

7 Mandalay Road

329

SFR

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 329
Date 5-12-72

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner C.C. WALTERS Present Address 317 SEA HAWK LN., STUART Ph 287-9352

General Contractor C.C. WALTERS Address SAME AS ABOVE Ph 287-9352

Where licensed N/A License No. N/A

Plumbing Contractor HOWARD PLUMBING License No. _____ MARTIN COUNTY
Electrical Contractor SEMINOLE ELECTRIC License No. _____ MARTIN COUNTY

Street building will front on MANDALAY ROAD

Subdivision MANDALAY Lot No. 12 Area ABOUT 23,128 SQ. FT.

Building area, inside walls (excluding garage, carport, porches) Sq ft 2126 SQ. FT.

Other Construction (Pools, additions, etc.) N/A

Contract Price (excluding land, rugs, appliances, landscaping) \$ 48,455.00

Total cost of permit \$ 265.00

Plans approved as submitted _____ Plans approved as marked ✓

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

C.C. Walters
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

C.C. Walters
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 5/8/72

Date approved 5/12/72

Certificate of Occupancy issued _____ Date _____

TRIPLE OXID
($4\frac{9}{16} \times 9\frac{3}{8}$)

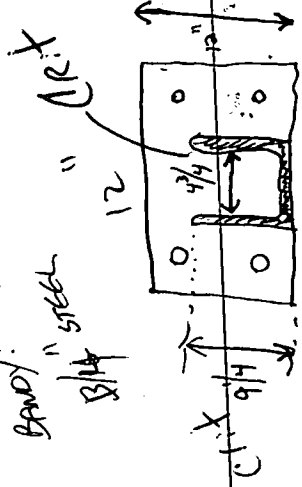
3 ply NICKELAM

$1\frac{3}{4}$ THICK X 18" LONG TALL

$6\frac{5}{4}$ THICK
OVERALL

BUCKET.

BRAND: "STEEL"
 $3\frac{1}{4}$ "



420

SCREEN ENCLOSURE

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 420

Date Issued, Date 8/28/73

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner ^{mw.} COL. C. C. WALTERS Present Address 7 MANDALAY RD. Ph 287-9352

General Contractor E. Jeffers Address LOT 48 Starlite TR. PK Ph 283 3170

Where licensed Martin Co. License No. 159

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on MANDALAY Rd.

Subdivision MANDALAY Lot No. 12 Area -

Building area, inside walls (excluding garage, carport, porches) Sq ft _____

Other Construction (Pools, additions, etc.) SCREENING; EXISTING PORCH

Contract Price (excluding land, rugs, appliances, landscaping) \$ 452.40

Total cost of permit \$ 2.16

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

Signed by General Contractor

E. Jeffers

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

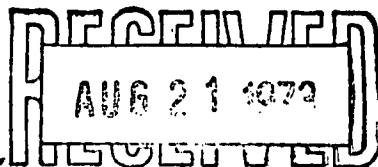
Mrs. Charles C. Walters
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted _____

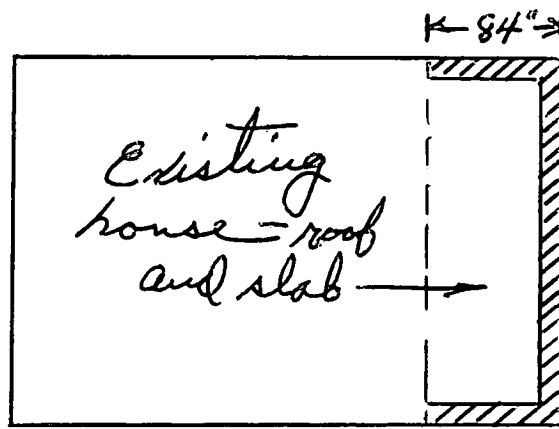
Date approved 8/21/73 Ch. Dwyer



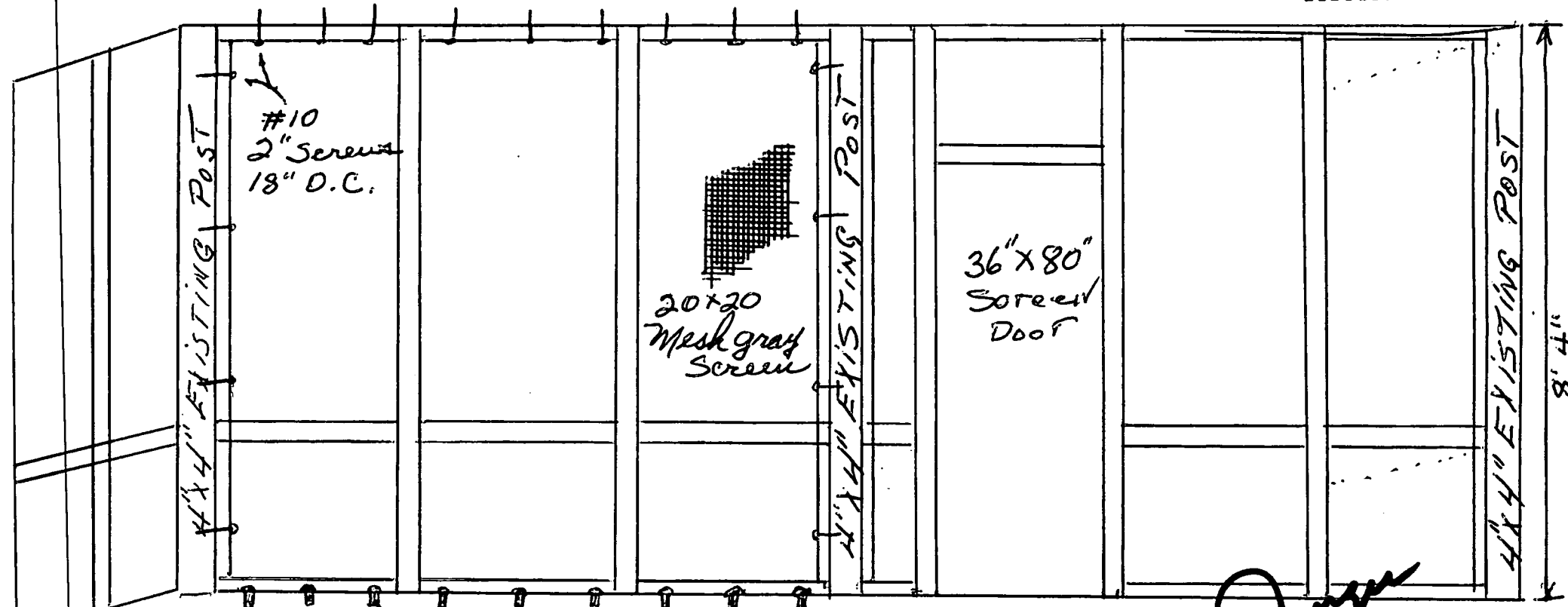
Certificate of Occupancy issued 8/28/73

Date ao.

Owner
Mr C.C. Walts



RECEIVED
AUG 21 1973
RECEIVED
eb.



1/4" x 1/4" Concrete Anchors 12" O.C.

Chuck Jones

26' 0"

8/21/73

Town Hall Copy # 420.

1062

POOL

TOWN OF SEWALL'S POINT FLORIDA

1062

Permit No. _____

RECEIVED OCT 25 1979 Date 10/25/79

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

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

Owner Mr + Mrs Paul DesRosiers Present address 7 Mandalay Rd

Phone 283-2808

Contractor Martin County Custom Pools Address P.O. Box 1798 Stuart

Phone 283-6363

Where licensed Martin County License number #130

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Swimming Pool & Patio

State the street address at which the proposed structure will be built:
7 Mandalay Rd. Sewalls Pt.

Subdivision _____ Lot No. #12

Contract price \$ 7975 Cost of Permit \$ 40

Plans approved as submitted Plans approved as marked _____

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

Contractor Martin County Custom Pools
Gay Davis (Per.)

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

Owner Audrey S. DesRosiers

TOWN RECORD Date submitted _____

Approved: J. Maguire Building Inspector Date 10/26/79

Approved: J. G. ... Commissioner Date 29 Oct 1979

Final Approval given: _____ Date 12/21/79

Certificate of Occupancy issued _____ Date _____

SP/1-79

Steel's Grounding 11/20/79
Patio Slab 12/10/79

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1062

3529

GARAGE EXTENSION

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

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

Owner MR/MRS F. HALSTEAD Present Address 7 MANDALAY DR

Phone 220-0606

Contractor MASTERPIECE BLDGS Address 424 COLORADO AVE STUART

Phone 283-2096

Where licensed FLORIDA License Number CGC 048543

Electrical Contractor SOUTH STAR License Number PR 0010262

Plumbing Contractor N/A License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: GARAGE EXTENSION.

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

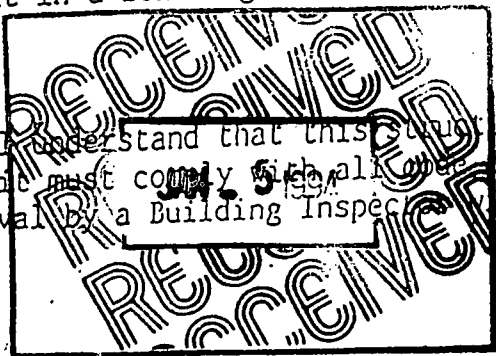
7 MANDALAY DR.

Subdivision Mandalay Lot Number 13 Block Number _____

Contract Price \$ 10,000 Cost of Permit \$ 180.00

Plans approved as submitted _____ Plans approved as marked

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



Contractor Jeffery A Bowers

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

Owner E. Frederick Halstead

TOWN RECORD

Date submitted _____

Approved: Dele Brown 1/5/94
Building Inspector Date

Approved: [Signature] 1/7/94
Commissioner Date

Final Approval given: _____ Date

Certificate of Occupancy issued(if applicable) _____ Date

Permit No. _____

NOTICE OF COMMENCEMENT
MARTHA STEELER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

RECORDED & VERIFIED
BY 20
D.C.

STATE OF FLORIDA
COUNTY OF MARTIN

01038854

94 JAN -7 PM 2:03

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: GARAGE EXTENSION

Owner: MR/MRS FRED HALSTEAD
Address: 7 MANDALAY, STUART FL

Owner's interest in site of the improvement: 100%

Contractor: MASTERPIECE
Address: 424 COLORADO AVE, STUART, FL

Surety (if any): N/A
Address: _____
Amount of Bond: _____

Lender: N/A
Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: _____
Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: DAVID N. DEINARD
Address: 3601 E. OCEAN BLVD, STUART, FL

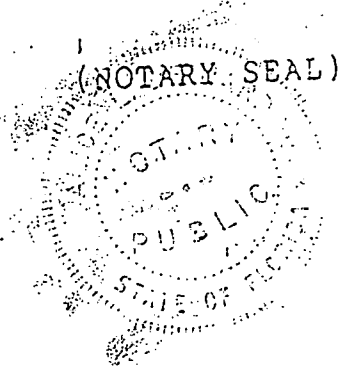
E. Frederick Halstead

Sworn to and subscribed before me this 31st day of Dec., 1993.

David N. Deinard

AA 736459
I am a Notary Public of the STATE OF FL. AT LARGE, and My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. JAN. 2, 1994
BONDED THRU GENERAL INVS. UND.



7567

REROOF

7567

STOP WORK ORDER

DATE: 5/18

ADDRESS: 7 MANDALAY

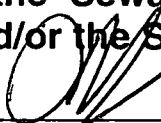
OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

ROOFING DEMOLITION & REROOFING

CONFER W/ BUILDING OFFICIAL
TO SET COURSE OF ACTION

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

TOWN OF SEWALL'S POINT

Date 5/19/05

BUILDING PERMIT NO. 7567

Building to be erected for HICKS

Type of Permit REROOF

Applied for by PACIFIC ROOFING (Contractor)

Building Fee _____

Subdivision MANDALAY Lot 12 Block _____

Radon Fee _____

Address 7 MANDALAY ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

1338410040000012080000 DBL FEE with Permit

Plumbing Fee _____
Roofing Fee 250.00

Amount Paid 250.00 Check # 8964 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 10,000.

TOTAL Fees 250.00

Signed Kim Austin
Applicant

Signed Gene Simmons
Town Building Official

PERMIT

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

INSPECTIONS

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

Date: 2-22-05

Permit Number: _____

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

OWNER/TITLEHOLDER NAME: Hedi Hicks Phone (Day) _____ (Fax) _____

Job Site Address: 7 mandalay Rd City: Stuart State: FL Zip: 34996

Legal Description of Property: mandalay - Lot 12 Parcel Number: 13 38 41 004 000001208

Owner Address (if different): SAME AS ABOVE City: _____ State: _____ Zip: _____

Description of Work To Be Done: re roof - Tile to metal

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

CONTRACTOR/Company: Pacific Roofing Phone: 772-283-7663 Fax: 772-283-9505

Street: 508 SE Dixie Highway City: Stuart State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CC056793 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 10,000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Pacific Roofing State: FL License Number: CC056793

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof 4700 5920 Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required) [Signature]

State of Florida, County of: Martin

This the 22 day of Feb, 2005

by _____ who is personally known to me or produced

as identification. Margaret Montanaro

Notary Public Margaret L. Montanaro
My Commission Expires: _____
My Commission DD083279 Expires October 8, 2005

CONTRACTOR SIGNATURE (required) [Signature]

On State of Florida, County of: Martin

This the 22 day of Feb, 2005

by Richard Gomes who is personally known to me or produced

As identification. Margaret Montanaro

My Commission Expires: _____
My Commission DD083279 Expires October 8, 2005

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
 DATE: 3/1/05

BUILDING OFFICIAL
Gene Simmons

BUILDING CODE COMPLIANCE OFFICE
 METRO-DADE FLAGLER BUILDING
 140 WEST FLAGLER STREET, SUITE 1600
 MIAMI, FLORIDA 33130-1563
 (305) 375-2901 FAX (305) 375-2903
 CONTRACTOR LICENSING SECTION
 (305) 375-2327 FAX (305) 375-2323
 CONTRACTOR ENFORCEMENT DIVISION
 (305) 375-2966 FAX (305) 375-2928
 PRODUCT CONTROL DIVISION
 (305) 375-2902 FAX (305) 375-2939

~~PRODUCT CONTROL NOTICE OF ACCEPTANCE~~
 J.M. Metals
 1505 Cox Road
 Cocoa, FL 32926

Your application for Notice of Acceptance (NOA) of:
 JM "SV" Crimp Architectural Metal Roof System
 under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0622.02
 EXPIRES: 08/16/2006
PACIFIC ROOFING CORPORATION
 808 SE DIXIE HIGHWAY
 STUART, FLORIDA 34994-3803
 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
 Francisco J. Quintana, R.A.

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OF THE DIRECTOR OF BUILDING CODE COMPLIANCE OFFICE OF MIAMI-DADE COUNTY BY J.M. METALS, IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS, AND ITS AUTHORIZED DEALERS ONLY, WHEN PROVIDED IN CONNECTION WITH CERTIFIED J.M. METALS PRODUCTS, CALCULATIONS, AND APPROVALS CONTAINED HEREIN, AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

APPROVED: 08/16/2005

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

ROOFING SYSTEM APPROVAL:

Category: Roofing
Sub-Category: Metal, Panels
 (Non-Structural)
Material: Steel
Deck Type: Wood
Maximum Design Pressure -85 psf.

Approval Date: August 16, 2001

Expiration Date: August 16, 2006

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
SV Steel Roofing Panel	l = varies w = 26" h = 1/2" Min. Thickness 0.019"	PA 110	Metal Roof panel coated with Fluorpon®.

TRADE NAMES OF PRODUCTS MANUFACTURED BY OTHERS:

<u>Product</u>	<u>Dimensions</u>	<u>Product Description</u>	<u>Manufacturer</u>
Fasteners (Panel)	#9-15 HH	Corrosion resistant, sharp point hex-head fasteners with 1/2" EPDM Bonded Steel sealing washer.	generic

PACIFIC ROOFING CORPORATION
 808 SE DIXIE HIGHWAY
 SUITE 100
 STUART, FLORIDA 34994-3803

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Valspar Corporation	Lab Test Certification	ASTM B-117 ASTM G-23	
PRJ Asphalt Technologies, Inc.	JMM-001-01-01	PA 100	05/10/01
Underwriters Laboratories, Inc.	01NK5594	UL 580	01/15/01

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Page 2



Frank Zuloaga, RRC
 Roofing Product Control Examiner

APPROVED SYSTEMS:

- SYSTEM: 5V Steel Roofing Panel
- Deck Type: Wood, Non-insulated
- Deck Description: New Construction or Re-roof
1 1/32" or greater plywood or wood plank.
- Slope Range: 2":12" or greater
- Maximum Uplift Pressure: The maximum allowable design pressure -85 psf
- Deck Attachment: In accordance with applicable building code, but in no case shall it be less than 8d ring shank nails spaced 6" o.c. In reroofing, where the deck is less than 1 1/32" thick (Minimum 1 5/32") The above attachment method must be in addition to existing attachment.
- Underlayment: Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys: Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with JM Metals' 5V Steel Roofing Panel' current published installation instructions.
- Fire Barrier Board: For class A or B fire rating, install minimum 1/2" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or 1/2" water resistant type X gypsum sheathing with treated core and facer.

Metal Panels and Accessories:

Install the "5V Steel Roofing Panel" and accessories in compliance with JM Metals' current published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.

5V Roofing Panels shall be fastened with a minimum of #9-15 HH corrosion resistant fasteners with sealing washer. Fasteners shall of sufficient length to penetrate through the sheathing a minimum of 3/16". Fasteners shall be place in accordance with fastener detail herein as follows:

Fasteners shall be installed at a maximum of 12" o.c. at side laps perpendicular to roof slope and at a maximum of 12" o.c. in the center of the panel at the field perpendicular to roof slope. Fastener shall be placed at high points of panel ribs.

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ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

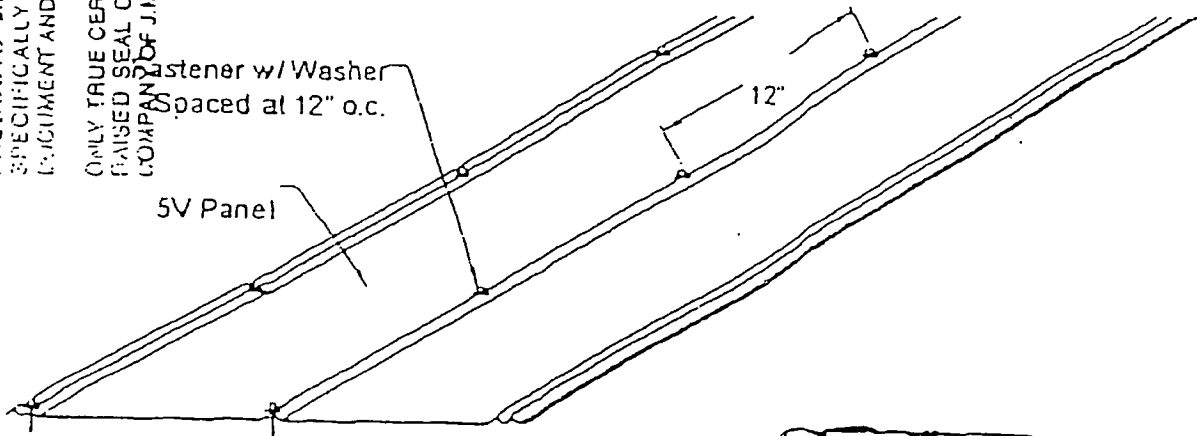
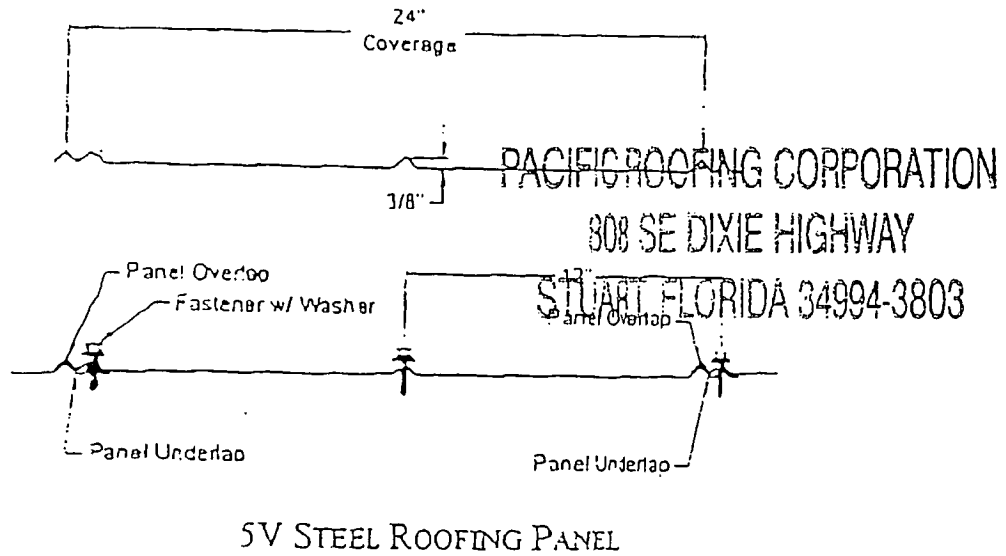
Page 3

Frank Zuloaga, RRC
Roofing Product Control Examiner

J.M. METALS ROOFING CORPORATION
808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803

SYSTEM LIMITATIONS:

1. Increased design pressures at perimeter and corner areas, in compliance with applicable building code may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol RAS 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, and the following statement: "Miami-Dade County Product Control Approved."



THIS DOCUMENT CONTAINS PROPRIETARY RIGHTS OF J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS AND ITS AUTHORIZED DEALERS ONLY. WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND ADVICE CONTAINED HEREIN AND IS ONLY VALID WHEN USED IN CONNECTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE. FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE FAINISHED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

PACIFIC ROOFING CORPORATION
808 SE DIXIE HIGHWAY
STUART, FLORIDA 34994-3803

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS, AND ITS AUTHORIZED DEALERS ONLY, WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND ADVICE CONTAINED HEREIN, AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC (THE PARENT COMPANY OF J.M. METALS)

Page 5



Frank Zuloaga, RRC
Roofing Product Control Examiner

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/13/2004

PRODUCER (561)746-4546 FAX (561)746-9599
 Tequesta Agency, Inc.
 218 S. US Highway One, Ste 300
 Tequesta, FL 33469
 Debra Hicks-Neumann

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 Pacific Roofing Corp., Inc.
 PO Box 2697
 Stuart, FL 34994

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Lexington

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY	GLB11192004	12/12/2004	12/12/2005	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/>	POLICY				<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
		<input type="checkbox"/> HIRED AUTOS						
		<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
							\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.I. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.I. DISEASE - EA EMPLOYEE	\$	
						E.I. DISEASE - POLICY LIMIT	\$	
		OTHER						

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

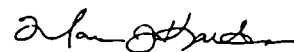
CERTIFICATE HOLDER

Sewalls Point Building Dept
 1 Sewalls Point Road
 Sewalls Pont, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 Mark Kasten/DEBBIE



ACORD CERTIFICATE OF LIABILITY INSURANCE		CERTIFICATE NO. / DATE AC08-7900013-176416 12/8/2004 9:42:53 AM
PRODUCER Eisenmann Risk Placements, Inc. 14160 Dallas Parkway, Suite 500 Dallas, TX 75254 (972) 764-0965 Fax: (972) 404-4450	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 PACIFIC ROOFING CORPORATION 808 SE DIXIE HWY STUART, FL 34994 (772) 283-7663 Fax: (772) 283-9505	INSURER A: PROVIDENCE PROPERTY & CASUALTY INSURANCE COMPA INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER PERSON <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any One Fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP ACC \$
	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				COVERED SINGLE LIMIT (E.g. 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 ACC \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC0100086	12/1/2004	12/1/2005	X <input type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				LIMITS \$ LIMITS \$

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

1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc. 2. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to PACIFIC ROOFING CORPORATION, effective 12/01/2004.

PLEASE SEE ATTACHED EMPLOYER ROSTER.

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER:	CANCELLATION
Sewalls Point Building Department 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 <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

**CERTIFICATE OF LIABILITY INSURANCE
EMPLOYEE ROSTER**

Certificate Number: AC04-7900013-176426

Attached roster includes employees paid through 11/28/2004. To verify employee's who may have been added since 11/28/2004, please call 1-800-728-0623.

* Please note employee roster for this client is updated on a WEEKLY basis.

EMPLOYEE LIST:

AGUILAR, LUIZ O
ARRANDALE, GLENN T
ARRANDALE, SHAWN G
Austin, Robert
Austin, Terry
BUCHOLZ, JOHN
Castro, Reinaldo
COCKERHAM, BENNIE D
Cowboy, Gary
Destine, Magelot
EDGECOMS, DESMOND C
ENS, DEANA P
GOMES, DWAN E
Gomes, Mario
Gomes, Richard John
HERNANDEZ, FREDY
Hernandez, Martin
Hernandez, Richard
JACK, KATIE M
JAFFRES, CHRISTINE
JOSEPH, JEAN
LOPEZ, CESAR
Lovitt, Bonnie
MANGILAR, ALFONSO
MEDINO, REYNE RIO
MENDOZA, ERICK E
MEYER, RICHARD P
Nickerson, James
Piscotel, Camerino
RAMIREZ, JOHNNIE
RAMOS, JUAN
RIVAS, JUAN POSADA
THREEWITTS, LANCE H
TORRES, JUAN M
Torres, Pedro
VALDEZ, VALENTINE
VELASQUEZ JR., ROBERT
VOISINET, BRIAN A
Weaver, Dennis
WEAVER, RYAN
WEAVER, SCOTT
WOODS, GARY S



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

STATE OF FLORIDA AC#1601424
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CCC056793 09/11/04 040233678
 CERTIFIED ROOFING CONTRACTOR
 GOMES, RICHARD JOHN
 PACIFIC ROOFING CORP
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration date: AUG 31, 2006 L04091102194

DETACH HERE

AC#1601424

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04091102194

DATE	BATCH NUMBER	LICENSE NBR
09/11/2004	040233678	CCC056793

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

JEB BUSH
GOVERNOR

DIANE CARR

TOTAL P.01



Development Department

121 SW Flagler Avenue - Stuart, Florida 34994-2139

Phone (772)288-5326 Fax (772)288-5388

**PACIFIC ROOFING CORP
GOMES, RICHARD J
PO BOX 2697
STUART FL, 34995**

**Contractor ID: AP01080463
License Type: CCC
Expires: September 30, 2005**

THIS IS TO CERTIFY THAT THE
FOREGOING 9 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.



Tax Folio No. 13384100400001208

MARSHA EWING, CLERK

NOTICE OF COMMENCEMENT

BY: [Signature] D.C.
DATE: 2/28/05
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.

1. Legal description of property (include street address, if available): mandalay - Lot 12
7 mandalay Rd. Stuart FL 34996

2. General description of improvement: re roof tile to metal

3. Owner information - name and address: Heidi Hicks - 7 mandalay Rd.
Stuart FL 34996

Interest in property: re roof

Name and address of fee simple titleholder (if other than Owner): _____

4. Contractor - name and address: Richard Gomez Pacific Roofing
503 SE Dixie Highway Stuart FL
Phone number 772-283-7663 Fax number 772-283-4505

5. Surety - name and address: _____

Phone number _____ Fax number _____ Amount of bond: \$ _____

6. Lender - name and address: _____

Phone number _____ Fax number _____

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

Phone number _____ Fax number _____

8. In addition to himself, Owner designates _____ of _____

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

Phone number _____ Fax number _____

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

[Signature]
Signature of Owner

Sworn to and subscribed before me this 22 day of Feb, 2005.

Margaret Montanaro
Notary Public

My Commission Expires: _____



Margaret L. Montanaro
My Commission DD063279
Expires October 8, 2005

INSTR # 1817653 OR BK 01986 PG 0021 RECD 02/28/2005 11:47:12 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK M Ferschte

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/6, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7572	NAEGLE	DRY-IN	PASS	LAURA WILL CALL
4	23 S. RIDGEVIEW COCO BUILDERS	SHEATHING		INSPECTOR:
7268	H B ASSOC - TMI MARRIOTT	EVER WALKWAY	FAIL	
6	3758 SE OCEAN KIRCHMAN	MECH " " PUMPS " "		\$40 FEE INSPECTOR:
7569	FICKS	FINAL ROOF	FAIL	SHEATHING ONLY
1	7 MANDALAY RD PACIFIC ROOFING	DRY-IN	PASS	INSPECTOR:
7289	KLOSE	FINAL ROOF	—	RESCHEDULE W/ ROB. ON JOB SITE
2	2 BAKU PACIFIC ROOFING			INSPECTOR:
7638	MONZON	DRY-IN	—	WILL RESCHEDULE
5	118 HILLCREST PACIFIC ROOFING			INSPECTOR:
TREE	LYDON	TREE	PASS	
3	73 S SEWALL ST			INSPECTOR:
	HAYNES	SIDING	PASS	
	6 PALM O/B			INSPECTOR:
OTHER:	LUCKS	FINAL ROOF	PASS	CLOSE
7367	MANDALAY	SHED	PASS	CLOSE
	LAURENCE DR ROOFING			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/11, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7665	McPHEE	GAR. DOOR FINAL	PASS	CLOSE
4A	8 ADMIRAL'S WALK TREASURE CONST. CO.			INSPECTOR: <i>[Signature]</i>
7252	KINARD	SEAWALL CAP REBAR	PASS	
6	5 TIMOR STREET WILCO CONSTR.			INSPECTOR: <i>[Signature]</i>
7501	HALL	DRY-IN	FAIL	
7	4 N. VIA LUCINDIA ANCHOR ROOFING			INSPECTOR: <i>[Signature]</i>
7644	MADER	FOOTER	CANCEL	
I	106 ABBIE COURT BUFORD			INSPECTOR:
7289	KLAUS	FINAL ROOF	FAIL	
8	112 HILLCREST PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
7638	MONZON	FINAL ROOF	FAIL	
9	118 HILLCREST PACIFIC ROOFING			\$40 FEE INSPECTOR: <i>[Signature]</i>
7567	HILLS	FINAL ROOF	PASS	CLOSE
3	7 MANDALAY DR PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>

OTHER: _____

8001

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/11/06

BUILDING PERMIT NO. 8001

Building to be erected for HICKS

Type of Permit FENCE

Applied for by O/B

(Contractor) Building Fee 30.00

Subdivision MANDALAY Lot 12 Block _____

Radon Fee _____

Address 7 MANDALAY ROAD

Impact Fee _____

Type of structure FENCE

A/C Fee _____

Parcel Control Number:
1338410040000012000000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # 5063 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1500.00

TOTAL Fees 30.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT L FT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

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

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

INSPECTIONS

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

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

RECEIVED
1/10/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Damon Hicks Phone (Day) 781 8476 (Fax) _____

Job Site Address: 7 Mandalay Ad City: Sewalls Pt. State: FL Zip: 34995

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: install chain link fence

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1,500.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Damon Hicks

State of Florida, County of: MARTIN

This the 10th day of JANUARY, 2006

by Damon Schaeffer Hicks who is personally

known to me or produced [Signature] #206-177-56-469-P

as identification. [Signature] x 12/29/06

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

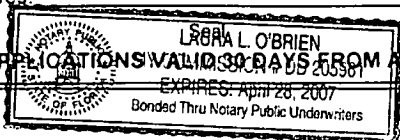
As identification. _____

Notary Public

My Commission Expires: _____

Seal

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



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

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

DISCLOSURE STATEMENT

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

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

Name: Damon Hictes Date: 1-10-06

Signature: Damon Hictes

Address: 7 Mandaley Rd

City & State: Sewalls Point, FL

Permit No. _____

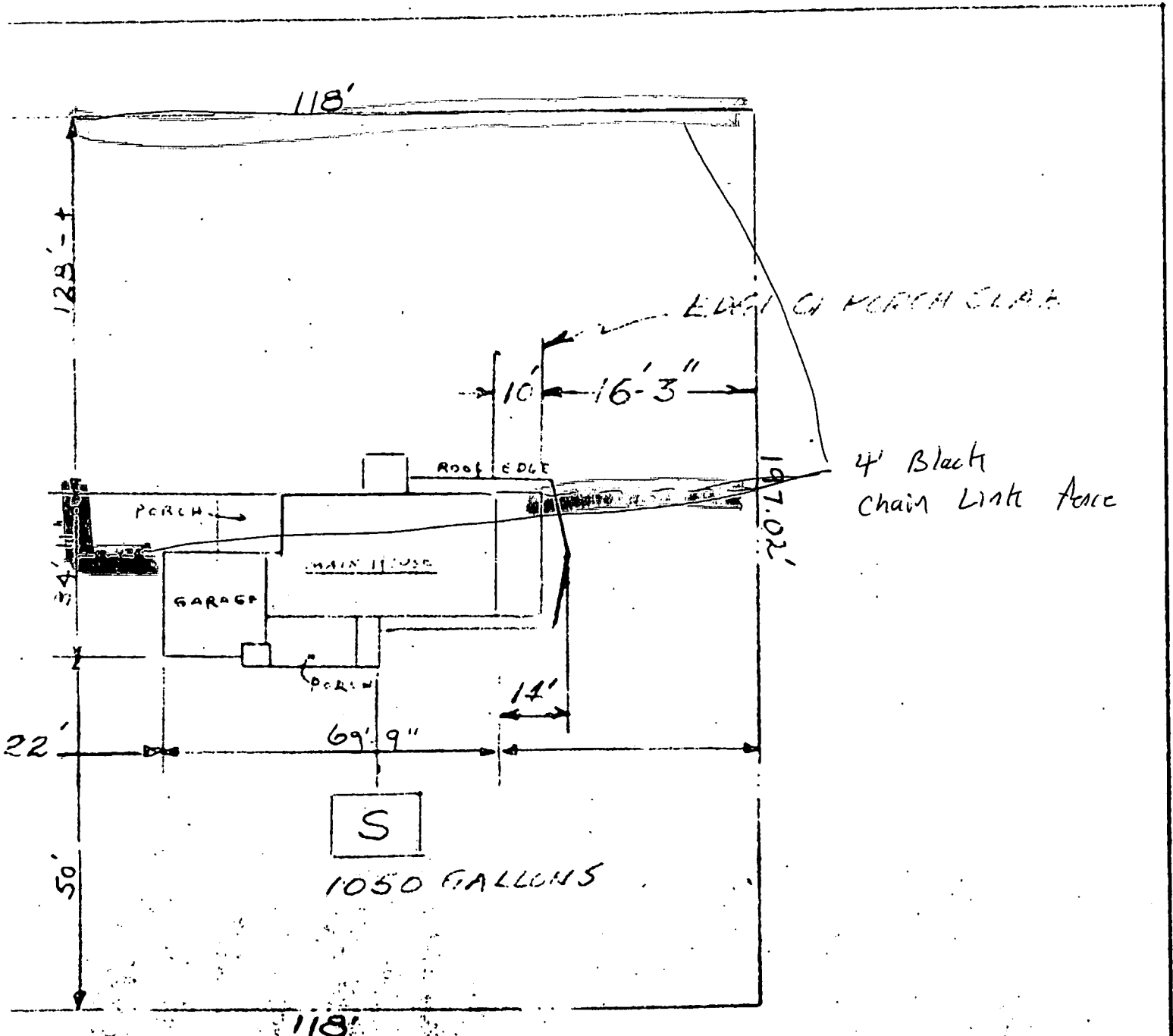
FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 1/11/06

G

BUILDING OFFICIAL
Gene Simmons

RIGHT



LOT # 112

INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
8213	JENKINS	4 SABLE CT.	DOORS/HOTELIAN PANELS	QW 5/15/08
8169	CARLTON	6 PERAWINKLE CIR.	DOCK	QW 5/15/08
8086	BONIFACE	63 S. RIVER	PILINGS/BOATLIFT	QW 5/15/08
8084	MASSEY	1 MINORD	SCREEN ENCL. QW 5/15	WORK NOT DONE
7911	CLEMENTS	6 MIDDLE RD.	FENCE	QW 5/15/08
7915	KISSLING	4 MINORD ST.	DECK BOARDS	QW 5/15/08
7926	PAINS	62 S.S.P.R.	SIDING	WORK NOT DONE
7936	LEIGHTON	43 W. HIGH PT.	DOCK	WORK NOT DONE
7947	LANGER	3 N.E. COPTING WAY	FENCE	QW 5/15/08
7981	SANDERS	3 MAUNDALAY	FENCE	QW 5/15/08
8001	HIGGS	2 MAUNDALAY	FENCE	QW 5/15/08
8020	BARNHILL	4 N. RIVERVIEW	FENCE	WORK NOT DONE
7880	SERAFINI	21 N. VIA LUCINDIA	FENCE	WORK NOT DONE FENCE REMOVED
7881	FARROW	47 N. RIVER	DOCK	QW 5/15/08
7811	DEAN	2 HERITAGE WAY	FILL	QW 5/15
7674	LEIGHTON	43 W. HIGH POINT	FENCE	FENCE REMOVED WORK NOT DONE
7625	ARMSTRONG	41 W. HIGH POINT	FILL	QW PASS 5/15/08
7392	ALLMAN	106 S. RIVER	FENCE	QW 5/15/08

TREE

REMOVAL, REPLACE,
RELOCATE

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

542

Permit # _____

Date Issued _____

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

Owner E. FREDERICK HALSTED Address 7 MANDALAY DR. Phone 407-220-0606

Contractor TREASURAE COAST TREE Address 891 N.E. DIXIE HWY JENNIFER BEACH Phone 692-2922

Number of trees to be removed (list kinds of trees) (1) GUMBOLIMBO - FRONT OF HOUSE

(NOTE: A SECOND GUMBOLIMBO TO BE REMOVED - WHEN PLANS FOR GARAGE EXT.)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

HAVE BEEN FINALIZED & APPROVED

Number of trees to be replaced within 30 days (list kinds of trees):

Permit Fee \$ 2500 (25.00 for first tree plus 10.00 for 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 NA Plans approved as marked NA

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

Signature of applicant E. Frederick Halsted Date submitted 11/1/93

Approved by Building Inspector Dale Brown Date 11/1/93

Approved by Building Commissioner [Signature] 11/1/93 Date _____

Completed _____ Date _____ Checked by _____

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

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

APPLICATION MATERIAL CHECK LIST:

N/A

Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.

N/A

Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.

N/A

Statement regarding how trees are to be protected during land clearing and construction.

N/A

Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).

N/A

Plan showing location and dimensions of all setbacks and easements.

N/A

Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).

N/A

Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

N/A

1. Applicant must relocate trees being removed or replace the trees inch for inch.

N/A

2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

12/1

3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: Dale Brown
Building Inspector

Date: 11/1/93

DENIED: _____
Building Inspector

Date: _____

Building Commissioner

Date: _____

~~REASON FOR DENIAL, IF APPLICABLE:~~

SUBMITTED

NOTE: REQUEST TO REMOVE TREE IS "BECAUSE TREE IS CROWDING OUT TWO PALM TREES AND DETRACTS FROM LANDSCAPING OF FRONT OF HOUSE"

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: E. FREDERICK HALSTEAD

ADDRESS: 7 MANDALAY DR.

SEWALL'S POINT, FL. 34996

CONTRACTOR: TREASURE COAST TREE SERVICE

ADDRESS: 891 N.E. DIXIE HWY.

JENSEN BEACH FL. 34957

LICENSE NUMBER: _____

PHONE: 20-0606
Owner

692-2922
Contractor

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ ~~25.00~~ 25.00

PAID: 4/1/93
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

TOWN OF SEWALL'S POINT

570

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner M/M Fred Halstead Address 7 Mandalay Dr. Phone 220-0606

Stuart, FL 34996

Contractor Masterpiece Bldrs. Address 424 Colorado Ave. Phone 283-2096

Stuart, FL 34994

Number of trees to be removed(list kinds of trees) _____

1 - Gumbo Limbo

Number of trees to be relocated within 30 days(no fee)(list kinds of trees): _____

Number of trees to be replaced within 30 days(list kinds of trees): _____

Permit Fee \$ 25.00 (25.00 for first tree plus 10.00 for 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 E. F. Halstead Date submitted _____

Approved by Building Inspector Dale Brown Date 1/14/94

Approved by Building Commissioner [Signature] Date 1/17/94

Comptroller _____ Date _____ Checked by _____

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