 5567

(To be submitted at final electrical inspection in order to turn on electric service)

Owner: Phil & Daria Weber Address: 4772 GLEN LAKE CIRCLE #107 STUART FL

Project Address: 7 Mandalay Rd Legal: Lot 2 Blk Subdivision Mandalay FL

General Contractor BUFORD CONST CO Lic/Cert No: CBC037840

Address: 606 CAMDEN AVE, STUART Tel: 288-2050 Fax: 288-0940

Electrical Contractor: All Phase Lic/Cert No: EC. 0002725

Address: 411 Granada St Ft Pierce 34949 Tel: 772-465-1660 Fax: 772-465-2255

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 electric hook-up 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. Equipment for the purpose of installing wood floors At the above designated construction now in progress under a valid building permit; and 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 Gene Simmons, Building Official, Town of Sewall's Point, and the above named responsible persons, firms, 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. The 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 29 day of MAY, 2002

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

[Signature]
GENE SIMMONS, BUILDING OFFICIAL

MASTER PERMIT NO.

TOWN OF SEWALL'S POINT

Date 10/19/01

BUILDING PERMIT NO. 5567

Building to be erected for PHILIP & DARIA WEBER

Type of Permit S.F.R.

Applied for by BUFOLD CONST.

(Contractor)

Building Fee 2640⁰⁰/_{XX}

Subdivision MANDALAY

Lot 2

Block

Radon Fee 51⁷⁰/_{XX}

Address A MANDALAY

Impact Fee 4024⁹³/_{XX}

Type of structure S.F.R.

A/C Fee 120⁰⁰/_{XX}

Electrical Fee 120⁰⁰/_{XX}

Parcel Control Number:

Plumbing Fee 120⁰⁰/_{XX}

13 38 41 004.000 00020 00006

Roofing Fee 120⁰⁰/_{XX}

Amount Paid 2640⁰⁰/_{XX} Check # 1141 Cash

Other Fees (2640⁰⁰/_{XX}) 264⁰⁰/_{XX}

Total Construction Cost \$ 275000⁰⁰/_{XX}

TOTAL Fees 7196⁶²/_{XX}

Signed [Signature]
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!**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/16/2001

PRODUCER (561)335-8804 FAX (561)335-8847
S.M. FINES INSURANCE AGENCY
1250 S.E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952-5392

FILE
Refin

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 **Buford Construction Company**
606 Camden Ave.
Stuart, FL 34994

INSURER A:	Great American	RECEIVED MAY 18 2001 BY: <i>SA</i>
INSURER B:	Hartford	
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 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	GGL2705	05/31/2001	05/31/2002	EACH OCCURRENCE \$ 1,000,00 FIRE DAMAGE (Any one fire) \$ 50,00 MED EXP (Any one person) \$ 5,00 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00								
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC												
	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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38WBGGA6515	04/17/2001	04/17/2002	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 100,00</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 100,00</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,00</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 100,00	E.L. DISEASE - EA EMPLOYEE	\$ 100,00	E.L. DISEASE - POLICY LIMIT	\$ 500,00
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$ 100,00												
E.L. DISEASE - EA EMPLOYEE	\$ 100,00												
E.L. DISEASE - POLICY LIMIT	\$ 500,00												
	OTHER												

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

State of Florida

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER CANCELLATION

Town of Sewells Point
One South Sewells Point Rd.
Sewalls Point Rd., FL 34996

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

Susan Fines/DRS

Susan M. Fines

STATE OF FLORIDA AC 5829781
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CB - 0037840 07/26/2008 00900276
CERTIFIED BUILDING CONTRACTOR
BUFORD, DENNIS A.
BUFORD CONSTRUCTION COMPANY
IN GOD WE TRUST
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2002

MASTER PERMIT NO. 5567

TOWN OF SEWALL'S POINT

Date 11/19/01

BUILDING PERMIT NO. 5569

Building to be erected for Philip & Dana Weber Type of Permit SUB-ELEC.

Applied for by Buffalo Coast Al Phase Elec. (Contractor) Building Fee _____

Subdivision MANDALAY Lot 2 Block _____ Radon Fee _____

Address 4 MANDALAY Impact Fee _____

Type of structure S.FR A/C Fee _____

QUALIFIED: JACK THOMPSON
LICENSE: 0002725

Parcel Control Number: Electrical Fee _____

13 38 41 004 000 000 20 00000 Plumbing Fee _____

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

Total Construction Cost \$ _____ Roofing Fee _____

TOTAL Fees SEE 5561

Signed [Signature] Signed [Signature]

Applicant

Town Building Inspector

[Signature]

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!

FILE

he/ins

RECEIVED
FEB 22 2001
BY: *[Signature]*

STATE OF FLORIDA AC# 6160046
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC -0002725 02/12/2001 00020893
CERTIFIED ELECTRICAL CONTRACTOR
THOMPSON, JEFFREY M.
ALL PHASE ELECTRIC
IS CERTIFIED under the provisions of Ch. 489 F.S.
Expiration Date: AUG 31, 2002

PRODUCER
HARBOR INSURANCE AGENCY
2222 Colonial Road, Suite 100
Fort Pierce FL 34950-5309
Phone: 561-461-6040 Fax: 561-460-2315

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
All Phase Electric
Jeff Thompson D/B/A
411 Granada Street
Fort Pierce FL 34949

INSURER A: Old Dominion Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:
RECEIVED
MAY 30 2001
BY: *mtc*

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"/> OCCUR	MPG03822	05/18/01	05/18/02	EACH OCCURRENCE	\$ 300,000
					FIRE DAMAGE (Any one fire)	\$ 500,000
					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 300,000
					GENERAL AGGREGATE	\$ 600,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMPIOP AGG	\$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				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 AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewalls Point
Fax 561-220-4765
Attn: Building Dept
1 South Sewalls Point Road
Stuart FL 34996

SEWAL-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.

Harbor Insurance Agency

CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
MASTP-1

DATE (MM/DD/YY)
10/04/01

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.

INSURERS AFFORDING COVERAGE

INSURED
 Masters Plumbing, Inc. of
 Martin County dba
 Master Plumbing
 2551 SE Clayton Street
 Stuart FL 34997-5017

FILE
lit/ins.

INSURER A: Southern Owners
 INSURER B: Auto Owners Insurance Co
 INSURER C: **RECEIVED**
 INSURER D:
 INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20592185	10/09/01	10/09/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> blnkt contractl				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY	4248759300	10/09/01	10/09/02	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 checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$ 500000
<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 LIABILITY	20593643	10/09/01	10/09/02	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 OTH-ER \$
					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

Plumbing Contractor - State of Florida

CERTIFICATE HOLDER **N** ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

TOWSP-1
 Town of Sewalls Point
 1 South Sewalls Point Road
 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.
 AUTHORIZED REPRESENTATIVE *Joseph E. Coon*

AGENCY

Aon Risk Services, Inc.
1001 Brickell Bay Dr.
Suite 1100
Miami, FL 33131-4937
305-372-9950

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

COMPANIES AFFORDING COVERAGE

COMPANY A NATIONAL FIRE INS CO OF HTFD

COMPANY B CONTINENTAL CASUALTY COMPANY

COMPANY C

COMPANY D

RECEIVED

MAR 28 2001

FILE
lic/ins

BY: nll

INSURED

OASIS OUTSOURCING, INC.
(FORMERLY PEM)
Sarasota Center
1819 Main Street, 8th Floor
Sarasota, FL 34236

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.

Table with columns: CO LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Rows include General Liability, Automobile Liability, Garage Liability, Excess Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
MASTER PLUMBING

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 S SEWALLS POINT ROAD
SEWALLS POINT, FL 34996

CANCELLATION

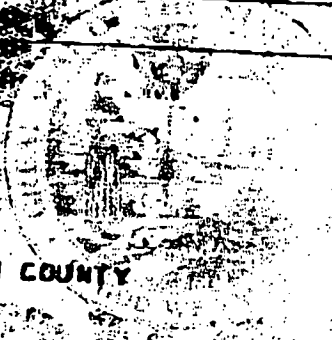
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY,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

AUTHORIZED REPRESENTATIVE Joseph Trietangel 015687432

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

DATE: 07/27/2001 BATCH NUMBER: 1000000000 LICENSE NBR: 1977 524 053

The Florida Department of Business and Professional Regulation
 Order the provider of this license
 Expiration date: AUG 31 2002



CF-C057528

VAN ETTEN, PETER J
 MASTERS PLUMBING INC OF MARTIN COUNTY
 2551 SE CLAYTON STREET
 STUART, FL 34997

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
 SECRETARY

MARTIN COUNTY ORIGINAL
 2000 COUNTY OCCUPATIONAL LICENSE 2001
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34996
 (887) 298-6804

LICENSE 1977 524 053 CERT
 PHONE 561 287 2366 LIC NO 0000
 LOCATION: 2551 SE CLAYTON ST

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR	\$ 0.00	LIC. FEE	\$ 25.00
	\$ 0.00	PENALTY	\$ 0.00
	\$ 0.00	COL. FEE	\$ 0.00
		TRANSFER	\$ 0.00
TOTAL			\$ 25.00



PLUMBING
 SE CLAYTON
 FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
 PLUMBING
 AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE
 30 DAY OF AUGUST 2001
 AND ENDING SEPTEMBER 30, 2001

RECEIPT OF PAYMENT

L.C. O'STEEN
 99 08/30/2001 1977524053
 1977524053
 02000039007728X



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

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

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

Your application for Product Approval of:

Series ED-101 Outswing Aluminium French Door

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.: 99-0615.01

Expires: 07/22/2002

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.

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

Approved: 07/22/1999

1 of 3



PGT Industries.ACCEPTANCE No.: 99-0615.01APPROVED : JUL 22 1999EXPIRES : JUL 22 2002NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. SCOPE**

- 1.1 This approves an outswing aluminum French door, 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

- 2.1.1 The Series FD-101 Outswing Aluminum French Doors and its components shall be constructed in strict compliance with the following documents: ~~Drawing No 944~~ titled "French Door XX, X" Sheets 1 through 4 of 4, prepared by manufacturer, dated 09/05/97, revised on 6/29/99, signed and sealed by Robert L. Clark, 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 application of pair of doors and single door only, as shown in approved drawings. Single door unit shall include described in the active leaf of this approval.

4. INSTALLATION

- 4.1 The outswing aluminum French doors 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.

Ishaq I. ChandaIshaq Chanda, P.E. Product Control Examine
Product Control Division

PGT Industries.

ACCEPTANCE No.: 99-0615.01

APPROVED : JUL 22 1999

EXPIRES : JUL 22 2002

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

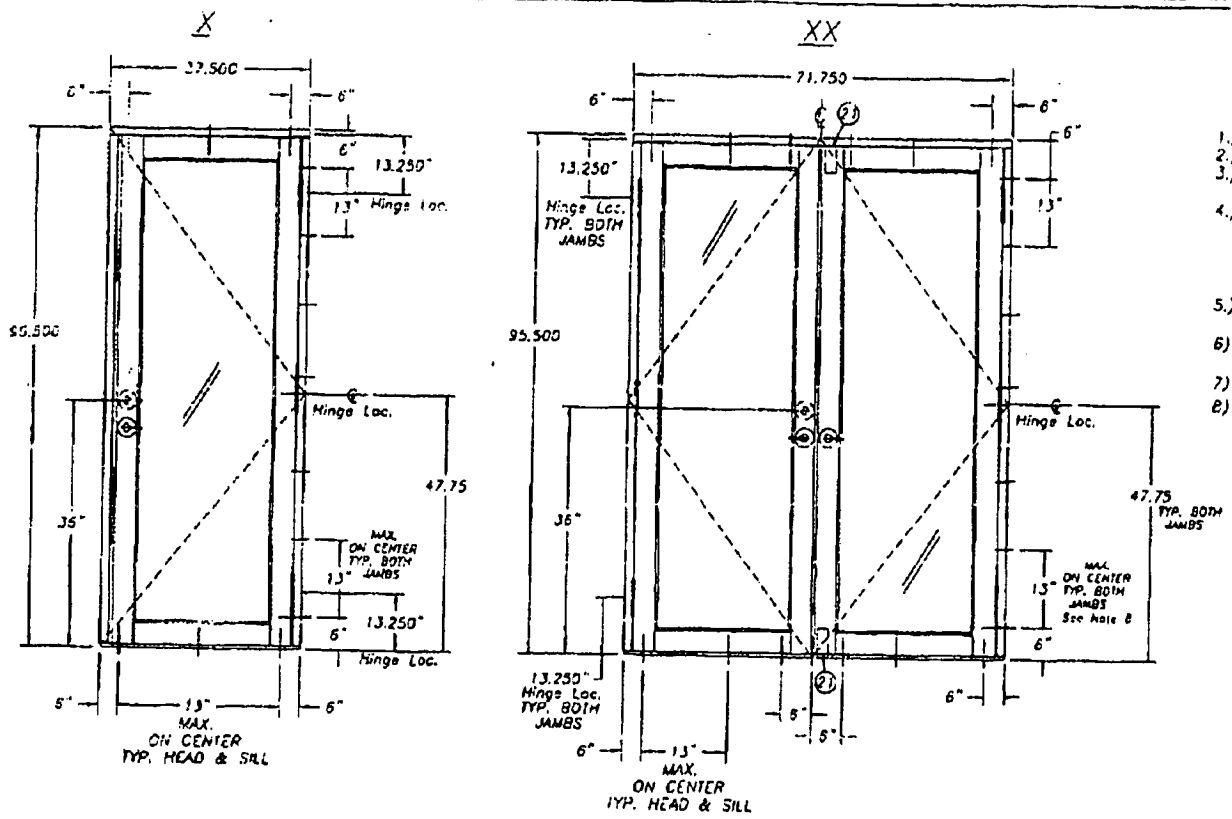
1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process.
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purpose.
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.
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.

Ishaq I. Chanda
 Ishaq Chanda, P. E., Product Control Examiner
 Product Control Division

END OF THIS ACCEPTANCE

NON-IMPACT DOORS

- 1.) GLAZING: 3/16" TEMPERED
- 2.) CONFIGURATIONS: X, XX
- 3.) DESIGN PRESSURE RATING:
+60 P.S.F. -60 P.S.F.
- 4.) ANCHORS:
MAX. 6" FROM CORNERS (HEAD & SILL)
MAX. SPACING AT HEAD & SILL: 13.000
MAX. 6" FROM CORNERS (JAMBS)
MAX. SPACING AT JAMBS: 13.000
- 5.) INSTALLATION OF THIS UNIT WILL REQUIRE A HURRICANE PROTECTIVE UNIT.
- 6.) SEALANT TO BE APPLIED AROUND FRAME CORNER, PANEL CORNER, DEAD BOLT & LEVER HANDLE.
- 7.) REF. NCA: 99-0615.01
- 8.) SCREWS ARE STAGGERED AT 13" CENTERS. SEE SHEET 4 FOR ANCHORAGE DETAIL.

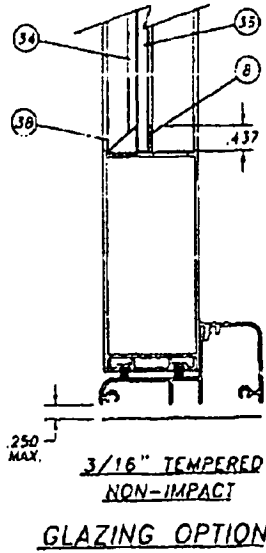
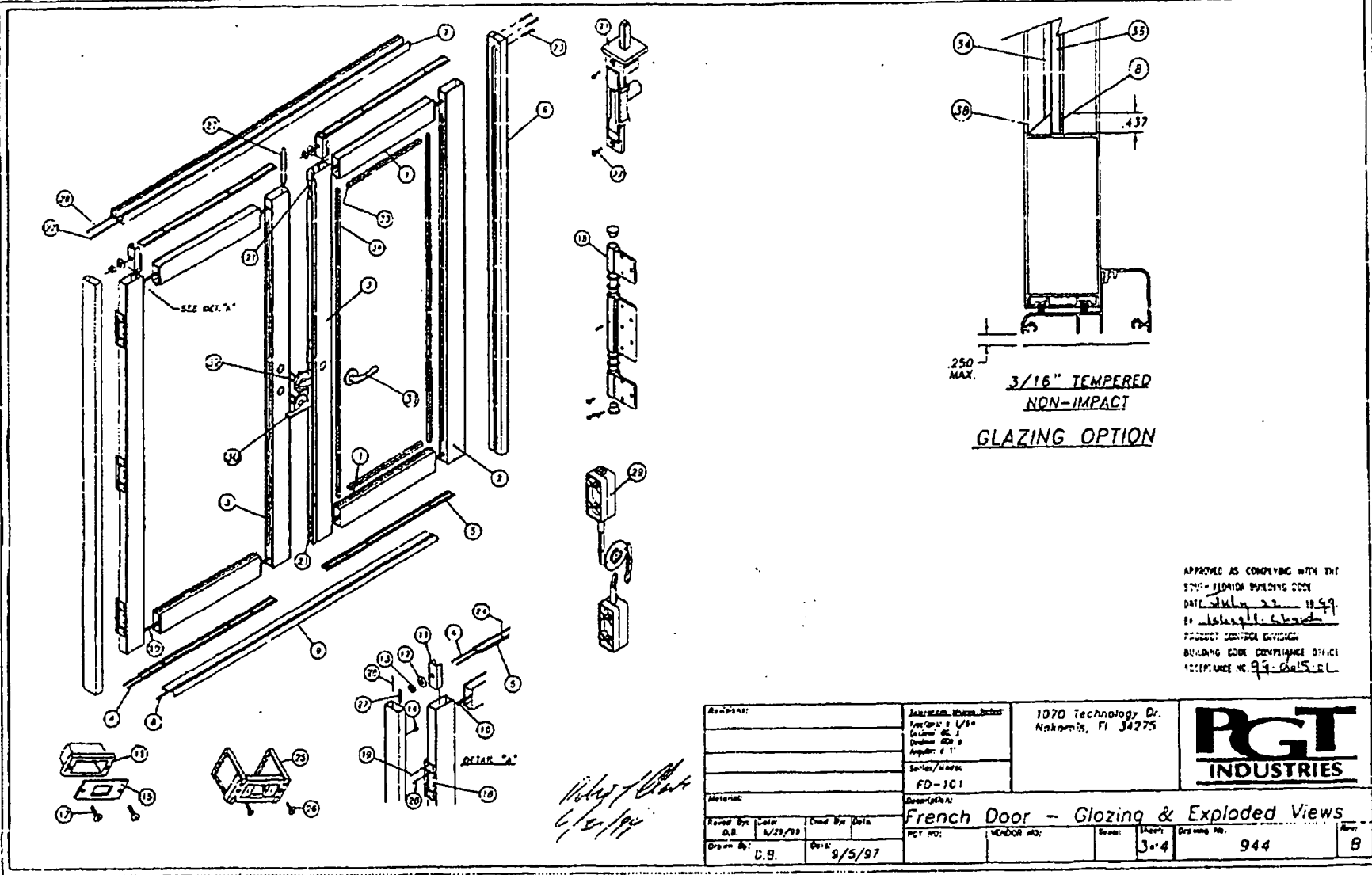


EXTERIOR ELEVATION

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE July 22 1999
BY Waymond
IN CHARGE CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
RECEIPT NO. 99-0615-01

Handwritten signature and date: 4/20/99

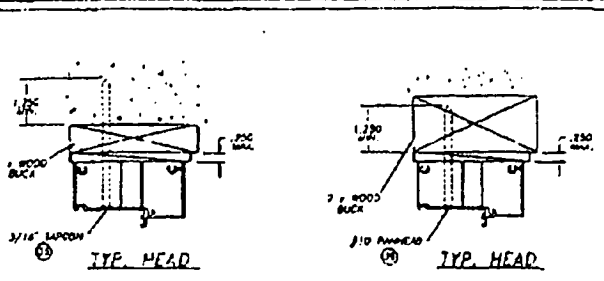
Manufacturer:	Leopoldo Ribera Childs	1070 Technology Dr. Nokomis, Fl. 34275	PGT INDUSTRIES
Material:	Series/Model: FD-101	Description: French Door - Elevations	
Drawn By: C.B.	Date: 9/5/97	Scale: 1/4" = 1'-0"	Sheet: 028



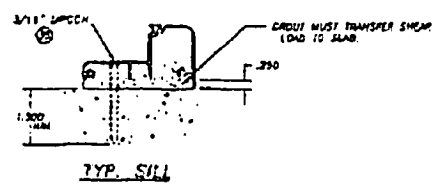
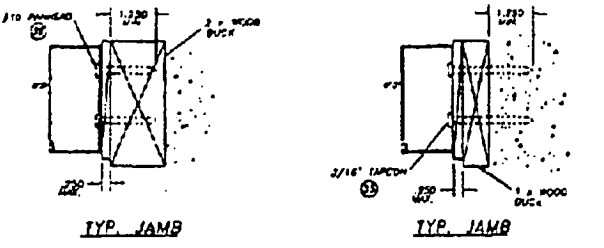
APPROVED AS COMPLYING WITH THE
 2001 FLORIDA BUILDING CODE
 DATE July 22, 1999
 BY John G. Gandy
 PRODUCT SERVICE DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-0615-R.L.

Revisions: 1. 10/15/97 2. 11/15/97 3. 12/15/97 4. 1/15/98		JAN/HEAR, WOOD, PETER 1070 Technology Dr. Nokomis, FL 34275		P&G INDUSTRIES	
Material: French Door - Glazing & Expanded Views		FD-101			
Drawn By: C.B.	Date: 9/5/97	PCT NO: 944	Vendor No: 3-4	Drawing No: 944	Rev: 8

*Notes/Check
 6/22/99*



SCREWS ARE STAGGERED IN JAMBS.
SEE NOTE B ON SHEET 1



ITEM	DESCRIPTION	M.F. #	QTY.	LOCATION	VENDOR	VENDOR #
1	DOOR HEAD/SILL (AL. 6063-15/052 WALL)	60375	2 (1)		ALUMAX	AF-10375
2	DOOR JAMB (AL. 6063-15/062 WALL)	60376	2 (1)		ALUMAX	AF-10376
3	DOOR ASTRAGAL (AL. 6063-15/062 WALL)	60377	2 (1)		ALUMAX	AF-10377
4	1/2" x 1/8" FINISAL STRIP	18794w	10 (4)	1/2" each door top & bot. rail	SCM LEVEL CORP.	12345-101
5	W/ST CHANNEL (AL. 6063-15/050 WALL)	60379	4 (2)		ALUMAX	AF-10379
6	FRAME JAMB (AL. 6063-15/050 WALL)	60380	2 (2)		ALUMAX	AF-10380
7	FRAME HEAD (AL. 6063-15/062 WALL)	60411	1 (1)		ALUMAX	AF-12376
8	SILICON	52889c			DOH CORNING	899
9	CUTSW. THRESHOLD (AL. 6063-15/050 WALL)	61063	1 (1)		ALUMAX	AF-12375
10	5/16x1/8 THREADED ROD	STR06A	4 (2)	1/2" door top & bot. top	FASTEC INDUSTRIAL	
11	TRUSS CLAMP (AL. 6063-15/062 WALL)	66370W	8 (4)	2" ev. diam. top & bot. rail	ALUMAX	AF-10378
12	5/16x1/8 TRUSS WASHER	TRWASHA	8 (4)	2" ev. door top & bot. rail	FASTEC INDUSTRIAL	
13	5/16x1/8 TRUSS NUT	TRNUTA	8 (4)	2" ev. door top & bot. rail	FASTEC INDUSTRIAL	
14	FRAME SCR. COVER CAP	41722W	10 (5)		VINYL TECH.	41722W
15	STRIKE PLATE	TRSPK	1 (1)		CANCOMP	
16	STRIKE PLATE INSUL.	41721	1 (1)		VINYL TECH.	41721
17	10x3/4 SCR. PL. HD PHIL.	71034A	2 (2)		MERCHANTS FASTENER	
18	10x1/2 FILL. HD PHIL.	71032A	4 (2)	1/2" each jamb	NATIONWIDE IND.	
19	10x1 FILL. HD PHIL.	71031W	26 (13)	6" (pin) - hinge-door jamb	MERCHANTS FASTENER	
20	10x1/2 FILL. HD PHIL.	71032PH	20 (10)	6" (pin) & hinge-frame jamb	MERCHANTS FASTENER	
21	TOP/BOT. SINK BOLT LOCK	41720	2 (2)	1" & top/bot. fl. in. astragal	VINYL TECH.	41720
22	6x1/2 FILL. HD PHIL.	78121W	4 (2)	2" (hinge door locks)	FASTEC INDUSTRIAL	
23	6x1 1/2 SCR. PL. HD QUAD.	78112A	12 (12)	6" (head & fill)	FASTEC INDUSTRIAL	
24	1/8 x 3/8 Ph. TI SMS	7858PFA	20 (14)	2" (top. head 5/16" head)	AQUA FASTENERS	
25	LOCK SUPPORT ASSY.	41720K	1 (2)	1/2" (lock)	VINYL TECH.	41720K
26	6x3/4 FILL. HD PHIL.	78121	6 (4)	2" (lock support assy.)	FASTEC INDUSTRIAL	
27	200 # 180 GLON	66200K	4 (4)	1" (astragal in. jamb & head)	SCHMIDT CORP.	0200X180
28	375 # 190 GLON	60300W	4 (3)	1" (astragal & frame jamb)	SCHMIDT CORP.	0375-180
29	1 POINT LOCK ASSY.	78121AY	1 (1)	(c.h. astragal)	VINYL TECH.	78121AY
30	LOCK (ACTIVE)	78121W	1 (1)	(c.h. astragal)	NARLOC	100
31	LOCK (PASSIVE)	78121P	1 (1)	(c.h. astragal)	NARLOC	880
32	DEAD-BOLT LOCK	78121P	1 (1)	(c.h. astragal)	NARLOC	820
33	GLAZING CHANNEL	62354	2 (4)	(used w/3/16" glass)	ALUMAX	AF-2354
34	1/2" FOAM TAPE (AD. 1-SIDE)	8130BK	8 (4)		STIK-IT PRODUCTS	1368-1
35	3/16" LAPCON					
36	3/16" TEMPERED		2 (1)		PFG LOP	
37	SEAM SEALER	55555W			SCHMIDT WORKHEAD	55555W
38	3/16" GLAZING BEAD	8517D	8 (4)	(used w/3/16" glass)	FLORIDA SCREEN	05-005
39	1/2" Ph. Ph. SMS					

NOTE: QTY'S IN BRACKETS ARE FOR K CONFIGURATION

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE: 1/19/99
BY: [Signature]
PROJECT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
1000 PRINCE ST. SE. SUITE 101
ATLANTA, GA 30334

Mark J. [Signature]
4/5/99

Title: _____ Date: _____ Drawn by: _____ Checked by: _____		1070 Technology Dr. Nokomis, FL 34275		
Version: 6063-15 Date: 6/29/99		Project: French Door - Anchorage & Bill of Materials P&G No. _____ Rev. No. _____		
Drawn by: D.B. Date: 9/5/97	Sheet: 4 of 4	Drawing No.: 944	Rev. No.: B	

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) 372-6339

Your application for Product Approval of:

Sectional Residential Garage Door

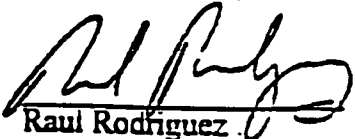
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted b

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 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.: 98-0901.10 (Revises No.: 98-0409.03)


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 Dep
Metropolitan Dade County

Approved: 10/22/98

-i-

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This revises the Notice of Acceptance No. 98-0409.03 which was issued on 08/14/98. It approves a Sectional Steel Door 9 ft wide as described in Section 2 of this Notice of Acceptance. And it is designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County (SFBC) 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 DAB Sectional Door and its components shall be constructed in strict compliance with the following documents: Drawing No. 98-01, titled "Sectional Residential Garage Door" prepared by Al-Farooq Corporation, dated 01/30/98 with latest revision on 08/24/98, Sheet 1 to 2 of 2. It bears the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by Miami-Dade Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

3.1 Units with dimensions equal to or smaller than those shown on the approved drawings shall qualify under this approval.

3.2 This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County Approved Laboratory selected and paid by the manufacturer. Every 3 months, 4 times a year the manufacturer shall mail to this office a copy of the Test Reports with confirmation that the specimens were selected from coils at the manufacturer's production facilities. And a notarized statement from the manufacturer that only coils with a yield strength of 34,000 PSI or more shall be used to make door panels for Dade County under this Notice of Acceptance.

4. INSTALLATION

4.1 The Sectional Door and its components shall be constructed in strict compliance with the approved drawings.

4.2 The installation of this door does not require a Hurricane Protection System

5. LABELING

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

6. BUILDING PERMIT

6.1 Building Permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance, including two copies of the approved drawings as identified in Section 2.

6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system.



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

APPROVED : OCT 27 1999

EXPIRES : 08/14/01

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process.
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purpose.
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 reveal the copies.
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.

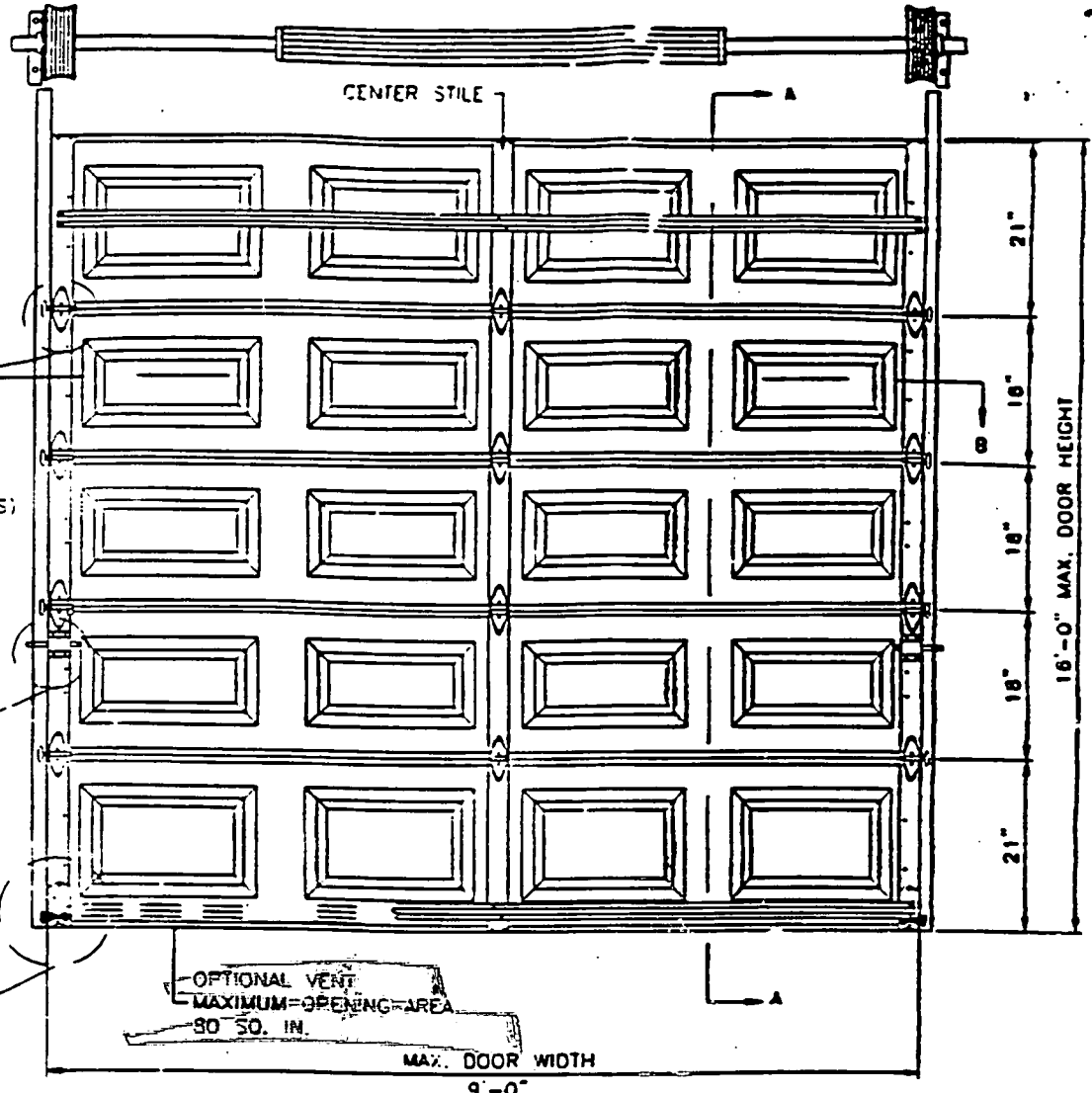
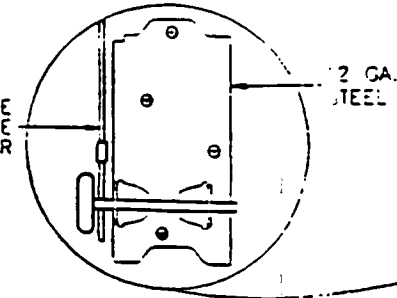
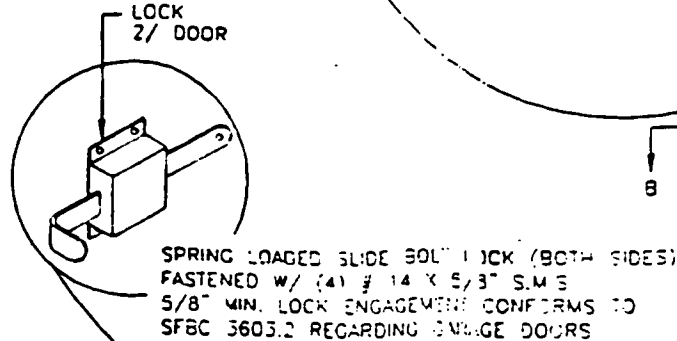
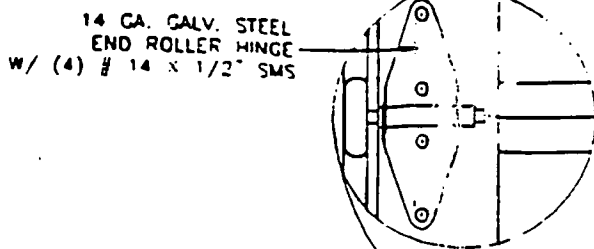
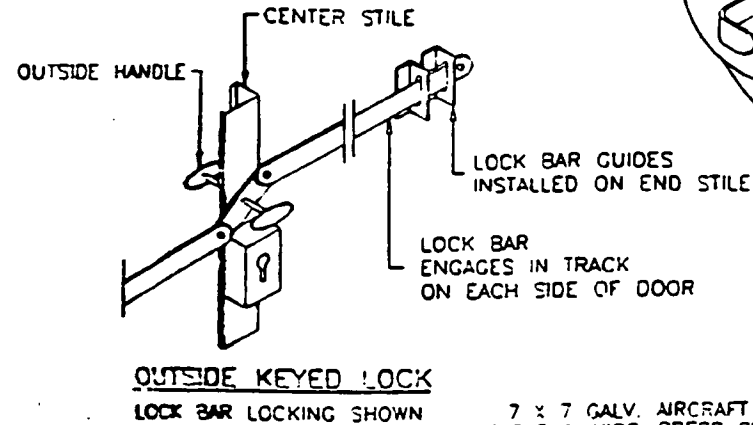

Candido Font, PE, Sr. Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

GENERAL NOTES

- THIS STRUCTURE IS DESIGNED AS PER THE SOUTH FLORIDA BUILDING CODE 1994 EDITION FOR DADE COUNTY, ALSO FOR WIND LOADS AS PER ASCE 7-88 USING CORRESPONDING LOADS.
- ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
- ALL BOLTS, NUTS AND WASHERS SHALL BE ZINC PLATED CARBON STEEL.
- ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.

DOOR HEIGHT	CONSISTS OF
6'-6"	2 SECTIONS 18" 12 SECTIONS 21"
6'-9"	3 SECTIONS 18" 13 SECTIONS 21"
7'	4 SECTIONS 21" -
7'-3"	-
7'-6"	5 SECTIONS 18" -
7'-9"	4 SECTIONS 18" 11 SECTIONS 21"
8'	3 SECTIONS 18" 12 SECTIONS 21"
8'-3"	2 SECTIONS 18" 13 SECTIONS 21"
8'-6"	1 SECTIONS 18" 14 SECTIONS 21"
8'-9"	15 SECTIONS 21" -
9'	16 SECTIONS 18" -
9'-3"	15 SECTIONS 18" 11 SECTIONS 21"
9'-6"	14 SECTIONS 18" 12 SECTIONS 21"
9'-9"	13 SECTIONS 18" 13 SECTIONS 21"
10'	12 SECTIONS 18" 14 SECTIONS 21"
10'-3"	11 SECTIONS 18" 15 SECTIONS 21"
10'-6"	16 SECTIONS 21" -
10'-9"	16 SECTIONS 18" 11 SECTIONS 21"
11'	5 SECTIONS 18" 12 SECTIONS 21"
11'-3"	4 SECTIONS 18" 13 SECTIONS 21"
11'-6"	3 SECTIONS 18" 14 SECTIONS 21"
11'-9"	2 SECTIONS 18" 15 SECTIONS 21"
12'	11 SECTIONS 18" 16 SECTIONS 21"
12'-3"	17 SECTIONS 21" -
12'-6"	16 SECTIONS 18" 12 SECTIONS 21"
12'-9"	15 SECTIONS 18" 13 SECTIONS 21"
13'	14 SECTIONS 18" 14 SECTIONS 21"
13'-3"	13 SECTIONS 18" 15 SECTIONS 21"
13'-6"	12 SECTIONS 18" 16 SECTIONS 21"
13'-9"	11 SECTIONS 18" 17 SECTIONS 21"
14'	18 SECTIONS 21" -
14'-3"	16 SECTIONS 18" 13 SECTIONS 21"
14'-6"	15 SECTIONS 18" 14 SECTIONS 21"
14'-9"	14 SECTIONS 18" 15 SECTIONS 21"
15'	13 SECTIONS 18" 16 SECTIONS 21"
15'-3"	12 SECTIONS 18" 17 SECTIONS 21"
15'-6"	11 SECTIONS 18" 18 SECTIONS 21"
15'-9"	10 SECTIONS 18" 19 SECTIONS 21"
16'	16 SECTIONS 18" 14 SECTIONS 21"



INSIDE ELEVATION
RAISED PANEL EMBOSSED DOOR

DAB DOOR MODEL 824
MAX. SIZE 9'-0" WIDE X 16'-0" HIGH

DESIGN PRESSURE RATING = + 53.0 PSF
- 60.0 PSF

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PATENT PENDING

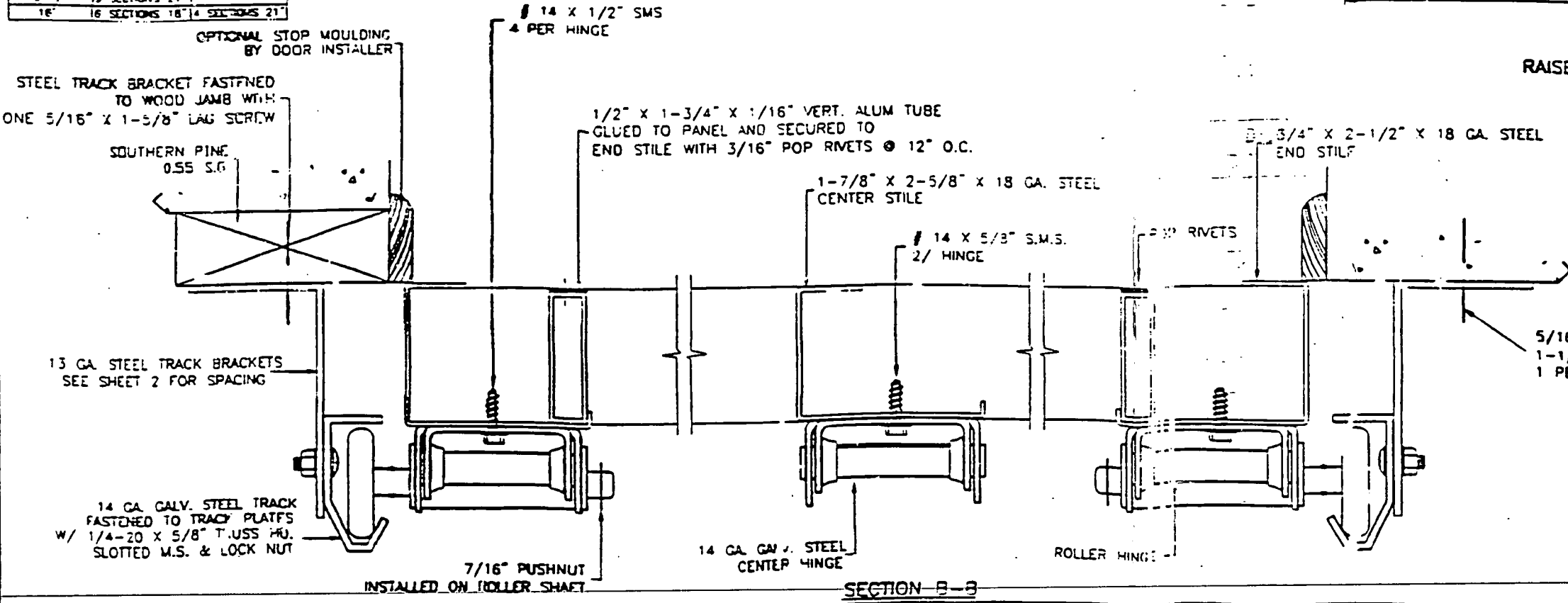
5/16" HILTI SLEEVE ANCHORS OR EQUAL
1-1/2" MIN. EMBED INTO MASONRY
1 PER BRACKET

Engr: DR. HUMAYUN FAROOQ
STRUCTURAL
FLA. REG. 16557

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 22, 1998

BY [Signature]
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ADDT. TRACE NO. 98-0801-10

AUG 23 1998



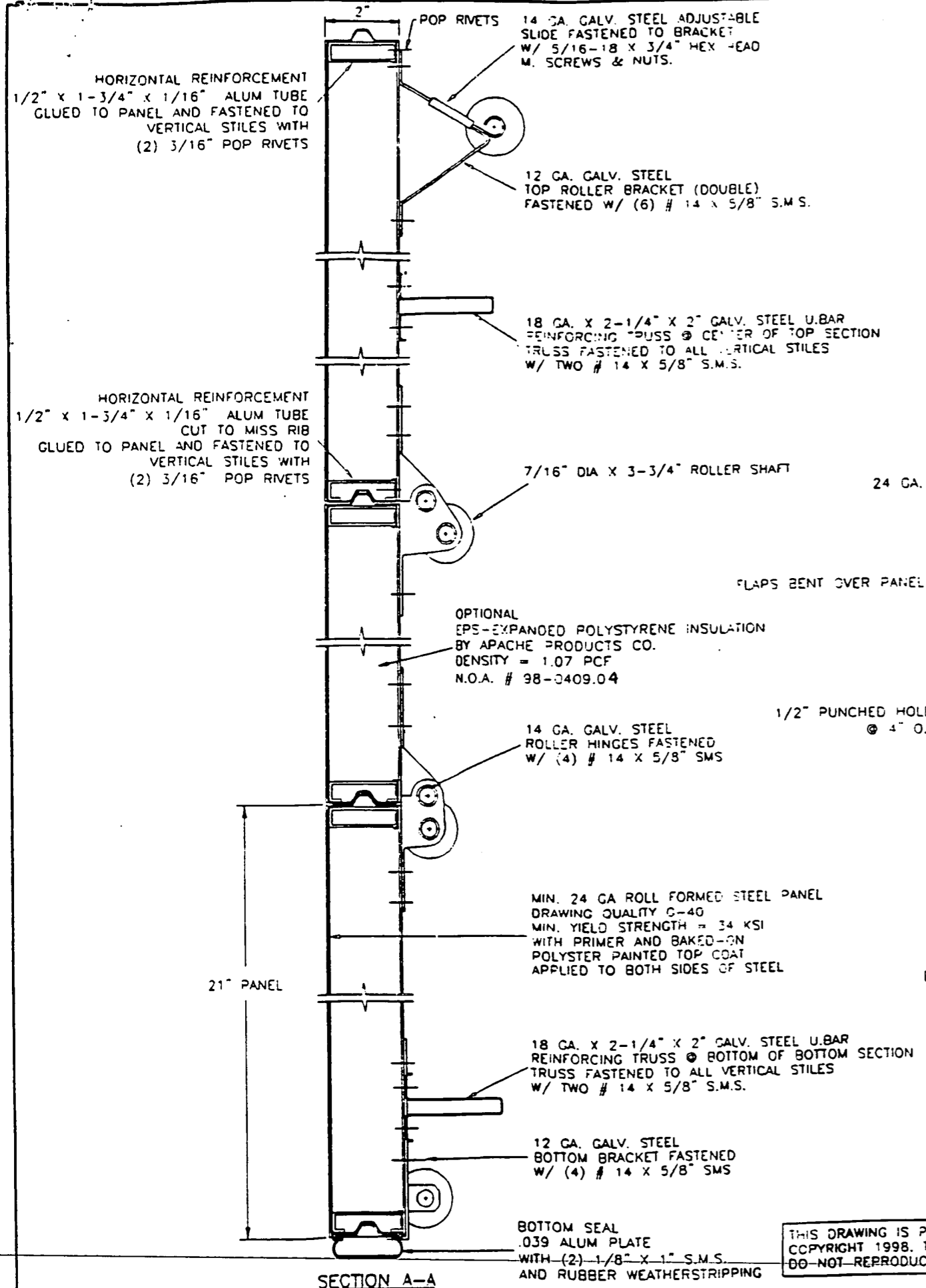
AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 264-8100 FAX. (305) 262-6978
GARAGE/98-01DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
12195 N.W. 98 TH. AVE.
HIALEAH GARDENS, FL. 33016
TEL. (305) 556 - 6624

REVISIONS
NO. 1
DATE 07/28/98
BY [Signature]
GENERAL REVISION
RPT. INSULATION CODED

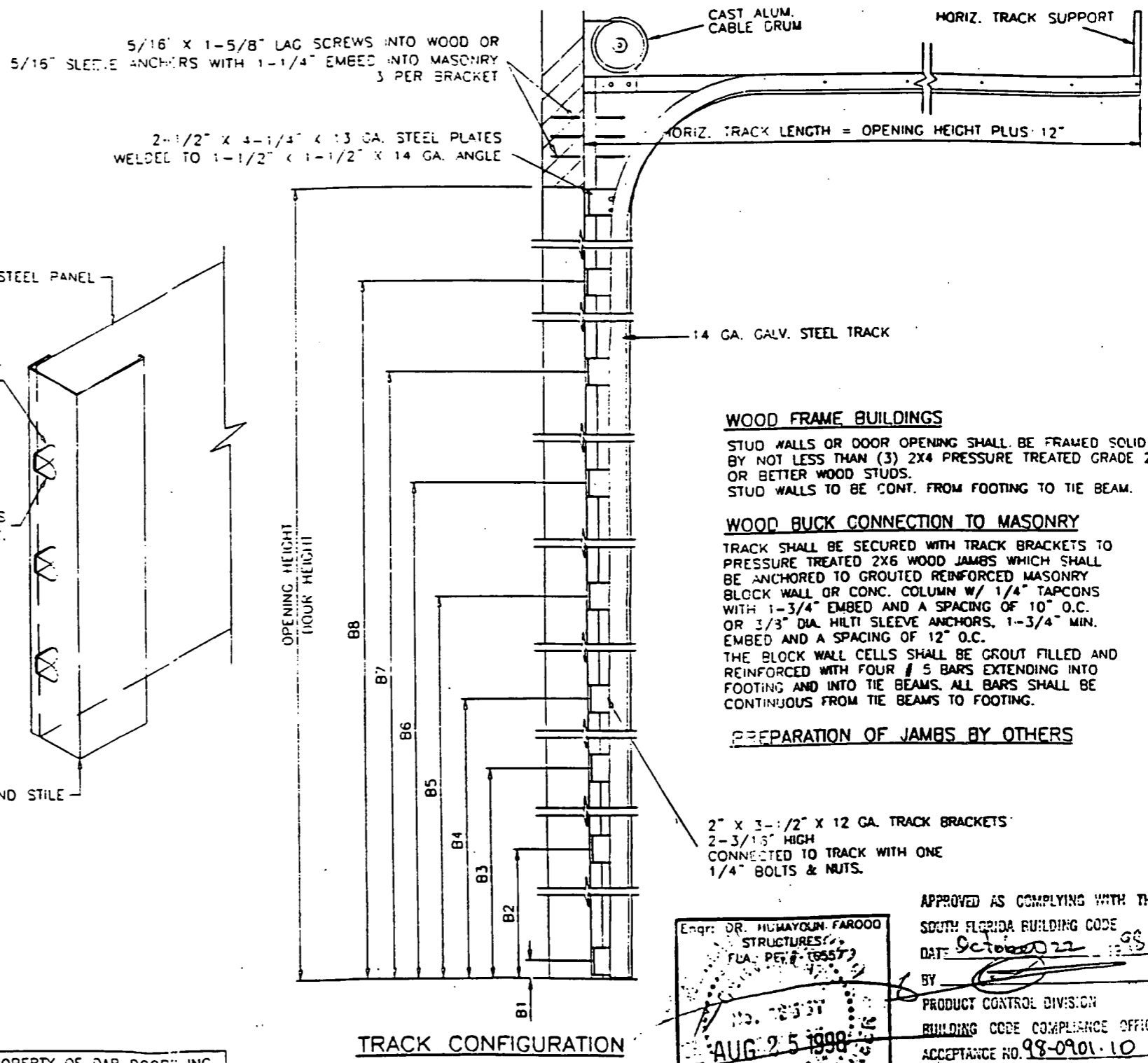
DATE: 01-30-98
SCALE: 1/2" = 1'-0"
DR. BY: MAMID
CHK. BY:

Drawing no. **98-01**
Sheet 1 of 2



DOOR HEIGHT	SECTION HEIGHTS					BRACKET PLACEMENTS							
	1ST	2ND	3RD	4TH	5TH	B1	B2	B3	B4	B5	B6	B7	B8
6'-0"	13"	18"	18"	18"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
6'-6"	21"	18"	18"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
7'-0"	21"	21"	21"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
7'-6"	18"	18"	18"	18"	18"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
8'-0"	21"	18"	18"	18"	21"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"

*-SECTIONS ARE NUMBERED STARTING AT THE BOTTOM FOR DOORS MORE THAN 8 FT. HIGH USE ADDITIONAL TOP BRACKETS AT 10' O.C.



WOOD FRAME BUILDINGS
 STUD WALLS OR DOOR OPENING SHALL BE FRAMED SOLID BY NOT LESS THAN (3) 2X4 PRESSURE TREATED GRADE 2 OR BETTER WOOD STUDS.
 STUD WALLS TO BE CONT. FROM FOOTING TO TIE BEAM.

WOOD BUCK CONNECTION TO MASONRY
 TRACK SHALL BE SECURED WITH TRACK BRACKETS TO PRESSURE TREATED 2X6 WOOD JAMBS WHICH SHALL BE ANCHORED TO GROUTED REINFORCED MASONRY BLOCK WALL OR CONC. COLUMN W/ 1/4\"/>

PREPARATION OF JAMBS BY OTHERS

2" X 3-1/2" X 12 GA. TRACK BRACKETS
 2-3/16" HIGH
 CONNECTED TO TRACK WITH ONE
 1/4" BOLTS & NUTS.

Engr. DR. HUMAYUN FAROOQ
 STRUCTURES
 FLA. PER. # 16557
 AUG 25 1998

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE September 22 1998
 BY [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0901-10

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 PATENT PENDING

afc

AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL. (305) 264-8100 FAX. (305) 262-6978
 GARAGE 98-01DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
 12195 N.W. 98 TH. AVE.
 HIALEAH GARDENS, FL. 33016
 TEL. (305) 556-6824

Revisions:
 NO. DATE BY DESCRIPTION

date: 01-30-98
 scale:
 dr. by: HAMID
 chg. by:

drawing no.
98-01
 sheet 2 of 2

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: New Project WEBER Address: City, State: , Owner: WEBER RES. Climate Zone: South	Builder: BUFORD Permitting Office: Permit Number: Jurisdiction Number:
--	---

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: center;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">4</td><td style="text-align: center;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">Yes</td><td style="text-align: center;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">3132 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">510.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 230.0(p) ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=4.2, 1529.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Frame, Wood, Exterior</td><td style="text-align: right;">R=11.0, 1229.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=30.0, 2247.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 240.0 ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. Sup: Unc. Ret: Unc. AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 123.0 ft</td><td style="text-align: center;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	4	___	5. Is this a worst case?	Yes	___	6. Conditioned floor area (ft ²)	3132 ft ²	___	7. Glass area & type		___	a. Clear - single pane	510.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	0.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 230.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Concrete, Int Insul, Exterior	R=4.2, 1529.0 ft ²	___	b. Frame, Wood, Exterior	R=11.0, 1229.0 ft ²	___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=30.0, 2247.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 240.0 ft	___	b. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 123.0 ft	___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td style="text-align: right;">Cap: 48.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 10.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. Central Unit</td><td style="text-align: right;">Cap: 30.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 10.00</td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td style="text-align: right;">Cap: 34.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. Electric Strip</td><td style="text-align: right;">Cap: 27.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. Electric Resistance</td><td style="text-align: right;">Cap: 50.0 gallons</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">EF: 0.90</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> (HR-Heat recovery, Solar</td><td></td><td></td></tr> <tr><td> DHP-Dedicated heat pump)</td><td></td><td></td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">MZ-C, MZ-H</td><td style="text-align: center;">___</td></tr> <tr><td> (CF-Ceiling fan, CV-Cross ventilation,</td><td></td><td></td></tr> <tr><td> HF-Whole house fan,</td><td></td><td></td></tr> <tr><td> PT-Programmable Thermostat,</td><td></td><td></td></tr> <tr><td> RB-Attic radiant barrier,</td><td></td><td></td></tr> <tr><td> MZ-C-Multizone cooling,</td><td></td><td></td></tr> <tr><td> MZ-H-Multizone heating)</td><td></td><td></td></tr> </table>	12. Cooling systems			a. Central Unit	Cap: 48.0 kBtu/hr	___		SEER: 10.00	___	b. Central Unit	Cap: 30.0 kBtu/hr	___		SEER: 10.00	___	c. N/A		___	13. Heating systems			a. Electric Strip	Cap: 34.0 kBtu/hr	___		COP: 1.00	___	b. Electric Strip	Cap: 27.0 kBtu/hr	___		COP: 1.00	___	c. N/A		___	14. Hot water systems			a. Electric Resistance	Cap: 50.0 gallons	___		EF: 0.90	___	b. N/A		___	c. Conservation credits		___	(HR-Heat recovery, Solar			DHP-Dedicated heat pump)			15. HVAC credits	MZ-C, MZ-H	___	(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)		
1. New construction or existing	New	___																																																																																																																																																																	
2. Single family or multi-family	Single family	___																																																																																																																																																																	
3. Number of units, if multi-family	1	___																																																																																																																																																																	
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Glass/Floor Area: 0.16	Total as-built points: 39219.00	PASS
	Total base points: 45549.00	

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

PREPARED BY: *Walter D. Dink*


DATE: 7/12/01

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

OWNER/AGENT: *J. H. Buford*

DATE: 8-22-01

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 #:
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BASE				AS-BUILT								
GLASS TYPES												
.18	X Conditioned Floor Area	X BSPM	= Points	Type/SC	Ornt	Overhang Len Hgt		Area X	SPM X	SOF =	Points	
.18	3132.0	53.20	29993.5	Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	7.0	21.0	45.04	0.60	564.3	
				Single, Clear	NW	11.0	5.0	12.0	45.04	0.57	305.6	
				Single, Clear	NW	11.0	5.0	12.0	45.04	0.57	305.6	
				Single, Clear	SE	12.0	6.0	18.0	74.09	0.41	549.7	
				Single, Clear	SE	12.0	8.0	18.0	74.09	0.44	590.7	
				Single, Clear	SE	2.0	7.0	54.0	74.09	0.87	3466.4	
				Single, Clear	SE	2.0	3.0	6.0	74.09	0.61	269.1	
				Single, Clear	SE	12.0	8.0	14.0	74.09	0.44	459.4	
				Single, Clear	SE	2.0	8.0	14.0	74.09	0.90	931.7	
				Single, Clear	SE	12.0	8.0	18.0	74.09	0.44	590.7	
				Single, Clear	SE	12.0	2.0	20.0	74.09	0.39	572.1	
				Single, Clear	SE	12.0	8.0	18.0	74.09	0.44	590.7	
				Single, Clear	SE	12.0	8.0	18.0	74.09	0.44	590.7	
				Single, Clear	SE	2.0	3.0	9.0	74.09	0.61	403.7	
				Single, Clear	SE	2.0	3.0	9.0	74.09	0.61	403.7	
				Single, Clear	SE	2.0	3.0	9.0	74.09	0.61	403.7	
				Single, Clear	SE	2.0	3.0	9.0	74.09	0.61	403.7	
				Single, Clear	SW	12.0	6.0	15.0	68.17	0.42	425.8	
				Single, Clear	SW	2.0	5.0	10.0	68.17	0.77	528.1	
				Single, Clear	SW	2.0	6.0	20.0	68.17	0.83	1128.3	
				Single, Clear	NE	2.0	7.0	12.0	51.65	0.90	557.0	
				Single, Clear	NE	2.0	7.0	12.0	51.65	0.90	557.0	
				Single, Clear	NE	2.0	5.0	15.0	51.65	0.82	638.8	
				As-Built Total:				510.0				19186.3
WALL TYPES				Area X BSPM = Points		Type		R-Value	Area X SPM =		Points	
Adjacent				0.0	0.0	Concrete, Int Insul, Exterior		4.2	1529.0	2.28	3486.1	
Exterior				2758.0	2.70	Frame, Wood, Exterior		11.0	1229.0	2.70	3318.3	
Base Total:				2758.0	7446.6	As-Built Total:			2758.0		6804.4	

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT									
DOOR TYPES Area X BSPM = Points				Type	Area X SPM = Points								
Adjacent	0.0	0.00	0.0	Exterior Insulated	53.2	6.40	340.5						
Exterior	53.2	6.40	340.5										
Base Total:	53.2		340.5	As-Built Total:	53.2		340.5						
CEILING TYPES Area X BSPM = Points				Type	R-Value	Area X SPM = Points							
Under Attic	2247.0	0.80	1797.6	Under Attic	30.0	2247.0	0.80	1797.6					
Base Total:	2247.0		1797.6	As-Built Total:		2247.0		1797.6					
FLOOR TYPES Area X BSPM = Points				Type	R-Value	Area X SPM = Points							
Slab	230.0(p)	-20.0	-4600.0	Slab-On-Grade Edge Insulation	0.0	230.0(p)	-20.00	-4600.0					
Raised	0.0	0.00	0.0										
Base Total:			-4600.0	As-Built Total:				-4600.0					
INFILTRATION Area X BSPM = Points						Area X SPM = Points							
	3132.0	18.79	58850.3			3132.0	18.79	58850.3					
Summer Base Points: 93828.5				Summer As-Built Points: 82379.1									
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	= Cooling Points
				82379.1		0.615		0.970		0.341		0.950	15929.7
				82379.1		0.385		0.970		0.341		0.950	9956.1
93828.5		0.3560	33402.9	82379.1		1.00		0.970		0.341		0.950	25885.8

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
.18		3132.0		2.02								
				1141.3	Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	7.0	21.0	4.88	0.96	98.6
					Single, Clear	NW	11.0	5.0	12.0	4.88	0.96	56.0
					Single, Clear	NW	11.0	5.0	12.0	4.88	0.96	56.0
					Single, Clear	SE	12.0	6.0	18.0	3.29	1.53	90.6
					Single, Clear	SE	12.0	8.0	18.0	3.29	1.42	84.1
					Single, Clear	SE	2.0	7.0	54.0	3.29	1.05	186.5
					Single, Clear	SE	2.0	3.0	6.0	3.29	1.16	22.9
					Single, Clear	SE	12.0	8.0	14.0	3.29	1.42	65.4
					Single, Clear	SE	2.0	8.0	14.0	3.29	1.04	48.0
					Single, Clear	SE	12.0	8.0	18.0	3.29	1.42	84.1
					Single, Clear	SE	12.0	2.0	20.0	3.29	1.65	108.5
					Single, Clear	SE	12.0	8.0	18.0	3.29	1.42	84.1
					Single, Clear	SE	12.0	8.0	18.0	3.29	1.42	84.1
					Single, Clear	SE	2.0	3.0	9.0	3.29	1.16	34.3
					Single, Clear	SE	2.0	3.0	9.0	3.29	1.16	34.3
					Single, Clear	SE	2.0	3.0	9.0	3.29	1.16	34.3
					Single, Clear	SE	2.0	3.0	9.0	3.29	1.16	34.3
					Single, Clear	SW	12.0	6.0	15.0	4.09	1.17	71.9
					Single, Clear	SW	2.0	5.0	10.0	4.09	1.03	42.1
					Single, Clear	SW	2.0	6.0	20.0	4.09	1.02	83.5
					Single, Clear	NE	2.0	7.0	12.0	4.71	1.00	56.4
					Single, Clear	NE	2.0	7.0	12.0	4.71	1.00	56.4
					Single, Clear	NE	2.0	5.0	15.0	4.71	1.00	70.4
					As-Built Total:		510.0					2277.0
WALL TYPES												
Area X	BWPM =	Points		Type	R-Value	Area X	WPM =	Points				
Adjacent	0.0	0.0	0.0	Concrete, Int Insul, Exterior	4.2	1529.0	1.02	1559.6				
Exterior	2758.0	0.60	1654.8	Frame, Wood, Exterior	11.0	1229.0	0.60	737.4				
Base Total:				As-Built Total:		2758.0					2297.0	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE	AS-BUILT
DOOR TYPES Area X BWPM = Points	Type Area X WPM = Points
Adjacent 0.0 0.00 0.0	Exterior Insulated 53.2 1.80 95.8
Exterior 53.2 1.80 95.8	
Base Total: 53.2 95.8	As-Built Total: 53.2 95.8
CEILING TYPES Area X BWPM = Points	Type R-Value Area X WPM = Points
Under Attic 2247.0 0.10 224.7	Under Attic 30.0 2247.0 0.10 224.7
Base Total: 2247.0 224.7	As-Built Total: 2247.0 224.7
FLOOR TYPES Area X BWPM = Points	Type R-Value Area X WPM = Points
Slab 230.0(p) -2.1 -483.0	Slab-On-Grade Edge Insulation 0.0 230.0(p) -2.10 -483.0
Raised 0.0 0.00 0.0	
Base Total: -483.0	As-Built Total: -483.0
INFILTRATION Area X BWPM = Points	Area X WPM = Points
3132.0 -0.06 -187.9	3132.0 -0.06 -187.9
Winter Base Points: 2445.6	Winter As-Built Points: 4223.5
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points
	4223.5 0.557 1.014 1.000 0.950 2267.0
	4223.5 0.443 1.014 1.000 0.950 1800.3
2445.6 1.0900 2665.7	4223.5 1.00 1.014 1.000 0.950 4067.3

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Volume		Bedrooms		Ratio				Multiplier		
Bedrooms														
4		2370.00	=	50.0	0.90	4		1.00		2316.36		1.00	=	9265.4
													As-Built Total:	9265.4

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
33402.9		2665.7		9480.0		45548.7	25885.8		4067.3		9265.4		39218.6

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* = 84.3

The higher the score, the more efficient the home.

WEBER RES., . . .

<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) 3132 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 510.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 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, 230.0(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=4.2, 1529.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=11.0, 1229.0 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, 2247.0 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: Interior Sup. R=6.0, 240.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 123.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 48.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 30.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <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 Cap: 34.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 27.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <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 Cap: 50.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/> (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)</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: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



**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.*

Summary Energy Code Results

Residential Whole Building Performance Method A

WEBER RES.

Project Title:
New Project WEBER

Class 3 Rating
Registration No. 0
Climate: South

7/13/01

Building Loads			
Base		As-Built	
Summer:	93828 points	Summer:	82379 points
Winter:	2446 points	Winter:	4224 points
Hot Water:	8342 points	Hot Water:	8342 points
Total:	104617 points	Total:	94945 points

Energy Use			
Base		As-Built	
Cooling:	33403 points	Cooling:	25886 points
Heating:	2666 points	Heating:	4067 points
Hot Water:	9480 points	Hot Water:	9265 points
Total:	45549 points	Total:	39219 points

<p style="font-size: 24pt; margin: 0;">PASS</p> <p style="font-size: 18pt; margin: 0;">e-Ratio: 0.86</p>



METROPOLITAN 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

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

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

Your application for Product Approval of:


~~Series SH-701 Aluminum Single Hung Window Impact & Non-Impact~~ (Heavy Frame: 3/16" Ann./1/4" Temp. 3/16" Sentry Glass)
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. 4032, Sheets 1 thru 7 of 7. (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 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.: 97-0310.02 (Revises No.: 96-1203.05)

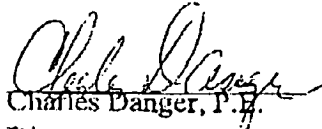
Expires: 02/26/01


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: 02/26/98



Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 97-0310.02APPROVED : FEB 26 1998EXPIRES : FEB 26 2001NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. DESCRIPTION OF UNIT**

1.1 This approves an aluminum single hung window 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 in Section 7 and within the limitations contained in Section 3.

1.2 **Model Designation:** Series SH-701 Aluminum Single Hung Window – Impact and Non-Impact.

1.3 **No. & Size of Vents:** One vent measuring: 50-5/8" wide x 38-1/4" high

2. MATERIAL CHARACTERISTICS

2.1 See Vinyl Tech/Progressive Glass Technology, Drawing No. 4032, titled "SH Series 701," Sheet 1 thru 7 of 7, bearing the Miami-Dade County Product Control approval stamp.

2.2 Glazing

2.2.1 **Glazing Method** Exterior glazed with 1/2" glazing penetration using a clear colored adhesive bedding compound, *Dow Corning* 899 and a 1.057" x .678" high extruded aluminum snap on. glazing bead (Part # 612234), with a .200 Diameter x .200 wide x .275 high vinyl bulb by *Team Plastics*, between bead and glass (Part # 6TP-247K or 249K). Glass bite is 1/2".

2.2.2 **Daylight Opening:** One fixed light frame glazed at the top with a clear opening of 48-1/4" by 34-1/2" high (O/X).

2.3 Panel Construction.

2.3.1 **Stiles:** Consist of a panel stile of equal legs, 1.165" exterior face and .414" interior face by 1.349" deep and .062" wall thickness aluminum 6065-T5 extrusion (Part # 612231), with 2 grooves for weatherstrips.

2.3.2 **Rails:** Bottom rail consists of a square shape with lift extension, a 1.363" outside face by a 1.969" inside face x 2.326 deep and .062" wall thickness aluminum 6065-T5 extrusion, (Part # 612230), with two screw splines. Top rail consists of a square shape with lift extension and notch to join with meeting rail, a 1.081" outside face by a 1.707" inside face and .062" wall thickness aluminum extrusion (Part # 612229), with two screw splines.

2.3.3 **Corner Construction:** Butt joint. Each panel fastened with two # 8 x 1" PPH SMS

2.4 Frame Construction:

2.4.1 **Head:** Consists of a .737" exterior / .705" interior face by 2.784" deep flange type aluminum 6063-T5 extrusion (Part # 612225), typical wall thickness is 0.062".

2.4.2 **Jamb:** Consists of a 1.061" exterior / 1.523" interior face x 2.710" deep flange type aluminum 6063-T5 extrusion (Part # 612227), with two screw splines, typical wall thickness is 0.062".

2.4.3 **Sill:** Consists of a .655" exterior / 2.330" interior face by 2.784" deep flange type aluminum 6063-T5 extrusion (Part # 612226), typical wall thickness is 0.062".

2.4.4 **Fixed Meeting Rail:** Consists of a square shape with unequal leg extensions, 1.403" exterior face and 2.029" interior face by 1.342" deep and .062" wall thickness aluminum 6063-T5 extrusion (Part # 612228), with two screw splines.

2.4.5 **Corner Construction:** Frame has butt joints. Frame corners and fixed meeting rail are secured with two #8 by 1" PPH SMS.

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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 97-0310.02APPROVED : FEB 26 1998EXPIRES : FEB 26 2001NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**2.5 Weepholes:**

<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.5.1 Two	1/2" weep notch..	One at each end of sill screen retainer.

2.6 **Sealant & Pads:** Frame corners, are sealed with white colored sealant *Schnee-Morehead 5504*.

3. LIMITATIONS

3.1 This approval applies to single unit applications only, as shown in Section 10.

3.2 For Design Pressure Rating of: Non-Impact, Small Missile Impact and Large Missile Impact Windows, see Vinyl Tech/Progressive Glass Technology, Drawing No. 4032, titled "SH Series 701," Sheet 1 of 7, bearing the Miami-Dade County Product Control approval stamp.

4. INSTALLATION:

4.1 See Vinyl Tech/Progressive Glass Technology, Drawing No. 4032, titled "PW Series 701," Sheet 1 thru 7 of 7, bearing the Miami-Dade County Product Control approval stamp.

Note: Please see note #11, Page 3

4.2 Attachments of sub-bucks shall be designed by the Architect or Engineer of Records and must be in compliance with the South Florida Building Code.

4.3 Fasteners must be made of stainless steel or have adequate protection against corrosion, per DIN 50018. Aluminum contacting metals not considered compatible shall be properly protected.

5. IDENTIFICATION

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. USE


6.1 Application for building permit shall be accompanied by two copies of the following:

6.1.1 This Notice of Acceptance, including duplicate prints of Vinyl Tech/Progressive Glass Technology, Drawing No. 4032, titled "SH Series 701," Sheet 1 thru 7 of 7, bearing the Miami-Dade County Product Control approval stamp.

6.2 This document renews and revises Notice of Acceptance No. 96-1203.05 dated 01/06/97.

6.3 Hurricane Protection:

See Vinyl Tech/Progressive Glass Technology, Drawing No. 4032, titled "SH Series 701," Sheet 1 of 7, bearing the Miami-Dade County Product Control approval stamp.


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

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.: 97-0310.02

APPROVED : FEB 26 1998

EXPIRES : FEB 26 2001

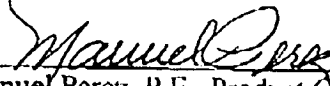
NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

7. TESTS PERFORMED:

7.1 TESTS

RESULTS:

NON-IMPACT (O/X) 3/16" Annealed Glass		
TEST	TEST LOADS	DESIGN LOADS
AIR INFILTRATION @ 1.57 PSF PA 202-94 (0.34 CFM/FT)	0.28 CFM/FT	-----
UNIFORM STATIC PRESSURE AT DESIGN LOAD PA 202-94 POSITIVE	+60.0 PSF	+60.0 PSF
UNIFORM STATIC PRESSURE AT DESIGN LOAD PA 202-94 NEGATIVE	-60.0 PSF	-60.0 PSF
WATER RESISTANCE (PSF) PA 202-94	+10.40 PSF	+69.33PSF
UNIFORM STATIC PRESSURE AT FULL TEST LOAD PA 202-94 POSITIVE 30 Seconds	+90.0 PSF	+60.0 PSF
UNIFORM STATIC PRESSURE AT FULL TEST LOAD PA 202-94 NEGATIVE 30 Seconds	-90.0 PSF	-60.0 PSF
FORCED ENTRY RESISTANCE (FER) ASTM F-588	SATISFACTORY	-----
Design Pressure Rating (Positive)		+60.0 PSF
Design Pressure Rating (Negative)		-60.0 PSF
For Design Pressure Rating vs. Window Size, see Table in Section 9 "Comparative Analysis"		



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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 97-0310.02APPROVED : FEB 26 1998EXPIRES : FEB 26 2001NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

7.2 TESTS


RESULTS:

SMALL MISSILE IMPACT WINDOW (O/X) - 1/4" Tempered Glass		
TEST	TEST LOADS	DESIGN LOADS
AIR INFILTRATION @ 1.57 PSF PA 202-94 (0.37 CFM/FT)	0.14 CFM/FT	-----
UNIFORM STATIC PRESSURE AT DESIGN LOAD PA 202-94 POSITIVE	+90.0 PSF	+90.0 PSF
UNIFORM STATIC PRESSURE AT DESIGN LOAD PA 202-94 NEGATIVE	-90.0 PSF	-90.0 PSF
WATER RESISTANCE (PSF) PA 202-94	+10.50 PSF	+70.0 PSF
UNIFORM STATIC PRESSURE AT FULL TEST LOAD PA 202-94 POSITIVE 30 Seconds	+135.0 PSF	+90.0 PSF
UNIFORM STATIC PRESSURE AT FULL TEST LOAD PA 202-94 NEGATIVE 30 Seconds	-135.0 PSF	-90.0 PSF
FORCED ENTRY RESISTANCE (FER) ASTM F-588	SATISFACTORY	-----
SMALL MISSILE IMPACT TEST SFBC PA 201-94	SATISFACTORY	-----
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 POSITIVE (4,500 cycles)	+180.0 PSF	+180 PSF
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 NEGATIVE (4,500 cycles)	-180.0 PSF	-180.0 PSF
Design Pressure Rating (Positive)		+70.0 PSF
Design Pressure Rating (Negative)		-90.0 PSF


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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 97-0310.02APPROVED : FEB 26 1998EXPIRES : FEB 26 2001NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**7. TESTS PERFORMED: (continued)****7.3 TESTS****RESULTS:**

LARGE MISSILE IMPACT WINDOW - (O/X) - 3/16" Annealed Sentryglas		
TEST	TEST LOADS	DESIGN LOADS
AIR INFILTRATION @ 1.57 PSF SFBC PA 202-94 (0.37 CFM/FT)	0.28 CFM/FT	-----
UNIFORM STATIC PRESSURE- DESIGN LOADS SFBC PA 202-94 POSITIVE	+60.0 PSF	+60.0 PSF
UNIFORM STATIC PRESSURE- DESIGN LOADS SFBC PA 202-94 NEGATIVE	-60.0 PSF	-60.0 PSF
WATER RESISTANCE (PSF) SFBC PA 202-94	+9.0 PSF	+60.0PSF
UNIFORM STATIC PRESSURE-FULL TEST LOAD SFBC PA 202-94 POSITIVE	+90.0 PSF	+60.0 PSF
UNIFORM STATIC PRESSURE -FULL TEST LOAD SFBC PA 202-94 NEGATIVE	-90.0 PSF	-60.0 PSF
FORCED-ENTRY RESISTANCE (FER) AAMA 1302.5-76	SATISFACTORY	-----
LARGE MISSILE IMPACT TEST SFBC PA 201-94	SATISFACTORY	-----
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 POSITIVE (4,500 cycles)	+60.0 PSF	+60.0 PSF
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 NEGATIVE (4,500 cycles)	-60.0 PSF	-60.0 PSF
Design Pressure Rating (Positive)		+60.0 PSF
Design Pressure Rating (Negative)		-60.0 PSF


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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 97-0310.02APPROVED : FEB 26 1998EXPIRES : FEB 26 2001NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**8. EVIDENCE SUBMITTED****8.1 Tests:**

8.1.1 Test report No. FTL-1536 prepared by Fenestration Testing Laboratory, dated January 15, 1997, signed and sealed by Gilbert Diamond, P.E. for the following tests:

- 1) Air Infiltration Test, per PA 202-94.
- 2) Uniform Load Static Air Pressure Test, per PA 202-94.
- 3) Water Resistance Test, per PA 202-94.
- 4) Forced Entry Resistance Test, per AAMA 1302.5-76.

along with installation diagram of an O/X configuration 53-1/8" wide by 76" high Series SH-701 aluminum single hung window glazed with 3/16" tempered glass and section drawings marked by Fenestration Testing Laboratory

8.1.2 Test report No. FTL-1533 prepared by Fenestration Testing Laboratory, dated January 30, 1997, signed and sealed by Gilbert Diamond, P.E. for the following tests:

- 1) Air Infiltration Test, per PA 202-94.
- 2) Uniform Load Static Air Pressure Test, per PA 202-94.
- 3) Water Resistance Test, per PA 202-94.
- 4) Forced Entry Resistance Test, per AAMA 1302.5-76.
- 5) Small Missile Impact Test, per PA 201-94.
- 6) Cyclic Wind Pressure Loading, per PA 203-94.

along with installation diagram of an O/X configuration 53-1/8" wide by 76" high Series SH-701 aluminum single hung window glazed with 1/4" tempered glass and section drawings marked by Fenestration Testing Laboratory

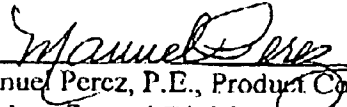
8.1.3 Test report No. FTL-1531 prepared by Fenestration Testing Laboratory, dated January 14, 1997, signed and sealed by Gilbert Diamond, P.E. for the following tests:

- 1) Air Infiltration Test, per PA 202-94.
- 2) Uniform Load Static Air Pressure Test, per PA 202-94.
- 3) Water Resistance Test, per PA 202-94.
- 4) Forced Entry Resistance Test, per AAMA 1302.5-76.
- 5) Large Missile Impact Test, per PA 201-94.
- 6) Cyclic Wind Pressure Loading Test, per PA 203-94.

along with installation diagram of an O/X configuration 53-1/8" wide by 76" high Series SH-701 aluminum single hung window glazed with 3/16" annealed *Sentryglas* and section drawings marked by Fenestration Testing Laboratory

8.2 Drawing:

8.2.2 Drawing No. 4032, titled "SH Series 701", Sheets 1 thru 7 of 7, prepared by Vinyl Tech/Progressive Glass Technology, dated 11/27/96 and revised on 01/12/98, signed and sealed by Robert L. Clark, P.E.


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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 97-0310.02APPROVED : FEB 26 1998EXPIRES : FEB 26 2001NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**8.3 Material Certification:**


8.3.1 Aggregate Certification, dated November 10, 1995, by CSR Rinker Materials for No. 6 coarse mineral aggregate per ASTM D-1863-86 "Standard Specification for Mineral Aggregate Used on Built-Up Roofs".

8.4 Calculations:

8.4.1 Comparative Analysis and Anchor Calculations prepared by Ivan R. Dory, P.E., dated March 3, 1997, signed and sealed by Ivan R. Dory, P.E.

9. COMPARATIVE ANALYSIS: For "Comparative Analysis" and "Small Missile Supplemental Analysis Tables", see Vinyl Tech/Progressive Glass Technology, drawing No. 4032, titled "SH Series 701", Sheets 4 and 7 of 7 respectively, dated 11/27/96 and revised on 01/12/98, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp.

10. TYPICAL ELEVATION: For typical window elevation and cross-sections, see Vinyl Tech/Progressive Glass Technology, Dwg. No. 4032, titled "SH Series 701", Sheets 1 thru 7 of 7, bearing the Miami-Dade County Product Control approval stamp.


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

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.: 97-0310.02

APPROVED : FEB 26 1998

EXPIRES : FEB 26 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

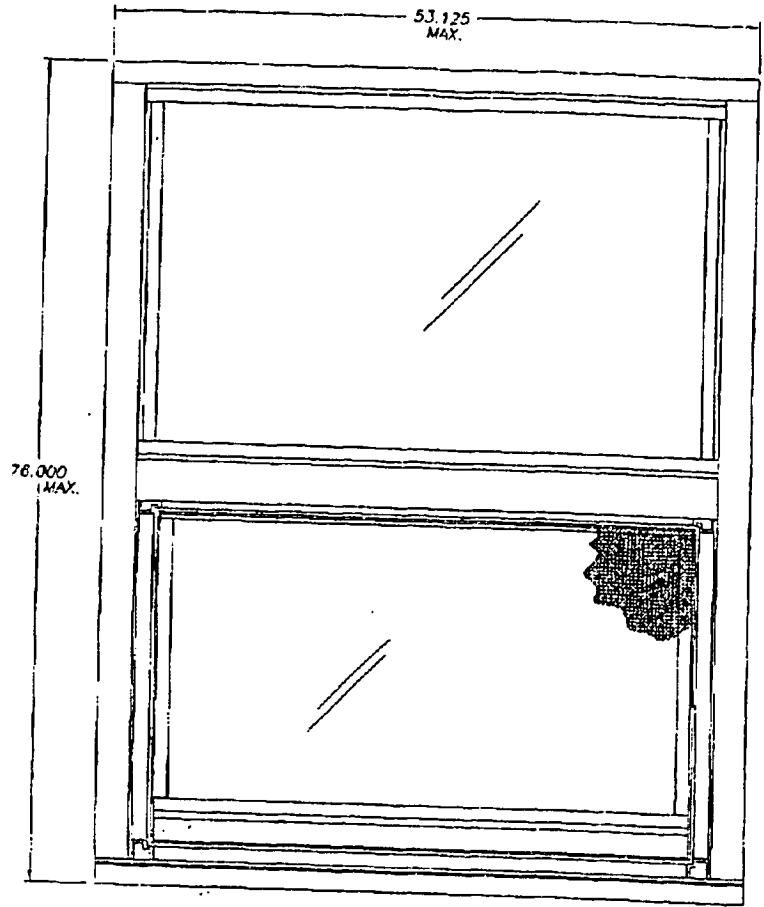
- 1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
- 2. Any and all approved products shall be permanently labeled 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 purpose.
- 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, 2, 2(a) through 2(f) and this last page 3.

Items 10, 11 & 12 listed below only apply to glazed products and doors

- 10. Unless specifically indicated in the Acceptance (approval), this unit is approved as a single unit installation. For multiple installation of this unit, a separate Acceptance for mullions is required from the Product Control Section.
- 11. The spacing of fasteners at window sills shall be as indicated in Section 4 of this Notice of Acceptance. The spacing of fasteners in all other parts of the frame, shall be as indicated in Section 4 of this Notice of Acceptance, but in no case shall exceed 24" on center. The first fastener shall be located at a maximum of 6" from each corner and mullion or stile. Fastener shall fully penetrate the buck, which shall be the same size as the one tested with the unit. No wood or plastic shields or pins shall be used for anchoring.
- 12. Hardware for all windows and doors shall conform to Security and Forced Entry Prevention, Chapter 36 of the South Florida Building Code.


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

END OF THIS ACCEPTANCE



ELEVATION

ITEM	DESCRIPTION	V.T. #	VENDOR	VENDOR #
1	FLANGED FRAME HEAD	612225	ALUMAX EXTRUSIONS	AF-12225
2	FLANGED FRAME SILL	612226	ALUMAX EXTRUSIONS	AF-12226
3	FLANGED FRAME JAMB	612227	ALUMAX EXTRUSIONS	AF-12227
4	FIXED MEETING RAIL	612228	ALUMAX EXTRUSIONS	AF-12228
5	SASH TOP RAIL	612229	ALUMAX EXTRUSIONS	AF-12229
6	SASH BOTTOM RAIL	612230	ALUMAX EXTRUSIONS	AF-12230
7	SASH SIDE RAIL	612231	ALUMAX EXTRUSIONS	AF-12231
8	GLAZING BEAD	612234	ALUMAX EXTRUSIONS	AF-12234
9	WEATHERSTRIP - VINYL BULB	6TP247K	TEAM PLASTICS	TP-247
10	3/16" ANNEALED GLASS		PPG. LOF	
11	3/16" ANN. GLASS W/DUPONT 457 FILM		LAM. BY ROMAG. VERICOM	
12	1/4" TEMPERED GLASS		PPG. LOF	
13	#6 x .750 PHIL. PN. HD.	7658PFAA	AQUA FASTENERS	
14	SWEEP LATCH		MINIATURE DIE CASTING	PGT.214.XX
15	#8 x .625 PHIL FLT. HD.	7858WW	MERCHANTS FASTENER CORP.	
16	WINDLOAD ADAPTER	612236	ALUMAX EXTRUSIONS	AF-12236
17	#3 x .375 PHIL. P.H. TEK	78X38PPT	MERCHANTS FASTENER CORP.	
18	WEATHERSTRIP - VINYL BULB \SASH	6TP249K	TEAM PLASTICS	TP-249
19	SASH TOP GUIDE		MASTER TOOL	7-M10-344
20	SCREEN		VINYL TECH. PGT	
21	BALANCE COVER		WYBORG	5TAVE
22	BALANCE		CALDWELL MANUFACTURING INC.	
23	WEATHERSTRIP - PILE FINSEAL	61062W	SCHLEGEL CORP.	FS7826-187
24	SASH FACE GUIDE	70251	MASTER TOOL	7-M10-251
25	#6 x .500 PHIL. FLT. HD.	76X12FPAA	SCHERER INDUST. PRODUCTS	
26	SASH STOP	612244	ALUMAX EXTRUSIONS	AF-12244
27	#8 x 1.000 PHIL. P.H. SMS	78X1PPA	MERCHANTS FASTENER CORP.	
28	SILICON	62899	DOW CORNING	899
29	WEATHERSTRIP - VINYL BULB \SASH	6TP248K	TEAM PLASTICS	TP-248

LARGE MISSILE IMPACT WINDOWS

- 1.) GLAZING: 3/16" ANN. SENTRY GLASS
- 2.) CONFIGURATIONS: 0X
- 3.) DESIGN PRESSURE RATING: +50 P.S.F. -80 P.S.F.
- 4.) ANCHORS: MAX. 6" FROM EACH CORNER
MAX. SPACING AT HEAD & SILL: 11,000
MAX. SPACING AT JAMBS: 15,000
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: FEBRUARY 26, 1998
 BY: *M. M. M. M.*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0310.02

NON-IMPACT WINDOWS

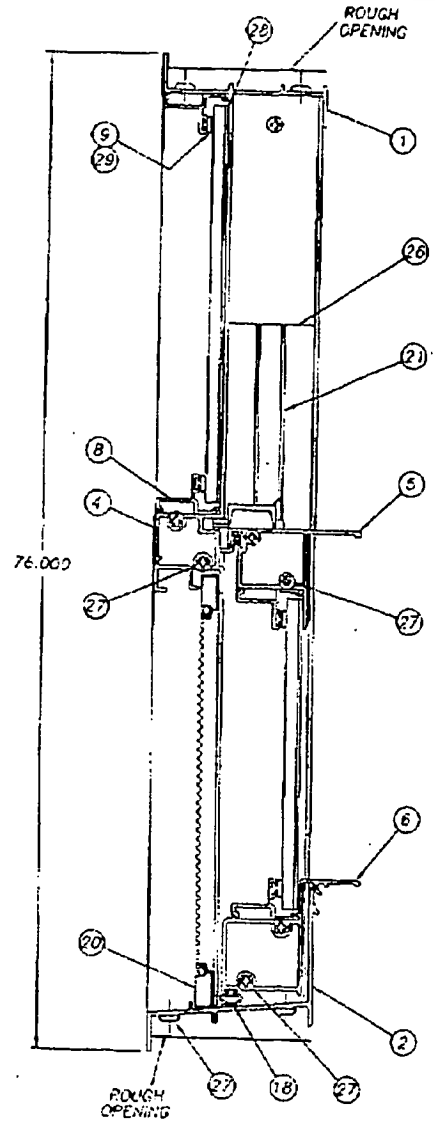
- 1.) GLAZING: 3/16" ANN.
- 2.) CONFIGURATIONS: 0X
- 3.) DESIGN PRESSURE RATING: SEE COMPARATIVE ANALYSIS TABLES ON SHEET 4
- 4.) ANCHORS: SEE COMPARATIVE ANALYSIS TABLES ON SHEET 4
- 5.) SHUTTER REQUIREMENT: SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS

SMALL MISSILE IMPACT WINDOWS

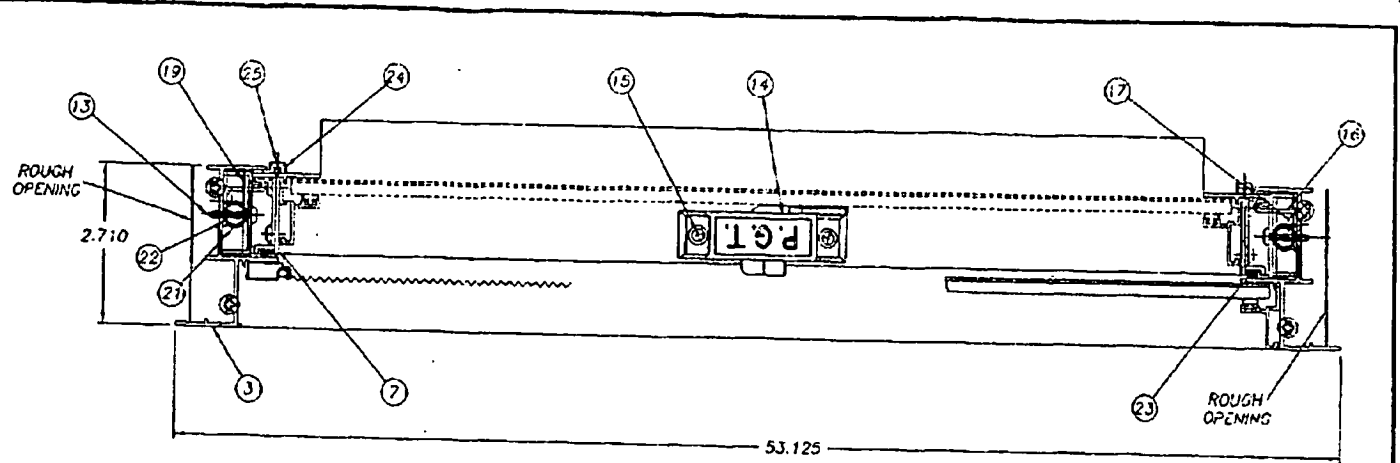
- 1.) GLAZING: 1/4" TEMPERED
- 2.) CONFIGURATIONS: 0X
- 3.) DESIGN PRESSURE RATING: SEE SUPPLEMENTAL ANALYSIS TABLES ON SHEET 7
- 4.) ANCHORS: SEE SUPPLEMENTAL ANALYSIS TABLES ON SHEET 7
- 5.) SHUTTER REQUIREMENT: NO SHUTTERS REQUIRED 30 FEET & ABOVE.

R. S. 11/27/96
D. B. 1/12/98

Revisions: -		VINYL TECH progressive GLASS technology	
Division:	Prod. Category:	Series/Model:	Sheet: 1 of 7
Division: SH	Series/Model: 701	Sheet: 1 of 7	
Drawn By: R.S.	Date: 11/27/96	ELEVATION VIEW	
Revised By: D.B.	Date: 1/12/98		
Vendor No.:	Scale: N.T.S.	Address: P.O. BOX 1529 NOKOMIS, FL. 34274	Sheet: 4032



VERTICAL SECTION

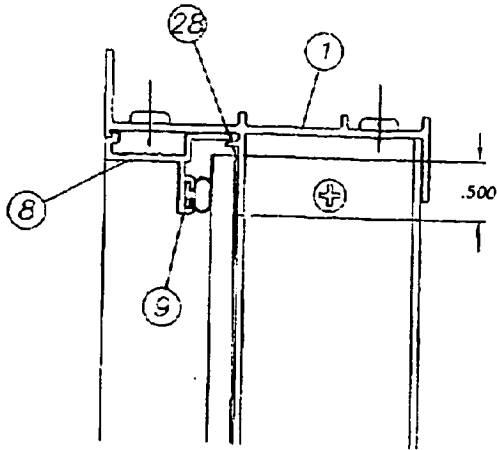


HORIZONTAL SECTION

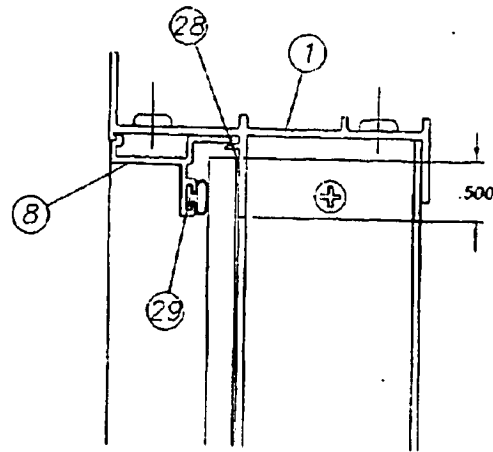
APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE FEBRUARY 26, 1998
 BY M. M. M. M.
 PRODUCT CENTER DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0310.02

Robert A. M...
 1/12/98

Revisions:		WINDY TECH / progressive GLASS technology			
Description:		Classification: Prod. Category: SH Series/Model: 701 Item: SECT. Sheet: 2 of 7			
Drawn By: R.S.	Date: 11/22/98	Description: CROSS SECTIONS			
Revised By: D.B.	Date: 1/12/98	Address: P.O. BOX 1529 NOKOMIS, FL. 34274			
Vendor No.:	Spec: N.T.S.	Size: B	Drawing No.: 4032	Rev.: B	



3/16" ANNEALED GLASS



3/16" W/DUPONT FILM - (457) INTERIOR SIDE
1/4" TEMPERED GLASS

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE FEBRUARY 26, 1998
 BY MANUEL SUAREZ
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0310-02

Robert A. [Signature]
 1/12/98

Revisions: _		VINYL FILM progressive GLASS technology <small>For use only in South Florida</small>			Sheet: 3 of 7	
Material:		Class/Finish:	Prod. Category: SH	Series/Model: 701	Name:	
Drawn By: D.B.	Date: 1/21/97	Description: GLAZING OPTIONS				
Revised By: D.B.	Date: 1/12/97	Address: P.O. BOX 1529 NOKOMIS, FL. 34274				
Vendor No.:	Scale: N.T.S.	Size: B	Drawing No. 4032		Rev: B	

NOTE: Numbers in () parentheses are quantity of anchors per side.
 Negative Design Loads based on Comparative Analysis (psf), and Glass Table 35-E.
 Positive Design Loads based on Comparative Analysis (psf), and Water Test Pressure.

Window Heights	Window Widths												
	19.125 (4)	24.000 (4)	26.500 (6)	32.000 (6)	37.000 (6)	40.000 (8)	44.000 (8)	48.000 (8)	53.125 (5)				
26.000 (12)	-140.00 + 69.30	-140.00 + 69.30	-140.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-130.00 + 69.30	-128.36 + 69.30				
38.375 (12)	-140.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-130.00 + 69.30	-130.00 + 69.30	-130.00 + 69.30	-117.86 + 69.30	-105.58 + 69.30	-93.15 + 69.30				
50.625 (12)	-135.00 + 69.30	-130.00 + 69.30	-130.00 + 69.30	-125.00 + 69.30	-125.00 + 69.30	-112.41 + 69.30	-98.07 + 69.30	-86.97 + 69.30	-75.95 + 69.30				
63.000 (16)	-103.25 + 69.30	-92.56 + 69.30	-89.57 + 69.30	-87.32 + 69.30	-87.32 + 69.30	-87.32 + 69.30	-86.00 + 69.30	-76.59 + 69.30	-66.09 + 66.09				
76.000 (16)	-79.65 + 69.30	-69.42 + 69.30	-66.05 + 66.05	-61.53 + 61.53	-60.04 + 60.04	-60.00 + 60.00	-60.00 + 60.00	-60.00 + 60.00	-57.00 + 57.00				

Numbers above are for #10 screws or 3/16" Tapcons.
 NOTE: 2 anchors 4" apart, 4" from each side of meeting rail are required. (Total of 4 anchors at each Meet. Rail)
 NOTE: Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 14.000
 Max. spacing at Jamb = 14.000

NOTE: Numbers in () parentheses are quantity of anchors per side.
 Negative Design Loads based on Comparative Analysis (psf), and Glass Table 35-E.
 Positive Design Loads based on Comparative Analysis (psf), and Water Test Pressure.

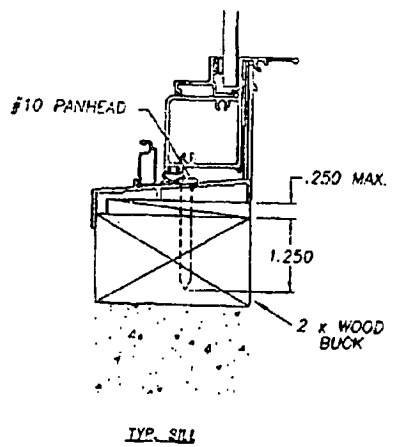
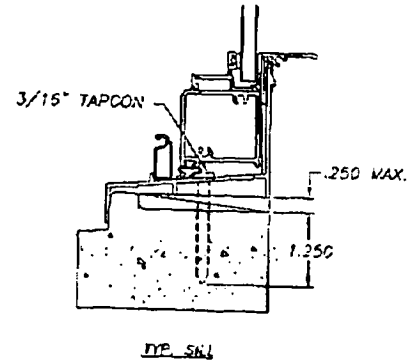
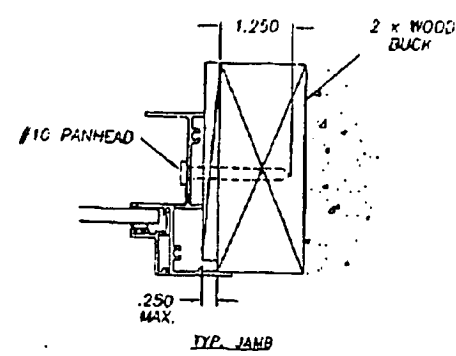
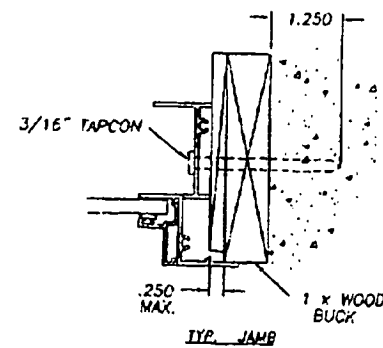
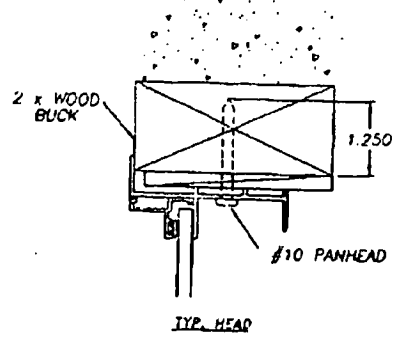
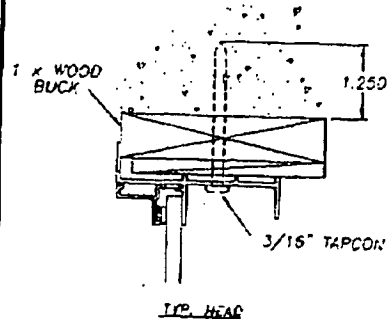
Window Heights	Window Widths											
	19.125 (4)	24.000 (4)	26.500 (6)	32.000 (6)	37.000 (6)	40.000 (8)	44.000 (8)	48.000 (8)	53.125 (5)			
26.000 (8)	-140.00 + 69.30	-140.00 + 69.30	-140.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-130.00 + 69.30	-128.36 + 69.30				
38.375 (8)	-140.00 + 69.30	-135.00 + 69.30	-135.00 + 69.30	-130.00 + 69.30	-130.00 + 69.30	-117.86 + 69.30	-105.58 + 69.30	-93.15 + 69.30				
50.625 (8)	-135.00 + 69.30	-130.00 + 69.30	-130.00 + 69.30	-125.00 + 69.30	-125.00 + 69.30	-112.41 + 69.30	-98.07 + 69.30	-86.97 + 69.30	-75.95 + 69.30			
63.000 (8)	-103.25 + 69.30	-92.56 + 69.30	-89.57 + 69.30	-87.32 + 69.30	-87.32 + 69.30	-87.32 + 69.30	-86.00 + 69.30	-76.59 + 69.30	-66.09 + 66.09			
76.000 (12)	-79.65 + 69.30	-69.42 + 69.30	-66.05 + 66.05	-61.53 + 61.53	-60.04 + 60.04	-60.00 + 60.00	-60.00 + 60.00	-60.00 + 60.00	-57.00 + 57.00			

Numbers above are for #12 screws or 1/4" Tapcons.
 NOTE: 1 anchor 4.000" on each side of meeting rail are required. (Total of 2 anchors at each Meet. Rail)
 NOTE: Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 14.000
 Max. spacing at Jamb = 14.000

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE FEBRUARY 26, 1998
 BY [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0310.02

Ed J. [Signature]
 1/12/98

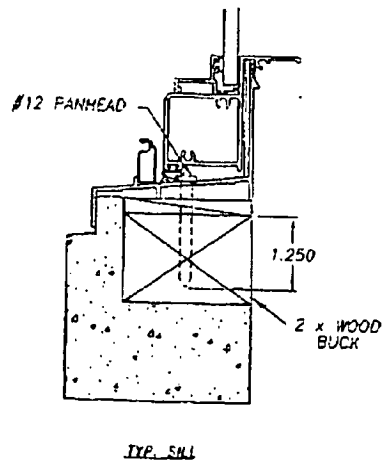
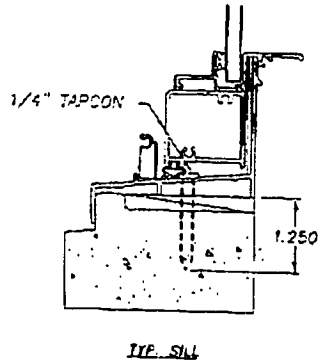
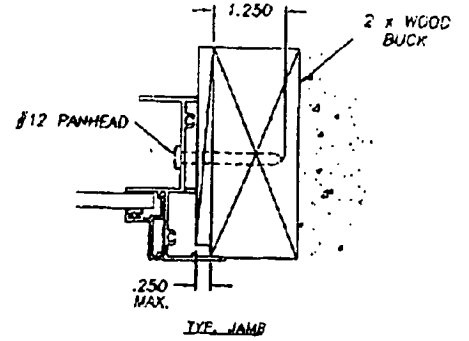
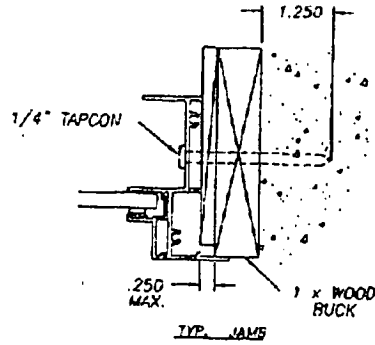
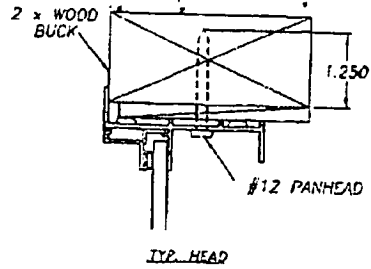
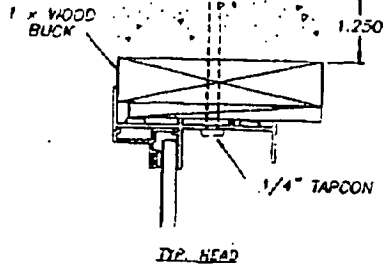
Revisions:		WIND TECH / progressive GLASS technology			
Material:		Classification:	Prod. Category:	Series/Model:	Part:
Drawn By: <u>D.B.</u>		Date: <u>02/24/97</u>	SH	701	FTL-1536
Revised By: <u>D.B.</u>		Date: <u>1/12/98</u>	Description: COMPARATIVE ANALYSIS FOR NON-IMPACT 76" HIGH "OX" SINGLE HUNG USING 3/16" ANNEALED GLASS		
Vendor No.:		Scale: <u>N.T.S</u>	Address: <u>P.O. BOX 1529 NOKOMIS, FL. 34274</u>	Site: <u>B</u>	Drawing No.: <u>4032</u>



APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE FEBRUARY 26, 1988
 BY [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0310-02

Robert A. [Signature]
 1/12/98

Revisions:		WYNEL TECH / progressive GLASS technology			
Material:		Description of Product & Glass Type: <small>Insulating Glass Units</small>			
Classification:	Prod. Category:	Series/Model:	Item:	Sheet:	
	SH	701	ANCH.	5 of 7	
Drawn By:	Date:	Description:			
R.S.	2/19/97	TYPICAL SINGLE HUNG ANCHORAGE (3/16" TAPCON /OR #10 PANHEAD)			
Revised By:	Date:				
D.B.	1/12/98				
Vendor No.:	Scale:	Address:	Sheet:	Drawing No.:	Rev.:
	N.T.S.	P.O. BOX 1529 NOKOMIS, FL. 34274	B	4032	B



APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE FEBRUARY 26, 1998
BY Maureen
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 97-0210-02

Robert J. Clark
1/12/98

Revisions: _____		VINYL TECH / progressive GLASS technology <small>Manufacturer of Lull's Best Windows</small>			
Material: _____		Classification:	Prod. Category:	Series/Model:	Item: ANCH. Sheet: 5 of 7
Drawn By: R.S.	Date: 2/19/97	Description: TYPICAL SINGLE HUNG ANCHORAGE (1/4" TAPCON /OR #12 PANHEAD)			
Revised By: D.B.	Date: 1/12/98				
Vendor No: _____	Spec: N.T.S.	Address: P.O. BOX 1529 NOKOMIS, FL. 34274	Size: B	Drawing No: 4032	Rev: B

NOTE: Numbers in () parentheses are quantity of anchors per side.
 Negative Design Loads based on Comparative Analysis (psf), and Glass Table 35-E.
 Positive Design Loads based on Comparative Analysis (psf), and Water Test Pressure.

Window Heights	Window Widths															
	19.125 (4)	24.000 (4)	26.500 (6)	32.000 (6)	37.000 (6)	40.000 (8)	44.000 (8)	48.000 (8)	53.125 (8)							
26.000 (12)	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30
38.375 (12)	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30
50.625 (12)	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30
63.000 (16)	-154.88 + 69.30	-138.85 + 69.30	-134.35 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30
76.000 (16)	-119.48 + 69.30	-104.13 + 69.30	-99.07 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30

Numbers above are for #10 screws or 3/16" Tapcons.
 NOTE: 2 anchors 4" apart, 4" from each side of meeting rail are required. (Total of 4 anchors at each Meet. Rail)
 NOTE: Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 14.000
 Max. spacing at jambs = 14.000

NOTE: Numbers in () parentheses are quantity of anchors per side.
 Negative Design Loads based on Comparative Analysis (psf), and Glass Table 35-E.
 Positive Design Loads based on Comparative Analysis (psf), and Water Test Pressure.

Window Heights	Window Widths															
	19.125 (4)	24.000 (4)	26.500 (6)	32.000 (6)	37.000 (6)	40.000 (8)	44.000 (8)	48.000 (8)	53.125 (8)							
26.000 (8)	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30
38.375 (8)	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30
50.625 (8)	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30	-180.00 + 69.30
63.000 (8)	-154.88 + 69.30	-138.85 + 69.30	-134.36 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30	-130.98 + 69.30
76.000 (12)	-119.48 + 69.30	-104.13 + 69.30	-99.07 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30	-92.30 + 69.30

Numbers above are for #12 screws or 1/4" Tapcons.
 NOTE: 1 anchor 4.000" on each side of meeting rail are required. (Total of 2 anchors at each Meet. Rail)
 NOTE: Anchors 6" from each corner and as follows:
 Max. spacing at head & sill = 14.000
 Max. spacing at jambs = 14.000

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE FEBRUARY 26, 1998
 BY *[Signature]*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0310.02

Robert [Signature]
 1/12/98

Revisions: _____		VINYL TECH / progressive GLASS technology			
Manufacturer: _____		Prod. Category: SH	Series/Model: 701	Item: FTL-1533	Sheet: 7 of 7
Drawn By: D.B.	Date: 1/12/98	Description: SUPPLEMENTAL ANALYSIS FOR SMALL MISSILE IMPACT 76" HIGH "OX" SINGLE HUNG USING 1/4" TEMPERED GLASS			
Revised By: D.B.	Date: 1/12/98	Address: P.O. BOX 1529 NOKOMIS, FL. 34274			
Vendor No.: _____	Scale: N.T.S	Size: B	Drawing No.: 4032		Rev.: B

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Town & Country Industries, Inc.
400 West Mc Nab Road
Fort Lauderdale, FL 33309

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:

0.050" Aluminum Storm Panel 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.: 00-0809.03
EXPIRES: 11/16/2005



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: 11/16/2000

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This approves an 0.050" aluminum storm panel shutter, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 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

This 0.050" aluminum storm panel shutter and its components shall be constructed in strict compliance with the following documents: ~~Drawing No. 00-159~~, titled "0.050" Aluminum Storm Panel", prepared by Knezevich & Associates, Inc., dated August 1, 2000, last revision #1 dated October 26, 2000, sheets 1 through 6 of 6, 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

All permanent set components, included but not limited to embedded anchor bolts, threaded cones, metal shields, headers and sills, must be protected against corrosion, contamination and damage at all times.

4. INSTALLATION

This 0.050" aluminum storm panel shutter and its components shall be installed in strict compliance with the approved drawings.

5. LABELING

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

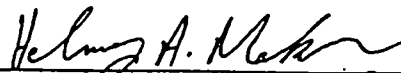
6. BUILDING PERMIT REQUIREMENTS

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.

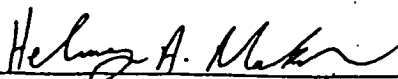


Helmy A. Makar, P.E. - ~~Product~~ Control Examiner
Product Control Division

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

END OF THIS ACCEPTANCE



Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division

03/08/01 16:56

A.S.C.E. 7-98

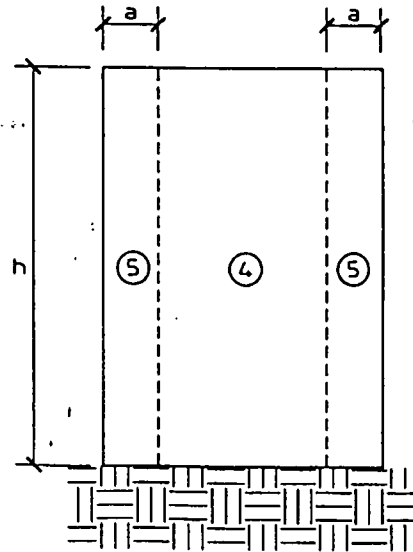
DESIGN LOADS FOR COMPONENTS & CLADDINGS BUILDINGS WITH A MEAN ROOF HEIGHT > 60 FEET

BASIC WIND SPEED = 140 MPH; EXPOSURE CATEGORY "C"			
MAXIMUM DESIGN WIND LOADS FOR ANY EFFECTIVE WIND AREA			
MEAN ROOF HEIGHT (FT.)	POSITIVE ZONE (4) & (5)	NEGATIVE INT. ZONE (4)	NEGATIVE END ZONE (5)
60	52.4	-	-
80	55.6	-55.6	-102.0
100	58.3	-58.3	-106.9
120	60.6	-60.6	-111.1
140	62.6	-62.6	-114.7
160	64.4	-64.4	-118.0
180	66.0	-66.0	-121.0
200	67.5	-67.5	-123.7
220	68.8	-68.8	-126.2

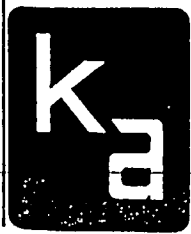
BASIC WIND SPEED = 140 MPH; EXPOSURE CATEGORY "D"			
MAXIMUM DESIGN WIND LOADS FOR ANY EFFECTIVE WIND AREA			
MEAN ROOF HEIGHT (FT.)	POSITIVE ZONE (4) & (5)	NEGATIVE INT. ZONE (4)	NEGATIVE END ZONE (5)
60	60.4	-	-
80	63.5	-63.5	-116.4
100	66.0	-66.0	-121.0
120	68.1	-68.1	-124.9
140	70.0	-70.0	-128.3
160	71.6	-71.6	-131.3
180	73.1	-73.1	-134.0
200	74.5	-74.5	-136.5
220	75.7	-75.7	-138.8

GENERAL NOTES:

- TABULATED DESIGN WIND LOADS ARE BASED ON A.S.C.E. 7-98 SPECIFICATIONS FOR COMPONENTS AND CLADDINGS. THE FOLLOWING DESIGN CRITERIA ARE USED:
 - MEAN ROOF HEIGHT GREATER THAN 60 FEET.
 - EXPOSURE CATEGORY "C" OR "D" AS NOTED.
 - BASIC WIND SPEED (3 SECOND GUST) AS NOTED.
 - AN IMPORTANCE FACTOR OF 1.0 FOR CATEGORY II STRUCTURES.
 - EFFECTIVE WIND AREA AS NOTED.
 - ROOF SLOPE GREATER THAN 10 DEGREES.
 - ENCLOSED BUILDING: $G C_{pi} = \pm 0.18$. IMPACT PROTECTION OF GLAZED OPENINGS REQUIRED.
 - DIRECTIONALITY FACTOR, $K_d = 0.85$.
 - TOPOGRAPHIC FACTOR, $K_{zt} = 1.0$ FOR FLAT TERRAIN. NOT APPLICABLE FOR HILLY TERRAIN.
- THIS DRAWING SHALL NOT BE USED FOR PERMIT WITHOUT THE SIGNATURE AND RAISED SEAL OF V.J. KNEZEVICH, P.E.
- POSITIVE AND NEGATIVE DESIGN LOADS FOR ALL FLOORS ARE BASED UPON THE MEAN ROOF HEIGHT OF THE BUILDING OR STRUCTURE.
- USE DESIGN LOADS BASED ON EXPOSURE "C" OR EXPOSURE "D" BASED ON THE SPECIFIC SITE LOCATION. EXPOSURE CATEGORY SHALL BE AS DETERMINED BY THE BUILDING OFFICIAL OR A SITE SPECIFIC EVALUATION BY AN ARCHITECT OR ENGINEER.
- FOR CATEGORY III AND IV STRUCTURES (ESSENTIAL FACILITIES AND ASSEMBLY BUILDINGS), MULTIPLY APPLICABLE LOAD BY 1.15 TO ACCOUNT FOR AN INCREASED IMPORTANCE FACTOR.
- FOR ANY OTHER SYSTEMS, REFER TO THE ENGINEERED DRAWINGS OR THIS OFFICE FOR APPROPRIATE EFFECTIVE WIND AREA OR USE TABLES DESIGNATED AS: "MAXIMUM DESIGN WIND LOADS FOR ANY EFFECTIVE WIND AREA."
- BUILDING ZONES SHALL BE DETERMINED IN ACCORDANCE WITH THE DIAGRAM SHOWN. DIMENSION "a" EQUALS 10% OF MINIMUM BUILDING WIDTH BUT NOT LESS THAN 3 FT.
- LINEAR INTERPOLATION MAY BE USED FOR ALL VALUES BETWEEN TABULATED ELEVATIONS.



V.J. KNEZEVICH
PROFESSIONAL ENGINEER
FL License No:
9E 0010983



KNEZEVICH & ASSOCIATES, INC.
CONSULTING ENGINEERS • PRODUCT TESTING

1260 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
TEL: (954) 382-2800 • FAX: (954) 382-2989 • FLORIDA COA #3205
WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM

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BUILDINGS > 60 FT.

**A.S.C.E. 7-98 WIND LOADS
COMPONENTS & CLADDINGS**

140 M.P.H.

issue date	
drawn by	MC
design by	MD
checked by	VJK
drawing no.	01-294
sheet	1 of 1



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

PGT Industries
1070 Technology Drive
Nokomis FL 34274

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:

Series 6000 Aluminum Fixed Window

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.: 99-1110.04

Expires: 12/02/2002

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.

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

Approved: 01/07/2000

1 of 3



Progressive Glass Technology Industries

ACCEPTANCE No.: 99-1110.04

APPROVED

: JAN 07 2000

EXPIRES

: Dec. 2, 2002

NOTICE OF ACCEPTANCE SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This renews the Notice of Acceptance No. 96-0409.04, that was issued on December 2, 1998. It approves an aluminum fixed 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 Series "6000" Aluminum Fixed Window, and its components shall be constructed in strict compliance with the following documents: ~~Drawing No. 548, titled~~ "F-600 Picture Window," Sheets 1 through 4 of 4, dated 10/15/99, signed and sealed by Robert L Clark, P.E. They bear 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, as shown approved drawings.

4. INSTALLATION

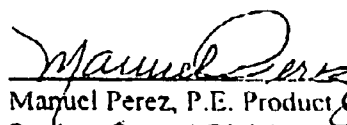
- 4.1 The aluminum fixed window and its components shall be installed in strict compliance with the approved drawings.
- 4.2 Hurricane protection system (shutters): The installation of this unit will require a hurricane protective system.

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

Progressive Glass Technology Industries

ACCEPTANCE No.: 99-1110.04

APPROVED : JAN 07 2000

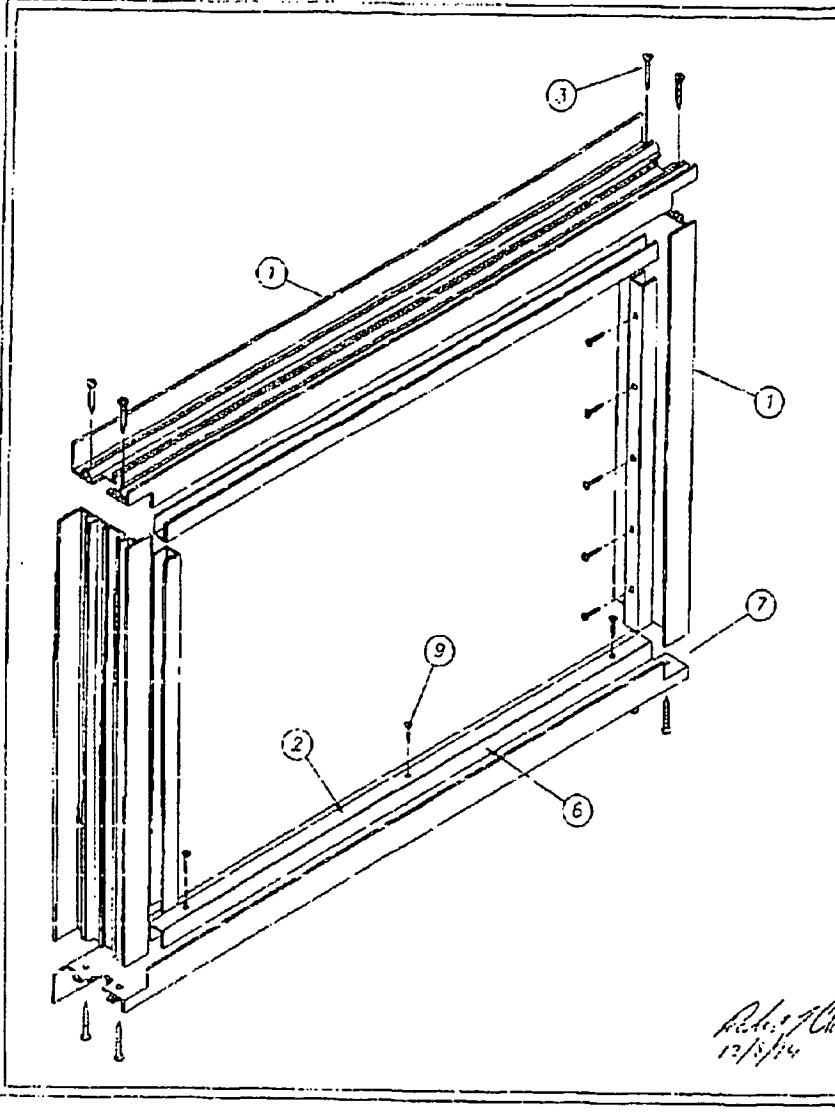
EXPIRES : Dec. 2, 2002

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process.
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purpose.
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.
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



ITEM	PART #	DESCRIPTION	VENDOR	VENDOR #
1	68342	FRAME HEAD,SILL & JAMB	Alumax	AF-8342
2	61168	EXTRUDED GLAZING BEAD	Alumax	AF-1168
3	7834	#8 x 3/4 Pn. Ph. SMS	FASTEC INDUSTRIES	
4		#10 x 2 installation screws	FASTEC INDUSTRIES	
5	62899C	SILICON BACK BEDDING	DOW CORNING	899
6	61308K	CLOSED CELL FOAM TAPE	STIK-II PRODUCTS	1308-1
7	6SM55W	SEAM SEALER	SCHNEE/MOREHEAD	SM5504
8		3/16" ANNEALED	PPG. LOP	
9	7PWSW	#6 x 7/8 Fl. Pn. SMS	FASTEC INDUSTRIES	

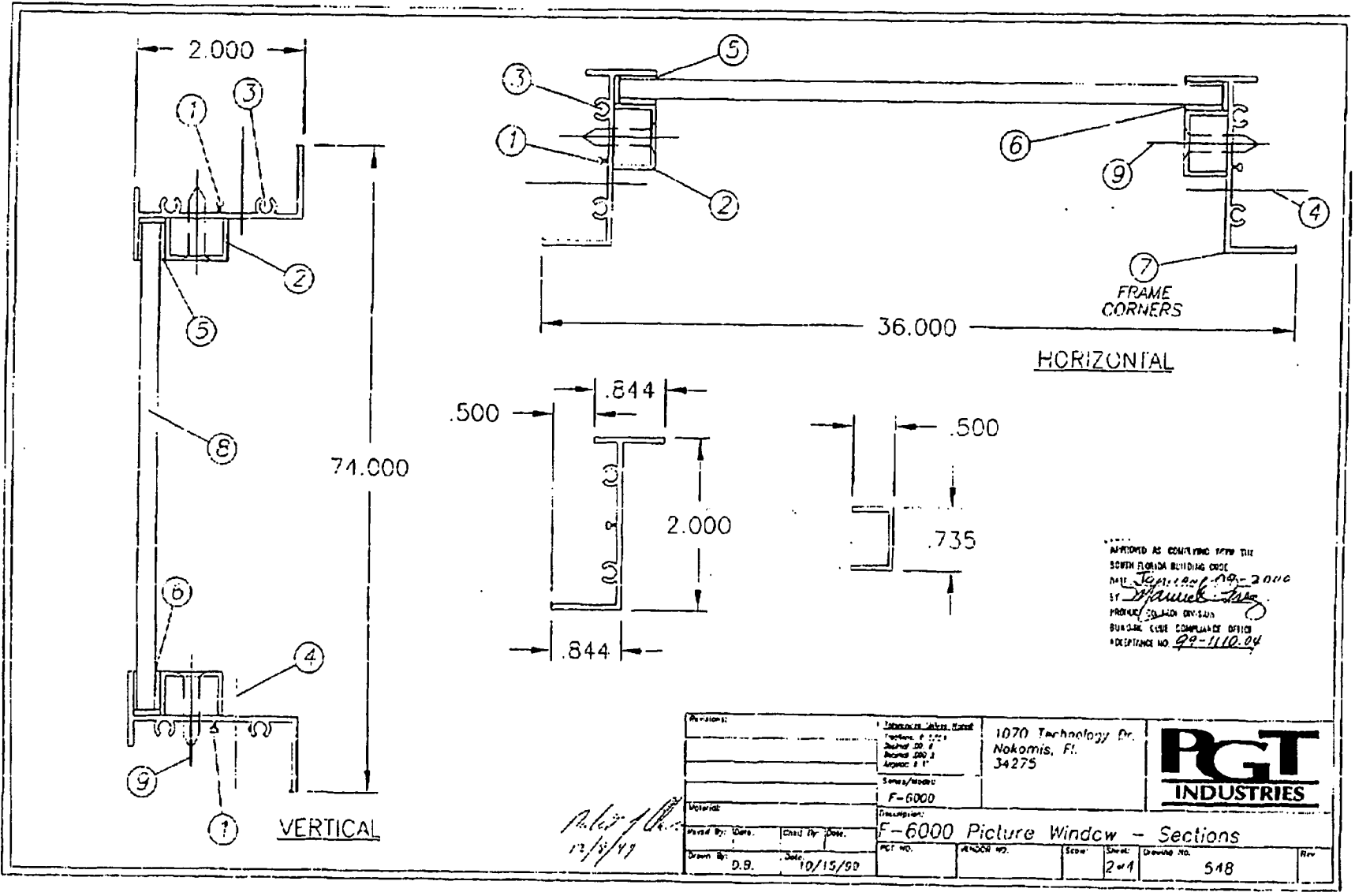
NON-IMPACT WINDOWS

- 1.) WINDOW SIZE: 36" x 74"
- 2.) GLAZING: 3/16" ANNEALED
- 3.) CONFIGURATIONS: 0
- 4.) SHUTTER REQUIREMENT:
SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS
- 5.) ANCHORS
MAX. 6" FROM EACH CORNER (HEAD,SILL & JAMBS)
MAX. SPACING AT HEAD & SILL: 12"
MAX. SPACING AT JAMB: 12.500"

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE 12/15/99 BY 2001
BY *Manuel*
PROJECT: LECTURE DR. SEM
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 99-1112.04

Revisions: _____ _____ _____		Manufacturer: PGT Industries 1070 Technology Dr. Nokomis, FL 34275		
Model: F-500		Description: F-500 Picture Window - Elevation		
Drawn By: D.D.	Date: 10/15/99	Scale: 1/4" = 1'-0"	Sheet No.: 048	Vendor No.: _____

Rev. 1/15/99



APPROVED AS COMPLIING WITH THE
 SOUTH FLORIDA BUILDING CODE
 MAIL *12/15/99* 09-2000
 BY *Manuel...*
 PROJECT 20-420 DR-545
 BUILDING CODE COMPLIANCE OFFICE
 REFERENCE NO. *99-1110.04*

Manuel...
12/15/99

Revisions:		Company Name, State		1070 Technology Dr.		P&T	INDUSTRIES
		1070 Technology Dr.		Nokomis, Fl.			
Material:		F-6000		34275			
Drawn By: D.B.		Date: 10/15/99		Description: F-6000 Picture Window - Sections			
Scale: 2=1		Drawing No. 548		Rev:			

Note: Numbers in () parentheses are quantity of anchors per side
 Negative Design Loads based on Comparative Analysis (psf.)
 Negative Design Loads based on Glass Table ()

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	36.000 (2)	53.125 (3)
26.000 (2)	105.49	88.58	77.00	N/A
38.375 (4)	91.08	74.16	62.58	N/A
50.625 (3)	83.75	68.83	58.25	N/A
63.000 (4)	79.25	62.32	50.74	N/A
74.000 (4)	75.49	59.00	42.00	N/A

Note: Numbers in () parentheses are quantity of anchors per side
 Negative Design Loads based on Comparative Analysis (psf.)
 Negative Design Loads based on Glass Table ()

Window Heights	Window Widths				
	18.000 (2)	24.000 (2)	30.000 (2)	32.000 (2)	36.000 (2)
25.000 (2)	109.29	93.15	83.46	81.04	77.00
38.375 (4)	94.97	78.73	69.04	66.62	62.58
50.625 (3)	87.54	71.40	61.71	59.29	55.25
63.000 (4)	83.23	66.89	57.20	54.78	50.74
74.000 (4)	80.29	64.15	52.00	49.00	42.00

Positive Design Loads based on Comparative Analysis (psf.)
 Positive Design Loads based on Water Pressure.

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	36.000 (2)	53.125 (3)
26.000 (2)	100.00	84.54	77.00	N/A
38.375 (4)	91.08	74.16	62.58	N/A
50.625 (3)	83.75	68.83	55.25	N/A
63.000 (4)	79.25	62.32	50.74	N/A
74.000 (4)	76.49	58.00	42.00	N/A

Positive Design Loads based on Comparative Analysis (psf.)
 Positive Design Loads based on Water Pressure.

Window Heights	Window Widths				
	18.000 (2)	24.000 (2)	30.000 (2)	32.000 (2)	36.000 (2)
25.000 (2)	100.00	93.15	83.46	81.04	77.00
38.375 (4)	94.87	78.73	69.04	66.62	62.58
50.625 (3)	87.54	71.40	61.71	59.29	55.25
63.000 (4)	83.03	66.86	57.20	54.78	50.74
74.000 (4)	80.25	64.15	52.00	49.30	42.00

Number of Anchors per Window Size
 Anchors at 6" from each corner & Max. 24" thereafter.

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	36.000 (2)	53.125 (3)
26.000 (2)	8	8	8	10
38.375 (4)	10	10	10	12
50.625 (3)	10	10	10	12
63.000 (4)	12	12	12	14
74.000 (4)	12	12	12	14

Number of Anchors per Window Size
 Anchors at 6" from each corner & Max. 24" thereafter.

Window Heights	Window Widths				
	18.000 (2)	24.000 (2)	30.000 (2)	32.000 (2)	36.000 (2)
25.000 (2)	100.00	93.15	83.46	81.04	77.00
38.375 (4)	94.87	78.73	69.04	66.62	62.58
50.625 (3)	87.54	71.40	61.71	59.29	55.25
63.000 (4)	83.03	66.86	57.20	54.78	50.74
74.000 (4)	80.29	64.15	52.00	49.00	42.00

Glass Table 35-E - Maximum Dp.

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	36.000 (2)	53.125 (3)
26.000 (2)	120	110	105	85
38.375 (4)	130	121	85	58
50.625 (3)	125	86	63	41
63.000 (4)	101	70	51	34
74.000 (4)	85	59	42	29

Glass Table 35-C - Maximum Cp.

Window Heights	Window Widths				
	18.000 (2)	24.000 (2)	30.000 (2)	32.000 (2)	36.000 (2)
25.000 (2)	130	130	130	125	125
38.375 (4)	130	125	104	97	85
50.625 (3)	125	99	77	72	63
63.000 (4)	109	78	61	57	51
74.000 (4)	92	66	52	49	42


APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE: January 07, 2000
 BY: *Michael P. King*
 MICHAEL P. KING, INC.
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-1110.04

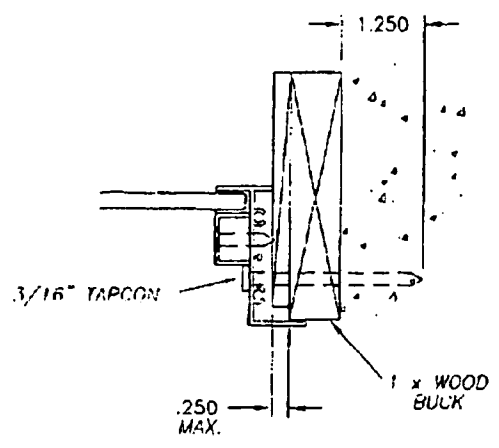
NOTES:

- 1.) REFERENCE: TEST FTL-1380
 - 2.) REFERENCE: N.O.A. 95-U409.04
- DESIGN: +100 PSF
 -110 PSF

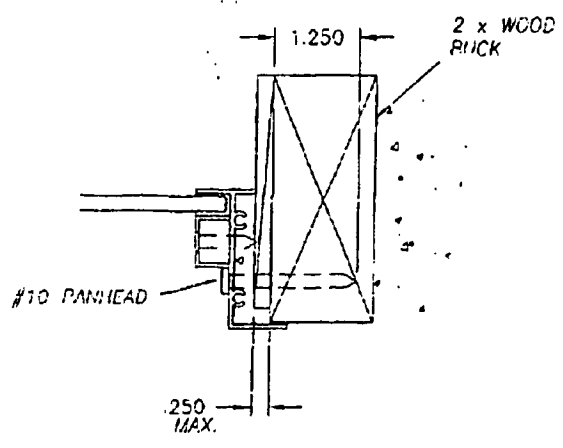
NEW N.O.A.#

Relw/Alk

Project:		Express Unit 1380 Factory # 1/84 District 00: 1 District 00: 2 Region: 1-1		1070 Technology Dr. Nokomis, Fl. 34275	
Series/Version:		F-6000			
Description:		F-6000 Picture Window - Comparative Analysis			
Drawn By:	Date:	Check By:	Date:	PGI NO.:	VENOCA NO.:
D.B.	10/15/99			3-4	548



TYP. HEAD, SILL JAMB



TYP. HEAD, SILL JAMB

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE 12/15/99
 BY [Signature]
 BUILDING CODE COMPLIANCE OFFICE
 RECEIPT NO. 99-1110.04

Robert J. [Signature]
 12/15/99

Revisions:		Address: 1070 Technology Dr. Nokomis, FL 34275	PGT INDUSTRIES
Material:		F-6000	
Description:		F-6000 Picture Window - Anchorage	
Drawn By:	Date:	PGI NO:	Sheet:
O.B.	10/15/99		4 of 4
		VENUE NO:	Drawing No. 548



To Genist
561 775 2419

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

G.A.F. Materials Corporation
1361 Alps Road
Wayne NJ 07470

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:

Original Timberline Asphalt Shingles

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.: 00-0105.02

Expires: 04/22/2003

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: 04/21/2000

1 of 5



**PRODUCT CONTROL NOTICE OF ACCEPTANCE
ROOFING SYSTEM APPROVAL**

Applicant:

GAF Materials Corp.
1361 Alps Road
Wayne, New Jersey 07470

Product Control No: 00-0105.02Approval Date: April 21, 2000Expiration Date: April 22, 2003**1. SCOPE**

This renews GAF Timberline Asphalt as manufactured by GAF Materials Corp. described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

Category: Roofing
Sub Category: Shingles, Dimensional

3 PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
GAF Timberline	13 ¹ / ₄ x 39 ³ / ₄	PA 110	Fiberglas reinforced heavy weight asphalt roof shingle, with a laminate profile

4 LIMITATIONS

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

5 INSTALLATION

- 5.1 Shingles shall be installed in compliance with Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 5.2 Flashings shall be in accordance with Section 9.3 Option "B" (Step-flashings) of Miami-Dade County Product Control Shingle Installation Procedure No. 115
- 5.3 The manufacturer shall provide clearly written application instructions.
- 5.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 5.5 Nailing shall be in compliance with Detail 'B', attached.

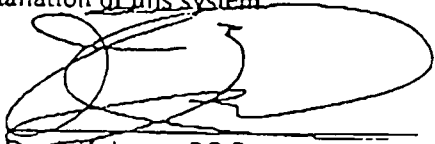
6 LABELING

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

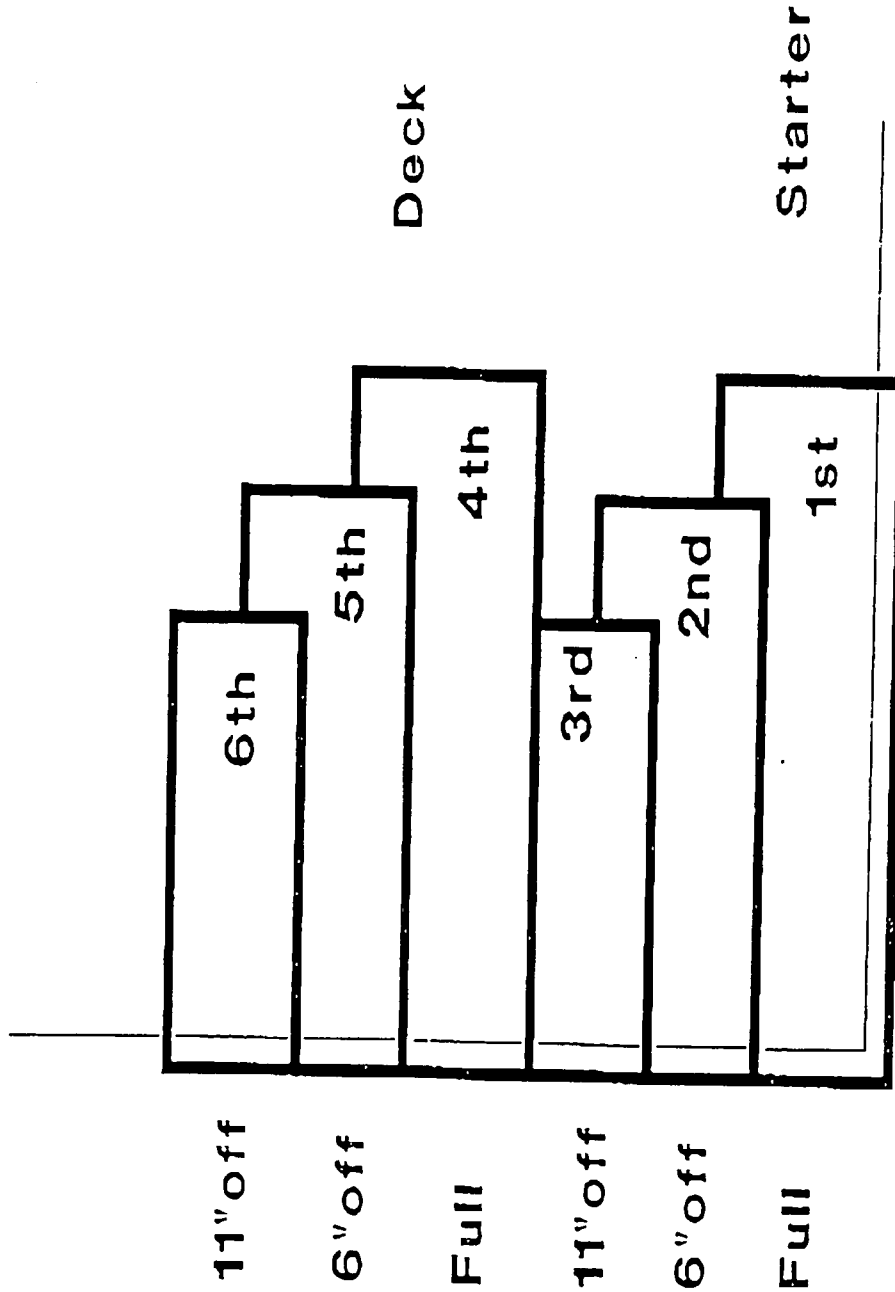
7 BUILDING PERMIT REQUIREMENTS

- 7.1 Application for building permit shall be accompanied by copies of the following:
- 7.1.1 This Notice of Acceptance.
- 7.1.2 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.

Page 2 of 5

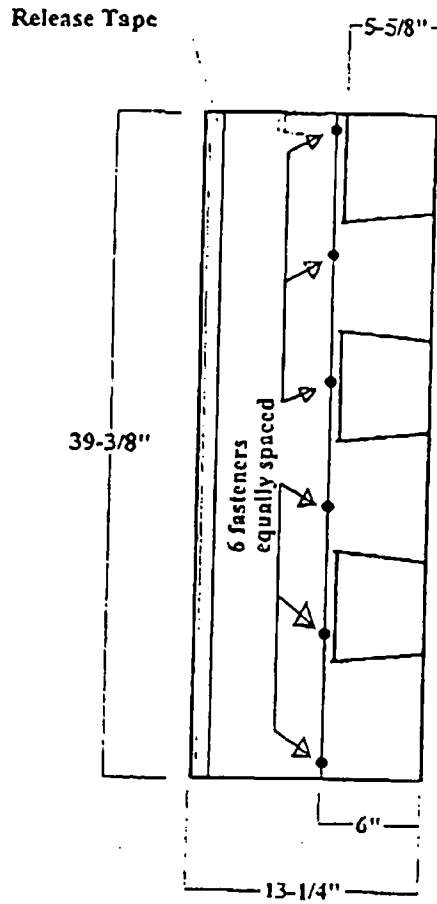

Frank Zuloaga, RRC
Roofing Product Control Examiner

DETAIL A

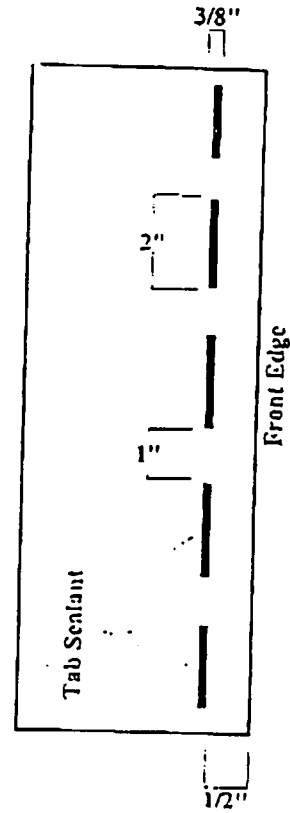


Frank Zuloaga, RRC
Roofing Product Control Examiner

DETAIL B



Front Side



Back Side

Frank Zuloaga, RRC
Roofing Product Control Examiner

G.A.F. Materials Corp.
1361 Alps Road
Wayne, N.J. 07470


ACCEPTANCE NO: 00-0105.02
APPROVED: April 21, 2000
EXPIRES: April 22, 2003

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: "Metro-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 Metro-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 5

END OF THIS ACCEPTANCE

Page 5 of 5


Frank Zuloaga, RRC
Roofing Product Control Examiner

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) 372-6339

Your application for Product Approval of:

~~Sectional Residential Garage Door~~

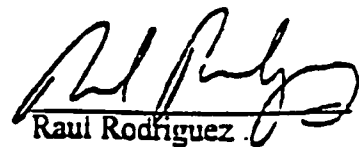
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by

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 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.: 98-0901.10 (Revises No.: 98-0409.03)

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

Approved: 10/22/98

-i-



NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. **SCOPE**

- 1.1 This revises the Notice of Acceptance No. 98-0409.03 which was issued on 08/14/98. It approves a Sectional Steel Door 9 ft wide as described in Section 2 of this Notice of Acceptance. And it is designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County (SFBC) 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 DAB Sectional Door and its components shall be constructed in strict compliance with the following documents: Drawing No. 98-01, titled "Sectional Residential Garage Door" prepared by Al-Farooq Corporation, dated 01/30/98 with latest revision on 08/24/98, Sheet 1 to 2 of 2. It bears the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by Miami-Dade Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. **LIMITATIONS**

- 3.1 Units with dimensions equal to or smaller than those shown on the approved drawings shall qualify under this approval.
- 3.2 This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County Approved Laboratory selected and paid by the manufacturer. Every 3 months, 4 times a year the manufacturer shall mail to this office a copy of the Test Reports with confirmation that the specimens were selected from coils at the manufacturer's production facilities. And a notarized statement from the manufacturer that only coils with a yield strength of 34,000 PSI or more shall be used to make door panels for Dade County under this Notice of Acceptance.

4. **INSTALLATION**

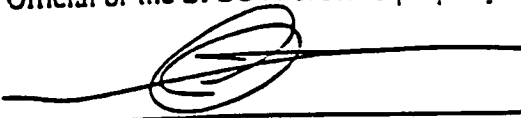
- 4.1 The Sectional Door and its components shall be constructed in strict compliance with the approved drawings.
- 4.2 The installation of this door does not require a Hurricane Protection System

5. **LABELING**

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


6. **BUILDING PERMIT**

- 6.1 Building Permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance, including two copies of the approved drawings as identified in Section 2.
- 6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system.


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

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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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.
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 - a) Unsatisfactory performance of this product or process.
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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 reveal the copies.
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.


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

END OF THIS ACCEPTANCE

BUILDING CODE COMPLIANCE OFFICE
 METRO-DADE FLAGLER BUILDING
 140 WEST FLAGLER STREET, SUITE 1603
 MIAMI, FLORIDA 33130-1363
 (305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
 12195 NW 98th Avenue
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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:

Sectional Residential Garage Door

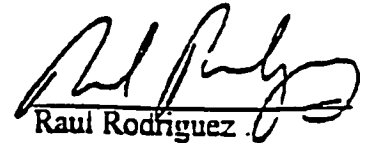
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by

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.

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Acceptance No.: 98-0901.10 (Revises No.: 98-0409.03)

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

Approved: 10/22/98

-i-



NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. **SCOPE**

1.1 This revises the Notice of Acceptance No. 98-0409.03 which was issued on 08/14/98. It approves a Sectional Steel Door 9 ft wide as described in Section 2 of this Notice of Acceptance. And it is designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County (SFBC) 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.

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3. **LIMITATIONS**

3.1 Units with dimensions equal to or smaller than those shown on the approved drawings shall qualify under this approval.

3.2 This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County Approved Laboratory selected and paid by the manufacturer. Every 3 months, 4 times a year the manufacturer shall mail to this office a copy of the Test Reports with confirmation that the specimens were selected from coils at the manufacturer's production facilities. And a notarized statement from the manufacturer that only coils with a yield strength of 34,000 PSI or more shall be used to make door panels for Dade County under this Notice of Acceptance.

4. **INSTALLATION**

4.1 The Sectional Door and its components shall be constructed in strict compliance with the approved drawings.

4.2 The installation of this door does not require a Hurricane Protection System

5. **LABELING**

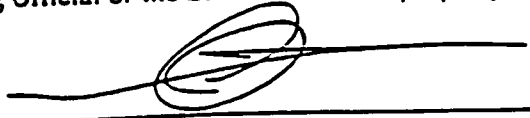
5.1 Each door shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved"

6. **BUILDING PERMIT**

6.1 Building Permit shall be accompanied by copies of the following:


6.1.1 This Notice of Acceptance, including two copies of the approved drawings as identified in Section 2.

6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system.


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

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 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
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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.


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

END OF THIS ACCEPTANCE



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

CENTRAX #: 43-SS-03703
OSTDSNBR: 01-0753-N



CONSTRUCTION PERMIT FOR:

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

APPLICANT: BUFORD CONSTRUCTION AGENT: VELCON, VELCON

PROPERTY STREET ADDRESS: SEWALLS POINT Rd SEWALL'S POINT FL 33494

LOT: 2 BLOCK: _____ SUBDIVISION: N/A
[Section/Township/Range/Parcel No.]

PROPERTY ID #: --- [OR TAX ID NUMBER]

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

SYSTEM DESIGN AND SPECIFICATIONS

T 1050] Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A 0] Gallons MULTI-CHAMBERED/IN SERIES: []
N 0] GALLONS GREASE INTERCEPTOR CAPACITY
K 0] GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D 444] SQUARE FEET PRIMARY DRAINFIELD SYSTEM Trench
R 571] SQUARE FEET BED SYSTEM
A TYPE SYSTEM: [N] STANDARD [Y] FILLED [N] MOUND [N] _____
I CONFIGURATION: [Y] TRENCH [Y] BED [N] _____

N
F LOCATION TO BENCHMARK: Crown of Road 3.15
I ELEVATION OF PROPOSED SYSTEM SITE [6.0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [0.0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [15.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES
OTHER REMARKS:

"Fill Required" as noted above must be slightly limited quality in the available area a minimum of five feet beyond the drainfield location. The drainfield aggregate must be at least 11 feet from the property line(s). Install an approved outlet filter device in the septic tank. Do not exceed 18" of cover on the top of the drainfield. "See the attached special conditions list." A reinspection fee will be charged for additional inspections. All special conditions and items above must be completed prior to Final Inspection and Approval.

SPECIFICATIONS BY: Black, Angela *AB* TITLE: EST

APPROVED BY: Cross, Ray TITLE: Environmental Supe Martin CHD

DATE ISSUED: 9/4/01 EXPIRATION DATE: 3/4/03



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: BUFORD PERMIT NO.: 43 - SS - 03703
SUBDIVISION: Mandalay

Permit General Conditions

Finished floor foundation elevation is recommended to be above the drainfield filled elevation of 15 inches above grade 3.62. If the foundation is proposed to be lower than the drainfield filled elevation, please contact this office to determine the foundation setback away from the drainfield (setback is calculated by adding 4:1 slope, 5-foot shoulder and berm. Recommend roof gutters to divert water away from this berm area).

If gravity flow from the building to the septic tank cannot be maintained, this permit must be revised to show an approved drainfield dosing pump system.

If the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.

If fill is required, contact Martin County or your city Building Division for requirements.

Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.

A septic tank outlet filter is required on all septic tanks in unincorporated Martin County.

If any information on this permit changes, an amended application is required to be filed immediately.

Any alteration of the information or conditions of this permit found to be in non-compliance with 64E-6, Florida Administrative Code or Chapter 381, Florida Statute, will be sufficient cause for revocation of this permit.

NOTE Special Condition(s) marked "X" are in effect.

- 1. Driveway / sidewalk elevation must be 9" higher than the top of the drainfield elevation if they are within 11 feet of each other.
2. Septic system must be ___ feet from surface water / wetlands mean high water line.
3. Future ponds or surface water created onsite must be greater than 75' from septic system.
4. Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches.
5. Excavate one foot beyond drainfield area to a depth of _____

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

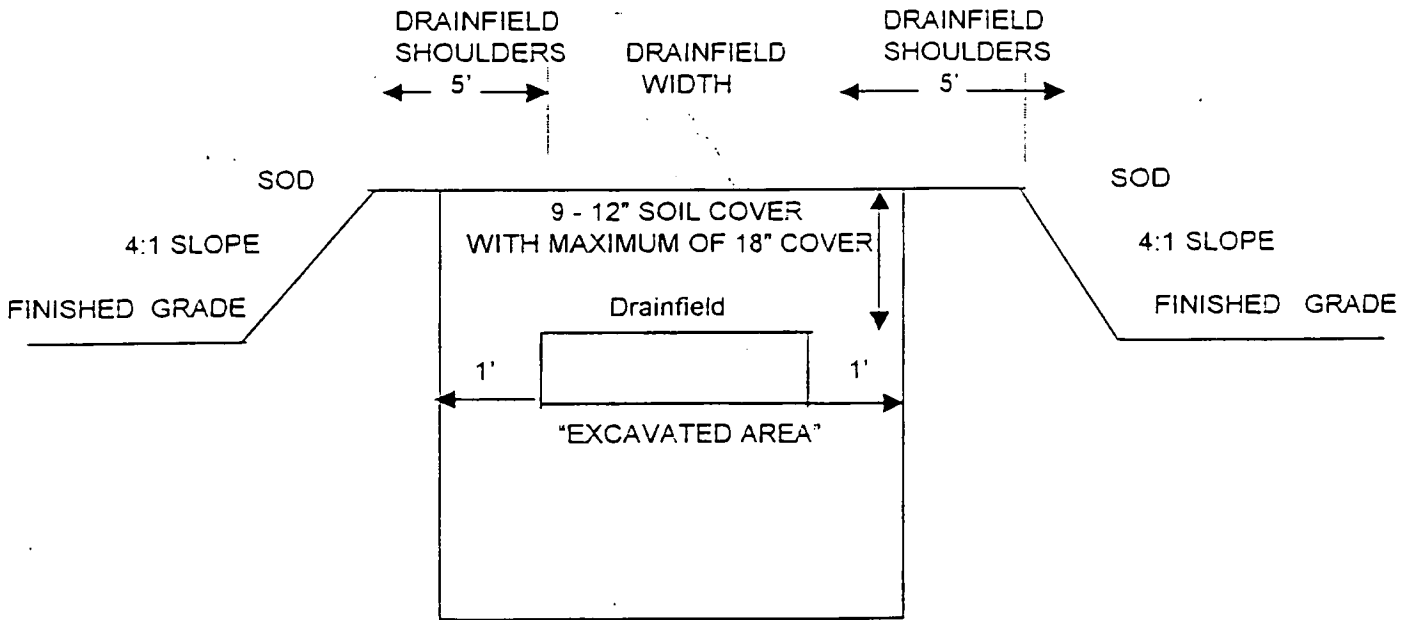
SPECIAL CONDITION REQUIREMENTS (Page 2 of 3)

6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils.
7. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
8. The organic vegetation layer at the existing grade must be removed and slightly limited fill placed between the existing grade and the bottom of the drainfield.
9. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
10. The attached well abandonment form must be completed by a certified well driller and submitted to this office prior to the initial building construction or system inspection.
11. The mound area must be sodded prior to the request for final grade inspection.
12. Drainfield must be protected from vehicular traffic (i.e., traffic barriers).
13. Occupational approval will not be given until all requirements for public water system/ food-service/ institutional/ septic system are met. _____
14. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) _____ manhole cover (s) per tank extending to the surface.
15. _____ to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required.
16. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
17. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart.
18. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed.
19. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield.
20. All new potable wells must be 25' from the building foundation and meet all other setback installation requirements.
21. \$ _____ Re-inspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.
22. A well construction permit is required prior to well installation.

SPECIAL CONDITION REQUIREMENTS (Page 3 of 3)

- ___ 23. The engineer of record must certify that the installed system complies with the approved engineer design and installation requirements.
- ___ 24. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust./Manuf. ___ Aerobic System ___ Commercial System ___ Performance Based).
- ✓ 25. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system). No boulders or trees are allowed within the drainfield or drainfield shoulder area.

◦ DRAINFIELD MOUND REQUIREMENTS



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

___ 26. Other: _____

NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling ANGELA BLACK at (561) 221-4090



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

CENTRAX #: 43-SS-03703
 OSTDSNBR : 01-0753-N

APPLICANT: BUFORD CONSTRUCTION

AGENT: VELCON VELCON, VELCON

LOT: 2 BLOCK: _____ SUBDIVISION: N/A ID#: ---

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

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: .50 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [64E-6, TABLE 1]
 AUTHORIZED SEWAGE FLOW: 1250 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1500 SQFT UNOBSTRUCTED AREA REQUIRED: 1143 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 3.15 NGVD
 ELEVATION OF PROPOSED SYSTEM SITE IS 6 [Inches] [Above] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
 SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? [] YES [] NO
 WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT
 BUILDING FOUNDATIONS: 10 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 42 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
 10 YEAR FLOOD ELEVATION FOR SITE: _____ FT NGVD SITE ELEVATION: 3.62 FT NGVD

SOIL PROFILE INFORMATION SITE 1		
Munsell #/Color	Texture	Depth
<u>10YR 5/1</u>	<u>S</u>	<u>0 to 4</u>
<u>6/1</u>	<u>S</u>	<u>4 to 12</u>
<u>7/2</u>	<u>S</u>	<u>12 to 48</u>
<u>3/1</u>	<u>hardpan</u>	<u>48 to 68</u>
<u>4/3</u>	<u>OS</u>	<u>68 to 74</u>
		to
		to
		to
USDA SOIL SERIES: <u>#41 SCOTTIAN</u>		

SOIL PROFILE INFORMATION SITE 2		
Munsell #/Color	Texture	Depth
<u>10YR 5/1</u>	<u>S</u>	<u>0 to 6</u>
<u>6/1</u>	<u>S</u>	<u>6 to 12</u>
<u>7/2</u>	<u>S</u>	<u>12 to 50</u>
<u>3/1</u>	<u>hardpan</u>	<u>50 to 62</u>
<u>4/3</u>	<u>RS</u>	<u>62 to 72</u>
		to
		to
		to
USDA SOIL SERIES: <u>#41 SCOTTIAN</u>		

OBSERVED WATER TABLE: 48 INCHES [BELOW] EXISTING GRADE TYPE: [APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 30 INCHES [below] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: N/A INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: S .9/.7 DEPTH OF EXCAVATION: N/A INCHES
 DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____
 REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: AWB ocl DATE: 8/30/01



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

RECEIVED

AUG 29 2001

PERMIT NO. 43-SS-3703
 DATE PAID: 8/29/01
 FEE PAID: 800-
 RECEIPT #: 33474

01-0753-N

APPLICATION FOR:
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Buford Construction

AGENT: Velcon Group, Inc. TELEPHONE: 819-0477

MAILING ADDRESS: 702 S.W. Port St Lucie Blvd, PSL, FL

===== TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. =====

PROPERTY INFORMATION

LOT: 2 BLOCK: - SUBDIVISION: Mandalay PLATTED: 12/69

PROPERTY ID #: N.A. ZONING: Res. I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: ±.5 ACRES WATER SUPPLY: PRIVATE PUBLIC ≤2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y / N DISTANCE TO SEWER: N.A. FT

PROPERTY ADDRESS: Subdivided portion of 167 S. Sewall's Pt. Rd.

DIRECTIONS TO PROPERTY: See attached vicinity map. Corner of Sewalls Point Rd and Mandalay Rd.

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Single Family</u>	<u>4</u>	<u>3132</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Nedra Velasco DATE: 8/27/01

APPLICANT'S NAME: Bulford Construction - Weber

LEGAL DESCRIPTION: Lot 2, Mandalay Subdivision

PROPOSED SEPTIC SYSTEM SITE INFORMATION

ANSWER ALL QUESTIONS AND FILL IN ALL BLANKS
CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1 -17 BELOW).
N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.

1. Is there a septic system within 75 feet of the proposed private well? _____ Yes No N/A
2. Is there a potable private well within 75 feet of the available area for the proposed septic system? _____ Yes No
3. Is there a non-potable well within 50 feet of the available area for the proposed septic system? _____ Yes No
4. Is the proposed potable well within 25 feet of the building foundation? _____ Yes No N/A
5. Is the pesticide-treated building foundation within 25 feet of existing potable wells? _____ Yes No N/A
6. Is there a public well that serves less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system? _____ Yes No
7. Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system? _____ Yes No
8. Is there a gravity sewer line, or a low pressure or vacuum sewage collection line in the public easement or right-of-way that abuts the property line of the lot? _____ Yes No
9. Is there a drinking water line within 10 feet of the proposed septic system? _____ Yes No
10. Is the proposed septic system in an area proposed for paving or vehicular traffic? _____ Yes No
11. Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system? _____ Yes No
12. Is the septic system located on the side of the house farthest from surface water? _____ Yes No N/A
13. Does site plan show all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot? _____ Yes No N/A
14. Are all public wells within 200 feet of the applicant's lot shown on the site plan? _____ Yes No N/A
15. Does the site plan include a plat of the lot or total site ownership drawn to scale showing boundaries with dimensions, locations of any existing or proposed buildings or residences, swimming pools, septic systems, wells, sidewalks, paved areas, driveways, the general slope of the property, recorded easements from the recorded plat, filled areas, drainage features, and surface waters such as lakes, ponds, streams, canals, or wetlands? _____ Yes No
16. Are the locations of the benchmark and the natural grade elevation in the septic system area shown on the site plan? _____ Yes No
17. Is the water line location from the water meter or well to the building shown on the site plan? _____ Yes No
18. There is 1,500 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Show this same size available area on the site plan.

SITE ELEVATIONS

1. Benchmark elevation 3.15 NGVD. Show location on the site plan. The benchmark must be within 200 feet of the proposed septic system and be visible from the proposed septic system.
2. Natural grade elevation in the area of the proposed septic system 3.62 NGVD. Show location on site plan.
3. Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is the minimum required flood hazard floor elevation of the building? 9 NGVD.

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

CERTIFIED BY: [Signature]
FLORIDA PROFESSIONAL NO.: _____
DATE: 8-27-01 JOB NO.: 01-54

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use
BUILDING OWNER'S NAME Philip and Daria Weber		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Mandalay Road		Company NAIC Number	
CITY Sewall's Point	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, less the easterly 14 feet, Mandalay Subdivision			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°)		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sewall's Point 120164		B2. COUNTY NAME Martin		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 0002	B5. SUFFIX D	B6. FIRM INDEX DATE 6-30-99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6-16-92	B8. FLOOD ZONE(S) A8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) El. 9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

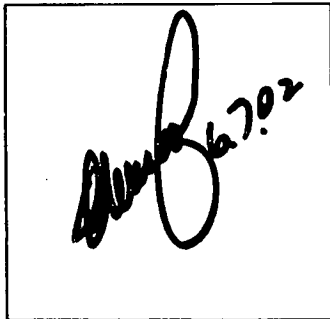
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

▶ a) Top of bottom floor (including basement or enclosure)	4. <u>52</u> ft.(m)
▶ b) Top of next higher floor	<u>9</u> . <u>15</u> ft.(m)
▶ c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> . ___ ft.(m)
▶ d) Attached garage (top of slab)	<u>NA</u> . ___ ft.(m)
▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>NA</u> . ___ ft.(m)
▶ f) Lowest adjacent (finished) grade (LAG)	<u>3</u> . <u>62</u> ft.(m)
▶ g) Highest adjacent (finished) grade (HAG)	4. <u>52</u> ft.(m)
▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
▶ i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME ERNESTO VELASCO, P.E. LICENSE NUMBER 35649

TITLE PRESIDENT, CIVIL ENGINEER	COMPANY NAME VELCON GROUP, INC.		
ADDRESS 702 SW PORT ST. LUCIE BLVD.	CITY PORT ST. LUCIE	STATE FL	ZIP CODE 34953
SIGNATURE	DATE	TELEPHONE 561-879-0477	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Mandalay Road			Policy Number
CITY Sewall's Point	STATE FL	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

COMMENTS

Check here if attachments

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
 FORT PIERCE, FLORIDA 34946
 (561) 461-7508 OFFICE - (561) 461-8880 FAX

BUILDING PAD COMPACTION REPORT

FILE

Client: Buford Construction
 Contractor: Client
 Site: Lot 2, #4 Mandalay Rd.
 Footings and Column Pads

Date: 11/13/01
 Test No.: 4425
 Permit No.: 5567

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation* (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
4425	11/13/01	N.E. Corner	0 - 1	120.1	118.2	98.4
		N.W. Corner	0 - 1		117.7	98.0
		Center North	0 - 1		118.4	98.5
		Center South	0 - 1		118.1	98.3
		S.E. Corner	0 - 1		117.9	98.1
		S.W. Corner	0 - 1		118.5	98.6

* All elevations below bottom of footing

CONCLUSIONS

The depth of the fill is approximately one foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

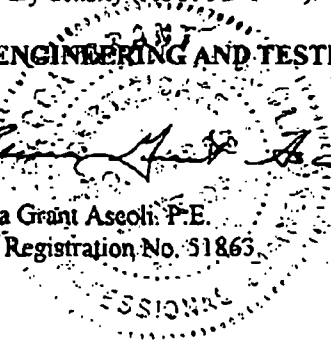
A. M. ENGINEERING AND TESTING, INC.



Rebecca Grant Aseoli, P.E.
 Florida Registration No. 51863

283-0940

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



A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
 FORT PIERCE, FLORIDA 34946
 (561) 461-7508 OFFICE - (561) 461-8880 FAX

BUILDING PAD COMPACTION REPORT

Client: Buford Construction
 Contractor: Client
 Site: Lot 2 & 4 Mandalay Rd.
 Footings and Column Pads

Date: 11/13/01
 Test No.: 4425
 Permit No.: 5567

F I E

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

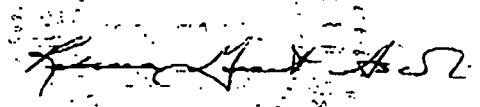
Density Test No.	Date Tested	Location	Elevation* (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
4425	11/13/01	N.E. Corner	0 - 1	120.1	118.2	98.4
		N.W. Corner	0 - 1		117.7	98.0
		Center North	0 - 1		118.4	98.5
		Center South	0 - 1		118.1	98.3
		S.E. Corner	0 - 1		117.9	98.1
		S.W. Corner	0 - 1		118.5	98.6

* All elevations below bottom of footing

CONCLUSIONS

The depth of the fill is approximately one foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.


 Rebecca Grant Ascoli, P.E.
 Florida Registration No. 51863

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

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
 FORT PIERCE, FLORIDA 34946
 (561) 461-7508 OFFICE • (561) 461-8880 FAX

FILE

BUILDING PAD COMPACTION REPORT

Client: Buford Construction
 Contractor: Client
 Site: # 4 Mandalay, Lot 2
 Garage
 Foundation Fill

Date: 11/19/01
 Test No.: 4505
 Permit No.: 5567

FIELD TESTING

Density tests and Hand-Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

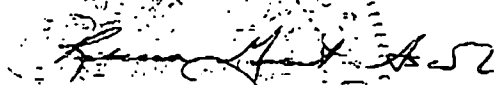
Density Test No.	Date Tested	Location	Elevation* (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
4505	11/19/01	N.W. Corner	0 - 1	122.4	116.8	95.4
		Center	0 - 1		116.4	95.0
		S.E. Corner	0 - 1		116.7	95.3

* All elevations below slab grade

CONCLUSIONS

The depth of the fill is approximately one foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.


 Rebecca Grant Astoli, P.E.
 Florida Registration No. 51863

Client - 1
 SP Building Dept. - 1

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

BUILDING PAD COMPACTION REPORT

Client: Buford Construction
Contractor: Client
Site: # 4 Mandalay, Lot 2

Date: 11/19/01
Test No.: 4505
Permit No.: 5567

Garage
Foundation Fill

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation* (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
4505	11/19/01	N.W. Corner	0 - 1	122.4	116.8	95.4
		Center	0 - 1		116.4	95.0
		S.E. Corner	0 - 1		116.7	95.3

* All elevations below slab grade

CONCLUSIONS

The depth of the fill is approximately one foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.



Rebecca Grant Ascoli, P.E.
Florida Registration No. 51863

Client - 1
SP Building Dept. - 1

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
 FORT PIERCE, FLORIDA 34946
 (561) 461-7508 OFFICE - (561) 461-8880 FAX

BUILDING PAD COMPACTION REPORT

Client: Buford Construction
 Contractor: Client
 Site: Lot 2, Mandalay
 Stem-wall Backfill

Date: 12/07/01
 Test No.: 4723
 Permit No.: 5567

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the stem-wall. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

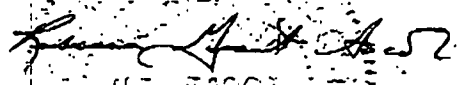
Density Test No.	Date Tested	Location	Elevation* (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
4723	12/7/01	N.W. Corner	0 - 1	120.8	115.4	95.5
		Center	0 - 1		115.1	95.2
		S.E. Corner	0 - 1		114.8	95.0

* All elevations below slab grade

CONCLUSIONS

The depth of the fill is approximately three feet. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.



Rebecca Grant Ascoli, P.E.
 Florida Registration No. 51863

Client - 1
 SP Bldg Dept. - 1



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 MANDALAY

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

FOOTING - NEED DENSITY TEST RESULTS

- NEED BOND WIRE

- NEED 3" OF CLEARANCE FROM

BOTTOM RE-BAR TO FOOTER GRADE

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

DATE: 11/15/01

GENE

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/12, 2001; Page 1 of .

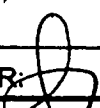


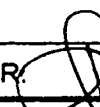
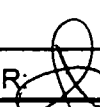
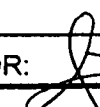
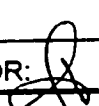
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5152	MUSSCO. 18 S. RIVER RD. HARRY BLUE	CO. FINAL	Failed	need paper work INSPECTOR: J 11/13
5123	PICEU. 65 S. RIVER RD. SEAGATE BLDGS'	ALL TRADES FRAMING.	PASSED	ELEC. " HVAC INSPECTOR: M
5068	WINER 19 RIDGELAND DR LEAK DEVELOPMENT.	ROUGH PLUMBING	PASSED	INSPECTOR: G
5565	RUPP 19 W. HIGHPOINT EMMICK	TIE BEAM	Passed	INSPECTOR: J 11/13
5573	FLAUGH 6 INDIALUCIE PKWY HUFNAGEL	ROUGH PLUMBING	Failed	INSPECTOR: J 11/12
5567	WOBEN	FRAMING	Failed	OK. to pour
5	4 MANDRAY BAYFOLD			(dirty hot (o.g.) INSPECTOR: J 11/13
5460	O/B. LE SABLE CT. STANTON.	ALL TRADES + FRAMING. TRUSS ENGR.	Passed	INSPECTOR: J 11/13

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~November 21~~, 2001; Page 1 of 2.



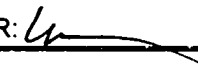




PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5549	Thorne	Shutter Final	Passed	late layout on hand
(7)	203 Periwinkle Lane Jupiter Alum.			INSPECTOR: 
5588.	GOODY.	FULL ROOF	Passed	
(1)	9 EMIRATA WY. JMS ROOFING			INSPECTOR: 
5567	WEBER	TEMP. ROOF	Passed	called FPL both
(8)	4 MANDALAY AL-PHASE			INSPECTOR: 
5584	BATTS.	SHEATHING & TIN TAG	Passed	
(2)	2 COPAIRE. PACIFIC			INSPECTOR: 
5483	VITALE	TIN TAG + Act.	Passed	Cricket installed!
(6)	13 KNOWLES PACIFIC			INSPECTOR: 
5586	LARSEN	DRIVEWAY -	Passed	
(2)	11 LANTANA LANE GRAND ENTRY	FINAL		INSPECTOR: 
5123	PICOU	Insulation	Passed	
(4)	65 S. River Rd. Seagate			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~NOVEMBER 28~~, 2001; Page 2 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHEJL 6 RIDGEVIEW DR. RON RAYMOND	DRIVEWAY - PRE POUR	Passed	INSPECTOR: 
5022	SMITH 133 S. RIVER RD. MACARI	COLUMN + TIE BEAM	Failed	INSPECTOR: 
5068	WINER 19 RIDGELAND LEAR	LATH RE INSPECTION	PASS	INSPECTOR: 
5138	RIBALINO 18 ISLAND RD. Wilson	C.O.	Passed	INSPECTOR: 
5566	32 W Highpoint Pacific	Roof Final	Passed	INSPECTOR: 
5570	4 Mandelav West. Pumping / Buford	UG rough	Passed	INSPECTOR: 
5213	1 Kingston Ct. Driftwood	CO 215 0074	Failed	Late INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 15, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5185	Jones	Framing/All trades	Passed	
(3)	4 Herons Nest O/R	Balcony steel		INSPECTOR: <i>[Signature]</i>
	Jones	Framing/All trades	Failed	
(4)	2 Oakhill way Driftwood			INSPECTOR: <i>[Signature]</i>
5234	MCCARTNEY	ELECTRICAL	Passed	
(8)	45 W. HIGHPOINT WILSON BLDG.	WINDOW		INSPECTOR: <i>[Signature]</i>
5427	FOGLIA	ROOF ENGIN.	Failed	
(5)	105 ABBIE CT. FOGLIA			INSPECTOR: <i>[Signature]</i>
5608	BARLAND	FINAL -	FAILED	
(2)	1 S. VIA LUCINDIA PIONEER	SCREEN ENC		INSPECTOR: <i>[Signature]</i>
5567	WERER	SLAB	Passed	
(6)	4 MANDALAY BAYFORD			INSPECTOR: <i>[Signature]</i>
5565	RUPP	STRAP + PLYWOOD	Passed	
(7)	19 W. HIGH POINT RD. EMMICK	EXT. NAILING		INSPECTOR: <i>[Signature]</i>

OTHER:

Logan Island ct. / Tree Permit

[Signature] include ord.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Thurs~~, 2001; Page 2 of 3.


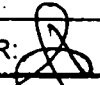

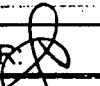
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5363	JOHNSON	INSULATION	Passed	
(3)	2 OAK HILL DUFFWOOD			INSPECTOR: [Signature]
5063	Robinson	Pool Deck	Passed	(notched edge)
(11)	173 S. RIVER Rd. DUFFWOOD			INSPECTOR: [Signature]
5621	ARROT.	DRY-IN	Partial	Gate locked
(6)	108. W. SWALL PT. RIVER DR W. SNISKI	Sheathing	Passed	(partial) INSPECTOR: [Signature]
5559	Rao	FENCE FINAL	Passed	(Permit ??)
(4)	30 CAYLE HILL WAY LAURENCE			INSPECTOR: [Signature]
5567	W. SWALL PT.	SLAB	Passed	
(12)	4 MANDALAY Byford.			INSPECTOR: [Signature]
	Musa	Satellite Dish		to be not visible from
(9)	18 S. River O/T	Notice mm	ground	level street or visible. INSPECTOR: [Signature]
			all o.k	
(5)	4 NE Lagoon Isld. O/T			INSPECTOR: [Signature]

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~DEC 17 2001~~ , 2001; Page 1 of .


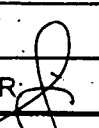
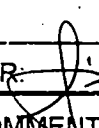

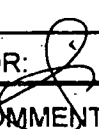
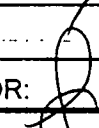
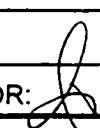
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5600	PHINNEY 30 FIELDWAY DR. PACIFIC	TIN - TALK Sheeting	Passed	
(2)				INSPECTOR: 
5538	MATTAWAY 141 S. RIVER S+B Marine	STEELE	Passed	<u>LATE AS POSSIBLE</u>
(5)				INSPECTOR: 
5602	Alyn 1 Copaire Caudal	Sheeting	 	CANCELLED BY CONTRACTOR
				INSPECTOR:
5611	Hogan 1 High Pt Zangre	Ugrd. Plumbg.	Passed	
(3)				INSPECTOR: 
5482	VITALE 13 KNOWLES RD. DECOR	TRUSSES/WALL SHEATHING/TRADES	 	Cancelled by contr.
(1)				INSPECTOR:
5625	D. Henry 8 E High Pt. Schiller	Pool Steel	Failed	<u>Late</u>
(4)				INSPECTOR: 
5625	4 Mandala Buford	complaint fr. neighbor (damage to el box + sed etc)	 	
(6)				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Dec 21, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5612	De Gasmo	Slab	Passed	
(6)	24 w. High Pt. Rice Orchard			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1455	Atea	Lath	Passed	
(4)	103 Abbie Ct. Gribben			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5483	VITALE	TRUSSES +	Failed	
(1)	13 KNOWLES DECOR	EXT. SHEATHING		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5515	WALKER	ROUGH ELEC.	Passed	
(3)	6 CRANES NEST	DOWNSTAIRS PORTION		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5538	MATTAWAY	STEELE	Passed	
(3)	141 S. RIVER RD. S+B MARINE	RE-ENFORCEMENT		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5557	LEHMAN	SCREEN FINAL	Passed	was rocky
(2)	6 RIDGELAND DR. PIONEER			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5567	WEBER	TIE BEAM	Passed	
(7)	4 MANIDALAY. BUNFORD			INSPECTOR: 

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 MANDALAY

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

MISS ENCL - NEED DETAIL FROM ENCL
OF BUCKETS FOR GIRDERS &
BREEZEWAY + CONNECTION
DETAIL FOR REVISED CONNECTION
AT BOTTOM OF 4 X 4 STEEL POST.
— NEED BOLT INSTALLED ON
ALL GIRDERS

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

DATE: 1/16/02

GENE.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JAN 11, 2004; Page 3 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5767	Webb	Gar. Sheds	FAILED TWICE	
(7)	4 Naudalay Buford	+Truss	PASS	GARAGE ROOF SHEATHING INSPECTOR: <u>[Signature]</u>
5611	Hogan	El/Plum Roof	PASS	6 ²⁰
(8)	1 W. High Pt way Zaugre	Roofing		INSPECTOR: <u>[Signature]</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 Mandalay

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

Truss Bug.

Cutshee: revise for bearing
+ buckets

letter re: wall mounted buckets
for girders

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

DATE: 1/24/01

Cone

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THURSDAY~~ 200~~2~~ Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5654	GRIEST	IN PROGRESS	Passed	
(6)	10 EMARITA CHESS	ROOF		INSPECTOR: <i>[Signature]</i>
5617	ABBOTT	TIN TAG +	Passed	
(4)	108 N. SPR WILSON	METAL (PARTIAL)		INSPECTOR: <i>[Signature]</i>
5484	VITALE	ELEC, GAS, A/C	Passed	
(2)	13 KNOWLES RD. DECOR	ROUGH. FRAMING - TRUSS ENDS		INSPECTOR: <i>[Signature]</i>
5427	FUGLIA	LATH	Passed	
(11)	105 ABBIE CT FUGLIA			INSPECTOR: <i>[Signature]</i>
5317	WEBER	TRUSS ENDS	FAILED	
(14)	4 MANDALAY BULFORD	ROOF SHEETING		INSPECTOR: <i>[Signature]</i>
5573	FRUGH	TEMP POLE	FAILED	
	6 MOIALUCIE PKY	DUPLICATE		INSPECTOR: <i>[Signature]</i>
	UNFABBL			
5489	RUCCOLO	SHEATHING	FAILED	
(9)	12 RIO VISTA DR. STRAZZI	TIN TAG 561-466-4040		INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~SAV 29 2001~~, 2001; ² Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5538	MATTAWAY 141 S. RIVER RD. S + B	STEEL	Passed	INSPECTOR: <i>W</i>
5063	ROBINSON 173 S. RIVER RD. DRAFTWOOD	BLOG FINAL	Failed	INSPECTOR: <i>J</i>
5489	STARBUZZI 12 RIO VISTA STARBUZZI	METAL ROOF	Passed	INSPECTOR: <i>J</i>
5627	SADDLER 9 RIVERVIEW DR SADDLER	PLUMBING + ELEC. FRAMING	Passed	INSPECTOR: <i>J</i>
5567	WEDER 4 MANDALAY BUFORD	TIM TAZ	Failed	INSPECTOR: <i>J</i>
5623	J+J Hart 61 S. Rives Forward E1	Temp Pole	Passed	INSPECTOR: <i>W</i>
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 Mandalay

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

Ac:

most all drops = pinched = restrict
flow: rehang for free flow: upstairs

Plumbing

Tub to be set in water BR

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

TE: _____

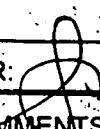
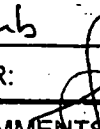

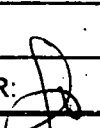
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~FEB 3~~ _____, 2001? Page ___ of ___.

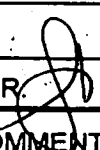
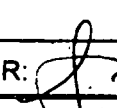
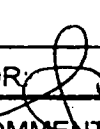
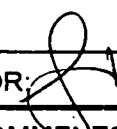
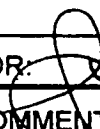
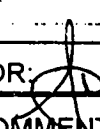
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5391	PITTINOS	EARLY PLUMB	Pass	
(5)	117 HENRY SEWALL'S WAY JMC	RELEASE		INSPECTOR: 
5567	WEEBER	TIN TAG	Pass	Plumb
(4)	4 MANDALAY RUFORD	PLUMB. WELT PLUMB. WELT	Pass	Plumb INSPECTOR: 
5671	ATEN	POOL STEEL	Pass	
(9)	103 ABBIE NABOR BAY			INSPECTOR: 
		Drainage	OK	
	7 W. High Pt			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001, Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5671	ATEN	POOL STEEL	Passed	
(2)	103 ABBIE CT. HARBOR BAY			INSPECTOR: 
5642	WILLET.	TIN TAG/SHEATHING	Passed	
(1)	3 TIMON ST. PACIFIC			INSPECTOR: 
5391.	PITINOS.	ELEC. ENTRY	Passed	Agreement letter??
(3)	117 HENRY SEWALL WAY JMC.	RELEASE-		INSPECTOR: 
5631.	HART.	FOUNDATION STEEL	Passed	
(4)	61 S RIVER RD. WINCHP.			INSPECTOR: 
5567.	WEBER	PARTIAL LATH	Partial	rakes only
(5)	4 MANDALAY BUFORD			INSPECTOR: 
TR	Cobiella	Tree rem.	Passed	
	8 N. Sewall Pt. Rd.	OK to remove tree		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THURSDAY~~, 2001 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5538	MATTAWAY	METER FINAL	Pass	10:30 A.M. w/ SURVEY
	141 S. RIVER RD.	954 974 4416 1-954-270-2655 (RANDY)		SEE BELOW INSPECTOR:
5538	MATTAWAY	DOCK FRAMING	Pass	9'4 to edge
	141 S. RIVER STB	Panel 6'6" || Tolop 7'5"		20'2 to top of post. INSPECTOR:
5427	FOGLIA	FRAMING +	OK to D	wall not final: 4 stairs
	105 ABBIE CT. FOGLIA	INSULATION	Passal	(windows corner studs) INSPECTOR:
5507	WELBY	LATH + A/C	Passal	(partial lath)
	4 MANDALAY BUREAU			INSPECTOR:
5403	VITALE	EARLY POWER	Failed	
	13 KNOWLES RD. DEKOR	RELEASE FINAL ROOF	Passal	INSPECTOR:
TR	Romano	Tree removal		Norfolk Pine ?
	21 Simara Cut Edge			INSPECTOR:
5501	All main	TT + Metal	Passal	
	3 Summer Ln All Dry Roofing			INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 Mandalay

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

Stares :

Troads not uniform width

Form not set square

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

DATE: 2/20/12

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~FEBRUARY 2007~~, 2002; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH 133 S. RIVER RD. MACARI	ROOF SHEATHING + TRUSS ENGIN.		
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5674	MANJAN 16 PENWINKLE LA	FINAL FENCE	Passed	
(3)	QUALITY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5655	M'CALLAHAN 3 QUAIL RUN	FINAL FENCE	Passed	
(2)	QUALITY FENCE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5669	DRUCKER 1 PINEAPPLE LN.	SHEATHING	Passed	
6	STUART - ROOFING	11'00"		INSPECTOR: <u>u</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5567	WEBER	LATH	Passed	
(11)	4 MANDALAY BUEFORD	A/C. STL	Passed	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5431	HALL 601 S. RIVER RD.	FOOTING	PASSED	
(7)	WINCHIP			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0	85 N Sewalls Pt.		OK -	Check activity Permit date 10/ INSPECTOR:

OTHER:



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 Mandalay

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

Stairs

Formwork unsatisfactory

Treads width to be of
consistence width

\$ 30. -

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

TE: 2/23/02

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~FEBRUARY 9~~, 2001 Page 2 of 2.

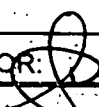
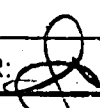
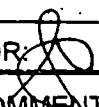

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1567	Wabbor	Secur.	Failed	
(1)	4 Mandalay Ruford			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T446	Bedell	Ret. wall Pinal	Passel	
(4)	37 W High Pt. Dredge + Marine Coust.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S418	Francis	Dock struct.	PASSED.	
(8)	S S. River Rd. Dredge + Marine Coust.	Jets Marine ?		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

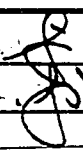
OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri FEBRUARY 25, 2004 Page 1 of 1.

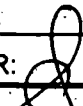
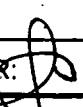
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Johnson 2 Oakhill Way Diff wood	Pool slab	Failed	INSPECTOR: 
SS01	ALMAN. 3 Summer W. ALMAN	LATH, AK. PLUMB ? ?	Passed	INSPECTOR: 
SS61	WABER	JAMP STEEL	Failed	
	4 MANDALAY. Bufold.	ANDY. 201 9153.		INSPECTOR: 
IS677	Dr Bruce 2 Cranes Nest Masterpiece	Window rep. (4)	Passed	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: 26 Simara : Survey drp of
8 E High Pt : Swale ?? Mrs Helman 253 7627 8 E High Pt. 

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 22nd, 2004; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5561	WEBER	ROUGH FLOOR	Pass	
⑥	4 MANDALAY BULFORD	ROOF INS. PROGRESS	Passed	INSPECTOR: 
5573	Flaugh	Shoaling	Passed	(X Galagon)
①	6 Ludiake Plw. Hufnagel	(260 9618)		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri March 6, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5567	WHEEL	INSULATION	Passed	
(6)	4. MANDALAY BUFORD.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5590	Sebastians 99 Sewalls Pt rd Chidwood	Paver Pouch Final	Passed	
(10)				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	De Gama	Plumbg. rough	Passed	
(7)	24 w High Pt. Pine Orchard	AC rough	Failou	no layout INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 29, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5805	ALXMAN 3 Summer LA HYERS	SHUTTER		CANCEL
				INSPECTOR:
5767.	CLEMENTS 6 MIDDLE RD. CLEMENTS	STEMWALL	PASSED	
⑤				INSPECTOR: <u> </u>
5749	CLEMENTS 11 WEST HIGH PT. DUPRE	POOL STEEL FLOOR ONLY	PASSED	
⑦				INSPECTOR: <u> </u>
5798.	PAUTON 17 ISLAND RD. DUNN.	FTG. / WALL	PASSED	
④				INSPECTOR: <u> </u>
5567	WEBER 4 MAUDALAY. BUFORD	EARLY POOL RELEASE.	PASSED	
③				INSPECTOR: <u> </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 29, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5807	MAORI 6 ADMIRALS WAY COLLINS	Roof Drain Sheeting	Failed	→ making check → drain 5/30 INSPECTOR: <i>[Signature]</i>
5739	GASIORK 67 N. River Rd CONWAY	Plumbing Electrical Flaming	Passed Passed Passed	INSPECTOR: <i>[Signature]</i>
5749	CLEMENTS 11 W. HIGH PT OLYMPIC	POOL STEEL	Passed	INSPECTOR: <i>[Signature]</i>
5567	WEBER 4 MANDALAY BUFORD.	DRIVEWAY	Passed	INSPECTOR: <i>[Signature]</i>
5689	HENDERSON 24 Island Rd. BUFORD	Pad (post.)	Passed	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 4 Mandalay

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

CO - Final

Failed :

Need to elevate AC pads
to PFE

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

DATE: 6/17/02

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 17, 2003; Page of .

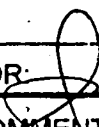

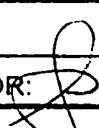

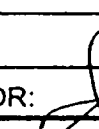

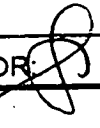
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5822	Davis	Deck/Riviera	Failed	
5782	5 Palm Rd Alumatile	Yurt Soft	✓	INSPECTOR: <i>[Signature]</i>
5824	Granfield 15 W. High Pt. Rd Schiller	STEEL	Passed Failed	INSPECTOR: <i>[Signature]</i>
TR3E	FABINSKY 10 Mandalay Rd	3 Cabbage Palms	Passed	INSPECTOR: <i>[Signature]</i>
5761	Lowell 7 W. High Pt. Rd FANIERO	Tie Beam	Passed	INSPECTOR: <i>[Signature]</i>
5682	WANDER 24 SIMARA ST. UNITED FENCE.	FINAL FENCE. 335 2627.	Failed Also: 5732 still open ✓	INSPECTOR: <i>[Signature]</i>
5828	WALKER 21 W. HIGH POINT. SCOTT	FOOTING	Passed	INSPECTOR: <i>[Signature]</i>
5807	WEBER 4 MANDALAY BUFORD	CO.	Failed	Health Dept - br found AC pads to be lifted INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-26-02, 2004, Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5824	Butler 8 S. River Rd A+G Pools	Pool Steel + Bond + Plumbing	Passed	INSPECTOR: 
??	Hart 61 S. River Rd Neighbor Complained - drainage hose going into line	See Note!	O.k.	no drainage but dock waterline INSPECTOR: 
5835	HOGLE 22 N. Sewall Pt. Rd J+B	Final Boat Lift	Passed	INSPECTOR: 
5732	MASSAD 17 E. High Pt. Rd United FENCE	FENCE Final	Passed	INSPECTOR: 
5806	Rulick 1st Island Way 2874540 x 222 2825172	Fence Rail	Passed	6/21 INSPECTOR: 
5847	Bower 10 Capaire Seagle	Small Pools	Passed	Co-pool ok. INSPECTOR: 
5567	Wobes 4 Mandalay Buford	Deposited FINAL BLDG.	Passed	INSPECTOR: 

OTHER: _____

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA
MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit 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 Affidavit'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 \$ 275,000.00.
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.

Affidavit's Signature:

Philip P. Weber

Property Address:

4 MANDALAY
STREET, FL

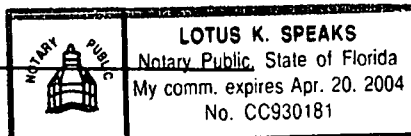
SWORN TO and subscribed before me this 5 day
of June, 2002, by Philip
Weber, who is personally known to me or
produced Military ID as identification.

[Signature]

Notary Public

My commission expires:

(Notary Seal)



NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Philip and Daria Weber		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Mandalay Road		Company NAIC Number	
CITY Sewall's Point	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, less the easterly 14 feet, Mandalay Subdivision			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####")	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sewall's Point 120164		B2. COUNTY NAME Martin		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0002	B5. SUFFIX D	B6. FIRM INDEX DATE 6-30-99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6-16-92	B8. FLOOD ZONE(S) A8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

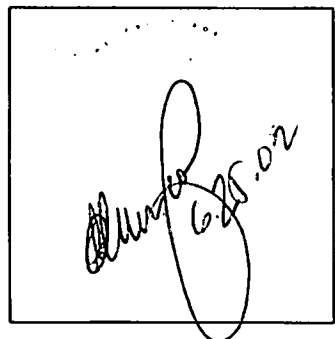
C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used EL 9 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 4. 52 ft.(m)
- o b) Top of next higher floor 9. 15 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- o d) Attached garage (top of slab) NA ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 9.18 ft.(m) *407*
- o f) Lowest adjacent (finished) grade (LAG) 3. 62 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 4. 52 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- o i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Ernesto Velasco, P.E. LICENSE NUMBER 35649

TITLE Professional Engineer	COMPANY NAME Velcon Group, Inc.		
ADDRESS 702 SW Port St. Lucie Blvd.	CITY PSL	STATE FL	ZIP CODE 34953
SIGNATURE	DATE	TELEPHONE 772-879-0477	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Mandalay Road			Policy Number
CITY Sewall's Point	STATE FL	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
Air Conditioning

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

John M. Averkamp, Inc.

Registered Engineer

P.O. Box 211357
Royal Palm Beach, FL 33421-1357
June 12, 2002

Telephone (561) 795-2333
Fax (561) 753-3843

Mr. John Holt, PE
925 Azure Ave.
Wellington, FL 33414
(561) 793-7843

Re: Buford Construction – Weber Residence
4 Mendalay Road
Sewall's Point, FL

Dear Mr. Holt:

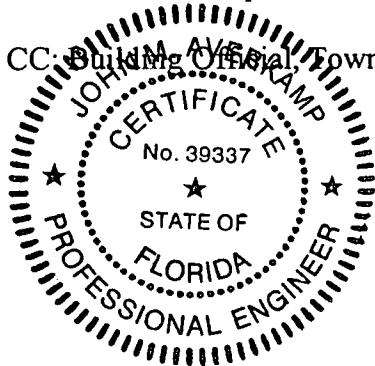
In accordance with section 307.2 of the South Florida Building Code, a statement of inspection is required. I am assigning the inspection of the Weber residence into your charge and releasing this responsibility from my license.

Sincerely,
John M. Averkamp, Inc.



John M. Averkamp, PE, ME

CC: Building Official, Town of Sewall's Point



Pre-Construction Termite Treatment Contract and Final Treatment Certification

Advantage is a full service company offering pest control, lawn & ornamental spraying and fertilization, and termite control. For more information, please call (800) 698-7998. Specific terms & conditions regarding this contract appear on the back of this page. Should holder have any questions with reference to this contract, please contact our office at the number or address noted below. This contract is transferable and is for the primary structure noted below. It does not include, unless specified in writing, fences, detached structures, decks and additional construction provided after the date contract is issued. Reference to termites applies to subterranean termites, including Formosan termites. This contract does not provide for protection of any other wood destroying organism, insect or pest.

General Conditions & Treatment - Repair Warranty

Company agrees to warranty the structure for an initial period of eighteen (18) months from the date of the initial treatment. If termite infestation occurs at any time during this period the company will inspect property and provide remedial treatment(s), spot or full, with a liquid termiticide as required to eliminate or control termites. Should termite damage be noted through inspection, company or a subcontractor(s) chosen or approved by company, will repair damage caused by termites at no cost to property owner. For an annual fee specified below, holder may extend this warranty / contract for a maximum period of four (4) additional years, as specified in paragraph two (2) of terms and conditions noted on the back of this page.

Residential Treatment Information

The treatments provided are for preventive purposes and were requested by the contractor or builder noted below. Pre-construction termite treatments are applied as defined by EPA approved pesticide labels. Supplemental treatment(s) (patio, entryway, abutting foundation, etc.) were provided subsequent to the initial treatment date, as notified of readiness by builder. The cost of this treatment has been billed to the builder or a sub-contractor of the builder.

Vertical Treat. Date: 5/31/02

Builder: Buford Construction

Initial Treat. Date: 12/7/01

Subdivision: Sewalls Pointe

Property Address:

Lot/Block: Lot /Block

2 Mandelay

Sewalls Point, FL 34994

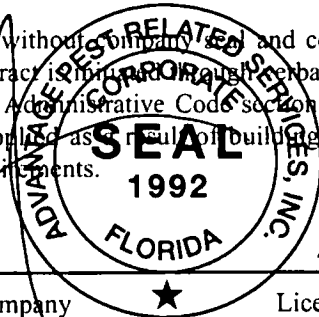
Treatment Cost: Billed to Contractor

Renewal Fee: \$130.00

Treatment Area: 3243

Product(s): Chlorpyrifos 0.5%

This contract not valid without a written and certificate of insurance date. The contract is in full and requires no verbal request as permitted by Florida Administrative Code section 105.2K. These treatments are applied as a result of building code or financial institution requirements.



Authorized Agent for company

License No. 4439

**LAWN & PEST CONTROL SERVICES
RECEIVE DISCOUNTED PRICING ON LAWN, ORNAMENTAL, AND PEST CONTROL SERVICES.
CALL (800) 698-7998 FOR MORE INFORMATION.**

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 84.3

The higher the score, the more efficient the home.

WEBER RES., , , ,

<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) 3132 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 510.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 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, 230.0(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=4.2, 1529.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=11.0, 1229.0 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, 2247.0 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: Interior Sup. R=6.0, 240.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 123.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 48.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 30.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <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 Cap: 34.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 27.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <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 Cap: 50.0 gallons <input type="checkbox"/> EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/> (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)</p>
--	---

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: D.A. Buford

Date: 6-12-02

Address of New Home: 4 mandalay Rd City/FL Zip: Sewalls Ft.



**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 EnergyStd^M 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.*

Fritz Irrigation, Inc

Jack Fritz - 2162 SW Perry Ter. Stuart, FL 34997 - 772-220-1023, Pager 328-2987 Fax 219-8625
****Mailing Address: P. O. Box 1101 Hobe Sound, FL 33475-1101
over 25 years experience in installation and maintenance

May 31, 2002

Town of Sewall's Point
One S. Sewall's Pt. Road
Sewall's Pt, Florida 34996

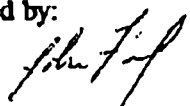
Re: WEBER RESIDENCE
4 MANDALAY ROAD
SEWALL'S PT, FLORIDA

→ Point # 5507
4 Mandalay

In accordance with Section 22.146:
**1 MiniClik Rain Sensor will be installed,
**one - station ESP Rainbird time clock will be installed.

and with approximately:
**115 mist heads,
**18 rotor heads,
**1 back flo preventer,
a 13 zone system.

Water source:
city water with 5/8" meter, and 25 GPM per zone.

Submitted by:


John Fritz



Martin County Health Department
(561) 221-4090 Fax. (561) 221-4967

TO: BUILDING DEPARTMENT: MARTIN JUPITER ISL. SEWALLS PT. STUART

FROM: Ray Cross

DATE: 06/19/02

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

BUILDING DEPT. PERMIT

LOCATION

- 43-SS- ~~_____~~
- 43-SS- 03703 5562 LOT 2 MANDALAY BAY BOFORD
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____
- 43-SS- _____

J:\...HEIDOC\S\FORMS\STDS APPROVALS.DOC 03/01

STATEMENT OF INSPECTION

(To be submitted at final inspection for Certification of Occupancy)

COMPLIANCE WITH SECTION 0307.2 OF THE SOUTH FLORIDA BUILDING CODE

To: Building Official, Town of Sewall's Point
From: Architect or Engineer of Record
Re: Subject Structure Described As Follows:

In accordance with the requirements of Town of Sewall's Point and the Florida Building Code, a "Statement of Inspection", executed by the Architect or Engineer who sealed and signed the plans, shall be issued and dated following completion of the work, and delivered as a condition precedent to the issuance by the Building Official of any temporary or final Certificates of Occupancy or Certificates of Completion.

Owner: PHILEDARIA WEBER Address: 4272 S.E. COVE LAKE CIRCLE
Project Address: #4 MADALAY Legal Description: Lot 2 Blk _____ Subdivision MADALAY
General Contractor: BUFORD CONSTRUCTION Lic/Cert No. CBC037840
Address: 606 CAMDEN AVE, STUART Tel: 283-2050 Fax: 283-0940
Architect or Engineer: JOHN D. HOLT Lic/Reg No. 15252
Address: 925 AZURE AVE, W. PALM BEACH, FL Tel: 561-7937843 Fax: 561-795-1612
Permit No: 5567 Date of Issue: _____ Date of This Statement: _____

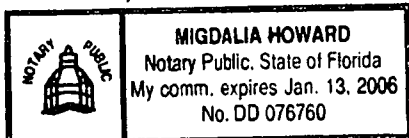
1. I am the Architect or Engineer who sealed and signed the plans for the subject structure. (SEE ATTACHED LETTER)
2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
3. 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 WEST PALM BEACH this 12 day of JUNE, 2002
Name: JOHN D. HOLT; Signature: [Signature]; Lic. No: 15252

STATE OF FLORIDA
COUNTY OF Palm Beach

Sworn to and subscribed before me this 12 day of June, 2002 by John D. Holt, who is
Personally known to me or who has produced Florida DL as identification and who did not take an oath.

(NOTARY SEAL)



[Signature]
Name: Migdalia Howard

I am an Notary Public of the State of Florida and
my commission expires: 1/13/06

5692

POOL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/27/02

BUILDING PERMIT NO. 5692

Building to be erected for PHIL WEBER Type of Permit POOL

Applied for by OLYMPIC POOLS (Contractor) Building Fee 240.00

Subdivision MANDALAY Lot 2 Block _____ Radon Fee _____

Address 4 MANDALAY Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1338410040000002000000 Plumbing Fee _____

Amount Paid 264⁰⁰ Check # 3354 Cash _____ Other Fees (PLAN REV) 24.00

Total Construction Cost \$ 12,000.00 TOTAL Fees \$264.00

Signed [Signature]
Applicant

Signed Mene Simmons/nlc
Town Building Inspector
OFFICIAL

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input checked="" 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 _____ |



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

Bldg. Permit Number: _____

Owner or Titleholder's Name Phil + Daria Weber Phone No. (JBI) 287-9289
 Street: 4 Mandala City Stuart State: FL Zip: _____
 Legal Description of Property: lot #2 west east 14' Fax 781-8770
Mandala Sub Division Parcel Number: _____

Location of Job Site: 4 Mandala
 TYPE OF WORK TO BE DONE: Swimming Pool

CONTRACTOR/Company Name: Olympic Pools & Spa Phone No. (JBI) 286-8070
 Street: 1535 S.W. Martin Hwy City Palm City State: FL Zip 32995
 State Registration: _____ State License: CPC03988's

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

ENGINEER: Curtis Sinclair Phone No. (JBI) 830-8534
 Street: 8259 N. Military Trail City Palm Beach Gardens State: FL Zip 33418

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: \$ 12,000
 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: All Phase ELEC 971-5409 State: FL 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)
[Signature]
 State of Florida, County of: Martin On this the 20 day of February, 2008, by Kim Smith who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required) Kim Smith
[Signature]
 State of Florida, County of: Martin On this the 20 day of February, 2008, by Kim Smith who is personally known to me or produced as identification.

My Commission Expires _____

My Commission Expires _____

TREE REMOVAL (Attach sealed survey)

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 LIABILITY INSURANCE

DATE (MM/DD/YY)
01/29/2002

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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 **Olympic Pools of Stuart Corp/O. P. Custom Pools**
 1565 SW Martin Highway
 Palm City, FL 34990-1370

INSURER A: **Valley Forge Insurance Company**
 INSURER B: **Transcontinental Ins Co**
 INSURER C: **Associated Industries of FL**
 INSURER D:
 INSURER E:

RECEIVED
 JAN 29 2002

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	B1013132148	02/01/2001	03/01/2002	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	B1028001140	02/01/2001	03/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<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 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 \$				\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2001313225	02/01/2002	02/01/2003	WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 500,000
					E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWN OF SEWALLS POINT
 1 SOUTH SEWALLS POINT RD
 STUART, FL 34996

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

Keith Carroll/KAS

Keith Carroll



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

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

RECEIVED
MAY 17 2001
BY: *[Signature]*

FILE
[Handwritten signature]

STATE OF FLORIDA AC# 5923506
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CP -C039888 07/26/2000 00900
CERT COMMERCIAL POOL/SPA CONT
SMITH, KIM S
OLYMPIC POOLS OF STUART CORP

IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5923506

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

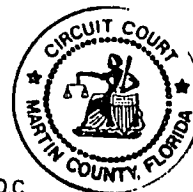
DATE	BATCH NUMBER	LICENSE NBR
07/26/2000	00900266	CP -C039888

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

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

MARSHA EWING, CLERK



NOTICE OF COMMENCEMENT

D.C.

Permit No. _____
State Of Florida

DATE 2/10/02
Tax ID No. _____
County Of Martin

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Legal Description of property and street address, if available lot # 2 less easterly 14'
Mandaly Sub D0; Seawalk Pl

General description of improvements Swimming Pool
Owner Phil + Dana Weber
Address 7222 SE Core Lake Circle Stuart, Fla 34997
Owner's interest in site of improvement _____

Fee Simple Title holder (if other than owner) _____

Address _____

Return To: Contractor Olympic Pools of Stuart Corp Phone# 286-6070
Address 1565 SW. Martin Hwy Palm City, Fla 34990 Fax# 288-6962

Surety _____ Phone# _____
Address _____ Fax# _____
Amount of Bond \$ _____

Lender _____ Phone# _____
Address _____ Fax# _____

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

Name Bubond Construction Phone# 283-2050
Address 606 Camden Ave Stuart, Fla Fax# 283-0930

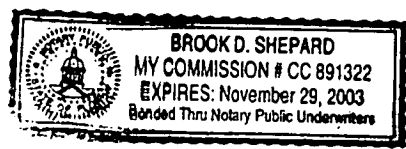
In addition to himself, owner designates Dennis Bubond of Bubond Construction
(Phone# 283-2050 Fax# 283-0930) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified. _____

X Philip D. Weber
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF MARTIN
Sworn to and subscribed before me this 28 day of JANUARY, 2002 by PHILIP WEBER, who
is personally known to me or who has produced FLORIDA as identification.

(seal) [Signature]
SIGNATURE OF NOTARY

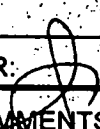
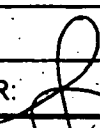

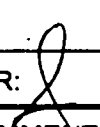
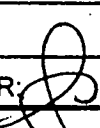
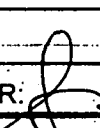
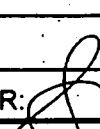


TYPE OR PRINT NAME OF NOTARY
NOTARY PUBLIC TITLE
COMMISSION NUMBER

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri APR 3, 2007 Page 2 of 2.

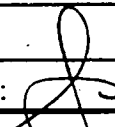


PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5604	LIPISH	DISC. CONNECT	Passed	
(10)	22 S. SEWALL PT RD. HOFF	BOAT LIFT.		INSPECTOR: 
5663	HOROIT	PLUMBING, ELEC.	Plb Failed E/DC Passed	
(5)	11 PENN WALKIE DEOR	FRAMING 370-1013	"LATEE"	INSPECTOR: 
5483	VITALE	TEMP. BLOC	Passed	
(4)	13 KNOWLES DEOR			INSPECTOR: 
5731	FERRARO.	ROUGH ELEC. MECH.	Passed / Passed	
(6)	3601 S. E OCEAN BLVD. GULIC	+ PLUMBING.	Failed	INSPECTOR: 
5692	OWNER	POOL STEEL	Passed	
(12)	4 MANDALAY OLYMPIC			INSPECTOR: 
5604		FINAL BOCK	Passed	
(7)	25 N. RIVER RD. BELLA MARINE.	REPAIR NATALIE.		INSPECTOR: 
T/R	ESQUE	T/R	Passed	
	2 Banyan O/R			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 31, 2001/2 Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5809	KENDAL	SHEATHING +	Passed	1000
	8 8 KINGSTON CJ.	TIN TAB.	Partial	
	STUART ROOFING	692 985 4		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5800	WINNER	GAS TANK + LINE	Partial	: need to see Contractor
	17 RIDGELAND RD			
	FERRAL GAS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5812	WINNER	POOL PLUMBING	Passed	
	4 MANDALAY			
	OLYMPIC POOL.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-10-02, 2002; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5853	BRADICE	Final Shutters	Passed	
(2)	96 S. River Rd Custom Shutters			INSPECTOR:
5454	PICER	Pool FINAL + Alarm	Passed	* See
(1)	65 S. River Rd Advantage Pools			INSPECTOR:
TREE	MADDEN	TREE	Passed	repl. ?
(2)	160 S. River Rd			See ? INSPECTOR:
5855	Weber	Final-FENCE	Passed	
5692 (5)	4 Mandelway TREASURE Coast	Pool = separate childr. fence Final Pool	Passed	INSPECTOR:
5573	Flaugh	Final - what inspection - ??		
(8)	6 India Lucie Pkwy GARY HUNNIGEL			INSPECTOR:
5501	ALLMAN	Meter Insp.	Failed	
(7)	3 Summer Lane O/B			INSPECTOR:
5631	Hart	Framing	Failed	
(6)	61 S. River Rd Windchip	Completion of Roof Metal	Passed	INSPECTOR:

OTHER:

* 65 S. River

BT window slider down stairs ?

5689 24 island Hedge
strapping / slab / Passed
partial

5827

IRRIGATION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6-6-02

BUILDING PERMIT NO. 5827

Building to be erected for Philip + Daria Weber Type of Permit Irrigation

Applied for by FNTZ IRRIGATION (Contractor) Building Fee 35.00

Subdivision Mandalay Lot 2 Block _____ Radon Fee _____

Address 4 Mandalay RD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

133841004000002000000 Electrical Fee _____

Amount Paid 35.00 Check # → Cash 7225 Other Fees (_____) Plumbing Fee _____

Total Construction Cost \$ 3,200.00 Roofing Fee _____

Signed Maryellen [Signature] Applicant Signed Gene Simmons (ign) Town Building Official

PERMIT

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

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 _____ |

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Philip + Daria Weber City: Sewall Pt State: FL Zip: 34996

Legal Description of Property: MANDALAY - LOT 2 - LESS EASEMENT 14' FEET Parcel Number: 1338410040000002000000

Location of Job Site: 4 MANDALAY RD Type of Work To Be Done: IRRIGATION

INSTALLATION OF AUTOMATIC SPRINKLER SYSTEM

CONTRACTOR/Company Name: FRITZ IRRIGATION INC Phone Number: 220-1023

Street: PO BOX 1101 City: Hobe Sound State: FL Zip: 33471

State Registration Number: NA State Certification Number: NA Martin County License Number: SP02370

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$3200.00 Estimated Fair Market Value (FMV) Prior

To Improvements: \$1499.00 If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNANCE, 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) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____ Florida Accessibility Code _____

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) _____ CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: _____

This the _____ day of _____, 200 _____

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

On State of Florida, County of: MARTIN

This the 31 day of MAY 200 2

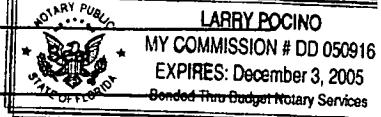
by JOHN FRITZ who is personally

known to me or produced FLDL# F632-467-51-3290

As identification. _____

Notary Public

My Commission Expires: 12/3/05



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AM DATE (MM/DD/YY)
FRITZ-1 12/17/01

PRODUCER
Plastridge Agency, Inc.
311 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
FRITZ Irrigation
John Fritz, d/b/a
PO Box 1101
Hobe Sound FL 33475-1101

INSURER A: Old Dominion Ins.
INSURER B: Hartford Accident & Indemnity
INSURER C:
INSURER D:
INSURER E:
RECEIVED
DEC 20 2001

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.

NSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$ 300000
A	X COMMERCIAL GENERAL LIABILITY	MPG17749	09/20/01	09/20/02	FIRE DAMAGE (Any one fire) \$ 300000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 300000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 600000
					PRODUCTS - COMP/OP AGG \$ 600000
A	AUTOMOBILE LIABILITY	BIG17749	09/04/01	09/04/02	COMBINED SINGLE LIMIT (Ea accident) \$ 100000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	X SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	38WBCPV0276	12/03/01	12/03/02	WC STATUTORY LIMITS OTH-ER
					E.L. DISEASE - EA EMPLOYEE \$ 100000
					E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
irrigation systems/coded in landscape; *30 days notice for Workers Compensation

CERTIFICATE HOLDER **N** TOWNSP1
Town of Sewall's Point
1 S. Sewall's 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
Jean Reed Parks *Jean R Parks/am*



MARTIN COUNTY, FLORIDA
 Construction Industry Lic Bd
 Certificate of Competency

License: SP02370
 Expires September 30, 2003

FRITZ, JOHN G
 FRITZ IRRIGATION
 BOX 1101
 HOBE SOUND, FL 33475-1101
IRRIGATION SPRINKLERS

2001-2002 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1996-520-019 CERT SP02370
 PHONE (561) 220-1023 SIC NO 01711
 LOCATION:
 6733 SE AMYRIS CT MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	.00
\$	.00	COL. FEE \$	.00
\$	.00	TRANSFER \$	.00
TOTAL			25.00

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF SEPTEMBER 2001
 AND ENDING SEPTEMBER 30, 2002

FRITZ, JOHN
 FRITZ IRRIGATION, INC.
 JOHN FRITZ
 P O BOX 1101
 HOBE SOUND FL 33475-1101

RECEIPT OF PAYMENT

LARRY C. O'STEEN
 99 09/26/2001 OCC1 NORMAL
 199652000019000
 0220010926006306CK

6810 1

\$25.00

Fritz Irrigation, Inc

Jack Fritz • 2162 SW Perry Ter. Stuart, Fl 34997 • 772-220-1023, Pager 326-2987 Fax 219-8625
****Mailing Address: P. O. Box 1101 Hobe Sound, FL 33475-1101
over 25 years experience in installation and maintenance

May 31, 2002

Town of Sewall's Point
One S. Sewall's Pt. Road
Sewall's Pt, Florida 34996

Re: WEBER RESIDENCE
4 MANDALAY ROAD
SEWALL'S PT, FLORIDA

In accordance with Section 22.146:

**1 MiniClik Rain Sensor will be installed,
**one - station ESP Rainbird time clock will be installed.

and with approximately:

**115 mist heads,
**18 rotor heads,
**1 back flo preventer,
a 13 zone system.

Water source:
city water with 5/8" meter, and 25 GPM per zone.

Submitted by:



John Fritz

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/15, 2003 Page _____ of _____

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	BURKARD 176 S. RIVER RD	TREE	Passed	INSPECTOR: [Signature]
5022	SMITH 133 S. RIVER RD MACARI	DRIVEWAY (SWALE)	Passed	INSPECTOR: [Signature]
6082	CARWRIGHT 10 PEERWINKLE CIR PACIFIC	ROOF FINAL	Passed	INSPECTOR: [Signature]
1327	WUBOR 4 Madalay Pritz	RAJETA	Passed	done INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
OTHER:	74 N. SEWALLS	DECK?	Stopped work → get part	
	16 E. HIGH POINT	CONCRETE/ JACK HAMILTONS	8/15/2 Parapet wall replaced Siding replaced	42" ornamental Bal. Replaces Alu railing

5832

GAS TANK

TOWN OF SEWALL'S POINT

Date 6-7-02

BUILDING PERMIT NO. 5832

Building to be erected for Phillip & Daria Weber Type of Permit GAS TANK

Applied for by FERRELLGAS (Contractor) Building Fee 35.00

Subdivision Mandalay Lot 2 Block _____ Radon Fee _____

Address 4 Mandalay RD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____
13384100400000200000 Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Amount Paid 35.00 Check # 5581 Cash _____ Other Fees (_____)

Total Construction Cost \$ 1245.00 TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature] (RM)
Town Building Official

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input checked="" 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	_____

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: WELER, Phillip & Daria City: STUART State: FL Zip: 34996
Legal Description of Property: LOT 2 Parcel Number: 13-38-41-004 000 00020 00000
Location of Job Site: 4 Mandalay RD Type of Work To Be Done: Propane Tank & Lines

Martin
Building Permit Number: 5567

CONTRACTOR/Company Name: FERRELL GAS Phone Number: 287-4330
Street: 3232 SE DIXIE HWY. City: STUART State: FL Zip: 34997
State Registration Number: 01237 State Certification Number: 13389 Martin County License Number: 1967-249-008

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

ENGINEER: N/A Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$ 1245⁰⁰ Estimated Fair Market Value (FMV) Prior
To Improvements: \$ 1245⁰⁰ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO ✓

SUBCONTRACTOR INFORMATION
Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, 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) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

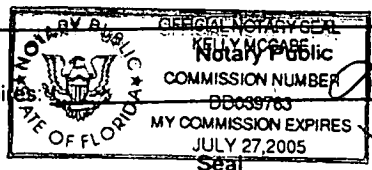
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) Please see attached Contract
State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification. _____

Notary Public
My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of: Martin
This the 5 day of June, 2002
by Darryl Keenan who is personally
known to me or produced _____
As identification. _____

My Commission Expires: _____

Seal

Dennis & Ji Buford

561-283-0940

p.1

PHONE NO. : 984 323 5921

Mar. 06 2002 10:24AM P1

FROM : ZAK



Proposal to : D.A.Buford Construction Inc. 3/6/02
Att: Dennis
Re : The Webber Residence @ 4 Mandalay Rd., Stuart, Fl. 34996

Gas supply system with underground tank or above ground tank.
Gas service to cook top.

Storage tank options

- a. One 120 gallon tank with anode and fiberglass dome assembly. Installation of tank under ground with 60' gas service to point of entree. \$ 1070.00
- b. One 58 gallon above ground tank with 25' gas service to point of entree. \$ 628.00

SELECTION

- c. Interior service line and appliance connection for cook top. \$ 175.00

sub total \$ 1245 -
6% sales tax \$ 74.70
TOTAL \$ 1319.70

Note: PERMIT FEE BILLED SEPARATELY

Propane fill billed separately to consumer.

TERMS: 1/3" at rough in, 1/3" at tank set balance on completion.

Customer signature

FERRELLGAS / THERMOGAS

Cary Karnan

phone 287-4380 fax 287-3456

date 5-23-02

date 5/28/02

go with the underground TANK
D.A. Buford

ACORD CERTIFICATE OF LIABILITY INSURANCE		08/01/2002	DATE (MM/DD/YY) 07/17/2001
PRODUCER LOCKTON COMPANIES 444 W. 47TH STREET, SUITE 900 (816) 960-9000 KANSAS CITY MO 64112-1906	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 FERRELLGAS, L.P. 1000201 aka: THERMOGAS ONE LIBERTY PLAZA LIBERTY MO 64068-2970	INSURERS AFFORDING COVERAGE		
	INSURER A: USF & G		
	INSURER B: FIDELITY & GUARANTY INS. CO.		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES YA

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	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	D002E00002	08/01/2001	08/01/2002	EACH OCCURRENCE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & AUTO INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 7,500,000 PRODUCTS - COMP/OP AGG \$ Included
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	D002A00009 (AOS) D002A00010 (TX)	08/01/2001 08/01/2001	08/01/2002 08/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000
					BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX AGG \$ XXXXXXXX
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
B A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	D002W00022 (AOS) D002W00020 (NJ) D002W00021 (RETRO)	08/01/2001	08/01/2002	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

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

CERTIFICATE HOLDER 1080461 DISTRICT OFFICE EVIDENCE OF INSURANCE	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION 000000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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



**POST LICENSE
CONSPICUOUSLY**

**State of Florida
Department of Agriculture and Consumer Services**

**Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida**

**License Number: 01237
Expiration Date: AUGUST 31, 2002
Date of Issue: SEPTEMBER 01, 2001
License Fee: \$425.00
Type and Class: 0601**

Liquefied Petroleum Gas License

Category I LP Gas Dealer

GOOD FOR ONE LOCATION

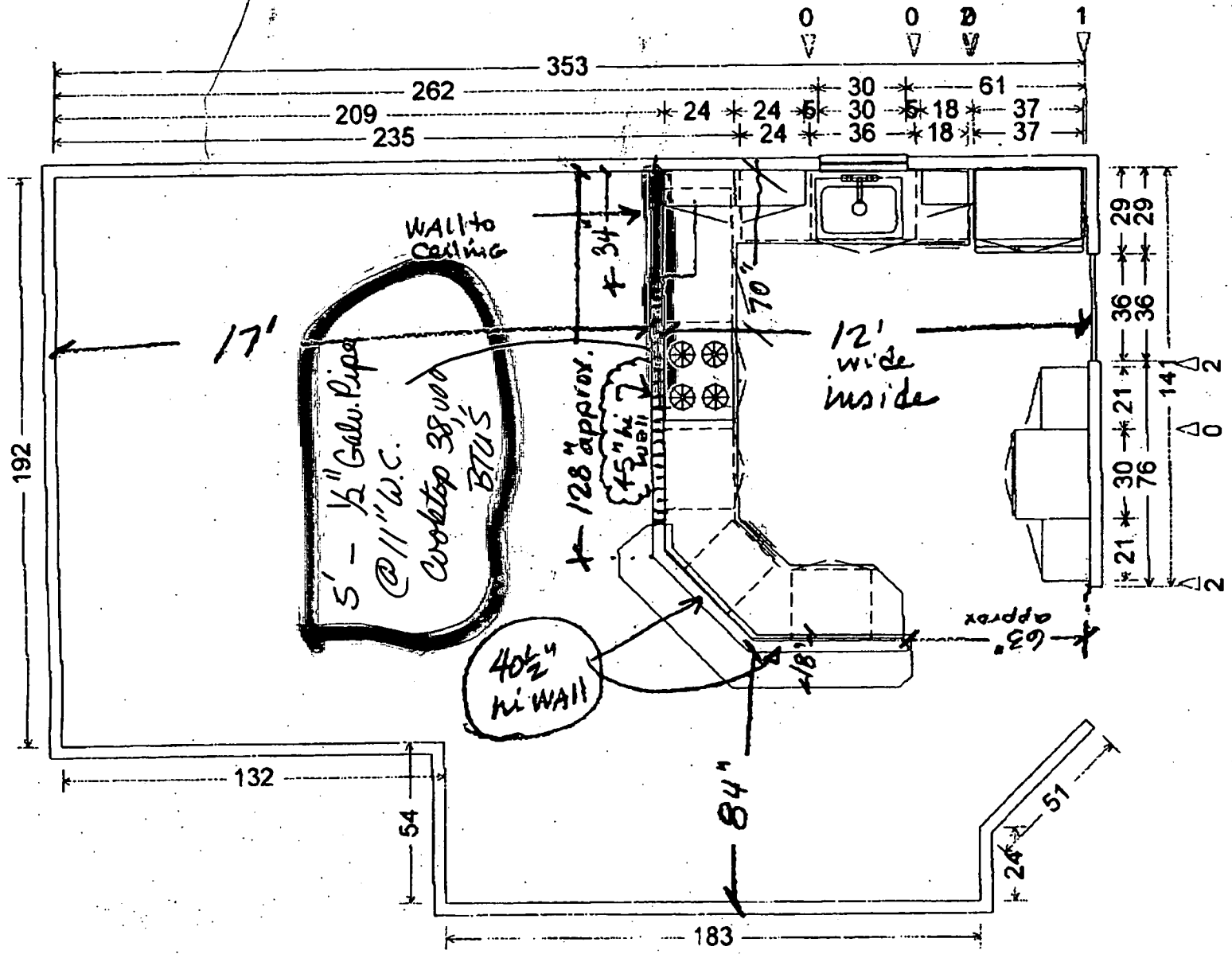
This license is issued under authority of Section 527.02, Florida Statutes, to:

**THERMOGAS 5539
3232 SE DIXIE HIGHWAY
STUART, FL 34997**

**CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE**

9ACS-03501
3/02

located at the address on the license. Each business location of a company must be licensed.

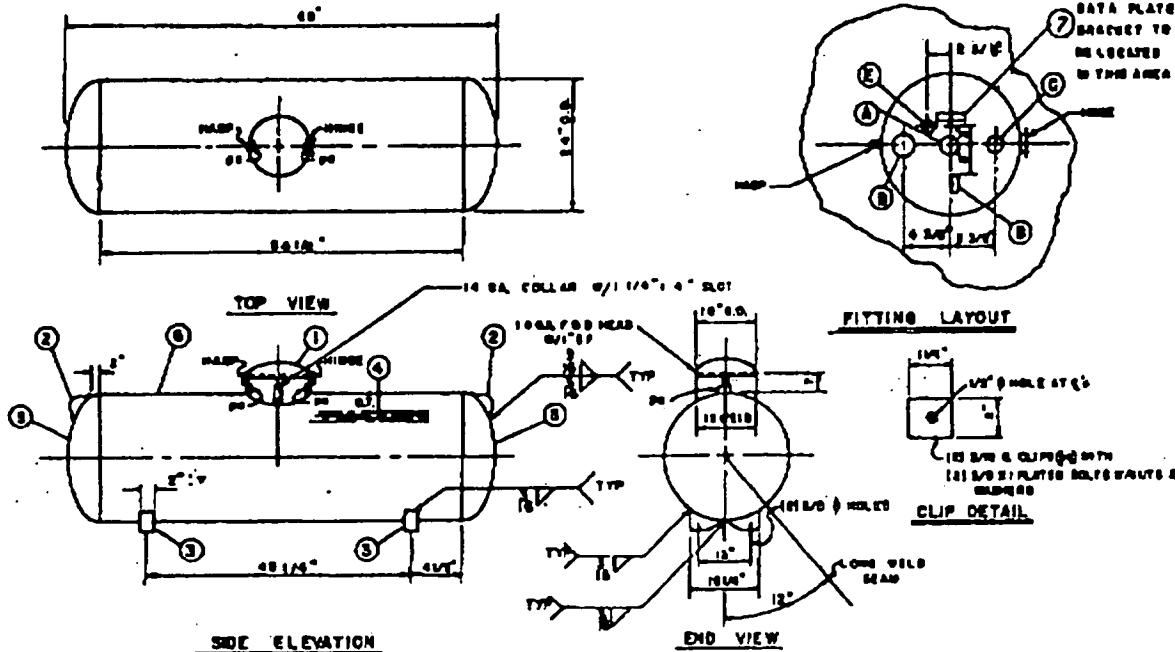


Webber

1/4" scale

Ferrellgas 287-4330
Gary

THIS VESSEL DESIGNED FOR THE STORAGE OF LIQUEFIED PETROLEUM GAS ONLY.

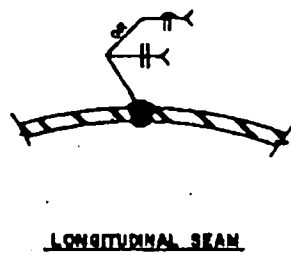
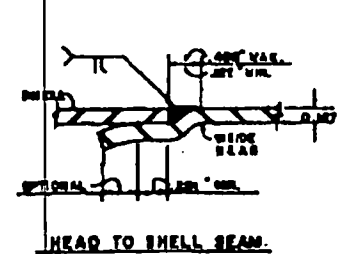


SCHEDULE OF MATERIAL	
No.	DESCRIPTION
A	3/4" EX. HYD. TANK FLG. BY REGO 7888 or SHERWOOD 423A FISHER H280 RELIEF VALVE W/RAIN CAP
B	3/4" ADAPTOR FOR ROCHESTER 6281 or SQUINN-TAYLOR JR. FLOAT GAUGE. ALT: 1 1/4" EX. HYD. TANK FLG. BY ROCHESTER 7281 FLOAT GAUGE. OR EQUIVE TAYLOR
C	1 1/4" EX. HYD. TANK FLG. BY REGO 1078 or SHERWOOD 423A FISHER D-200 FILL VALVE
E	3/4" EX. HYD. TANK FLG. BY REGO 7888-YR or SHERWOOD 423A FISHER L-877 MULTIVALVE
F	DOME - SEE STD. DRAWING NO. 6-980-A4
G	LIFTING LUG - SEE STD. DRAWING NO. 6-980-A1
H	TANK SUPPORT - SEE STD. DRAWING NO. 6-980-A3
I	DR. TUBE LENGTH - DT - 0.75 80% AT 40°F.
J	HEADS - 14" DR. X Q/ST. - 21 ELLIPTICAL - SA-468 or SA-414-9
K	SHELL - Q/ST. X 60 1/4" X 79 1/4" - SA-468
L	NAME PLATE
M	REGULATOR BRACKET - DAMAR, INC.

GENERAL SPECIFICATIONS	
WATER CAPACITY (GALLONS)	120
ALLOWABLE WORKING PRESSURE (p.s.i.g.)	250
JOINT EFFICIENCY:	85%
SPOT X-RAY ASME UN-52	
HYDROSTATIC TEST PRESSURE (p.s.i.g.)	375
SURFACE AREA (sq. ft.)	38
RELIEF VALVE SETTING (p.s.i.g.)	250
RELIEF DISCHARGE RATE - LEM. REQUIRED	1078
CODE:	
ASME SECTION VIII, DIVISION I	
UNDERWRITERS LABORATORIES INC. MH-827	
MATERIAL SPECS.	
COUPLINGS - SA-105	
TANK FLANGES - SA-105	
ADAPTOR - SA-105	
FLOAT GAUGE GASKET - NEOPRENE	

GENERAL NOTES:

1. THREADS OF ALL FITTINGS TO BE COATED WITH U.L. APPROVED COMPOUND.
2. FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45° OFF LONGITUDINAL C OF TANK.
3. COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
4. EXTERIOR OF TANK TO BE GRIT BLASTED.
5. PAINT PER SHOP ORDER.
6. ADD METHANOL.
7. PRESSURE TANK WITH MINIMUM OF 50 PSI DRY AIR FOR SHIPMENT.



NAT'L. BD.		SERIAL NO.
AMERICAN WELDING & TANK CO. DIVISION OF FERTILIZER CORPORATION 4124 W. 12TH ST.		
MAX. ALLOW. WORKING PRESSURE (PSI) AT (TEMP.) °F.	250	TEMP. ONLY 10
SERIAL NO. 15	LENGTH 68	DI. OUTSIDE DIA. 24
DI. INSIDE DIA. 18	HEAD DIA. 18	DI. ON SHELL DIA. 18
TYPE / WGT. (AWT - SA)	SHIPPING LABEL 38	DI. IN. FT.
TYPE OF CONTAINER	WATER CAPACITY 120	GALLONS
ASME DIVISION FOR LP GAS		
THIS CONTAINER SHALL NOT BE REPAIRED OR REWORKED MAKING A WELD OR OTHER ALTERATION OF ANY KIND THE MANUFACTURER'S ORIGINAL DESIGN SHALL BE OBSERVED		


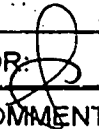
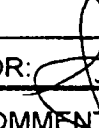
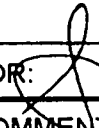
DESIGNED BY: R. J. [Signature]	DATE: 9-61
CHECKED BY: [Signature]	DATE: 9-61
APPROVED BY: R. J. [Signature]	DATE: 9-61

120 WC ABOVE / UNDERGROUND PROPANE TANK - TYPE-AWT-9A	
AMERICAN WELDING & TANK CO. DIVISION OF	
PLANT CITY STEEL CO. A HESCO CORPORATION	
REV. 9-61	DRAWING NUMBER JS-120

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 12, 2004 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5832	Weber	TANK & LINE	Passed	
(8)	4 Mendota Av (B & FORD) Peral Gas			INSPECTOR: 
T/R	Rica	TIRE rem.	Passed	
(3)	5 Banyan Rd. O/B			INSPECTOR: 
5767	Clowouts	Swale	Tag	contact us
(9)	6 Middle Rd.			INSPECTOR: 
5689	Henderson	Lafly Partial	Passed	
(11)	24 Wland Rd Duta			INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

N

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-14, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6185	MERVIN	Final		
	95 N. Sewall's Pt.	Gas Tank Lines	Passed	
	Ferrell Gas	Ground Rough		INSPECTOR: <i>[Signature]</i>
5332	WESER	FINAL GAS	Passed	close
	4 MANDALAY			
	Ferrell Gas			INSPECTOR: <i>[Signature]</i>
5777	ALUMAN	FINAL GAS	Passed	close
	3 SUMMER			
	Ferrell Gas			INSPECTOR: <i>[Signature]</i>
6037	FRANCIS	INT Rough IN	?	not called in
	5 S RIVER ROAD			
				INSPECTOR: <i>[Signature]</i>
TREE	NAUDIN	TREE	Passed	
	19 RIDGEMEN N			
				INSPECTOR: <i>[Signature]</i>
5774	JANSON	FENCE	Passed	close
	132 S. RIVER RD			
	O/B			INSPECTOR: <i>[Signature]</i>
6176	KAKOYANNIS	ROUGH Elec	Passed	
	80 S. RIVER ROAD	Plumbing rough	Passed	
	O/B			INSPECTOR: <i>[Signature]</i>
OTHER:				

5855

FENCE

TOWN OF SEWALL'S POINT

Date July 7 2002

BUILDING PERMIT NO. 5855

Building to be erected for Phil Weber

Type of Permit FENCE

Applied for by Treasure Coast Fence (Contractor)

Building Fee 30.00

Subdivision Mandalay Lot 2 Block _____

Radon Fee _____

Address 4 Mandalay Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410640000002000000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 3000 Check # 1198 Cash _____ Other Fees (_____)

Total Construction Cost \$ 9550.00

TOTAL Fees 30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input checked="" 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	_____

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: Phil Weber Building Permit Number:
City: Sewalls Pt State: FLA Zip:
Legal Description of Property: Lot 2 Mandalay Parcel Number: 1338410040000002000000
Location of Job Site: 4 Mandalay Rd Type of Work To Be Done: fence - 4' galv

CONTRACTOR/Company Name: Treasure Coast Fence Phone Number: 286 6694
Street: 2340 SW Deepwood Pass City: Palm City State: FL Zip: 32930
State Registration Number: State Certification Number: Martin County License Number: SPO1861

ARCHITECT: Phone Number:
Street: City: State: Zip:

ENGINEER: Phone Number:
Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch:
Carport: Total Under Roof Wood Deck: Accessory Building:
Type Sewage: Septic Tank Permit Number From Health Depart. Well Permit Number:

FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): NGVD
Proposed First Floor Habitable Floor Finished Elevation: NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$550.00 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

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

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, 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) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessibility Code

THEREBY 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) Daria S Weber
State of Florida, County of: Martin
This the 28th day of June, 2002
by Daria Weber who is personally known to me or produced F.I.D.I. as identification. Joan H. Barrow

CONTRACTOR SIGNATURE (Required) Gary A. Kasperowski
On State of Florida, County of: Martin
This the 1st day of July, 2002
by Gary Kasperowski who is personally known to me or produced F.I.D.I. as identification. Joan H. Barrow

Notary Public Joan H. Barrow
My Commission Expires: November 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

Notary Public Joan H. Barrow
My Commission Expires: November 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

Seal

Prepared by and return to:
Thomas R. Sawyer
Attorney at Law
McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.
2400 S.E. Federal Highway Fourth Floor
Stuart, Florida 34994

File Number: 125700
Will Call No.: 50

Grantee S.S. No. .
Parcel Identification No.

[Space Above This Line For Recording Data]

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 7th day of March, 2001 between Kari S. Lydon, a married woman, joined by her husband John G. Lydon whose post office address is 167 S. Sewalls Point Road, Stuart, Florida 34996 of the County of Martin, State of Florida, grantor*, and Philip D. Weber and Daria S. Weber, his wife whose post office address is 2422 Pine Avenue, Jensen Beach, Florida 34957 of the County of Martin, State of Florida, grantee*,

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 2, less the Easterly fourteen (14) feet thereof, of MANDALAY SUBDIVISION, according to the Plat thereof, as recorded in Plat Book 4, Page 86, of the Public Records of Martin County, Florida.

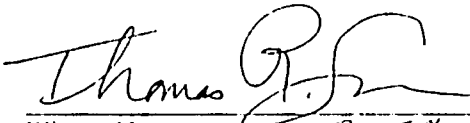
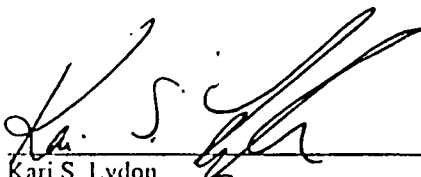
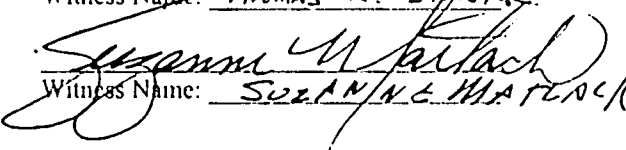
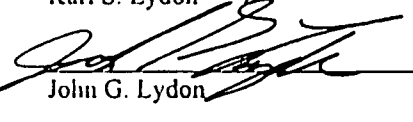
SUBJECT TO taxes accruing subsequent to December 31, 2000, zoning regulations in force and effect, restrictions, reservations, easements and road rights-of-way of public record;

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

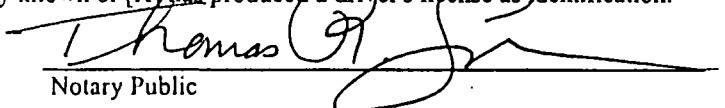
Signed, sealed and delivered in our presence:

 Witness Name: <u>THOMAS R. SAWYER</u>	 Kari S. Lydon (Seal)
 Witness Name: <u>SUZANNE MATLACK</u>	 John G. Lydon (Seal)

State of Florida
County of Martin

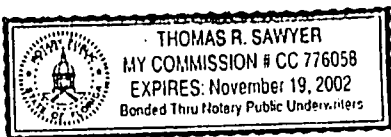
The foregoing instrument was acknowledged before me this 7th day of March, 2001 by Kari S. Lydon, a married woman, joined by her husband John G. Lydon, who is personally known or has produced a driver's license as identification.

[Notary Seal]


Notary Public

Printed Name: _____

My Commission Expires: _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

03/17/2002

PRODUCER (561)546-5600

FAX (561)546-1008

Campbell-Wilson Ins. Agency
8882 SE Bridge Road
Hobe Sound, FL 33455

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	Auto Owners Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

Attn: _____ Ext: _____
INSURED
Recreational Svcs, Inc & Treasure Coast Fence
2340 SW Deepwood Pass
Palm City, FL 34990

#65 0175607

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 <input checked="" type="checkbox"/> Liability plus	902312 20411544 02	03/02/2002	03/02/2003	GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS NON-OWNED AUTOS	95 423 065 00	03/02/2002	03/02/2003	COMBINED SINGLE LIMIT \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NONE			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	NONE			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	NONE			WC STATUTORY LIMITS \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
State of Florida - Tennis court construction/fence I/S/R

CERTIFICATE HOLDER

Town of Sewall's Point
Fax (561) 220 4765
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 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

Joanne Wilson/JO



Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATION

Renewal Effective 03-02-200

AGENCY CAMPBELL-WILSON INSURANCE AGEN
12-0087-00 UNIT 051 (561) 546-5600
INSURED RECREATIONAL SERVICES INC &
TREASURE COAST FENCE &
GARY KASPEROWSKI
ADDRESS 2340 SW DEEPWOOD PASS

PALM CITY, FL 34990-7710

POLICY NUMBER 902312-20411544-0

Company
Bill

POLICY TERM
12:01 a.m. 12:01 a.m.
03-02-2002^{to} 03-02-2003

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE

General Aggregate Limit
(Other Than Products-Completed Operations)
Products-Completed Operations Aggregate Limit
Personal And Advertising Injury Limit
Each Occurrence Limit
Fire Damage Limit
Medical Expense Limit


500,000
500,000
300,000
300,000
100,000 Any One Fire
10,000 Any One Person

"General Aggregate Limit" shown above, is reinstated once per policy period at no additional charge, in accordance with form 55050.

AUDIT TYPE: Annual Audit

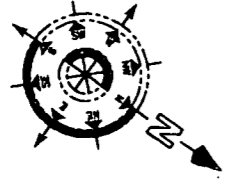
FORMS THAT APPLY TO LIABILITY: 55091 (01-89) 55068 (08-89) IL0021 (11-85)
55081 (08-88) 55029 (07-87) CG0001 (11-88) IL0017 (11-85) 55050 (07-87)

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY DIVISION OF WORKERS' COMPENSATION</p>  <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 02/24/2002 EXPIRATION: 02/24/2004</p> <p>PERSON: KASPEROWSKI GARY SSN: 186-46-9581 FEIN: 650324063 BUSINESS: TREASURE COAST FENCE 2340 SW DEEPWOOD PASS PALM CITY FL 34990</p>	<p style="writing-mode: vertical-rl; text-orientation: mixed;">F O L D H E R E</p> <p>NOTE: Pursuant to chapter 440.10(1)(g), 2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
---	--

CUT HERE

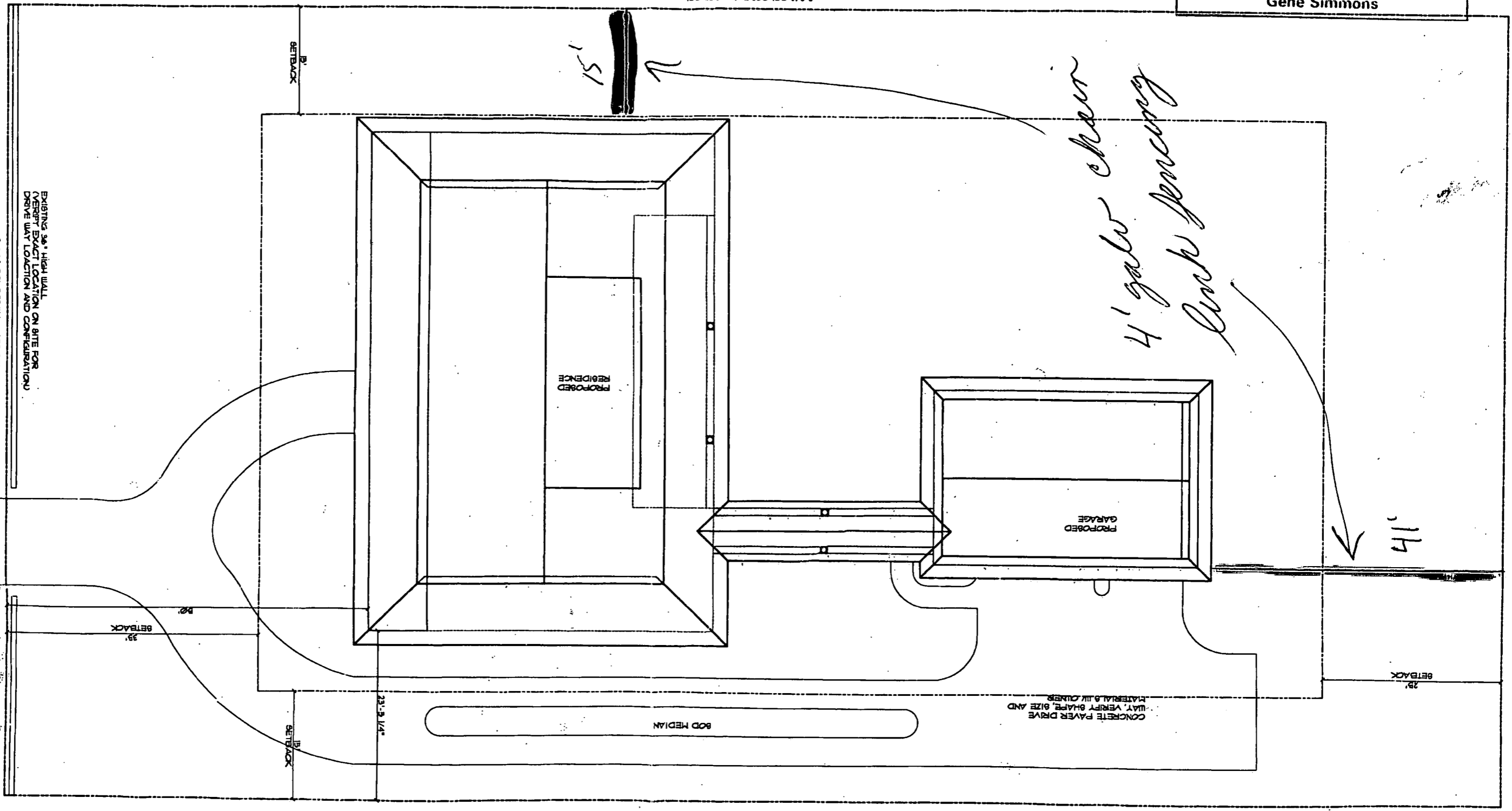
* Carry bottom portion on the job, keep upper portion for your records.



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 7/4/02
[Signature]
BUILDING OFFICIAL
Gene Simmons

9 24' 00" 00" E. L. • 105.00'

9 24' 00" 00" E. L. • 105.00'



EXISTING 36" HIGH WALL
OVER THE EXACT LOCATION ON SITE FOR
DRIVE WAY LOCATION AND CONFIGURATION

9 66' 00" 00" W. L. • 103.00'

CENTER LINE OF MANDALAY ROAD

15' SETBACK

15' SETBACK

39' SETBACK

23'-3" 1/4"

PROPOSED RESIDENCE

PROPOSED GARAGE

60' MEDIAN

CONCRETE PAVER DRIVE
MAY VERIFY SHAPE, SIZE AND
MATERIALS WITH OWNER

25' SETBACK

15'

14'

4' galv char
Arch paving

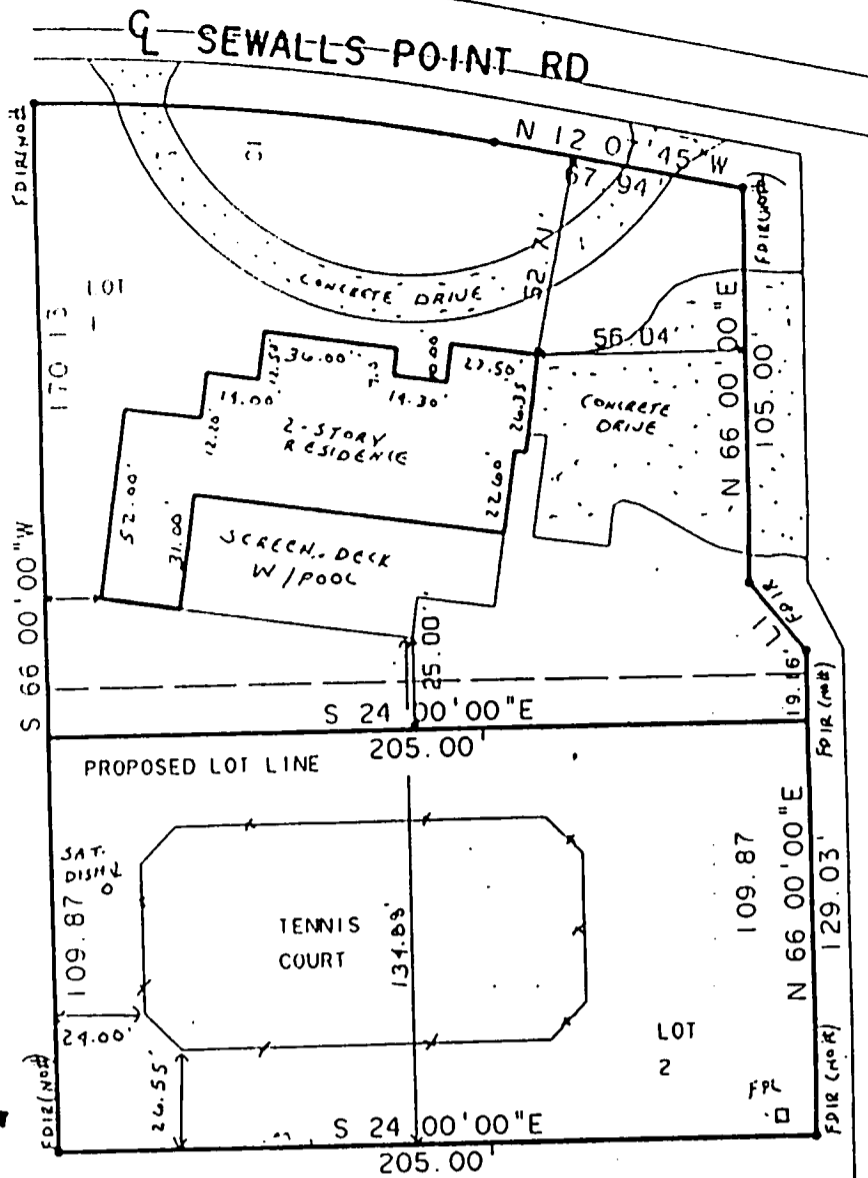
FLOOD ZONE A8 ELEV. = 9.0
 FIRM PANEL 120164 0002C
 DATED APRIL 3, 1984

NOTE CBS WALL
 AROUND PROPERTY
 0.5' INSIDE

TOTAL SQUARE FOOTAGE OF NEW
 PROPOSED LOT 1 31,566
 TOTAL IMPERVIOUS COVERAGE ON
 LOT 1 11,851

ARC 124.45'
 RADIUS 631.95'
 CURVE DELTA ANGLE 117.00°
 C I

BEARING N 27 00' 00" E
 DISTANCE 23.83'
 LINE L I



- A-ASPC
- ASPC - ASPHALT
- C - CALCULATED
- CH - CROSS
- C/L - CENTERLINE
- CM - CONCRETE MOUNTING
- CS - DELTA
- D - DESCRIPTION
- D.P. - DRAINAGE EASEMENT
- FD - FOUR
- G.W. - GUY WIRE
- I.P. - IRON PIPE
- I.P. & C. - IRON ROD & CAP
- L.P. - LIGHT POLE
- M - MEASURED
- M & W - MARK & WASH
- O.P. - OVERHEAD ELECTRIC
- P - PLAT
- PAV. - PAVEMENT
- P.C. - POINT OF CURVE
- P.C.C. - POINT OF CONTINGENT CURVE
- P.P. - POWER POLE
- P.S.C. - POINT OF REVERSE CURVE
- P.T. - POINT OF TANGENT
- P.C.P. - PERMANENT CONTROL POINT
- P.R.M. - PERMANENT REFERENCE MARK
- R - RADIUS
- ROW - RIGHT OF WAY
- U.B. - UTILITY EASEMENT
- W.P. - WIRE POINT
- W.L. - WOOD
- S.M. - BENCHMARK
- F.P. - FRESHLY BLOWN
- SEE I.P. & C. - SEE IRON ROD & CAP
- CONC. - CONCRETE

CERTIFIED TO:
 KARI S. LYDON
 WORLD SAVINGS
 TITLE GUARANTY & TRUST COMPANY, INC.
 ATTORNEYS' TITLE INSURANCE FUND, INC.

DESCRIPTION

LOTS 1 AND 2, MANDALAY, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGES(S), 86, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SAID LANDS SITUATE IN MARTIN COUNTY, FLORIDA.

STREET ADDRESS: 167 S. SEWALLS POINT ROAD

SURVEYOR'S CERTIFICATE:

THIS CERTIFIES THAT A SURVEY OF THE PROPERTY DESCRIBED HEREON WAS MADE UNDER MY SUPERVISION AND THAT THE SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES, AND THAT THE SKETCH HEREON IS A TRUE AND ACCURATE REPRESENTATION THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF, SUBJECT TO NOTES AND NOTATIONS SHOWN HEREON.

NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.

- NOTES:
- 1) REPRODUCTIONS OF THIS SKETCH ARE NOT VALID UNLESS SEALED WITH AN EMBROSSED SURVEYOR'S SEAL.
 - 2) LANDS SHOWN HEREON WERE NOT ABSTRACTED BY THIS OFFICE FOR RIGHTS-OF-WAY, EASEMENTS OF RECORD, OWNERSHIP, MURPHY ACT DEEDS, OR ADJOINING DEEDS.
 - 3) LAND DESCRIBED SHOWN HEREON WAS PROVIDED BY THE CLIENT OR HIS/HER AGENT.
 - 4) NO ATTEMPT WAS MADE BY THIS OFFICE TO LOCATE SUBSURFACE IMPROVEMENTS OR ENCROACHMENTS OTHER THAN THOSE SHOWN, HEREON.
 - 5) UNDERGROUND FOUNDATIONS NOT LOCATED.
 - 6) CASE OF BEARINGS IS THE CENTERLINE OF S. SEWALLS POINT ROAD AS SHOWN ON THE PLAT OF MANDALAY RECORDED IN PLAT BOOK 4, PAGE 86, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

DATED 6-19-2000

Gerald W. Tansky
 GERALD W. TANSKY

PROFESSIONAL REGISTRATION NO. 4464

AS BUILT SURVEY PREPARED FOR: TITLE GUARANTY

TREASURE COAST LAND SURVEYORS
 LB # 6453 PROFESSIONAL LAND SURVEYORS
 PHONE # 3250 CANDICE AVE.
 334-2663 JENSEN BEACH, FLORIDA 34957

DRAWN: G.W.T.
 CHECKED: G.W.T.
 DATE: 6-19-2000
 SCALE: 1" = 90'
 JOB # 80-303
 SHEET / OF 1

REVISIONS	BY	DATE
SPLIT LOT LINES	P.K.T.	10-6-2000
APPROXIMATE 59. FT	P.K.T.	1-8-2001
SET LOT LINE AT 15'	P.K.T.	2-6-2001
SET LOT LINE AT 25'	D.L.T.	2-8-2001

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-10-02, 2002; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5853	BRAOICE	Final Shutters	Passed	
(2)	96 S. River Rd Custom Shutters			INSPECTOR:
5454	Piccu	Pool Fencing + Alarm	Passed	* See
(1)	65 S. River Rd Advantage Pools			INSPECTOR:
TREE	MADDEN	TREE	Passed	repl. ?
(2)	160 S. River Rd			See ? INSPECTOR:
5855	Weber	Final Fence	Passed	✓
5692	4 Mandalay Rial TREASURE Coast	Pool fenced - separate child fence	Passed	Passed ✓ INSPECTOR:
5573	Flaugh	Final - what inspection - ?		
(8)	6 India Lucie Pkwy GARY HUNAGEL			INSPECTOR:
5501	ALLMAN	Meter Insp.	Failed	
(7)	3 Summer Lane O/B			INSPECTOR:
5631	Hart	Framing	Failed	
(6)	61 S. River Rd Windehip	Completion of Roof Metal	Passed	INSPECTOR:

OTHER:

* 65 S. River
ET window slider down stairs ?

5689 2a Island Hedge
strapping / slab / Passed
partial

10938

SIDING REPAIR



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10938	DATE ISSUED:	7/17/2014
SCOPE OF WORK:	REMOVE & REPLACE GABLE WOOD		
CONTRACTOR:	PRAESTO CONSTRUCTION		
PARCEL CONTROL NUMBER:	13384100400000200	SUBDIVISION	MANDALAY LOT 2
CONSTRUCTION ADDRESS:	4 MANDALAY RD		
OWNER NAME:	WEBER		
QUALIFIER:	MICHAEL SMITH	CONTACT PHONE NUMBER:	772-626-8845

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10933
ADDRESS:	4 MANDALAY RD
DATE ISSUED:	7/17/2014
SCOPE OF WORK:	REMOVE & REPLACE

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

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 211.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: _____ Permit Number: _____

OWNER/LESSEE NAME: Philip Weber Phone (Day) _____ (Fax) _____

Job Site Address: 4 Mandaly Rd City: Sewall's Point State: FL Zip: 34496

Legal Description: MANDALAY Lot 2, Less Ely 14' Parcel Control Number: 1338410640080002066000

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Wood Rot Removal + Reside bable

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 5000
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: PRAESTO CONSTRUCTION LLC Phone: 772-626-8845 Fax: _____

Qualifiers name: Michael Smith Street: 4071 SW McCreary ST City: PSL State: FL Zip: 34953

State License Number: CBC 1259601 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Michael Smith Phone Number: 772-626-8845 / 834-2242

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: 12 Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

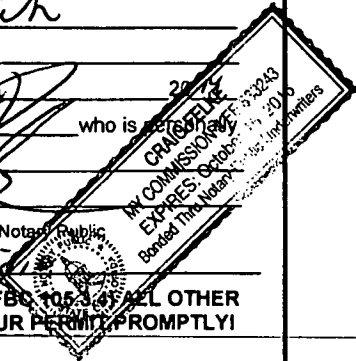
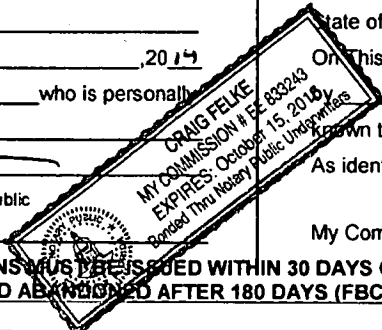
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:
x Philip Weber
State of Florida, County of: Martin
On This the 15 day of July, 2014
by _____ who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires: 10/15/16

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
x Michael T. Smith
State of Florida, County of: Martin
On This the 14 day of July, 2014
by _____ who is personally
known to me or produced _____
As identification _____
Notary Public
My Commission Expires: 10/15/16



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

generated on 7/17/2014 2:27:05 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-004-000-00020-0	146817	4 MANDALAY RD, SEWALL'S POINT	\$532,850	7/13/2014

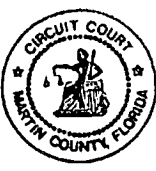
Owner Information	
Owner(Current)	WEBER PHILIP D & DARIA S
Owner/Mail Address	4 MANDALAY RD STUART FL 34996
Sale Date	3/7/2001
Document Book/Page	1536 2271
Document No.	JKB
Sale Price	130000

Location/Description			
Account #	146817	Map Page No.	SP-06
Tax District	2200	Legal Description	MANDALAY LOT 2, LESS ELY 14'
Parcel Address	4 MANDALAY RD, SEWALL'S POINT		
Acres	.5140		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Assessment Information	
Market Land Value	\$160,000
Market Improvement Value	\$372,850
Market Total Value	\$532,850

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE



INSTR # 2466064
OR BK 2729 PG 1072
(1 Pgs)
RECORDED 07/15/2014 12:36:17 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

BY [Signature] D.C.
DATE [Signature] PERMIT # _____

TAX FOLIO # 133841004000002000000

STATE OF FLORIDA COUNTY OF MARTIN

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):

Mandalay lot 2, less eby 14', 4 Mandalay Rd. Sewell's Point, Fl. 34996

GENERAL DESCRIPTION OF IMPROVEMENT: remove rotten wood on gable, resheet with hardi siding

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: Weber, Philip D. & Daria S.
Address: 4 Mandalay rd Sewell's Point, Florida 34996
Interest in property: owners
Name and address of fee simple title holder (if different from Owner listed above): _____

CONTRACTOR'S NAME: Praesto Construction LLC Phone No.: (772) 626-8845
Address: 4071 SW McCrory st Port Saint Lucie, Fl. 34953

SURETY COMPANY (if applicable, a copy of the payment bond is attached):

Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: _____

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

Name: _____ Phone No.: _____
Address: _____

In addition to himself or herself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____

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

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

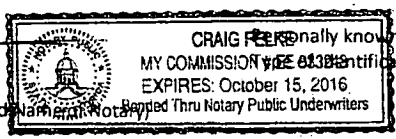
[Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this 15 day of July, 2014

By: _____ as _____ for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
Notary Signature



Personally known or produced identification
MY COMMISSION EXPIRES: October 15, 2016
Produced Thru Notary Public Underwriters



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

CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 7-14-2014

Building Permit # _____

Site Address: 4-MADALAY Rd Sewell's Point FL, 34996

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

- (1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
- (2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
- (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
- (3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

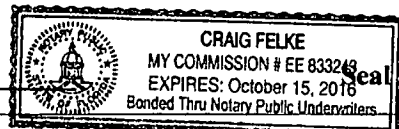
X Contractor or _____ Owner/Builder Signature Michael J. Smith

Subscribed and sworn to before me this 15 day of July, 2014, personally appeared

_____ who is personally known to me or produced FL DL as

identification, and who did/did not take an oath.

Notary Public Signature _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/09/2014

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

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

PRODUCER BB&T Insurance Services, Inc. 414 Gallimore Dairy Road Suite F Greensboro, NC 27409	CONTACT NAME: PHONE (A/C, No, Ext): 888 743-2217		FAX (A/C, No): 8888279861
	E-MAIL ADDRESS:		
INSURED Praesto Construction LLC 4071 SW McCrory Street Port Saint Lucie, FL 34953-6404	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Southern Owners Insurance Compa		10190
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		1323122010896214	04/15/2014	04/15/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input 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		1323122010896214	04/15/2014	04/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**** Supplemental Name ****
 First Supplemental Name applies to all policies - Name Printed on DEC Page: Praesto Construction LLC

CERTIFICATE HOLDER Town of Sewall's Point 1 S Sewall's Point Road Sewall's Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Rick H. Sewall</i>
--	---



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 9/16/2013

EXPIRATION DATE: 9/16/2015

PERSON: SMITH

MICHAEL T

FEIN: 462762543

BUSINESS NAME AND ADDRESS:

PRAESTO CONSTRUCTION LLC

4071 SW MCCRORY ST

PORT SAINT LUCIE FL 34953

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

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



LICENSE NUMBER	
CBC1259601	

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

SMITH, MICHAEL TODD
PRAESTO CONSTRUCTION, LLC
4071 SW MCCRORY ST
PORT ST LUCIE FL 34953



RICK SCOTT

ISSUED: 09/03/2013 SEQ # L1309030000330

KEN LAWSON

2013 / 2014 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 1016326
CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

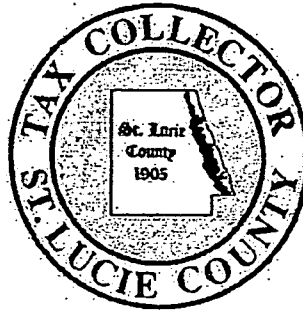
FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 1
TYPE OF BUSINESS 1500 BUILDING CONTRACTOR (CERTIFIED BUILDING CONTRACTOR)

EXPIRES SEPTEMBER 30, 2014

BUSINESS/ Michael Todd Smith

DBA NAME Praesto Construction LLC
MAILING Michael Todd Smith
ADDRESS 4071 SW McCrory St
Port St Lucie, Fl 34953

BUSINESS LOCATION 4071 SW McCrory St
Port St Lucie, Fl 34953
City of Pt St Lucie



NEW BUSINESS ORIGINAL TAX	\$12.35
PENALTY COLLECTION COST TOTAL	\$12.35

L13000050689

Paid 10/08/2013 12.35

0206-20131008-000106

CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1, 2013 to September 30, 2014

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax.
Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.
THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

VALID AT THIS BUSINESS ADDRESS ONLY

Business Address: 4071 SW MCCRORY ST
Classification: CONT CONTRACTOR
Issued to: PRAESTO CONSTRUCTION LLC
4071 SW MCCRORY ST

Business Tax 137193 / 14-1072450
Fee: 127.63
Discount: 0.00

Mary B. Praesto

PORT ST LUCIE, FL 34953

BUSINESS TAX AUTHORITY

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

Praesto Construction LLC

4071 SW McCrory St.
Port Saint Lucie, FL 34953

Michael Smith
(772) 626-8845

"Better Because We Care"

Licensed, Insured, Bonded
Over Thirty Years Experience

CBC 1259601

EMAIL: mtsmt7@yahoo.com

www.praestoconstruction.com

Formal Proposal

July 14, 2014

Submitted to:

Phil Weber
4 Mandaly rd
Sewell's Point, fl 34996

Submitted by:

Praesto Construction LLC
4071 SW McCrory St.
Port Saint Lucie, Florida 34953
Business: (772)6268845

Terms and Payments

Contractor will supply all materials with a 10% mark-up. Labor will be 50 dollars per hour for skilled 30 per hour for unskilled labor.

GENERAL CONDITIONS

The contractor shall provide all necessary labor and materials, and perform all work of every nature on the proposed remodeling in accordance with this contract, the specifications, and the accompanying drawings. The Contractor shall obtain the building permit. All subcontractors will take out their own permits and pay for them. The owner, if necessary, will have the lot surveyed and will apply for all zoning, historic preservation or other related permits as necessary. Work for any of these are not included under this contract. All work is to be executed in a workman like manner in accordance with the contract, plans, and specifications. All material and labor for unforeseen damages must have additional work orders signed before proceeding.

Project Specifications

Gable reside and repair

Provide all material and labor to repair and reside gable.

General Project Contents

PROJECT PREPARATION

Sub-Total is \$5,000.00

Project Cost is \$5,000.00

PAYMENT SCHEDULE

time and material


Owner will provide 700 for materials at signing of contract and payment will be made for labor at the end of each day.

ACCEPTANCE OF PROPOSAL

The prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined in this contract.

Signature 

Date: 15 July 2014

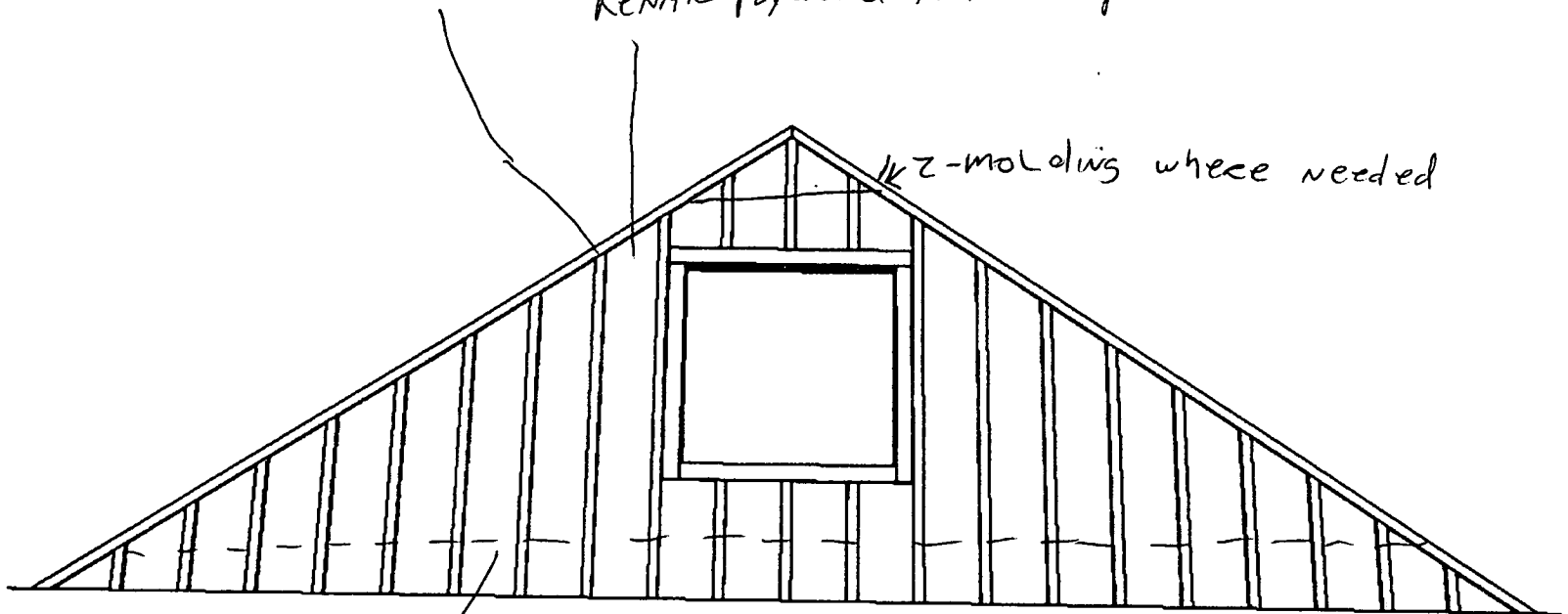
Signature 

Date: 15 - July 2014

Price not to exceed contracted amount without additional written change orders

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Remove all wood trim & Battens
Renail plywood to NOA specs.



Z-molding where needed

Cut Rotten wood & Replace with $\frac{5}{8}$ Pressure treated plywood with z-molding

Cover entire gable with Hardi Panel siding to NOA specs.

INSTALL New trim & Battens with Hardi trim to NOA specs.



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

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

NOTICE OF ACCEPTANCE (NOA)

**James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337**

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

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

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

DESCRIPTION: Hardiplank, Cemplank, Hardipanel, Cempanel, Hardisoffit and Cemsoffit

APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel & Cempanel; Hardiplank & Cemplank; Hardisoffit & Cemsoffit Installation Details", sheets 1 through 3 with no revisions, prepared, signed and sealed by Ronald Ogawa, P.E., dated 04/02/04, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA renews NOA # 02-0729.02 and, consists of this page, evidence page as well as approval document mentioned above.

The submitted documentation was reviewed by **Carlos M. Utrera, P.E.**



**NOA No 07-0418.04
Expiration Date: May 01, 2012
Approval Date: May 31, 2007
Page 1**

James Hardie Building Products, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE PAGE

A DRAWING (submitted under NOA No. 02-0729.02)

1. Drawing prepared by James Hardie Building Products, Inc. titled "Hardipanel & Cempanel; Hardiplank & Cemplank; Hardisoffit & Cemsoffit Installation Details", drawing No HPNL-8X, HPLK-4X8 & HSOFFIT-8X, dated 04/02/04, with no revisions, signed and sealed by R. L. Ogana, PE.

B TEST (submitted under NOA No. 02-0729.02)

	Laboratory Report	Test	Date	Signature
1.	ATI-16423-1	PA 202 & 203	03/18/96	A. N. Reeves PE.
2.	ATI 16423-2	PA 202 & 203	03/18/96	A. N. Reeves PE.
3.	ATI 16423-3	PA 202 & 203	03/18/96	A. N. Reeves PE.

C QUALITY ASSURANCE

1. Building Code Compliance Office.

D MATERIAL CERTIFICATION (submitted under NOA No. 02-0729.02)

- 1 Standard Compliance (ASTM C-1185) issued by ETL Testing Laboratories on 05/09/95 signed by D. K. Tucker, PE.
- 2 Evaluation Report NER-405 issued by National Evaluation Service, Inc. on 01/01/93, with no signature.

E STATEMENT (submitted under NOA No. 02-0729.02)

1. No change letter issued by James Hardie Building Products, Inc. issued on 02/16/99, signed and by J. L. Mulder.
2. Power of Attorney and Appointment of Domestic Representative, signed by P. Shafron on 04/17/02, Assignment and Memorandum of Assignment signed by T. P. Dolmans on 04/16/02 and Assignment for the trade marks of Cemplank, Cempanel and Cemsoffit to the Assistant Commissioner for Trademarks signed by V. Lester and P. Shafron on 04/18/02.

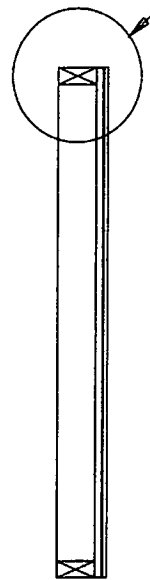
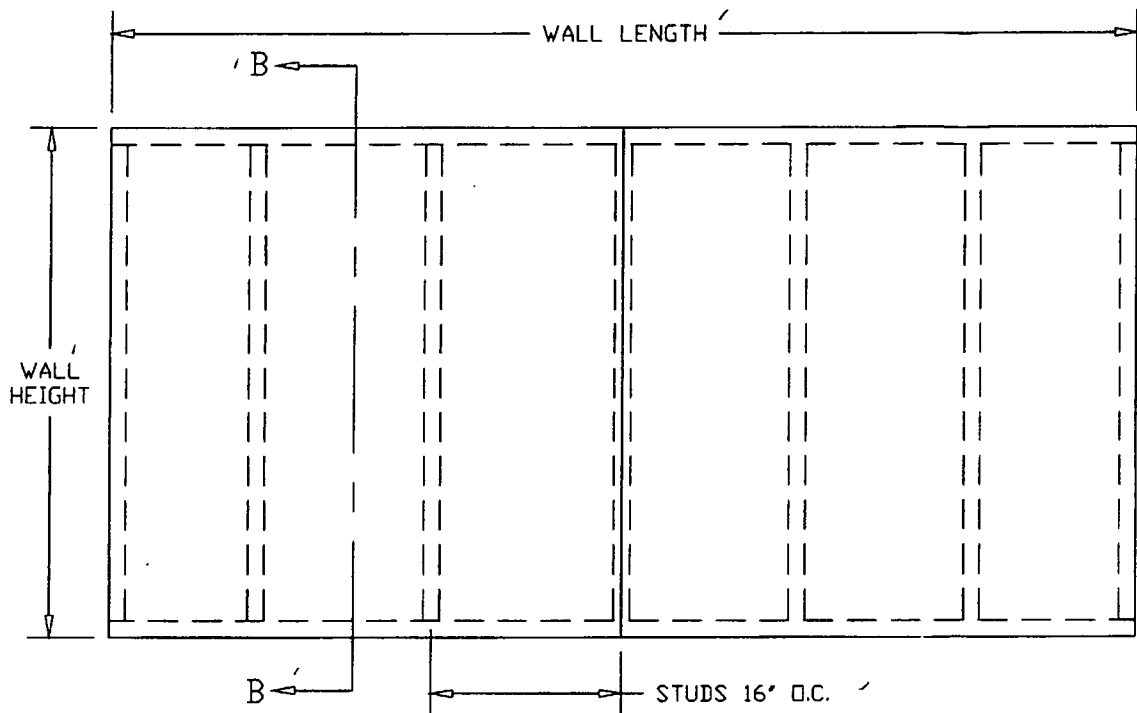
E OTHERS

1. No change letter issued by James Hardie Building Products, Inc. issued on 04/02/07, signed and sealed by Chad Diercks, Technical Services Manger.
2. Engineer of record letter issued by Ronald Ogawa & Associates, Inc., dated April 3, 2007, signed and sealed by Ronald I. Ogawa, P.E.



Carlos M. Utrera, P.E.
Product Control Examiner
NOA No 07-0418.04
Expiration Date: May 01, 2012
Approval Date: May 31, 2007

REVISION BLOCK
REV. 1 / DATE:



DETAIL A

DESCRIPTION
 Hardipanel & Cempanel siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the Florida Building Code.

PANEL DIMENSIONS

Width	Length	Thickness
48"	8,9.10'	5/16"

DESIGN PRESSURE RATING

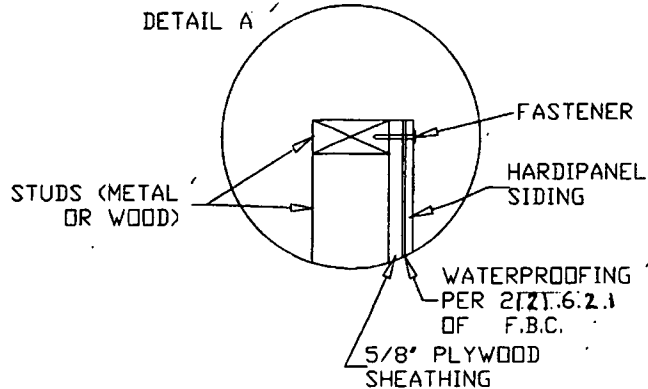
Installation	Design Pressure
Wood frame	-76 PSF
Metal frame	-104 PSF

Final
4/1/04

- NOTES**
- 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTANCE, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE FLORIDA BUILDING CODE.
 - 2) STUDS OF METAL OR WOOD WHERE HARDIPANEL & CEMPANEL WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE F.B.C. AND THE REQUIREMENTS OF THIS N.O.A.

HARDIPANEL & CEMPANEL SIDING INSTALLATION DETAILS
 The panels are applied vertically, avoiding horizontal joints, over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16' o.c. When installed on wood studs panels shall be fastened with 6d x 2" long galvanized box nails; on steel studs it shall be fastened with #8 x 1 5/8" x 0.315" corrosion resistance H.D. ribbed bugle screws. The fasteners shall be placed @ 6" o.c. around the perimeter of the panel and intermediate studs, driven through the plywood sheathing into the studs. All joints shall be over studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from the corners.

5/8" PLYWOOD SHEATHING SHALL BE ATTACHED TO THE STUDS IN ACCORDANCE TO FLORIDA BUILDING CODE, WITH ANOTHER SET OF NAILS OR SCREWS AS UNDERLINED ABOVE.



PRODUCT REVISED
 as complying with the Florida Building Code
 Acceptance No. 07-0418.04
 Registration No. 05/01/2002
 By: *[Signature]*
 Miami-Dade Product Control Division

PRODUCT REVISED
 as complying with the Florida Building Code
 Acceptance No. 02-0729.02
 Registration No. 02/01/01
 By: *[Signature]*
 Miami-Dade Product Control Division

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER	10981 ELM AVENUE FONTANA, CA 92337 909-356-6300 FAX: 909-427-0634
	DATE: 04/02/2004 ORG NO.: HPNL-8X SHEET NO.: 1/3 SCALE: NTS DRAWN BY: C DIERCKS ENG NO.:
This drawing and the copyright therein are the property of the above company and accordingly the drawing must not be copied or reproduced in any material form whatsoever.	
TITLE: HARDIPANEL® & CEMPANEL® INSTALLATION DETAILS	
APPROVING ENG:	ENG DISCIPLINE:

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

8/8 - 14

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10949	Wright	Plumbing	Pass	
9	10 Miramar	Underground	Pass	
4	Custom Builders Corp.	Electrical Rough Re-inspect	PASS	INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10967	Chapman	Electrical		
	11 Palm Rd	Rough	Pass	
5	Di Menno Electric	Rear Porch		INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10933	Weber	Wall Sheeting		
9	4 Mandalay Rd		Pass	
6	Praesto			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	Weston	Ground		
	30 SSPR.	Water Retention	Pass	
3	Weston Construction	FINAL GRADE		INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10866	Thle Ihle	Gas		
	121 Hillcrest Drive		FAIL	NOT READY
7	GLG Homes			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10668	Fitzsimmons	Final		
	99 N SPR		FAIL	NO ACCESS
1	Gulfstream			INSPECTOR <i>AF</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
0917	Castoro	Electrical		
	22 SSPR	POOL BONDING	Pass	
2	Roe Construction	Grid		INSPECTOR <i>AF</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

8-14-14

Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10970	Poole	Final		
	94 N SPR	Concrete	Pass	Close
	Esker Concrete	Slab		INSPECTOR <i>AA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10952	Malizia	Drain +		
After 1pm	4 Ridgeview Rd	showhead		
	O/B			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10972	Wether	FINISH		
	Wether	SIDING	Pass	Close
	PRESTO CONST			INSPECTOR <i>P</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE
PERMITS

TOWN OF SEWALL'S POINT, FLORIDA

Date 10/19/81 19 _____ TREE REMOVAL PERMIT No 0506

APPLIED FOR BY BULFORD CONST (Contractor or Owner)

Owner MR + MRS. WEBER

Sub-division MANDALAY, Lot 2, Block _____

Kind of Trees SABLE PALMS

No. Of Trees: REMOVE _____

No. Of Trees: RELOCATE (5) WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, [Signature] Applicant Signed, [Signature] Town Clerk

FEE \$ 15.00

Building Officer

FILE I :

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 notes or drawings]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED
SEP - 7 2001

Permit # 0506
Date Issued 10/19/01

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 Phil & Dania Weber Address 4272 SE Lovelake Dr Phone _____

Contractor Buford Const Co Address 1006 Camden Ave Phone 283-2050

Number of trees to be removed (list kinds of trees) _____

Relocate (5) Sable Palms
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 [Signature] Date submitted 9-7-01

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ ^{FEE}. 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 11/22 2004 TREE REMOVAL PERMIT No 2360

APPLIED FOR BY WEBER (Contractor or Owner)

Owner 4 MANDALAY ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 6 QUEEN PALMS

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

No. Of Trees: REPLACE 6 WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 15.00

Signed, Daria Kelle
Applicant

Signed Jane Simmons (M)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, 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, Marberry, 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 Oxeeye, 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 Daria + Phil Weber Address 4 Mandalay Rd Phone 287-9289

Contractor Carlos Lawn Service Address 2876 SE Evergreen Phone 260-1631
 Insurance # 29742 / All Green Inc. stat 34997

No. of Trees: REMOVE 6 Type: Queen palms

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

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

Written statement giving reasons: see attached

Signature of Property Owner Daria Weber Date 11/19/04

Approved by Building Inspector: [Signature] Date 11/22 Fee: 15

Plans approved as submitted [check] Plans approved as revised/marked: _____

To: Building Inspector – Sewalls Point

I am submitting an application to remove six queen palms from the front of our house at 4 Mandalay Road. Three of them are in a state of decline, and two are leaning from the hurricane winds. It costs \$20 per tree to have them trimmed, and we do this three times per year to keep them looking tidy. Instead of spending \$320 per year on trimming and paying to have a tree service come and brace them up, I would like to replace them with two canopy trees. We need large amounts of shade on our lot. The queen palms came with the lot when it was a tennis court, and we are trying to find shade trees for the lawn to cut down on the amount of watering needed. I have researched many different trees, hoping to find a native that will grow fairly quickly to give much-needed shade. I have been successful only to a certain point. Although I discovered several natives that will work well on the sides of our house because of their upright, vertical growth, I was unable to find a spreading canopy tree which gets tall enough to offer large areas of shade from the southern exposure, and one which is a broad-leaved evergreen. The two native trees which did meet our requirements for shade are only available in five-gallon containers at a native nursery in Loxahatchee. Live Oaks will get too large for the area, and other varieties are sparsely branched and slow growing.

My goal is to have 40-60% natives on our lot, and I will be planting native Florida Simpson Stoppers along the side and back of my property, as well as a few Pigeon Plum trees along the side of our property.

The trees I would like to replace the Queen palms with are called Tipuana Tipu. There is no "common" name for them. They are evergreen, have a spreading canopy for shade, are not on the Invasive Species list, and grow quickly enough to give us the shade we need. They are currently available but quantities are limited, and the trees are only about seven feet tall. They do grow quickly. Should these trees become unavailable at the time of replanting, two alternatives would be the Japanese Tree Fern (Filicium) or Mahogany, both of which are similar to the Tipu tree in form. None of these choices require much water after the first year.

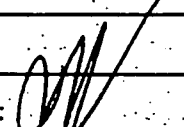
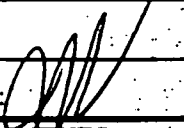
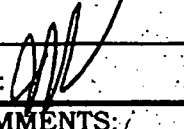
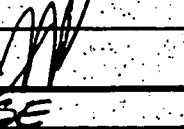
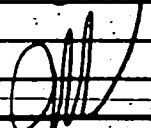
If you need more information about my request, please feel free to call me at 287-9289. Thanks very much.

Daria Weber

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/22, 20024 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6419	MENDOZA	Power Release	PASS	CALL FPL
7	144 S. SEWALL SP MASTER PLAN	LAST 11:15		INSPECTOR:
6898	GABRYNOWICZ	FINAL FENCE REPAIR	PASS	CLOSE
6	5 QUAIL RUN LA O/B			INSPECTOR:
6111	GREENE	ADDITION FINAL	PASS	CLOSE
1	26 ISLAND RD O/B			INSPECTOR:
6941	JONAS	ELEC BOUGH	FAIL	
3	12 N. SEWALL SP LANIERO			INSPECTOR: 
6551	LANGER	ELEC BOUGH	PASS	
4	3 LOFTING WAY FLOLOA'S FINEST			INSPECTOR: 
6346	MOORE	POOL FINAL	FAIL	
5	5 DAK HILL WAY CRYSTAL LAGOON			INSPECTOR: 
2	WEBER	TREE	PASS	
	4 MANDALAY RD			INSPECTOR: 
OTHER:	GULICK	UG TANK + LINES	PASS	CLOSE
7032	10 ISLAND ROAD FERRELL GAS			

TOWN OF SEWALL'S POINT

THOMAS P. BAUSCH
Mayor

MARC S. TEPLITZ
Vice Mayor

E. DANIEL MORRIS
Commissioner

JAMES D. BERCAW
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER PHIL & DANIA WEBER ; PROPERTY ADDRESS: 4 MANDALAY

LEGAL DESCRIPTION: LOT 2 BLOCK _____ SUBDIVISION MANDALAY

GENERAL CONTRACTOR: BUFFALO CONSTRUCTION ; LIC/CERT NO: CBC037840

ADDRESS: 1006 CAMDEN AVE SUITE ; TEL: 283-2050 ; FAX: 283-0940


ARCHITECT OR ENGINEER: JOHN D. HOLT ; LIC/CERT NO: 15252

ADDRESS: 925 AZURE AVE W.P. BEACH ; TEL: 793-7843 ; FAX: 795-1612

PERMIT NO: 5567 ; DATE OF ISSUE: 10/19/01 ; RENEWAL PERMIT NO: _____ ; DATE OF ISSUE: _____

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

Entered at Sewall's Point, Florida, this 23 day of July, 2002.


Gene Simmons, CBO
Building Official, Town of Sewall's Point



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