

8 Mandalay Road

3678

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 3678

DATE ISSUED _____

OWNER Zimmer

CONTRACTOR OR

ADDRESS _____

OWNER/BLDR. JAT

CITY/ST/ZIP _____

ADDRESS _____

TELEPHONE _____

CITY/ST/ZIP _____

TELEPHONE _____

FLOOD ZONE _____

TO BE CONSTRUCTED _____

SITE ADDRESS 8 mandalay

SUBDIVISION _____

CONSTRUCTION VALUE _____

FOR ONE YEAR.
PERMIT FEE MUST

FEES

REMODELING/NEW CONSTRUCTION _____

PLUMBING 100.00

IMPACT 150822

ELECTRICAL 100.00

RADON _____

MECH./A.C. 100.00

SEPTIC _____

ROOF 100.00

WELL _____

WALL _____

FENCE _____

POOL ENCLOSURE _____

POOL _____

OWNER/BUILDER _____

DOCK _____

TOTAL _____

PAID BY CHECK _____

Patrick Exterminating Inc.

3061 S.E. JAY ST.
STUART, FL 34997

407-286-6812 / 407-546-3722

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY _____ DATE _____

NAILING OK DATE 1/25/95 RB

ROUGH PLUMBING OK DATE 12/13/94 RB

ROOF OK DATE 3/6/95 RB

TERMITE PROTECTION OK DATE 2/13/94

INSULATION OK DATE 3/1/95 RB

FOOTING-SLAB OK DATE 12/15/94 RB

FINAL ELECTRIC _____ DATE _____

LINTEL OK DATE 1/20/95 RB

FINAL PLUMBING _____ DATE _____

ROUGH ELECTRIC OK DATE 2/23/95 RB

SEPTIC FINAL _____ DATE _____

FRAMING OK DATE 2/23/95 RB

DRIVEWAY _____ DATE _____

A/C DUCTS OK DATE 2/23/95 RB

FINAL C.O. OK DATE 4/18/95 RB

PERMIT AUTHORIZED BY _____

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

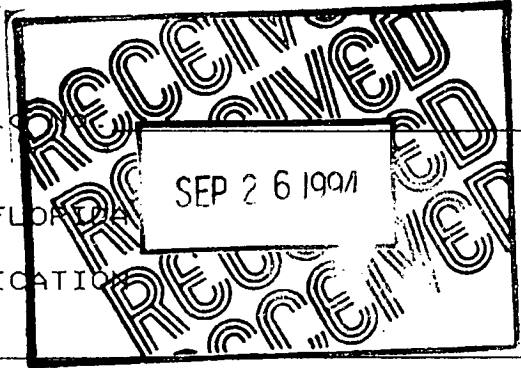
Patrick Exterminating Inc.
 3061 S.E. JAY ST.
 STUART, FL 34997
 407-286-6812 / 407-546-3722

12/13/94

8 mandalay

3678

Tax Folio



TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Richard O. & Martha J. Zimmer

Owner's Address 10501 S. E. Croft Court Unit D-10 Hobe Sound, FL. 33455

Owner's Telephone 407-546-0985

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

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

City _____ State _____ Zip _____

Contractor's Name JAT Properties, Inc.

Contractor's Address P.O. Box 177

City Stuart State FL. Zip 34995

Contractor's Telephone 407-283-9992 License Number CBC 053009

Job Name Zimmer Residence

Job Address LOT 4 Mandalay # 8

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 4, Mandalay, Sub-Division, as recorded in Plat Book 7
Page 86, Public Records of Martin County Florida

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name Salvadore Amico

Architect/Engineer's Address 1163 E. 14th Street, Stuart, FL. 34996

Mortgage Lender's Name N/A

Mortgage Lender's Address _____



Tax Folio No. 13-38-41 24-000-00040.50000
 Permit No. _____
 State of FLORIDA
 County of MARTIN

NOTICE OF COMMENCEMENT

To whom it may concern:

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.

Description of real property to be improved (legal description and address if available)

Lot 4, MANDALAY SUBDIVISION, according to the Plat thereof as recorded in Plat Book 4, Page 86, of the Public Records of Martin County, Florida.

General description of improvements

Single Family Residence

Owner information

Name **RICHARD O. ZIMMER and MARTHA J. ZIMMER, his wife**
 Address **10501 S.E. Croft Court, D-10, Hobe Sound, FL 33455**

Owner's interest in the site of the improvements (if other than fee simple title holder):

Name of fee simple title holder (if other than owner):

Address

Contractor **JAT PROPERTIES, INC., d/b/a JAT HOMES**

Address **Post Office Box 177, Stuart, FL 34995-0177**

Contractor

Address

Contractor

Address

Contractor

Address

Contractor

Address

Surety on any payment bond:

Name

Address

Amount of bond \$

Name of any lender making a loan for the construction of the improvements:

Barnett Bank of Martin County, N.A.

Address **900 S. Federal Highway, P.O. Box 9027, Stuart, FL 34994**

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	Paula Chadwick c/o Barnett Bank of Martin County, N.A.
Address	900 S. Federal Highway, P.O. Box 9027, Stuart, FL 34994

In addition to himself, owner designates the following person to receive a copy of the lienor's notice as provided in section 713.13(1)(b), Florida Statutes:

Name	Paula Chadwick	Barnett Bank of Martin County, N.A.
Address	900 S. Federal Highway, P.O. Box 9027, Stuart, FL 34994	

This Notice of Commencement shall expire 12-7-95

Prepared by: M. Lanning Fox Name: RICHARD O. ZIMMER

(Type or print legibly) Warner, Fox, Seeley Name: MARSHA J. ZIMMER

Name: Dungey & Sweet, P.A. Name: MARTHA J. ZIMMER

Street Address: P.O. Drawer 6 City, State, Zip: Stuart, FL 34995-0006

I HEREBY CERTIFY that on this day, before me, an Officer duly authorized to take acknowledgements in the state and county named above, personally appeared **RICHARD O. ZIMMER and MARTHA J. ZIMMER, his wife**

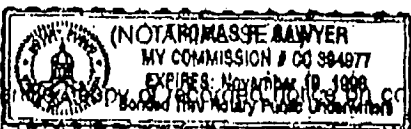
who is personally known to me, or who has produced Florida Driver's License as identification, and who did did not take an oath.

Sworn to and subscribed before me this 7th day of December, 1994.

NOTARY PUBLIC

Name: Thomas R. Sawyer

My Commission Expires: 11-19-98
 My Commission Number is: 394977



(Post copy of this notice to the construction site.)

Previous editions of (1991) may be used

092170 Rev. 0492 PC BAC Form

19>8-11-19 02:58 6841022 206 1 407 2201489

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4-17-95

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

For property at 8 Mandalay built under Permit No. #3678 Dated 11-4-94 when completed in conformance with the Approved Plans.

Signed Tom Brown (Agent for Jet)

ITEM	DATE	APPROVED BY: (initials)
1. Form board tie in	<u>11-10-94</u>	<u>DB</u>
2. Termite protection	<u>12-13-94</u>	<u>DB</u>
3. Footing - slab	<u>12-15-94</u>	<u>DB</u>
4. Rough plumbing - slab	<u>12-13-94</u>	<u>DB</u>
5. Rough electric - slab	<u>(ALL OVERHEAD)</u>	
6. Lintel	<u>1-10-95</u>	<u>DB</u>
7. Dry in (final)	<u>3-20-95</u>	<u>DB</u>
8. Roof	<u>3-15-95</u>	<u>DB</u>
9. Framing	<u>2-23-95</u>	<u>DB</u>
10. Rough electric	<u>2-23-95</u>	<u>DB</u>
11. Rough plumbing	<u>2-23-95</u>	<u>DB</u>
12. A/C Ducts	<u>2-23-95</u>	<u>DB</u>
13. Insulation	<u>3-1-95</u>	<u>DB</u>
14. Final electric	<u>4-17-95</u>	<u>RLM</u>
15. Final plumbing	<u>4-17-95</u>	<u>RLM</u>
16. Final construction	<u>4-17-95</u>	<u>RLM</u>
17. As-built survey	<u>4-21-95</u>	<u>DB</u>
18. Affidavit of cost	<u>OK</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector DB for P. Brown 4-17-95 date

Approved by Building Commissioner [Signature] 4-17-95 date

Utilities notified OK date

Original Copy sent to Richard Zimmer 4-17-95 date
(owner)

(Keep carbon copy for Town files)

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

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

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

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

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

Plumbing Contractor South Park Plumbing License No. CACO39664
Electrical Contractor Newlight Elec License No. ME00182
Roofing Contractor STUART Roofing License No. CCC024411
A/C Contractor Advantage AIR License No. CACO39664

Description of Building or Alterations _____

Single Family with all Improvements 1 Story

Name of Street Designated as Front Building Line and Front Yard

Mandalay Road

Subdivision Mandalay Lot 4 Block _____

Building Area (air conditioned) 2002 sq. ft.

Garage, Porch, Carport Area 1039 sq. ft.

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

\$ 135,000.00

Richard O. Zimmer

DATE 8-11-94

(Owner or Authorized Agent)

Sworn and Subscribed before me this

11 day of August 1994

(SEAL)

Judith A. Schaefer

NOTARY PUBLIC Judith A. Schaefer Notary Public
State of Florida at Large State of Florida at Large
My Commission Expires: My Commission Expires
October 29, 1995

J. L. Lawrence III

DATE 9-23-94.

(Contractor)

Sworn and Subscribed before me this

23 day of Sept. 1994

(SEAL)

Judith A. Schaefer

NOTARY PUBLIC Judith A. Schaefer Notary Public
State of Florida at Large State of Florida at Large
My Commission Expires: My Commission Expires
October 29, 1995

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked ✓ Date 10/30/94

A/C Area 2002 sq. ft. x \$60. = \$ 120,120

Non A/C Area 1039 sq. ft. x \$25. = \$ 25,975

Total = \$ 146,095

Contract Price \$ 135,000⁰⁰ (fee will be charged on higher amount)

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ ~~184,000~~ 8160,000.1998. (to the best of my knowledge as of 4/20/95).

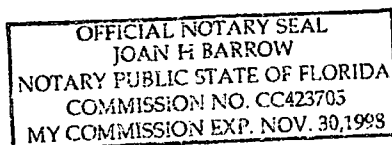
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Martha J. Zinner
Affiant
Property street address:
8 Mandalay Dr.

Sworn to and subscribed
before me this 20th day of
April, 1995.

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

(NOTARY SEAL)



Sub-Contractors for Lot 2 Mandalay Zimmer residence

Advantage Air Conditioning	CACO 39664
South Park Plumbing	00049
Stuart Roofing	CCC024411
New Light Electric, Inc.	ME00182

RESIDENTIAL HURRICANE RESISTANT CONSTRUCTION CHECKLIST

BUILDING DEPARTMENT : ~~XXXXXXXXXX~~ *Sewall's point*

PROPERTY ADDRESS : Lot # 4 Mandalay →

LOT OR LEGAL : Sewalls Point

TYPE OF RESIDENCE : Single story block residence

OWNER: Zimmer

ARCHITECT/DESIGNER : AMICO Engineering

LICENSE : P.E. 25140

PHONE : 407-283-1822

CONTRACTOR : JAT Homes

LICENSE : CBC 053009

PHONE : 407-283-9992

BUILDING GEOMETRY:

BUILDING WIDTH:	70.33	FEET	OK	<input checked="" type="checkbox"/>	_____
BUILDING LENGTH:	49.0	FEET	OK	<input checked="" type="checkbox"/>	_____
L/W RATIO:	N/A		OK	<input checked="" type="checkbox"/>	_____
STORIES:	one		OK	<input checked="" type="checkbox"/>	_____
CEILING HEIGHT:	8'-10'	FEET	OK	<input checked="" type="checkbox"/>	_____
EAVE HEIGHT:	7'-9'	FEET	OK	<input checked="" type="checkbox"/>	_____
ROOF TYPE:	HIP-GABLE		OK	<input checked="" type="checkbox"/>	_____
ROOF SLOPE:	6/12		OK	<input checked="" type="checkbox"/>	_____
OVERHANG:	24	INCHES	OK	<input checked="" type="checkbox"/>	_____
RAKE OVERHANG:	24	INCHES	OK	<input checked="" type="checkbox"/>	_____
WIND SPEED:	140	M.P.H.	OK	<input checked="" type="checkbox"/>	_____
FOUNDATION TYPE:	Monolithic		OK	<input checked="" type="checkbox"/>	_____
HGHT ABOVE GRADE:	6	INCHES	OK	<input checked="" type="checkbox"/>	_____
FLOOD ZONE:	A-8		OK	<input checked="" type="checkbox"/>	_____

DESCRIPTION / CODE SECTION	PLAN	CHECK	NOTES
	PAGE #		

MASONRY EXTERIOR WALLS:

C.M.U size:	8	Inches	OK	<input checked="" type="checkbox"/>	_____
Column Concrete:	3000	p.s.i.	OK	<input checked="" type="checkbox"/>	_____
Column reinforcing:	#5	Bars	OK	<input checked="" type="checkbox"/>	_____
Splice lengths:	25" # 5	Bars	OK	<input checked="" type="checkbox"/>	_____
	35" # 7	Bars	OK	<input checked="" type="checkbox"/>	_____
Joint reinforcing	none		OK	<input type="checkbox"/>	Running bond

STEMWALL FOUNDATIONS

303.2 :

Footing depth:	N/ A	Inches	OK	<input checked="" type="checkbox"/>	<u>Monolithic Slab</u>
Footing width:		Inches	OK	<input checked="" type="checkbox"/>	_____
Ftg. reinforcing:		Bars	OK	<input checked="" type="checkbox"/>	_____
#5 Verticals:		o.c.	OK	<input checked="" type="checkbox"/>	_____
Bond beam size:		Inches	OK	<input checked="" type="checkbox"/>	_____
Reinforcing (beam):		Bars	OK	<input checked="" type="checkbox"/>	_____
Sill plate:		P.T.	OK	<input checked="" type="checkbox"/>	_____
1/2" Anchor bolts:		o.c.	OK	<input checked="" type="checkbox"/>	_____
Holddown connectors:			OK	<input checked="" type="checkbox"/>	By Simpson Strong Tie

Hurricane Resistant Construction

Monolithic Slab on Grade 303.3:
 Footing depth: 14 Inches OK(✓)
 Footing width: 20 Inches OK(✓)
 Reinforcing: 2 # 5 Bars OK(✓)
 Corner bars: yes OK(✓) 90 degree 25" splice # 5 bars
 Sill Plate: N/A P.T. OK(✓)
 1/2" Anchor bolts: o.c. 18" OK(✓)
 Holddown connectors: 16" OK(✓)
 Slab thickness: 4 Inches OK(✓)
 Concrete strength: 2500 p.s.i. OK(✓)
 Reinforcing: 6x6, 10/10 WWM OK(✓) Fibermesh optional

Wood Floor Joists N / A
 Joist Grade: OK()
 Joist Species: OK()
 Joist Size: OK()
 Joist Spacing: OK()
 Blocking: OK()
 Bridging: OK()

Wood Floor Trusses N/A
 Truss Depth: Inches OK()
 Truss Spacing: In. o.c. 24 OK()
 Floor sheathing: OK()
 Fastening: oc OK()
 Ledger Size: OK()
 Ledger Species: OK()
 Bolt Diameter: Inches OK()
 Bolt Spacing: In. o.c. OK()

Floor Diaphragm Shear Requirements
 Side wall: p.l.f. OK()
 End wall: p.l.f. OK()

WOOD FRAMED WALLS 305
 Stud size: OK()
 Stud length: 8' & 10' x 4" Ft. OK()
 Stud species: SPF OK()
 Fiber stress/bending: 1350 Fb OK()
 Spacing: 16 o.c. OK()
 Ballooned gable end: OK()
 Headers/Beams: SEE HEADER SCHEDULE OK()

WIND LOADS:
 Roof live load: 30 p.s.f. OK()
 Roof dead load: 10 p.s.f. OK()
 Ceiling dead load: 7 p.s.f. OK()
 Eave height: 7' & 9' Ft. OK()
 Wall sheathing: 1/2" CDX OK()
 Top Plate Splice: 8 16d nails OK()
 1/2" bolts OK()

EXTERIOR and INTERIOR SHEAR WALLS:
 Note: See framing plans for shear calculations, Shear Wall Segments and special notations
 Shear capacity req.: 145 p.l.f. OK() See Plan for schedules & loadings
 Sheathing Capacity: 210 p.l.f. OK() See Plan for schedules & loadings
 Nail Size: 8 d OK() See Plan for schedules & loadings
 Edge spacing: 6 o.c. OK() See Plan for schedules & loadings
 Field spacing: 12 o.c. OK() See Plan for schedules & loadings
 Holddowns : OK() See Plan for schedules & loadings

Hurricane Resistant Construction

CEILING DIAPHRAMS 306

Gypsum Diaphragm
 Thickness: 1/2" _____ OK() _____
 Nail/Screw spacing: 7 _____ OK() _____

Plywood Diaphragm
 Plywood thickness: na Inches _____ OK() _____
 Blocking: na _____ OK() _____
 Species: na _____ OK() _____
 Shear capacity: na p.l.f. _____ OK() _____
 Length: na Feet _____ OK() _____
 Nail size: na d _____ OK() _____
 Nail Spacing edge: na o.c. _____ OK() _____
 Nail Spacing field: na o.c. _____ OK() _____

ROOF SYSTEMS 307

Type: HIP/GABLE _____ OK() _____
 Rafter Size: na _____ OK() _____
 Species: na _____ OK() _____
 Spacing: na o.c. _____ OK() _____
 Ridge: na _____ OK() _____
 Species: na _____ OK() _____
 Ceiling Joist: na _____ OK() _____
 Species: na _____ OK() _____
 Spacing: na o.c. _____ OK() _____
 Collar Tie: na _____ OK() _____
 Species: na _____ OK() _____
 Spacing: na o.c. _____ OK() _____

Engineered Trusses Per T.P.I. o.c. _____ OK() _____
 Top Eave Load: 30 psf _____ OK() _____
 Top Dead Load: 10 psf _____ OK() _____
 Bottom Dead Load: 7 psf _____ OK() _____

Roof Sheathing: 5/8" CDX _____ OK() _____
 Perp. to framing: Yes _____ OK() _____
 End jnts staggered: Yes _____ OK() _____
 Nail type, Zone 1: 10 d _____ OK() _____
 Spacing: 6 o.c. _____ OK() _____
 Nail type, Zone 2: 10 d _____ OK() _____
 Spacing: 6 o.c. _____ OK() _____
 Nail type, Zone 3: 10 d _____ OK() _____
 Spacing: 6 o.c. _____ OK() _____

ROOF DIAPHRAM
 Shear cap. sidewall: 210 plf _____ OK() _____
 Adjustment factor: 0 _____ OK() _____
 Shear cap. endwall: 210 plf _____ OK() _____
 Adjustment factor: 0 _____ OK() _____

WIND UPLIFT LOADS
 Roof/ceiling dead ld 18.5 lbs _____ OK() _____
 Eave height: 7 & 9' ft. _____ OK() _____

SEE ATTACHED WIND ANALYSIS UPLIFT REPORT FOR UPLIFTS
 HORIZONTAL REACTIONS, AND GRAVITY LOADS.
 SEE TRUSS LAYOUT FOR HEADER AND TRUSS ANCHORAGE SHCHEDULE.
 ALL UPLIFTS BASED ON ASCE 7-88

Hurricane Resistant Construction

OPEN STRUCTURES 208

Attached, 3 sides open: _____ OK() _____
 Y<=L/2: N/A _____ OK() _____
 Y>L/2: _____ OK() _____
 Ceiling height: _____ ft _____ OK() _____
 Additional uplift: _____ psf _____ OK() _____
 Additional Gravity: _____ psf _____ OK() _____
 Column spacing: _____ ft _____ OK() _____
 Column type: _____ OK() _____
 Wood size: _____ OK() _____
 Steel size: _____ OK() _____
 Header type: _____ OK() _____
 Anchorage: _____ OK() _____

Attached, 1 or 2 sides open:
 Ceiling height: 10 ft. _____ OK() _____
 Additional uplift: see calcs psf _____ OK() _____
 Additional Gravity: see calcs psf _____ OK() _____
 Column spacing: 4'-9" & 17'-6" _____ OK() see sheet # 2
 Column type: steel _____ OK() _____
 Wood size: _____ OK() _____
 Steel size: 4" x 4" x 1/4" _____ OK() _____
 Header type: _____ OK() _____
 Anchorage: _____ OK() _____


All sides open: N/A
 Additional uplift: _____ psf _____ OK() _____
 Additional Gravity: _____ psf _____ OK() _____
 Corner columns: _____ OK() _____
 Intermediate columns: _____ OK() _____
 Reinforcement @ _____ OK() _____

Stucco: YES _____ OK() Per ASTM c 926
 Brick Veneer: na _____ OK() _____
 Metal tie gauge: na _____
 Tie spacing vertical: na "o.c."
 Tie spacing horizont: na "o.c."

RESIDENTIAL HURRICANE RESISTANT CONSTRUCTION CHECKLIST

BUILDING DEPARTMENT : MARTIN COUNTY
 PROPERTY ADDRESS : Lot # 4 Mandalay
 LOT OR LEGAL : Sewalls Point
 TYPE OF RESIDENCE : Single story block residence
 OWNER: Zimmer
 ARCHITECT/DESIGNER : AMICO Engineering
 LICENSE : P.E. 25140
 PHONE : 407-283-1822
 CONTRACTOR : JAT Homes
 LICENSE : CBC 053009
 PHONE : 283-9992

ANCHOR LEGEND

	MARK 	MAXIMUM ALLOWED UPLIFT	SIMPSON MODEL NUMBER	HUGHES MODEL NUMBER	SEMCO MODEL NUMBER	
WOOD TO WOOD	A	520	H1	HCS		
	B	370	H25	HCLH/RH		
	C	1000	MTS12	RT 22 TW		
	D	865	SP4	HC 20		
	E	315	H4	HCLH/RH		
	F	1415	MSTA24	RT24 18 ga		
	G	2929		JHA 218		Install to wood hdr only
	H	4320	2-MTT288			MINIMUM TWO PLY TRUSS
WOOD TO CONCRETE	I	4455	MTT28B			
	J	3200	PA28	KPA28	PA28	
	K	870	ETA16	TA18	TAP12	
	L	1170	ETA22	TA20	TAP12	
	M	1735	HETA20		TAP16	
	N	9105	HST3			
	P	3265	HD2A	KHD2A		3" BOLT IN MEMBER
	Q	4385	HD5A	KHD5A		3" BOLT IN MEMBER
	R	1645		NFM3		
S	3482		NFM3U			

ALL PRODUCTS TO BE INSTALLED PER MANUFACTURER'S SPECIFICATIONS.

ALLOWABLE LOADS MAY BE INCREASED 20% FOR 1.6 DURATION LOADING.

NOTE, SEE LAYOUT FOR ANCHORS SPECIFIED, TABLE ABOVE IS FOR REFERENCE,
 NOT ALL PRODUCTS ARE USED FOR THIS JOB.

STATE OF NEW YORK P.E. NO. 30249
TAMARACK ESTATES
2011 CROMPOND RD.
PEEKSKILL, N. Y. 10566
914-737-2928

STATE OF FLORIDA P.E. NO. 25140
WALTON MANNER
1163 EAST 14TH ST.
STUART, FL 34994
407-283-1822
FAX: 407-221-9345
BEEPER: 407-936-3150

Design & Engineering Consultant
SALVATORE J. AMICO P.E.
Licensed Professional Engineer

October 20, 1994

Sewalls Point Building Dept.

Attention: Building Inspector

Re: Zimmer Residence
Lot # 4 Manadlay
Plan Revisions

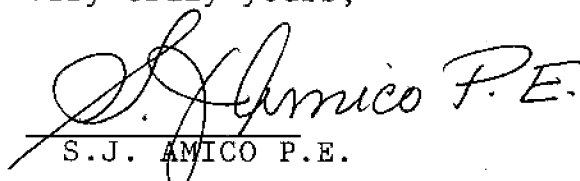
Dear Sir:

As per our meeting regarding the updated Code requirements, Revisions have been made as follows:

- Sheet # 1 Finish floor min. elevation = 8.0-
- Sheet # 2 Foundation & Column; " Durwall " Number 4 added to column schedule and at poured Cols.
- Sheet # 2 Garage recess = 7" Section # 3
- Sheet # 3 Garage recess = 7"
- Sheet # 3 Dimension thru master suite
- Sheet # 4 Roof/Beam Stirrups #3 bars at 40" O.C. with first bar at 24"
- Sheet # 4 Step-up beam detail 25" min 90 degree splices
- Sheets 5-6-7 NO CHANGES
- Sheet # 8 Typical Wall Section " Durwall " ADDED at 16" O.C.

Three (3) NEW SETS dated 10-19-94 are enclosed.

Very truly yours,


S.J. AMICO P.E.

cc: JAT
files

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION.

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
 PROJECT NAME: MR. & MRS. ZIMMER BUILDER: JAT HOMES
 AND ADDRESS: LOT 4 - MANDALAY PERMITTING CLIMATE
 SEWALL'S PT., FLORID OFFICE: TOWN OF SEWA ZONE: 7 | 8 | 9 |
 OWNER: ZIMMER PERMIT NO. JURISDICTION NO.531300

CK

- | | | |
|---|----------------------------|-------|
| 1. New construction or addition | 1. New Construction | _____ |
| 2. Single family detached or Multifamily attached | 2. Single-Family | _____ |
| 3. If Multifamily-No. of units | 3. 0 | _____ |
| 4. If Multifamily, is this a worst case (yes/no) | 4. | _____ |
| 5. Conditioned floor area (sq.ft.) | 5. 2002.00 | _____ |
| 6. Predominant eave overhang (ft.) | 6. 2.00 | _____ |
| 7. Porch overhang length (ft.) | 7. 10.00 | _____ |
| 8. Glass area and type: | Single Pane Double Pane | |
| a. Clear Glass | 8a. 0.0sqft 0.00sqft | _____ |
| b. Tint, film or solar screen | 8b.458.0sqft 0.00sqft | _____ |
| 9. Floor type and insulation: | | |
| a. Slab on grade (R-value, perimeter) | 9a.R= 0.00 , 212.00 ft | _____ |
| 10.Net Wall type area and insulation: | | |
| a. Exterior: 1. Concrete (Insulation R-value) | 10a-1 R= 4.20, 1408.00sqft | _____ |
| b. Adjacent: 2. Wood frame (Insulation R-value) | 10b-2 R=19.00, 288.00sqft | _____ |
| 11.Ceiling type area and insulation: | | |
| a. Under attic (Insulation R-value) | 11a.R=30.00 , 2002.00sqft | _____ |
| 12.Air distribution systems | | |
| a. Ducts (Insulation + Location) | 12a. R= 6.00 , uncond | _____ |
| 13.Cooling system | 13. Type: Central A/C | _____ |
| | EER: 10.50 | _____ |
| 14.Heating System: | 14. Type: Strip Heat | _____ |
| | COP: 1.00 | _____ |
| 15.Hot water system: | 15. Type: Electric | _____ |
| | EF: 0.86 | _____ |
| 16.Hot Water Credits: (HR-Heat Recovery,
DHP-Dedicated Heat Pump) | 16. | _____ |
| 17.Infiltration practice: 1, 2 or 3 | 17. 2 | _____ |
| 18.HVAC Credits (CF-Ceiling Fan, CV-Cross vent,
HF-Whole house fan, RB-Attic radiant
barrier, MZ-Multizone) | 18. | _____ |
| 19.EPI (must not exceed 100 points) | 19. 99.16 | _____ |
| a. Total As-Built points | 19a. 35780.03 | _____ |
| b. Total Base points | 19b. 36084.45 | _____ |

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

PREPARED BY: Mary Horvath
DATE: 9/21/94

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

OWNER/AGENT: _____
DATE: _____

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

BUILDING OFFICIAL: _____
DATE: _____

 SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
N	294.00	109.7	32251.8	SGL	.60	N	48.0	57.4	.88	2421.5
				SGL	.60	N	30.0	57.4	.85	1461.8
				SGL	.60	N	48.0	57.4	.86	2382.6
				SGL	.60	N	24.0	57.4	.61	845.1
				SGL	.60	N	48.0	57.4	.70	1928.6
				SGL	.60	N	48.0	57.4	.70	1928.6
				SGL	.60	N	48.0	57.4	.70	1928.6
E	30.00	109.7	3291.0	SGL	.60	E	30.0	115.2	.86	2970.5
S	78.00	109.7	8556.6	SGL	.60	S	4.0	113.9	.56	255.1
				SGL	.60	S	30.0	113.9	.77	2643.7
				SGL	.60	S	35.0	113.9	.91	3621.3
				SGL	.60	S	9.0	113.9	.39	398.6
W	56.00	109.7	6143.2	SGL	.60	W	30.0	115.2	.44	1513.4
				SGL	.60	W	20.0	115.2	.83	1907.2
				SGL	.60	W	6.0	115.2	.74	509.0

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,002.00	458.00	.656	50,242.60	32,942.91
					26,715.87

NON GLASS-----										
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x	SPM	= POINTS	
WALLS-----										
Ext	1408.0	1.6	2252.8	Ext NormWtBlock	In 4.2	1408.0	2.28		3210.2	
Adj	288.0	1.0	288.0	Adj Wood Frame	19.0	288.0	.60		172.8	
DOORS-----										
Ext	40.0	6.4	256.0	Ext Wood		40.0	9.40		376.0	
Adj	20.0	2.6	52.0	Adj Wood		20.0	3.80		76.0	
CEILINGS-----										
UA	2002.0	.8	1601.6	Under Attic	30.0	2002.0	.80		1601.6	
FLOORS-----										
Slb	212.0	-20.0	-4240.0	Slab-on-Grade	.0	212.0	-20.00		-4240.0	
INFILTRATION-----										
	2002.0	14.7	29429.4	Practice #2		2002.0	14.70		29429.4	

TOTAL SUMMER POINTS	62,582.71								57,341.91
---------------------	-----------	--	--	--	--	--	--	--	-----------

TOTAL x	SYSTEM =	COOLING	TOTAL x	CAP x	DUCT x	SYSTEM x	CREDIT =	COOLING
SUM PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
62,582.71	.37	23,155.60	57,341.91	1.00	1.070	.320	1.000	19,633.87

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	294.00	-.4	-117.6	SGL	.60	N	48.0	3.9	1.06	197.6
				SGL	.60	N	30.0	3.9	1.07	124.8
				SGL	.60	N	48.0	3.9	1.06	198.8
				SGL	.60	N	24.0	3.9	1.20	112.1
				SGL	.60	N	48.0	3.9	1.14	213.4
				SGL	.60	N	48.0	3.9	1.14	213.4
				SGL	.60	N	48.0	3.9	1.14	213.4
E	30.00	-.4	-12.0	SGL	.60	E	30.0	.7	4.00	84.0
S	78.00	-.4	-31.2	SGL	.60	S	4.0	-1.1	.27	-1.2
				SGL	.60	S	30.0	-1.1	.69	-22.8
				SGL	.60	S	35.0	-1.1	.91	-34.9
				SGL	.60	S	9.0	-1.1	-1.12	11.1
W	56.00	-.4	-22.4	SGL	.60	W	30.0	.7	16.05	337.1
				SGL	.60	W	20.0	.7	4.67	65.3
				SGL	.60	W	6.0	.7	6.92	29.0

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,002.00	458.00	.656	-183.20	-120.12
					1,741.22

NON GLASS-----										
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x	WPM	= POINTS	
WALLS-----										
Ext	1408.0	.3	422.4	Ext NormWtBlock In	4.2	1408.0	1.02		1436.2	
Adj	288.0	.5	144.0	Adj Wood Frame	19.0	288.0	.30		86.4	
DOORS-----										
Ext	40.0	1.8	72.0	Ext Wood		40.0	2.80		112.0	
Adj	20.0	1.3	26.0	Adj Wood		20.0	1.90		38.0	
CEILINGS-----										
UA	2002.0	.1	200.2	Under Attic	30.0	2002.0	.10		200.2	
FLOORS-----										
Slb	212.0	-2.1	-445.2	Slab-on-Grade	.0	212.0	-2.10		-445.2	
INFILTRATION-----										
	2002.0	1.2	2402.4	Practice #2		2002.0	1.20		2402.4	

TOTAL WINTER POINTS	2,701.68								5,571.18
---------------------	----------	--	--	--	--	--	--	--	----------

TOTAL x SYSTEM =	HEATING	TOTAL x CAP x DUCT x SYSTEM x CREDIT =	HEATING
WIN PTS	MULT	COMPON RATIO MULT MULT MULT	POINTS
2,701.68	1.10	5,571.18 1.00 1.070 1.000 1.000	5,961.16

WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
3		3319.0		9,957.00	50	.86	1.000		3395.0		1.00		10,185.00

SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
23155.6		2971.8		9957.0		36,084.45	19633.9		5961.2		10185.0		35,780.03

 * EPI = 99.16 *

ENERGY GUIDE

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

EPI= 99.2

0 10 20 30 40 50 60 70 80 90 100



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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Tint	-----X-----			
INSULATION.....					
Ceiling R-Value.....	30.0	R-10		R-30	
Wall R-Value.....	4.2	R-0	-----X-----	R-7	
Floor R-Value.....	0.0	R-0	X-----	R-19	
AIR CONDITIONER.....					
EER.....	10.5	9.7	EER	16.0	
-----X-----					
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
X-----					
WATER HEATER.....					
Electric EF.....	0.86	0.88		0.96	
X-----					
Gas EF.....	0.00	0.54		0.90	

Solar EF.....		0.40		0.80	

OTHER FEATURES.....					
.....					

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

Address: _____ Builder Signature: _____ Date: _____

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

FL-EPL CARD93

RIGHT-J LOAD AND EQUIPMENT SUMMARY

9-21-94

For: MR. & MRS. ZIMMER
 LOT 4 - MANDALAY
 SEWALLS POINT FL

By: JAT HOMES
 2895 EAST OCEAN BLVD.
 STUART FL
 283-9992

ENTIRE HOUSE
 VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

Job #: ZIMMER RESIDENCE
 Wthr : West_Palm_Beach_AP FL
 Zone : 8

WINTER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

SUMMER DESIGN CONDITIONS

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 32013 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 32013 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 29089 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 27634 Btuh

INFILTRATION

Const Qual a # Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	2002	2002
Volume (cu.ft.)	16016	16016
Air Changes/Hour	0.8	0.4
Equivalent CFM	214	107

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1380 Btuh
 Ventilation 0 Btuh
 Infiltration 4365 Btuh
 Tot Latent Equip Load 5745 Btuh
 Total Equip Load 33379 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 1392 CFM
 Htg Air Flow Factor 0.043 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 10.5
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 1392 CFM
 Clg Air Flow Factor 0.048 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 84

Job #: ZIMMER RESIDENCE

9-21-94

Procedure A - Winter Infiltration HTM Calculation*

1. Winter Infiltration CFM					
0.8 AC/HR x	16016 Cu.Ft.	x	0.0167	=	214 CFM
2. Winter Infiltration Btuh					
1.1 x	214 CFM	x	25 Winter TD	=	5884 Btuh
3. Winter Infiltration HTM					
5884 Btuh /	518 Total Window	=			11.4 HTM
	& Door Area				

Procedure B - Summer Infiltration HTM Calculation*

1. Summer Infiltration CFM					
0.4 AC/HR x	16016 Cu.Ft.	x	0.0167	=	107 CFM
2. Summer Infiltration Btuh					
1.1 x	107 CFM	x	16 Summer TD	=	1883 Btuh
3. Summer Infiltration HTM					
1883 Btuh /	518 Total Window	=			3.6 HTM
	& Door Area				

Procedure C - Latent Infiltration Gain

0.68 x	60 gr.diff.	x	107 CFM	=	4365 Btuh
--------	-------------	---	---------	---	-----------

Procedure D - Equipment Sizing Loads

1. Sensible Sizing Load

Sensible Ventilation Load					
1.1 x	0 Vent.CFM	x	16 Summer TD	=	0 Btuh
Sensible Load for Structure (Line 19)				+	29089 Btuh
Sum of Ventilation and Structure Loads				=	29089 Btuh
Rating and Temperature Swing Multiplie				x	0.95 RSM
Equipment Sizing Load - Sensible				+	27634 Btuh

2. Latent Sizing Load

Latent Ventilation Load					
0.68 x	0 Vent.CFM	x	60 gr.diff.	=	0 Btuh

Internal Loads	=	230 x 6 No. People	+	1380 Btuh
Infiltration Load From Procedure C	+	4365 Btuh		
Equipment Sizing Load - Latent	=	5745 Btuh		

*Construction Quality is: a No. of Fireplaces is: 0
 MANUAL J: 7th Ed. RIGHT-J: V1.74 S/N 3911

		Entire House						FIRST FLOOR			
1	Name of Room							212.0 Ft.			
2	Running Ft. Exposed Wall							1.0 x2002. Ft.			
3	Room Dimensions, Ft.							8.0 heat/cool			
4	Ceilings, Ft Condit. Option	8.0									
TYPE OF EXPOSURE		CST NO.	HTM Htg Clg		Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg		
5	Gross Exposed Walls and Partitions	a	14B	3.6	1.8	1408	****	****	1408	****	****
		b	13I	0.2	0.6	288	****	****	288	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	1F	26.8	**	458	12263	****	458	12263	****
		b		0.0	**	0	0	****	0	0	****
		c		0.0	**	0	0	****	0	0	****
		d		0.0	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.	North		21.0		294	****	6174	294	****	6174
		NE&NW		0.0		0	****	0	0	****	0
		E&W		70.0		86	****	6020	86	****	6020
		SE&SW		0.0		0	****	0	0	****	0
		South		36.0		78	****	2808	78	****	2808
Horz		0.0		0	****	0	0	****	0		
8	Othr doors	a	10D	11.5	9.0	40	460	361	40	460	361
		b	10D	11.5	9.0	20	230	180	20	230	180
9	Net Exposed Walls and Partitions	a	14B	3.6	1.8	910	3276	1612	910	3276	1612
		b	13I	0.2	0.6	268	44	162	268	44	162
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	1.3	2.1	2002	2653	4244	2002	2653	4244
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	22A	20.3	0.0	212	4293	0	212	4293	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration a		11.4	3.6	518	5884	1883	518	5884	1883	
13	Subtot Btuh Loss=6+8..+11+12			****	29103	****	****	29103	****	****	
14	Duct Btuh Loss			10%	2910	****	10%	2910	****	****	
15	Total Btuh Loss = 13+14			****	32013	****	****	32013	****	****	
16	Int. Gains: People @	300		6	****	1800	6	****	1800		
		Appl. @ 1200		1	****	1200	1	****	1200		
17	Subtot RSH Gain=7+8..+12+16			****	****	26444	****	****	26444		
18	Duct Btuh Gain			10%	****	2644	10%	****	2644		
19	Total RSH Gain = 17+18			****	****	29089	****	****	29089		
20	CFM Air Required			****	1392	1392	****	1392	1392		

RIGHT-J WINDOW DATA

Job #: ZIMMER RESIDENCE

9-21-94

W	S	D	W	G	L	S	S	O	N	A	S	O	O	W	C	W	S
N	K	I	A	L	O	T	H	V	G	N	H	V	V	H	H	N	H
D	Y	R	L	A	W	R	A	H	L	G	C	R	R	G	T	A	A
W			L	Z	E	M	D	G	Z	L	O	X	Y	T	M	R	R

FIRST FLOOR

a	n	n	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	21.0	294.	0.0
a	n	e	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	70.0	30.0	0.0
a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.0	78.0	0.0
a	n	w	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	70.0	56.0	0.0



STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Jat Propertier / Zimmer SEPTIC TANK PERMIT NO. HD 94-247

LEGAL DESCRIPTION: Lot 4 Mandalay

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: _____ (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- ____ 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
- ____ 4. I certify that the top of the drainfield pipe elevation is _____
- ____ 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram ___A/ ___B on reverse side) Date Observed: ___/___/___
- ____ 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: ___/___/___
- ____ 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: ___/___/___

- NOTE:
- a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
 - b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
 - c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: _____

As applicant or applicant's representative,
 I understand the above requirements.

Date: _____ Job Number: _____

Sherrisa Wheeler
 (Signature)

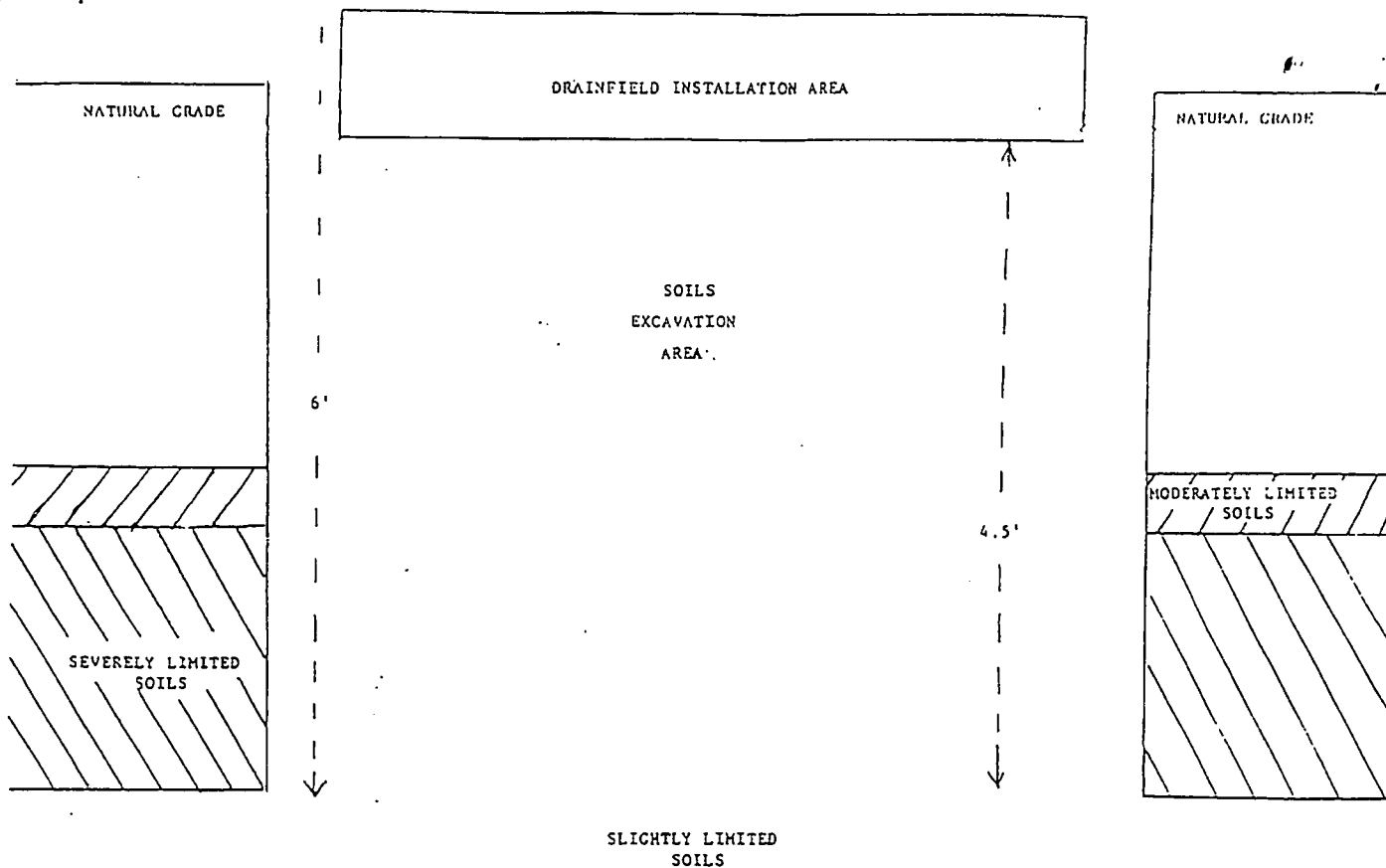
-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

 Martin County Health Unit Approval Signature

 (Date)

9 - 12" SOIL COVER

"DIAGRAM A"



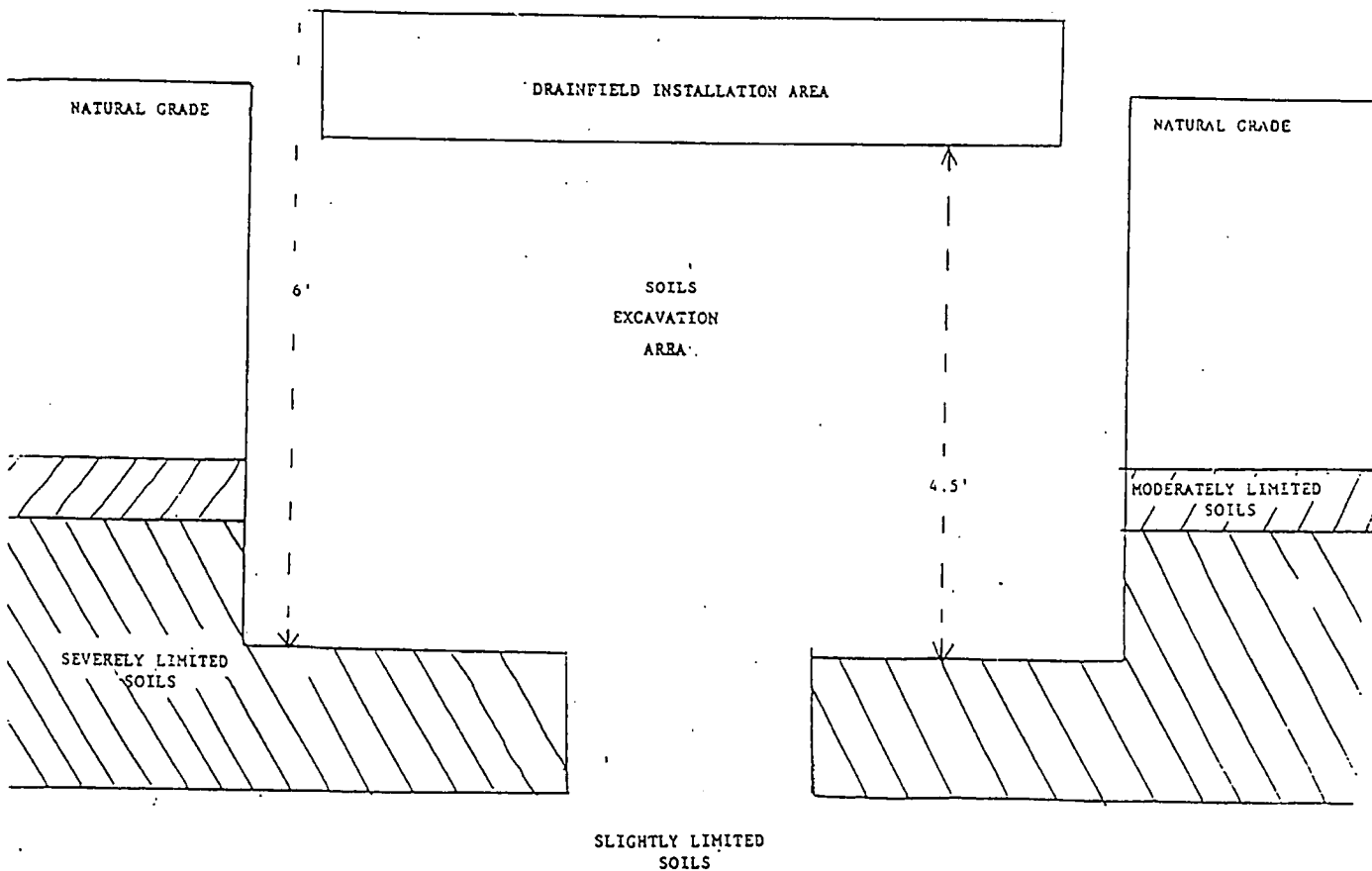
4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"

NTS



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 94-0247-
DATE PAID 08/29/94
FEE PAID \$ 105.00
RECEIPT # 13003
BLDG PERMIT

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Temporary/Experimental System
[] Repair [] Abandonment [] Other(Specify)

APPLICANT: JAT PROPERTIES /ZIMMER AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: MANDALAY RD.

LOT: 4 BLOCK: SUBDIVISION: MANDALAY

PROPERTY ID #: NA [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE ONE YEAR FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. 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.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES: [Y]
A [0] [GALLONS / GPD] CAPACITY MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [261] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED [X] 3 TRENCHES X 29'L

F LOCATION OF BENCHMARK: BM: 4.42' NGVD

E ELEVATION OF PROPOSED SYSTEM SITE IS [13.7] INCHES ABOVE BENCHMARK/REFERENCE POINT
L BOTTOM OF DRAINFIELD TO BE [7.0] INCHES ABOVE BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O DRAINFIELD ROCK MUST BE A MINIMUM OF 15 FEET FROM PROPERTY LINES.

T TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 27 INCHES ABOVE BM 4.42' NGVD

H TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 17 " " "

E TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 31 " " "

R DO NOT EXCEED 18 INCHES OF COVER OVER THE DRAINFIELD ROCK.

SPECIFICATIONS BY: NA TITLE: NA

APPROVED BY: EDGAR MORALES TITLE: ENVIRONMENTAL SP MARTIN CPHU

DATE ISSUED: 09/14/94 VARIANCE Y / (N) [N/A] INCLUDES EXPIRATION DATE: 09/14/95
VARIANCE EXPIRATION

HRS-H Form 4016 March 1992 (Obsoletes Previous Editions Which May Not Be Used)

Page 1 of 2

** SEE ATTACHED SPECIAL CONDITIONS FORM **



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: JAT/Zimmer PERMIT NO. (HD) 84-247
SUBDIVISION: _____

N O T E Special Condition(s) marked "X" are in effect.

- X1. Drainfield must be maintained under grass; ___ and protected from vehicular traffic (traffic barriers).
- ___2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- X3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- X4. Septic system must be 75' from surface water / wetlands / mean high water line.
- ___5. Excavate one / three feet beyond drainfield area to a depth of 4.5' below drainfield rock.
- ___6. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
- ___7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
- ___8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
- ___9. Mound area must be sodded or stabilized with seed and hay prior to final grade inspection.
- X10. Any future ponds or surface water created onsite must be 75' from septic system(s).
- X11. Available area for septic installation must to be evenly filled and leveled.
- ___12. ___ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

* SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3
MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH

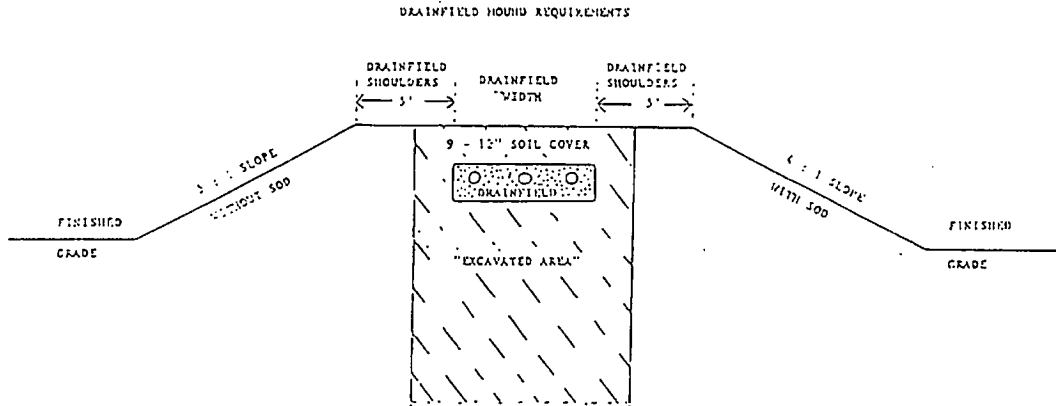
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

SPECIAL CONDITION REQUIREMENTS

13. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met. _____
15. Septic tank/ dosing chamber/ grease trap must have traffic lids with two manholes covers per tank extending to the surface.
16. _____ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s). b) three compartment sink(s).
c) floor drains. d) can wash, janitor's sink(s).
e) dishwasher if present.
- All other greaseless flow should be connected directly to the septic tank.
17. _____
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. If two drainfields are used, each field must be connected to an individual pump.
18. Two pumps are required to alternately dose into at least two separate fields.
19. No sprinklers, roof drainage or gutter drains are allowed to drain into drainfield rock area.
20. Water line must be ten feet from drainfield or; A. Double sleeved. B. Encased in concrete.
21. All wells installed onsite must be 25' from the building foundation.
22. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
23. If building stubout is placed more than 20ft. from septic tank or drainfield, stubout elv. must be higher than permitted elv. and have prior approval from the health unit.
24. If fill is required, contact Martin County Building Division.
25. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.

SPECIAL CONDITION REQUIREMENTS

- 26. If any information on this permit changes, an amended application is required to be filed immediately.
- 27. Any alteration of the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
- 28. If a mound drainfield is proposed, see following sketch of additional requirements.



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

SEPTIC TANK IS REQUIRED TO BE AT
FINISHED SOIL GRADE, DO NOT EXCEED
18 INCHES OF COVER OVER DRAINFIELD ROCK.

- 29. Other: _____

N O T E - \$25.00 REINSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling Chuck at (407) 221-4090.

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

PERMIT # 94-0247-
 BLDG PERMIT _____

APPLICANT: JAT PROPERTIES / ZIMMER AGENT: STEPHEN BROWN

LOT: 4 BLOCK: _____ SUBDIVISION: MANDALAY

PROPERTY ID #: NA [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 0.56 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 350 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
 AUTHORIZED SEWAGE FLOW: 450 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1200 SQFT UNOBSTRUCTED AREA REQUIRED: 754 SQFT

BENCHMARK/REFERENCE POINT LOCATION: "X" IN ROAD 4.42
 ELEVATION OF PROPOSED SYSTEM SITE IS 13.6 INCHES [ABOVE / ~~BELOW~~] BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
 SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? [] YES [] NO
 WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
 BUILDING FOUNDATIONS: 7 FT PROPERTY LINES: 45' Front 15' Side FT POTABLE WATER LINES: 41 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
 10 YEAR FLOOD ELEVATION FOR SITE: NA FT MSL/NGVD SITE ELEVATION: 5.6 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR2/1 black</u>	<u>black sand</u>	<u>0 to 18</u>
<u>10YR5/1 gray</u>	<u>gray sand</u>	<u>18 to 24</u>
<u>10YR7/1 light gray</u>	<u>light gray sand</u>	<u>24 to 60</u>
<u>5YR2/2 dot reddish brown</u>	<u>sand (base)</u>	<u>60 to 72</u>
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____

Munsell #/Color	Texture	Depth
<u>10YR2/1 black</u>	<u>top soil</u>	<u>0 to 18</u>
<u>10YR5/1 gray</u>	<u>sand</u>	<u>18 to 24</u>
<u>10YR7/1 light gray</u>	<u>sand</u>	<u>24 to 60</u>
<u>5YR2/2 dot reddish brown</u>	<u>coarse sand</u>	<u>60 to 72</u>
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____

USDA SOIL SERIES: Paola / Pinello
 #6 #9

USDA SOIL SERIES: Paola / Pinello
 #6 #9

OBSERVED WATER TABLE: 60 INCHES [~~ABOVE~~ / BELOW] EXISTING GRADE. TYPE: [~~PERCHED~~ / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [~~ABOVE~~ / BELOW] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: NA INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.75 DEPTH OF EXCAVATION: NA INCHES
 DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____
 REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: [Signature] DATE: 8-31-94



RECEIVED
AUG 29 1994

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATION SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC
PREPARED BY: STEPHEN J. BROWN, INC.
290 FLORIDA STREET
STUART, FL. 34994 407-288-7176

PERMIT # 94-0247
DATE PAID 8/29/94
FEE PAID \$ 80.00
RECEIPT # 13003

94-0247
13003

APPLICATION FOR:
 New System [] Existing System [] Holding Tank [] Temporary/Experimental
 Repair [] Abandonment [] Other (Specify)

APPLICANT: JAT PROPERTIES, INC. / ZIMMER TELEPHONE: 283-9992

AGENT: STEPHEN J. BROWN, INC.

MAILING ADDRESS: 290 FLORIDA ST, SUITE C, STUART, FL 34996

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 4 BLOCK: SUBDIVISION: MANDALAY DATE OF SUBDIVISION: 1969

PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: 24609 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [] PRIVATE PUBLIC

PROPERTY STREET ADDRESS: MANDALAY RD.

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP"

BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	SINGLE FAMILY	3	2002		
2					
3					
4					

Garbage Grinders/Disposals Spas/Hot Tubs Floor/Equipment Drains
 Ultra-low Volume Flush Toilets Other (Specify)

APPLICANT'S SIGNATURE: STEPHEN J. BROWN DATE: 8/25/94



APPLICANT JAT PROPERTIES, INC. / ZIMMER
LEGAL DESCRIPTION LOT 4, MAUDALAY

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 4.42 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.6 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 8.00 NGVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: STEPHEN J. BROWN, INC.
FL. PROFESSIONAL NO. 4099
DATE: 8/25/94 JOB NO. 1042-12-01

Prepared By: Stephen J. Brown, Inc.
290 Florida St.
Stuart, FL 34996

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client J.A.T. Properties

Date December 9, 1994

Contractor Client

Site 8 Mandalay Road
 Sewalls Point
 Foundation Pad

Permit #3678

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
9500	S.E. Corner	0 - 1'	108.2	9500	111.4	97.1
	"	1 - 2'	105.9			95.1
	"	2 - 3'	109.7			98.5
	"	3 - 3 1/2'	110.3			99.0
	Center	0 - 1'	109.5			98.3
	"	1 - 2'	110.2			98.9
	"	2 - 3'	108.6			97.5
	"	3 - 3 1/2'	108.3			97.2
	N.W. Corner	0 - 1'	107.8			96.8
	"	1 - 2'	110.6			99.3
	"	2 - 3'	108.0			96.9
	"	3 - 3 1/2'	109.9			98.7
	All elevations below slab grade.					

Copies Client - 1
 Sewalls Point Bldg. Dept. - 1

Respectfully submitted,


 PAUL H. DANFORTH, P.E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34948

FORT PIERCE: (407) 461-7508
 VERO: (407) 567-6167
 STUART: (407) 283-7711

Report
 of
MOISTURE DENSITY RELATIONSHIP
 ASTM 1557-70

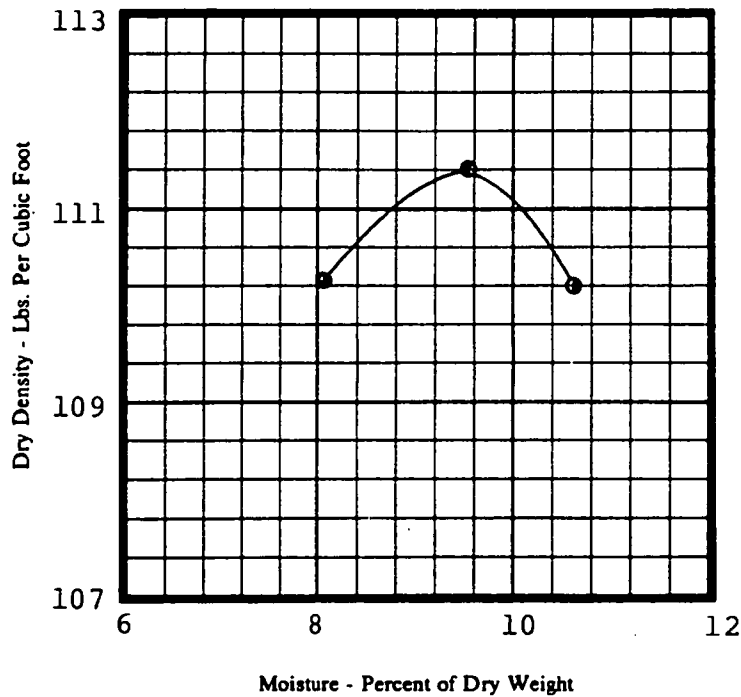
Client J.A.T. Properties

Date December 9, 1994

Contractor Client

Site 8 Mandalay Road
 Sewalls Point
 Foundation Pad

Permit #3678



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
9500	B	Composite	9.5	111.4	Brown and gray, slightly silty, slightly clayey, fine sand, with trace of organics.

Copies

Respectfully submitted,

Paul H. Danforth
 PAUL H. DANFORTH, P.E.

8811

REROOF



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:	8811	DATE ISSUED:	FEBRUARY 1, 2008
SCOPE OF WORK:	REROOF		
CONDITIONS:			
CONTRACTOR:	STUART ROOFING		
PARCEL CONTROL NUMBER:	133841004000000405	SUBDIVISION	MANDALAY - LOT 4
CONSTRUCTION ADDRESS:	8 MANDALAY DR		
OWNER NAME:	GILBERT		
QUALIFIER:	JOHN TURNER	CONTACT PHONE NUMBER:	692-9854

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND 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.

INSTR # 2061169 OR BK 02303 PG 2503 RECD 01/16/2008 08:36:37 AM
Pg 2503 (199)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

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

PERMIT #: _____ TAX FOLIO #: 13-38-41-004-000-00040-5

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 4 BSE MANDALAY DR.

GENERAL DESCRIPTION OF IMPROVEMENT: REEROOF

OWNER NAME: DORIAN GILBERT
ADDRESS: 8 MANDALAY STUART, FL 34996
PHONE NUMBER: _____ FAX NUMBER: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: STUART ROOFING
ADDRESS: 140 NE DIXIE HWY. STUART, FL 34994
PHONE NUMBER: 692-9854 FAX NUMBER: 692-10856
MARTIN COUNTY

SURETY COMPANY (IF ANY): _____
ADDRESS: _____ THIS IS TO CERTIFY THAT THE
PHONE NUMBER: _____ FAX NUMBER: _____ FOREGOING 1 PAGES IS A TRUE
BOND AMOUNT: _____ AND CORRECT COPY OF THE ORIGINAL.

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____ BY: Marsha Ewing, Clerk
PHONE NUMBER: _____ FAX NUMBER: _____ DATE: 1/16/08 P.C.

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

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

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

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

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

Owner
SIGNATORY'S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 15 DAY OF Jan, 2008

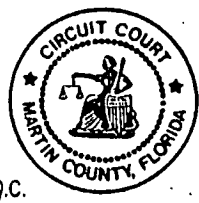
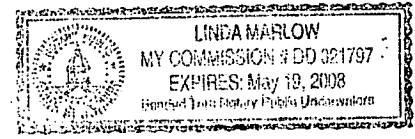
BY: Dorian Gilbert AS Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____

Linda Marlow
NOTARY SIGNATURE

NOTARY SEAL



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

Dorian Gilbert
(Signature of Natural Person Signing Above)



Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: DORIAN GILBERT Phone (Day) 219-8209 (Fax) _____

Job Site Address: 8 SE MANDALAY City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) MANDALAY LOT 4 Parcel Number: 13-38-41-004-000-00040-5

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

Scope of work: REROOF

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 26,800.00 (Notice of Commencement required when over \$2500 prior to first inspection) Is subject property located in flood hazard area? V A9 A8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ _____ Fair Market Value of the Primary Structure only (Minus the land value) *** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

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

CONTRACTOR/Company: STUART ROOFING Phone: 692-9854 Fax: 692-9856

Street: 140 NE DIXIE HWY City: STUART State: FL Zip: 34994

State Registration Number: _____ State Certification Number: CCC-024411 Municipality License Number: _____

PROJECT SUPERINTENDANT: JOHN TURNER CONTACT NUMBER: 692-9854

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____ Carport: _____ Total Under Roof 420 Wood Deck: _____ Accessory Building: _____

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

NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5. I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

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

OWNER SIGNATURE (required) Dorian Gilbert

State of Florida, County of: MARTIN

This the 31 day of JANUARY, 2008

by DORIAN GILBERT who is personally

known to me or produced _____ as identification.

My Commission Expires: _____

CONTRACTOR SIGNATURE (required) John Turner

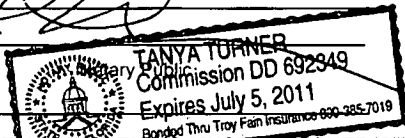
State of Florida, County of: MARTIN

This the 31 day of JANUARY, 2008

by JOHN TURNER who is personally

known to me or produced _____ as identification.

My Commission Expires: Dec. 21, 2010



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



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

RE-ROOF PERMIT CERTIFICATION

PERMIT #

CONTRACTOR'S NAME: STUART ROOFING PHONE #: 692-9854 FAX: 692-9856

OWNER'S NAME: GILBERT

CONSTRUCTION ADDRESS: 8 SE MANDALAY CITY STUART STATE FL

RE-ROOF: [X] RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL **--REMOV/REINST ALL ROOF TOP HVAC EQUIP YES NO

**DISCONNECT/RECONNECT HVAC ELECTRIC YES [X] NO

**REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F.S. [X] YES NO - INSURED VALUE OF RESIDENCE 338,850.00

RE-ROOF INSPECTION AFFIDAVIT TO BE PROVIDED IN LIEU OF BUILDING DEPARTMENT INSPECTION [X] YES NO

ROOF TYPE: [X] HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 5 /12 SLOPE

ROOF DECK: * SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

[X] EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: TILE EXISTING COVERING TO BE REMOVED? YES [X] NO

PROPOSED NEW ROOF COVERING: TILE

MANUFACTURER INTEGRA PRODUCT NAME ESTATE PRODUCT APP # 06-0310.05

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: [X] GALV/STPL ALUMINUM COPPER OTHER

RIDGE VENT TO BE INSTALLED: YES [X] NO

DESCRIPTION OF WORK: TEAR OFF EXISTING TILE ROOF DOWN TO SHEETING, RENAILED PLYWOOD, DRY-IN WITH 30# HOT MOP MODIFIED, FOAM DOWN TILE

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

Signature of Contractor

DATE: 1-31-08



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

ROOFING MATERIAL LIST

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
23	rolls 30# felt			
46	rolls 90# felt			
3	rolls 16" gal valley metal			
400'	brown 2x2 eave drip			
2	power fans			
4	lead sticks			
1	10" vent			
30'	4x5 gal L flashing			
45	Squares roll tile			
6	sets of poly foam			



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

Entegra Sales, Inc.
819 N. Federal Highway, Suite 300
Stuart, FL. 34994

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: Estate "S" Tile

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 renews NOA # 01-0703.04 and consists of pages 1 through 7.

The submitted documentation was reviewed by Alex Tigera.



NOA No. 06-0310.05
Expiration Date: 08/23/11
Approval Date: 07/27/06
Page 1 of 7

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub Category: Roofing Tiles
Material: Concrete

1. SCOPE

This renews a roofing system using Entegra Estate "S" Concrete Roof Tile, as manufactured Entegra Roof Tile Corporation in as described in Section 2 of this Notice of Acceptance, designed to comply with the Florida Building Code, 2004 Edition for High Velocity Hurricane Zone. For the locations where the pressure requirements, as determined by applicable Building Code, does not exceed the design pressure values obtain by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Entegra Estate 'S' Roof Tile	l = 16-1/2" w = 13" min. 1/2" thick	TAS 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail hole and double roll ribs. For direct deck or battened nail-on, mortar or adhesive set applications
Trim Pieces	l = varies w = varies varying thickness	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 Components or products manufactured by others

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Rainproof II	30" x 75' roll 36" x 75' roll or 60" x 75' roll	TAS 104	Single ply, nail-on underlayment with 2" self-adhering top edge.	Protect-O-Wrap, Inc. (with current NOA)
Ice and Water Shield	36" x 75' roll	TAS 103	Self-adhering underlayment	W.R. Grace Co. (with current NOA)
Wood Battens	<u>Vertical</u> Min. 1"x 4" <u>Horizontal</u> Min. 1"x 4" for use with vertical battens or Min. 1"x 2" for use alone	Wood Preservers Institute LP - 2	Salt pressure treated or decay resistant lumber battens	Generic (with current NOA)



NOA No. 06-0310.05
 Expiration Date: 08/23/11
 Approval Date: 07/27/06
 Page 2 of 7

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Tile Nails	Min. 10dx 3"	TAS 114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (with current NOA)
Tile Screws	#8x 2 ½" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	TAS 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (with current NOA)
Roof Tile Mortar ("TileTite™")	N/A	TAS 123	Prepared mortar mix designed for mortar set roof tile applications.	Bermuda Roof Company, Inc. with current PCA
Roof Tile Mortar ("Quikrete® Roof Tile Mortar #1140")	N/A	TAS 123	Prepared mortar mix designed for mortar set roof tile applications.	Quikrete Construction Products with Current PCA
Roof Tile Mortar ("BONSAL® Roof Tile Mortar Mix")	N/A	TAS 123	Prepared mortar mix designed for mortar set roof tile applications.	W. R. Bonsal Co. with current PCA
Roof Tile Adhesive ("Polypro® AH160")	N/A	See PCA	Two component polyurethane adhesive designed for adhesive set roof tile applications.	Polyfoam Products, Inc.
Roof Tile Adhesive TileBond	Factory premixed canisters	See PCA	Single component polyurethane foam roof tile adhesive	Flexible Products (with current NOA)
Hurricane Clip & Fasteners	Clips Min. ½" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 ¼"	TAS 114 Appendix E	Corrosion resistant clips with corrosion resistant nails.	Generic



3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayments shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable Building Code.

4. INSTALLATION

4.1.1 Entegra Estate "S" Concrete Roof Tile and its components shall be installed in strict compliance with Miami Dade County Roofing Application Standard RAS 118, RAS 119, and RAS 120.

4.2 Data For Attachment Calculations

Table 1: Average Weight (W) and Dimensions (l x w)			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Entegra Estate 'S' Roof Tile	10.0	1.375	1.08

Table 2: Aerodynamic Multipliers - λ (ft³)		
Tile Profile	λ (ft³) Batten Application	λ (ft³) Direct Deck Application
Entegra Estate 'S' Roof Tile	0.267	0.289

Table 3: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Entegra Estate 'S' Roof Tile	5.91	6.74	5.82	6.64	5.70	6.50	5.56	6.33	5.40	N/A



Table 4: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Nail-On Systems				
Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Entegra Estate 'S' Roof Tile	2-10d Ring Shank Nails	27.8	37.4	28.8
	1-10d Smooth or Screw Shank Nail	8.8	11.8	4.1
	2-10d Smooth or Screw Shank Nails	16.4	21.9	7.1
	1 #8 Screw	25.8	25.8	22.9
	2 #8 Screw	47.1	47.1	49.1
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails ¹	43.0	67.5	50.9

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2 1/2" from head of tile.

Table 5: Attachment Resistance Expressed as a Moment M_r (ft-lbf) for Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Adhesive	26.1 ³

² See manufactures component approval for installation requirements.
³ Flexible Products Company TileBond Average weight per patty 11.4 grams.
Polyfoam Product, Inc. Average weight per patty 8 grams.

Table 5A: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Polyfoam PolyPro™	86.61 ⁴
	Polyfoam PolyPro™	45.5 ⁵

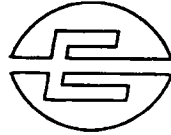
⁴ Large paddy placement of 54 grams of PolyPro™.
⁵ Medium paddy placement of 24 grams of PolyPro™.

Table 5B: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Mortar or Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Mortar Set	20.60



5. LABELING

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo (See **Detail Below**), or following statement: "Miami-Dade County Product Control Approved".



OR



ESTATE "S" TILE LABEL (LOCATED ON UNDERSIDE OF TILE)

6. BUILDING PERMIT REQUIREMENTS

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

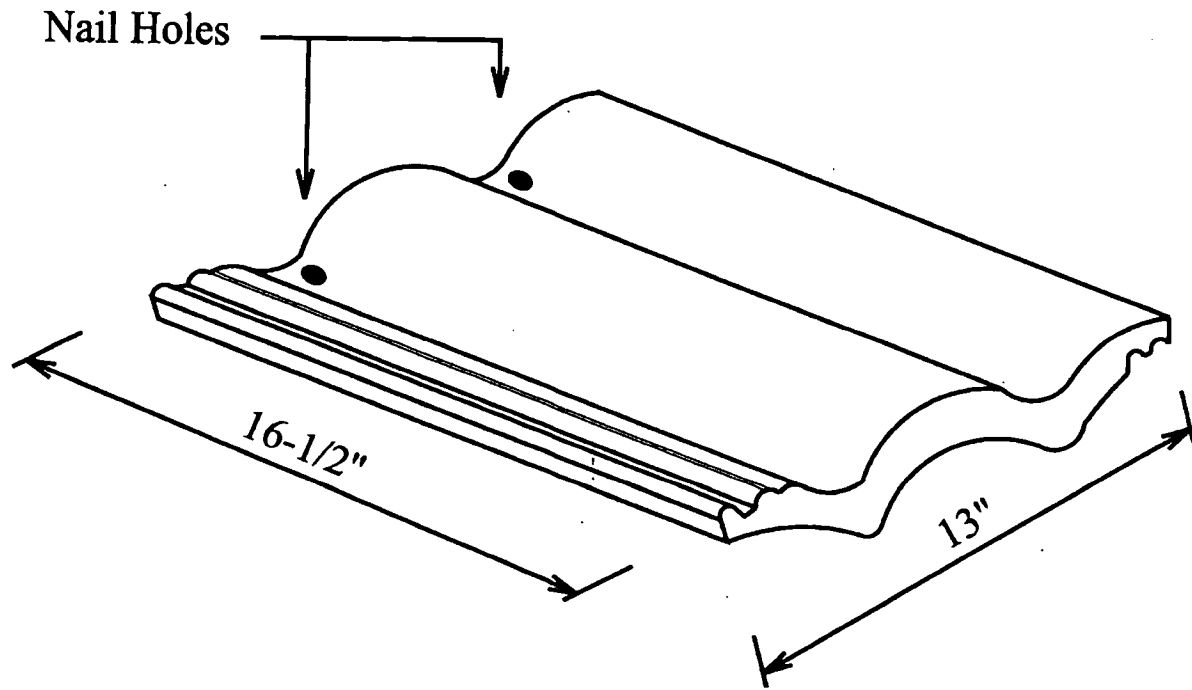
6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable Building Code in order to properly evaluate the installation of this system.



NOA No. 06-0310.05
Expiration Date: 08/23/11
Approval Date: 07/27/06
Page 6 of 7

PROFILE DRAWING



ENTEGRA ESTATE "S" CONCRETE ROOF TILE

END OF THIS ACCEPTANCE



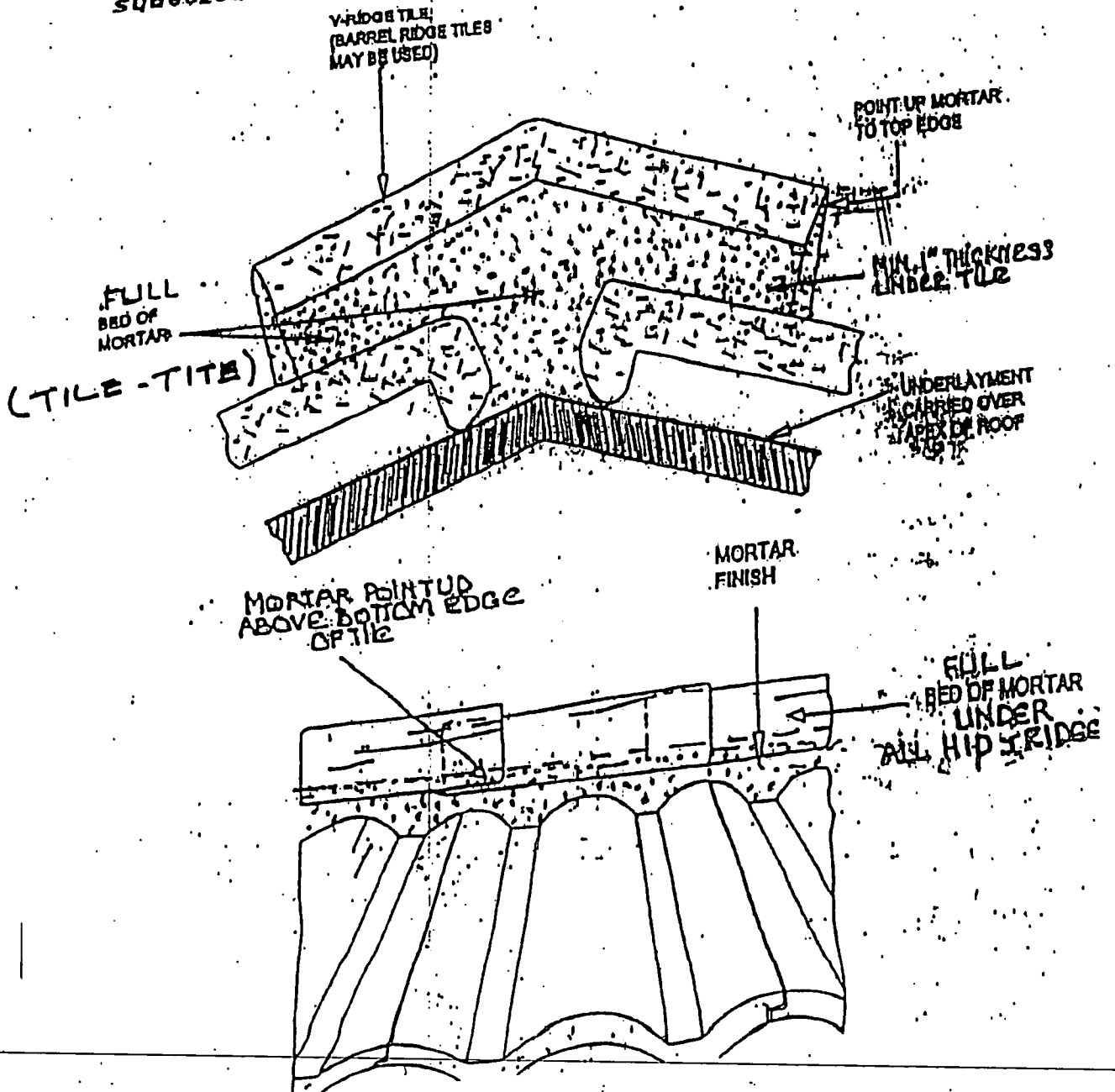
NOA No. 06-0310.05
Expiration Date: 08/23/11
Approval Date: 07/27/06
Page 7 of 7

INTERIM RECOMMENDATION - SYSTEMS 3 & 4

HIP AND RIDGE TILE INSTALLATION

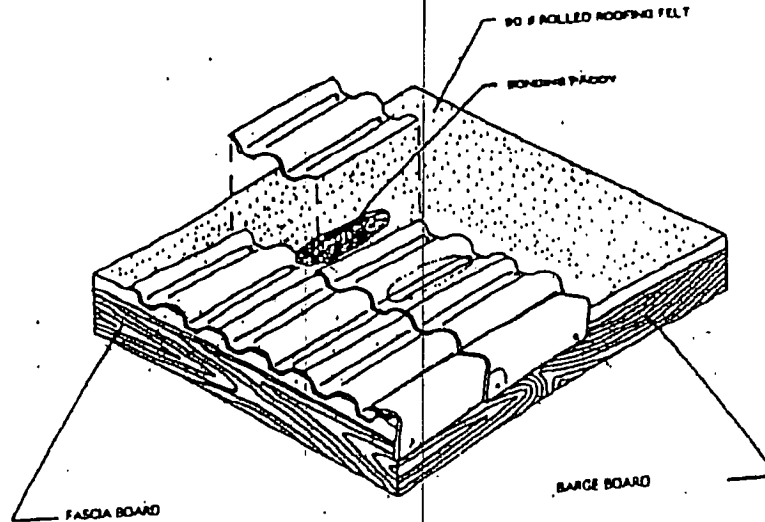
MORTAR

Set hip and ridge tile in a full bed of code approved mortar. Place tile on mortar within 15 minutes pressing down on tile until mortar has full contact with the tile and excess appears at the sides of tile. Point mortar using mortar that is squeezed out with addition mortar as necessary.



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

DRAWING 16



Mortar and Adhesive Placement for Double Roll -Low Profile Tile

- C. Mortar application. Two-Piece Barrel Tile (See drawing 18)**
- NOTE:** Tile shall be attached to resist the aerodynamic moment determined when using the design pressures for the building and fixing calculations set forth in the local building code.
1. Apply 10" mason's trowel of mortar vertically over chalk line and under center of each pan with narrow end facing down roof.
 2. Place bed of mortar along inside edges of pans and set covers with wide end facing down roof.
 3. Point mortar to form acceptable straight-edge finish insuring contact along edges.
 4. Lay succeeding courses of field tile in same manner. Bed of mortar should make contact with head of lower course of tile and underside of tile being set.
 5. Cut/break field tile to form straight edge at center of hip/ridge.
- D. Adhesive Set Application. Two-Piece Barrel Tile (See drawing 18)**
1. Apply adhesive material to the underlayment and/or tile in strict compliance with the adhesive manufacturers recommendations and local building code approval.
- NOTE:** Tile shall be bonded to resist the design pressures determined in compliance with local building codes.

Revised October, 1995



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

Site Provided by...
 governmax.com T1.12

Summary

print Owner 7 of 32

Parcel Info

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-004-000-00040-5	8 SE MANDALAY DR	27795	Owner	0	1

Summary

Property Location 8 SE MANDALAY DR
Tax District 2200 Sewall's Point
Account # 27795
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.549

Legal Description
Property Information
 MANDALAY LOT 4

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 GILBERT, DORIAN

Mail Information
 8 MANDALAY
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$340,000
Market Impr Value \$338,850
Market Total Value \$678,850

Site Functions

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

Recent Sale
 Sale Amount \$0

Sale Date 6/10/1997
Book/Page 1244 0578

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 01/29/2008





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-280-4765

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

**LICENSED CONTRACTORS' REROOF WINDSTORM LOSS
 MITIGATION COMPLIANCE AFFIDAVIT**

**TO BE COMPLETED ONLY IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000
 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.**

YEAR PERMITTED _____ INSURED OR PA IMPROVED VALUE \$ 338,850

DESCRIPTION OF WORK: CEMENT FIBER ROOF HURRICANE MITIGATION RETROFIT

JOB SITE ADDRESS: 8 MANDALAY RD. SEWALL'S POINT, FL. 34996.

QUALIFIER NAME: DOUGLAS L. CAMPORA LICENSE NO.: CGC-022955

COMPANY NAME: DON CAMPORA CONSTRUCTION PHONE NO.: 772-283-4761
CO., INC.

Residential Structure valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

Douglas L. Campora
 Qualifier's Signature

Date: 1/28/08.

Sworn to and subscribed before me
 this 28 day of JAN. 2008.

By Douglas L. Campora
Linda Marlow
 Notary Public, State of Florida

Personally known to me
 Produced ID _____
 Type: _____

Dorian Gilbert
 Notary's Signature

Date: 1-31-08

Sworn to and subscribed before me
 this 31 day of JANUARY 2008.

By DORIAN GILBERT
 Notary Public, State of Florida

Personally known to me X
 Produced ID _____
 Type: _____

LINDA MARLOW
 MY COMMISSION # DD 321797
 EXPIRES: May 19, 2008
 Bonded Thru Notary Public Underwriters

TANYA TURNER
 Commission DD 692349
 Expires July 5, 2011
 Bonded Thru Troy Fain Insurance 800-385-7019



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

**RESIDENTIAL REROOF WINDSTORM LOSS
 MITIGATION CERTIFICATION
 (FLORIDA STATUTE 553.844)**

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

 All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

 Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

X
 Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



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

RE: Permit # 8811

Date Feb 6, 2008

Inspection Affidavit

I JOHN TURNER, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle I.e. Type) FS 468 Building Inspector*

License #: CC-024411

On or about Feb 5 1pm, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 8 Mandley Rd.
(circle one) (Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

[Signature]
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 6 day of Feb, 2008

By John W Turner

Notary Public, State of Florida



Linda Marlow
(Print, type or stamp name)

Commission No.: _____

Personally known or
Produced Identification _____

Type of identification produced: _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection, includes photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 8 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.

IN - PROGRESS - PASSED

NEED ROOF MITIGATION
INSPECTION REPORT OR
NO FINAL INSPECTION WILL
BE DONE.

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: 2/15

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8811	Gilbert	In-progress	PASS	
2	8 Mandalay Street	Roofing	NEED MITIGATION REPORT.	INSPECTOR: <i>[Signature]</i>
8815	O'Neill	Final	PASS	CLOSE
8	9 Lofting Way	Iron fence		INSPECTOR: <i>[Signature]</i>
8810	Stech	Final	PASS	CLOSE
9	32 Feldway	Advantage A/C		INSPECTOR: <i>[Signature]</i>
7356	Burkey	Final	PASS	CLOSE
10	15 Banyan Rd	Heaton Roof		INSPECTOR: <i>[Signature]</i>
8492	Vasko	Frame all	FAIL	
3	98 S River Rd	666 Homes		INSPECTOR: <i>[Signature]</i>
8159	Julst	Final	PASS	CLOSE
1	20 E High Pt	Advantage for		INSPECTOR: <i>[Signature]</i>
8808	Presley	Final	PASS	CLOSE
7	100 N Sewalls	Roof Tech		INSPECTOR: <i>[Signature]</i>
OTHER: _____				

RECEIVED
DATE: 2-20-08
TOWN OF SEWALL'S POINT

6445 SW Gaines Ave.
Stuart, Florida 34997
(772) 283-4761

.....

Don Campora Construction Co., Inc.

State Licensed General Contractor # CGC-022955

February 19, 2008

To: Town of Sewall's Point Building Department
One S. Sewall's Point Road
Sewall's Point, Florida 34996

RE: Re - Roof Permit # 8811
Gilbert Residence
8 Mandalay Rd.
Sewall's Point, Florida

FILE

To Whom It May Concern:

This correspondence is to inform the Officials of the Sewall's Point Building Dept. that I, Douglas Campora, have inspected the Structural Roof components at the above mentioned residence and found that the Roof to Wall Metal connectors as well as the 5/8" Plywood sheathing attachment and the Roof Covering at a minimum meets the 2001 Florida Building Code.

Respectfully Submitted,


Douglas L. Campora
President of Don Campora Construction
Company, Inc.

.....

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 2-21, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8811	G... ..	Final	PASS	Close
1	8 Mandalay Stuart Roof	Recid Eng Nit letter		INSPECTOR: <i>[Signature]</i>
8806	Shore	ROUGH ELEC. tie down	PASS	
2	22 Emanta, Medalist	brass eng. framing	PASS PASS	INSPECTOR: <i>[Signature]</i>
7308	Ayres 103 N Sewalls	ROUGH ELEC Final dock	PASS	@ 1085
	Custom Decks	(S&P 0826)		INSPECTOR: <i>[Signature]</i>
8826	Ayres 103 N Sewalls	Final	PASS	Close
	Jimmy Powell Elec			INSPECTOR: <i>[Signature]</i>
8825	Kelso	consult.	OK	
130	26 Rio Vista Sunco			INSPECTOR:
6634	Kelso 26 Rio Vista	Final - Garage door	PASS	Close
	H. Door			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8963

HURRICANE SHUTTERS



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:	8963	DATE ISSUED:	JULY 28, 2008
SCOPE OF WORK:	HURRICANE SHUTTERS		
CONDITIONS:			
CONTRACTOR:	21 ST CENTURY SCREENS		
PARCEL CONTROL NUMBER:	1338410040000004050	SUBDIVISION	MANDALAY - LOT 4
CONSTRUCTION ADDRESS:	8 MANDALAY DR		
OWNER NAME:	GILBERT		
QUALIFIER:	WES FRASER	CONTACT PHONE NUMBER:	561-721-1800

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
 DATE: 7-23-08
 TOWN OF SEWALL'S POINT

Town of Sewall's Point
Building Permit Application Permit Number: _____
 Date: _____
 OWNER/TITLEHOLDER NAME: Gilbert, Dorian Phone (Day) (772) 219-8209 (Fax) _____
 Job Site Address: 8 Mandalay Road City: Stuart State: FL Zip: 34996
 Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 1338410040000004050000
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____
 Scope of work: Installation of Hurricane Shutters (19 openings)

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

CONSTRUCTION VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 12,947.00
 Notice of Commencement required when over \$2500 - prior to first inspection
 Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS 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 ***

City

CONTRACTOR/Company: 21st Century Screens, Inc Phone: (561) 721-1800 Fax: (561) 721-1801
 Street: 2731 Vista Parkway Ste D-7 City: West Palm Beach State: FL Zip: 33411
 State Registration Number: CGC1508815 State Certification Number: _____ Municipal License Number: _____
 PROJECT SUPERINTENDANT: Andre Robinson CONTACT NUMBER: (561) 441-1078
 ARCHITECT _____ Lic.#: _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____
 ENGINEER: Mitch When ready please call City: _____ State: _____ Zip: _____
561-721-5611 Lic# _____ Phone Number: _____
 Street: _____ City: _____ State: _____ Zip: _____

AREA SQ. FOOTAGE: Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
 Carport: _____ Total Under Roof _____ Wood Decks/walkways: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)
 National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

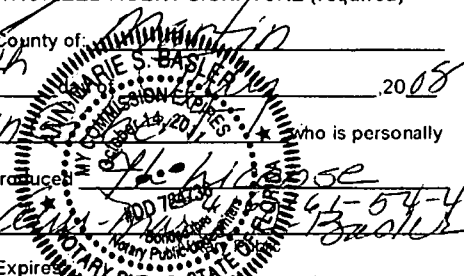
NOTICES TO OWNERS AND CONTRACTORS:
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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.

Dorian Gilbert
 OWNER OR AUTHORIZED AGENT SIGNATURE (required)
 State of Florida, County of: Martin
 This the 11th day of July, 2008
 by Dorian Gilbert who is personally
 known to me or produced _____
 as identification: 45-54-400-0
 My Commission Expires: _____

West Fraser
 CONTRACTOR SIGNATURE (required)
 On State of Florida, County of: Palm Beach
 This the 22nd day of July, 2008
 by West Fraser who is personally
 known to me or produced FL 300
 As identification: _____
 My Commission Expires: _____
 Notary Public



SINGLE FAMILY PERMITS AND APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION PER FBC 105.3.4 ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS PER FBC 105.3.2 PLEASE PICK UP YOUR PERMIT PROMPTLY!

Commission # DD748258
 Expires: FEB. 24, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.

MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney

NOTICE OF COMMENCEMENT

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

8963

PERMIT #: _____ TAX FOLIO #: _____

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)
Parcel # 1338410040000004050000 Manley lot #4

GENERAL DESCRIPTION OF IMPROVEMENT: Installation of 19 Hurricane Shutters

OWNER NAME: Gilbert Dorian
ADDRESS: 8 Manley Road, Stuart, FL 34996
PHONE NUMBER: 772-219-8209 FAX NUMBER: _____

INTEREST IN PROPERTY:
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: 21st Century Screens, Inc
ADDRESS: 2731 Vista Parkway Ste D7
PHONE NUMBER: (561) 7211800 FAX NUMBER: (561) 7211801

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

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

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

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

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

FLORIDA STATUTES:
PHONE NUMBER: _____ FAX NUMBER: _____

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATORY'S TITLE/OFFICE _____

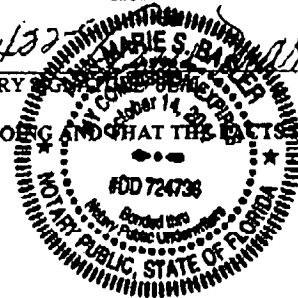
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11 DAY OF July, 2008
BY Marie S. Baker AS Town Clerk FOR Dorian Gilbert
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION X

TYPE OF IDENTIFICATION PRODUCED Fl. Dh-6416-161-54-432
NOTARY _____

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

Dorian Gilbert
(Signature of Natural Person Signing Above)





NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: _____

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) Parcel # 1338410040000004050000 Mandalay Lot #4

GENERAL DESCRIPTION OF IMPROVEMENT: Installation of 19 Hurricane Shutters

OWNER NAME: Gilbert Dorian
ADDRESS: 8 Mandalay Road, Stuart, FL 34996
PHONE NUMBER: 772-219-8209 FAX NUMBER: _____

INTEREST IN PROPERTY:
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: 21st Century Screens, Inc.
ADDRESS: 2731 Vista Parkway Ste D7
PHONE NUMBER: (561) 721-8000 FAX NUMBER: (561) 721-1801

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

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

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

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

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),

FLORIDA STATUES:
PHONE NUMBER: _____ FAX NUMBER: _____

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATORY'S TITLE/OFFICE _____

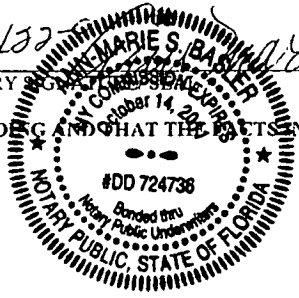
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11 DAY OF July, 2008
BY *[Signature]* AS *[Signature]* TYPE OF AUTHORITY FOR *[Signature]* NAME OF PARTY ON BEHALF OF
NAME OF PERSON WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION

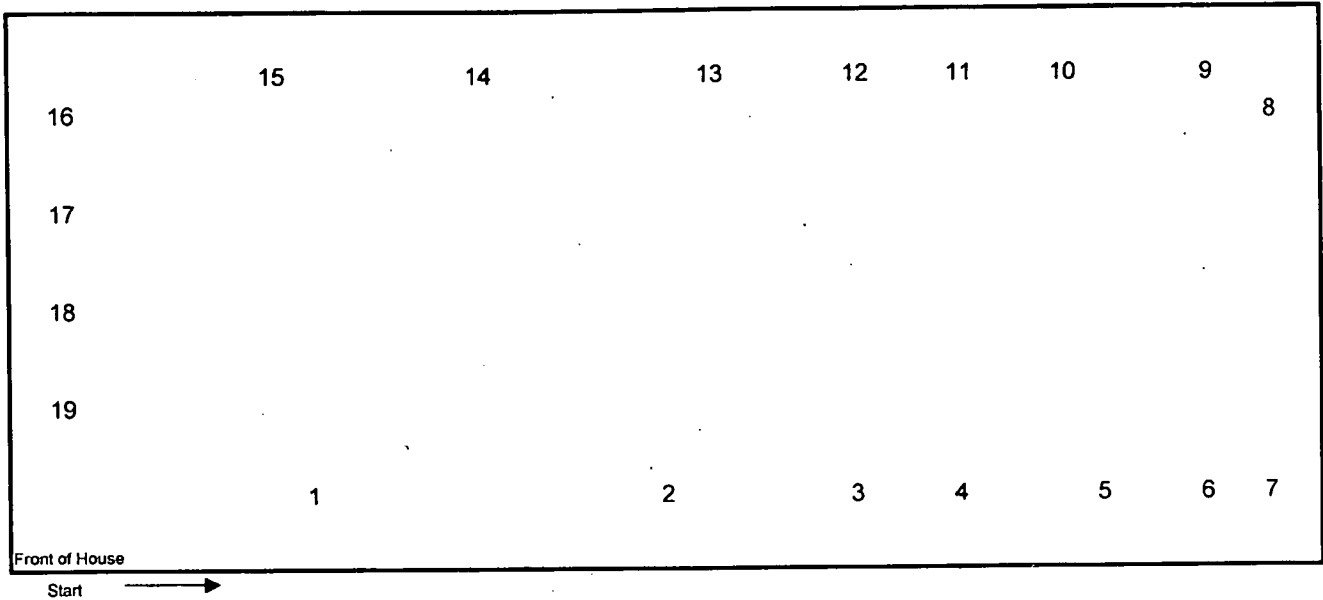
TYPE OF IDENTIFICATION PRODUCED FL DH 6416-161-54-432 NOTARY *[Signature]*

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

[Signature]
(Signature of Natural Person Signing Above)



Gilbert, Dorian
 8 Mandalay Road
 Stuart, FL 34996



Opening	Location and Sizes	Span x Non Span	Notes
1	Window	47" x 71"	Panelmates on bottom of opening
2	Front Door	78" x 136"	
3	Window	70" x 96"	Panelmates on bottom of opening
4	Window	47" x 71"	Panelmates on bottom of opening
5	Round Window	35" x 32"	
6	Garage Window	47" x 71"	Panelmates on bottom of opening
7	Garage Window	47" x 71"	Panelmates on bottom of opening
8	Window	79" x 66"	3-sided panel
9	Sliding Glass Door	102" x 86"	3-sided panel
10	Window	79" x 66"	3-sided panel
11	Window	54" x 78"	3-sided panel
12	Window	54" x 78"	3-sided panel
13	Double Window	156" x 112"	3-sided panel
14	Triple Window	208" x 112"	3-sided panel
15	Window	54" x 110"	
16	Window & Door	118" x 89"	3-sided panel
17	Window	29" x 67"	
18	Window	29" x 67"	
19	Window	29" x 42"	

Product Approval FL6288

MECAWind Version 1.17 ASCE 7-05

Developed by MECA Enterprises, Inc. Copyright 2008 www.mecaenterprises.com

Date : 7/21/2008
 Company Name : 21st Century Screens, Inc
 Address : 2731 Vista Parkway Ste. D-7
 City : West Palm Beach
 State : FL
 Project No. : Gilbert, Dorian
 Designed By : MP
 Description : FL 6288
 File Location: C:\Program Files\MECAWind\SampleProgram.wnd

User Input Data:

Basic Wind Speed(V) = 140.00 mph	Structure Type	= Building
Structural Category = II	Exposure Category	= C
Natural Frequency = 1.00	Flexible Structure	= No
Alpha = 9.50	Zg	= 900.00 ft
At = 0.11	Bt	= 1.00
Am = 0.15	Bm	= 0.65
Cc = 0.20	l	= 500.00 ft
Epsilon = 0.20	Zmin	= 15.00 ft
Slope of Roof = 6 : 12	Slope of Roof(Theta)	= 26.60
Degrees		
RHt:Ridge Height = 20.00 ft	EHT:Eave Height	= 8.00 ft
Ht: Mean Roof Ht = 14.00 ft		
Type of Roof = Multi Gabled		
Kd-Direction Factor = 0.850		
L: Length of Building Parallel to Ridge		= 66.00 ft
W: Width of Building Perpendicular to Ridge		= 78.00 ft

Main Wind Force Resisting System(MWFERS)

Figure 6-5 Internal Pressure Coefficients for Buildings, GCpi
 Enclosed Bldg +GCpi = 0.18 Enclosed Bldg -GCpi = -0.18

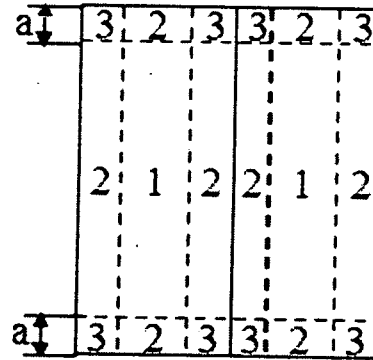
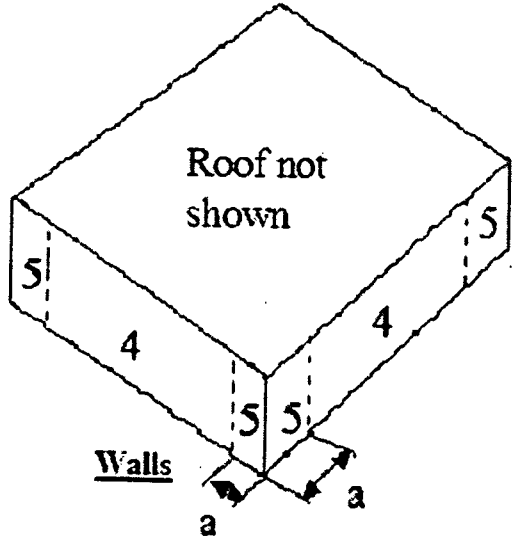
Wind Pressure on Components and Cladding

Description	Width of Pressure Coefficient Zone "a" = 5.6 ft							
	Width ft	Span ft	Area ft ²	Zone	Max GCp	Min GCp	Max P psf	Min P psf
Window	4.00	7.00	28.00	5	0.921	-1.242	39.862	-51.485
Front Door	7.00	11.00	77.00	4	0.843	-0.943	37.053	-40.674
Window	7.00	8.00	56.00	4	0.868	-0.968	37.938	-41.558
Window	4.00	7.00	28.00	4	0.921	-1.021	39.862	-43.483
Round Window	3.00	3.00	9.00	4	1.000	-1.100	42.721	-46.342
Garage Window	4.00	7.00	28.00	4	0.921	-1.021	39.862	-43.483
Garage Window	4.00	7.00	28.00	4	0.921	-1.021	39.862	-43.483
Window	7.00	6.00	42.00	4	0.890	-0.990	38.737	-42.357
Sliding Door	9.00	8.00	72.00	5	0.849	-1.097	37.240	-46.240
Window	7.00	6.00	42.00	4	0.890	-0.990	38.737	-42.357
Window	6.00	7.00	42.00	4	0.890	-0.990	38.737	-42.357
Window	6.00	7.00	42.00	4	0.890	-0.990	38.737	-42.357
Double Window	13.00	11.00	143.00	4	0.796	-0.896	35.334	-38.955
Triple Window	18.00	11.00	198.00	4	0.771	-0.871	34.431	-38.051
Window	5.00	11.00	55.00	4	0.869	-0.969	37.988	-41.608
Window/Door	10.00	7.00	70.00	4	0.851	-0.951	37.318	-40.939
Window	3.00	7.00	21.00	4	0.943	-1.043	40.661	-44.282
Window	3.00	7.00	21.00	4	0.943	-1.043	40.661	-44.282
Window	3.00	4.00	12.00	4	0.986	-1.086	42.215	-45.836

MECAWind Version 1.17 ASCE 7-05

Developed by MECA Enterprises, Inc. Copyright 2008 www.mecaenterprises.com

Date : 7/21/2008
 Company Name : 21st Century Screens, Inc
 Address : 2731 Vista Parkway Ste. D-7
 City : West Palm Beach
 State : FL
 Project No. : Gilbert, Dorian
 Designed By : MP
 Description : FL 6288
 File Location: C:\Program Files\MECAWind\SampleProgram.wnd



Multispan Gable Roof $10 < \theta \leq 45$

Wind Pressure on Components and Cladding

Width of Pressure Coefficient Zone "a" = 5.6 ft

Description	Width ft	Span ft	Area ft ²	Zone	Max GCp	Min GCp	Max P psf	Min P psf
Window	4.00	7.00	28.00	5	0.921	-1.242	39.862	-51.485
Front Door	7.00	11.00	77.00	4	0.843	-0.943	37.053	-40.674
Window	7.00	8.00	56.00	4	0.868	-0.968	37.938	-41.558
Window	4.00	7.00	28.00	4	0.921	-1.021	39.862	-43.483
Round Window	3.00	3.00	9.00	4	1.000	-1.100	42.721	-46.342
Garage Window	4.00	7.00	28.00	4	0.921	-1.021	39.862	-43.483
Garage Window	4.00	7.00	28.00	4	0.921	-1.021	39.862	-43.483
Window	7.00	6.00	42.00	4	0.890	-0.990	38.737	-42.357
Sliding Door	9.00	8.00	72.00	5	0.849	-1.097	37.240	-46.240
Window	7.00	6.00	42.00	4	0.890	-0.990	38.737	-42.357
Window	6.00	7.00	42.00	4	0.890	-0.990	38.737	-42.357
Window	6.00	7.00	42.00	4	0.890	-0.990	38.737	-42.357
Double Window	13.00	11.00	143.00	4	0.796	-0.896	35.334	-38.955
Triple Window	18.00	11.00	198.00	4	0.771	-0.871	34.431	-38.051
Window	5.00	11.00	55.00	4	0.869	-0.969	37.988	-41.608
Window/Door	10.00	7.00	70.00	4	0.851	-0.951	37.318	-40.939
Window	3.00	7.00	21.00	4	0.943	-1.043	40.661	-44.282
Window	3.00	7.00	21.00	4	0.943	-1.043	40.661	-44.282
Window	3.00	4.00	12.00	4	0.986	-1.086	42.215	-45.836

Khcc:Comp. & Clad. Table 6-3 Case 1
 Qhcc: .00256*V²*I*Khcc*Kht*Kd

= 0.85
 = 36.20 psf

Gilbert
& mandalay Road, Stuart



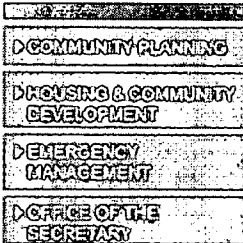
[BCIS Home](#) | [Log In](#) | [Hot Topics](#) | [Submit Surcharge](#) | [Stats & Facts](#) | [Publications](#) | [FBC Staff](#) | [BCIS Site Map](#) | [Links](#) | [Search](#)



Product Approval

USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL6288-R0
Application Type	New
Code Version	2004
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Storm Catcher
Address/Phone/Email	6182 Idlewild Street Ft. Myers, FL 33912 (888) 962-7283 Ext 300 brist@stormsmart.com
Authorized Signature	Brian Rist brist@stormsmart.com
Technical Representative	Brian Rist
Address/Phone/Email	11850 Plantation Rd Ft. Myers, FL 33912 brian@stormsmart.com
Quality Assurance Representative	Brian Rist
Address/Phone/Email	6182 Idlewild Street Fort Myers, FL 33912 (239) 278-9092 Ext 300 Brian@stormsmart.com
Category	Shutters
Subcategory	Products Introduced as a Result of New Technology
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Richard W. Arnold
Florida License	PE-19334
Quality Assurance Entity	National Accreditation and Management Institute
Quality Assurance Contract Expiration Date	
Validated By	John Henry Kampmann Jr. <input type="checkbox"/> Validation Checklist - Hardcopy Received

Gilbert

IMPACT PROTECTION INSTALLATION AFFIDAVIT

BLDG. PERMIT NUMBER: 8963

JOB SITE ADDRESS: 8 Mandalay Road, Stuart, FL 34996

CONTRACTOR/OWNER: 21st Century Screens, Inc

PHONE NUMBER: (888) 721-1800

QUALIFIER NAME: Wes Fraser

LICENSE NUMBER: CGIC 1508815

I Wes Fraser, do hereby affirm:

Owner or Contractor - Please print name

The following impact protection was used as per the 2004 FBC 1609.1.4 for all exterior glazed openings at the above referenced job site.

Impact Resistant Glass

Approved Shutters

That I personally observed the complete installation of all hurricane panel/shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

Wes Fraser Date: 8/26/08
Signature of Owner or Contractor

Sworn to and subscribed before me this
26th Day of August 2008
By Wes Fraser

Notary Public, State of Florida Notary Seal/Stamp

Personally known to me

Produced ID _____

Type _____

NOTARY PUBLIC-STATE OF FLORIDA
Mitch Bocook
Commission #DD748258
Expires: FEB. 24, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

Sewall' Point Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7-02 and the 2004 Florida Building code at final inspection.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-12, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8963	Gilbert	Final	PASS	COSE
1	8 Mandalay Dr 21 st Century Screens			INSPECTOR: <i>[Signature]</i>
8996	Raskin	Fiel	PASS	COSE
2	144 N Sewalls Coastline			INSPECTOR: <i>[Signature]</i>
8991	WILLIS			Contact FPL
1:00 PM	3 WORTH Pt THOMAS ELECT	Service Check	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9278

PAVER DRIVEWAY



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:	9278	DATE ISSUED:	OCTOBER 28, 2009
SCOPE OF WORK:	PAVER DRIVEWAY		
CONDITIONS :			
CONTRACTOR:	APEX PAVERS		
PARCEL CONTROL NUMBER:	133841-004-000-000405	SUBDIVISION	MANDALAY - LOT 4
CONSTRUCTION ADDRESS:	8 MANDALAY RD		
OWNER NAME:	GILBERT & FITZGERALD		
QUALIFIER:	RYAN FIGMAN	CONTACT PHONE NUMBER:	772-419-5151

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND 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.

Recorded
10/20/09

RECEIVED
10-20-09

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 10/19/09 Permit Number: _____

OWNER/TITLEHOLDER NAME: DORIAN GILBERT Phone (Day) 219-8209 (Fax) _____

Job Site Address: 8 Mandalay Rd. City: Sewells Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 4, Mandalay Parcel Number: 13.38.41.004.000.00040.5

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

Scope of work: INSTALL BRICK PAVED DRIVEWAY

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 15,400.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 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 ***

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

CONTRACTOR/Company: APEX PAVERS, INC Phone: 772-419-5151 Fax: 419-5101

Street: 834 SE LINCOLN AVE City: STUART State: FL Zip: 34994

State Registration Number: _____ State Certification Number: _____ Municipality License Number: CPB 4701

PROJECT SUPERINTENDANT: RYAN FIGMAN CONTACT NUMBER: 772-233-9383

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: 2015 Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - 5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

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

OWNER SIGNATURE (required)
Dorian Gilbert

CONTRACTOR SIGNATURE (required)
Ryan Figman

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 19 day of October, 2009

This the 19 day of October, 2009

by Dorian Gilbert who is personally

by Ryan Figman who is personally

known to me or produced

known to me or produced

as identification. Doreen J. Buffa

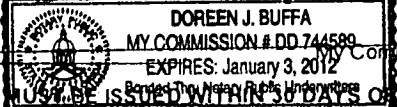
as identification. Doreen J. Buffa

Notary Public

Notary Public

My Commission Expires: 1-3-12

My Commission Expires: 1-3-12



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



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

Site Provided by...
governmentmax.com T1.13

Summary

print [navigation icons] Owner 5 of 30

Parcel Info

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-004-000-00040-5	8 MANDALAY RD	27795	Owner	0	1

Summary

Property Location 8 MANDALAY RD
Tax District 2200 Sewall's Point
Account # 27795
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.549

Legal Description
Property Information
 MANDALAY LOT 4

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 GILBERT, DORIAN
 FITZGERALD, ANDREE

Mail Information
 8 MANDALAY
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$165,300
Market Impr Value \$289,170
Market Total Value \$454,470

Site Functions

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

Recent Sale
 Sale Amount \$0

Sale Date 6/10/1997
Book/Page 1244 0578

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 10/21/2009





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

**RIGHT OF WAY DRIVEWAY COVENANT
 FOR MATERIAL OTHER THAN BROOM FINISHED CONCRETE OR ASPHALT**

STATE OF FLORIDA
 COUNTY OF MARTIN.

PERMIT NUMBER _____

THIS COVENANT, made by DORIAN GILBERT and legal owners (hereinafter "The Owners") of the property described as: Lot 4, Block _____, according to the Plat of Mandalay, as recorded in Plat Book 4, Page 86, of the Public Records of Martin County, Florida, also known as 8 Mandalay Rd, SEWELL'S POINT, FL 34996 (Street address)

WHEREAS, the Owners have applied for a permit to construct a driveway of BRICK PAVERS construction, a portion of which will be constructed in the Town right-of-way, and such construction will not be of asphalt or regular broom finish concrete, typical for driveways in right-of-way, and such construction will not be of asphalt or regular broom finish concrete, typical for driveways in right-of-way authorized by the Town of Sewall's Point or of driveway materials which the Town constructs, repairs, or replaces when it performs activities in its rights-of ways; and

WHEREAS, the Owners desire to construct the driveway and wish to recognize that the Town of Sewall's Point shall have no responsibility to replace the driveway if it performs any activity on the right-of-way.

NOW THEREFORE, in return for the benefits that will accrue from the construction of their driveway, and in accordance with the criteria for permits for constructing driveways other than those types aforementioned through Land Covenant right-of-way, The Owners of the above described property hereby agree and covenant that the Town of Sewall's Point shall not bear any responsibility for replacement of such driveway located within the right-of-way on this said property, should the need arise.

The Owners agree and covenant that the cost of replacement of the driveway, if required, will be borne by the Owners, their heirs, assigns and successors. This Covenant shall run with the land.

Dorian Gilbert
 OWNER

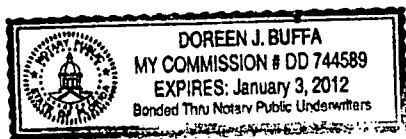
SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF October 20 09

BY DORIAN GILBERT

PERSONALLY KNOWN OR PRODUCED ID _____

TYPE OF ID _____

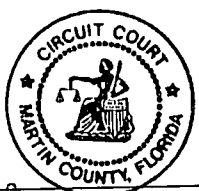
Doreen J. Buffa
 NOTARY SIGNATURE



THIS COVENANT MUST BE RECORDED AT THE CLERK'S OFFICE AND THE RECORDED COPY SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO ISSUING CERTIFICATE OF OCCUPANCY OR A FINAL DRIVEWAY INSPECTION.

STATE OF FLORIDA
 MARTIN COUNTY

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



BY: [Signature] D.C.
 DATE: 10-20-09

INSTE # 2174040 DR BK 02418 PG 0446 RECD 10/20/2009 09:34:43 AM
 Pg 0446; (1pg)
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK 5 Phoenix

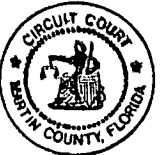
APEX PAVERS
834 SE Lincoln Ave
Stuart, FL 34994
PERMIT NUMBER:

This Space is reserved for recording info

NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida statutes the following information is provided in the Notice of commencement.

- 1. DESCRIPTION OF PROPERTY (Legal description and street address) TAX FOLIO NUMBER: 13.38.41.004.000.00040.
SUBDIVISION Mandalay BLOCK _____ TRACT _____ LOT 4 BLDG _____ UNIT 34996
8 Mandalay Rd, SEWELLS Pt. FL 34996
- 2. GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL BRICK PAVER DRIVEWAY
- 3. OWNER INFORMATION: a. Name DORIAN GILBERT
b. Address 8 Mandalay Rd c. interest in property OWNER
d. Name and address of fee simple titleholder (if other than owner) _____
- 4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER: APEX PAVERS, INC
834 SE LINCOLN AVE Stuart FL 34994 Tel. 772-419-5151
- 5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT: _____
- 6. LENDER'S NAME, ADDRESS AND PHONE NUMBER: _____ STATE OF FLORIDA
MARTIN COUNTY
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a) 7., Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER: _____ THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL MARSHA EWING, CLERK
- 8. In addition to himself or herself, Owner designates the following to receive a copy of the 713.13 (1)(b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER: _____ BY: T. COPUS D.C.
DATE: 10/19/09
- 9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____, 20____.



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.

Dorian Gilbert
Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

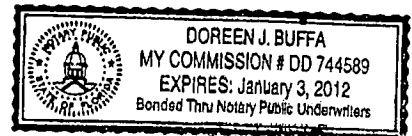
DORIAN Gilbert
Print Name and Provide Signatory's Title/Office

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 19 day of October, 20 09.
By DORIAN Gilbert, as OWNER
(Name of person) (Type of authority...e.g. Owner, officer, trustee, attorney in fact)
For _____
(Name of party on behalf of whom instrument was executed) Personally Known or produced the following type of ID: _____

Doreen Buffa
(Printed Name of Notary Public)

Doreen Buffa
(Signature of Notary Public) (Seal)



Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/Director/Partner/Manager who signed above:
By: Dorian Gilbert By: DORIAN Gilbert

MARGUERITA SUBDIVISION

LOT 12

LOT 11

N. 46° 00' 00" E. - 123.00'
(PLAT & MEASURED)

FOUND 3x3 CONCRETE MONUMENT
FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 10.27.09
BUILDING OFFICIAL

FOUND 3x3 CONCRETE MONUMENT

ADDRESS:
 8 Mandaly Drive
 Sewalls Point, Florida

NEIGHBORS CHAINLINK FENCE

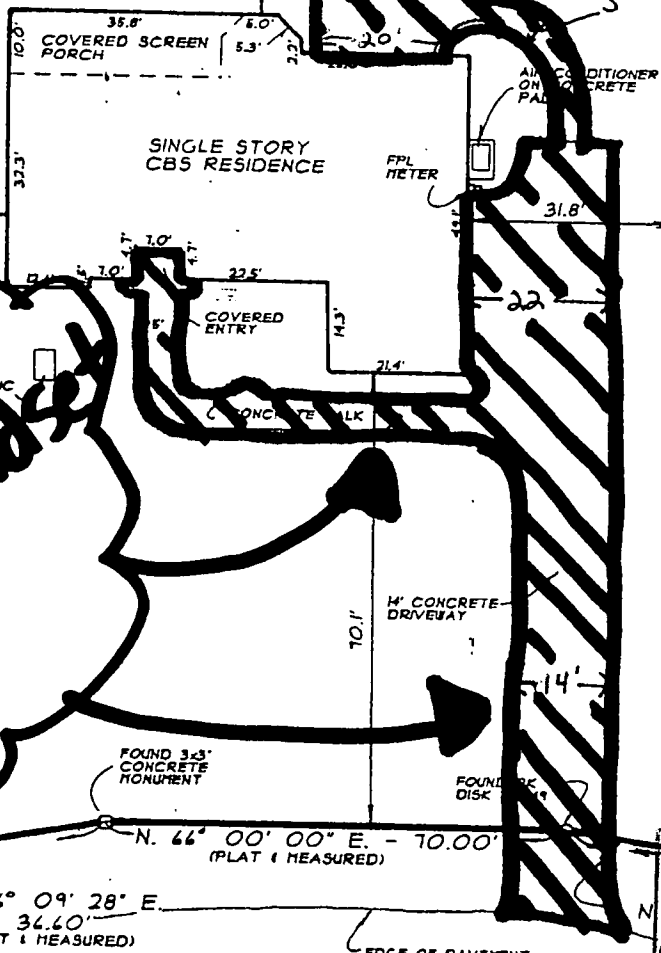
LOT 5

LOT 3

NOTE:
 Water Service and
 Underground Power

24° 00' 00" W. - 198.83'
(PLAT & MEASURED)

N. 24° 00' 00" W. - 195.38'
(PLAT & MEASURED)



Install Sand & Pavers

DRIVEWAYS THAT TRAVERSE THE PUBLIC R.O.W. MUST NOT RESTRICT OR RE-DIRECT THE FLOW OF STORMWATER - PROVIDE SWALE OR APPROVED CULVERT PIPE - SEE DETAIL

MANDALAY DRIVE

LEGAL DESCRIPTION:

Lot 4, MANDALAY, according to the Plat thereof, recorded in Plat Book 4, Page 86 of the Public Records of Martin County, Florida.

CERTIFIED TO:

SOUTH FLORIDA TITLE SERVICES, INC.; OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY and LEONARD FITZGERALD AND ANDREE FITZGERALD

CERTIFICATE: This is to Certify that this SKETCH OF SURVEY, of the hereon described property, is true and correct to the best of my knowledge and belief, contains no visible encroachments, unless shown, and meets the Minimum Technical Standards set forth in Chapter 61G17-6 F.A.C. by the Florida Board of Land Surveyors pursuant to Section 472.027, Florida Statutes.

BEARINGS HEREON ARE REFERRED TO AN ASSUMED VALUE OF N. 46° 00' 00" E. BASED ON RIGHT-OF-WAY OF MANDALAY DRIVE SAID BEARING IS IDENTICAL WITH THE PLAT OF RECORD.

FLOOD ZONE - "A8 and C"

REVISIONS

PROJECT NAME:

FITZGERALD

PROFESSIONAL LAND SURVEYOR
 STATE OF FLORIDA REGISTRATION NO. 3152

NOTE: NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.

This SURVEY prepared from legal description supplied by client.

PHILIP W. LANGBEHN
 Professional Land Surveyor

1509 N.W. Lakeside Trail, Stuart, Fla. 34994
 (407) 692-1254

Scale

1" = 30'

Date of Field Survey

12-10-96

Field MP/OC

Design —

Drawn S.G.

Checked P.W.L.

Sheet

1011

Drawing No

—

Field Book

140 Pg. 62

Work Order

No. 96-9310

FILE NO.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 11-30 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9305	Thompson 3 W High Pt All Am Roofing	sheathing dry-in in-progress	FAIL	NOO Per Plan INSPECTOR <i>AF</i>
9297	AB ASSOC 3700 Se Ocean #3718 Rubin Court	Final (Electric) KINAC WALL	Pass Pass	Close INSPECTOR <i>AF</i>
9196	Phantom 192 N Sewalls Resort Court	tie beam & COLUMNS	PARTIAL PASS	STORAGE AREA GARAGE ONLY INSPECTOR <i>AF</i>
9208	Grand 8 Mandalay Open Pavers	Final FINISH	PASS	Close INSPECTOR <i>AF</i>
9294	HARMAN 44 RIO VISTA REEL FENCE	FINAL	Pass	Rem 236 9969 Close INSPECTOR <i>AF</i>
9306	NESSEN 104 N. Seaside Rd DG Services Elect.	FINAL	Pass	Close INSPECTOR <i>AF</i>
				INSPECTOR

9585

AC CHANGEOUT



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:	9585	DATE ISSUED:	SEPTEMBER 27, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	133841-004-000-000405	SUBDIVISION	MANDALAY - LOT 4
CONSTRUCTION ADDRESS:	8 MANDALAY RD		
OWNER NAME:	GILBERT		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1227

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**

REQUIRED 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 PERMIT APPLICATION**

Date: 9.22.10

Permit Number: 9585

OWNER/TITLEHOLDER NAME Dorian Gilbert Phone (Day) 219-8209 (Fax) _____

Job Site Address: 8 Mandalay Bay City: Stuart State: FL Zip: 34990

Legal Description Mandalay, Lot 4 Parcel Control Number: 13-38-41-004-000-00040-5

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

SCOPE OF WORK (PLEASE BE SPECIFIC): 5 TON CHANGEOUT LIKE FOR LIKE

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$1200
(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: Kraussy Crane Inc Phone: 287-1227 Fax: 283-4055

Qualifiers names: John H Crane III Street: 9045 Dixie Highway City: Stuart State: FL Zip: 34994

State License Number: CAC049286 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ State: _____ Zip: _____ Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below DE: _____

* 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): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

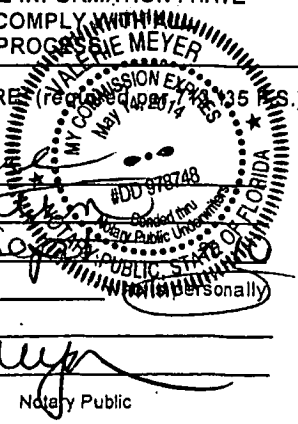
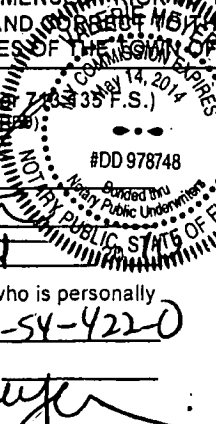
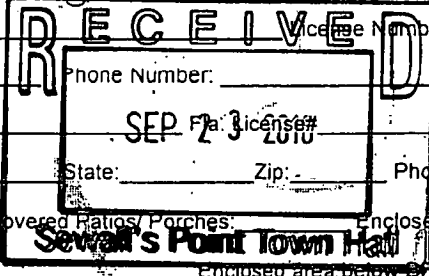
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER NOTORIZED SIGNATURE: (required per 723.335 F.S.)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Dorian Gilbert
State of Florida, County of: Martin
On This the 24 day of Sept
by Dorian Gilbert who is personally
known to me or produced FUDL# 416-161-54-4220
As identification. Valerie Meyer
Notary Public

CONTRACTOR NOTORIZED SIGNATURE (required per 723.335 F.S.)
John Crane
State of Florida, County of: Martin
On This the 23rd day of Sept
by John Crane
known to me or produced _____
As identification. Valerie Meyer
Notary Public

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





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

Site Provided by...
governmax.com 1,13

Summary

print [navigation icons] Address 1 of 1

Tabs

Summary

Print View

Land

Improvements

Assessments &

Exemptions

Sales

Taxes →

Parcel Map →

Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-004-000-00040-5	27795	8 MANDALAY RD, SEWALL'S POINT	\$437,270	9/18/2010

Owner Information

Owner(Current)	GILBERT DORIAN FITZGERALD ANDREE
Owner/Mail Address	8 MANDALAY STUART FL 34996
Sale Date	06/10/1997
Document Number	
Document Reference No.	1244 0578
Sale Price	0

Searches

Parcel ID

Owner

Address

Account #

Land Use

Legal Description

Neighborhood

Sales

Maps →

Location/Description			
Account #	27795	Map Page No.	SP-06
Tax District	2200	Legal Description	MANDALAY LOT 4
Parcel Address	8 MANDALAY RD, SEWALL'S POINT		
Acres	.5490		

Functions

Property Search

Contact Us

On-Line Help

County Home

Site Home

County Login

Parcel Type

Land Use	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Assessment Information

Market Land Value	\$165,000
Market Improvement Value	\$272,270
Market Total Value	\$437,270

Print First Previous Next Last

Legal Disclaimer / Privacy Statement





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

A/C PERMIT APPLICATION

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

_____ 1 Copy Completed permit application

_____ 2 Copies of the following:

- a. Manufacturer's data sheet to include make, model, seer/eer, tonnage, electrical requirements, refrigerant piping size, and AHRI listing page.
- b. Replacing ductwork requires Manual D layout plan with grille sizes
- c. Replacing entire system including ductwork requires Manual J and Energy calculations.
- d. Condenser tie down and Air Handler mounting details
- e. A/C change out affidavit

COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE

_____ 2 Copies A/C Stand NOA or Engineers letter to retrofit to existing mounts.

_____ Smoke Detectors in supply duct for units over 2000 CFM



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier ___ Yes No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# 4TEE3C010
 Volts 208/240 CFM's 1800 Heat Strip 10 Kw
 Min. Circuit Amps 55 Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 55
 Ref. line size: Liquid 3/8 Suction 1/2
 Refrigerant type R410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) Garage
 Access: Garage

Condenser: Mfg Trane Model# 4T120060
 Volts 208/230 SEER/EER 18 BTU's 60,000
 Min. Circuit Amps 35 Wire gauge #8
 Max. Breaker size 50 Min. Breaker size 35
 Ref. line size: Liquid 3/8 Suction 1/2
 Refrigerant type R410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof Right
 Condensate Location @ Condenser

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# TW8000C
 Volts 208/230 CFM's 1000 Heat Strip 10 Kw
 Min. Circuit Amps 55 Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 1/2
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Garage
 Access: Garage

Condenser: Mfg Trane Model# TR042C
 Volts 208/230 SEER/EER 10 BTU's 60,000
 Min. Circuit Amps 35 Wire gauge #8
 Max. Breaker size 50 Min. Breaker size 35
 Ref. line size: Liquid 3/8 Suction 1/2
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof Right - Ground
 Condensate Location @ Condenser

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

John Lane
 Signature

_____ Date



General Data

Product Specifications

Model No. ①	4TTZ0024A1	4TTZ0036A1	4TTZ0048A1	4TTZ0060A1
Electrical Data V/Ph/Hz ②	200/230/1/60	200/230/1/60	200/230/1/60	200/230/1/60
Min Cir Ampacity	14	19	26	31
Max Fuse Size (Amps)	20	30	40	50
Compressors	2 - CLIMATUFF®	2 - CLIMATUFF®	2 - CLIMATUFF®	2 - CLIMATUFF®
RL AMPS - LR AMPS	8.7 - 58	13.8 - 61.5	18.6 - 93.4	22.8 - 128.7
Outdoor Fan FL Amps	2.80	2.80	2.80	2.80
Fan HP	1/3	1/3	1/3	1/3
Fan Dia (inches)	27.6	27.6	26.6	26.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	10/10-LB/OZ	9/13-LB/OZ	15/7-LB/OZ	13/15-LB/OZ
Line Size - (in.) O.D. Gas ③	3/4	3/4	7/8	7/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	57.4 x 35.1 x 38.7	57.4 x 35.1 x 38.7	57.4 x 35.1 x 38.7	57.4 x 35.1 x 38.7
Weight - Shipping	385	385	470	470
Weight - Net	335	335	420	420
Start Components	YES	YES	YES	YES
Sound Enclosure	YES	YES	YES	YES
Compressor Sump Heat	YES	YES	YES	YES
Optional Accessories: ④				
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT004	BAYECMT004	BAYECMT004
Vertical Discharge Air Kit Base 4	BAYVDTA003	BAYVDTA004	BAYVDTA004	BAYVDTA004
Auto Charge Solenoid Kit	BAYCAKT001	BAYCAKT001	BAYCAKT001	BAYCAKT001
24 Volt Wiring Harness	BAYACHP024A	BAYACHP024A	BAYACHP024A	BAYACHP024A
Refrigerant Lineset ⑤	TAYREFLN7*	TAYREFLN7*	TAYREFLN3*	TAYREFLN3*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on ARI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 80'. Standard lift - 25' Suction and Liquid line.

For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (*denotes latest revision)

④ For accessory description and usage, see page 5.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

A-weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]		A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB - [dB(A)] High Stage							
	Low Stage Overall	High Stage Overall	63	125	250	500	1000	2000	4000	8000
4TTZ0024A1	59	68	44.8	54.4	60.5	57.7	61.4	61.9	55	49.1
4TTZ0036A1	67	72	50.8	55.3	64.6	67.8	64.3	63.2	57.6	51.5
4TTZ0048A1	68	76	51.3	56	68.3	71.3	65.6	69	58.9	49.6
4TTZ0060A1	70	76	51.4	59.8	67.3	68	69.6	70.1	61	51.5

Note: Rated in accordance with AHRI Standard 270-2008



TRANE®

Electrical Data

						MIN BLOWER SPEED		CAPACITY	
	VOLT	MTR AMPS	HEATER AMPS	MCA	MOP	WITH OUT HEAT PUMP	WITH HEAT PUMP	KW	TOTAL BTUH
4TEE3C09 / 4TEE3D09 (no heater) 4TEE3C10 / 4TEE3D10 (no heater)		7.50		9	15				
BAYHTR1405***	208		17.3	31	35	900	1200	3.60	12300
	240		20.0	34	35			4.80	16400
BAYHTR1408***	208		27.7	44	45	900	1200	5.76	19700
	240		32.0	49	50			7.68	26200
BAYHTR1410***	208		34.6	53	60	1200	1500	7.20	24600
	240		40.0	59	60			9.60	32800
circuit 1 BAYHTR1415BRK	208		34.6	53	60	1200 +	1500 +	7.20	39300
	240		40.0	59	60			9.60	52400
circuit 2	208		20.8	26	30			4.33	
	240		24.0	30	30			5.76	
BAYHTR1415BRK with single circuit power source kit BAYSPEK140B	208		55.4	79	80	1200 +	1500 +	11.5	39300
	240		64.0	89	90			15.4	52400
BAYHTR3410***	208		30.0	37	40	1200	1500	7.20	24600
	240		34.6	43	45			9.60	32800
BAYHTR3415***	208		33.1	49	50	1200 +	1500 +	11.53	39300
	240		38.2	56	60			15.36	52400
circuit 1 BAYHTR1419BRK	208		27.7	44	45	1200	1500	5.76	49200
	240		32.0	49	50			7.68	65500
circuit 2	208		41.6	52	60			8.66	
	240		48.0	60	60			11.52	
BAYHTR1419BRK with single circuit power source kit BAYSPEK140B	208	69.3	96	100	1200	1500	14.4	49200	
	240	80.0	109	110			19.2	65500	
circuit 1 BAYHTR1425BRK	208	38.1	48	50	1500	1800	7.93	63900	
	240	44.0	55	60			10.56	85200	
circuit 2	208	34.6	53	60			7.20		
	240	40.0	59	60			9.60		
circuit 3	208	17.9	22	25			3.60		
	240	20.0	25	25			4.80		

NOTES:

(+) For upflow applications only, minimum speed is 1500 with out heat pump and 1800 with heat pump.

(***) = additional suffix digits 000, BRK or PDC - 000 = pigtailed, BRK = contains circuit breakers & PDC = contains pull disconnect.

IMPORTANT: Any power supply and / or combination power supply, circuit or circuits must be wired and protected in accordance with local Electrical codes.



TRANE®

General Data

MODEL	ATFE3C06A1000A	ATFE3C07A1000A	ATFE3C08A1000A	ATFE3C09A1000A	ATFE3C10A1000A
RATED VOLTS/PH/Hz.	200-230/1/60	200-230/1/60	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 — 14	4 — 14	3 — 14	4 — 14	4 — 14
Face Area (sq. ft.)	6.19	6.19	6.19	7.33	7.33
Tube Size (in.)	3/8 - Copper	3/8 - Copper	3/8 - Copper	3/8 - Copper	3/8 - Copper
Refrigerant Control	TXV - NonBleed ②	TXV - NonBleed ④	TXV - NonBleed ④	TXV - NonBleed ④	TXV - NonBleed ④
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (in.)	11 x 10	10 x 10	11 x 10	10 x 10	10 x 10
No. Used	1	1	1	1	1
Drive - No. Speeds	Direct - Serial ECM	Direct - Serial ECM	Direct - Serial ECM	Direct - Serial ECM	Direct - Serial ECM
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 — 3/4	1 — 3/4	1 — 1	1 — 1	1 — 1
Motor Speed R.P.M.	Variable	Variable	Variable	Variable	Variable
Volts/Ph/Hz	200-230/1/60	200-230/1/60	200-230/1/60	200-230/1/60	200-230/1/60
F.L. Amps	6.8	6.8	7.0	7.5	7.5
FILTER					
Vertical Applications					
Filter Furnished?	Yes	Yes	Yes	Yes	Yes
Type Recommended	Throwaway	Throwaway	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 20 X 25 - 1 in.	1 - 20 X 20 - 1 in.	1 - 20 X 25 - 1 in.	1 - 20 X 25 - 1 in.
Horizontal Applications					
Filter Furnished?	See Note ③	See Note ③	See Note ④	See Note ③	See Note ③
Recommended Size	See Note ③	See Note ③	See Note ③	See Note ③	See Note ③
REFRIGERANT					
Ref. Line Connections	R-410A	R-410A	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8	3/8	3/8
DIMENSIONS					
Crated (in.)	H x W x D 59-1/2 x 26 x 23-1/2	H x W x D 59-1/2 x 28-1/2 x 23-1/2	H x W x D 59-1/2 x 26 x 23-1/2	H x W x D 63-1/4 x 28-1/2 x 23-1/2	H x W x D 63-1/4 x 28-1/2 x 23-1/2
Uncrated	57-7/8 x 23-1/2 x 21	57-7/8 x 26 x 21	57-7/8 x 23-1/2 x 21	62-3/4 x 26 x 21	62-3/4 x 26 x 21
WEIGHT					
Shipping (Lbs.) / Net (Lbs.)	170 / 155	188 / 173	170 / 155	218 / 196	218 / 196

① These Air Handlers are A.R.I. certified with various Split System Air Conditioners and Heat Pumps (ARI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Information site or ahinet.org.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)

③ Minimum filter size for horizontal applications will be based on airflow selection and will be calculated as follows:

Low Velocity Filter: Face area (Sq. Ft.) = CFM / 300

High Velocity Filter: Face area (Sq. Ft.) = CFM / 500

④ Torque Spec for TXV = Tighten 1/8 turn past finger tight

⑤ For customer ease of filter maintenance, it is recommended that a properly sized, remote filter and grille be installed for horizontal applications. Airflow should not exceed the face value of the filter being used. The factory installed filter should then be removed from the unit.

AHN Timothy



PRODUCT SPECIFICATIONS

STANDARD CONSTRUCTION

MATERIAL:
14 GAUGE/G-90 ASTM A-653 COLD-ROLLED GALVANIZED STEEL

STANDARD SIZES:

TYPE	BASE DEPTH	WIDTH	HEIGHT	PACK QTY.
CUTD1	1.25"	1"	4"	4 PKG.
CUTD1B	1.25"	1"	4"	BULK
CUTD1-6	1.25"	1"	6"	4 PKG.
CUTD1B-6	1.25"	1"	6"	BULK
CUTD1B-8	1.25"	1"	8"	BULK
CUTD1B-11	1.25"	1"	11"	BULK
CUTD1B-14	1.25"	1"	14"	BULK
CUTD1B-18	1.25"	1"	18"	BULK
CUTD1B-21	1.25"	1"	21"	BULK

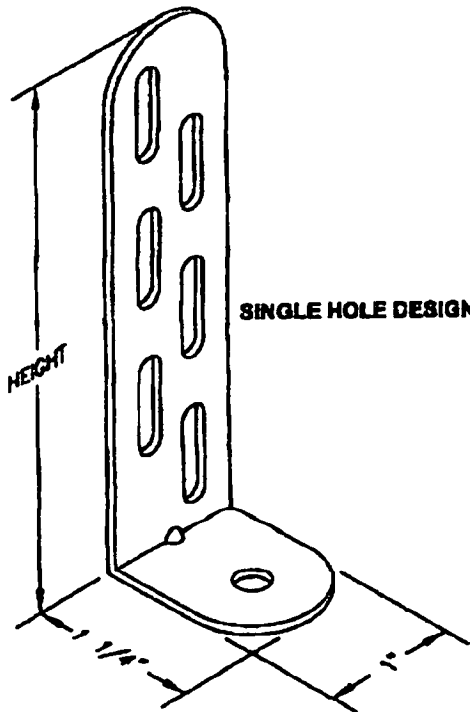
FEATURES

GALVANIZED STEEL PROVIDES EXCELLENT CORROSION RESISTANCE AND LONGEVITY.

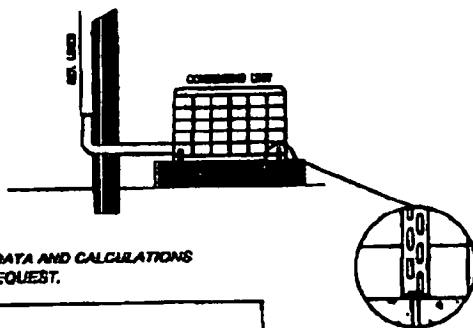
SLATTED DESIGN PROVIDES A UNIVERSAL MOUNT.

SOLD IN PEG BOARD DISPLAY PACKAGES (4 PER PACKAGE).

OPTION: BULK PACKAGING AVAILABLE. AVAILABLE SIZES 6", 8", 11", 14", 18" AND 21"



SINGLE HOLE DESIGN



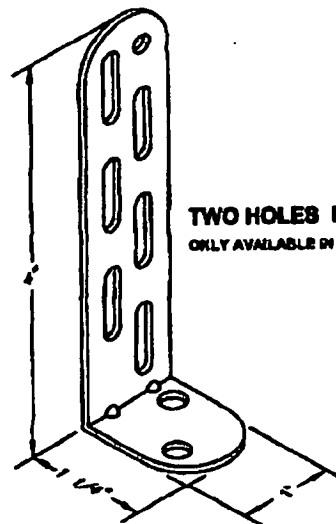
NOTE: ENGINEERING DATA AND CALCULATIONS AVAILABLE UPON REQUEST.

JOB NAME: _____
 LOCATION: _____
 ARCHITECT: _____
 ENGINEER: _____
 CONTRACTOR: _____

CONTACT MIAMI TECH INC. FOR ADDITIONAL INFORMATION OR WITH SPECIAL REQUIREMENTS.

3611 NW 74TH ST
 MIAMI, FL 33147
 PHONE: 305-693-7054 FAX: 305-693-6152

WEB: WWW.MIAMITECH.COM
 EMAIL: SALES@MIAMITECH.COM



TWO HOLES DESIGN
ONLY AVAILABLE IN 4" HEIGHT

CUTD1

CONDENSING UNIT TIE DOWN
PRODUCT SPECIFICATIONS

NOTE: ALL DIMENSIONS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.



DESIGNED BY AF	DATE 05.01.2009	SCALE NOT TO SCALE	PROJECT NO. CUTD1
CHECKED BY IV	DATE 05.01.2009	DESIGNED BY IC	



ENGINEERING EXPRESS®

A FRANK L. BERNARDO, P.E., INC. INNO

June 16, 2009

Work Prepared For:

Miami Tech, Inc.
3611 NW 74th Street
Miami, FL 33147

Certification valid for one (1) project site only.

Regarding: A/C Unit Tiedown to Concrete

Attention: Building Official

This office has reviewed the design requirements for the installation of air conditioning units onto concrete slabs using Miami Tech Condensing Unit Tiedowns (CUTD-1). The tiedown or clip used for the installation shall be fabricated using galvanized steel (ASTM A653, Grade 33 minimum), measuring 4"-18" tall x 1" wide x 14ga (0.070" minimum), with layout as described below, and a maximum height of 60" per unit. The lower leg of each clip shall be anchored to the concrete host structure with (1) 1/4" diameter ITW Buildex (or equivalent) carbon steel Tapcon embedded 1-3/4" minimum into 3,000 psi concrete with 2-1/2" minimum edge distance. The upper leg of each clip shall utilize a minimum of (2) #10 sheet metal screws anchored through the clip into the minimum 22-gauge (0.028" minimum) steel housing (ASTM A653, Grade 33 minimum). Maximum wind pressures for use with this installation are as noted below; additional anchors may be utilized to achieve higher pressures, as shown:

Table 1: (1) clip required at each corner of unit or (2) each opposite face for a total of (6) per unit

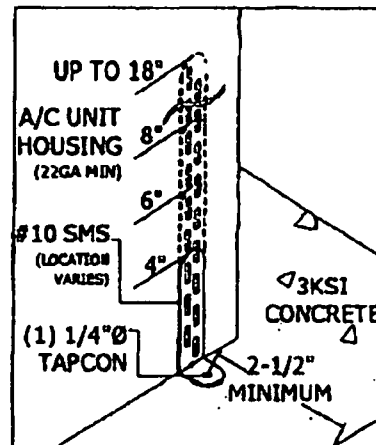
Maximum Unit Face, Area (ft ²)	(2) SMS	(3) SMS	(4) SMS
4	+/- 114 PSF	+/- 150 PSF	+/- 150 PSF
7	+/- 65 PSF	+/- 98 PSF	+/- 127 PSF
9	+/- 50 PSF	+/- 76 PSF	+/- 98 PSF
12	+/- 38 PSF	+/- 57 PSF	+/- 74 PSF
15	+/- 30 PSF	+/- 43 PSF	+/- 59 PSF

Note: (1) Tapcon acceptable for both one- and two-anchor hole versions of the CUTD.

Table 2: (2) clips required at each corner of unit or (4) each opposite face for a total of (8) per unit

Maximum Unit Face, Area (ft ²)	(2) SMS	(3) SMS	(4) SMS
20	+/- 43 PSF	+/- 68 PSF	+/- 91 PSF
25	+/- 36 PSF	+/- 54 PSF	+/- 73 PSF
30	+/- 33 PSF	+/- 50 PSF	+/- 66 PSF
35	+/- 30 PSF	+/- 46 PSF	+/- 61 PSF

Note: (1) Tapcon acceptable for both one- and two-anchor hole versions of the CUTD.



All other installation work shall follow the minimum requirements of the 2007 Florida Building Code with 2009 supplements. Thank you for your attention to this matter.

Respectfully,

JUN 17 2009

Frank L. Bernardo, P.E.
ENGINEERING EXPRESS®
#PE0046549 | Cert. Auth. 9885
09-MTI-0001

160 SW 12th AVENUE #106 DEERFIELD BEACH, FL 33442
PHONE: 954-354-0660 FAX: 954-354-0443
WWW.ENGEXP.COM



Certificate of Product Ratings

AHRI Certified Reference Number: 3220769

Date: 9/22/2010

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 4TTZ0060A1

Indoor Unit Model Number: 4TEE3C10A1

Manufacturer: TRANE

Trade/Brand name: XL20I

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	58000
EER Rating (Cooling):	12.00
SEER Rating (Cooling):	18.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

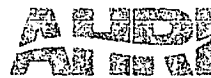
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The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

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CERTIFICATE NO.: 129296405048848437

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-13-2010** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9564	Inye 22 Fieldway JA Taylor	dry-in	Pass	INSPECTOR <i>JA</i>
9577	McMahon 555 Sewalls Code Red	in-progress	Pass	INSPECTOR <i>JA</i>
9287	Sharfi 73 N Sewalls Mosley	driveway PARTIAL PRE-POUR	Pass	INSPECTOR <i>JA</i>
9582	Ferraro 10 Middle Rd Gulfstream Alum.	Final Shutters	Pass	Close INSPECTOR <i>JA</i>
9585	Gilbert 8 M ANDALAY KRIVSS & CRANE	MC FINAL	FAIL	Support REMOVE PIPE INSPECTOR <i>JA</i>
9594	Harbor Bay 37 AS SE Ocean Gary Hufnagel	rough rough ceiling	Pass	INSPECTOR <i>JA</i>
9591	FARRICNIO 26 E. HIGH PT SQUANT Roof Rep.	ROOF FINAL	Pass	Close INSPECTOR <i>JA</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed ~~Thur~~ Fri **3-3-11** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9585	Quint	Final Adj		
1st	8 Mandala Krauss Crane			
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9710	DALTON 6 RIVERDA APEX PAVANO	FINAL	PASS	CLOSE
				INSPECTOR <i>[Signature]</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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

REMOVAL, REPLACEMENT,

RELOCATE

301

TOWN OF SEWALL'S POINT

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 Mr. & Mrs. Zimmer Address 10501 SE Croft Court Phone 407/546-0985
Unit D-10

Contractor JAT Homes Address Hobe Sound, FL 33458 Phone 283-9992
PO Box 177

Number of trees to be removed (list kinds of trees) 1 - Oak
Stuart, FL 34995

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): NONE

Number of trees to be replaced: Replace 1 hardwood (list kinds of trees):

Permit Fee \$ 25.00 (\$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 11/1/94

Approved by Building Inspector [Signature] Date 11/1/94

Approved by Building Commissioner [Signature] Date _____

Completed _____
Date _____ Checked by _____

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

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

10/7/02 - NOON - left v mail

TOWN OF SEWALL'S POINT

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 Doniah Gillart Address 8 Mandelay Pl Phone 219-8209

Contractor owner Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 - Art by lightning
Royal Palm

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

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

Permit Fee \$ φ
\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and 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 _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 10/7/2

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A 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

See attached Tree Species List