

10 Mandalay Road

307

SFR

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner William Madigan Present Address 416 Crescent St. Jensen Beach Phone 283-0472
 Architect Richard Grandfield Address Sewalls Point
 General Contractor William Madigan Address 416 Crescent St. Jensen Beach Phone 283-0472
 Where Licensed _____ owner Builder License No. _____
 Plumbing Contractor _____ Where Licensed _____ No. _____
 Electrical Contractor _____ Where Licensed _____ No. _____
 Property Location _____ Subdivision Mandalay Lot No. 5
 Lot Dimensions _____ Lot Area _____ Sq. Ft. _____
 Purpose of Building House Type of Construction CBS
 Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)
 Outside of Walls 2100 Inside of Walls _____
 Street or Road building will front on Mandalay Rd
 Clearances - Front 50 Back _____ Side 20 Side 20 River _____
 Well Location Front Septic Tank Location Front
 Building elevation (By Ordinance Definition) _____
 Contract Price (Include Plumbing, Electrical, Air Conditioning) 26,000

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$ ^{5.00} 3.00 per \$1000 or Fraction) <u>\$105.00</u>			
Plumbing (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	
Electrical (Flat Fee) -----	<u>\$10.00</u>	<u>\$3.00</u>	
Total (To be paid by General Contractor or Owner) -----	<u>125.00</u>		

SIGNED: - General Contractor or Owner William Madigan
 Building Inspector Comments: Chad A. Dunge

FOR TOWN RECORDS: Date Drawings submitted 12/13/71
 Date Permit approved 12/16/71
 Date Permit Fee paid 12/17/71
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

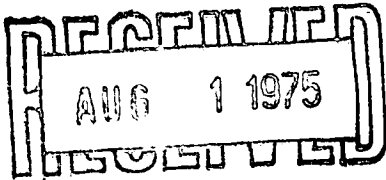
#307

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. #545
Date 8/4/75

(ORIGINAL - MADIGAN)
#307-0



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

Owner Mr & Mrs James Purcell Present Address Mandalay Ph 283-8172
283-6215

General Contractor Martin Co. Custom Pools Address P.O. Box 1799 Ph 283-6363

Where licensed Martin County License No. _____

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

Street building will front on Mandalay

Subdivision Sewalls Pt. Lot No. 5 Area _____

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

Other Construction (Pools, additions, etc.) Swimming Pool & Enclosure

Contract Price (excluding land, rugs, appliances, landscaping) \$ 7,685

Total cost of permit \$ _____

ELEC. $\frac{40}{10} = 50$

Plans approved as submitted _____ Plans approved as marked _____

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

Martin County Custom Pools, Inc. (Jay Davie)
Signed by General Contractor

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

Signed by Owner

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

TOWN RECORD

Date submitted _____
Date approved 8/4/75 Charles A. Puryear 8/4/75
Certificate of Occupancy issued 12/2/75 Date _____

#545
7th Floor

545

SFR

(RENEWED FROM #307)

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1822

Date _____

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

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

Owner Lois R. Mancini Present Address 10 Mandalay Rd.

Phone 283-2785 SEWALLS Pt.

Contractor STUART ROOFING INC Address P.O. Box 2556. Hunt 33455

Phone 286-2317

Where licensed Martin County License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor STUART Roofing Inc. License number SP00499

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: TEAR OFF EXISTING WOOD SHAKES, AND REPLACE WITH NEW WOOD SHAKES. ~~SPACED~~ ~~1/2~~ ~~INCH~~ ~~SPACED~~ ~~OVER~~ ~~30~~ ~~16~~ ~~TIM~~ ~~FRAMING~~

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

Subdivision MANDALAY Lot number 5 Block number _____

Contract price \$ 13,500- Cost of permit \$ 67.50

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor John L. Jumper

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

Owner OUT OF TOWN Lois Mancini

TOWN RECORD 201-891-4750

Date submitted 6/18/85 Approved [Signature] 6/18/85
Building Inspector Date

Approved [Signature] 7/2/85 Final Approval given 6/28/85
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

NEED ENGINEER'S AFFIDAVIT.

1822

REROOF

TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

COMMISSIONERS

JOHN C. GUENTHER, Mayor
GILBERT C. STRUBELL, Vice Mayor
MIMI TOWL, Commissioner
CLIFFORD B. DRAKE, Commissioner
ROBERT R. AUNE, Commissioner

BUILDING DEPARTMENT

TELEPHONE (305) 287-2455

JOAN H. BARROW
Town Clerk
F.J. MATUSZEWSKI
Chief of Police

1. The Town has adopted the South Florida Building Code as a part of its building ordinances.
2. Building permits are issued for one year's duration. Construction must be started within 90 days or permit will be subject to revocation, with forfeiture of fee.
3. ALL changes in plans must be approved by the Building Department.
4. Work hours are 8: AM to 5: PM Monday thru Saturday. NO SUNDAY WORK.
5. Portable toilets must be on all construction sites.
6. Roof sheeting plywood must be 5/8" not 1/2" as in County.
7. Inspections are made Monday thru Friday, 8: AM to Noon. 24 hours notice is required prior to all inspections.
8. Rough grading and property clean-up must be completed before Certificate of Occupancy is issued.
9. Trash, debris and scrap building materials must be policed daily. All debris must be contained in a dumpster.
10. Building permit fee = \$5, per thousand of cost of building, plus \$10. for plumbing, \$10. for electric, \$10. for air conditioner and \$10. for roofing. For example, a \$50,000. building x \$5. = \$250. plus \$40. (pl. el., a.c. and roof) = \$290. total cost of permit.
11. The building department will request proof of contract costs.
12. Business or advertising signs on the job site will be permitted only with prior approval of the Town Commission.
13. If more than three trees are to be removed, replaced or relocated, a permit is required.
14. Submit separate square foot areas for inside walls, garages, carport, porches, etc..
15. Inside walls are calculated at \$60. per square foot minimum for building permit fee cost. All other areas are calculated at \$25. per square foot minimum.
16. Contractors must submit a manufacturer's window schedule with symbols and sizes.
17. Inspection for setbacks will be made by the building inspector if the builder supplies lines from the property stakes OR a survey showing the location of the building on the lot (by a licensed surveyor) will be required.

3920

REMODEL

TAX FOLIO NO. _____

DATE 12/07/95

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

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

Owner MR & MRS. WALTER FABINSKI Present address 10 MANDALAY RD.

Phone 203-8574

Contractor COMMERCIAL CONSTRUCTION Address 833 E. 5TH ST. STUART, FL

Phone 220-3408

Where licensed STATE OF FLA. License number CBC 052954

Electrical Contractor GRIFFIN EL. License number ME 00229

Plumbing Contractor TROPIC PL. License number CFC 032565

Describe the structure or addition or alteration to an existing structure, for which this permit is sought: REMODEL INTERIOR OF EXISTING RESIDENCE

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

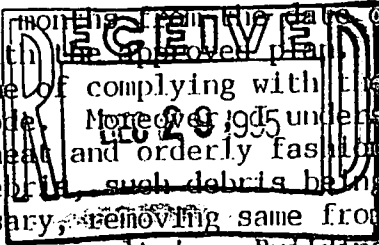
10 MANDALAY RD.

Subdivision Mandalay Lot Number 5 Block Number _____

Contract price \$ 30,000⁰⁰ Cost of permit \$ 440,00

Plans approved as submitted _____ Plans approved as marked _____

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



Contractor Paul P. Perry

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

Owner Walter Fabinski R.P.P.

TOWN RECORD

Date submitted _____

Approved: Dele Bur 1/23/96
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date

PERMIT NO. _____

6013

ADDITION/RE-ROOF

TOWN OF SEWALL'S POINT

Date 11-5-02

BUILDING PERMIT NO. 6013

Building to be erected for Walter + Betsy Fabinsky Type of Permit Addition/Re-Roof

Applied for by Florida's Finest Construction, Inc (Contractor) Building Fee 446.40

Subdivision Mandalay Lot 5 Block _____ Radon Fee _____

Address 10 Mandalay Rd Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee 120.00

Parcel Control Number:

Plumbing Fee _____

1338410040000005020000

Roofing Fee 120.00

Amount Paid 731.00 Check # 2717 Cash _____ Other Fees (Penalty) 44.60

Total Construction Cost \$ 46,455.00

TOTAL Fees 731.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

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

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

INSPECTIONS

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

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

Town of Sewall's Point

Mandalay

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Walker + Betsy Fabinsky City: Stuart State: FL Zip: 34996

Legal Description of Property: Lot 5 subdivision plat Book 4 page 86 Parcel Number: _____

Location of Job Site: 10 mandalay Road Type of Work To Be Done: Porch Addition + complete

house re-roofing

CONTRACTOR/Company Name: Florida's Finest Construction Inc. Phone Number: 772-288-1715

Street: 2900 S.E. Waaler Street City: Stuart State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CBC 047650 Martin County License Number: _____

ARCHITECT Braden + Braden Architects Phone Number: 772-287-8258

Street: 417 Coconut Avenue City: Stuart State: FL Zip: 34994

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 2800 Garage: 450 Covered Patios: 350 ScreenedPorch: _____

Carport: N/A Total Under Roof 3600 Wood Deck: _____ Accessory Building: _____

Type Sewage: _____ Septic Tank Permit Number From Health Dept. N/A Well Permit Number: N/A

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$46,455 Estimated Fair Market Value (FMV) Prior

To Improvements: N/A If Improvement, Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

Electrical: A MARY WATT Electric Inc State: _____ License Number: FL0002334

Mechanical: N/A State: _____ License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: PACIFIC ROOFING INC. State: _____ License Number: CCC 056793

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

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

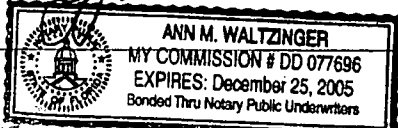
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES. LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
Betsy Fabinsky
State of Florida, County of: Martin
This the 10th day of September, 2002
by Betsy Fabinsky who is personally
known to me or produced
as identification.

CONTRACTOR SIGNATURE (required)
Roy Kraemer
On State of Florida, County of: Martin
This the 10th day of September, 2002
by Roy Kraemer who is personally
known to me or produced
As identification.

Notary Public
My Commission Expires: Ann M. Waltzinger

Seal



Notary Public
My Commission Expires: Ann M. Waltzinger



288-2124

CRITIQUE

Owner: Walter & Betsy Fabinsky
Contractor: Florida's Finest Construction
Contractor's Phone Number: 288-1715

Date: September 23, 2002
Contact Person:
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR PORCH ADDITION AND RE-ROOF LOCATED AT 10 MANDALAY ROAD

Submittals (2 copies)

- ✓ 1. ✓ Current survey containing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. All existing and proposed structures, walkways, pads, decks, pool, etc.
 - e. Impervious/pervious calculations
 - f. Certified to the Town of Sewall's Point
- ✓ 2. ✓ a. Setback requirements
- ✓ b. Easements
- ✓ c. All encroachments into setbacks
- ✓ d. Location of existing septic, wells, retention areas
- ✓ e. Flood Zone line or lines in relationship to structures proposed or existing
- ✓ 3. ✓ Product approvals from Miami/Dade for the following items:
 - a. Roof System
- 4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants *N/A*
- ✓ 5. ✓ 4. Application for tree removal or relocation if applicable (attach tree survey and removal or relocation plan) *N/A*
- ✓ 6. ✓ 5. Copy of warranty deed or tax receipt
- ✓ 7. ✓ 6. Wind Load Certification form signed by architect
- ✓ 8. ✓ 7. Notice of Commencement *turned in w/ permit app*
- ✓ 8. ✓ 8. Copy of licenses and insurance
FAred

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

- 1. Floor Plan containing the following information:
 - a. Square footage calculations
- ✓ 2. ✓ Electrical Plan containing the following information:
 - a. Show all receptacle, switch, and fixture locations
 - b. Show all WPGFI's and GFI's locations
 - c. Ceiling fan locations
 - ✓ d. ✓ Letter stating that existing panel is sized to carry additional loads
- ✓ 3. ✓ Truss Layout containing the following information:

RECEIVED
SEP 24 2002
BY: _____

- a. Need letter from truss engineer stating design for new trusses bearing on existing trusses is calculated into the design of existing trusses and they can support the additional uplift and all other loads for 140 mile per hour design winds

A MARY WATT ELECTRIC, INC.
550 NE TOWN TER.
JENSEN BEACH FL. 34957
EC# 0002334
PH / FAX 772-692-5200
CELL 201-6490

facsimile transmittal

To: Gene Simmons **Fax:**

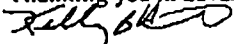
From: Kelly Hunter **Date:** 10/4/2002

Re: Fabinsky residence **Pages:** 1

CC: Roy Kraemer Florida's Finest
Construction

Urgent For Review Please Comment Please Reply Please Recycle

There is a 200 amp 40 space QO Square D panel in the garage with one blank space. There will be no circuits added to this panel. The outlet and two new ceiling fans will be in place of existing outside porch lights.

Thanking you in advance

 Kelly Hunter, Pres.

.....

NOTICE OF PROPOSED PROPERTY TAXES

MARTIN COUNTY TAXING AUTHORITIES
c/o 100 E. Ocean Blvd., Suite 300
Stuart, Florida 34994

DO NOT PAY
THIS IS NOT A BILL

The taxing authorities which levy property taxes against your property will soon hold PUBLIC HEARINGS to adopt budgets and tax rates for the next year.

The purpose of the PUBLIC HEARINGS is to receive opinions from the general public and to answer questions on the proposed tax change and budget PRIOR TO TAKING FINAL ACTION.

Each taxing authority may AMEND OR ALTER its proposals at the hearing.

Account Number: 27796

MANDALAY LOT 5

*****AUTO**5-DIGIT 34996
FABINSKY, WALTER R / FABINSKY, BETSY S
10 MANDALAY ROAD
STUART, FL 34996-7007



1338410040000005020000

TAXING AUTHORITY	YOUR PROPERTY TAXES LAST YEAR	YOUR TAXES THIS YEAR IF PROPOSED BUDGET CHANGE IS MADE	A PUBLIC HEARING ON THE PROPOSED TAXES AND BUDGET WILL BE HELD:	YOUR TAXES THIS YEAR IF NO BUDGET CHANGE IS MADE
County:	.00	.00	Sept 12, 2002 5:05pm Commission Meeting Rm. 2401 SE Monterey Rd.	.00
Public Schools:				
By State Law:	.00	.00	Sept 3, 2002 7:00pm School Board Meeting Room, 500 E Ocean Blvd.	.00
By Local Board:	.00	.00		.00
Sewalls Pt	.00	.00	Sept. 9, 2002 6:00pm Town Hall 1 South Sewall's Point Rd.	.00
Late/Non File	.00	.00		.00
Water Mgmt Dist:	.00	.00	Sept 10, 2002 5:15pm Bldg. B-1	.00
Everglades	.00	.00	3301 Gun Club Rd. West Palm Bch.	.00
Independant Special Dist*	.00	.00	Includes: Childrens Services, FIND	.00
Voter Approved Debt Payment* County	.00	.00	Sept 12, 2002 5:05pm Commission Meeting Rm. 2401 SE Monterey Rd.	.00
	.00	.00		.00
Non-Ad Valorem	.00	.00	WATER CONTROL/CONSERVANCY DIST	.00
Total Property Tax	.00	.00		.00
Real Property	COLUMN 1	COLUMN 2		COLUMN 3
	SEE REVERSE SIDE FOR EXPLANATION			SEE REVERSE SIDE FOR EXPLANATION
YOUR PROPERTY VALUE LAST YEAR: 2001	MARKET VALUE 178906	ASSESSED VALUE 173186	EXEMPTIONS 173186	TAXABLE VALUE 0
YOUR PROPERTY VALUE THIS YEAR: 2002	195120	175957	175957	0

- IF YOU FEEL THE MARKET ASSESSED VALUE OF YOUR PROPERTY IS INACCURATE OR DOES NOT REFLECT FAIR MARKET VALUE, CONTACT YOUR PROPERTY APPRAISER AT: 100 E Ocean Blvd. Suite 300, Stuart, FL 34994 [772] 288-5608
- IF THE PROPERTY APPRAISER'S OFFICE IS UNABLE TO RESOLVE THE MATTER AS TO MARKET VALUE, YOU MAY FILE A PETITION FOR ADJUSTMENT WITH THE VALUE ADJUSTMENT BOARD. PETITION FORMS ARE AVAILABLE FROM THE COUNTY PROPERTY APPRAISER AND MUST BE FILED ON OR BEFORE 09/17/2002
- YOUR FINAL TAX BILL MAY CONTAIN NON-AD VALOREM ASSESSMENTS WHICH MAY NOT BE REFLECTED ON THIS NOTICE SUCH AS ASSESSMENTS FOR ROADS, FIRE, GARBAGE, LIGHTING.

PERMIT # _____ TAX FOLIO # 13338410040000005020000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF MARTIN

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS, IF AVAILABLE):

Lot 5 of Mandalay subdivision plat Book 4, Page 86 of Martin City

GENERAL DESCRIPTION OF IMPROVEMENT: Porch Addition + Complete house re-roofing

OWNER: Walter + Betsy Fabinsky

ADDRESS: 10 Mandalay Road Stuart, FL 34996

PHONE #: 772-283-8574 **FAX #:** _____

CONTRACTOR: Florida's Finest Construction Inc

ADDRESS: 2900 SE Waaler St., Stuart, FL 34997

PHONE #: (772) 288-1715 **FAX #:** (772) 288-2126

SURETY COMPANY (IF ANY): N/A

ADDRESS: _____

PHONE #: _____ **FAX #:** STATE OF FLORIDA
MARTIN COUNTY

BOND AMOUNT: _____

LENDER: N/A

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

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

NAME: N/A

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES N/A

OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ **FAX #:** _____

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

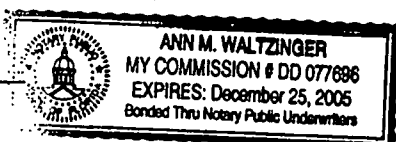
Betsy Fabinsky
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10th DAY OF September

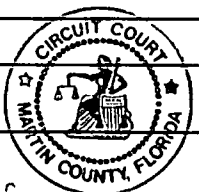
2002 BY Betsy Fabinsky WHO IS PERSONALLY KNOWN TO ME OR

PRODUCED _____ AS IDENTIFICATION.

Ann M. Waltzinger
NOTARY PUBLIC



THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
BY [Signature] NOTARY PUBLIC
DATE 9.10.02



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/23/2002

PRODUCER: (772)335-8804 FAX (772)335-8847
S. M. FINES INSURANCE AGENCY
 1250 S.E. PORT ST. LUCIE BLVD.
 PORT ST LUCIE, FL 34952-5392
 Baumker, Rae

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

INSURERS AFFORDING COVERAGE

INSURED **A Mary Watt Electric, Inc.**
 550 NE Town Terr
 Jensen Beach, FL 34957

INSURER A: **Assurance Co. of Ame**
 INSURER B: **Progressive Express**
 INSURER C: **Hartford**
 INSURER D:
 INSURER E:

RECEIVED
 OCT 28 2002
 BY: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SCP39113767	10/29/2002	10/29/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000 SF
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	CA04514143-1	04/21/2002	04/21/2003	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 100,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 300,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ 50,000
	<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	38NBGDZ9773	01/29/2002	01/29/2003	WC STATU-TORY LIMITS OTHER \$
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

State of Florida

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewalls Point
 1 South Sewalls Point Rd.
 Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE

Susan Fines/DRB

Susan M. Fines

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#L02070800337

DATE	BATCH NUMBER	LICENSE NBR
07/08/2002	200000780	ER0015160

The ELECTRICAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

RECEIVED
OCT 30 2002
BY:

HUNTER, KELLY BRIAN
A MARY WATT ELECTRIC INC
2017 NE 21 TER
JENSEN BEACH FL 34957

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

AC# 0476975

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#L02070800304

DATE	BATCH NUMBER	LICENSE NBR
07/08/2002	011151720	EC0002334

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

HUNTER, KELLY BRIAN
A MARY WATT ELECTRIC INC.
550 NE TOWN TERRACE
JENSEN BEACH FL 34957

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

2002-2003 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE# ~~002-508-004~~ CERT EC 0002334

PHONE (561) 232-2022 SIC NO 023531

LOCATION:

550 NE TOWN TERR JB

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

of ELECTRICAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

30 DAY OF AUGUST 2002
AND ENDING SEPTEMBER 30 2003

HUNTER, KELLY
A MARY WATT ELECTRIC, INC.
550 NE TOWN TERRACE
JENSEN BEACH, FL 34957

12 02083001 001820

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/08/2002

PRODUCER 772-287-2030 FAX (772)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED Florida's Finest Construction, Inc.
2900 SE Waaler Street
Stuart, FL 34997

INSURER A: Assurance Company of America
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED

SEP 26 2002

BY: _____

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	SCP36552496	07/06/2002	07/06/2003	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 23996

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

AUTHORIZED REPRESENTATIVE

Lee Carroll/LC

Lee Carroll

Florida's Finest Construction

ACORD - CERTIFICATE OF LIABILITY INSURANCE		DATE 9/24/02
PRODUCER: BOUCHARD INSURANCE, INC. 101 STARCRST DRIVE PO BOX 6090 CLEARWATER, FL 33758-6090 PHONE: 727-447-6483 FAX: 727-449-1267	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED: PEOPLE LEASING INC 1301 6TH AVENUE WBBT, SUITE 200 BRADENTON, FL 34205 PHONE: 9417508870	INSURERS AFFORDING COVERAGE INSURER A: AMERICAN CASUALTY COMPANY OF READING, PA INSURER B: INSURER C: INSURER D: INSURER E:	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 25 2002 BY: </div>

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

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURENCE) \$ MED EXP \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTOS ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE \$ AGGREGATE \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW OTHER	WC247842167	11/1/01	11/1/02	X WC STATU-TORY LIMITS DTH-ER E.L. EACH ACCIDENT \$1000000 E.L. DISEASE - EA EMPLOYEE \$1000000 E.L. DISEASE - POLICY LIMIT \$1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF FLORIDA'S FINEST CONSTRUCTION, INC. CLIENT # 2306005 ADD ON DATE 06/29/2002

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
 1 SEWALL'S POINT ROAD
 STUART, FL 34996

CANCELLATION

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

[Signature]

RECEIVED
SEP 25 2002
BY: _____

IC# 0563408

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02083001076

DATE	BATCH NUMBER	LICENSE NBR
08/30/2002	200080915	CBC047650

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

KRAEMER, ROY PAUL
FLORIDAS FINEST CONSTRUCTION
2900 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

Insured
 First Union Insurance Services Agency, Inc.
 PO Box 937
 Wepta, NJ 07474-0937

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

Insured
 Onco Staffing, Inc. / Onco Staff Leasing Services Group, Inc.
 Staffing Services Group, Inc.
 4 Cambridge Drive
 Camden, NJ 07810 908.937.3048

INSURERS AFFORDING COVERAGE

INSURER A	Karrier Insurance
INSURER B	
INSURER C	
INSURER D	
INSURER E	

NOV 05 2002
BY: _____

COVERAGES

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

TYPE OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRES DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> JCC					EACH OCCURRENCE LIMITS TO WHICH COVERAGE IS AFFORDED MED EXP (per occ/emp) \$ PERSONAL & ADV INJURY \$ AUTOMOBILE LIABILITY \$ PRODUCTS - COMMODITY \$
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ALL AUTO <input type="checkbox"/> SCHEDULED AUTO S <input type="checkbox"/> UNINSURED AUTO S <input type="checkbox"/> NONOWNED AUTO S					COVERED UNDER LIMIT TO WHICH SOBLY INJURY (per person) \$ SOBLY INJURY (per accident) \$ PROPERTY DAMAGE (per occurrence) \$
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ALL AUTO					AUTO ONLY - EA ACCIDENT \$ OTHER PLAN \$ \$0 TO \$100,000 \$ \$0 TO \$100,000 \$
<input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY		SR00083107	7/1/2002	7/31/2003	A. EACH EMPLOYEE \$ 1,000,000 B. EACH ACCIDENT \$ 1,000,000 C. MAXIMUM POLICY LIMIT \$ 1,000,000

For employees leased to (or not subcontractors of) Pacific Roofing Corp.

CERTIFICATE HOLDER
 Town of Sewall's Pt. Bldg. Dept.
 1 South Sewall's Pt. Road
 Stuart, FL 34997

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY SHALL ADVISE TO THE CERTIFICATE HOLDER AS SOON AS POSSIBLE TO THE CERTIFICATE HOLDER AS TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT BE CONSIDERED AS LIABILITY OF ANY AND WHEN THE ISSUING COMPANY RECEIVES NOTICE OF CANCELLATION OF ANY OF THE ABOVE, IT SHALL ADVISE THE CERTIFICATE HOLDER AS SOON AS POSSIBLE.

 Lines Held / L.R.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206100084

DATE	BRANCH NUMBER	LICENSE NUMBER
06/10/2002	011129085	CCC056793

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART

FL 34995

RECEIVED
NOV 05 2002
BY:

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

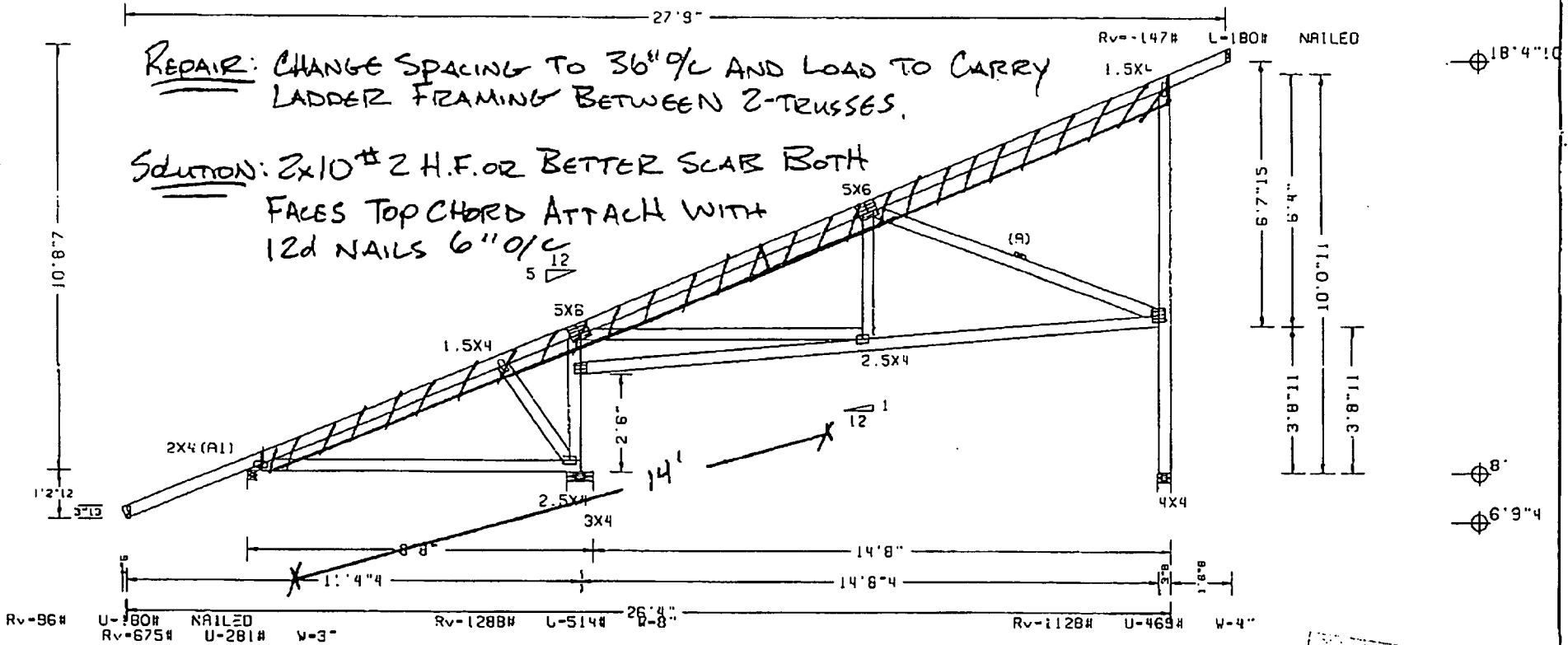
KIM BINKLEY-SHYER
SECRETARY

TOP CHORD 2x4 SP #2
 BOT CHORD 2x4 SP #2
 WEBS 2x4 SP #3

IN LIEU OF RIGID CEILING USE PURLINS TO BRACE BC, INCLUDING CHORD ENDS. SEE OTHER BRACING NOTES FOR MORE DETAILS.

140 MPH WIND, 12.87 FT MEAN HGT, ASCE 7-98, CLOSED BLDG, NOT LOCATED WITHIN 4.50 FT FROM ROOF EDGE, CAT II, EXP B, WIND TCOL=5.0 PSF, WIND BCOL=5.0 PSF.

(A) CONTINUOUS LATERAL BRACING EQUALLY SPACED ON MEMBER.
 SHIM ALL SUPPORTS TO SOLID BEARING.



DESC. = A1
 PLT. TYP. - WAVE_TPI95 TPI (STD)

QTY= 9 TOTAL= 9

JOHN C. WEBER
 Certificate No. 17456
 REV. 19.6a

SED = 64473
 SCALE = 0.2606

J TRUSS CORP.
 2900 INDUSTRIAL 33RD
 FT. PIERCE FL. 34946
 (772) 566-3388
 (888) 325-3388



***WARNING** TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, (INSTALLING AND BRACING). REFER TO HIB-91 (HANDLING, INSTALLING AND BRACING) PUBLISHED BY TPI (TRUSS PLATE INSTALLATION, 583 O'CAFRIO DR., SUITE 200, MADISON, WI 53791 FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING. **IMPORTANT** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ALPINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN. ANY FAILURE TO BUILD THE TRUSSES IN CONFORMANCE WITH TPI, OR FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS NATIONAL DESIGN SPECIFICATION PUBLISHED BY THE AMERICAN FOREST AND PAPER ASSOCIATION) AND TPI. ALPINE CONNECTIONS ARE MADE OF 20GA ASIN A653 GRND GALV. STEEL EXCEPT AS NOTED. APPLY CONNECTORS TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION CONNECTORS PER DRAWINGS 150 A-2. THE SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY PARTICULAR BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER, PER ANSI/TPI 1-985 SECTION 2.

JOHN C. WEBER
 State of FL
 PROFESSIONAL ENGINEER

LL	30.0 PSF	REF
TC DL	15.0 PSF	DATE 02-26-2003
BC DL	10.0 PSF	DRWG
BC LL	0.0 PSF	RAG
TOT.LD.	55.0 PSF	D/R LEN. 230400
DUR.FAC.	1.33	
SPACING	24.0"	TYPE spec

02/26/2003 WED 16:39 FAX

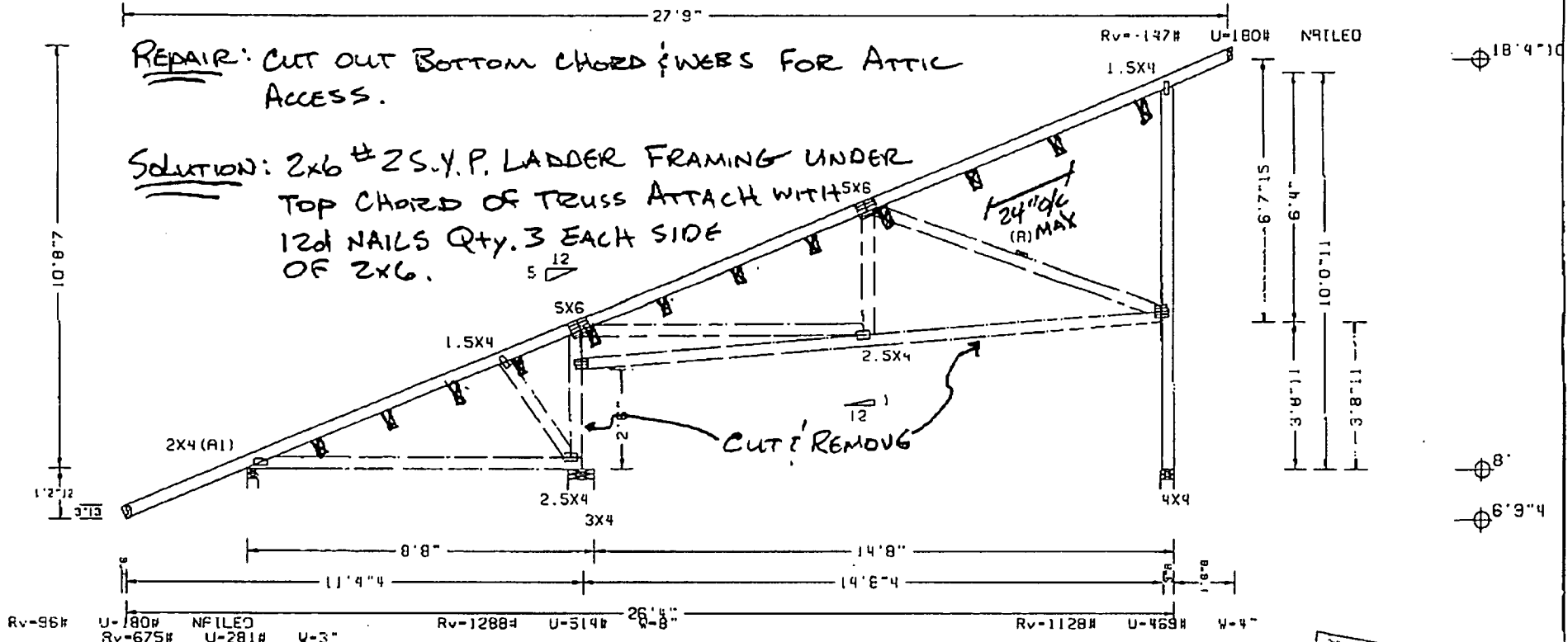
002/002

IN LIEU OF RIGID CEILING USE PURLINS TO BRACE BC, INCLUDING CHORD ENDS. SEE OTHER BRACING NOTES FOR MORE DETAILS.

140 MPH WIND, 12.87 FT MEAN HGT, ASCE 7-98, CLOSED BLDG, NOT LOCATED WITHIN 4.50 FT FROM ROOF EDGE, CAT 1, EXP 2, WIND TCOL=5.0 PSF, WIND BCCL=5.0 PSF.
 (A) CONTINUOUS LATERAL BRACING EQUALLY SPACED ON MEMBER.
 SHIM ALL SUPPORTS TO SOLID BEARING.

REPAIR: CUT OUT BOTTOM CHORD & WEBS FOR ATTIC ACCESS.

SOLUTION: 2x6 #2 S.Y.P. LADDER FRAMING UNDER TOP CHORD OF TRUSS ATTACH WITH 5x6 12d NAILS Qty. 3 EACH SIDE OF 2x6.



DESC. = A1
 PLT. TYP. - WAVE_TPI95 TPI (STD)

QTY = 9 TOTAL = 9

REV. 19.6a
 SCALE = 0.2606
 SEQ = 64473

J TRUSS CORP.
 2900 INDUSTRIAL 33RD
 FT. PIERCE FL 34906
 (772) 465 - 3300
 (888) 325 - 3388

WARNING TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO HIS-91 HANDLING, INSTALLING AND BRACING, PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 583 O'DONOHIO DR., SUITE 200, MADISON, WI, 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING. **IMPORTANT** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ALPINE ENGINEERING PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN. ANY FAILURE TO BUILD THE TRUSSES IN CONFORMANCE WITH TPI OR FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPECIFICATION PUBLISHED BY THE AMERICAN FOREST AND PAPER ASSOCIATION) AND TPI. ALPINE CONNECTORS ARE MADE OF 2024 AL58 6653 GRADE GALV. STEEL EXCEPT AS NOTED. APPLY CONNECTORS TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED IN THIS DESIGN, POSITION CONNECTORS PER DRAWINGS 180 A-Z. THE SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY PARTICULAR BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER, PER ANSI/TPI 1-1995 SECTION 2.

JOHN C. WELLS
 Certificate No. 17458
 State of Florida
 PROFESSIONAL ENGINEER

TC LL	30.0 PSF	REF
TC OL	15.0 PSF	DATE 02-26-2003
BC OL	10.0 PSF	CRWG
BC LL	0.0 PSF	RAG
TOT. LD.	55.0 PSF	O/A LEN. 230400
DUR. FAC.	1.33	
SPACING	24.0"	TYPE spec

TOP CHORD 2x4 SP #2
 BOT CHORD 2x4 SP #2
 WEBS 2x4 SP #3

140 MPH WIND, 13.93 FT MEAN HGT, RSCE 7-98, CLOSED BLDG, NOT LOCATED WITHIN 4.50 FT FROM ROOF EDGE, CAT II, EXP B, WIND TC DL=5.0 PSF, WIND BC DL=5.0 PSF.

ALL PLATES ARE 1.5X4 EXCEPT AS NOTED.

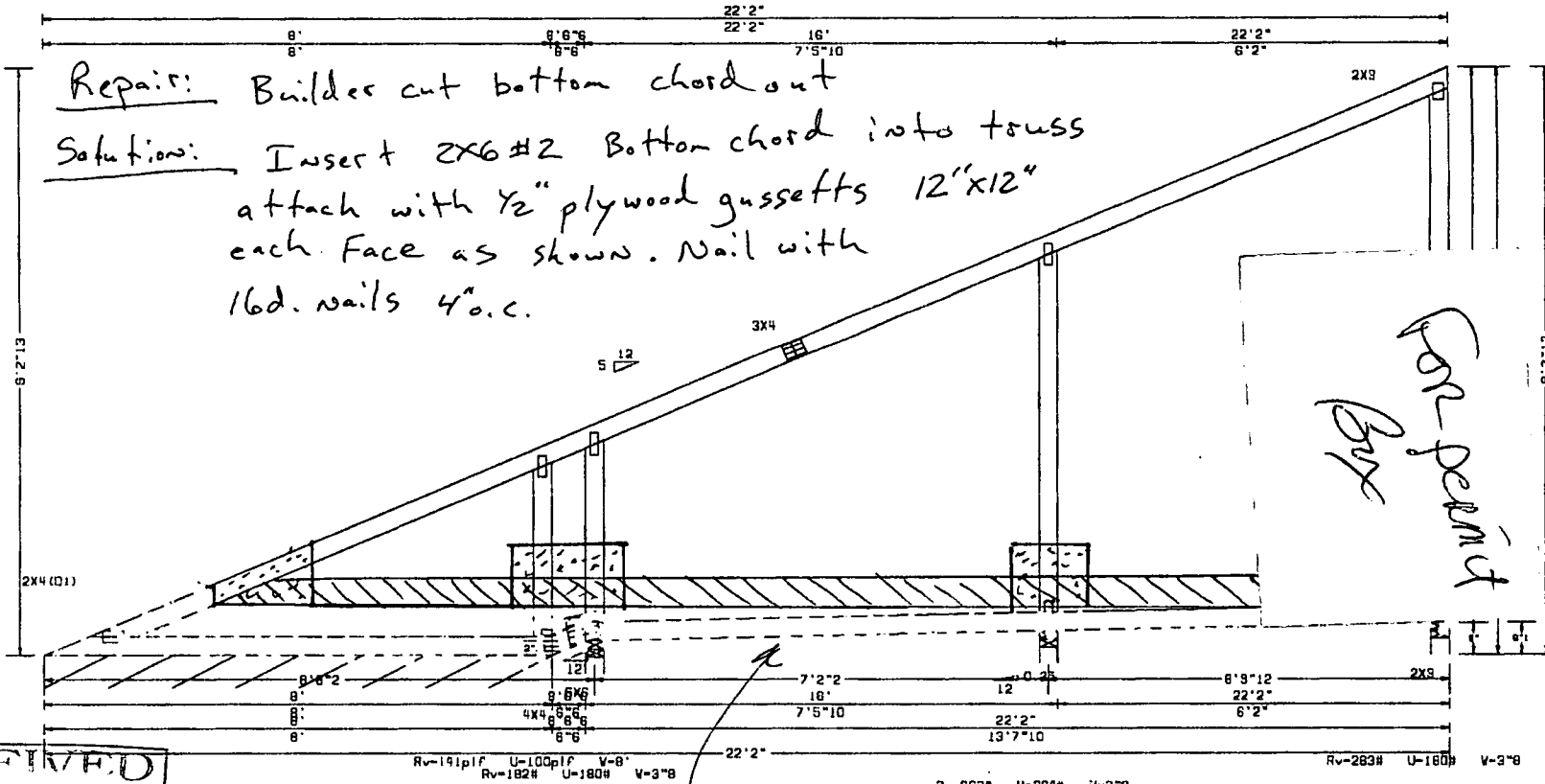
RIGHT END VERTICAL NOT EXPOSED TO WIND PRESSURE.

DEFLECTION MEETS L/360 LIVE AND L/240 TOTAL LOAD.

(A) CONTINUOUS LATERAL BRACING EQUALLY SPACED ON MEMBER.

SHIM ALL SUPPORTS TO SOLID BEARING.

SEE DWG VALTRUSS1001 FOR VALLEY DETAILS.



Repair: Builder cut bottom chord out
Solution: Insert 2x6 #2 Bottom chord into truss
 attach with 1/2" plywood gussetts 12"x12"
 each face as shown. Nail with
 16d. nails 4" o.c.

For permit
 Box

Cut & Remove

RECEIVED
 FEB 24 2003

REV. 1
 LEAF - JIG = 24'-0" x 3'
 DESC. = MV22F
 PLT. TYP. - WAVE_TPI95

TPI (STD)

QTY= 1 TOTAL= 1

JOHN CLARK WELLS
 Certificate # 17455
 State of Florida
 PROFESSIONAL ENGINEER

RIGHT JIG = 7'10"
 SEQ = 64291
 SCALE = 0.3439

J TRUSS CORP.
 2560 INDUSTRIAL 33RD
 FT. PIERCE FL. 34946
 (772) 466 - 3388
 (888) 326 - 3388

OPTIMIZING THE DISTANCE - WITH PEAK PERFORMANCE

****WARNING** TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO H18-91 (HANDLING, SHIPPING, INSTALLING AND BRACING) PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 583 D'ONOFRIO DR., SUITE 200, MADISON, WI. 53718) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING. **IMPORTANT** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ALPINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN: ANY FAILURE TO BUILD THE TRUSSES IN CONFORMANCE WITH TPI: OR FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPECIFICATION PUBLISHED BY THE AMERICAN FOREST AND PAPER ASSOCIATION) AND TPI. ALPINE CONNECTORS ARE MADE OF 20GA ASTM A653 GR40 GALV. STEEL EXCEPT AS NOTED. APPLY CONNECTORS TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED THIS DESIGN, POSITION CONNECTORS PER DRAWINGS 160 A-Z. THE SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY PARTICULAR BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER. PER ANSI/TPI 1-1995 SECTION 2.**

NO. W/455	P. EX. MC LL	30.0 PSF	REF
Certificate # 17455	TC DL	15.0 PSF	DATE 02-21-2003
	BC DL	10.0 PSF	DRWG
	BC LL	0.0 PSF	RAG
	TOT. LD.	55.0 PSF	O/A LEN. 220200
	DUR. FAC.	1.33	
	SPACING	24.0"	TYPE val

TOP CHORD 2x4 SP SS Dense :T3 2x4 SP #2:
 BOT CHORD 2x4 SP #2
 WEBS 2x4 SP #3

140 MPH WIND, 14.05 FT MEAN HGT, ASCE 7-98, CLOSED BLDG, NOT LOCATED WITHIN 4.50 FT FROM ROOF EDGE, CAT II, EXP B, WIND TCOL=5.0 PSF, WIND BCOL=5.0 PSF.

ALL PLATES ARE 5X6 EXCEPT AS NOTED.

RIGHT END VERTICAL NOT EXPOSED TO WIND PRESSURE.

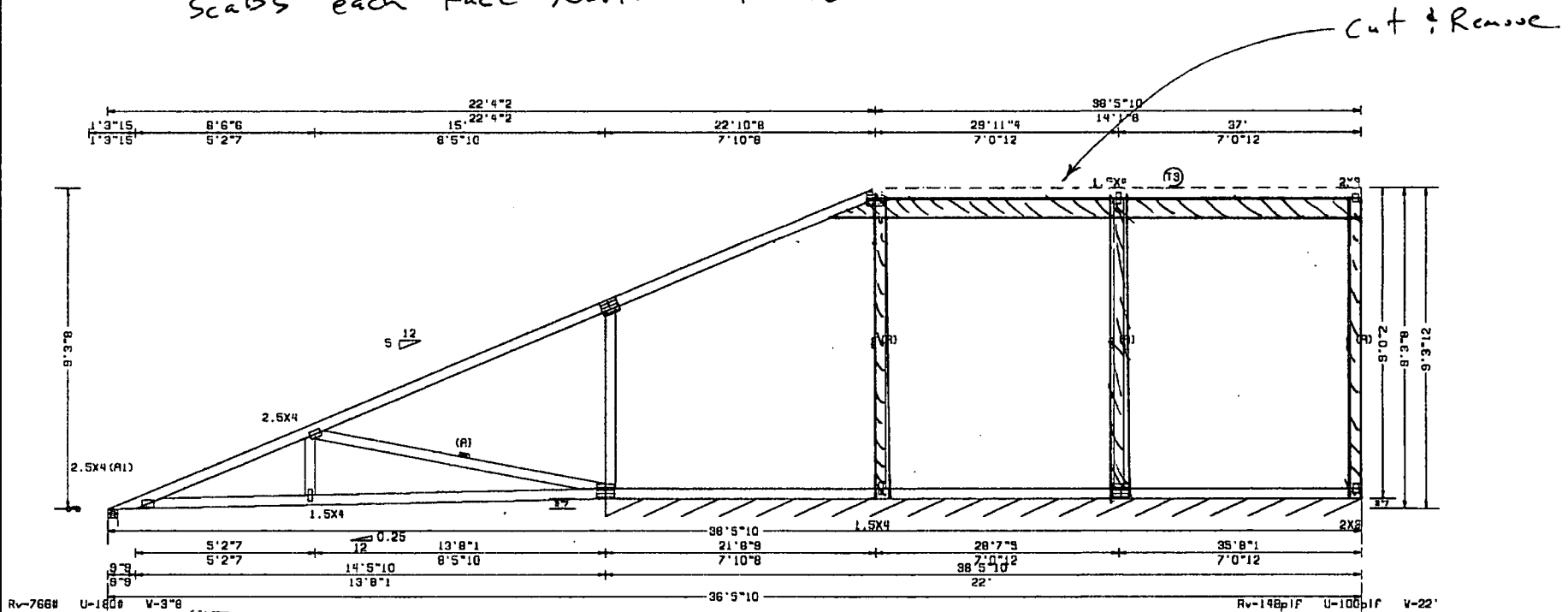
DEFLECTION MEETS L/360 LIVE AND L/240 TOTAL LOAD.

(A) CONTINUOUS LATERAL BRACING EQUALLY SPACED ON MEMBER.

SHIM ALL SUPPORTS TO SOLID BEARING.

SEE DWG VALTRUSS1001 FOR VALLEY DETAILS.

Repair: Cut away top chord as shown.
Solution: Insert 2x6#2 Top chord as shown below, Attach with 2x4 vertical scabs each face nailed with 16d. nails 4" o.c.



RECEIVED
 FEB 24 2003

JOHN CLARK WEBER
 Certificate NO. 17455
 State of Florida
 PROFESSIONAL ENGINEER
 34946

LEFT DESC PLT. JIG = 23'5"9 / MV37 TYP. - WAVE_TPI95

QTY= 1 TOTAL= 1

RIGHT JIG = 16'9"1
 SEQ = 64384
 SCALE = 0.2091

J TRUSS CORP.
 2900 INDUSTRIAL 33RD FT. PIERCE FL. 34946
 (772) 466 - 3388
 (888) 326 - 3388

BRIDGING THE DISTANCE - WITH PEAK PERFORMANCE

WARNING TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO H18-91 (HANDLING INSTALLING AND BRACING) PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 589 D'ONOFRIO DR., SUITE 200, MADISON, VI. 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING. **IMPORTANT** FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ALPINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSSES IN CONFORMANCE WITH TPI OR FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPECIFICATION PUBLISHED BY THE AMERICAN FOREST AND PAPER ASSOCIATION) AND TPI. ALPINE CONNECTORS ARE MADE OF 20GA ASTM A653 GR40 GALV. STEEL EXCEPT AS NOTED. APPLY CONNECTORS TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION CONNECTORS PER DRAWINGS 160 A-Z. THE SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY PARTICULAR BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER. PER ANSI/TPI 1-1995 SECTION 2.**

John C. Weber P.E.	TC LL	30.0 PSF	REF
34946	TC DL	15.0 PSF	DATE 02-21-2003
	BC DL	10.0 PSF	DRWG
	BC LL	0.0 PSF	RAG
	NOT.LD.	55.0 PSF	O/A LEN. 37
	DUR.FAC.	1.33	
	SPACING	24.0"	TYPE val

TJ Truss Corp.

Travis J. White
Vice President

Jason Baskerville
Engineering Manager

Engineering Package Certification Form

Contractor/Builder.....: FLORIDA'S FINEST CONSTR
Project Name.....: FABINSKY
Model (if applicable).....:
City/County of Jurisdiction...: MARTIN
Occupancy Type.....: SINGLE FAMILY

Roof / Floor Truss Company....: TJ TRUSS CORP.
Truss Company Address.....: 2900 Industrial 33rd, Fort Pierce, FL, 34946
Truss Company Contact Info....: Phone (772) 466-3388 Fax (772) 466-9329
Engineering Software Supplier..: ALPINE ENGINEERED PRODUCTS, INC.
Engineering Software Version...: V.I.E.W. Version 6.10.0823.16

Statement:

I certify that the engineering for the trusses listed on the attached index sheet has been designed and checked for compliance with the Florida Building Code 2001. The truss system has been designed to provide adequate resistance to wind loads and forces as required by the following provisions:

Design Criteria: ASCE 7-98 140 MPH

TCLL TCOL BCLL BCCL FL

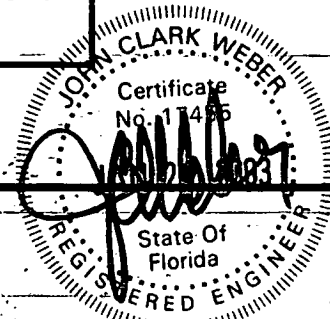
Loading (PSF): 30 15 0 10 55 1.33 Dur. Fac.

Mean Roof Height: Feet

Engineer: John C. Weber
2900 Industrial 33rd, Fort Pierce, FL, 34946
Attached is an index sheet submitted in accordance with the Department of Professional Engineering, Tallahassee, FL. Engineering sheets are photocopies of the original design and approved by me.

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

Name.....: John C. Weber, P.E.
Certification #...: 17455



Engineering Package Index Sheet

Job Number : 20844
 Builder Name : FLORIDA'S FINEST CONSTR
 Project Name : FABINSKY
 Model :
 Job Location : MARTIN

This index sheet lists, in numerical order, the drawings as they appear within this bound pkg.
 As per Florida Law (copy included), the seal on the last page of this index is used in lieu of signing and sealing each individual sheet.

Pg #	Page I.D.	Dwg Date	Qty	Span	Pitch	Notes
1.	Cover Sheet	Non. App.				
2.	Cert. Form	Non. App.				
3.	Bklet Index	Non. App.				
4.	Shipper Pkg.	Non. App.				
5.	Shipper Pkg.	Non. App.				
6.	Shipper Pkg.	Non. App.				
7.	Shipper Pkg.	Non. App.				
8.	Shipper Pkg.	Non. App.				
9.	Shipper Pkg.	Non. App.				
10.	Shipper Pkg.	Non. App.				
11.	Support List	Non. App.				
12.	3 1/2"X11 1/4"	00/00/00	1		/12	
13.	3 1/2" X 11 1/4"	00/00/00	1		/12	
14.	A1	00/00/00	9	23'4"	5.00 /12	
15.	A2	00/00/00	1	23'4"	5.00 /12	
16.	A3	00/00/00	1	23'4"	5.00 /12	
17.	A4	00/00/00	1	23'4"	5.00 /12	
18.	A5	00/00/00	1	23'4"	5.00 /12	
19.	A6	00/00/00	1	23'4"	5.00 /12	
20.	A7	00/00/00	1	23'4"	5.00 /12	
21.	A8	00/00/00	1	23'4"	5.00 /12	
22.	B1	00/00/00	1	8'4"4	5.00 /12	
23.	B2	00/00/00	1	8'4"4	5.00 /12	
24.	EJ7	00/00/00	1	6'10"15	5.00 /12	
25.	CJ5	00/00/00	2	5'	5.00 /12	
26.	CJ3	00/00/00	2	3'	5.00 /12	
27.	CJ1	00/00/00	2	1'	5.00 /12	
28.	HJ7	00/00/00	1	9'10"13	3.54 /12	
29.	MV22A	00/00/00	1	22'2"	5.00 /12	
30.	MV22B	00/00/00	1	22'2"	5.00 /12	
31.	MV22C	00/00/00	1	22'2"	5.00 /12	
32.	MV22D	00/00/00	1	22'2"	5.00 /12	
33.	MV22E	00/00/00	1	22'2"	5.00 /12	
34.	MV22F	00/00/00	1	22'2"	5.00 /12	
35.	MV27	00/00/00	1	27'	5.00 /12	
36.	MV29	00/00/00	1	29'	5.00 /12	
37.	MV31	00/00/00	1	31'	5.00 /12	
38.	MV33	00/00/00	1	33'	5.00 /12	
39.	MV35	00/00/00	1	35'	5.00 /12	
40.	MV37	00/00/00	1	37'	5.00 /12	
41.	MV67	00/00/00	4	6'7"10	5.00 /12	
42.	MV67FA	00/00/00	1	6'7"10	5.00 /12	
43.	MV67FB	00/00/00	1	6'7"10	5.00 /12	
44.	MV67FC	00/00/00	1	6'7"10	5.00 /12	
45.	MV82	00/00/00	1	8'2"	5.00 /12	
46.	UMV101	00/00/00	1	11'3"8	-5.00 /12	

Jax Consulting Services Inc.

Engineering
10410 s. Ocean Drive, Suite 608
Jensen Beach, Florida 34957

August 5, 2002

Re: Lateral bracing, 'T' bracing and Scab bracing

To Whom It May Concern:

The individual engineering sheets as provided by TJ Truss Corp. may not always reflect the true bracing method required by the individual truss. Currently, truss webs are braced using one of three methods, continuous lateral bracing, 'T' bracing, and scab bracing. The following bracing methods meet or exceed the requirements for 140 mph ASCE 7-98.

Scab Bracing

When a scab brace is specified there is no other substitution. And you must follow the following criteria.

- 1.) Scab material must be the same size and grade as the web being braced.
- 2.) Apply to either face of web for 80% of the web length using 10d nails 4" o.c.

'T' Bracing

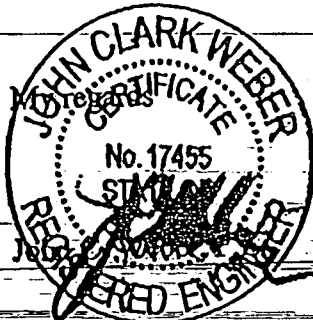
'T' bracing is the next strongest form of bracing and may be substituted for lateral bracing only. Generally, a 'T' brace consists of a 1x4 installed on either edge of the web. If a web is specified for two lateral braces then either two 1x4 'T' braces or one 2x4 'T' brace may be substituted.

- 1.) 1x4 SPF or 2x4 SPF or greater
- 2.) 1x4 'T' braces must be installed using 8d nails 4" o.c.
- 3.) 2x4 'T' braces must be installed using 10d nails 4" o.c.
- 4.) 'T' braces may be installed to either edge of the web and must be 80% of the web length.

"CLB" Continous Lateral Bracing

Continuous lateral bracing is the most economical method of bracing. This method may only be used when there are at least three trusses with the same web or web pattern in a continuous line.

- 1.) 1x4 SPF or 2x4 SPF or greater
- 2.) Lateral brace must be installed as close to the center of the web as possible using two 8d nails.
- 3.) When two lateral braces are specified, locate them at the one third points of the web.





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Elk Corporation of Alabama
P.O. Box 031190 4600 Stillman Boulevard
Tusaloosa ,AL 35403-5190

Your application for Notice of Acceptance (NOA) of:

Prestique II Fiberglass Shingle

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

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

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

ACCEPTANCE NO.: 00-0720.03
EXPIRES: 10/02/2003

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 08/24/2000



AGORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/08/2002

PRODUCER (772)287-2030 FAX (772)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED Florida's Finest Construction, Inc.
2900 SE Waaler Street
Stuart, FL 34997

INSURER A: Assurance Company	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">SEP 25 2002</p> </div>
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SCP36552496	07/06/2002	07/06/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
GENL AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NO STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

<p>CERTIFICATE HOLDER</p> <p>Sewall's Point, Town of 1 South Sewall's Point Road Stuart, FL 33996</p>	<p>ADDITIONAL INSURED; INSURER LETTER</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE Lee Carroll/LC</p>
---	---	--

ACORD 25-S (7/97) FAX: 220-4765

©ACORD CORPORATION 1988

Florida's Finest Construction

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE
9/24/02

PRODUCER:
BOUCHARD INSURANCE, INC.
101 STARCRBST DRIVE
PO BOX 6090
CLEARWATER, FL 33758-6090
PHONE: 727-447-6481 FAX: 727-449-1267

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

INSURERS AFFORDING COVERAGE

RECEIVED
SEP 25 2002
BY: _____

INSURED:
PEOPLE LEASING INC
1301 6TH AVENUE WBBT, SUITE 200
BRADENTON, FL 34205
PHONE: 9417508870

INSURER A: AMERICAN CASUALTY COMPANY OF READING, PA
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTOS ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW OTHER	WC247842167	11/1/01	11/1/02	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$1000000 E.L. DISEASE - EA EMPLOYEE \$1000000 E.L. DISEASE - POLICY LIMIT \$1000000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF FLORIDA'S FINEST CONSTRUCTION, INC. CLIENT # 2306005 ADD ON DATE 06/29/2002

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
1 SEWALL'S POINT ROAD
STUART, FL 34996

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

[Signature]

RECEIVED
SEP 25 2002
BY: _____

CF 0563408

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02083001076

DATE	BATCH NUMBER	LICENSE NBR
08/30/2002	200080915	CBC047650

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

KRAEMER, ROY PAUL
FLORIDAS FINEST CONSTRUCTION
2900 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR





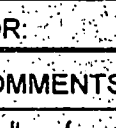
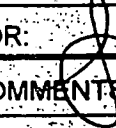
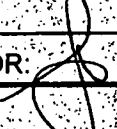
DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/22, 20013 Page of .




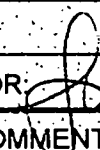
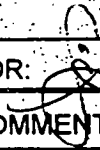
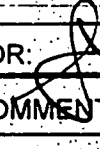
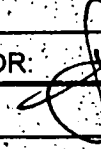
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5969	HB ASSOC LTD 3766 SE OCEAN KIRCHMAN	Sign	Failed	no photo taken → informed contractor (Fickler)
N				INSPECTOR: 
6069	Lapikas 3 India Lucie Drive Pacific Roof	Final roof	Passed	
N				INSPECTOR: 
6097	Risedorph 17 S. Via Lucindia Marc Provencher Roofing	Roof sheathing	Passed	
				INSPECTOR: 
5919	Burr 21 Riverview Dr O/B	under slab plumbing	Passed	
				INSPECTOR: 
6013	FABINSKY 10 MANDALAY Florida Finest	Post-Post Columns		Late
				INSPECTOR: 
5880	HARTE 3 E. High Point Rd NAVARRO & MAGGART	Plumbing & Elec FINAL	Passed	
				INSPECTOR: 
	Burr 21 Riverview Dr. O/B	Duplicate	Passed	
				INSPECTOR: 

OTHER: 5 St. Lucie Ct. ??
8 Morgan Ct.

TOWN OF SEWALL'S POINT


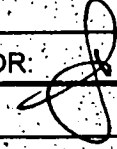
Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/14, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5908	WILBERDING	ROOF SHEATHING	Passed	
③	2 PALAMA WAY O/B	WALL ONLY		INSPECTOR: 
6060	PANTON	HURRICANE SURT	Passed	
⑦	17 ISLAND ROAD GULF STREAM	FINAL		INSPECTOR: 
6099	MAJENSKI	DOOR/STEP FINAL		→ rescheduled by owner
	24 E. HIGH POINT RD BLUE WATER MARINE			INSPECTOR: 
6095	MILORD	FENCE	Passed	
②	4 FIELDWAY DRIVE O/B			INSPECTOR: 
6013	MAJENSKI	ROOF NAIL OFF	Passed	
⑤	10 MANDALAY FLORIDA'S FINEST			INSPECTOR: 
6028	LUCAS	FOOTER + SLAB	Passed	
④	1 MANDALAY EMMICK			INSPECTOR: 
6098	ZUCKER	BOATLIFT FINAL	Passed	
⑥	18 E. HIGH POINT DREDGE + MARINE			INSPECTOR: 

OTHER: TREE - 2 COPAIRE - Sandler

①

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/21, 20013 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6100	BECKER 12 ISLAND ROAD ADRON	FENCE	Passed	INSPECTOR: [Signature]
6125	FRANCIS 5 S. RIVER WILBERDING	BUCK WINDOW → COTTAGE	Cancelled → will reschedule	INSPECTOR: [Signature]
5134	ABESADA 8 MORGAN CIRCLE STEVE CONWAY	ROOF TIN TAG & METAL	Passed	INSPECTOR: [Signature]
TREE FOR 6146	CONROY 12 PALMETTO	TREE	Passed	INSPECTOR: [Signature]
TREE	STODDARD LOT 22 - RIVERVIEW	TREE	Passed	INSPECTOR: [Signature]
5908	WILBERDING 2 PALAMA WAY O/B	ROOF NAILING	Passed	INSPECTOR: [Signature]
TREE	STEWART 15 LANTANA LANE LIVINGA WATERS	TREE	Passed	INSPECTOR: [Signature]
OTHER: 6013	FABINSKY 16 Palmetto	Tin Tag - Metal	Passed	INSPECTOR: [Signature]

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2 28, 2004, Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6161	WEBER	LATH	Passed	
(2)	49 N. WOLF RD. STRAUZZI			INSPECTOR: <i>[Signature]</i>
6009	D'ALESSANDRO	POOL PLUMBING	Passed	
(7)	107 ABBIE COURT OLYMPIC POOLS STRAZZ			INSPECTOR: <i>[Signature]</i>
6146	CONROY	TEMP ELEC	Passed	
(6)	12 PALMETTO OIB			INSPECTOR: <i>[Signature]</i>
TEEE	GREENE	TREE	Passed	
(6)	26 ISLAND ROAD			INSPECTOR: <i>[Signature]</i>
5761	LOWELL	EXTERIOR	what is exterior	
(9)	7 W. HIGH POINT IANIERO			INSPECTOR: <i>[Signature]</i>
6013	FABINSKY	ENG & TIE DOWN	Passed	
(8)	10 MANDALAY			INSPECTOR: <i>[Signature]</i>
6140	ATHOS	GARAGE DOOR	Passed	= Passed
(3)	3 GUMBO LIMBO WAY			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log





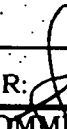
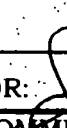

Date of Inspection: Mon Wed Fri 5-21, 20013 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	MAXSON	TREE	Passed	
(2)	9 S. RIVER RD			INSPECTOR:
6270	GOSSEIN	SHEATHING	Passed	5/19
(5)	5 DELANO	IN PROGRESS		
	CARDINAL ROOFING	ROOF		INSPECTOR:
6013	Fabinsky	Pre-pour →		Canceled
(9)	10 Mandalay	driveway		Resched Friday
	Fla Finest			INSPECTOR:
5960	LEWIS	Insulation	Passed	
(7)	41 RIO VISTA			
	DRIFTWOOD			INSPECTOR:
6147	ALEXANDER	FRAMING +	Passed	Late
(8)	86 S. SEWALL'S PT	ELECTRICAL	Passed	
	JOHANSON HOMES			INSPECTOR:
6270	GOSSEIN	TIN TAG +	Passed	
(5)	5 DELANO	IN PROGRESS		
	CARDINAL ROOFING			INSPECTOR:
5875	MAXSON	TRUSS (9AM)	Passed	Eng. only
(1)	9 S. RIVER RD			No stepping
	KNEPPER			INSPECTOR:
OTHER:				
	3 E. HIGHT POINT	Driveway?	No Permit ?!	

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-22, 2008, 3 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6255	GOODMAN	FINAL Roof	Passed	
(4)	6 OAKWOOD CHESS			INSPECTOR: 
6013	FABINSKY	PRE-POUR	Passed	1st
(1)	10 MANDALAY FLORIDA'S FINEST	DRIVEWAY		INSPECTOR: 
6228	KAKOYANNIS	FINAL GAS	Passed	→ done
(5)	80 S. RIVER ROAD MARTIN COUNTY PROPANE			INSPECTOR: 
6111	GREENE	UNDERGROUND	Passed	
(2)	26 ISLAND GLICK & MCLAULEY	PLUMBING		INSPECTOR: 
TREE	BRADEN	TREE	Passed	
(3)	12 OAKWOOD DR			INSPECTOR: 
TREE	LARSON	TREE	Passed	
(6)	11 LANTANA			INSPECTOR: 
5875	MAXSON	ROOFING METAL	Passed	(8 hours long?)
(7)	9 S. RIVER RD KNEPPER	+ ROUGH A/C	Passed	INSPECTOR: 
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/16, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6092	PLITT 12 HERON'S NEST O/B	ELEC / Part Plumbg Part	Passed Passed	INSPECTOR: <i>[Signature]</i>
6215	FLORIDA'S FINEST 10 MANDALAY DR	DRIVEWAY + DRAINAGE FINAL	No swale →	INSPECTOR: <i>[Signature]</i> *1
6208	BALLARD 2 Palm Ct. BRITON	ELEC FINAL	Passed	3# 12 INSPECTOR: <i>[Signature]</i>
6274	BELL 34 S. SEWALLS PT. ALUM. CONCEPTS	FINAL, FENCE NO PERMIT ON SITE	Passed	INSPECTOR: <i>[Signature]</i>
6282	LEWIS 43 RIO VISTA DR. ADVANTAGE	POOL STEEL } GROUND/DRAIN } Plumbing	Passed Passed	INSPECTOR: <i>[Signature]</i>
6124	LANP1 3 MIDDLE O/B (warren 4851825)	REMODEL KITCHEN CAB + TILE FINAL	Passed (Ball + Kitchen)	INSPECTOR: <i>[Signature]</i>
5875	MAXON 9 S. RIVER ROAD KNEPPER	FRAMING	Passed	INSPECTOR: <i>[Signature]</i>
OTHER: *1 Roof Replacement Final Close <i>[Signature]</i> 6/16 Permit Activity... Final Close... 6/16				

6215

DRIVEWAY DRAINAGE

TOWN OF SEWALL'S POINT

Date 4/7/03

BUILDING PERMIT NO. 6215

Building to be erected for FABINSKY

Type of Permit DRIVEWAY DRAINAGE

Applied for by FLORIDA'S FINEST CONSP. (Contractor)

Building Fee 2 x \$35.00 = 70.00

Subdivision MANDALAY Lot 5 Block _____

Radon Fee _____

Address 10 MANDALAY ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410040000005020000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 70.00 Check # 1096 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2400.00

TOTAL Fees 70.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

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

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

INSPECTIONS

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

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

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: WALTER FABINSKI Phone (Home) _____ (Work) _____

Job Site Address: 10 MANDALAY Rd. City: STUART State: FL Zip: 34996

Legal Description of Property: LOTS, MANDALAY Parcel Number: 133841004000000502000

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

Description of Work To Be Done: Concrete driveway w/ drainage

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

CONTRACTOR/Company Name: FLORIDAS FINEST CONSTRUCTION Phone Number: 288-1715

Street: 2900 SEWALLER ST City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: OC 047650 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2400.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: _____ License Number: _____
 Mechanical: N/A State: _____ License Number: _____
 Plumbing: N/A State: _____ License Number: _____
 Roofing: N/A State: _____ License Number: _____

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

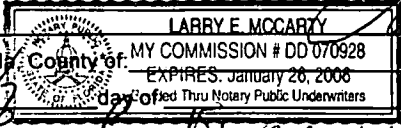
ENGINEER _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required) _____

 State of Florida, County of Martin
 This the 17 day of February, 2003
 by Walter Fabinski who is personally known to me or produced Florida as identification.

CONTRACTOR SIGNATURE (required) _____
 On State of Florida, County of _____
 This the _____ day of _____, 200____
 by _____ who is personally known to me or produced _____ as identification.

Notary Public Seal
My Commission Expires: _____

Notary Public Seal
My Commission Expires: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
07/08/2002

PRODUCER (772)287-2030 FAX (772)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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

INSURERS AFFORDING COVERAGE

INSURED Florida's Finest Construction, Inc.
2900 SE Waaler Street
Stuart, FL 34997

INSURER A: Assurance Company of America

INSURER B:

INSURER C:

INSURER D:

INSURER E:

RECEIVED

SEP 26 2002

BY:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SCP36552496	07/06/2002	07/06/2003	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 23996

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

AUTHORIZED REPRESENTATIVE

Lee Carroll/LC

Lee Carroll

PRODUCER
Boucharf Insurance, Inc.
101 Starcrest Drive
P.O. Box 6090
Clearwater, FL 33758 - 6090
Phone: (727) 447 - 6481 FAX: (727) 449 - 1267

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

INSURED *Florida's Finest*
People Leasing, Inc.
1301 6th Ave. W., Suite 200
Bradenton, FL 34205
Phone: (941) 746 - 6567

INSURERS AFFORDING COVERAGE		NAIC
INSURER A:	AMERICAN FIDELITY COMPANY OF READING, PA	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

RECEIVED
 DEC 02 2002
 BY: _____

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO - JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCC.) \$ MED EXPENSE (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC247842167	11/01/01	12/31/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Client ID #2306005				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

Florida's Finest Construction, Inc.

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
 1 SEWALL'S POINT ROAD
 STUART, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
[Signature]

RECEIVED
SEP 25 2002
BY:

LC# 0563408

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02083001076

DATE	BATCH NUMBER	LICENSE NBR
08/30/2002	200080915	CBC047650

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

KRAEMER, ROY PAUL
FLORIDAS FINEST CONSTRUCTION
2900 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE OF ISSUE
04/07/2003

PRODUCER
Insurance Company of the Americas
1310 Utica Street
P.O. Box 855
Oriskany, New York 13424
Tel: (315) 788 - 2726 Fax: (315) 736 - 8731

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

INSURED
Employee Leasing Solutions, Inc.
Formerly Known As: People Leasing, Inc.
L/C/F Florida's Finest Construction, Inc.
1301 6th Ave. W.
Bradenton, FL 34205

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company of the Americas	33030
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

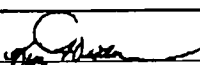
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES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

USER LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCC.) \$ MED EXPENSE (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If Yes, describe under SPECIAL PROVISIONS below	WC03010102	01/01/03	01/01/04	<input checked="" type="checkbox"/> YES (ANY) <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Client ID #4040009				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:
Florida's Finest Construction, Inc.

CERTIFICATE HOLDER

 TOWN OF SEWELLS POINT
 1 SOUTH SEWELLS PT RD
 STUART, FL 34998

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILING TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri, 2002 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5960	LEWIS	FRAMING	Passed	
	41 RIO VISTA	ALL TRADE	Passed	
	DRIFTWOOD			INSPECTOR: <i>[Signature]</i>
6147	ALEXANDER	ROOF SHEATHING	Passed	
	86 S. Sewall St	WALL SHEATHING		
	JOHANSON			INSPECTOR: <i>[Signature]</i>
6211	CARTWRIGHT	REAR SUB FLOOR	Passed	
①	10 PEERWINKLER			
	O/B			INSPECTOR: <i>[Signature]</i>
Tree	WAKEFIELD	TREE		
	19 SIMACA ST			
				INSPECTOR:
6092	PLITT	TRUSSES	Passed	
	12 HERON'S NEST	NAILING/SHEATHING		
	O/B			INSPECTOR: <i>[Signature]</i>
6215	Pobinsky	Driveway	Passed	
	16 Maudelay			
	PL Pinok			INSPECTOR: <i>[Signature]</i>
Tree		Tree?		
	2 Timor			
				INSPECTOR:
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/16, 20013 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6092	PLITT	ELEC / Part	Passed	
	12 HERON'S NEST	Plumbing Part	Passed	
	O/B			INSPECTOR: <i>[Signature]</i>
6215	FABINSKY	DOWNWALL	No swale →	Geo
↓	10 MANDALAY DR	DRAINAGE		
6013	FLORIDA'S FINEST	ADD'N + RE-ROOF	FINAL	INSPECTOR: <i>[Signature]</i> #1
6208	BOLLARD	ELEC FINAL	Passed	3# 12
	2 Palm Ct.			
	BRITON			INSPECTOR: <i>[Signature]</i>
6274	BELL	FINAL, FENCE	Passed	
	34 S. SEWALL PT.	NO PERMIT ON		
	ALUM. CONCEPTS	SITE		INSPECTOR: <i>[Signature]</i>
6282	LEWIS	POOL STEEL	Passed	
	43 ROVISTA DR.	GROUN/DRAIN		
	ADVANTAGE	Plumbing	Passed	INSPECTOR: <i>[Signature]</i>
6124	LANP1	REMODEL	Passed	No access
	3 MIDDLE	KITCHEN CAB +	(Ball + kitchen)	
	O/B (warren 4851825)	TILE FINAL	Passed	INSPECTOR: <i>[Signature]</i>
5875	MAXON	FRAMING	Passed	
	9 S. RIVER ROAD			
	KNEPPER			INSPECTOR: <i>[Signature]</i>

OTHER:

*1 Roof Replacement Final Close *[Signature]* 6/16
 Porch Addition Final Close *[Signature]* 6/16

7465

POOL ENCLOSURE

TOWN OF SEWALL'S POINT

Date 4/6/05

BUILDING PERMIT NO. 7465

Building to be erected for FABINSKY Type of Permit POOL ENCLOSURE

Applied for by PIONEER SCREEN (Contractor) Building Fee 120.00

Subdivision MANDALAY Lot 5 Block _____ Radon Fee _____

Address 10 MANDALAY ROAD Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

1338410040000005020000 Electrical Fee _____

Amount Paid 120.00 Check # 32975 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 11,878. TOTAL Fees 120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

BY:

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Betsy S. + WALTER FABINSKY Phone (Day) 283-8574 (Fax) _____

Job Site Address: 10 MANDALAY RD. City: STUART State: FL Zip: 34994

Legal Description of Property: MANDALAY LOT 5 Parcel Number: 13-38-41-004-000-00050-2

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

Description of Work To Be Done: REPLACE POOL ENCL. - STORM DAMAGE

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

CONTRACTOR/Company: PIONEER SCREEN CO. Phone: 283-9197 Fax: 283-3028
CRAIG RICE EXT. 207

Street: 9011 S.W. OLD KANSAS AVE City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: SCC046064 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 11,878.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER G. SHEPARDSON (FLIINE ENGN.) Phone Number: 407-679-7500

Street: 1025 S. SEMORAN BLVD. City: WINTER PARK State: FL Zip: 32792

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: 1200

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

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

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

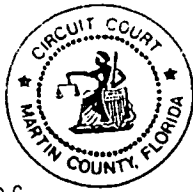
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
Betsy Fabinsky
State of Florida, County of: MARTIN
This the 4th day of April, 2005
by BETSY SNIDER FABINSKY who is personally
known to me or produced FDL-1079-43-74-0
as identification. [Signature] x8/14/02
Notary Public

CONTRACTOR SIGNATURE (required)
Craig Rice Pres
On State of Florida, County of: MARTIN
This the 30TH day of MARCH, 2005
by CRAIG RICE who is personally
known to me or produced _____
As identification. [Signature]
Notary Public

My Commission Expires: _____
LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007
Bonded Third Notary Public Underwriters
PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP

My Commission Expires: _____
ROSE M. HIDALGO
MY COMMISSION # DD 396760
EXPIRES: February 15, 2009
Bonded Third Notary Public Underwriters



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: 4/4/05

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. _____

State of Florida

County Of Martin

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

Legal description of property (include street address, if available) Lot 5 "Mandaley" Plat book 4
9291 86 Mandaley Rd Ft - 10 Mandaley Rd Stuart FL

General description of improvements Replace damaged front gate

Owner's Name WAITEK FABINSKY

Address 10 Mandaley Rd Stuart FL

Contractor: Pioneer Screen Company

Address: 9011 S.W. Old Kansas Avenue, Stuart, Florida Phone: 772-283-9197 Fax: 772-283-3028

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

Name _____

Address _____ Phone: _____ Fax: _____

In addition to himself, owner designates _____

Of _____ Phone: _____ Fax: _____

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

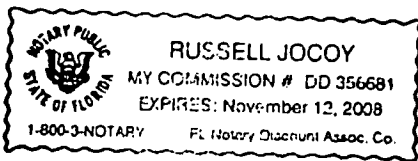
Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified).

[Signature]
Signature of Owner

Betsy S. Fabinske
Printed Name of Owner
152-077-43-794-0

Driver's License No. of Owner

Notary Rubber Stamp Seal



I have relied upon the following identification of the Affiant

D.C.

Sworn to and subscribed before me this 16th day of MAR 2005

[Signature]
Notary Signature

RUSSELL JOCOY
Printed Name

ACORD CERTIFICATE LIABILITY INSURANCE

DATE (MM/DD/YY)
1/03/05

PRODUCER

Kearns Agency of Florida Inc.
P O Box 1849
Jensen Beach, FL. 34958

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

INSURERS AFFORDING COVERAGE

INSURED

Pioneer Screen Co. Inc.
9011 SW Old Kansas Ave.
Stuart, FL. 34997

South

INSURER A: **Auto Owners Insurance Co.**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	20509791	1/01/05	1/01/06	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	96-881-068-00	1/01/05	1/01/06	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewall's Point
1 South Sewall's Point Rd.
Sewall's Point, FL 34996
attn: Laura

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lawrence E. Kearns



CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

8/27/2004

PRODUCER

TARHEEL INSURANCE MANAGEMENT, INC.
1061-521 CORPORATE CENTER, SUITE 140
FORT MILL, SOUTH CAROLINA 29715
803.396.5230

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

INSURERS AFFORDING COVERAGE

AMB#

INSURED

Progressive Employer Services
7560 Commerce Ct
Sarasota, FL 34243

South

INSURER A: GUARANTEE INSURANCE CO. 2300

INSURER B: ESSEX INSURANCE COMPANY 2732

INSURER C:

INSURER D:

INSURER E:

Alternate Employer: PIONEER SCREEN COMPANY, INC 3025

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$ -
						DAMAGE TO RENTED PREM	\$ -
						MED EXP (Any one person)	\$ -
						PERSONAL & ADV INJURY	\$ -
						GENERAL AGGREGATE	\$ -
						PRODUCTS-COMP/OP AGG	\$ -
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each Accident)	\$ -
						BODILY INJURY (Each Person)	\$ -
						BODILY INJURY (Per Accident)	\$ -
						PROPERTY DAMAGE (Per Accident)	\$ -
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$ -
						OTHER THAN EA ACC	\$ -
						AUTO ONLY AGG	\$ -
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$ -
						AGGREGATE	\$ -
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> No If, yes, describe under <input type="checkbox"/> Yes SPECIAL PROVISIONS below	GPEO 0702418-00	8/16/2004	8/16/2005	X WC STATUTORY LIMITS	
B						E.L EACH ACCIDENT	\$ 1,000,000
						E.L DISEASE-EA EMPLOYEE	\$ 1,000,000
						E.L DISEASE-POLICY LIMIT	\$ 1,000,000
		OTHER					

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

Coverage is extended to the ASSIGNED EMPLOYEES of ALTERNATE EMPLOYER: PIONEER SCREEN COMPANY, INC 3025

Effective Date
8/16/2004

CERTIFICATE HOLDER

TOWN OF SEWALL POINT

1 SOUTH SEWALL POINT ROAD
STUART, FL 34996

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

AUTHORIZED REPRESENTATIVE SIGNATURE

AC#

1457228

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04062100905

DATE	BATCH NUMBER	LICENSE NBR
06/21/2004	030731995	SCC046064

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

RICE, CRAIG DAVIS
PIONEER SCREEN INC
9011 S W OLD KANSAS AVE
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1987-520-086 CERT SCC046064
PHONE (561)283-9197 SIC NO 001799

LOCATION:
9011 SW KANSAS AVE MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>



RICE, CRAIG D
PIONEER SCREEN INC
CRAIG D RICE
9011 SW OLD KANSAS AVENUE
STUART FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF
SPECIALTY STRUCTURE CONTRACTOR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF AUGUST 2004
AND ENDING SEPTEMBER 30, 2005 12 04082501 000421

- Aluminum Roofs
- Pool Enclosures
- Railings
- Screened Lanais
- Re-Screens
- Service Work
- Hurricane Protection
- Plastic Screen Inserts
- Screen Enclosures w/ Aluminum Roofs
- Patio Enclosures



9011 SW Old Kansas Ave., Stuart, FL 34997
 Construction License # SCC046064
 Stuart 772-283-9197
 West Palm Beach 561-575-0033
 FAX 772-283-3028
 www.pioneerscreen.com

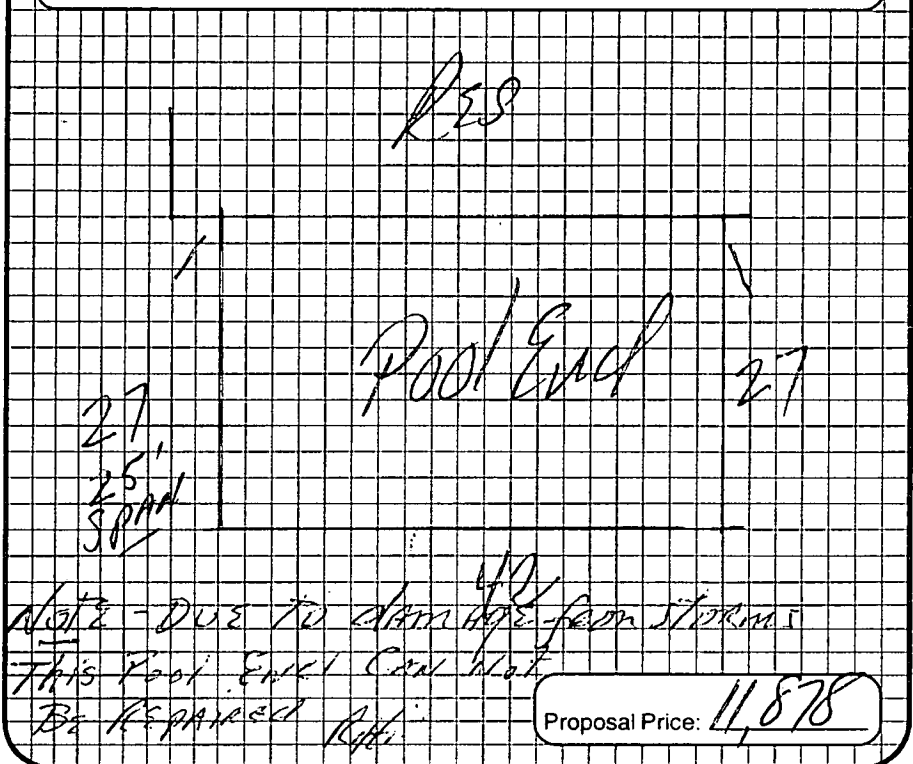
SOLD TO B. Fabinsky PHONE 283-8574 DATE 3-15-05
 MAILING ADDRESS 10 Mandalay Rd INSTALLATION ADDRESS _____
Stuart FL
 CITY, STATE, ZIP _____ PROPERTY OWNER ADDRESS _____
 APPROXIMATE FINISH DATE (AFTER PERMIT AND ASSOCIATION APPROVAL IF NEEDED) 12 months + WEATHER CONDITIONS MAY DELAY START AND FINISH DATE.

Screen Color: Charcoal
 Mesh Type: 18x14 20x20 20x30
 Flat Gable
 Hip Mansard A-Frame Porch
 Beam(s) Type: Code 2x8
 Uprights Code 2x5
 Aluminum Roof: Insulated Non Insulated
 Doors: 2
 Chair Rail: 17
 Florida Glass: 18" 24" 36"
 Kickplate: 16
 Gutters: 5"
 Frame Color: white
 Permit #:
 Lot: Block:
 Subdivision: Seawall Point
 Concrete: Yes No

THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS
 A survey sheet or a plot plan and complete legal description is required on all pool patio enclosures and aluminum roofs.

INITIAL DESIGN LAYOUT

Tear-Out? Yes No Ready to Measure? Yes No



Proposal Price: 11,878

CONDITIONS

1. It is understood that there are no verbal agreements and all items are covered by this written contract - this is a proposal until signed by an officer of the corporation at which time it becomes an executed contract.
 2. A full one year unconditional guarantee against defects in purchased assemblies, materials and workmanship issued and takes effect at completion. Any warranty work necessary, however, shall not be done until such time as final payment. Owner's failure to make full payments to contractor according to the contract and work orders shall void the guarantee.

3. Any changes after final measurements will be charged accordingly.
 4. Payment will be made as outlined. Owner agrees to pay all attorney fees if this contract should go to court for collection for any reason, and pay 1 1/2% interest per month on any unpaid balance.
 5. Any cracks greater than 1/8 inch in width will be repaired by surface patching or painting. Builder is not responsible for color variations. Any cracks greater than 1/4 inch in width or 1/8 inch in vertical displacement will be repaired by surface patching or other remedies. Cracks exceeding 1/4 inch in width or 1/4 inch in vertical displacement will be repaired by patching or other remedies. The problem will be corrected so that the defect is not readily noticeable.

Section 501.025, Florida Statutes, (Consumer Protection) provides that "...the buyer has the right to cancel a home solicitation sale until midnight of the third business day after the day on which the buyer signs an agreement..."

The undersigned acknowledges receipt of a true copy of this contract and acknowledges that he has read and understands the contents thereof and accepts the same on terms and conditions stated herein. 35% Deposit required, 2/3 on delivery of material, balance on completion. Credit Card Fees apply at 2.37% per transaction.



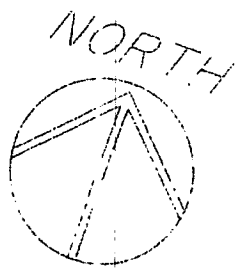
We Do Not Send Invoices, Balance Due On Completion.

Purchaser: X Betty Fabinsky Date: 3-16-05

Pioneer Screen Co., Inc.:

Bob Hamilton

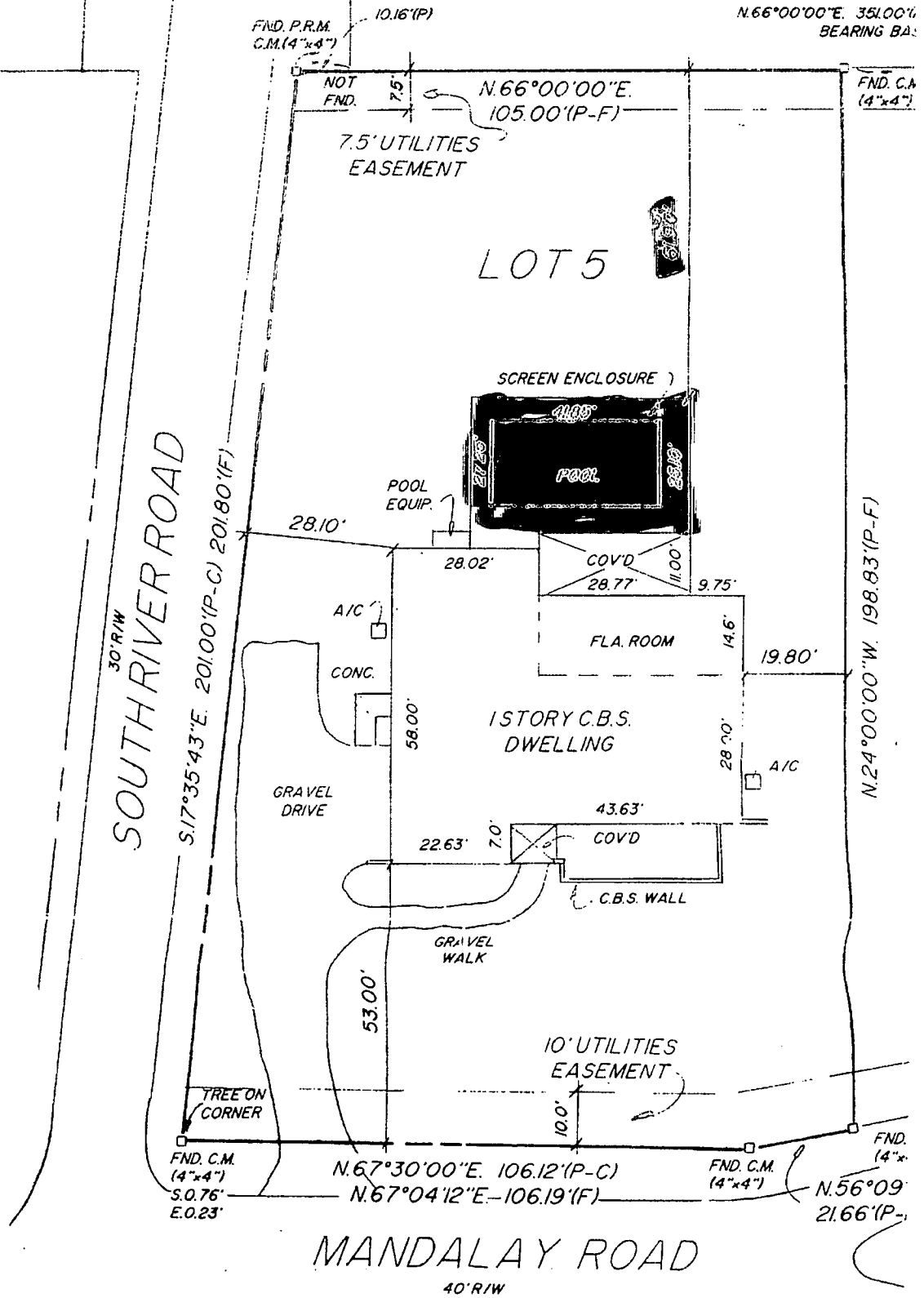
		PAYMENT TOTALS WITH CREDITCARD FEES 2.37%
Contract Price	<u>11,878</u>	<u>PA</u>
35% Deposit	<u>2376</u>	<u>500</u>
	<u>9502</u>	
Concrete Draw		
2/3 Screen Draw	<u>6271</u>	
Balance Due	<u>3231</u>	



"MARGUERITA SU.
LOT 12
PLAT BOOK 10, PAGE
PUBLIC RECORDS C
MARTIN COUNTY, F

N.66°00'00"E. 351.00'
BEARING BA

LEGAL DESCRIPTION
KNOWN AS LOT 5, "MANDALAY", ACCORDING
TO THE PLAT THEREOF, AS RECORDED IN PLAT
BOOK 4, PAGE 86, PUBLIC RECORDS OF MARTIN
COUNTY, FLORIDA.



PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
COMMUNITY - PANEL NUMBER - 120164 0002 D

PROPERTY STREET ADDRESS: 10 MANDALAY ROAD,
STUART, FL.

CERTIFIED TO: WALTER R. FABINSKY, JR. & BETSY S. FABINSKY;
P.H.H. U.S. MORTGAGE CORPORATION;
UNIVERSAL LAND TITLE, INC.;
COMMONWEALTH LAND TITLE INSURANCE COMPANY

SURV

1. - SURVEY OF DESCRIPTION AS FI
2. - LANDS SHOWN HEREON WERE I
AND/OR RIGHTS-OF-WAY OF F
3. - ALL BEARINGS ARE REFERENC
AS SHOWN HEREON, UNLESS O
4. - ELEVATIONS SHOWN HEREON A
VERTICAL DATUM OF 1929, SEE
UNLESS OTHERWISE NOTED.
5. - THERE ARE NO ABOVE GROUND

LEGEND

(P) - DENOTES DISTANCE, ANGLE OR BEARING BY FURNISHED DESCRIPTION
(F) - DENOTES MEASURED DISTANCE, ANGLE OR BEARING
(C) - DENOTES CALCULATED DISTANCE, ANGLE OR BEARING
COV'D - COVERED
C.B.S. - CONCRETE BLOCK STRUCTURE
W/F - WOOD FRAME
CONC. - CONCRETE
ALUM. - ALUMINIUM
P.P. - POWER POLE
OHW - OVERHEAD WIRE
T.O.B. - TOP OF BANK
F.H. - FIRE HYDRANT
L.P. - LIGHT POLE

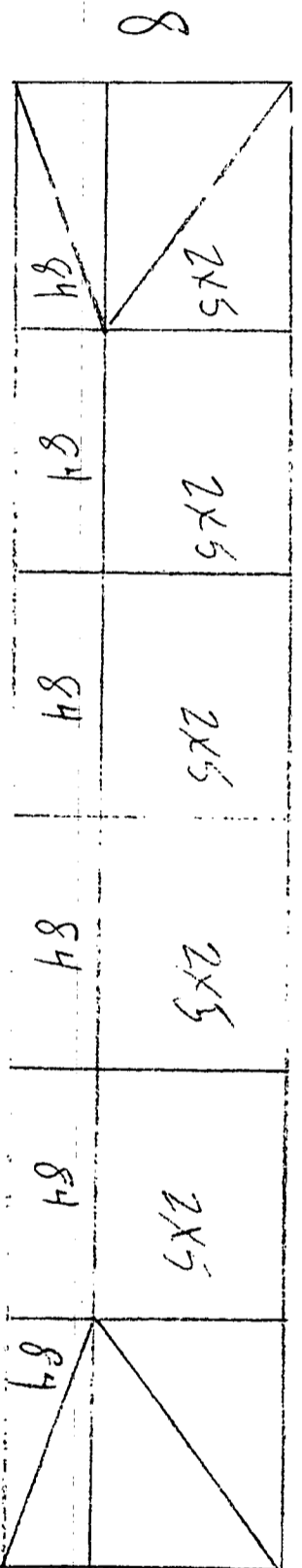
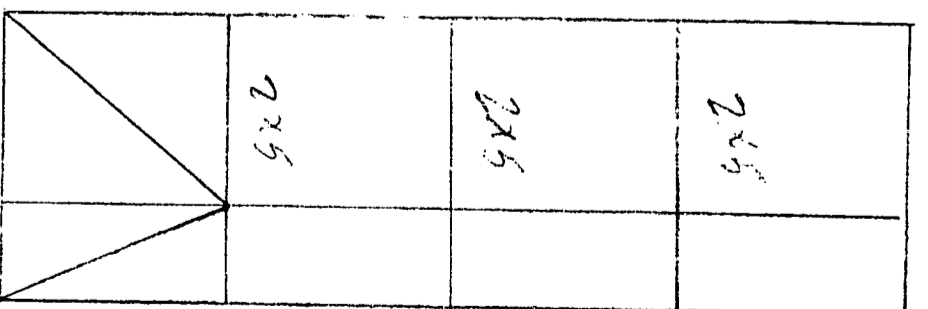
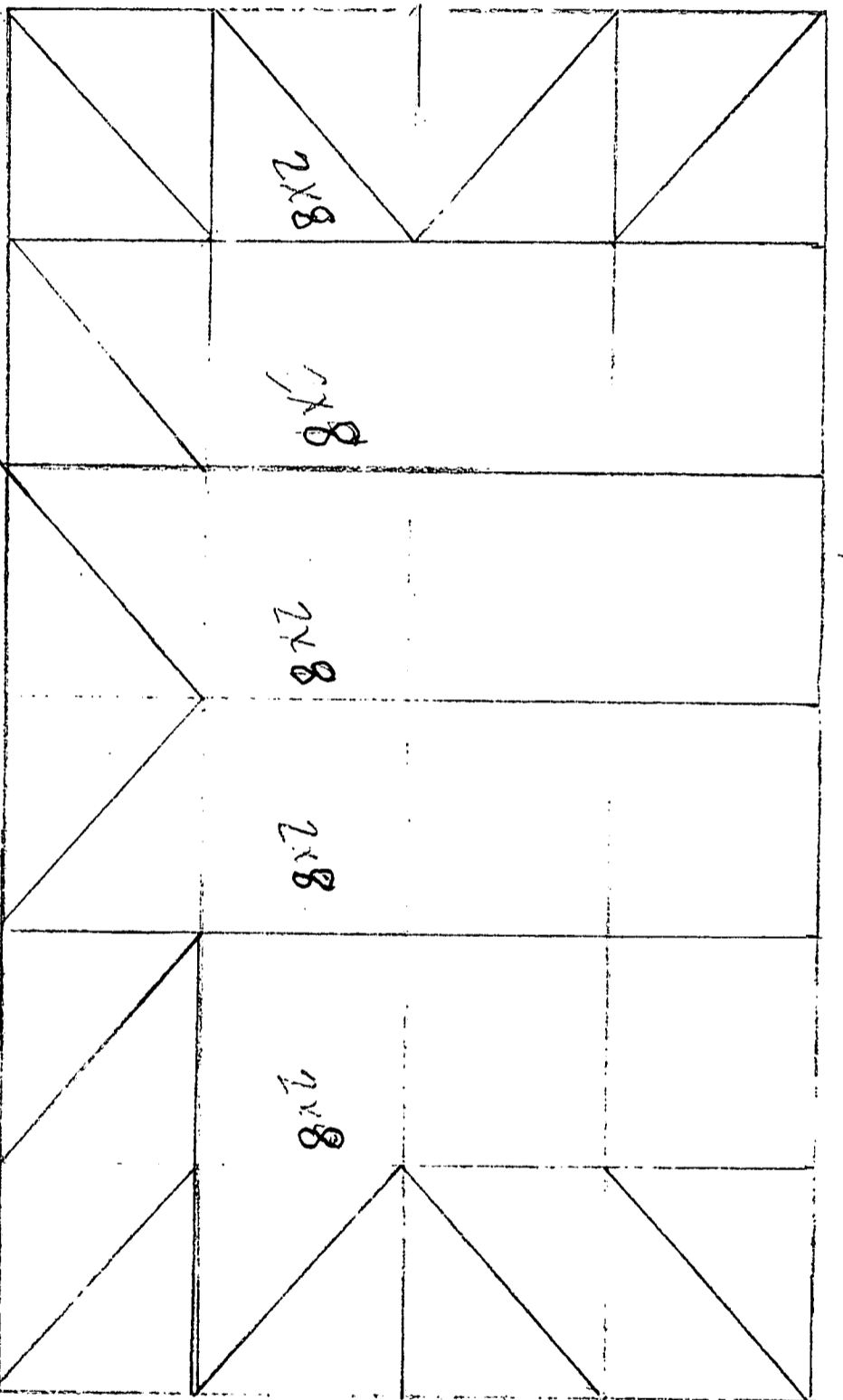
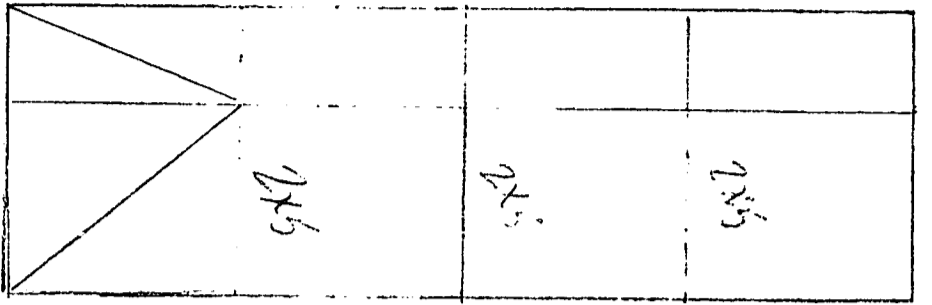
SET I.B. - SET 5/8" IRON BAR & CAP # 4459
FND. - FOUND
I.P. - IRON PIPE
C.M. - CONCRETE MONUMENT
I.B. - IRON BAR
P.K. - P.K. NAIL
R.R.S. - RAILROAD SPIKE

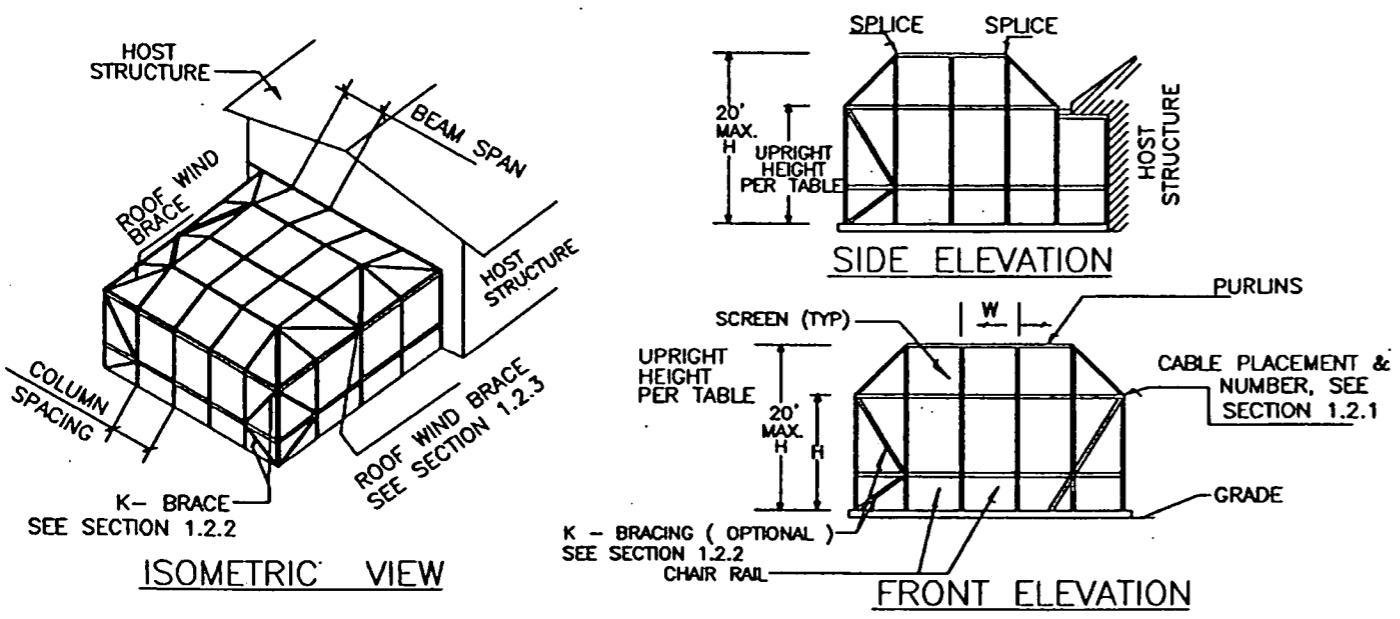
P.O.C. - POINT OF COMMENCEMENT
P.O.B. - POINT OF BEGINNING
ENC. - ENCROACHMENT

N. & W. - NAIL & WASHER
N. & TT - NAIL & TIN TAB
M.H. - MANHOLE
C.B. - CATCH BASIN
P.R.M. - PERMANENT REFERENCE MONUMENT
P.C.P. - PERMANENT CONTROL POINT
R/W - RIGHT-OF-WAY

S
Δ - DEL'
⊕ - CEN'
→ - DRA
X - EXIS

Fabiusky K25.





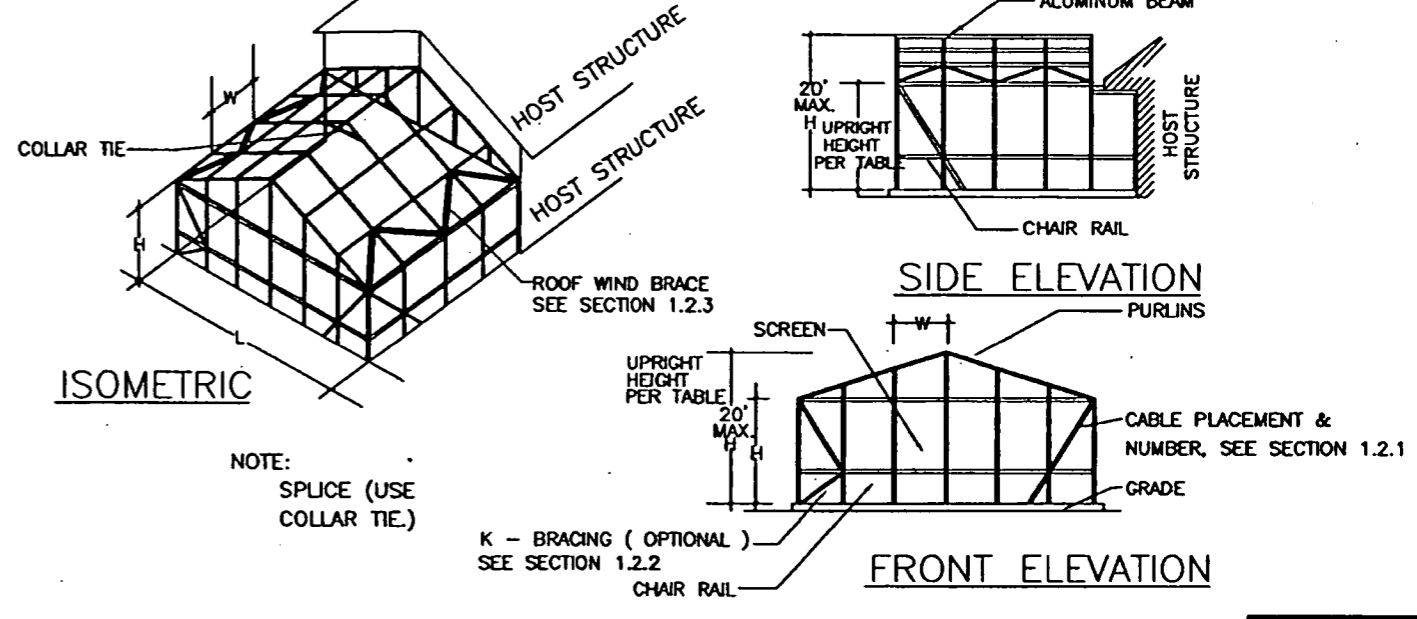
TYPICAL MANSARD SCREEN ENCLOSURE APPLIES

(STANDARDS)

- | | |
|---|--|
| <p>1) DESIGN CONFORMS TO THE FLORIDA BUILDING CODE 2001 AS AMENDED AND ASCE 7-98 FOR WIND LOAD ON THE ATTACHED TABLES.</p> <p>2) ALL SCREEN ENCLOSURES GREATER THAN 20'-0" MAX. HEIGHT OR GREATER THAN 40'-0" PROJECTION FROM THE HOST STRUCTURE (REGARDLESS OF DIRECTION OF BEAM SPAN) OR WITH A BEAM SPAN GREATER THAN 40'-0", WILL REQUIRE SITE SPECIFIC SIGNED AND SEALED ENGINEERING PLANS AND SIGNED AND SEALED LAYOUT DRAWINGS.</p> <p>3) STRUCTURAL DETAIL DRAWING SHALL RELATE TO 6063-T6, 6061-T5, OR 6061-T6 ALUMINUM EXTRUSIONS WITH AN ACTUAL WALL THICKNESS OF NOT LESS THAN 0.040.</p> <p>4) ALUMINUM SURFACES IN CONTACT WITH LIME-MORTAR, CONCRETE OR OTHER MASONRY MATERIALS, SHALL BE PROTECTED WITH ALKALI-RESISTANT COATINGS SUCH AS HEAVY-BODIED BITUMINOUS PAINT OR WATER - WHITE METHACRYLATE LACQUER.</p> <p>5) ALUMINUM IN CONTACT WITH WOOD OR OTHER ABSORBING MATERIALS WHICH MAY BECOME REPEATEDLY WET SHALL BE PAINTED WITH TWO COATS OF ALUMINUM METAL AND MASONRY PAINT, OR HEAVY-BODIED BITUMINOUS PAINT, OR THE WOOD OR ABSORBING MATERIAL SHALL BE PAINTED WITH TWO COATS OF ALUMINUM HOUSE PAINT AND THE JOINTS SEALED WITH HIGH QUALITY CAULKING COMPOUND.</p> <p>6) ALL FASTENERS WILL BE 24" C-C MAX. UNLESS OTHERWISE NOTED. SCREWS SHALL BE COATED WEATHER SEALED.</p> | <p>7) NO OPEN AREA BETWEEN ALUMINUM SHALL EXCEED 56 S.F.</p> <p>8) ALL SCREEN ENCLOSURE DOORS SHALL BE SELF LATCHING AND CLOSING AND MAY BE LOCATED INTO ANY SCREEN PANEL OPENING.</p> <p>9) DISTANCE BETWEEN PURLINS SHALL NOT EXCEED 84 INCHES CENTER TO CENTER.</p> <p>10) ALL PURLINS AND CHAIR RAILS WILL BE ATTACHED WITH MIN. OF 3 SCREWS INTO SCREW BOSS EACH SIDE. SEE SECTION 1.2.3 FOR PURLIN AND CHAIR RAIL SCHEDULE.</p> <p>11) ENCLOSURE MUST BE GROUNDED AND BONDED IN ACCORDANCE WITH N.E.C.</p> <p>12) NO UNAPPROVED APPENDICES OR ACCESSORIES MAY BE ATTACHED TO ANY ALUMINUM MEMBERS WITHOUT PRIOR WRITTEN APPROVAL OF THE ENGINEER.</p> <p>13) WHEN 6061-T5 OR 6061-T6 ALUMINUM ALLOY IS USED IN A STRUCTURE FOR UPRIGHTS, BEAMS, KNEE BRACES, WIND BRACES, AND K-BRACES, 6063-T6 ALUMINUM ALLOY MAY BE USED FOR PURLINS, CHAIR RAILS, TOP PLATES, AND BOTTOM PLATES.</p> <p>14) THIS IS AN OPEN ALUMINUM FRAMED STRUCTURE WITH SCREEN (MAX. MESH OF 20/20) ROOF AND WALLS. IT HAS AN IMPORTANCE FACTOR (I_w) OF 0.77. DESIGN LOADS ARE BASED ON TABLE 2002.4 OF 2001 FLORIDA BUILDING CODE FOR A MEAN HEIGHT UP TO 30 FT.</p> |
|---|--|

APPLIES

THIS PAGE CAN ONLY BE USED IF THE CONTRACTOR IS AUTHORIZED TO USE THE MASTER FILE MANUAL OR IF THE PAGE HAS AN ORIGINAL SIGNATURE AND SEAL.	FLILINE INC. 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792 TEL (407) 679-7500 FAX (407) 679-9188 E-MAIL	GORDON H. SHEPARDSON P.E. FLORIDA P.E. 19333
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TYPICAL SPLICE AND NO SPLICE GABLE ROOF APPLIES

(STANDARDS)

- | | |
|---|--|
| <p>1) DESIGN CONFORMS TO THE FLORIDA BUILDING CODE 2001 AS AMENDED AND ASCE 7-98 FOR WIND LOAD ON THE ATTACHED TABLES.</p> <p>2) ALL SCREEN ENCLOSURES GREATER THAN 20'-0" MAX. HEIGHT OR GREATER THAN 40'-0" PROJECTION FROM THE HOST STRUCTURE (REGARDLESS OF DIRECTION OF BEAM SPAN) OR WITH A BEAM SPAN GREATER THAN 40'-0", WILL REQUIRE SITE SPECIFIC SIGNED AND SEALED ENGINEERING PLANS AND SIGNED AND SEALED LAYOUT DRAWINGS.</p> <p>3) STRUCTURAL DETAIL DRAWING SHALL RELATE TO 6063-T6, 6061-T5, OR 6061-T6 ALUMINUM EXTRUSIONS WITH AN ACTUAL WALL THICKNESS OF NOT LESS THAN 0.040.</p> <p>4) ALUMINUM SURFACES IN CONTACT WITH LIME-MORTAR, CONCRETE OR OTHER MASONRY MATERIALS, SHALL BE PROTECTED WITH ALKALI-RESISTANT COATINGS SUCH AS HEAVY-BODIED BITUMINOUS PAINT OR WATER - WHITE METHACRYLATE LACQUER.</p> <p>5) ALUMINUM IN CONTACT WITH WOOD OR OTHER ABSORBING MATERIALS WHICH MAY BECOME REPEATEDLY WET SHALL BE PAINTED WITH TWO COATS OF ALUMINUM METAL AND MASONRY PAINT, OR HEAVY-BODIED BITUMINOUS PAINT, OR THE WOOD OR ABSORBING MATERIAL SHALL BE PAINTED WITH TWO COATS OF ALUMINUM HOUSE PAINT AND THE JOINTS SEALED WITH HIGH QUALITY CAULKING COMPOUND.</p> <p>6) ALL FASTENERS WILL BE 24" C-C MAX. UNLESS OTHERWISE NOTED. SCREWS SHALL BE COATED WEATHER SEALED.</p> | <p>7) NO OPEN AREA BETWEEN ALUMINUM SHALL EXCEED 56 S.F.</p> <p>8) ALL SCREEN ENCLOSURE DOORS SHALL BE SELF LATCHING AND CLOSING AND MAY BE LOCATED INTO ANY SCREEN PANEL OPENING.</p> <p>9) DISTANCE BETWEEN PURLINS SHALL NOT EXCEED 84 INCHES CENTER TO CENTER.</p> <p>10) ALL PURLINS AND CHAIR RAILS WILL BE ATTACHED WITH MIN. OF 3 SCREWS INTO SCREW BOSS EACH SIDE. SEE SECTION 1.2.3 FOR PURLIN AND CHAIR RAIL SCHEDULE.</p> <p>11) ENCLOSURE MUST BE GROUNDED AND BONDED IN ACCORDANCE WITH N.E.C.</p> <p>12) NO UNAPPROVED APPENDICES OR ACCESSORIES MAY BE ATTACHED TO ANY ALUMINUM MEMBERS WITHOUT PRIOR WRITTEN APPROVAL OF THE ENGINEER.</p> <p>13) WHEN 6061-T5 OR 6061-T6 ALUMINUM ALLOY IS USED IN A STRUCTURE FOR UPRIGHTS, BEAMS, KNEE BRACES, WIND BRACES, AND K-BRACES, 6063-T6 ALUMINUM ALLOY MAY BE USED FOR PURLINS, CHAIR RAILS, TOP PLATES, AND BOTTOM PLATES.</p> <p>14) THIS IS AN OPEN ALUMINUM FRAMED STRUCTURE WITH SCREEN (MAX. MESH OF 20/20) ROOF AND WALLS. IT HAS AN IMPORTANCE FACTOR (I_w) OF 0.77. DESIGN LOADS ARE BASED ON TABLE 2002.4 OF 2001 FLORIDA BUILDING CODE FOR A MEAN HEIGHT UP TO 30 FT.</p> |
|---|--|

APPLIES

THIS PAGE CAN ONLY BE USED IF THE CONTRACTOR IS AUTHORIZED TO USE THE MASTER FILE MANUAL OR IF THE PAGE HAS AN ORIGINAL SIGNATURE AND SEAL.	FLILINE INC. 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792 TEL (407) 679-7500 FAX (407) 679-9188 E-MAIL	<p style="font-weight: bold; font-size: 1.2em;">MAR 24 2005</p> <p style="font-size: 0.8em;">GORDON H. SHEPARDSON P.E. FLORIDA P.E. 19333</p>
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FLILINE INC.

A civil engineering firm
 1025 South Semoran Boulevard
 Suite 1093
 Winter Park FL 32792
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 Fax (407) 679-9188

All screen enclosures greater than 20'0" max. height or greater than 40'0" projection from the host structure (regardless of direction of beam span) or with a beam span greater than 40'0", will require site specific engineering. The contractor is required to have the schematic layout drawing reviewed, signed, and sealed. The contractor is required to provide a minimum of two signed and sealed schematic layout drawings, index sheets and engineering sheets with his permit application.

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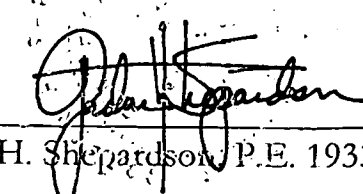
Aluminum Engineering Index Sheet

(A MINIMUM OF TWO SIGNED AND SEALED SETS OF ENGINEERING MUST BE SUBMITTED PER PERMIT APPLICATION)

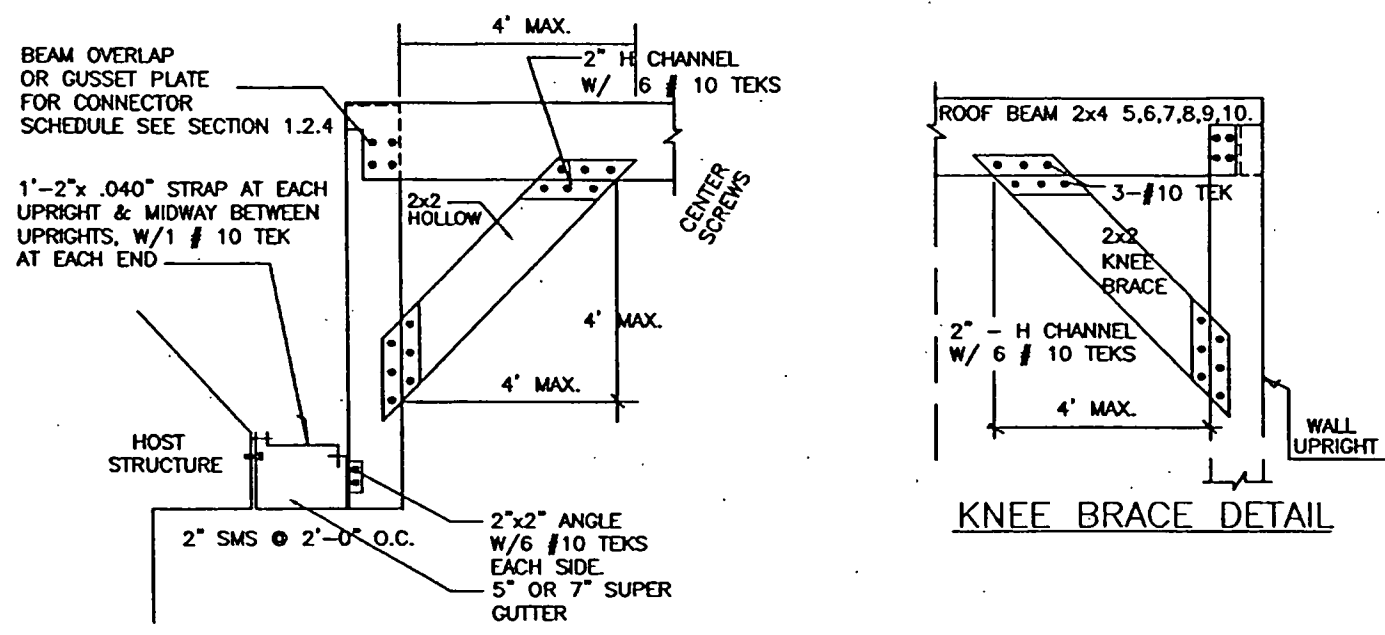
This index sheet authorizes the use of the attached sheets under my signature and seal. The specified sheets for the appropriate type of structure are the sheets that can apply. Typical and Detail sheets and tables indicated are suggested for the type of structure, but do not need to apply in total. The appropriate typical and detail sheets and tables shall be marked as they apply. The listed pages are the only pages that need to be attached per type of structure. This index sheet can only be used for the project referenced below. We require a minimum of TWO ORIGINAL SIGNED AND SEALED INDEX SHEETS AND ENGINEERING SHEET SETS to be submitted with application for issuance of a permit. Any signs of alteration shall void this authorization. Unauthorized typical and detail sheets or span tables cannot be used in conjunction with our engineering designs.

CONTRACTOR:		JOB REFERENCE:	
Company Name:	Address:	Owner Name:	Address:
Phone number:	Member ID Number:	Legal Description:	

Dome Screen enclosure	Massachusetts Screen enclosure	Splice gable & No splice gable. Screen enclosure	Flat Screen enclosure	Composite roof with Screen enclosure	Pan roof with Screen enclosure
1.1.1	1.1.2	1.1.3	1.1.4	2.2.1	3.2.1
1.2.1	1.2.1	1.2.1	1.2.1	2.2.2	3.2.2
1.2.2	1.2.2	1.2.2	1.2.2	2.2.3	3.2.3
1.2.3	1.2.3	1.2.3	1.2.3	1.2.10	1.2.10
1.2.4	1.2.4	1.2.4	1.2.4	1.2.11	1.2.11
1.2.5	1.2.5	1.2.5	1.2.5		
1.2.6	1.2.6	1.2.6	1.2.6		
1.2.7	1.2.7	1.2.7	1.2.7		
1.2.10	1.2.9	1.2.8	1.2.10		
1.2.11	1.2.10	1.2.10	1.2.11		
	1.2.11	1.2.11			
Exposure B tables	Exposure B tables	Exposure B tables	Exposure B tables	Exposure B tables	Exposure B tables
100mph/1.3.2.100B	100mph/1.3.2.100B	100mph/1.3.2.100B	100mph/1.3.2.100B	2.3.1	3.3.1
110mph/1.3.2.110B	110mph/1.3.2.110B	110mph/1.3.2.110B	110mph/1.3.2.110B		
120mph/1.3.2.120B	120mph/1.3.2.120B	120mph/1.3.2.120B	120mph/1.3.2.120B		
130mph/1.3.2.130B	130mph/1.3.2.130B	130mph/1.3.2.130B	130mph/1.3.2.130B		
140mph/1.3.2.140B	140mph/1.3.2.140B	140mph/1.3.2.140B	140mph/1.3.2.140B		
150mph/1.3.2.150B	150mph/1.3.2.150B	150mph/1.3.2.150B	150mph/1.3.2.150B		
Exposure C tables	Exposure C tables	Exposure C tables	Exposure C tables	Exposure C tables	Exposure C tables
100mph/1.3.2.100C	100mph/1.3.2.100C	100mph/1.3.2.100C	100mph/1.3.2.100C	2.3.1	3.3.1
110mph/1.3.2.110C	110mph/1.3.2.110C	110mph/1.3.2.110C	110mph/1.3.2.110C		
120mph/1.3.2.120C	120mph/1.3.2.120C	120mph/1.3.2.120C	120mph/1.3.2.120C		
130mph/1.3.2.130C	130mph/1.3.2.130C	130mph/1.3.2.130C	130mph/1.3.2.130C		
140mph/1.3.2.140C	140mph/1.3.2.140C	140mph/1.3.2.140C	140mph/1.3.2.140C		
150mph/1.3.2.150C	150mph/1.3.2.150C	150mph/1.3.2.150C	150mph/1.3.2.150C		

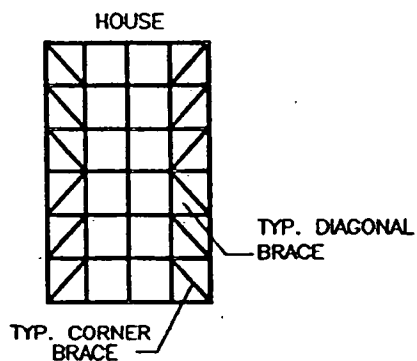
Date: MAR 24 2005

 Gordon H. Shepardson, P.E. 19333

SECTION 1.2.3 DETAILS SCREEN ENCLOSURES REVISIONS 02/15/05



STRUCTURAL GUTTER & KNEE BRACE DETAIL

APPLIES



ROOF WIND BRACE, PURLIN & CHAIR RAIL SIZING					
ROOF BEAM	PURLIN	WIND BRACE		WALL UPRIGHT	CHAIR RAIL
2x7 OR LESS	2x2	2x2		2x7 OR LESS	2x2
2x8	2x3	2x3		2x8	2x3
2x9	2x3	2x3		2x9	2x3
2x10	2x4	2x4		2x10	2x4

NOTE: WIND BRACING SHALL NOT BE REQUIRED WHERE BEAMS AND PURLINS ARE Laterally supported by connection to host structure.

NOTE: WIND BRACING ATTACHMENT TO BE WITH GUSSET PLATE, H CHANNEL OR RECEIVING CHANNEL. NO TOE NAILING IS ALLOWED

PLAN VIEW (N.T.S.)

ROOF WIND BRACING, PURLIN & CHAIR RAIL DETAIL

APPLIES

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FLORIDA P.E. 18333

SECTION 1.2.4 DETAILS SCREEN ENCLOSURES REVISIONS 02/15/05

		BEAMS						
		2x4	2x5	2x6	2x7	2x8	2x9	2x10
UPRIGHT	2x4	8	10	10	14	X	X	X
	2x5	10	10	14	16	16	X	X
	2x6	10	14	16	16	18	18	X
	2x7	14	16	16	18	18	20	X
	2x8	16	16	18	18	20	22	22
	2x9	16	18	18	20	22	22	24
	2x10	18	18	20	22	22	24	24

NOTE: SCREW PATTERN-1" CLEARANCE ON ALL 4 SIDES OF THE GUSSET PLATE OR BEAM OVERLAP. SCREWS ARE TO BE EQUALLY SPACED FROM TOP TO BOTTOM AND SIDE-TO-SIDE. SCREWS MUST BE WEATHER SEALED.

NOTE: GUSSET PLATE THICKNESS WILL BE EQUAL TO OR LARGER THAN LARGEST BEAM OR UPRIGHT USED.

#10 TEK SCREWS EACH SIDE OF BEAM X- NO CONNECTION ALLOWED

#14 TEK SCREWS EACH SIDE OF BEAM X- NO CONNECTION ALLOWED

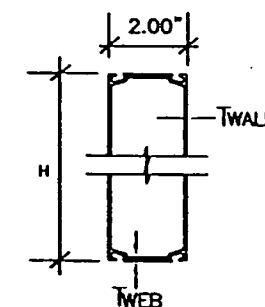
HOMEOWNER MAINTENANCE RESPONSIBILITY: FASTENERS SHOULD BE CHECKED PERIODICALLY FOR DETERIORATION. IF DETERIORATION IS DETECTED CONTACT A QUALIFIED SERVICE COMPANY.

BEAM OVERLAP OR GUSSET PLATE CONNECTION

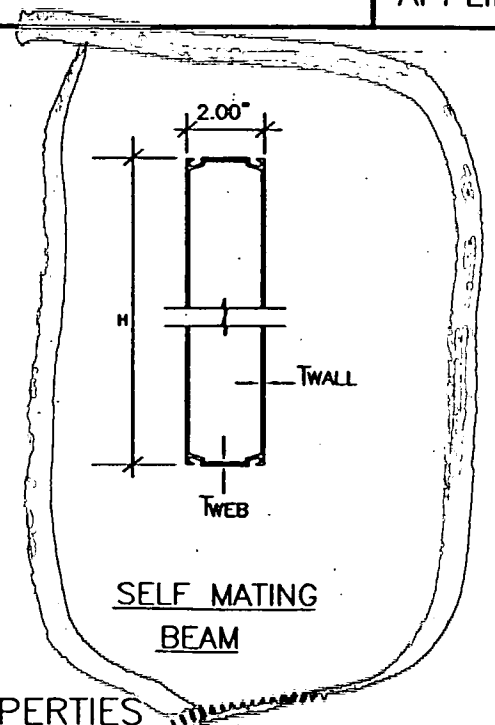
APPLIES

ALUMINUM PHYSICAL PROPERTIES			
2xH	TWALL	TWEB	SECTION MODULUS (IN ³)
2x4	0.046	0.100	0.935
2x5	0.050	0.116	1.380
2x6	0.050	0.120	1.920
2x7	0.055	0.220	2.375
2x8	0.072	0.224	4.080
2x9	0.082	0.306	5.910
2x10	0.092	0.389	8.531

HOLLOW BEAM TABLE



SNAP EXTRUSION



SELF MATING BEAM

ALUMINUM PHYSICAL PROPERTIES

APPLIES

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MAR 24 2005
GORDON H SHEPARDSON P.E.
FLORIDA P.E. 18333

SECTION 1.2.1 DETAILS SCREEN ENCLOSURES REVISIONS 02/15/05

FRONT WALL--1/8" STAINLESS STEEL CABLE
2 CABLE FOR EVERY 200 SQ. FT.

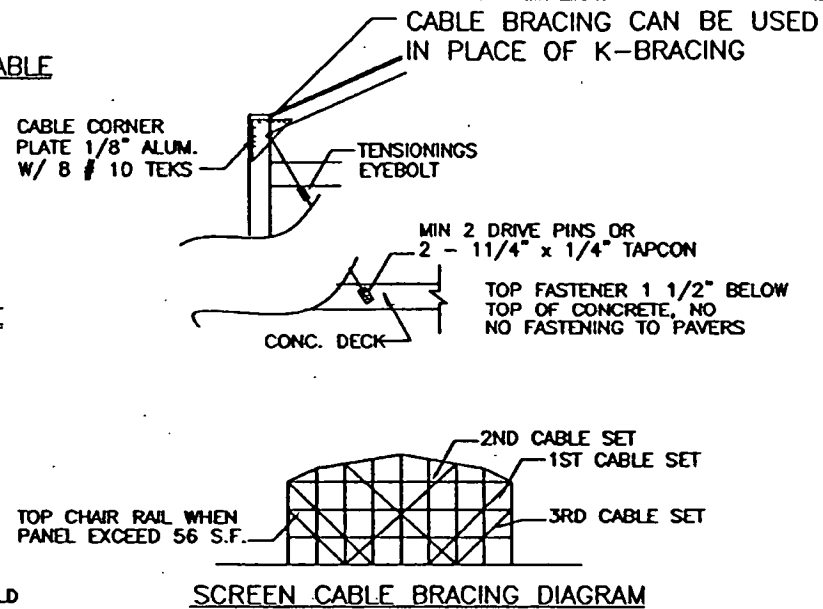
NOTE: ALL WALLS OVER 15" HIGH MUST HAVE 1/2 OR MORE OF THE CABLES AT THE TOP OF THE WALL ABOVE THE TOP CHAIR RAIL.

SIDE WALL--1/8" STAINLESS STEEL CABLE

UP TO 200 SQ. FT. OF WALL: NO CABLE NEEDED
OVER 200 SQ. FT.: 1 CABLE PER EVERY 200 SQ. FT.

NOTE: ALL WALLS OVER 15" HIGH MUST HAVE 1/2 OR MORE OF THE CABLES AT THE TOP OF THE WALL ABOVE THE TOP CHAIR RAIL.

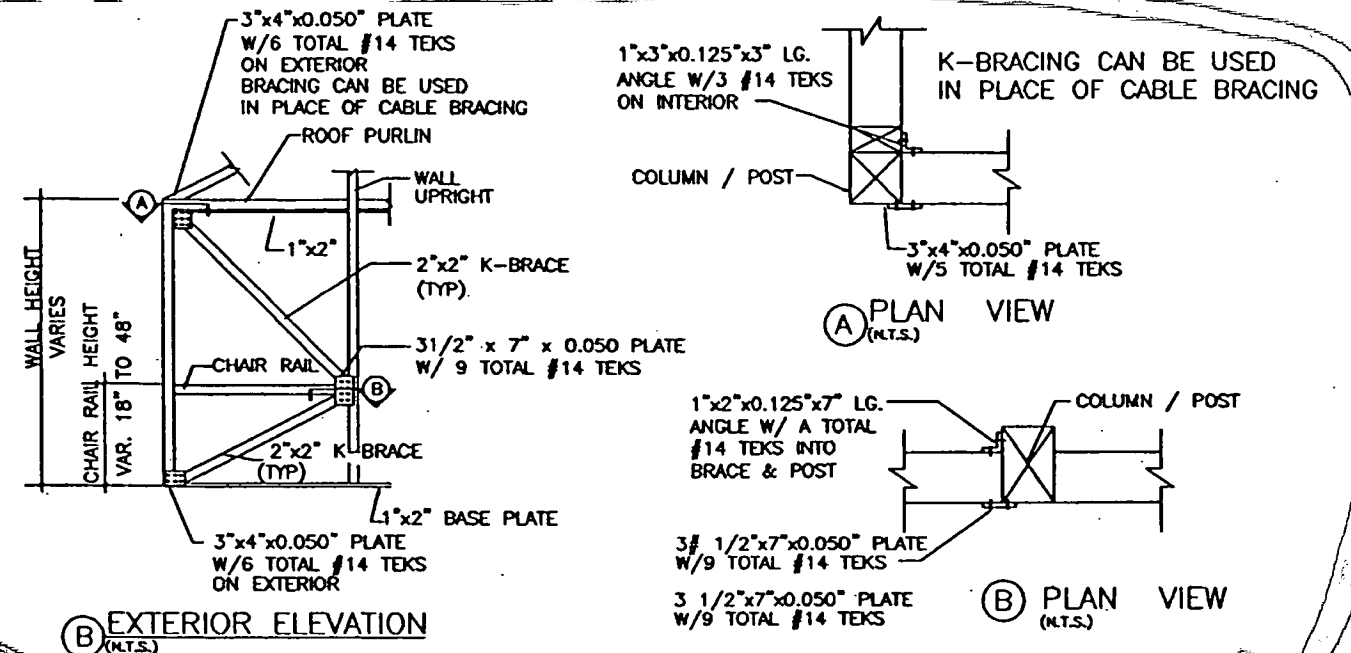
HOMEOWNER MAINTENANCE RESPONSIBILITY:
CABLE MUST REMAIN TIGHT AT ALL TIMES. CABLE SHOULD BE TIGHTENED PERIODICALLY TO REMOVE SLACK. TO AVOID DAMAGE CONTACT A QUALIFIED SERVICE COMPANY.



CABLE SCHEDULE FOR SCREEN ENCLOSURE

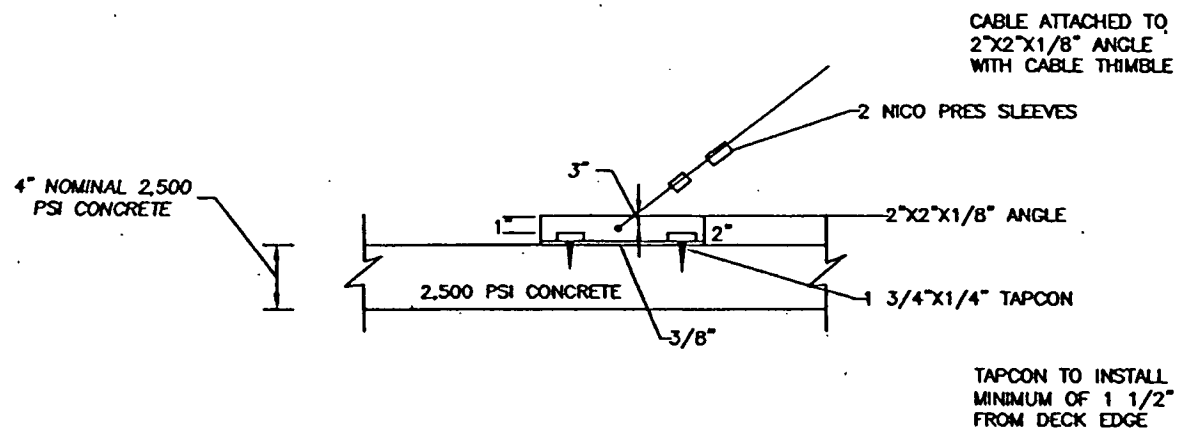
APPLIES

SECTION 1.2.2 DETAILS SCREEN ENCLOSURES REVISIONS 02/15/05



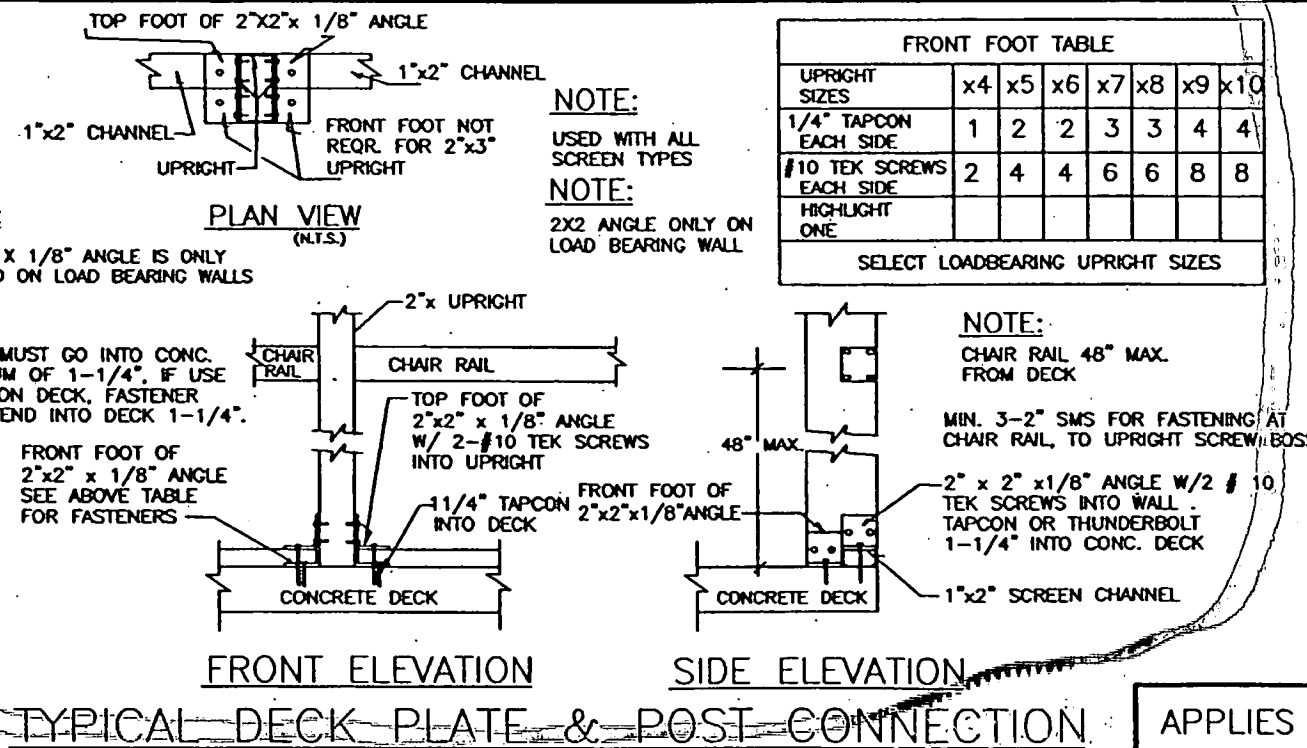
K-BRACING DETAIL

APPLIES



CABLE BRACE MOUNTED ON TOP OF CONCRETE DECK

APPLIES



TYPICAL DECK PLATE & POST CONNECTION

APPLIES

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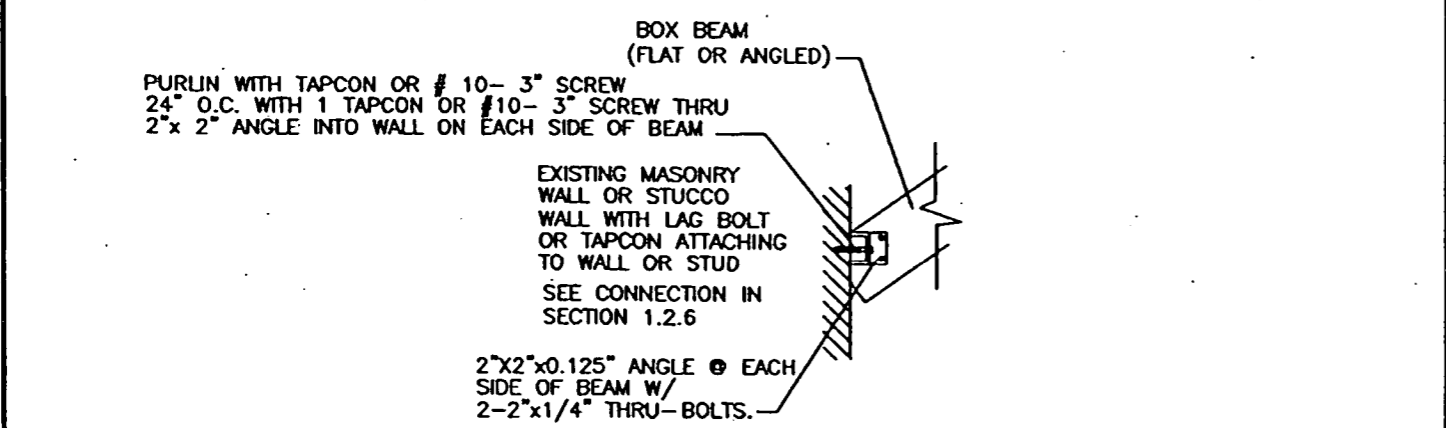
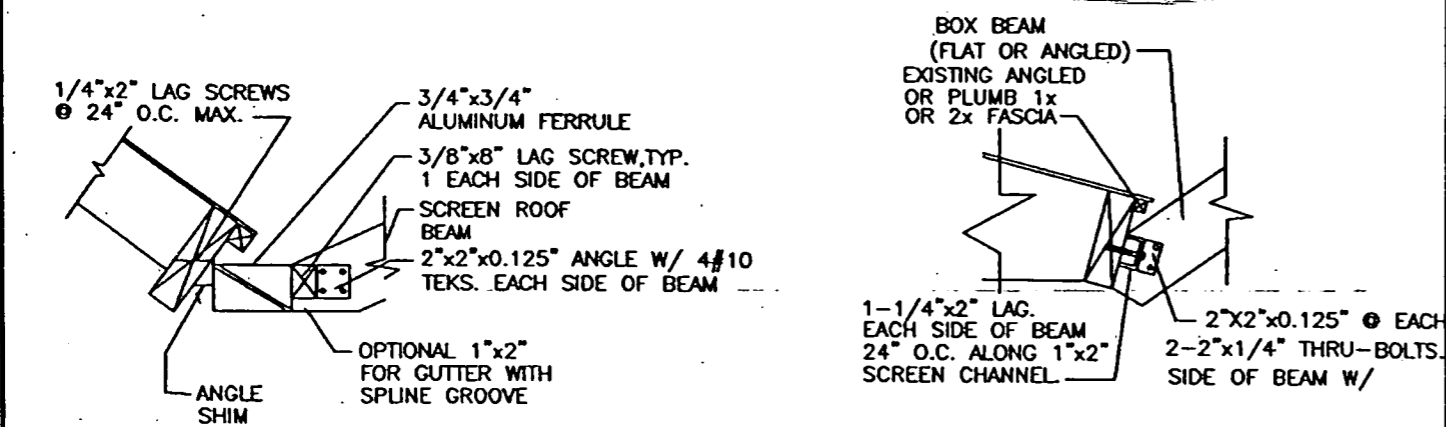
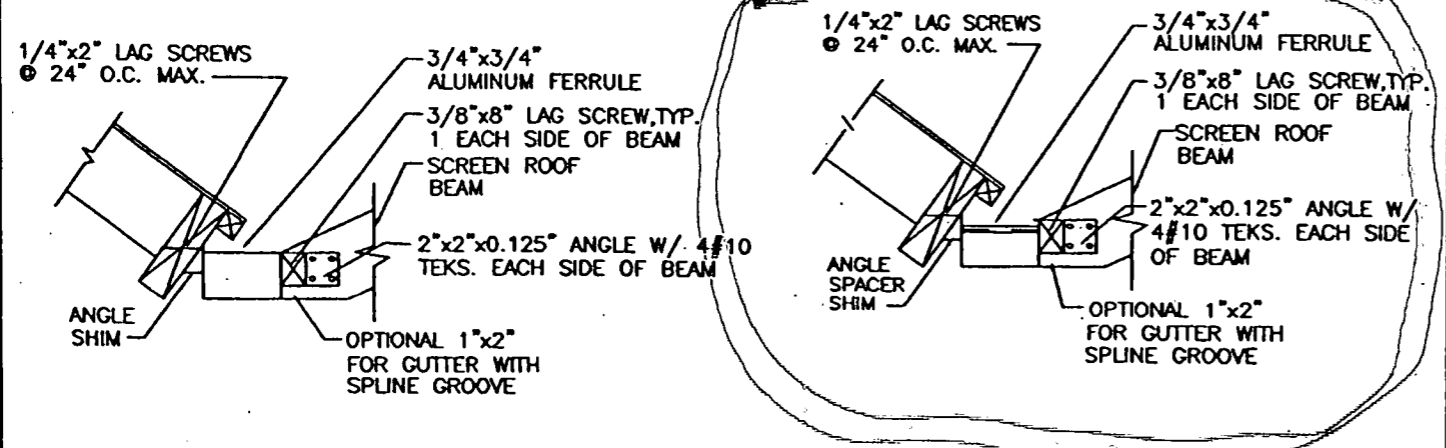
MAR 24 2005
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FLORIDA P.E. 10333

SECTION 1.2.5

DETAILS

SCREEN ENCLOSURES

REVISIONS
02/15/05



BEAM TO STRUCTURAL GUTTER DETAILS & TO FASCIA / WALL

APPLIES

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FLORIDA P.E. 19333

SECTION 1.2.6

DETAILS

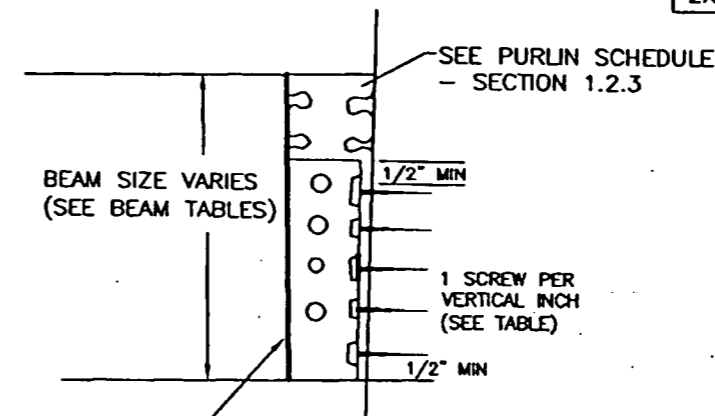
SCREEN ENCLOSURES

REVISIONS
02/15/05

CONNECTION OF PURLIN & ANGLE TO BEAM & HOST STRUCTURE

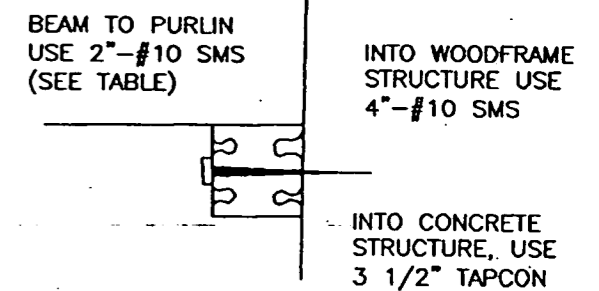
BEAM	PURLIN CONNECTION TO BEAM	ANGLE TO BEAM AND TO HOST STRUCTURE
2X4	3	2
2X5	3	3
2X6	3	4
2X7	3	5
2X8	3	6
2X9	4	7
2X10	4	8

PURLIN CONNECTION TO HOST STRUCTURE TO BE MAXIMUM OF 16" FROM BEAM AND EACH 16" THEREAFTER

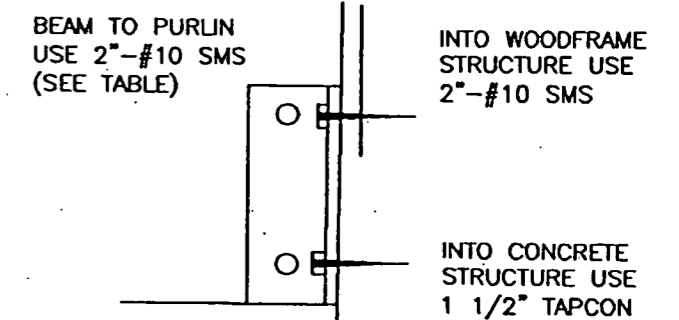


USE 2" X 2" X 0.125" SUPPORT ANGLE (EACH SIDE)

BEAM CONNECTION



PURLIN CONNECTIONS



ANGLE CONNECTION

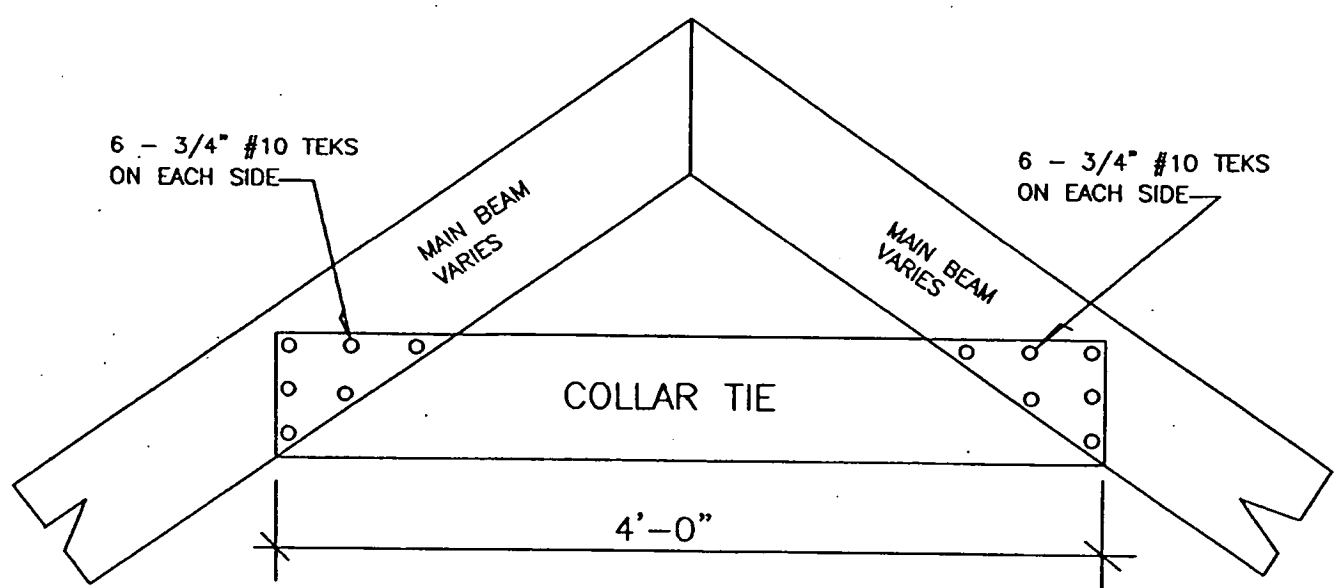
CONNECTION OF BEAM DIRECTLY TO HOST STRUCTURE

APPLIES

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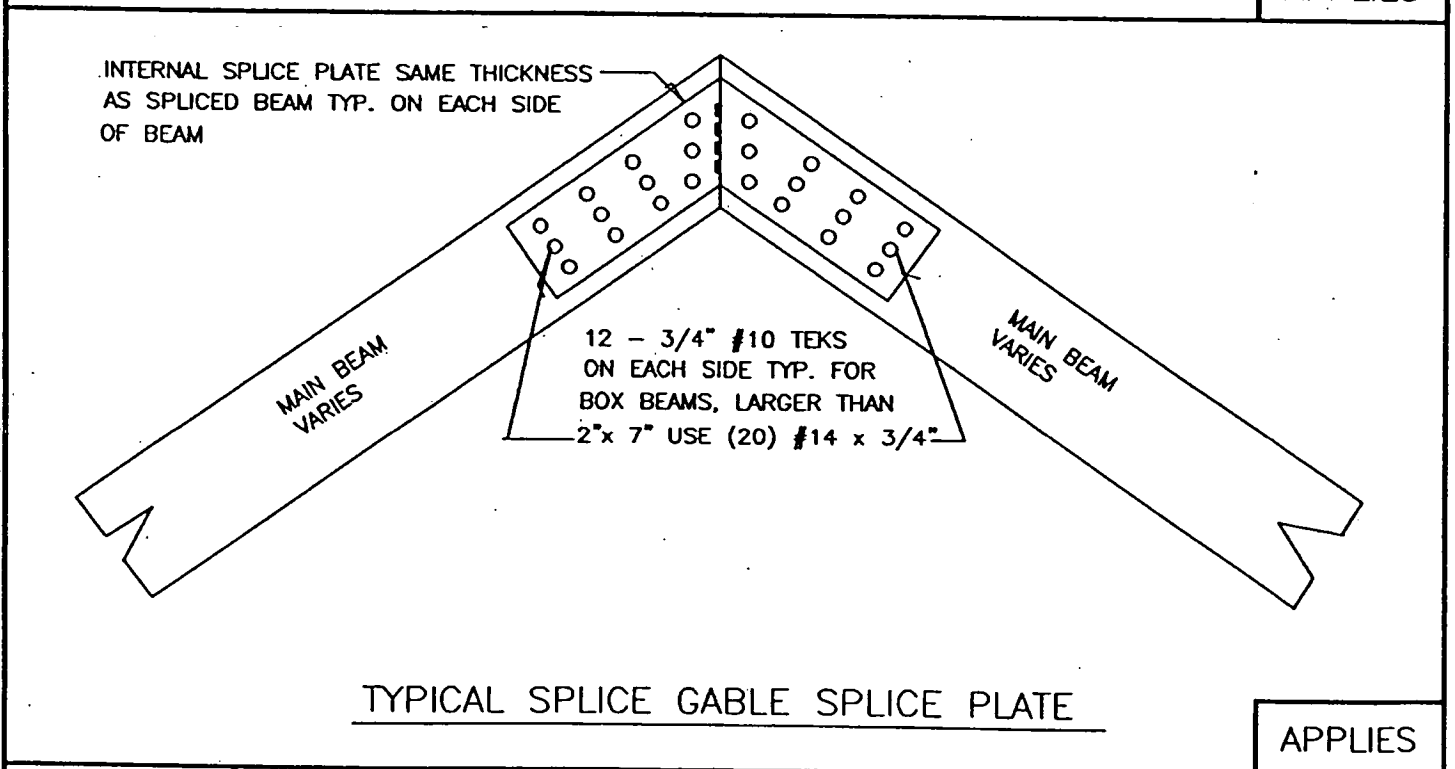
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TYPICAL SPLICE GABLE COLLAR TIE

APPLIES



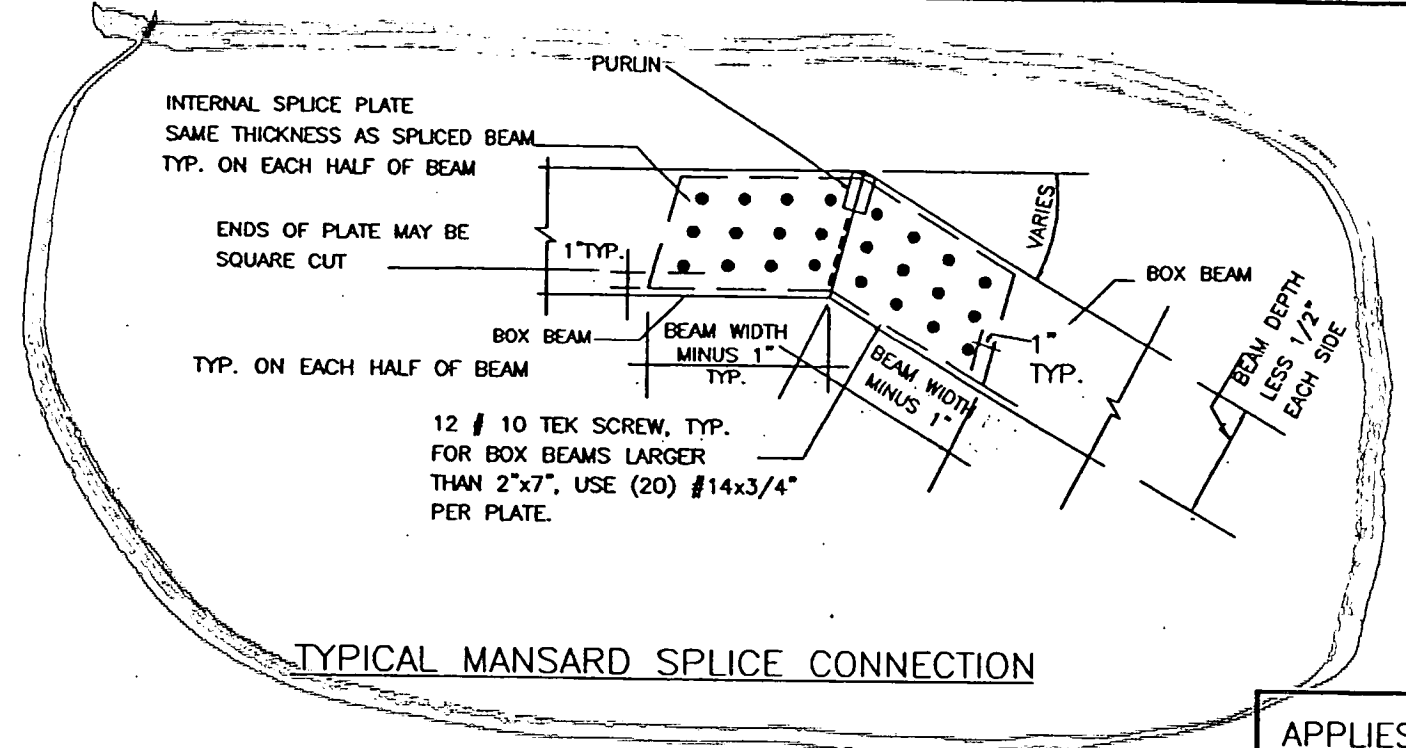
TYPICAL SPLICE GABLE SPLICE PLATE

APPLIES

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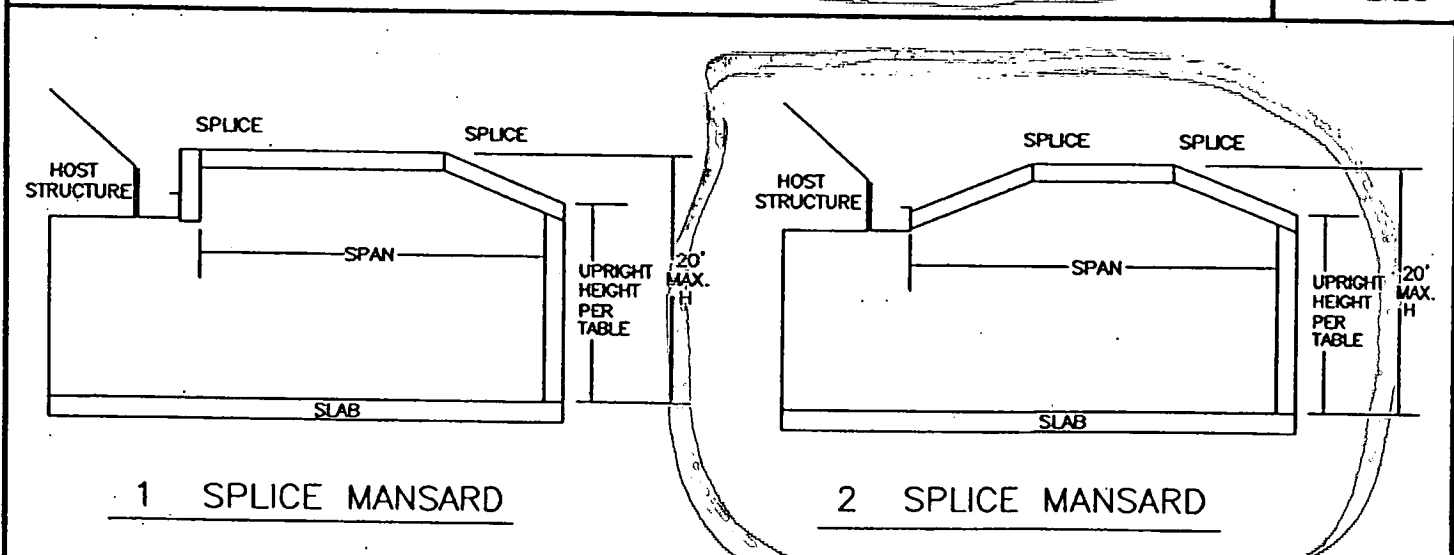
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TYPICAL MANSARD SPLICE CONNECTION

APPLIES



1 SPLICE MANSARD

2 SPLICE MANSARD

*one splice mansard-up to 4 ft on the horizontal-may-be-added-to-the roof beam span when using a knee brace on the non-splice side.

MANSARD SPAN DETAIL

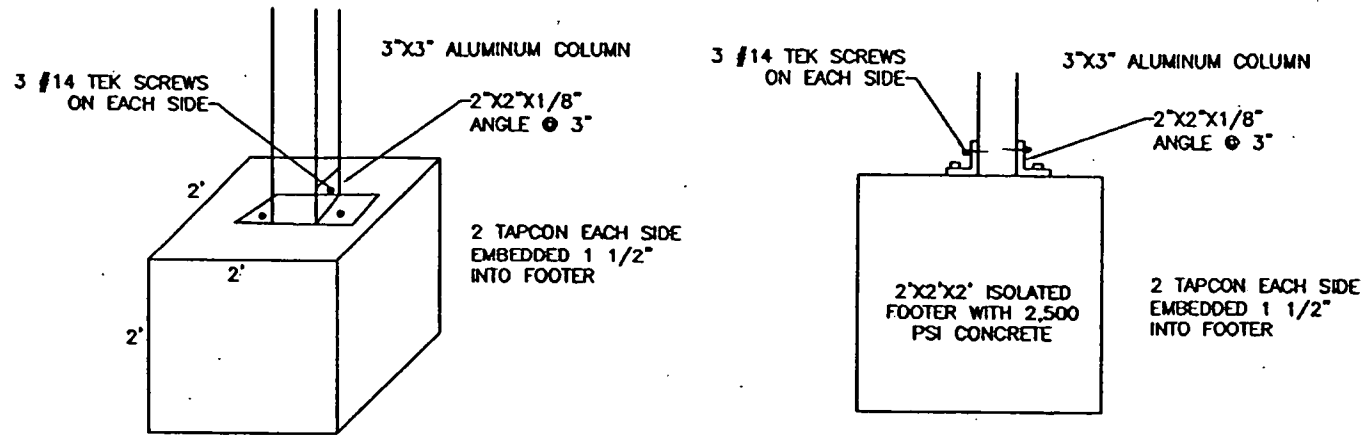
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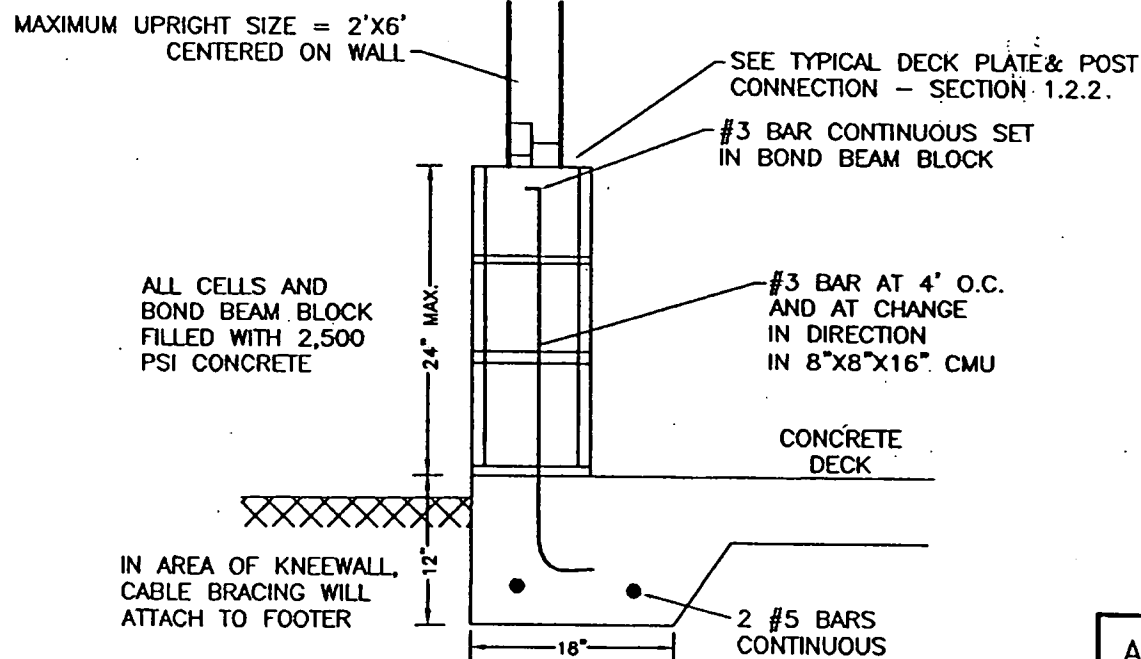
SECTION 1.2.11 DETAILS SCREEN ENCLOSURES REVISIONS 02/15/05



ISOLATED FOOTER FOR SOLID ROOF POSTS

APPLIES

SCREEN ENCLOSURE WITH KNEEWALL



APPLIES

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BEAM SPAN AND UPRIGHT HEIGHT TABLES

SECTION 1.3.2.130 B	SPAN TABLES	SCREEN ENCLOSURES	6063-T6 ALLOY 6061-T5 ALLOY 6061-T6 ALLOY 130MPH EXPOSURE B
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ALUMINUM ALLOY : 6063-T6, 6061-T5, & 6061-T6 WIND ZONE: 130MPH EXPOSURE B

ALL ROOF STYLES

MAX. SPANS FOR ROOF BEAMS FOR SCREEN ROOF/POOL ENCLOSURES UP TO 150 MPH WIND LOAD ALL WIND SPEEDS PRESSURE 10 PSF							MAX. SPANS FOR WALL UPRIGHTS FOR SCREEN ROOF/POOL ENCLOSURES						
ROOF BEAM SPANS							WALL UPRIGHT HEIGHTS						
Interpolation between spans is permitted.							Interpolation between spans is permitted.						
SPANS	ROOF SPACING (number of feet)						HEIGHTS	UPRIGHT SPACING (number of feet)					
	4'	5'	6'	7'	8'	9'		4'	5'	6'	7'	8'	9'
2 X 4 - 0 KNEES	16'0	14'10	14'0	13'3	12'9	12'3	2 X 4 - 0 KNEES	13'9	12'9	12'0	11'5	10'11	10'6
2 X 4 - 1 KNEE	20'0	18'10	18'0	17'3	16'9	16'3	2 X 4 - 1 KNEE	17'9	16'9	16'0	15'5	14'11	14'6
2 X 4 - 2 KNEES	24'0	22'10	22'0	21'3	20'9	20'3							
2 X 5 - 0 KNEES	19'6	18'2	17'2	16'3	15'7	15'0	2 X 5 - 0 KNEES	16'10	15'8	14'9	13'5	12'7	12'0
2 X 5 - 1 KNEE	23'6	22'2	21'2	20'3	19'7	19'0	2 X 5 - 1 KNEE	20'1	19'8	18'9	17'5	16'7	16'0
2 X 5 - 2 KNEES	27'6	26'2	25'2	24'3	23'7	23'0							
2 X 6 - 0 KNEES	23'2	21'6	20'4	19'4	18'2	17'0	2 X 6 - 0 KNEES	20'0	18'7	16'6	15'9	14'9	13'10
2 X 6 - 1 KNEE	27'2	25'6	24'4	23'4	22'2	21'0	2 X 6 - 1 KNEE	24'0	22'7	20'6	19'9	18'9	17'10
2 X 6 - 2 KNEES	31'2	29'6	28'4	27'4	26'2	25'0							
2 X 7 - 0 KNEES	26'2	24'4	22'9	21'9	20'0	19'1	2 X 7 - 0 KNEES	22'7	20'7	22'9	17'8	16'7	15'10
2 X 7 - 1 KNEE	30'2	28'4	26'9	25'9	24'0	23'1	2 X 7 - 1 KNEE	26'7	24'7	26'9	21'8	20'7	19'10
2 X 7 - 2 KNEES	34'2	32'4	30'9	29'9	28'0	27'1							
2 X 8 - 0 KNEES	32'6	30'4	28'7	27'2	25'10	24'3	2 X 8 - 0 KNEES	28'3	26'3	24'3	22'9	21'4	20'3
2 X 8 - 1 KNEE	36'6	34'4	32'7	31'2	29'10	28'3	2 X 8 - 1 KNEE	32'3	30'3	27'3	26'9	25'4	24'3
2 X 8 - 2 KNEES	40'6	38'4	36'7	35'2	33'10	32'3							
2 X 9 - 0 KNEES	35'9	33'4	31'5	29'11	28'1	26'6	2 X 9 - 0 KNEES	30'6	28'10	26'4	24'6	23'0	21'10
2 X 9 - 1 KNEE	39'9	37'4	35'5	33'11	32'1	30'6	2 X 9 - 1 KNEE	34'6	32'10	30'4	28'6	27'0	25'10
2 X 9 - 2 KNEES	43'9	41'4	39'5	37'11	36'1	34'6							
2 X 10 - 0 KNEES	44'4	41'4	39'1	37'3	35'8	34'4	2 X 10 - 0 KNEES	35'9	34'6	32'4	31'7	30'7	29'9
2 X 10 - 1 KNEE	48'4	45'4	43'1	41'3	39'8	38'4	2 X 10 - 1 KNEE	39'9	38'6	36'4	35'7	34'7	33'9
2 X 10 - 2 KNEES	52'4	49'4	47'1	45'3	43'8	42'4							

NOTE 1: Roof spans using knee braces are figured for knee braces of 4ft on the horizontal. The difference in the knee brace length of less than or greater than 4ft on the horizontal will be deducted from or added to the span.

NOTE 2: Wall spans using knee braces are figured for knee braces of 4ft on the vertical. The difference in the knee brace length of less than or greater than 4ft on the vertical will be deducted from or added to the span.

NOTE 3: Spans and heights using knee braces are used only for dome, flat, and no splice gable roof styles.

NOTE 4: When using spans or heights in bold bordered areas - site specific sealed engineering and layout drawings are required when enclosure is 40ft or greater in distance from host structure (regardless of which direction beams span) and/or upright height is 20ft or greater.

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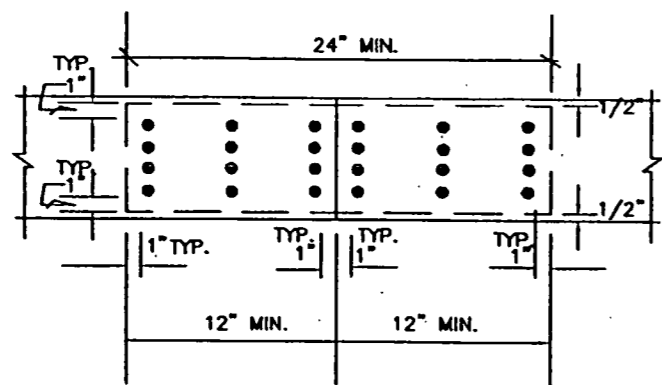
MAR 24 2005

Gordon H. Shepardson, P.E.
Florida P.E. 19333

SECTION 1.2.7	DETAILS	SCREEN ENCLOSURES	REVISIONS 02/15/05
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SPLICE PLATE SHALL BE MIN. 24 INCHES LONG, 1 INCH LESS HEIGHT THAN THE BEAM THE SAME THICKNESS AS THE SPLICE BEAM, AND LOCATED NO GREATER THAN 1/3 THE BEAM LENGTH FROM THE END AND LOCATED ON OPPOSITE ENDS OF THE MATED BEAM

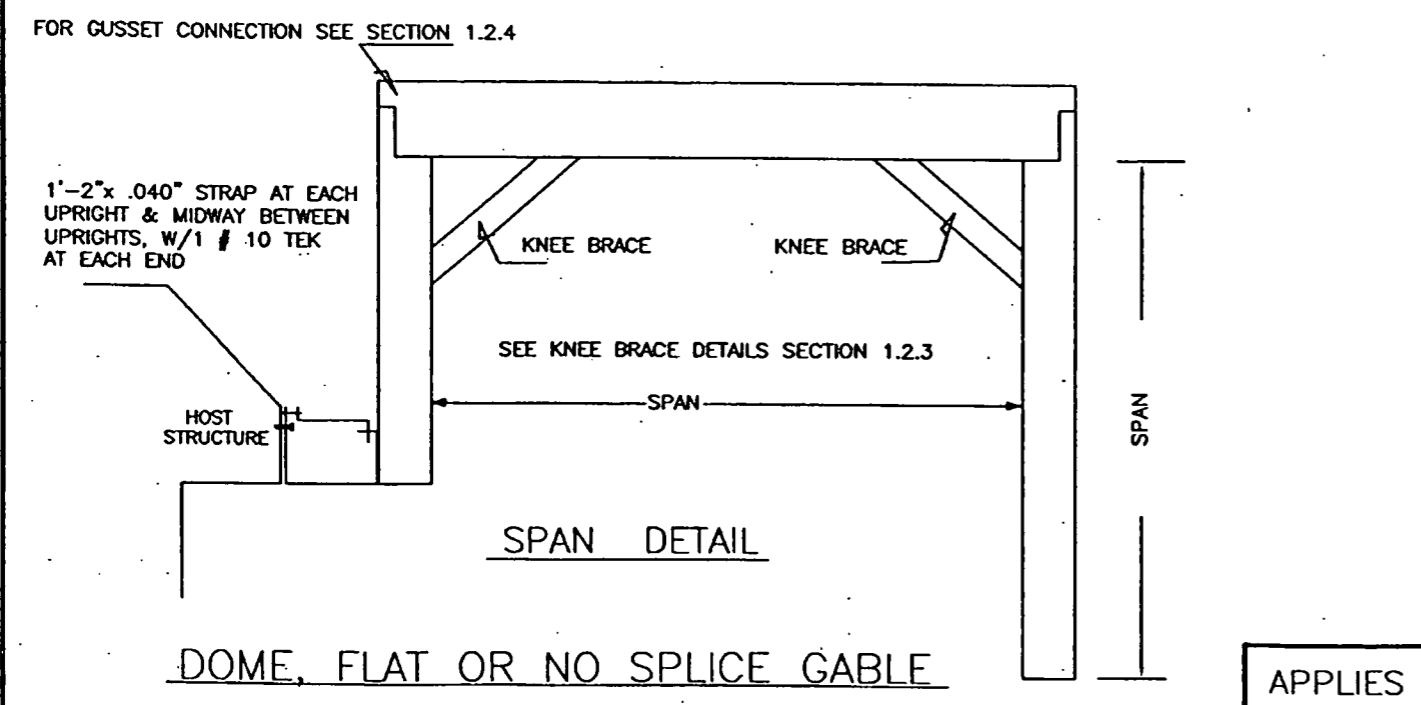
MINIMUM 12-# 10 TEK SCREWS ON EACH SIDE OF THE CUT EVENLY SPACED WITH 1 INCH CLEARANCE AT THE CUT AND ALL SIDES OF THE INTERNAL SPLICE PLATE.



SPLICE FOR BEAM SHALL BE ON OPPOSITE ENDS OF THE MATED BEAM.

BEAM SPLICE

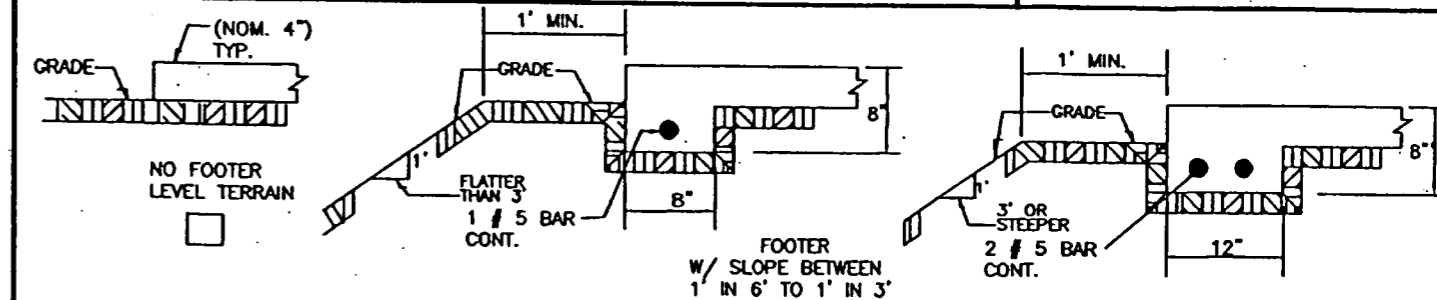
APPLIES



APPLIES

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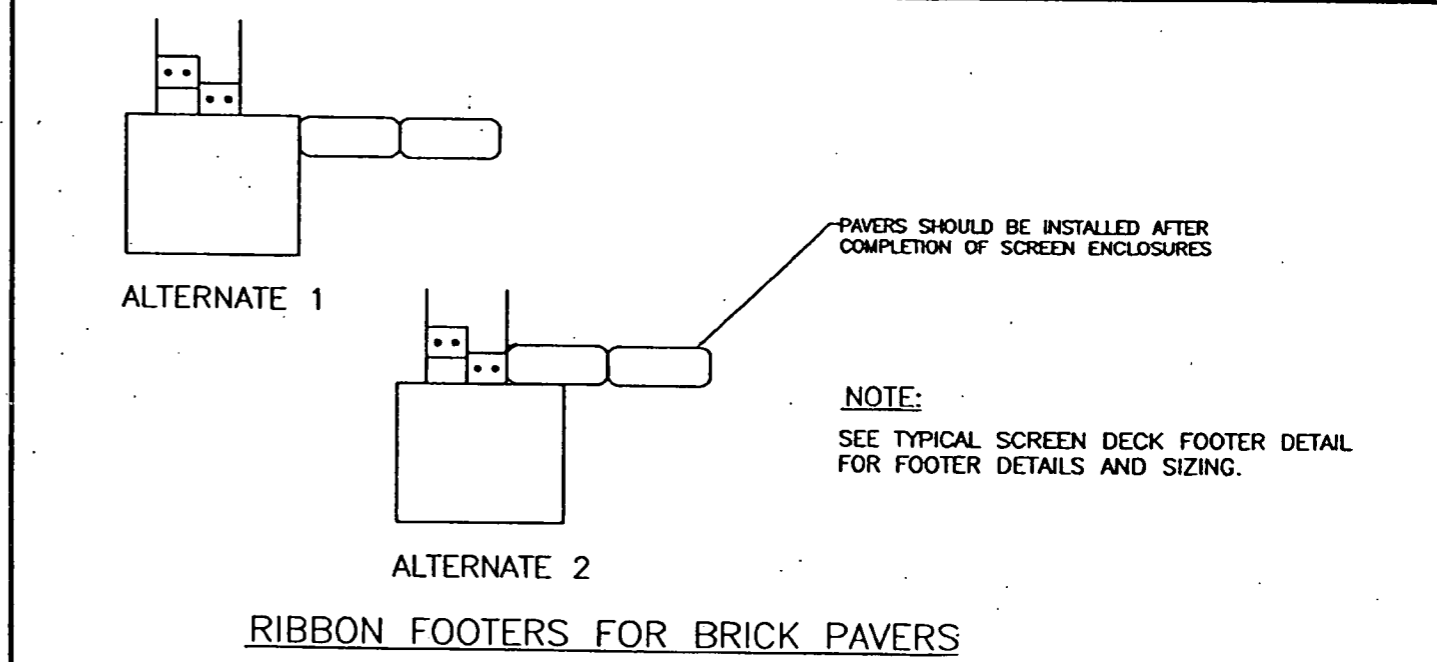
SECTION 1.2.10	DETAILS	SCREEN ENCLOSURES	REVISIONS 02/15/05
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- RIBBON FOOTER—WHERE FOOTER IS NOT CONNECTED TO DECK:**
- USE 8"x8" CONCRETE RIBBON FOOTER W/ 1#5 REBAR CONTINUOUS TO SUPPORT UP TO 2" X 6" UPRIGHT
 - USE 8"x 12" CONCRETE RIBBON FOOTER W/ 2 # 5 REBARS CONTINUOUS TO SUPPORT UPRIGHTS LARGER THAN 2" x 6"
- 1) FOOTER SHALL BEAR ON ROCK, CLEAN SAND, OR STRUCTURALLY SOUND SOIL (>1500 PSI:) THAT SHALL BE COMPACTED TO PROVIDE OPTIMUM BEARING CAPACITY TO PREVENT SETTLING.
 - 2) CONCRETE SHALL HAVE A 28 DAY STRENGTH OF 2,500 PSI W/ FIBER MESH OR 6x6-10x10 W W MESH.
 - 3) 3 - #3 BARS IS EQUIVALENT TO 1 #5 BARS.

TYPICAL SCREEN DECK FOOTER DETAIL


APPLIES



APPLIES

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**REPAIR WORK FOR
HURRICANE DAMAGE**

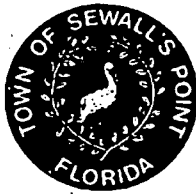
FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 8/1/05

BUILDING OFFICIAL
Gene Simmons

BEAM SPAN AND UPRIGHT HEIGHT TABLES

SECTION 1.3.2.140 B	SPAN TABLES	SCREEN ENCLOSURES	6063-T6 ALLOY 140MPH EXPOSURE B
ALUMINUM ALLOY : 6063-T6, 6061-T5, & 6061-T6 WIND ZONE: 140MPH EXPOSURE B			
ALL ROOF STYLES			
MAX. SPANS FOR ROOF BEAMS FOR SCREEN ROOF/POOL ENCLOSURES UP TO 150 MPH WIND LOAD ALL WIND SPEEDS PRESSURE 10 PSF		MAX. SPANS FOR WALL UPRIGHTS FOR SCREEN ROOF/POOL ENCLOSURES	
ROOF BEAM SPANS Interpolation between spans is permitted.		WALL UPRIGHT HEIGHTS Interpolation between spans is permitted.	
ROOF SPACING (number of feet)		UPRIGHT SPACING (number of feet)	
4' 5' 6' 7' 8' 9'		4' 5' 6' 7' 8' 9'	
SPANS		HEIGHTS	
2 X 4 - 0 KNEES	16'0 14'10 14'0 13'3 12'9 12'3	2 X 4 - 0 KNEES	13'2 12'3 11'6 11'0 9'9 9'4
2 X 4 - 1 KNEE	20'0 18'10 18'0 17'3 16'9 16'3	2 X 4 - 1 KNEE	17'2 16'3 15'6 15'0 13'9 13'4
2 X 4 - 2 KNEES	24'0 22'10 22'0 21'3 20'9 20'3		
2 X 5 - 0 KNEES	19'6 18'2 17'2 16'3 15'7 15'0	2 X 5 - 0 KNEES	16'3 15'1 14'2 13'0 12'2 11'6
2 X 5 - 1 KNEE	23'6 22'2 21'2 20'3 19'7 19'0	2 X 5 - 1 KNEE	20'3 19'1 18'2 17'0 16'2 15'6
2 X 5 - 2 KNEES	27'6 26'2 25'2 24'3 23'7 23'0		
2 X 6 - 0 KNEES	23'2 21'6 20'4 19'4 18'2 17'0	2 X 6 - 0 KNEES	19'3 17'10 16'1 15'2 14'2 13'4
2 X 6 - 1 KNEE	27'2 25'6 24'4 23'4 22'2 21'0	2 X 6 - 1 KNEE	23'3 21'10 20'1 19'2 18'2 17'4
2 X 6 - 2 KNEES	31'2 29'6 28'4 27'4 26'2 25'0		
2 X 7 - 0 KNEES	26'2 24'4 22'9 21'9 20'0 19'1	2 X 7 - 0 KNEES	21'9 19'9 18'5 16'11 16'0 15'3
2 X 7 - 1 KNEE	30'2 28'4 26'9 25'9 24'0 23'1	2 X 7 - 1 KNEE	25'9 23'9 22'5 20'11 20'0 19'3
2 X 7 - 2 KNEES	34'2 32'4 30'9 29'9 28'0 27'1		
2 X 8 - 0 KNEES	32'6 30'4 28'7 27'2 25'10 24'3	2 X 8 - 0 KNEES	27'2 25'3 23'3 21'11 20'6 19'6
2 X 8 - 1 KNEE	36'6 34'4 32'7 31'2 29'10 28'3	2 X 8 - 1 KNEE	31'2 29'3 27'3 25'11 24'6 23'6
2 X 8 - 2 KNEES	40'6 38'4 36'7 35'2 33'10 32'3		
2 X 9 - 0 KNEES	35'9 33'4 31'5 29'11 28'1 26'6	2 X 9 - 0 KNEES	29'11 27'9 25'4 23'7 22'1 21'1
2 X 9 - 1 KNEE	39'9 37'4 35'5 33'11 32'1 30'6	2 X 9 - 1 KNEE	33'11 31'9 29'4 27'7 26'1 25'1
2 X 9 - 2 KNEES	43'9 41'4 39'5 37'11 36'1 34'6		
2 X 10 - 0 KNEES	44'4 41'4 39'1 37'3 35'8 34'4	2 X 10 - 0 KNEES	35'9 33'1 31'9 30'9 29'9 28'7
2 X 10 - 1 KNEE	48'4 45'4 43'1 41'3 39'8 38'4	2 X 10 - 1 KNEE	39'9 37'1 35'9 34'9 33'9 32'7
2 X 10 - 2 KNEES	52'4 49'4 47'1 45'3 43'8 42'4		
Interpolation between spans is permitted.		Interpolation between spans is permitted.	
NOTE 1: Roof spans using knee braces are figured for knee braces of 4ft on the horizontal. The difference in the knee brace length of less than or greater than 4ft on the horizontal will be deducted from or added to the span.		NOTE 3: Spans and heights using knee braces are used only for dome, flat, and no splice gable roof styles.	
NOTE 2: Wall spans using knee braces are figured for knee braces of 4ft on the vertical. The difference in the knee brace length of less than or greater than 4ft on the vertical will be deducted from or added to the span.		NOTE 4: When using spans or heights in bold bordered areas - site specific sealed engineering and layout drawings are required when enclosure is 40ft or greater in distance from host structure (regardless of which direction beams span) and/or upright height is 20ft or greater.	
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BEAM SPAN AND UPRIGHT HEIGHT TABLES

SECTION 1.3.2.150 B	SPAN TABLES	SCREEN ENCLOSURES	6063-T6 ALLOY 6061-T5 ALLOY 6061-T6 ALLOY 150MPH EXPOSURE B
ALUMINUM ALLOY : 6063-T6, 6061-T5, & 6061-T6 WIND ZONE: 150MPH EXPOSURE B			
ALL ROOF STYLES			
MAX. SPANS FOR ROOF BEAMS FOR SCREEN ROOF/POOL ENCLOSURES UP TO 150 MPH WIND LOAD ALL WIND SPEEDS PRESSURE 10 PSF		MAX. SPANS FOR WALL UPRIGHTS FOR SCREEN ROOF/POOL ENCLOSURES	
ROOF BEAM SPANS Interpolation between spans is permitted.		WALL UPRIGHT HEIGHTS Interpolation between spans is permitted.	
ROOF SPACING (number of feet)		UPRIGHT SPACING (number of feet)	
4' 5' 6' 7' 8' 9'		4' 5' 6' 7' 8' 9'	
SPANS		HEIGHTS	
2 X 4 - 0 KNEES	16'0 14'10 14'0 13'3 12'9 12'3	2 X 4 - 0 KNEES	12'6 11'8 11'0 10'5 9'6 8'10
2 X 4 - 1 KNEE	20'0 18'10 18'0 17'3 16'9 16'3	2 X 4 - 1 KNEE	16'6 15'8 15'0 14'5 13'6 12'10
2 X 4 - 2 KNEES	24'0 22'10 22'0 21'3 20'9 20'3		
2 X 5 - 0 KNEES	19'6 18'2 17'2 16'3 15'7 15'0	2 X 5 - 0 KNEES	15'5 14'4 13'5 12'3 11'7 11'0
2 X 5 - 1 KNEE	23'6 22'2 21'2 20'3 19'7 19'0	2 X 5 - 1 KNEE	19'5 18'4 17'5 16'3 15'7 15'0
2 X 5 - 2 KNEES	27'6 26'2 25'2 24'3 23'7 23'0		
2 X 6 - 0 KNEES	23'2 21'6 20'4 19'4 18'2 17'0	2 X 6 - 0 KNEES	18'3 17'0 15'9 14'5 13'5 12'9
2 X 6 - 1 KNEE	27'2 25'6 24'4 23'4 22'2 21'0	2 X 6 - 1 KNEE	22'3 21'0 19'9 19'5 17'5 16'9
2 X 6 - 2 KNEES	31'2 29'6 28'4 27'4 26'2 25'0		
2 X 7 - 0 KNEES	26'2 24'4 22'9 21'9 20'0 19'1	2 X 7 - 0 KNEES	20'7 18'9 17'6 16'0 15'2 14'6
2 X 7 - 1 KNEE	30'2 28'4 26'9 25'9 24'0 23'1	2 X 7 - 1 KNEE	24'7 22'9 21'6 20'0 19'2 18'6
2 X 7 - 2 KNEES	34'2 32'4 30'9 29'9 28'0 27'1		
2 X 8 - 0 KNEES	32'6 30'4 28'7 27'2 25'10 24'3	2 X 8 - 0 KNEES	25'10 24'0 22'0 20'10 19'0 18'7
2 X 8 - 1 KNEE	36'6 34'4 32'7 31'2 29'10 28'3	2 X 8 - 1 KNEE	29'10 28'0 26'0 24'10 23'0 22'7
2 X 8 - 2 KNEES	40'6 38'4 36'7 35'2 33'10 32'3		
2 X 9 - 0 KNEES	35'9 33'4 31'5 29'11 28'1 26'6	2 X 9 - 0 KNEES	28'5 26'4 24'2 22'5 21'0 20'0
2 X 9 - 1 KNEE	39'9 37'4 35'5 33'11 32'1 30'6	2 X 9 - 1 KNEE	32'5 30'4 28'2 26'5 25'0 24'0
2 X 9 - 2 KNEES	43'9 41'4 39'5 37'11 36'1 34'6		
2 X 10 - 0 KNEES	44'4 41'4 39'1 37'3 35'8 34'4	2 X 10 - 0 KNEES	34'0 32'0 30'9 29'6 28'3 27'2
2 X 10 - 1 KNEE	48'4 45'4 43'1 41'3 39'8 38'4	2 X 10 - 1 KNEE	38'0 36'0 34'9 33'6 32'3 31'2
2 X 10 - 2 KNEES	52'4 49'4 47'1 45'3 43'8 42'4		
Interpolation between spans is permitted.		Interpolation between spans is permitted.	
NOTE 1: Roof spans using knee braces are figured for knee braces of 4ft on the horizontal. The difference in the knee brace length of less than or greater than 4ft on the horizontal will be deducted from or added to the span.		NOTE 3: Spans and heights using knee braces are used only for dome, flat, and no splice gable roof styles.	
NOTE 2: Wall spans using knee braces are figured for knee braces of 4ft on the vertical. The difference in the knee brace length of less than or greater than 4ft on the vertical will be deducted from or added to the span.		NOTE 4: When using spans or heights in bold bordered areas - site specific sealed engineering and layout drawings are required when enclosure is 40ft or greater in distance from host structure (regardless of which direction beams span) and/or upright height is 20ft or greater.	
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7465

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 10 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.

SCREEN FINAL

INSTALL BOND WIRE & ATTACH TO LUG ON PUMP.

TAPCONS AT COL. BASE ANGLES NEED TO PENETRATE INTO CONC. SLAB THROUGH BRICK PAVERS - 1/4 LENGTH AS SPECIFIED IS NOT LONG ENOUGH.

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

DATE: 7/13

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~THURSDAY~~ **7-13** Wed Fri, 2006 Page 1 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1415	Tabin...	Final	FAIL	
5	10 Mandalay Rd Pioneer Screen			INSPECTOR: <i>AM</i>
7338	McCormack	Plumb roughin	PASS	
16	59 N River Rd Pine Orchard			INSPECTOR: <i>AM</i>
Tree	Burkey	Tree		
18	15 Banyan Rd OB	POSTPONE 7/14		INSPECTOR:
8186	Kiplinger	Plumbing Elec	PASS	
2A	143 S River Driftwood	AC Framing	FAIL	INSPECTOR: <i>AM</i>
7118	Schoppe	Temp Elect.	FAIL	
6	9 Palm Rd A/P			INSPECTOR: <i>AM</i>
8089	Rimer	GENERATOR Final Elec	PASS	CLOSE
11	29 Skiver Rd OB	Final	PASS	INSPECTOR: <i>AM</i>
Tree	Thurlow	Tree		
18	18 Banyan Rd OB	POSTPONE 7/14		INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-26, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
212	Lutcher, Higgin	Final-hurricane	PASS	
7	3601 SE Ocean Jensen Beach Alum	shutters		INSPECTOR: <i>[Signature]</i>
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Brunner	Tree	PASS	
3	19 Leveview			INSPECTOR: <i>[Signature]</i>
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8033	Applied Top	Final Dock	FAIL	
5	114 N Sewalls Pt Sirona Develop-	380-3447-DAVE call contractor to meet you there		INSPECTOR: <i>[Signature]</i>
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7338	McCormick	lath inspect	FAIL	
6	59 N. Keweenaw Rd DeGarmo/ Pine Richard			INSPECTOR: <i>[Signature]</i>
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7465	Tabern...	Meet with Contractor	PASS	Close
155	10 Mandalay Pioneer Screen	to discuss STAPCONS @ 8:30-8:45 AM		INSPECTOR: <i>[Signature]</i>
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7975	Robertshaw	Final	FAIL	
2	15 Island Rd Olo Am Reef.			INSPECTOR: <i>[Signature]</i>
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		door.	PASS	CLOSE ✓
4	113 SE HILLCREST (BEHIND GAR.)			INSPECTOR: <i>[Signature]</i>

OTHER:

~~3766 SE OCEAN~~
15. ROAD-
Kremer
23 LINDSEY
Reyn. coat.

8651

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:	8651	DATE ISSUED:	JULY 11, 2007
SCOPE OF WORK:	HURRICANE SHUTTERS		
CONTRACTOR:	21 ST CENTURY SCREENS		
PARCEL CONTROL NUMBER:	13384100400000502	SUBDIVISION	MANDALAY - LOT 5
CONSTRUCTION ADDRESS:	10 MANDALAY RD		
OWNER NAME:	FABINSKY		
QUALIFIER:	HERBERT 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.

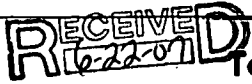
NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES,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

INSPECTIONS

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

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



Town of Sewall's Point

Date: 6/13/07 BUILDDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME Betsy Fabinsky Phone (Day) 772-283-8574 (Fax) _____

Job Site Address: 10 Mandalay Rd City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Mandalay Lot 5 Parcel Number: 13-38-41-004-000-0050-2

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

Scope of work: Install Hurricane Protection on openings

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES _____ NO [X]
COST AND VALUES Estimated Value of Construction or Improvements: \$ 10,006.00
Has a Zoning Variance ever been granted on this property? YES _____ NO [X]
Estimated Fair Market Value prior to improvement: _____
FOR ADDITIONS AND REMODEL APPLICATIONS ONLY
Method of Determining Fair Market Value: _____

CONTRACTOR/Company 21st Century Screens Inc Phone 561-721-1800 Fax 561-721-1801

Street 2731 Vista Pkwy Ste D7 City: WPB FL Zip: 33411

State Registration Number CGC1508815 State Certification Number _____ Municipality License Number _____

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

ENGINEER N/A Lic # _____ Phone Number _____
Street _____ City _____ State _____ Zip _____

AREA SQUARE FOOTAGE (SEWER & ELECTRIC) Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

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. 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 ENCOMBERED 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 60-95

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS, SECT. 105.4.1, 105.4.1.1 - 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.

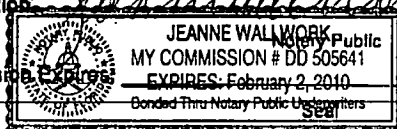
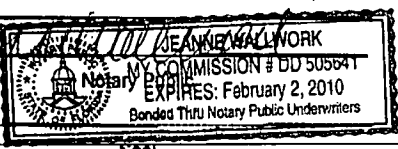
OWNER OR AUTHORIZED AGENT SIGNATURE (required) Betsy Fabinsky 6-18-07 CONTRACTOR SIGNATURE (required) Wes Fraser

State of Florida, County of Palm Beach On State of Florida, County of Palm Beach

This the 20th day of June 2007 This the 20th day of June 2007

by Betsy Fabinsky who is personally known to me or produced by Wes Fraser who is personally known to me or produced

as identification. My Commission Expires: February 2, 2010 My Commission Expires: February 2, 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!

21st. Century Screens, Inc., exclusive distributors of:



PHANTOM™

SCREEN DOORS



2731 Vista Parkway, Suite D-7, West Palm Beach, FL 33411 • 1-800-785-6066
(561) 721-1800 • Fax: (561) 721-1801 • Email: 4phantom@bellsouth.net • www.disappearingcreens.com
Licensed and Insured: Florida Certified General Contractor #CG1508815 QB39481

Hurricane Shutter Proposal / Sales Agreement

Client: BETSY FABINSKY
Address: 10 MANDALAY PT.
STUART FL 34996
Phone: 772-283-8574

Proposal Date: 4/16/07
Installation Address: SAME
SEWALLS PT

Specifications	Amount
<u>17 OPENINGS 705 S.F. @ 12.90</u>	<u>9095</u>
<u>17 FT ANGLE TRACK 5.00 per FT</u>	<u>85</u>

Terms: 50% deposit at proposal acceptance. Check Visa MC
Balance due when delivered or installed. 1604
Estimates are binding for thirty days. # _____ Exp. _____
Permit fees & charges are in addition to this proposal.
Purchaser will secure association and other approvals.

Sub-Total: \$ 9180
Tax: + 596
Deposit: - 9776
DEPOSIT Balance Due \$ 4888
DUE AT INSTALL. 4888

ACCEPTANCE

B Fabinsky
Client
Date 4/16/07

By Joel W. P...
Representative
Date 4/16/07

Installation is normally 6 weeks from deposit, plus permit time where required.
Seller will provide at no charge engineering for approvals and insurance discounts.

4888
230
5118.



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

IMPACT PROTECTION INSTALLATION AFFIDAVIT

BLDG. PERMIT NUMBER: _____

JOB SITE ADDRESS: 10 Mandalay Rd Stuart FL

CONTRACTOR OWNER: Wes Fraser 21st Century Screens Inc

PHONE NUMBER: 561-721-1800

QUALIFIER NAME: Wes Fraser

LICENSE NUMBER: CGC1508815

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

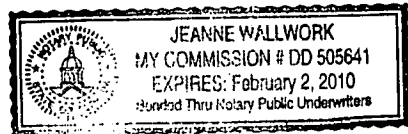
Approved Shutters

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.

[Signature] Date: 6/20/07
Signature of Owner or Contractor

Sworn to and subscribed before me this 20th Day of June 2007

By Wes Fraser
[Signature]
Notary Public, State of Florida Notary Seal/Stamp



Personally known to me

Produced ID _____

Type _____

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.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OF ID NO 2157CEN	DATE (mm/dd/yyyy) 03/09/07
PRODUCER Newman Insurance Agency, Inc. 5700 Stirling Road Hollywood FL 33021- Phone: 954-963-9626		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED 21st Century Screens Inc 2731 VISTA PARADISE WEST PALM BEACH FL 33411		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: <u>Eastwood Casualty Insurance Co</u>	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

FORM / CODE / LTR / INDEX	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPAD AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> MIXED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC0855769	01/17/07	01/17/08	<input checked="" type="checkbox"/> W/ STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE

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

AUTHORIZED REPRESENTATIVE
Jeffrey M Newman

AC# 2653836

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

REG# L0607201045

ISSUE DATE	EXPIRES	LICENSE NO.	CLASSIFICATION
07/12/2006	050846895	0001508815	

The GENERAL CONTRACTOR
Named below is CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2008

FRASER, HERBERT WESLEY
21ST CENTURY SCREENS INC
2731 VISTA PARKWAY D7
WEST PALM BEACH FL 33411

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW



Date: 7/3/07

ATTN: Ms. Valerie
Phone:
Fax: 772-220-4765

From: 21st Century Screens, Inc
Ms. Joy Hohenkirk
Phone: 561-721-1800 x 305
Fax: 561-721-1801

Pages: 3

Subject: Re:
Ms. Fabinsky permit, here is the
additional documents you request fax to you.

Thanks.

AC# 258835

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEQ# L06071201046

DATE	BATCH NUMBER	LICENSE NBR
07/12/2006	050846095	CGC1508815

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

FRASER, HERBERT WESLEY
21ST CENTURY SCREENS INC
2731 VISTA PARKWAY D7
WEST PALM BEACH FL 33411

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

SIMONE MARSTILLER
SECRETARY

2006-26492

STATE OF FLORIDA
PALM BEACH COUNTY
OCCUPATIONAL LICENSE

OC-032
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2007

21ST CENTURY SCREENS INC
FRASER WES

** LOCATED AT
2731 VISTA PARKWAY #D7
WEST PALM BEACH FL 33437

CNTY \$99.00
TOTAL \$99.00

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

GENERAL CONTRACTOR

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$99.00 OCC 049 003389 08-03-2006

Peter H. Carney
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY
TAX COLLECTOR

From: Yurdenko De Los Santos At Newman Insurance Agency FaxID: 954-983-8519 To: Karika

Date: 3/9/2007 01:25 PM Page: 1 of 1

ACORD. CERTIFICATE OF LIABILITY INSURANCE		OP ID YD 21STCEN	DATE (MM/DD/YYYY) 03/09/07
PRODUCER Newman Insurance Agency, Inc. 5700 Stirling Road Hollywood FL 33021- Phone: 954-983-9826		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED 21st Century Screens Inc 2731 VISTA PARADISE WEST PALM BEACH FL 33411		INSURERS AFFORDING COVERAGE INSURER A: <u>Seaboard Casualty Insurance Co</u> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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

POLY NO./LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC0855769	01/17/07	01/17/08	<input checked="" type="checkbox"/> PR. STATUTORY LIMITS <input type="checkbox"/> TOL. ER E.I. EACH ACCIDENT \$ 100000 E.I. DISEASE - CA EMPLOYEE \$ 100000 E.I. DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER

Tof S.P.

PROOF OF INSURANCE

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Jeffrey M. Newman

AC# 2653836 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD REG# L06071901d48

FRASER HERBERT NISLEY
 LICENSE NBR
 07/12/2006 05094592E 00615081E

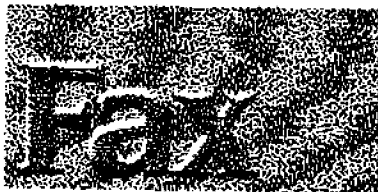
The GENERAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 499, FS.
 Expiration date: AUG 31, 2008

FRASER HERBERT NISLEY
 2151 CENTURY SCREENS INC
 2731 VISTA PARKWAY D7
 WEST PALM BEACH FL 33411

JEB BUSH
 GOVERNOR

SEMONS MARSHALLER
 SECRETARY

DISPLAY AS REQUIRED BY LAW



Date: 7/3/07

ATTN: Ms. Valerie
Phone:
Fax: 772-220-4765

From: 21st Century Screens, Inc
Ms. Joy Hohenkirk
Phone: 561-721-1800 x 305
Fax: 561-721-1801

Pages: 3

Subject: Re:
Ms. Fabinsky permit, here is the
additional documents you request fax to you.

Thanks.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF ~~Polk~~ ^{Martin} ~~Scott~~

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
Mandalay Lot 5 10 Mandalay Rd Stuart FL

GENERAL DESCRIPTION OF IMPROVEMENT: Install Hurricane Protection

OWNER: Betsy Fabinsky
ADDRESS: 10 Mandalay Rd Stuart FL
PHONE #: 772 283 8374 FAX #: _____

INTEREST IN PROPERTY: owner

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

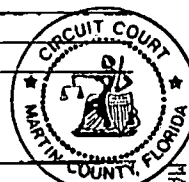
CONTRACTOR: 21st Century Screens Inc
ADDRESS: 2731 Vista Pky Ste D7 WPB FL 33411
PHONE #: 561 721 1800 FAX #: 561 721 1801

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

STATE OF FLORIDA
MARTIN COUNTY

FAX #: THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK



LENDER/MORTGAGE COMPANY N/A
ADDRESS: _____
PHONE #: _____

FAX # BY: _____ D.C.
DATE: 6/22/07

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

NAME: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

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

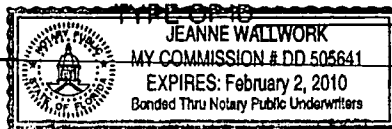
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE

Betsy A. Fabinsky 6-18-07
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 20th DAY OF June 2007
BY Betsy Fabinsky

PERSONALLY KNOWN
OR PRODUCED ID _____

Jeanne Wallwork
NOTARY SIGNATURE



INSR # 2021298 OR BK 02258 PG 0066 RECD 06/22/2007 10:13:01 AM
Pg 0066 (1 of 9)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter



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

Fabinsky

SHUTTER SCHEDULE

I.D. NO.	APPOX OPENING SIZE (WXH)	APPOX SHUTTER WIDTH	APPOX HEIGHT	# OF STORM BARS REQ'D	ANCHOR SPACING	# OF WINDOW BARS EACH SIDE	HEADER REINF. REQ'D YES/NO	REMARKS
	37"X63"	45"	71"	N/A	12"	N/A	NO	EXAMPLE
1	31 x 86	35	90	n/a	12"	n/a	NO	
2	31 x 86	35	90	n/a	12"	n/a	NO	
3	101 x 86	105	90	n/a	6"	n/a	NO	
4	31 x 86	35	90	n/a	12"	n/a	NO	
5	31 x 77	35	81	n/a	12"	n/a	NO	
6	58 x 38	62	42	n/a	12"	n/a	NO	3 sided
7	100 x 67	104	71	n/a	6"	n/a	NO	3 sided
8	94 x 90	98	94	n/a	6"	n/a	NO	3 sided
9	110 x 95	114	99	n/a	6"	n/a	NO	3 sided
10	105 x 94	109	98	n/a	6"	n/a	NO	3 sided
11	112 x 94	116	98	n/a	6"	n/a	NO	3 sided
12	116 x 94	120	98	n/a	6"	n/a	NO	3 sided
13	58 x 39	62	43	n/a	12"	n/a	NO	3 sided
14	58 x 39	62	43	n/a	12"	n/a	NO	3 sided
15	58 x 39	62	43	n/a	12"	n/a	NO	3 sided
16	31 x 77	35	81	n/a	12"	n/a	NO	
17	29 x 77	33	81	n/a	12"	n/a	NO	
18								
19								
20								
21								
22								
23								
24								
25								

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7.03.07
[Signature]
BUILDING OFFICIAL

PHANTOM HURRICANE SHUTTER SALES PLAN AND MEASURE 112200

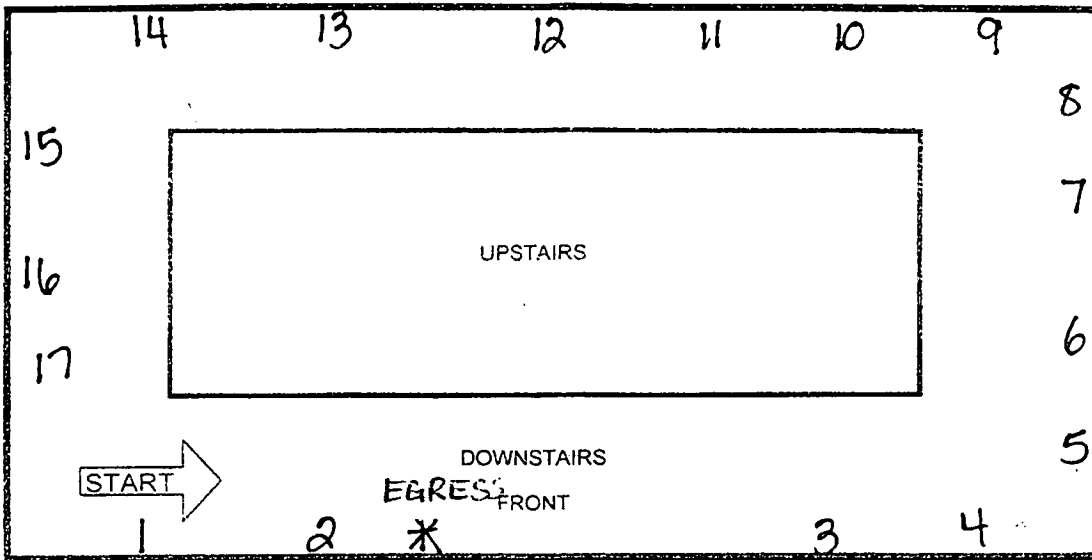
Fabinsky CUSTOMER

DIY? Y (N) PLANNER

SDK

5-1 DATE

Page 1 of 2



MARK AND NUMBER EVERY OPENING BUT LIST BELOW ONLY THOSE BEING ORDERED.
 CLEARLY IDENTIFY (CIRCLE) THE EMERGENCY EXIT (usually swinging garage door) ON THE DRAWING.
 SPAN IS THE DISTANCE BETWEEN THE ROWS OF FASTENERS. IF POSSIBLE: PLACE TRACKS ON THE SIDES OF THE OPENING
 CONCRETE & BLOCK: ADD 5" TO EACH SIDE IF POSSIBLE. WOOD FRAME ADD 1" TO EACH SPAN SIDE & 5" TO NON-SPAN SIDES IF POSSIBLE
 IF TRACKS ARE TOP AND BOTTOM ADD ONE GROMMET ON UNPROTECTED NON-SPAN SIDES BETWEEN IF SPAN IS BETWEEN 36" AND 72" AND
 TWO GROMMETS IF SPAN IS OVER 72".

STORM CATCHER COLOR TYPE OF CONSTRUCTION BUILDING HEIGHT SPAN NON-SPAN \$
 (WHITE) BLACK CONCRETE STEEL FRAME: 20 FT. FS: Max 108" whole inches only Max 144" whole inches even #'s only
 GRAY BROWN WOOD FRAME: OTHER: MASONRY.

DESCRIBE EACH OPENING WE ARE PROTECTING WITH SPECIAL INSTRUCTIONS

NO.	TYPE	DESCRIPTION	SPAN	NON-SPAN	\$
1	SC FS	Window	35	90	
2	SC FS	Window	35	90	
3	SC FS	Window (covers 3 window)	105	90	
4	SC FS	Window	35	90	
5	SC FS	Window	35	81	
6	SC FS	Window	62	42	3 track
7	SC FS	Window	104	71	3 track
8	SC FS	Patio	98	94	3 track
9	SC FS	Patio (FN on bot. Lt. Track behind Cotter)	114	99	3 track
10	SC FS	Patio 2x3 ang with track on it on left	109	98	3 track
11	SC FS	Patio	115 1/2	98	3 track
12	SC FS	Patio	120	98	3 track
13	SC FS	Window	62	43	3 track
14	SC FS	Window	62	43	3 track
15	SC FS	Window	62	43	3 track

ENGINEER'S ESTIMATED INSTALLATION TIME: Crew size: Hours:

SPECIAL TOOLS OR EQUIPMENT:

NOTES:

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

CIRCLE Track Color: (WHITE) BROWN
 Total Angle F-track: in. Total Reverse F-track: in. Panelmates Required 2 F ea M ea

PHANTOM HURRICANE SHUTTER SALES PLAN AND MEASURE

Fabinsky

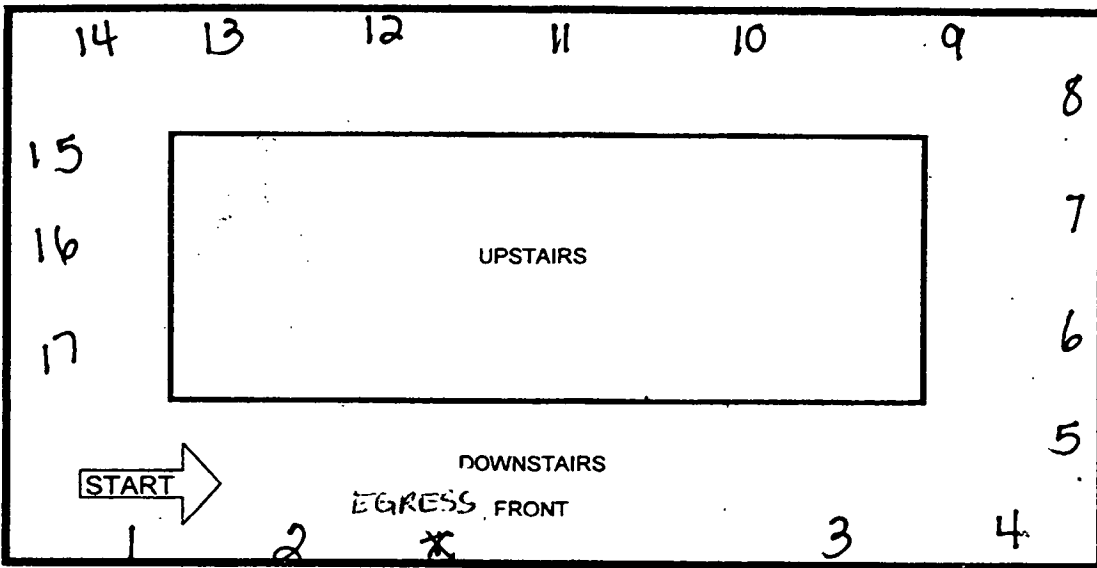
CUSTOMER

DIY? Y (N)

SDK
PLANNER

5-1
DATE

Page 2 of 2



MARK AND NUMBER EVERY OPENING BUT LIST BELOW ONLY THOSE BEING ORDERED.
 CLEARLY IDENTIFY (CIRCLE) THE EMERGENCY EXIT (usually swinging garage door) ON THE DRAWING.
 SPAN IS THE DISTANCE BETWEEN THE ROWS OF FASTENERS. IF POSSIBLE: PLACE TRACKS ON THE SIDES OF THE OPENING.
 CONCRETE & BLOCK: ADD 5" TO EACH SIDE IF POSSIBLE. WOOD FRAME ADD 1" TO EACH SPAN SIDE & 5" TO NON-SPAN SIDES IF POSSIBLE.
 IF TRACKS ARE TOP AND BOTTOM ADD ONE GROMMET ON UNPROTECTED NON-SPAN SIDES BETWEEN IF SPAN IS BETWEEN 36" AND 72"; AND TWO GROMMETS IF SPAN IS OVER 72".

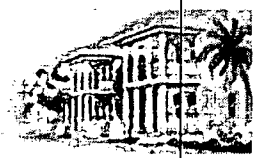
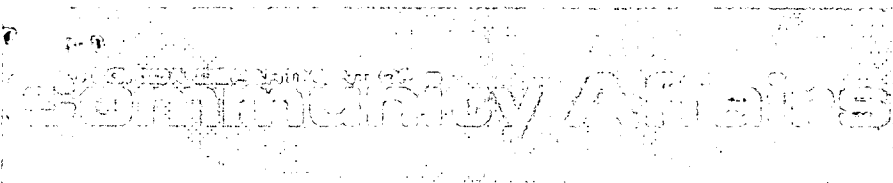
STORM CATCHER COLOR: WHITE (circled) BLACK, GRAY, BROWN
 TYPE OF CONSTRUCTION: CONCRETE: WOOD FRAME: MASONRY: STEEL FRAME: OTHER:
 BUILDING HEIGHT: 20 FT.
 FS: Max 108" whole inches only | Max 144" whole inches over #'s only

Shutter Number	Circle Brand	Horiz Vort	DESCRIBE EACH OPENING WE ARE PROTECTING WITH SPECIAL INSTRUCTIONS	SC: Max 154"	SPAN	NON-SPAN	\$
<u>16</u>		H	<u>Window</u>		<u>35</u>	<u>81</u>	
<u>17</u>		V	<u>Door</u>		<u>32 1/2</u>	<u>81</u>	

ENGINEER'S ESTIMATED INSTALLATION TIME: Crew size: _____ Hours: _____
 SPECIAL TOOLS OR EQUIPMENT: _____

NOTES: TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

CIRCLE Track Color: WHITE BROWN
 Total Angle F-track: _____ in. Total Reverse F-track: _____ in. Panelmates Required ? F _____ ea M _____ ea



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Product Approval

USER: Public User

Product Approval Menu > Product or Application Search > Application List > **Application Detail**

FL #

FL6288
New
2004
Approved

Application Type

Code Version

Application Status

Comments

Archived

Product Manufacturer

Storm-Catcher

Address/Phone/Email

6213 Idlewild Street
ft. myers, FL 33912
(888) 962-7283
Brian@Stormcatcher.net

Authorized Signature

Brian Rist
Brian@Stormcatcher.net

Technical Representative

Brian Rist
11850 Plantation Rd
Ft. Myers, FL 33912

brian@stormsmart.com

Address/Phone/Email

Quality Assurance Representative

Brian Rist
6182 Idlewild Street
Fort Myers, FL 33912
(239) 278-9092 ext 300

Address/Phone/Email

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/30, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8528		A/C ROUGH	PASS	
3	SMANDALAY MASTERPIECE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		WORK W/O PERMIT		
6	VIA DECHRISTO			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8633		FINAL STURRO	PASS	CLOSE
2	8 E. HIGH POINT GULF STREAM			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8561	SHARFI	---	---	CANCEL
5	73 N SPR	FINAL REMODEL		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8572			PASS	CLOSE
4	18 SIMARA	FINAL GAS RE-INSPECT		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	SPARK.	1ST FL. BECK.	FAIL	
1	87 S. RIVER. CAUIDCA	REINSPECT.		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8651	FABINSKY	FINAL	PASS	CLOSE
	10 MANAUAU PHANTON HVR. PROTECT.			INSPECTOR:

OTHER:

9589

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:	9589	DATE ISSUED:	SEPTEMBER 28, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	133841004-000-000502	SUBDIVISION	MANDALAY - LOT 5
CONSTRUCTION ADDRESS:	10 MANDALAY RD		
OWNER NAME:	FABINSKY		
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 GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEM-WALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TIE DOWN /TRUSS ENG	_____	INSULATION	_____
WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF DRY-IN/METAL	_____	ROOF TILE IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	METER FINAL	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

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

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

Date: 9.24.10 Permit Number: 9589
 OWNER/TITLEHOLDER NAME: Walter + Betsy Fabinsky Phone (Day) 772-283-8574 (Fax) _____
 Job Site Address: 10 Mandalay Road City: Stuart State: FL Zip: 34996
 Legal Description Mandalay Lot 5 Parcel Control Number: 13.38.41.004.000.00050.2
 Owner Address (if different): Same as above City: _____ State: _____ Zip: _____

SCOPE OF WORK (PLEASE BE SPECIFIC): Replace AC Equipment - like for like change-out

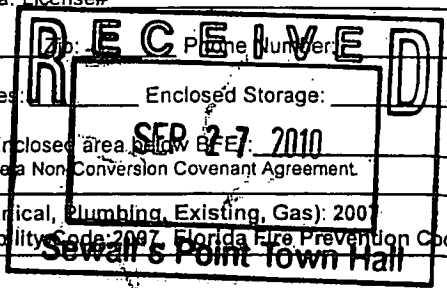
WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1000
 (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: Krauss + Crane Inc. Phone: 287-1227 Fax: 883-4055
 Qualifiers name: John H. Crane III Street: 9045 Dixie Highway City: Stuart State: FL Zip: 34994
 State License Number: CAC049286 OR: _____ Municipality: _____ License Number: _____
LOCAL CONTACT: John Crane Phone Number: 772-287-1227

DESIGN PROFESSIONAL: _____ Fla. License# _____
 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 BEF: _____
 * 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:

- 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.
- 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.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

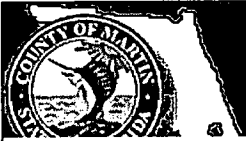
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMPLETED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROF. REQUIRED)
 X Walter Fabinsky
 State of Florida, County of: Martin
 On This the 27th day of Sept 20 10
 by Walter Fabinsky who is personally
 known to me or produced COL# F152-916-42-260-0
 As identification. Walter Fabinsky
 Notary Public

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 X John Crane
 State of Florida, County of: Martin
 On This the 27 day of September 20 10
 by John Crane who is personally
 known to me or produced _____
 As identification. Michelle Thomas
 My Commission # DD974341
 EXPIRES March 23, 2014
 Florida Notary Public
 (807) 398-0453

My Commission Expires: _____ My Commission Expires: _____

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



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

Site Provided by...
 governmax.com 1.14

Summary

print [icons] Owner 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
13-38-41-004-000-00050-2	27796	10 MANDALAY RD, SEWALL'S POINT	\$338,600	9/25/2010

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Land Use
- Legal Description
- Neighborhood
- Sales
- Maps →

Owner Information	
Owner(Current)	FABINSKY WALTER R FABINSKY BETSY S
Owner/Mail Address	10 MANDALAY RD STUART FL 34996
Sale Date	06/10/1995
Document Number	
Document Reference No.	1129 2231
Sale Price	205000

Location/Description			
Account #	27796	Map Page No.	SP-06
Tax District	2200	Legal Description	MANDALAY LOT 5
Parcel Address	10 MANDALAY RD, SEWALL'S POINT		
Acres	.5380		

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	\$181,500
Market Improvement Value	\$157,100
Market Total Value	\$338,600

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

Fabunsky

Air Conditioning Change out Affidavit

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

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# 4TEE3F49C
 Volts 230 CFM's _____ Heat Strip 10 Kw
 Min. Circuit Amps 60 Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) Attic Master Bedroom
 Access: Attic

Condenser: Mfg Trane Model# 4TTX604BE
 Volts 230 SEER/EER 17.0 BTU's 20,000
 Min. Circuit Amps 30 Wire gauge #8
 Max. Breaker size 50 Min. Breaker size 30
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof Right side - ground
 Condensate Location new

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# _____
 Volts ²⁰⁷/230 CFM's _____ Heat Strip 10 Kw
 Min. Circuit Amps 60 Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Attic Master Bedroom
 Access: Attic

Condenser: Mfg Rheem Model# RAK102A12
 Volts ²⁰⁷/230 SEER/EER 10 BTU's 24,000
 Min. Circuit Amps 30 Wire gauge #8
 Max. Breaker size 50 Min. Breaker size 30
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof Right side ground
 Condensate Location new

Certification:

I herby 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 Crane
 Signature

9-24-10
 Date



Fabinsky

General Data

Product Specifications

Model No. ①	4TTX6024E1	4TTX6036E1	4TTX6048E1	4TTX6060E1
Electrical Data V/Ph/Hz ②	230/1/60	230/1/60	230/1/60	230/1/60
Min Cir Ampacity	14	22	29	39
Max Fuse Size (Amps)	20	35	50	60
Compressor	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL
RL AMPS - LR AMPS	10.3 - 52	16.7 - 82	21.2 - 104	28.8 - 152.9
Outdoor Fan FL Amps	.60	.70	2.80	2.80
Fan HP	1/8	1/8	1/3	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	9/13-LB/OZ	9/13-LB/OZ	12/9-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	53.4 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	309	316	328	332
Weight - Net	261	266	291	295
Start Components	NO	NO	NO	NO
Sound Enclosure	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO
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
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260
Crankcase Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
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
Refrigerant Lineset ⑤	TAYREFLN9*	TAYREFLN7*	TAYREFLN3*	TAYREFLN4*

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 - 60'. 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)]							
		63	125	250	500	1000	2000	4000	8000
4TTX6024E	72	43.7	52.6	54.3	62.4	60.4	57	54.1	46.6
4TTX6036E	72	38	50.4	56.8	60.4	59.8	57.2	55.2	49.2
4TTX6048E	73	44.2	50.4	58.9	63.1	63	57.4	53.6	47.4
4TTX6060E	74	42.2	53.8	57.8	66	65.7	57.7	58.4	51.7

Note: Rated in accordance with AHRI Standard 270-2008.



TRANE

General Data

MODEL	4TEE3F49C1000A ①	4TEE3F64A1000A	4TEE3F65B1000B
RATED VOLTS/PH/Hz.	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
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	4 — 14	3 — 14	4 — 14
Face Area (sq. ft.)	6.19	6.19	7.33
Tube Size (in.)	3/8 - Copper	3/8 - Copper	3/8 - Copper
Refrigerant Control	TXV - NonBleed	TXV - NonBleed	TXV - NonBleed
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	10 x 10	11 x 10	10 x 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 16	Direct - 16	Direct - 16
CFM vs. in. w.g. ①	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 — 3/4	1 — 1	1 — 1
Motor Speed R.P.M.	Variable	Variable	Variable
Volts/Ph/Hz	200-230/1/60	200-230/1/60	200-230/1/60
F.L. Amps - L.R. Amps	6.8	7.0	7.0
FILTER			
Vertical Applications			
Filter Furnished?	Yes	Yes	Yes
Type Recommended	Throwaway	Low Velocity	Low Velocity
No.-Size-Thickness	1 - 20 x 25 x 1 in.	1 - 20 X 22 - 1 in.	1 - 20 X 25 - 1 in.
Horizontal Applications			
Filter Furnished?	No	No	No
Recommended Size	See Note ③④	See Note ③④	See Note ③④
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Conn. Size — in. Gas	3/4	7/8	7/8
Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (in.)	60-7/8 x 28-1/2 x 23-1/2	59-1/2 x 26 x 23-1/2	65-7/8 x 28-1/2 x 23-1/2
Uncrated	See Outline Drawing	57-7/8 x 23-1/2 x 21	See Outline Drawing
WEIGHT	188/173	170 / 155	218 / 196

MODEL	4TEE3F66A1000A ①
RATED VOLTS/PH/Hz.	200-230/1/60
RATINGS ①	See O.D. Specifications
INDOOR COIL — Type	Plate Fin
Rows — F.P.I.	4 — 14
Face Area (sq. ft.)	7.33
Tube Size (in.)	3/8 - Copper
Refrigerant Control	TXV - NonBleed
Drain Conn. Size (in.) ②	3/4 NPT
INDOOR FAN — Type	Centrifugal
Diameter-Width (In.)	10 x 10
No. Used	1
Drive - No. Speeds	Direct - 16
CFM vs. in. w.g. ①	See Fan Performance Table
No. Motors — H.P.	1 — 1
Motor Speed R.P.M.	Variable
Volts/Ph/Hz	200-230/1/60
F.L. Amps - L.R. Amps	7.0
FILTER	
Vertical Applications	
Filter Furnished?	Yes
Type Recommended	Low Velocity
No.-Size-Thickness	1 - 20 X 25 - 1 in.
Horizontal Applications	
Filter Furnished?	No
Recommended Size	See Note ③④
REFRIGERANT	R-410A
Ref. Line Connections	Brazed
Conn. Size — in. Gas	7/8
Conn. Size — in. Liq.	3/8
DIMENSIONS	H x W x D
Crated (in.)	65-7/8 x 28-1/2 x 23-1/2
Uncrated	See Outline Drawing
WEIGHT	218 / 196

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-78)

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 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.

⑤ NOTE: The 4TEE3F48B, 4TEE3F49C, and 4TEE3F66A air handlers should NOT be installed in the horizontal left or down flow configurations unless the outdoor unit has an AHRI rating with 18-GJ23D1 in the AHRI Directory. System ratings listed without 18-GJ23D1 are for horizontal right and upflow configurations only. The manufacturer recommends installing only approved, matched indoor and outdoor systems.



Performance Data

4TEE3F40 WIRING DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		KW	BTUH				KW	BTUH			
No Heater	-	-	-	-	5	15	-	-	-	5	15
BAYHTR1405 +++	1/1	4.80	16400	20	30	30	3.60	12300	17.3	27	30
	1/1	7.68	26200	32	45	45	5.76	19700	27.7	40	40
	1/1	9.60	32800	40	55	60	7.20	24600	34.6	49	50
	1/3	9.60	32800	34.6	43	45	7.20	24600	30	37	40
	2/1	15.36	52400	40/24	55*/30	60*/30	11.52	39300	34.6/20.8	49*/26	50*/30
	1/3	15.36	52400	38.2	52	60	11.52	39300	33.1	46	50
BAYHTR1419 BRK	2/1	19.2	65500	32/48	45*/60	45*/60	14.42	49200	27.7/41.6	40*/52	40*/60
BAYHTR1425 BRK	3/1	24.96	85200	44/40/20	55/55*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/49*/22	50*/50/25

+++ = 000, BRK, PDC 000 = pigtails, BRK = contains circuit breakers, PDC = contains pull disconnect
 * Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amps)
 protected in accordance with local Electrical Codes.

4TEE3F48B1000A WIRING DATA CHECK DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		KW	BTUH				KW	BTUH			
No Heater	-	-	-	-	9	15	-	-	-	9	15
	1/1	4.80	16400	20	34	35	3.60	12300	17.3	30	30
	1/1	7.68	26200	32	49	50	5.76	19700	27.7	43	45
	1/1	9.60	32800	40	59	60	7.20	24600	34.6	52	60
	1/3	9.60	32800	34.6	43	45	7.20	24600	30	37	40
	2/1	15.36	52400	40/24	59*/30	60*/30	11.53	39300	34.6/20.8	52*/26	60*/30
	1/3	15.36	52400	38.2	55	60	11.53	39300	33.1	49	50
	2/1	19.20	65500	32/48	49*/60	50*/60	14.42	49200	27.7/41.6	43*/52	45*/60
	3/1	24.96	85200	44/40/20	55/59*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/52*/22	50/60*/25

* Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amps)
 +++ = 000, BRK, PDC 000 = pigtails, 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.

4TEE3F49 WIRING DATA CHECK DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		KW	BTUH				KW	BTUH			
No Heater	-	-	-	-	9	15	-	-	-	9	15
BAYHTR1405 +++	1/1	4.80	16400	20	34	40	3.60	12300	17.3	30	30
BAYHTR1408 +++	1/1	7.68	26200	32	49	50	5.76	19700	27.7	43	45
BAYHTR1410 +++	1/1	9.60	32800	40	59	60	7.20	24600	34.6	52	60
BAYHTR3410 000	1/3	9.60	32800	34.6	43*	45	7.20	24600	30	37	40
BAYHTR1415 BRK	2/1	15.36	52400	40/24	59*/30	60*/30	11.53	39300	34.6/20.8	52*/26	60*/30
BAYHTR3415 000	1/3	15.36	52400	38.2	55	60	11.53	39300	33.1	49	50
BAYHTR1419 BRK	2/1	19.2	65500	32/48	49*/60	50*/60	14.42	49200	27.7/41.6	43*/52	45*/60
BAYHTR1425 BRK	3/1	24.96	85200	44/40/20	55/59*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/50*/22	50/60*/25

NOTES:
 * Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amps)
 +++ = 000, BRK, PDC 000 = pigtails, 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.

- Notes:
- See Product Data or Air Handler Nameplate for approved combinations of Air Handlers and Heaters.
 - Heater model number may have additional suffix digits.

Fabinsky



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2010.

Certificate of Product Ratings

AHRI Certified Reference Number: 3930717

Date: 9/23/2010

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

Outdoor Unit Model Number: 4TTX6048E1

Indoor Unit Model Number: 4TEE3F49C1

Manufacturer: TRANE

Trade/Brand name: XL16I

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):	48000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	17.00

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

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.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.: 129297399816460113

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-4-2010 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9583 2:30pm	Breheny 6 Riverview Dr Preferred AC	Final - duct	Fail	Support Ducts to Code INSPECTOR <i>AT</i>
9499	Lerner 37 E High Pt Scott Holmes	Final Shutters	Pass	Close INSPECTOR <i>AT</i>
9570	McMahon 5755 RR Code Red Roofers	in-progress Final	Cancel	
Tree	Morris 120 Hillcrest	Tree	OK	INSPECTOR
9589	Suberby 10 Mammoth Way Kraus & Crane	Final AC	Pass	Close INSPECTOR <i>AT</i>
9543 9 AM	Balaw / Williams 6 Gumbo Limbo Advanced Conc.	insulation	Pass	INSPECTOR <i>AT</i>
9379 1:30	Balfoot 103 Hillcrest Balfoot Const	in-progress Roof	Pass	INSPECTOR <i>AT</i>

10107

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:	10107	DATE ISSUED:	MAY 25, 2012
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	133841004000-000502	SUBDIVISION	MANDALAY - LOT 5
CONSTRUCTION ADDRESS:	10 MANDALAY RD		
OWNER NAME:	FABINSKY		
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 INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 5/9/12 Permit Number: 10107

OWNER/TITLEHOLDER NAME: WALTER FABINSKY Phone (Day) 8838574 (Fax) _____

Job Site Address: 10 MANDALAY RD City: STUART State: FL Zip: 34990

Legal Description MANDALAY LOT 5 Parcel Control Number: 13-38-41-004-000-00050-2

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

Scope of work (please be specific): A/C CHANGE OUT

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 5947.31
(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: \$ 4500.00
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: KRAUSS: CRANE, INC. Phone: 8871787 Fax: 8834055

Street: 904 S. Dixie Hwy City: STUART State: FL Zip: 34994

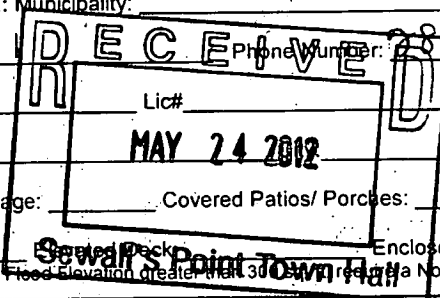
State License Number CAC049880 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: JOHN H. CRANE, III Phone Number: 8871787

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____
Street: _____ State: _____ Zip: _____

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

Carpport: _____ Total under Roof _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 30 days require a Non-Conversion Covenant Agreement.



CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 2010
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:

- 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.
- 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.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

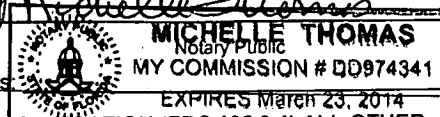
APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

State of Florida, County of: _____
This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
as identification. _____
Notary Public

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: Martin
This the 7 day of May, 2012
by John Crane who is personally
known to me or produced _____
As identification. Michelle Thomas



My Commission Expires: _____

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

TUES 5-15-12



Krauss & Crane, Inc.
AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kandc@kciac.com

License
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name: Walter Fabinsky
Site Address: 10Mandalay Rd.
City: Stuart
State: FL
Phone: 283-8574 Zip: 34996

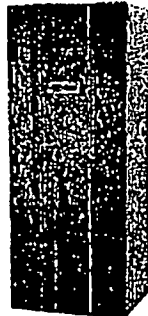
Date: 4/13/2012
Proposal #: R104132012122546-1

Consultant: Mike Foster
Billing Address:
City:
State:
Phone: Postal Code:

TRANE XB14 CONDENSER

Trane Air Handler

System Investment



Base System:	\$6,573.85
Optional Items Total:	\$0.00
FPL Rebate	<\$500.00>
Cash Discount	<\$131.48>
Sales Tax:	\$0.00
System Total:	\$5,942.37
Initial Investment:	\$0.00
Balance:	\$5,942.37
Term:	Rate: % Est. Payment: \$0.00
Investment Type:	Check
Net Investment After Credit & Rebates	\$5,942.37

Purchased Accessories

Model No:- TCONT600AF11MA



Description:- Trane Digital Prog. 5/2
Comfort Control 1H/1C



1110: LM FOR FPL

16 Seat
 AR1 #: 4150889
 tot: 30,000
 sens: 22,700
 lat: 7,300

By signing this agreement I acknowledge that I have read and understand each page, including the terms and conditions.

Customer: *Walter Fabinsky* Date: 4/13/12

Representative: *Mike Foster* Date: 4-13-12
Approved by: *MJ* Date: 4-13-12

K&C

1957

Krauss & Crane, Inc.

AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kandc@kciac.com

License
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name **Walter Fabinsky** Proposal Number **R104132012122546-1** Date **4/13/2012**

Components in Base System Investment

Qty.	Model#	Description
1	GAM5A0B30M21SA	Trane Hyperion High Efficiency Air Handler
1	4TTB4030E1000A	Trane XB14 2.5 Ton Cooling Unit
1	TCONT600AF11MA	Trane Digital Prog. 5/2 Comfort Control 1H/1C
1	BAYEAAC08LG1AA	8kw Trane strip heater for Series 4 and 5 air handlers without circuit breaker.
1	REFLN38-34-25	Refrigeration Lineset Up to 25'
1	ESA-2	Two Year Energy Savings Agreement. <i>BOTH SYSTEM</i>
1	DISCONHRU	Disconnect Existing Heat Recovery Unit. HRU To Remain On Wall.
1	DRIPPAN-FS	Drip Pan For Air Handler With Float Switch
2	ELECTRECON	Reconnect Electrical to Equipment
1	HORZ-RETURN-PLENUM	New Horizontal Return Plenum With Access Door For Easy Cleaning
2	RETURN-1	Return Air Run installed in Attic
1	SUP PLENUM	New Supply Plenum
6	SUPPLY-A1	New Supply Air Run Installed in Attic
1	EVAC-RECLAIM	Evacuate / Reclaim Existing Refrigerant
1	PER-SP	Permit Fee for Sewalls Point
1	AC-AH1	Outdoor Unit With Air Handler
1	HORZ-AH2	Indoor Unit Easily Accessible With At Least 4' Attic Height

Tax Credits and Rebates

Inclusions

All work to be performed in a neat manner.
Charge system to manufactures specifications.
Clean up work area before leaving worksite.
Complete system start up.
Ensure proper condensate drainage.
Evacuate refrigerant system to remove all moisture.
Installation to meet or exceed all codes.
Our own professional journeyman class technicians
Quality Assurance Review.
Properly dispose of old equipment off premises.
Outside unit secured to hurricane code.
Warranty is 10 years parts and 1 year labor.

Exclusions

Homeowners are required to register equipment warranties within 60 days of installation.

Installation Instructions

Disconnect HRU and leave on the wall cut all lines and wiring to make it look neat.

By signing this agreement I acknowledge that I have read and understand each page, including the terms and conditions.

Customer
Betsy S. Salunick

Date
4/13/12

Representative
Mike Josta

Approved by
MJ

Date
4-13-12
Date
4-13-12

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

generated on 5/24/2012 2:08:35 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-004-000-00050-2	27796	10 MANDALAY RD, SEWALL'S POINT	\$310,310	5/19/2012

Owner Information

Owner(Current)	FABINSKY WALTER R FABINSKY BETSY S
Owner/Mail Address	10 MANDALAY RD STUART FL 34996
Sale Date	6/10/1995
Document Book/Page	1129 2231
Document No.	
Sale Price	205000

Location/Description

Account #	27796	Map Page No.	SP-06
Tax District	2200	Legal Description	MANDALAY LOT 5
Parcel Address	10 MANDALAY RD, SEWALL'S POINT		
Acres	.5380		

Parcel Type

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

Assessment Information

Market Land Value	\$165,000
Market Improvement Value	\$145,310
Market Total Value	\$310,310



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

<u>Air handler:</u> Mfg: <u>Trane</u> Model# <u>GAMSA0830</u>	<u>Condenser:</u> Mfg <u>Trane</u> Model# <u>4TTB4030E1</u>
Volts ²⁰⁸¹ / ₂₃₀ CFM's <u>1000</u> Heat Strip <u>0</u> Kw	Volts ²⁰⁸¹ / ₂₃₀ SEER/EER <u>10</u> BTU's <u>30000</u>
Min. Circuit Amps <u>44</u> Wire gauge <u>#10</u>	Min. Circuit Amps <u>18</u> Wire gauge <u>#10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>44</u>	Max. Breaker size <u>20</u> Min. Breaker size <u>18</u>
Ref. line size: Liquid <u>318</u> Suction <u>314</u>	Ref. line size: Liquid <u>318</u> Suction <u>314</u>
Refrigerant type <u>R410A</u>	Refrigerant type <u>R410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>left side</u>
Access: <u>Scuttle in garage</u>	Condensate Location <u>@ Condenser</u>

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>Rheem</u> Model# <u>RBHA-17N07</u>	<u>Condenser:</u> Mfg <u>Rheem</u> Model# <u>RAKA03WA2</u>
Volts ²⁰⁸¹ / ₂₃₀ CFM's <u>1000</u> Heat Strip <u>0</u> Kw	Volts ²⁰⁸¹ / ₂₃₀ SEER/EER <u>10</u> BTU's <u>30000</u>
Min. Circuit Amps <u>44</u> Wire gauge <u>#10</u>	Min. Circuit Amps <u>18</u> Wire gauge <u>#10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>44</u>	Max. Breaker size <u>20</u> Min. Breaker size <u>18</u>
Ref. line size: Liquid <u>318</u> Suction <u>314</u>	Ref. line size: Liquid <u>318</u> Suction <u>314</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof <u>left side</u>
Access: <u>Scuttle in garage</u>	Condensate Location <u>@ Condenser</u>

Certification:

I herby 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 Law
 Signature

5-24-12
 Date



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	GAM5A0A18M11SA	GAM5A0A24M21SA	GAM5A0B36M24SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	3.67	4.13
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 8	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - 5	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/3	1 - 1/3	1 - 1/3
Motor Speed R.P.M.	1050	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	2.8	2.8	2.8
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	3/4
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-3/8 x 20-1/2 x 25-3/4	51-3/8 x 20-1/2 x 25-3/4	53 x 24-1/4 x 25-3/4
Uncrated	49-7/8 x 17-1/2 x 21-3/4	49-7/8 x 17-1/2 x 21-3/4	51-1/2 x 21-1/4 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/120	126/120	140/132

PRODUCT SPECIFICATIONS

MODEL	GAM5A0B36M31SA	GAM5A0C42M31SA
RATED VOLTS/PH/HZ.	208-230/1/60	208-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.04
Tube (in.)	3/8	3/8
Refrigerant Control	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10
No. Used	1	1
Drive - No. Speeds	Direct - 5	Direct - 5
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	1050	1050
Volts/Ph/Hz	208-230/1/60	208-230/1/60
F.L. Amps	4.1	4.1
FILTER		
Filter Furnished?	No	No
Type Recommended	Throwaway	Throwaway
No.-Size-Thickness	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8
DIMENSIONS	H x W x D	H x W x D
Crated (In.)	57-1/4 x 24-1/4 x 25-3/4	58-1/2 x 27-1/2 x 25-3/4
Uncrated	55-3/4 x 21-1/4 x 21-3/4	56-7/8 x 23-1/2 x 21-3/4
WEIGHT		
Shipping (Lbs.)/Net (Lbs.)	150/142	163/153

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

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



General Data

Product Specifications

Model No. ①	4TTB4018E1	4TTB4024E1	4TTB4030E1	4TTB4036E1
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
Min Cir Ampacity	9	9	12	19
Max Fuse Size (Amps)	15	15	20	30
Compressors	CLIMATUFF®	CLIMATUFF®	CLIMATUFF®	CLIMATUFF® · SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1
RL AMPS - LR AMPS	6.4 - 38.6	6.8 - 38.6	9.1 - 57.8	14.1 - 77
Outdoor Fan FL Amps	0.74	0.74	0.93	0.93
Fan HP	1/8	1/8	1/5	1/5
Fan Dia (inches)	23	23	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	5/2-LB/OZ	6/3-LB/OZ	7/0-LB/OZ	7/4-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	3/4	3/4
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	34 x 30.1 x 33	34 x 30.1 x 33	38.4 x 35.1 x 38.7	42.4 x 35.1 x 38.7
Weight - Shipping	200	201	234	228
Weight - Net	173	174	201	193
Start Components	YES	YES	YES	NO
Sound Enclosure	YES	YES	YES	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT300	BAYCCHT300	BAYCCHT300	BAYCCHT302
Hard Start Kit Scroll				BAYKSKT260
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT023	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN950	TAYREFLN7*	TAYREFLN7*	TAYREFLN7*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI 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 - 60' 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 pages 5 and 6.

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 OVTAVE SOUND POWER LEVEL dB - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
4TTB4018E	79	24.9	44.9	56.7	71.1	74.1	72.7	62.2	49.9
4TTB4024E	79	23	45.4	57	70.9	74.2	70.5	62.9	52.6
4TTB4030E	80	27.9	52.9	62.9	74.3	76.2	73	64.7	52.5
4TTB4036E	78	23.2	51.7	64.2	72.3	74.1	71.3	62.7	49.5
4TTB4042E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4048E	80	22.8	52.8	65.6	73.3	75.1	75.1	62.8	50
4TTB4049E	76	44.3	53.8	56.6	63.6	34.6	59.9	52.7	43.7
4TTB4060E	80	22.8	52.8	65.6	73.3	75.1	71.5	62.8	50
4TTB4061E	76	42.2	53.8	57.8	66	65.7	57.7	58.4	51.7

Note: Rated in accordance with AHRI Standard 270-2008



WIRING DATA											
GAM5A0B30M2A5A											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	2.8*	4	15	-	-	2.8*	4	15
BAYEAC05BK1A BAYEAC05LG1A	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEAC08BK1A BAYEAC08LG1A	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEAC10BK1A BAYEAC10LG1A	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEAC10LG3A	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30
BAYEABC15LG3A ①	1-3 PH	14.40	49200	34.6	46	50	10.80	36900	30.0	41	45
BAYEABC15BK1A - Circuit 1②	2	9.60	32800	40	54	60	7.20	24600	34.6	47	50
BAYEABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps
 ① 208 V not approved for upflow installations
 ② MCA and MOP for circuit 1 contains the motor amps

WIRING DATA											
GAM5A0B36M31SA											
Heater Model No.	No. of Circuits	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	-	-	-	4.1*	5	15	-	-	4.1*	5	15
BAYEAC05BK1A BAYEAC05LG1A	1	4.80	16400	20.0	30	30	3.60	12300	17.3	27	30
BAYEAC08BK1A BAYEAC08LG1A	1	7.68	26200	32.0	45	45	5.76	19700	27.7	40	40
BAYEAC10BK1A BAYEAC10LG1A	1	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEAC10LG3A	1-3 PH	9.60	32800	23.1	33	35	7.20	24600	20.0	30	30
BAYEABC15LG3A	1-3 PH	14.40	49200	34.6	48	50	10.80	36900	30.0	42	45
BAYEABC15BK1A - Circuit 1①	2	9.60	32800	40	55	60	7.20	24600	34.6	48	50
BAYEABC15BK1A - Circuit 2		4.80	16400	20	25	25	3.60	12300	17.3	22	25

Note: * Motor Amps
 ① MCA and MOP for circuit 1 contains the motor amps



Project Summary
Entire House
Krauss & Crane, Inc.

Job:
 Date:
 By:

904 S. Dixie Hwy, Stuart, FL 34994 Phone: 772-287-1227 Fax: 772-283-4055 Email: kando@kciac.com Web: www.kciac.com

Project Information

For: Walter Fabinsky
 10 Mandalay Rd., Stuart, FL 34996
 Phone: 772-283-8574

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 15782 Btuh
 Ducts 2052 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 17834 Btuh

Sensible Cooling Equipment Load Sizing

Structure 19447 Btuh
 Ducts 2721 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 21370 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	1380	1380
Volume (ft ³)	11040	11040
Air changes/hour	0.45	0.23
Equiv. AVF (cfm)	83	42

Latent Cooling Equipment Load Sizing

Structure 4826 Btuh
 Ducts 999 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 5825 Btuh
 Equipment total load 27195 Btuh
 Req. total capacity at 0.70 SHR 2.5 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref no./a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	17834 Btuh
Temperature rise	17 °F
Actual air flow	964 cfm
Air flow factor	0.054 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make
 Trade
 Cond
 Coil
 AHRI ref no.
 Efficiency 0 SEER

Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	964 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.79

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



Fabinsky



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 4150829

Date: 4/16/2012

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

Outdoor Unit Model Number: 4TTB4030E1

Indoor Unit Model Number: GAM5A0B30M21

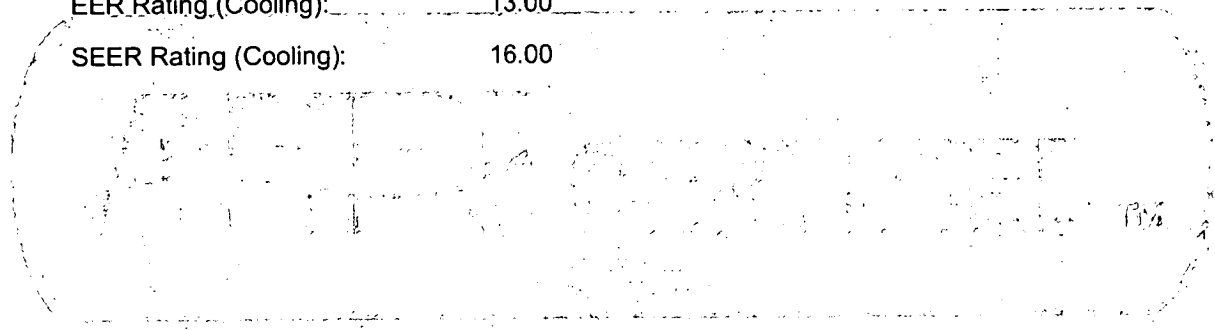
Manufacturer: TRANE

Trade/Brand name: XB14

Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2008 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):	30000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00



* 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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CERTIFICATE VERIFICATION

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.



©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129790783884653260

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & PS 553.912)

Owner: <u>Walter Fabinsky</u>	Contractor name: <u>RRPSS - CRANE, INC. JOHN H. CRANE, III</u>
Street address: <u>10 Mandalay Rd.</u>	Jurisdiction: <u>Sewalls Point</u>
City: <u>Stuart, FL</u>	Permit No.: _____
Zip: <u>34996</u>	Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary - (Section 101.4.7.1.1 exception 3)

Signature: John Crane III Date: _____

Printed Name: JOHN CRANE III

Contractor License #: CAC049286

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

TREE

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner W. R. Fabinsky Address 10 Mandalay Pal. Phone 283-8574
 Contractor K. Hamilton Address _____ Phone 370-0996

No. of Trees: REMOVE 1 Type: Palm ?

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE 0 WITHIN 30 DAYS Type: _____

Written statement giving reasons: New drain field for septic tank is required -

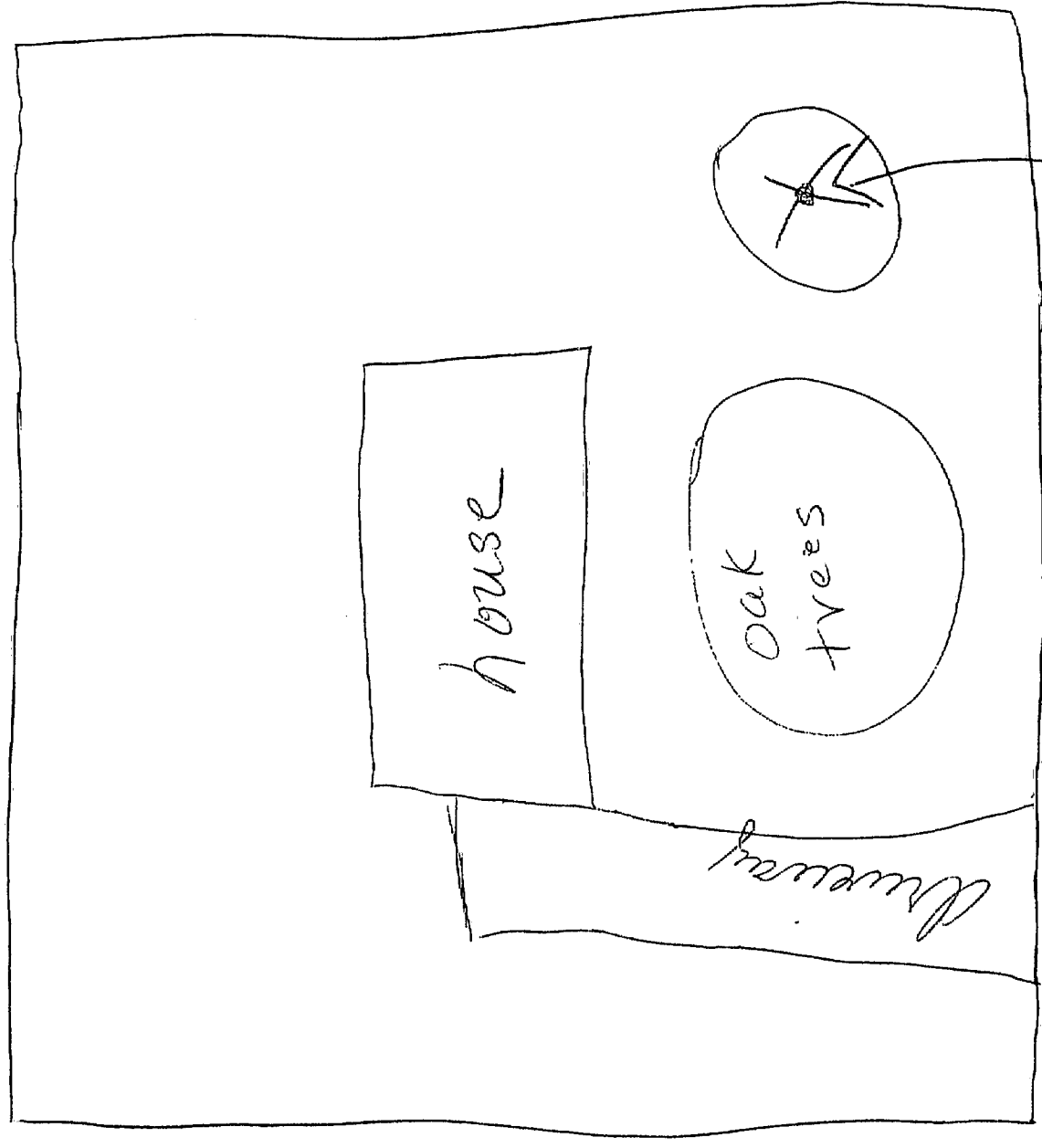
Signature of Applicant Betsy Fabinsky Date 10-14-03

Approved by Building Inspector: [Signature] Date 6/15/03 Fee: 15.-

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

W. R. Fabinsky
10 Mandalay Rd - 283-8574

River Road



10 Mandalay Rd
~~10 Mandalay Rd~~

Palm tree
to be removed
for new drain field
for septic tank

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/15, 2008 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6455	JOHANSEN	DRIVEWAY	Passed	
⑥	17 PEERWINKLE CE KOELLER CONCRETE			INSPECTOR:
6330	BUSSEY	LATHE ^{DOMESTIC} ROCK KNEE WALL	Passed	11:00
⑭	1 PALMETTO DR WORREN	(date and please)		INSPECTOR:
TREE	FABINSKY	TREE	Passed	
⑫	10 MANDALAY RD			INSPECTOR:
6025	CONROY	DEMOLITION FINAL	Passed	
①	12 PALMETTO DR O/B			INSPECTOR:
6034	CONROY	ELEC/FIXT FINAL	Passed	
②	12 PALMETTO DR O/B			INSPECTOR:
5607	ENRIQUEZ	SHUTTERS FINAL	Passed	
③	1 KINGSTON CT EXPERT SHUTTERS			INSPECTOR:
5712	JOHNSON	SHUTTERS-FINAL	Passed	
④	4 OAK HILL LANE EXPERT SHUTTER			INSPECTOR:

OTHER: _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner W.R. Fabinsky Address 10 Mandalay Rd Phone 283-8574

Contractor Jim Gamble Address 5650 S.E. WITZI STREET Phone 341-1110

No. of Trees: REMOVE 2 Type: PALMS

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: see attached

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 12/20 Fee: 0

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

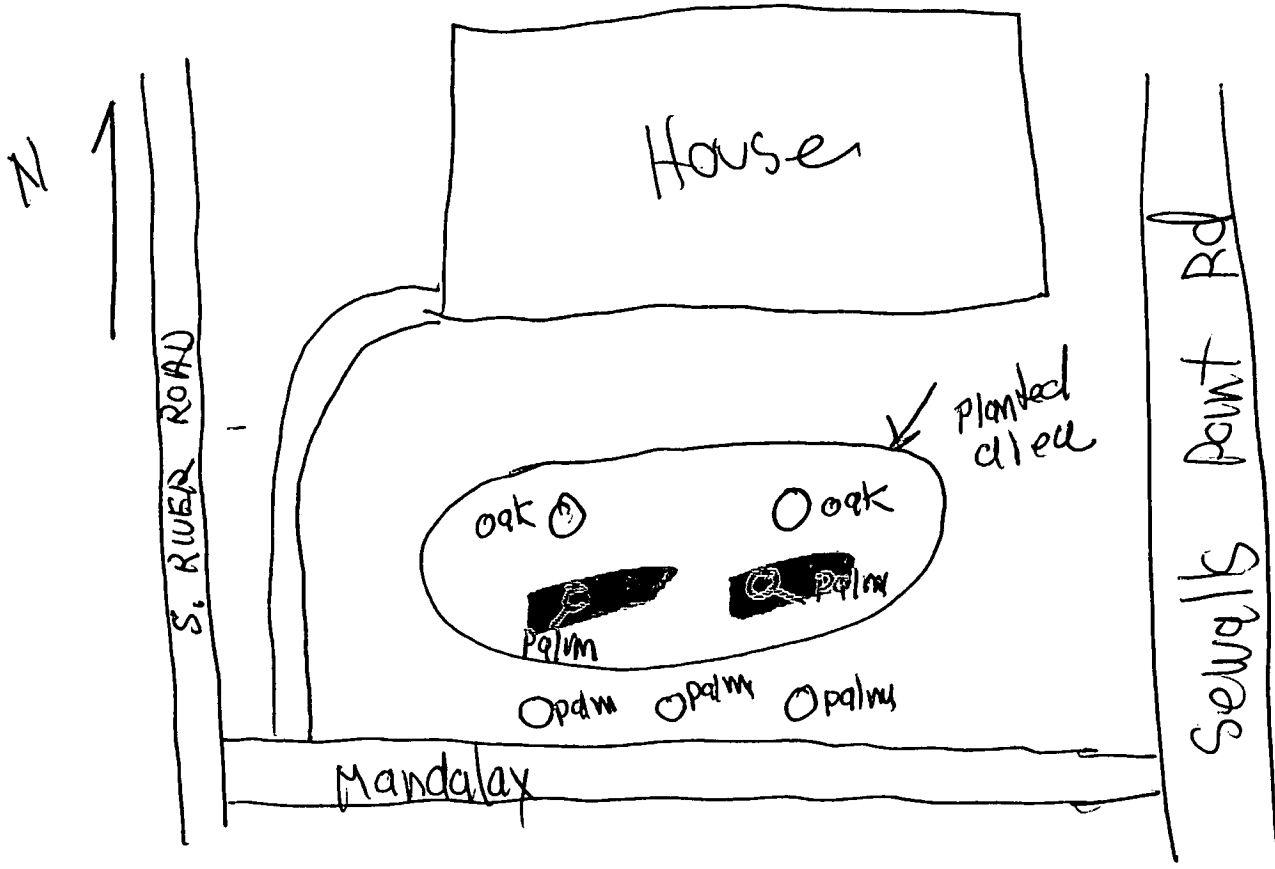
WALTER R. FABINSKY
10 MANDALAY ROAD
SEWALL'S POINT, FL 34996
(772) 283 - 8574 (H/FAX) e-mail: bobfabo@aol.com

I request the approval for the removal of 2 palm trees located in front of my house.

The palm trees are located on the south side of my house. The eastern tree has been damaged by woodpeckers who have dug a large nesting hole near the top. This makes the tree a danger since it will not take much wind to topple it.

During the hurricanes, the 2 oak trees in my front yard were uprooted although they did not fall. I hired an arborist to try to save them. He advised me to remove the western palm tree since it interferes with one of the oaks that we are trying to save.

Both palms are marked with orange tape.





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

APZ

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner FABINSKY ~~Address/Orlando~~ Phone 283-8574

Contractor Bernie's Tree Service Address _____ Phone 219-2519

No. of Trees: REMOVE 7 Type: Palm

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: _____

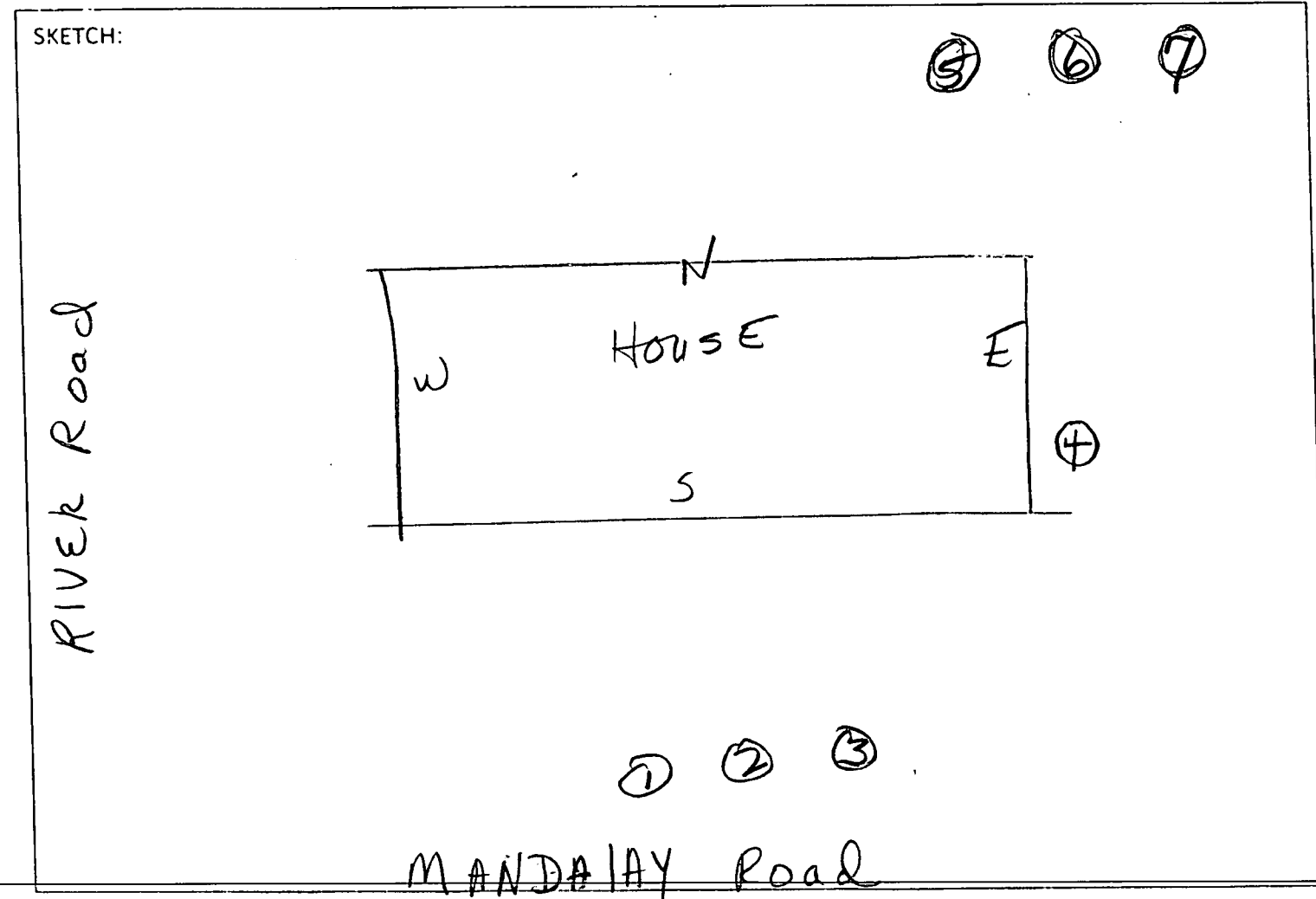
No. of Trees: REPLACE 0 WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation #1, 2, 3, 5, 6, 7 obstructing growth of oak trees, #4 to close to house

Signature of Property Owner Dan & Fabinsky Date 5-6-08

Approved by Building Inspector: [Signature] Date 5/7 Fee: —

NOTES: _____



TOWN OF SEWALL'S POINT, FLORIDA

Date 10/15/03 ~~RE~~ TREE REMOVAL PERMIT No 2120

APPLIED FOR BY FABINSKY (Contractor or Owner)

Owner 10 MANDALAY ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees Palm?

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 15.00

Signed, _____ Applicant

Signed Gene Summers (GS)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT, FLORIDA

File

Date 6 Date 6-17-2002 TREE REMOVAL PERMIT No 1160

APPLIED FOR BY Walter R. FABINSKY (Contractor or Owner)

Owner 10 MANDALAY ROAD - (contractor TBD)

Sub-division _____, Lot _____, Block _____

Kind of Trees 3 Cabbage Palms

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 15.00

Signed, _____ Applicant

Signed, Gene Summers (SM) Town Clerk



TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Vertical grid of 10 empty rectangular boxes for drawing or notes.

PROJECT DESCRIPTION _____

Five horizontal lines for project description details.

REMARKS _____

Five horizontal lines for remarks.

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 W. FABINSKY Address 10 Mandelay RD Phone 283-8574

Contractor TBD Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 3 cabbage palms

0
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

0 Ok, see sketch + left
Number of trees to be replaced: (list kinds of trees):

Permit Fee \$ 15.-

\$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 [Signature] Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 6/17/02

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

WALTER R. FABINSKY
10 MANDALAY ROAD
SEWALLS POINT, FL 34996
(561) 283-8574 (H/FAX) e-mail: bobfabo@aol.com

June 14, 2002

SUBJ: TREE REMOVAL

I am requesting a permit to remove 3 cabbage palms from my property.

I have the 3 trees marked with orange flagging tape for easy identification.

The reasons for removal are:

Tree # 1 Woodpeckers have hollowed the entire top of the tree. They have entrances to their nest on both sides of the tree which means that the entire top of the tree is currently being held by 2 narrow strips of living tree. I am concerned that the top will land on my garage if we have a high wind condition.

Tree # 2 The tree was planted too close to the structure and has become a hazard. I have to shave the side of the tree to keep it from rubbing against my rain gutter. Also, when the wind blows, it causes the tree to sway and hit the rain gutter.

Tree # 3 I have a planned modification to my house, and this tree is an obstruction. It must be removed so the modification can proceed.

S. RIVER ROAD

palm tree
#2 (2)

proposed modification

#3 (3) palm tree

Garage

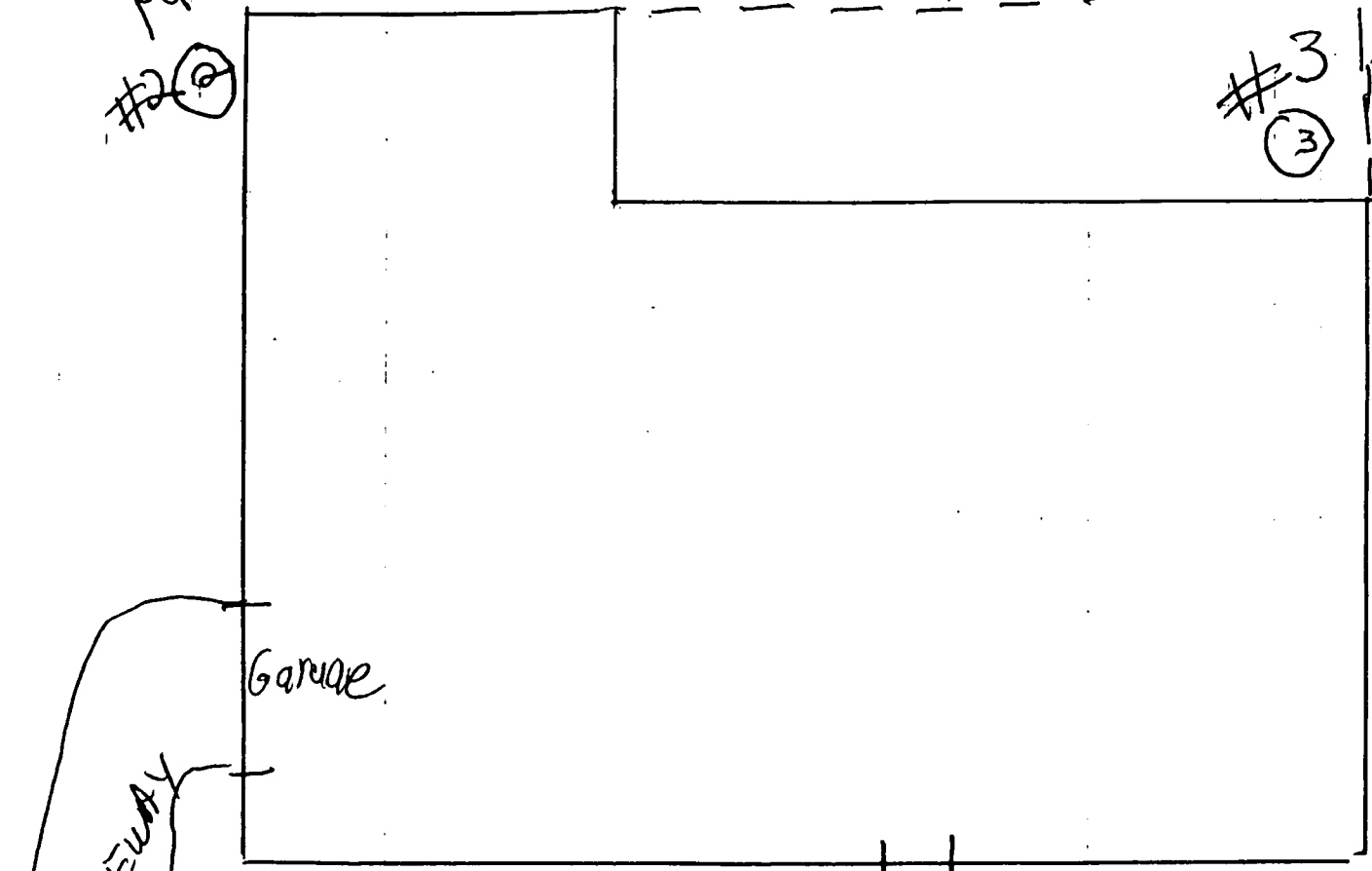
DRIVEWAY

#10 palm tree

SIDEWALK

Mandalay Road

N



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 17, 2002; Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5822	Devis	Drum/Rivwood	Failed	
5782 (3)	5 Palm Rd Alumatile	Yum Subject	✓	INSPECTOR: <i>[Signature]</i>
5824	Granfield	STEEL	Passed Failed	
(2)	15 W. High Pt. Rd Schiller			INSPECTOR: <i>[Signature]</i>
TR3E	FABINSKY	3 Cabbage Palms	Passed	
	10 Mandalay Rd			INSPECTOR: <i>[Signature]</i>
5761	Lowell	Tie Beam	Passed	
(1)	7 W. High Pt. Rd FANIERO			INSPECTOR: <i>[Signature]</i>
5682	WANDER	FINAL FENCE.	Failed	no permit
	24 SIMARA ST.		also: 5732 still open	
	UNITED. FENCE.	335 2627.	✓	INSPECTOR: <i>[Signature]</i>
5828	WALKER	FOOTING	Passed	
	21 W. HIGH POINT.			INSPECTOR: <i>[Signature]</i>
	SCOTT			
5567	WEBER	CO.	Passed	Health Doc to be found
	4 MANDALAY.	subj. height of	Bldg.	
	BUFORD.		Depos.	INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/20, 2002 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6480	WADE	ROOF FINAL	PASS	
2	9 E HIGH PT. PACIFIC			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TRUCK	FABINSKY	TREE	PASS	
4	10 MANDALAY RD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6551	LANGER	PUMPROUGH	PASS	
10	3 LOFTING WAY FLORIDA'S FINEST	FRAMING	PASS	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6711	AUMAN	? FINAL PUMPROUGH	PASS	
8	106 S. RIVER RD O/B	? ELECT. LOWVOLT	PASS	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6719	DONAHUE	BLEACHING	FAIL	
3	163. S. SEWALL ST HALL SAMMONS	SIDEWALK		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7101	MULLIGAN	INSULATION	PASS	
9	20 FIELDWAY SIXWOODS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7128	BENNER	IN GR. TANK + LINES	PASS	
5A	19 RIVERVIEW PR FERRELL GAS			INSPECTOR:
OTHER:				
7052	KINARD	TIN TAG/MERK	PASS	
	STIMOR			
	ALL-AMER.			



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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Walter Fabinsky Address 10 Mandalay RD Phone 283-8574

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: HICKORY

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

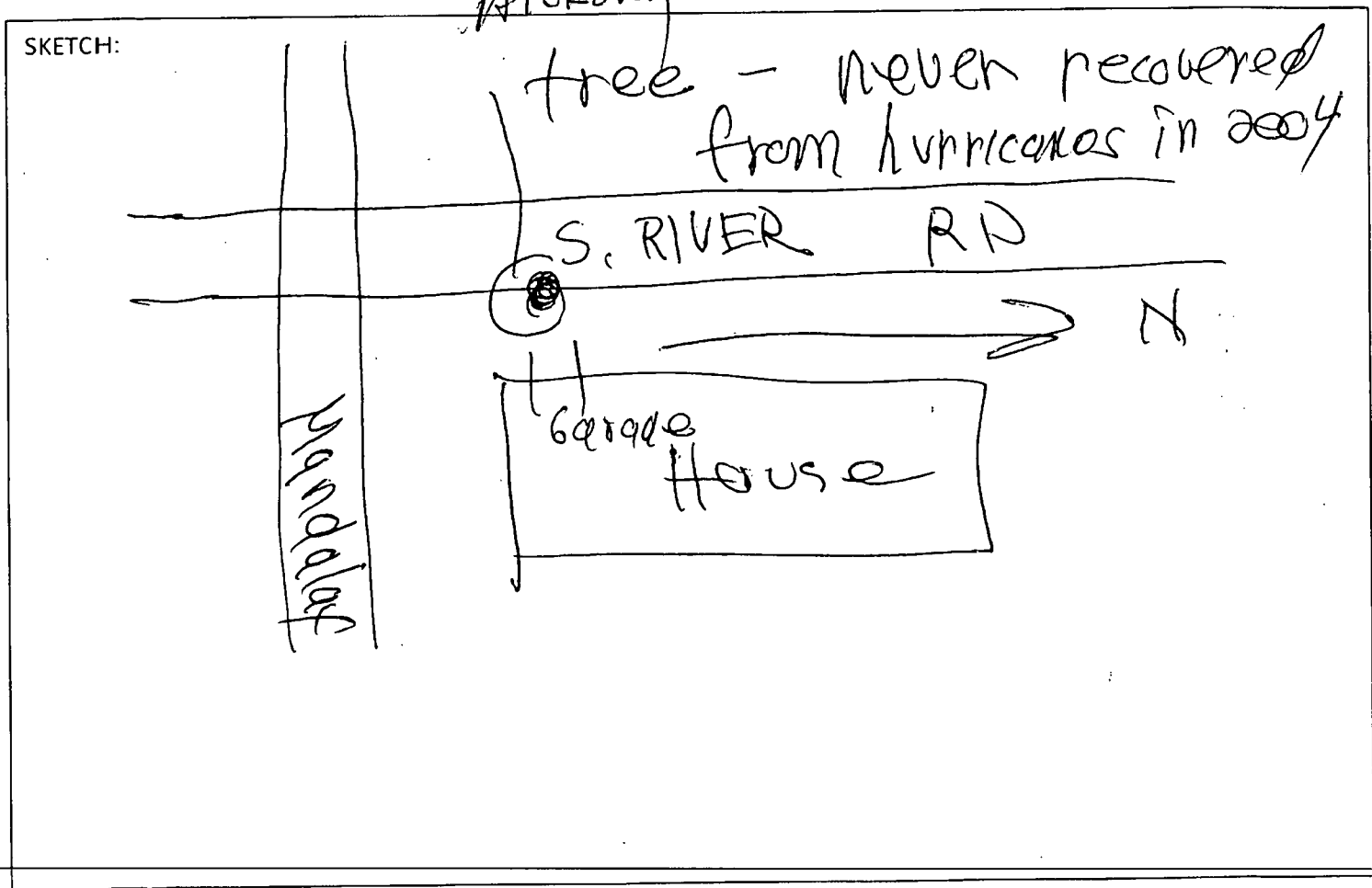
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) TREE DIED

Signature of Property Owner [Signature] Date _____

Approved by Building Inspector: [Signature] Date 8-18-07 Fee: N/A


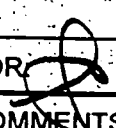
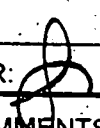
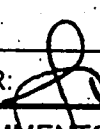
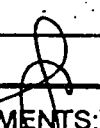
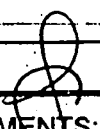
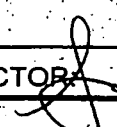
NOTES: DRAG ~~oak~~ TREE
HICKORY



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-3, 2007; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6080	SPIEVACK	ROOF REPAIRS		7 nobody there
(5)	30 W. HIGHPOINT RD ALL AMERICAN			rain / m INSPECTOR: 
6045	VASQUEZ	Final	Passed	
(7)	82 S. Sewall's Pt Rd J+B Boatlift			INSPECTOR: 
TREE	HULL	TREE	Passed	
(8)	2 HERITAGE WAY			INSPECTOR: 
TREE	FABINSKY	TREE	Passed	
(4)	10 MANDALAY RD			INSPECTOR: 
5908	WILBERDING	Strapping -	Passed	
(2)	2 PALAMA WAY O/B	2nd Floor only		INSPECTOR: 
6075	DICKER	Elec Panel - Pool	Passed	
(6)	1655 S. SEWALL'S PT RD KRAUSS + CRANE	Heater		INSPECTOR: 
6069	LAPIKAS.	SHEATHING.	Passed	
(1)	3 INDALUCIA RD. PARIFIC.	263 DOSS		INSPECTOR: 

OTHER: 95 S. River ?

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 W. FABINSKY Address 10 Mandala Phone 283-8574

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 cabbage palm
hazardous

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): 0 4/3/13

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

Permit Fee \$ 0
\$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: 4/3/13

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

(over)



I request to have this palm removed because it is a deformed tree that is a hazard. ~~The~~ about 3 feet up from the base, the tree is deformed and unable to support the top portion of the tree. I believe it will be a hazard to my new roof if it falls.