

1 Melody Lane

81

SFR

TOWN OF SEWALL'S POINT
Florida

81

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Date DEC. 1, 1964

Owner VIOLA BURNETT

Address SEWALL'S POINT

Architect _____

Address _____

Contractor KARL O. HERRLIN

Address RT. 1 Box 91 STUART

Building to be constructed on:

Lot 5 Block _____ Subdivision MELODY HILL

Address _____

Purpose of Building HOME Type of Work _____

Estimated cost of Building or Improvements \$ 26,900

Type of Construction C.B.S. Roofing Covering CONC. TILE

Type of Roof HIP Foundation 10"x20" CONC. 3pc #5

Size of Building Lot 189 x 100

Square Feet in Building 2,274 L.A.

Zoning _____

Permit Number B1 Permit Fee \$ 51.00 *PD 122-6424*

Clean-up Bond Number _____ Clean-up Fee \$ _____

Karl O. Herrlin
Signed Contractor

81

TOWN OF SEWALL'S POINT
Florida

BUILDING PERMIT

Fee \$ _____

APPLICATION FOR PLUMBING AND GAS PERMIT

Date Dec. 2-69 Permit Number ~~81~~ 81

Owners Name A W Burnett

Street and Number Lot 5 - Melody Hill

Plumber Palm City Plumbing City License No. _____

Gas Fitter _____

What is the size of Main Soil Pipe? 4"

Of what material is soil pipe? C.I.

FIXTURES - PLUMBING

Septic Tanks _____ Water Closets 3

Bath Tubs 2 Lavatories 3

Sinks 1 Urinals _____

Garbage Drains _____ Shower Baths _____

Heater (Electrical) 2 Well _____

Washing Machine Drains 1

FIXTURES - GAS

Stoves _____ Burners _____

Heaters (water) _____ Heaters (space) _____

Other Appliances _____

Paul M. Lawrence
Signed: Contractor

TOWN OF SEWALL'S POINT
Florida

Fee\$ _____

BUILDING DEPARTMENT

APPLICATION FOR PERMIT TO INSTALL ELECTRICAL EQUIPMENT

Date 12-1-64 Permit Number 81

Owner AW BURNETT

Street and Number _____

Electrician KRAUSS & CRANE, INC. City License Number _____

Work: New Old Additional

DISTRIBUTION

S. Switches _____, Number of Generators _____

Number of Motors _____ Water Heater 2

Stoves 2 Outlets 140 (TOTAL)

Receptacles 40 Wall Heater _____

Sub Feed NONE Size of Panel 200 A. 30 CKT

Wire: Romex Conduit Number of Fixtures 20

Size of Main Disconnect 200 A.

Krauss & Crane Inc. by [Signature]
Signed: Contractor

81

84

PAGODA

Town of Sewall's Point

4508

PLN. _____

Date OCT. 98

BUILDING PERMIT APPLICATION

to construct

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: _____ CONTRACT PRICE 3,800XX

Owner's Name John Ritter

Owner's Address 1 Melody Lane, Stuart, FL

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

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

City _____ State _____ Zip _____

Contractor's Name Gribben Construction Inc.

Contractor's Address 3077 SE Dixie Hwy

City Stuart State FL Zip 34997

Job Name _____

Job Address _____

City _____ State _____ Zip _____

Legal Description Melody Hill Lot

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

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

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

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

Ann D. Ritter 10/30/98
Owner or Agent Date

[Signature] 10/30/98
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA


Sworn to and subscribed before me this 30 day of Oct. 1998 by
EDWARD GRIBBEN who: is/are personally known to me, or [] has/have produced _____
as identification, and who did not take an oath.

Name: [Signature]
Typed, printed or stamped
(NOTARY SEAL) I am a Notary Public of the State of Florida having a
commission number of _____ and my
commission expires: _____

 David D. Morelli
MY COMMISSION # CC720681 EXPIRES
March 1, 2002
STATE OF FLORIDA BONDED THRU TROY FAIN INSURANCE, INC.
COUNTY OF MARTIN

Sworn to and subscribed before me this 30 day of Oct. 1998 by
John Ritter who: is/are personally known to me, or [] has/have produced _____
as identification, and who did not take an oath.

Name: [Signature]
Typed, printed or stamped
(NOTARY SEAL) I am a Notary Public of the State of Florida having a
commission number of _____ and my
commission expires: _____

 David D. Morelli
COMMISSION # CC720681 EXPIRES
March 1, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

Certificate of Competency Holder
Contractor's State Certification or Registration No. RC 0054342

Contractor's Certificate of Competency No. MC 00158

APPLICATION APPROVED BY _____ Permit Officer

Building Commissioner

11-18-98
Bott
says
OK

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

PAMELA M. BUSHA
Mayor

NEIL SUBIN
Vice Mayor

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

DON OSTEEN
Commissioner

ROBERT KELLOGG
Town Manager

JOAN H. BARROW
Town Clerk

ERIC CERNIGLIA
Chief of Police

JOHN R. ADAMS
Building Official



Call
486-3238

812-0223

BUILDING DEPARTMENT RECORDS REQUEST FORM

Name of Requestor: Bob BAILEY Date of Request: 10/08/12

Telephone/Fax: 772-8120223 - 772-408-0272 E-mail: BAILEY.ROBERT899@GMAIL.COM

Will this information be used for any commercial purposes? YES NO FENCE INSTALL

Subdivision: _____ Permit Number(s) _____

Address of Building(s) 1 MELODY LANE

Records/Documents Requested (Be specific) SURVEY THAT'S REQUIRED FOR
OBTAINING A PERMIT FOR A FENCE INSTALL.

Reproduction of Plans and Drawings:

Federal Copyright laws vests the owner of a copyright, subject to certain limitations, the exclusive right to do or authorize, among other things, the reproduction of the copyrighted work in copies and the distribution of the copyrighted work to the public by sale or transfer of ownership. **The unauthorized reproduction in part or in whole of any copyrighted work in copies constitutes an infringement of such copyright.** Copyright infringement is a tort and *all persons concerned* therein are jointly and severally liable as joint tort-feasors. In 1990, Congress amended the federal copyright law specifically to provide that relief for infringement is available against "anyone" including any State or Locality or any officer/employee of a State or Locality acting in his or her official capacity.

The Town does allow an inspection of the drawings or plans as required under the Public Records Law, but the Town must require a waiver or written permission from a copyright holder before reproducing any copyrighted works. I have read and understand the above statement regarding copyright laws.

Signature: REJ Address 540 NW MERCANTILE PLACE
POINT ST LUCIE, FL 34986



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: buildoff@sewallspoint.martin.fl.us

84

TOWN OF SEWALL'S POINT
Florida

BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT

Date Jan 26, 1965

Owner Viola B. Burnett

Address Melody Hill

Architect _____

Address _____

Contractor Karl O Hertlin

Address Rt 1 Pox 91 Stuart

Building to be constructed on:

Lot 5 Block _____ Subdivision Melody Hill

Address _____

Purpose of Building _____ Type of Work _____

Estimated cost of Building or Improvements \$ 200.00

Type of Construction Pagoda Roofing Covering _____

Type of Roof open Foundation Conc.

Size of Building Lot _____

Square Feet in Building 80 sq. ft.

Zoning _____

Permit Number #84 Permit Fee \$ _____

Clean-up Bond Number _____ Clean-up Fee \$ _____

Karl O Hertlin
Signed: Contractor

84

225

TOOL HOUSE

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner Alton Burnett Present Address Melody Hill Phone _____

Architect _____ Address _____

General Contractor _____ Address _____ Phone _____

Where Licensed _____ License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location _____ Subdivision _____ Lot No. _____

Lot Dimensions _____ Lot Area _____ Sq. Ft. _____

Purpose of Building _____ Type of Construction _____

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls _____ Inside of Walls _____

Street or Road building will front on _____

Clearances - Front _____ Back _____ Side _____ Side _____ River _____

Well Location _____ Septic Tank Location _____

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) _____

<u>PERMIT FEE</u>	<u>New Home</u>	<u>Additions</u>	<u>Others</u>
General (\$3.00 per \$1000 or Fraction)	_____	_____	_____
Plumbing (Flat Fee)-----	\$10.00	\$3.00	_____
Electrical (Flat Fee) -----	\$10.00	\$3.00	_____
Total (To be paid by General Contractor or Owner) -----	_____	\$1,300	_____

Pre job - Utility House -

SIGNED: - General Contractor or Owner _____

Building Inspector Comments: Charles A. Dwyer

FOR TOWN RECORDS: Date Drawings submitted 7/8/70
 Date Permit approved 7/8/70
 Date Permit Fee paid 7/15/70
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

225

3841

REROOF

TAX FOLIO NO. 1-38-41-008-000-00050, 30000

DATE Aug 28/95

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 JOHN RITTER Present address 1 MELODY LANE
SEWALLS POINT

Phone 283 4234
Contractor STEVEN CASTONGUAY Address 508 S 8th ST.
Phone 4101-0145 FT. PIERCE FL. 34950

Where licensed STATE CERTIFIED License number CC055573
Electrical Contractor _____ License number _____
Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: RE ROOF

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

1 MELODY LANE SEWALLS PT.

Subdivision MELODY HILL Lot Number E 1/2 OF LOT 5 Block Number _____

Contract price \$ 6750.00 Cost of permit \$ 100.00

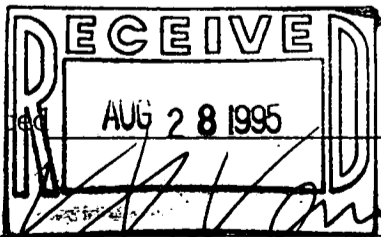
Plans approved as submitted _____ Plans approved as marked _____

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

Contractor STEVEN CASTONGUAY

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 John Ritter



TOWN RECORD

Date submitted _____ Approved: Dale Bran
Building Inspector Date

Approved: _____ Final approval given: _____
Commissioner Date Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

09/27/94 AUDIT CONTROL NO. 2915112
LICENSE NO. BATCH NO. AMOUNT PAID
CC C055573 94006872 \$209.00

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE FL 32211-7467

Steven Philip Castonguay
LICENSEE SIGNATURE

WALLET CARD — FOLD HERE —

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD
CERTIFIED ROOFING CONTRACTOR
CASTONGUAY, STEVEN PHILIP
INDIVIDUAL

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
FOR THE YEAR EXPIRING AUG 31, 1996

Lawton Chiles
LAWTON CHILES
GOVERNOR

George Stuart, Jr.
GEORGE STUART, JR.
SECRETARY, D.B.P.R.

4468

FENCE

4468

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date 9-22-98

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

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

Owner MR ^{John} Ritter Present address 1 Melody Lane

Phone 283-4234

Contractor Martin Fence Address 862 83th ST

Phone 930-9303 Lake Park

Where licensed Martin County License number SP 00056

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: 134' x 5' Chain Link fence

1 Melody Lane Sewall Point
State the street address at which the proposed structure will be built:

Subdivision Melody Hill Lot No. 5

Contract price \$ 1400.00 Cost of Permit \$ _____

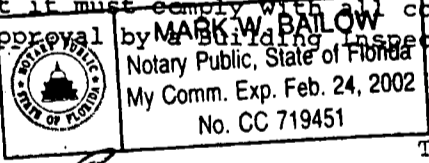
Plans approved as submitted _____ Plans approved as marked _____

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

9/22/98
Mark W. Ballow

Contractor [Signature]

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 Ann L. Ritter

TOWN RECORD Date submitted _____

Approved: Bob Bett Conditional App. 9-23-98
Building Inspector Date

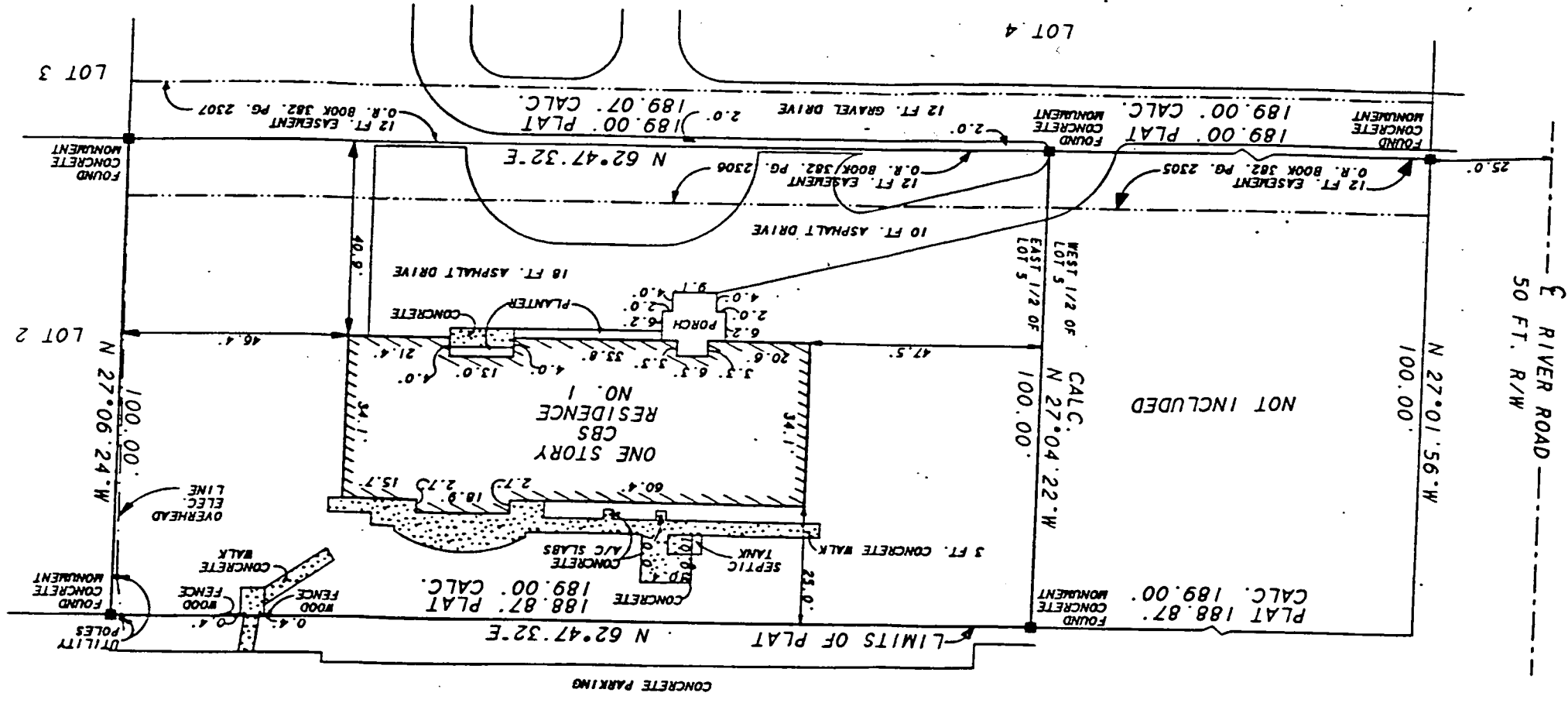
Approved: _____
Commissioner Date

Final Approval given: _____
Date

Certificate of Occupancy issued _____
Date

WILLIAM L. CREECH Jr.

PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA



CERTIFICATE OF SURVEY

ORDER NO. 8032

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

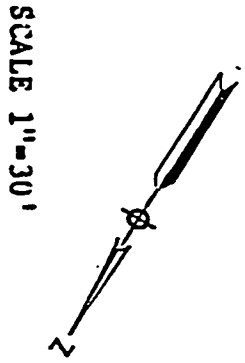
I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21H-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
 2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
 3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:
 GREAT WESTERN BANK, AFSB
 JOHN NN RITTER
 TICOR TITLE CO.
 US TITLE SECURITY CO.

FOUND CONCRETE MONUMENT
 SET CONCRETE MONUMENT
 FOUND IRON MARKER
 SET IRON MARKER
 WOOD FENCE
 WIRE FENCE
 UTILITY POLE

William L. Creech Jr.
 WILLIAM L. CREECH, JR.
 FLORIDA PROFESSIONAL LAND SURVEYOR
 CERTIFICATE NUMBER 2370
 DATE: 4/25/94



DESCRIPTION
 SURVEY OF AND SHOWING THE EAST ONE-HALF OF LOT 5, MELODY HILL, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.
 TOGETHER WITH AN EASEMENT FOR PUBLIC UTILITIES AND ROAD RIGHT-OF-WAY PURPOSES OVER, UPON & ACROSS THE SOUTHERLY TWELVE(12.0) FEET OF THE FOLLOWING DESCRIBED LAND IN MARTIN COUNTY, FLORIDA, TO WIT:
 THE WEST ONE-HALF OF LOT 5, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

ADDRESS:
 1 S.E. MELODY LANE
 STUART, FLORIDA

FLOOD ZONE B
 PANEL NO. 120165-0001D
 PANEL DATE 6/16/92

NOT INCLUDED



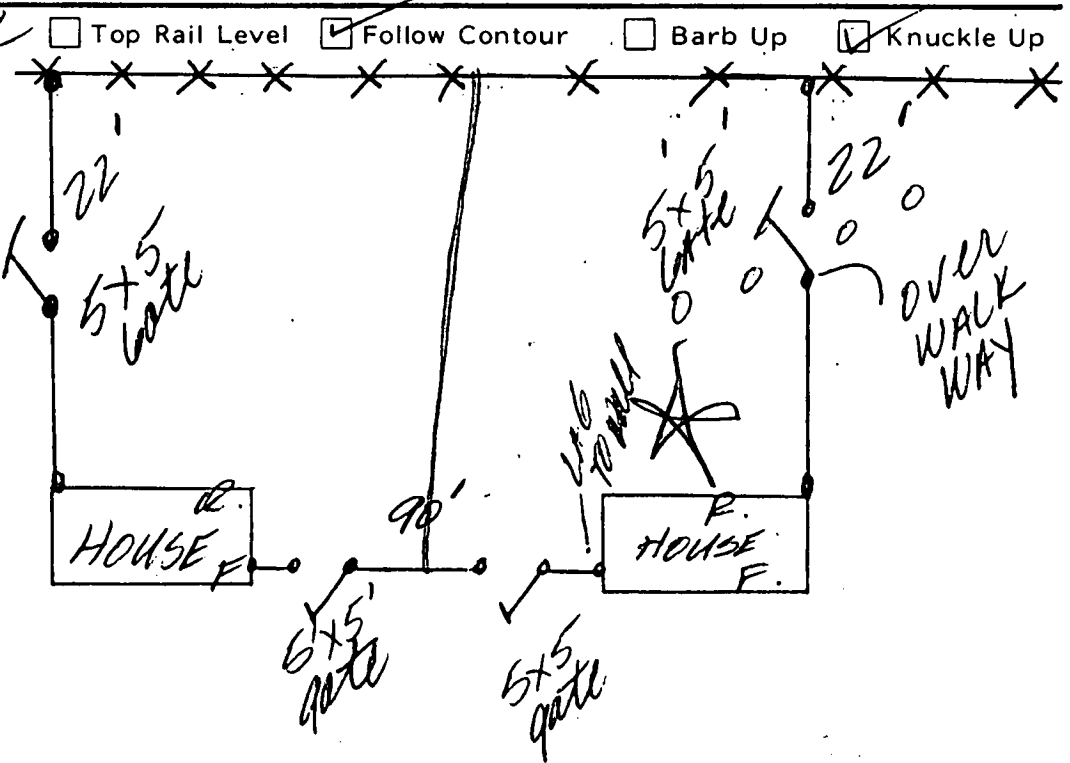
PHONE: 561-848-2666 • FAX: 561-848-4466
 TOLL FREE: 930-9303 - SEBASTIAN TO KEY WEST
 862 13TH STREET, LAKE PARK, FLORIDA 33403-2383
 LIC. # U10591

9/11 (MS)

Date: 9/12/98
 SOLD TO: Name: Mrs Ritter SHIP TO: GO OVER EVANS
 Address: MELODY LANE CLARY BRIDGE
 City: STUART, FL to 1st rd to
 Phone: 283-4734 Business: to next left Total Footage: _____

Lot: _____ Block: _____ Plat: _____ Page: _____ Subdivision: _____

Fence: 5 BLACK VINYL Top Rail Level Follow Contour Barb Up Knuckle Up
 Top Rail: 1 3/8 gal.
 Line Posts: 195 gal.
 Cor. Posts: 2 1/2 gal.
 Gate Posts: 2 1/2 gal.
 Gates: 4 ea 5x5
BLK V 1 gal.
 Tension Wire: Yes
 Core Drills: None
 Panelweave: None



I hereby authorize the installation of the fence in accordance with the sketch and any attached specifications and I agree to assume all liability and responsibility for accuracy of sketches.

All fence lines must be cleared by customer or a fee will be charged - \$40 per hour/minimum of 1 hour.

Total Price: \$ 744.00 Approx. Delivery Date: _____
 Less Deposit: \$ 20.00 Week of: ASAP
 C.O.D. on Completion: \$ 744.00

This contract subject to Terms and Conditions on reverse side. Oral representation's cannot be relied on. No modifications to this contract will be honored unless in writing and signed by both parties.

Customer: Amy Ritter
 Salesman: [Signature]

I hereby acknowledge the satisfactory completion of the above described work.
 Customer: _____

CERTIFICATE OF SURVEY

ORDER NO. 8032

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21NH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:

GREAT WESTERN BANK, AFSB
JOHN 'NN RITTER
TICOR TITLE CO.
US TITLE SECURITY CO.

William L. Creech, Jr.
WILLIAM L. CREECH, JR.
FLORIDA PROFESSIONAL LAND SURVEYOR
CERTIFICATE NUMBER 2370

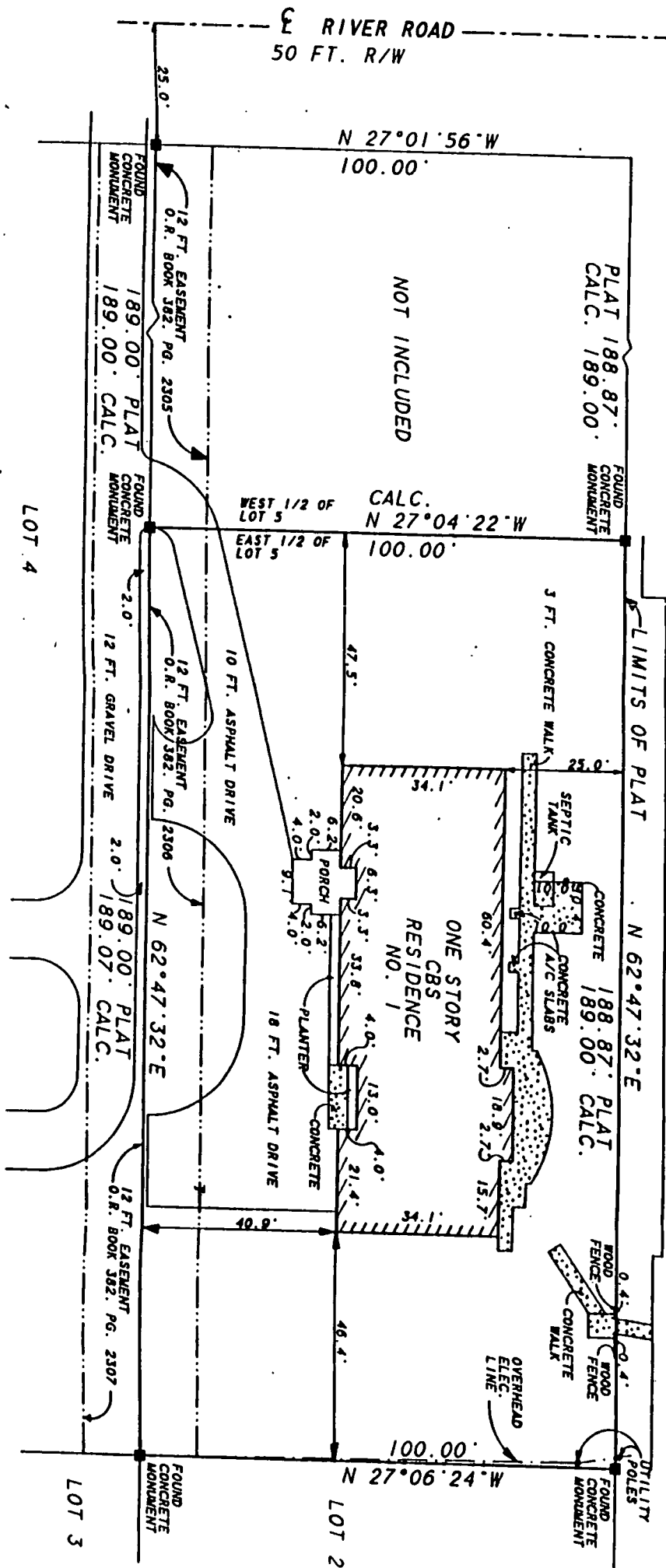
DATE: 4/25/94

- FOUND CONCRETE MONUMENT
- SET CONCRETE MONUMENT
- FOUND IRON MARKER
- SET IRON MARKER
- WOOD FENCE
- - - WIRE FENCE
- UTILITY POLE

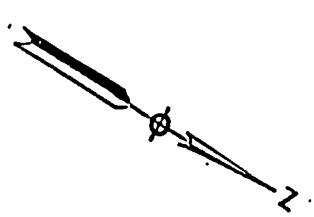
MORTGAGE SURVEY DRAWING NO. 8032

WILLIAM L. CREECH Jr.
PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA

TOLL FREE 800-644-8866
MARTIN COUNTY 883-5967



SCALE 1"=30'



ADDRESS:
1 S.E. MELODY LANE
STUART, FLORIDA
FLOOD ZONE B
PANEL NO. 120165-0001D
PANEL DATE 6/16/92

DESCRIPTION
SURVEY OF AND SHOWING THE EAST ONE-HALF OF LOT 5, MELODY HILL, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.
TOGETHER WITH AN EASEMENT FOR PUBLIC UTILITIES AND ROAD RIGHT-OF-WAY PURPOSES OVER, UPON & ACROSS THE SOUTHERLY TWELVE(12.0) FEET OF THE FOLLOWING DESCRIBED LAND IN MARTIN COUNTY, FLORIDA, TO WIT:
THE WEST ONE-HALF OF LOT 5, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

CERTIFICATE OF SURVEY

ORDER NO. 8032

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

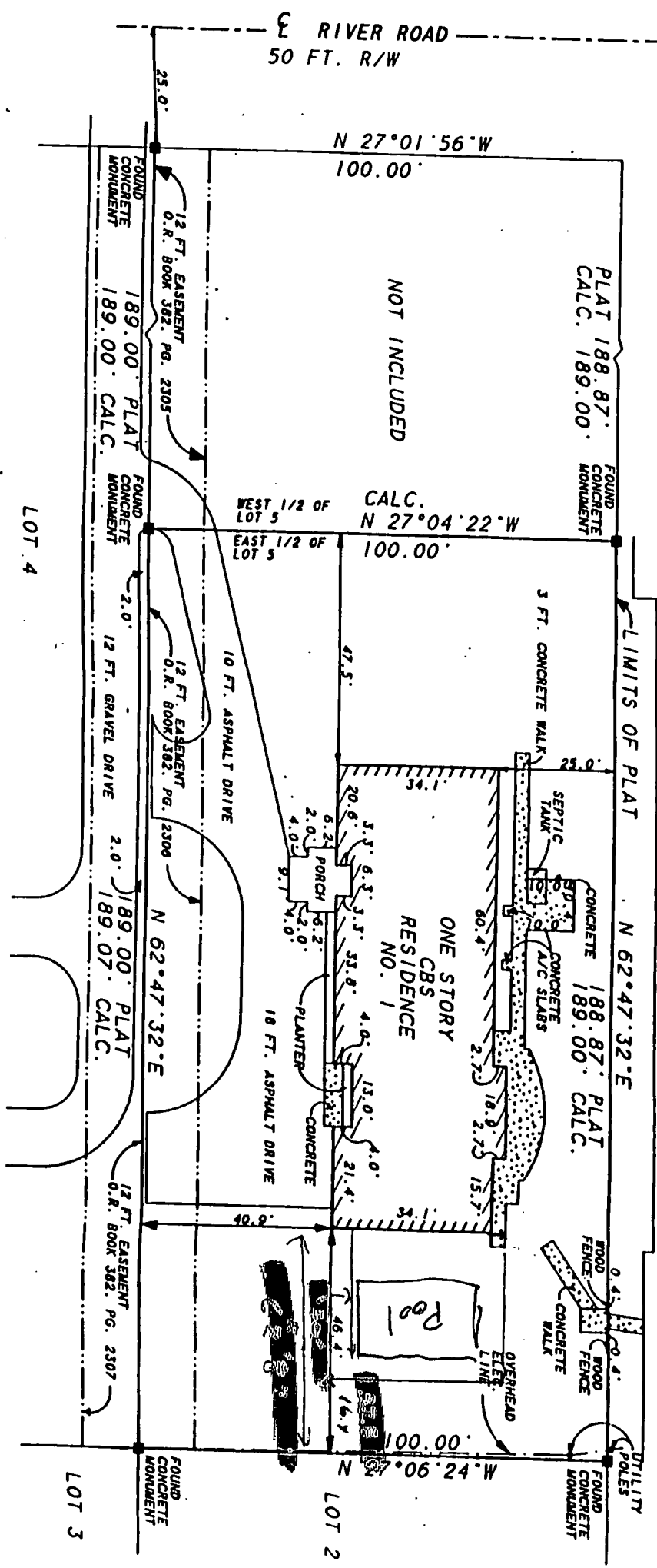
CERTIFIED TO:
 GREAT WESTERN BANK, AFSB
 JOHN ANN RITTER
 TICOR TITLE CO.
 US TITLE SECURITY CO.

William L. Creech, Jr.
 WILLIAM L. CREECH, JR.
 FLORIDA PROFESSIONAL LAND SURVEYOR
 CERTIFICATE NUMBER 2370

DATE: 4/25/94

- FOUND CONCRETE MONUMENT
- SET CONCRETE MONUMENT
- FOUND IRON MARKER
- SET IRON MARKER
- WOOD FENCE
- WIRE FENCE
- UTILITY POLE

WILLIAM L. CREECH JR.
 PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA
 MORTGAGE SURVEY DRAWING NO. 8032
 TOLL FREE 800-343-8866
 MARTIN COUNTY 283-5967



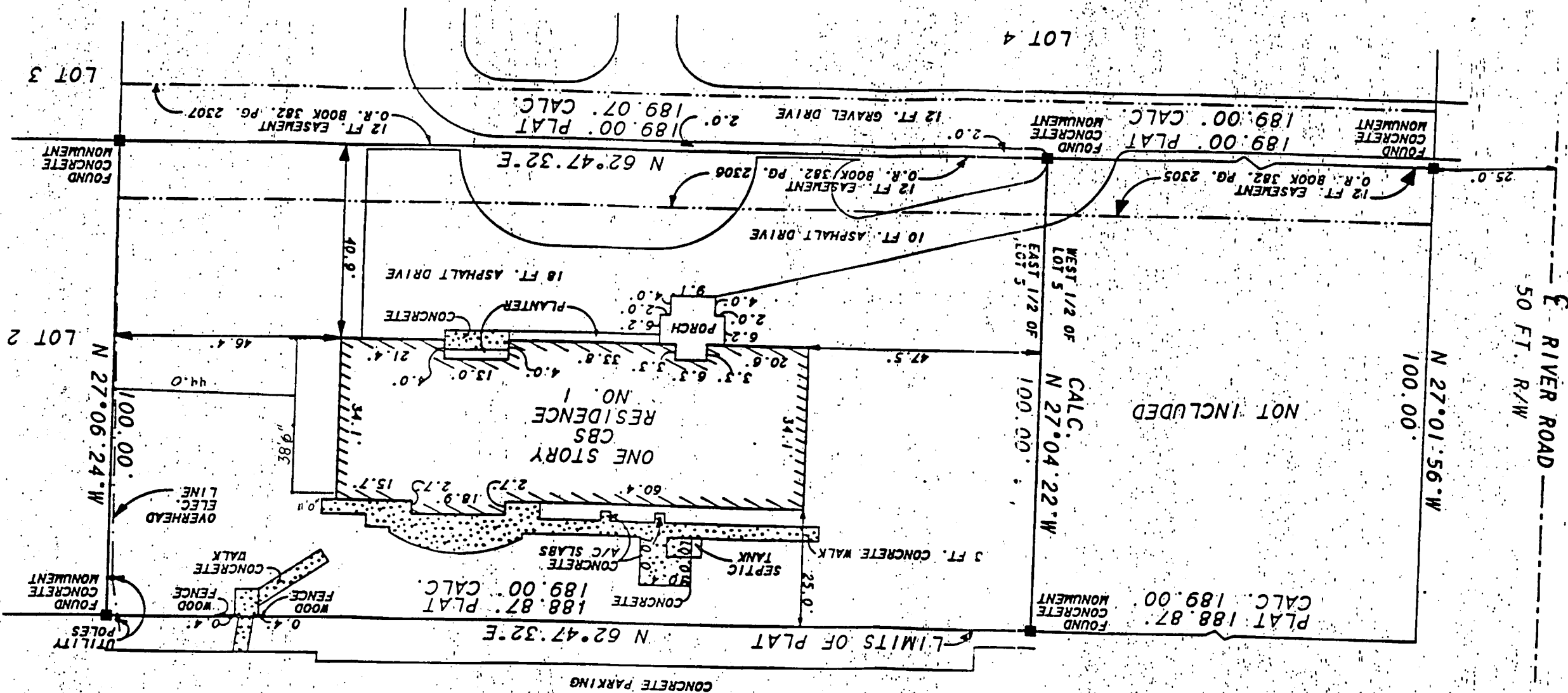
SCALE 1"=30'
 ADDRESS:
 1 S.E. MELODY LANE
 STUART, FLORIDA
 FLOOD ZONE B
 PANEL NO. 120165-0001D
 PANEL DATE 6/16/92

DESCRIPTION
 SURVEY OF AND SHOWING THE EAST ONE-HALF OF LOT 5, MELODY HILL, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.
 TOGETHER WITH AN EASEMENT FOR PUBLIC UTILITIES AND ROAD RIGHT-OF-WAY PURPOSES OVER, UPON & ACROSS THE SOUTHERLY TWELVE(12.0) FEET OF THE FOLLOWING DESCRIBED LAND IN MARTIN COUNTY, FLORIDA, TO WIT:
 THE WEST ONE-HALF OF LOT 5, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

TOLL FREE 800-443-4866
 MARTIN COUNTY 283-5967

WILLIAM L. CREECH Jr.
 PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA

MORTGAGE SURVEY DRAWING NO. 8032



CERTIFICATE OF SURVEY

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21H-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

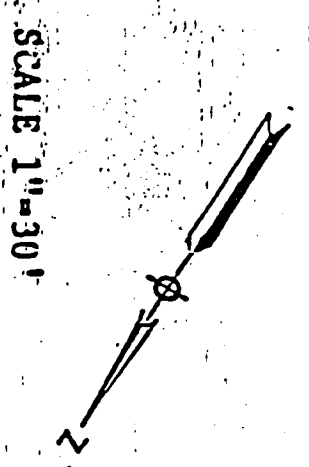
1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
 2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
 3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:
 GREAT WESTERN BANK, AFSB
 JOHN & ANN RITTER
 TICOR TITLE CO.
 US TITLE SECURITY CO.

FOUND CONCRETE MONUMENT
 SET CONCRETE MONUMENT
 FOUND IRON MARKER
 SET IRON MARKER
 WOOD FENCE
 WIRE FENCE
 UTILITY POLE

William L. Creech Jr.
 WILLIAM L. CREECH, JR.
 FLORIDA PROFESSIONAL LAND SURVEYOR
 CERTIFICATE NUMBER 2370
 DATE: 4/25/94

ORDER NO. 8032



DESCRIPTION

SURVEY OF AND SHOWING THE EAST ONE-HALF OF LOT 5, MELODY HILL, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA. TOGETHER WITH AN EASEMENT FOR PUBLIC UTILITIES AND ROAD RIGHT-OF-WAY PURPOSES OVER, UPON & ACROSS THE SOUTHERLY TWELVE(12.0) FEET OF THE FOLLOWING DESCRIBED LAND IN MARTIN COUNTY, FLORIDA, TO WIT:
 THE WEST ONE-HALF OF LOT 5, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

ADDRESS:
 1 S.E. MELODY LANE
 STUART, FLORIDA

FLOOD ZONE B
 PANEL NO. 120165-0001D
 PANEL DATE 6/16/92

4488

POOL & SCREEN ENCLOSURE

Town of Sewall's Point

P.L.N. _____

Date _____

POOL / SPA PERMIT APPLICATION

to construct:

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL

4488

OTHER: _____ CONTRACT PRICE 20,000

Owner's Name Ann + John Ritter

Owner's Address 1 ~~SE~~ Melody Lane, Stuart, FL 34996

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

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

City _____ State _____ Zip _____

Contractor's Name South Florida Custom Pools 337 9995

Contractor's Address 2186 SE Elmhurst Rd

City Port St. Lucie State Fl. Zip 34952

Job Name Ann + John Ritter

Job Address 1 ~~SE~~ Melody Lane

City Stuart State Fl. Zip _____

Legal Description East Half Lot 5 Melody Hill

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

228 4768

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

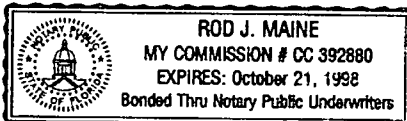
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

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

X Ann L. Ritter 10/13/98
Owner or Agent Date

Rod J. Main 10-13-98
Contractor Date

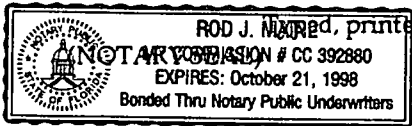
COUNTY OF MARTIN
STATE OF FLORIDA



Sworn to and subscribed before me this 13 day of Oct, 1998 by _____ who: is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Rod J. Main

Name: _____



I am a Notary Public of the State of Florida having a commission number of CC 392880 and my commission expires: Oct. 21, 1998

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199__ by _____ who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

Name: _____

Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Robert Beth Block Permit Officer

_____ Building Commissioner



Town of Sewall's Point
Phone: (561) 287-2455 **Fax: (561) 220-4765**
One South Sewall's Point Road, Sewall's Point, Florida 34996

GENERAL CONDITIONS OF BUILDING PERMITS

All construction must conform to the Code of Ordinances of the Town of Sewall's Point, The South Florida Building Code (Dade County 1994 Edition updated to Supplement No. 4, January 1998, and Florida Statutes.

A Notice of Commencement is required for work, \$2,500 or more in value.

The Building Official does not have the authority to approve drawings or construction which would be in violation of the above mentioned Codes. Errors or omissions by the building department will not relieve the Owner or the Contractor from the above requirements, nor does this permit grant any waivers from the Code.

The permit is valid for one year, and may be renewed upon the payment of another permit fee equal to the original permit fee.

Wind load requirements for all new construction is based upon 140 MPH, exposure D as listed in ANSI/ASCE 7-88 approved November 27, 1990. Storm protection devices (shutters) are required on ALL windows and doors.

Permanent water and temporary or permanent electric service must be provided on site. Borrowing services from a neighbor is not allowed.

Toilet facilities for workers must be provided. Construction sites must be kept free of debris at all times. Trash containers are required on all construction sites. They should not be overflowing.

Inspections and permits may be suspended or revoked and the Town may take other actions for failure to correct defects, concealing work without an approval by inspection, or by any willful violations of the above conditions or special conditions noted on the construction documents including the permit.

Working Hours - 8:00 am until 5:00 pm, Mon. – Sat.

(f) By disposal to a soakage pit having a volume as set forth in Table 50-A for pools and an effective depth no greater than 5'-0" below grade. A drainage pit consisting of a trench filled with washed ballast rock, may be used in lieu of soakage pit provided that the rock has not less than 50% voids, that the volume of the rock be not less than twice that set forth for the soakage pit, that the pit be covered with 30# asphalt-saturated felt for a distance of 3'-0" out each side and provided the effective depth shall be not greater than 5'-0" below grade. Soakage pits shall conform to requirements for septic tanks as set forth in Subsection 4611.6 of this Code excepts that the lids thereof shall conform with the requirements for septic tanks as set forth in Subsection 4615.5 of this Code.

(g) Where sufficient pervious area exists remote from water-supply wells, disposal systems, soakage pits, septic tanks, drain-fields and non-tidal bodies of water such pervious area may be used for the disposal of pool, spa, or hot tub water under the following conditions:

(1) Surface grading is such as to confine any ponding to this area and such ponding or standing water shall not persist for more than one hour after discharge.

5004.3(g) (2) A minimum distance of 50'-0" for pools is maintained between this area and any supply well and 25'-0" minimum distance to any disposal works.

(3) The pervious area for pools shall be a minimum of 15 times the area set forth in Table 50-A. The Building Official may require percolation tests where the percolation for said pools ability of the soil is questionable.

**TABLE 50-A
SWIMMING POOL BACKWASH DRAINAGE SIZING CHART**

Pool Volume (Gallons)	Flow Rate (Gal. per min.)	Filter Area Sq. Ft.	Backwash Volume (Gallons)	Soakage Pit Area (Based on 4 Min/inch Perc) Sq. Ft.	Drain-field Area (Based on Area 3.3 X Soakage pit area) Sq. Ft.
Up to 16,800	23.3	1.2	466	33.3	110.6
16,800 to 23,000	32	1.6	640	46.1	152.1
23,000 to 34,000	47	2.4	940	67.7	223.4
34,000 to 46,000	64	3.2	1280	92.2	304.3
Over 46,000	Submit design data.				13,500

* Table based on a Flow Rate of 20 gpm per sq. ft. of Filter Area.

Ann + John Ritter
1 Melody Lane

South Florida Custom
Pools

PLAN REVIEW
SEWALL'S POINT

residential

Town Ordinances

- ~~Completed application for permit - [unclear] to [unclear] Application~~
- ~~Impact fee receipt~~
- Notice of Commencement if over \$2,500.00
- DA Applicable permits from other agencies (ie) DEP, Sewer and Irrigation, Road use
- DA Approval from homeowners Association or Arch. Review
- ~~License and insurance for General and Subs, or affidavit for Owner Builder~~
- Signed and Sealed building plans
- Wind load certifications for 140mph. exposure D
- Survey showing; FFE, flood zone, setbacks, sq. ft. of lot, and impervious surfaces
- Landscaping Plan
- Zoning applicable
- Setbacks for zoning **OK**
- ~~Flood Zone~~
- ~~First floor Elevation~~
- ~~Overall height not to include chimney, vents, cupola~~
- ~~Tree permit~~
- ~~Florida-energy code forms~~
-

Plans to include

- Site Plan showing retainage of stormwater and proposed elevations, attach calculations
- Driveway and parking plans
- Exterior elevations
- Foundation Plan, bottom of all footings 12" below finished grade
- Framing plan showing ceiling heights, egress windows, safety glazing
- Typical wall sections
- Roof Plan with truss engineering
- Door and Window engineering
- Electrical Calculations, conformance with 1996 NEC
- Smoke detectors in compliance with NFPA 74
- Plumbing riser showing vent, drain sizes
- Conformance with South Florida Code for 140mph. wind exposure D
- Storm protection required for all doors and windows
- Mechanical Plan showing sizes of ducts
- Cross sections, details, elevations
- Specifications on gravity, uplift connections
- Attic access 22" X 36
-

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
MAINE, ROD J
SOUTH FLORIDA CUSTOM POOLS
3825 SELVITZ RD
FT PIERCE FL 34981

EXPIRES SEPTEMBER 30, 19 99

AUDIT
CONTROL
NUMBER

34229

CERTIFICATE NUMBER
SP02562

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Fl.

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):

1 SE Melody Lane Stuart, Fl. lot 5 Melody Hill

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool, Deck, + Improvements

OWNER: Ann + John Ritter

ADDRESS: 1 SE Melody Lane, Stuart

PHONE #: 283 4234 FAX #: _____

CONTRACTOR: Gribben Construction

ADDRESS: 3077 SE Dixie Hwy Stuart, Fl 34997

PHONE #: 288-6330 FAX #: 286-2072

SURETY COMPANY(IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

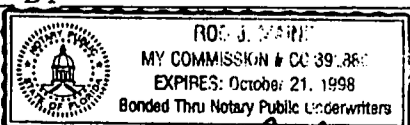
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

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

X Ann L. Ritter
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13 DAY OF October 1998 BY _____



NOTARY SIGNATURE Rod J Mann

OR PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

CERTIFIED
CONTRACTOR

SWIMMING POOL CONTRACTOR

SIGNATURE _____

ATTEST:

Vanni A. Henning

LICENSING ADMINISTRATOR

1371

5956

FENCE

TOWN OF SEWALL'S POINT

Date 9-5-02

BUILDING PERMIT NO. 5956

Building to be erected for John Ritter Type of Permit FENCE

Applied for by Daniel Kimer - Just Wood (Contractor) Building Fee 30.00

Subdivision _____ Lot 5 Block _____ Radon Fee _____

Address 1 Melody Lane Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1384100 8000000 5030000 Plumbing Fee _____

Amount Paid 30.00 Check # 2158 Cash _____ Other Fees (_____) _____ Roofing Fee _____

Total Construction Cost \$ 650.00 TOTAL Fees 30.00

Signed Daniel Kimer
Applicant

Signed Gene Simmons (Rgn)
Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: JOHN RITTER City: SEWALL'S PT State: FL Zip: 34996

Legal Description of Property: 1 MELODY LN 13841008000005029000 Number: LOT 5

Location of Job Site: _____ Type of Work To Be Done: WOOD BARRIER AROUND POOL PUMP (6' STOCKADE FENCE) 45' APPROX. TOTAL

CONTRACTOR/Company Name: DANIEL KIMER Phone Number: 220-8451

Street: 5030 S.E. PINERIDGE WAY City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SPO1325

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

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

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: 650.00 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required)

State of Florida, County of: _____

This the _____ day of _____, 200 _____

by _____ who is personally

known to me or produced _____

as identification, _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: Daniel Kimer

This the 3rd day of Sept., 200 2

by D. Kimer who is personally

known to me or produced _____

As identification, Joan H. Barrow

Notary Public

My Commission Expires: _____

Seal



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

RECEIVED
AUG 06 2002
BY:

1019 P.01

01/21/2002

PRODUCER (561)287-2030 FAX (561)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.
INSURED Deakins-Carroll <i>West Wood FENCE</i> 5030 Pineridge Way Stuart, FL 34997	INSURERS AFFORDING COVERAGE INSURER A: Bankers Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
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 type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC	090004849656203	10/02/2001	10/02/2002	EACH OCCURRENCE \$ 100,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 100,000 PRODUCTS - COMP/OP AGG \$ 100,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> NO STATE TERRY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

DESCRIPTION OF OPERATIONS, LOCATION & VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION
Stuart, City of 121 SW Flagler Avenue Stuart, FL 34994		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. AUTHORIZED REPRESENTATIVE C. J. Deakins, Jr./BW

ACORD 25-3 (7/97)

SAICORP CORPORATION 1988

1019 P.01 187 RRZ 190

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 03/04/2000
EXPIRATION DATE 03/04/2002
EXEMPTED PERSON LAST NAME KIMER
FIRST NAME DANIEL
SOCIAL SECURITY NUMBER 098-34-9676
BUSINESS NAME JUSTWOOD FENCE CO
FEDERAL IDENTIFICATION NUMBER 098349676
BUSINESS ADDRESS 5030 PINERIDGE WAY
STUART FL 34997

F
O
L
D

H
E
R
E

NOTE: Pursuant to chapter 440.10(1)(g), 2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

KIMER, DANIEL
JUSTWOOD FENCE CO
5030 PINE RIDGE WAY
STUART, FL 34997

EXPIRES SEPTEMBER 30, 20

00

AUDIT
CONTROL
NUMBER

36550

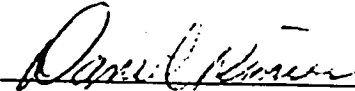
CERTIFICATE NUMBER

SP01325

CERTIFIED
CONTRACTOR

FENCE ERECTION

SIGNATURE



ATTEST:

VALERIE A. MESSIER

LICENSING ADMINISTRATOR

15921

PAID

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

Effective/Issue Date: _____
 Expiration Date: _____
 Control Number: _____
 Postmark Date: 7/20/02
 Received Date: _____

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purpose program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details.

2000-520 033

RECEIVED
 -OR-
 JUL 22 2002

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)
 Sole Proprietor Partner Corporate Officer (your corp. title: _____)
NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)
 Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Workers' Compensation, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If you do not have one, state "NA")

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

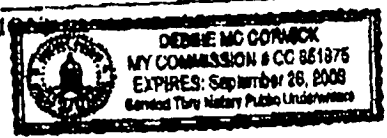
Business Name: <u>JUSTWOOD FENCE</u>		Trade Name, d/b/a, or a/k/a:	
Business Mailing Address: <u>5030 S.E. PINERIDGE WAY</u>		City: <u>STUART</u>	State: <u>FL</u>
County: <u>MARTIN</u>	Phone No.: <u>(561) 220-8451</u>	Nature of Business: <u>FENCE ERECTION</u>	FEIN:
Unemployment Compensation Tax No.:	Date Business Established: <u>1989</u>	No. of Employees: <u>NONE</u>	
Are you required to be registered or certified pursuant to Chapter 439, F. S.? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes. <u>SP01325</u>			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed:			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.07 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION: DANIEL KIMER
 SOCIAL SECURITY NO.: 098,134,19676 mo. 3 day 15 yr. 43
 APPLICANT'S SIGNATURE: [Signature] DATE SIGNED: 2/27/02

NOTARY STATE OF FLORIDA, COUNTY OF MARTIN
 Sworn to and subscribed before me this 27 day of Feb 2002 by Daniel Kimer
 Personally Known _____ OR Produced Identification X Type of Identification Produced FL D.R.L.

NOTARY SIGNATURE [Signature] My Commission Expires _____
 (SEE REVERSE FOR ADDITIONAL INFORMATION)



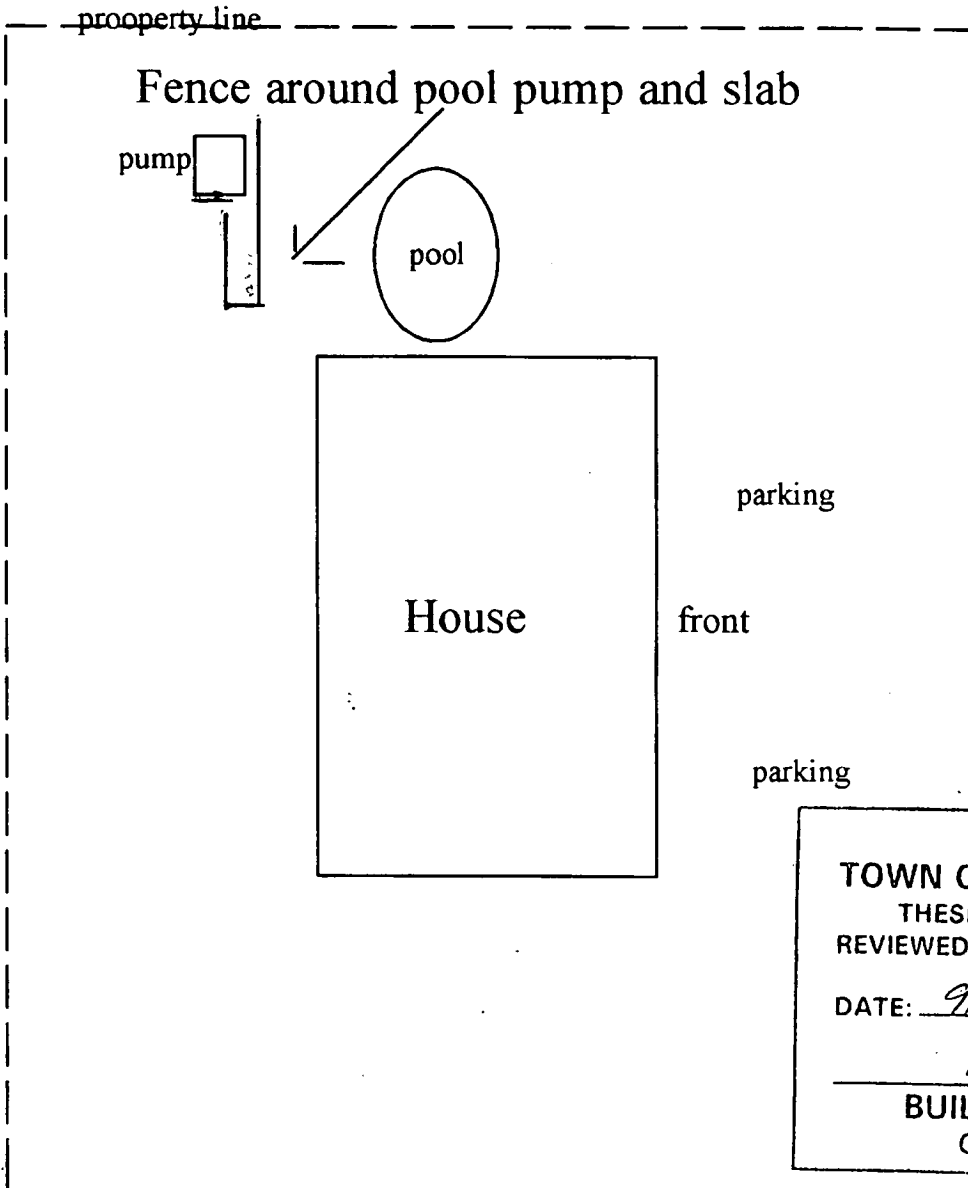
TOWN OF SEWALL'S POINT


Building Department - Inspection Log

Date of inspection: Mon Wed Fri 9-13-02, 2001; Page 2 of 2.

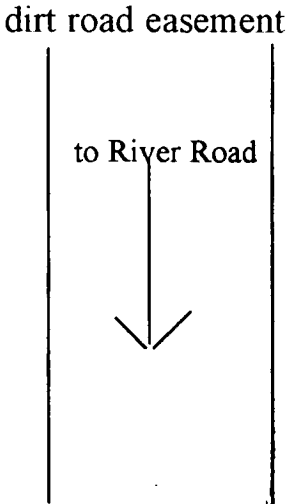
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5954	STEVENSON	FENCE	Passed	(Tony Lagana?)
(5)	23 S. Sewall's Pt Rd United	FINAL		INSPECTOR: <i>[Signature]</i>
5956	RITTER	FINAL FENCE	Passed	
(1)	MELODY LANE Justwood			INSPECTOR: <i>[Signature]</i>
5904	BUTLER	FENCE	Passed	(Pool not found)
(2)	8 S. RIVER Rd Justwood			INSPECTOR: <i>[Signature]</i>
5704	D'ALESSANDRO	TIN TAB/METAL	Passed	
(12)	107 ABRIE CT. AL TICKE			INSPECTOR: <i>[Signature]</i>
5185	JONES	STRAPPING TRUSSES	Failed	
(7)	14 HEARNS NESL. O/P.	(IF TOO BUSY MYSELF FOR MONDAY)		INSPECTOR: <i>[Signature]</i>
5958	SKINNER	Shutters	Passed	(no permit !!!)
(6)	15 S. E. Palmetto Dr. GULF STREAM			INSPECTOR: <i>[Signature]</i>
5947	Shewbridge	SHUTTERS	Passed	Exc. found 2nd floor?
(9)	126 S. Sewall's Pt Rd Expert Shutters			INSPECTOR: <i>[Signature]</i>

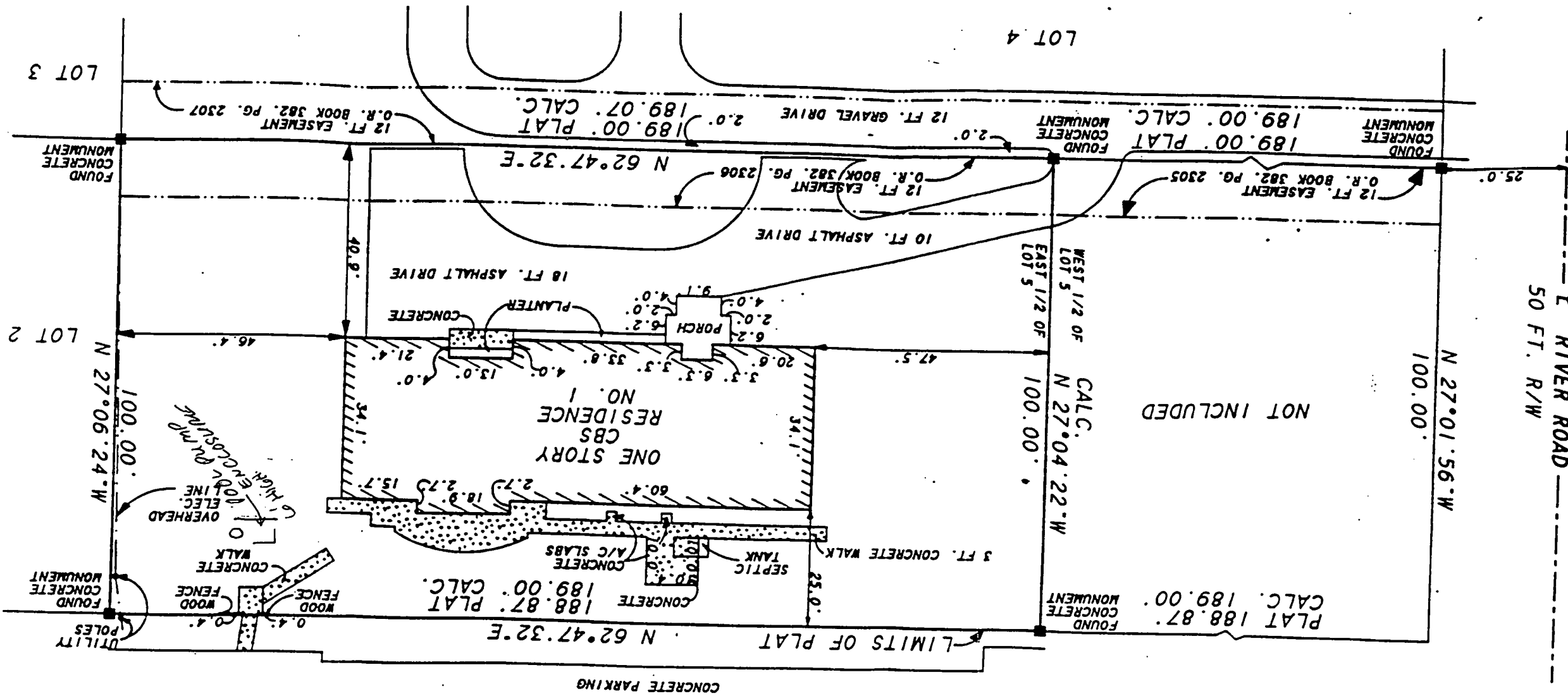
OTHER: Bayou Pool Deck - 878 7752 Permit Board Surv.
283 0444 Owner



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 9/4/02

BUILDING OFFICIAL
Gene Simmons

Justwood Fence





CERTIFICATE OF SURVEY

ORDER NO. 8032

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.

I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.

1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
 2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
 3. THE SURVEY OF PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:
 GREAT WESTERN BANK, AFSB
 JOHN & ANN RITTER
 TICOR TITLE CO.
 US TITLE SECURITY CO.

FOUND CONCRETE MONUMENT
 SET CONCRETE MONUMENT
 FOUND IRON MARKER
 SET IRON MARKER
 FOUND FENCE
 SET FENCE
 FOUND UTILITY POLE
 SET UTILITY POLE

William L. Creech Jr.
 WILLIAM L. CREECH, JR.
 FLORIDA PROFESSIONAL LAND SURVEYOR
 CERTIFICATE NUMBER 2370
 DATE: 4/25/94

DESCRIPTION

SURVEY OF AND SHOWING THE EAST ONE-HALF OF LOT 5, MELODY HILL, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

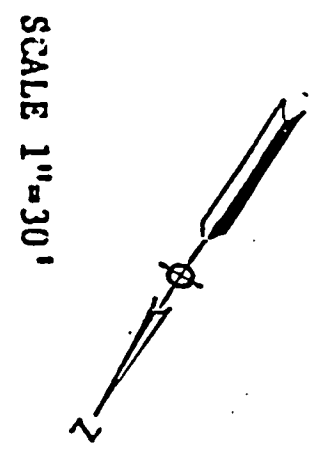
TOGETHER WITH AN EASEMENT FOR PUBLIC UTILITIES AND ROAD RIGHT-OF-WAY PURPOSES OVER, UPON & ACROSS THE SOUTHERLY TWELVE(12.0) FEET OF THE FOLLOWING DESCRIBED LAND IN MARTIN COUNTY, FLORIDA, TO WIT:

THE WEST ONE-HALF OF LOT 5, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

ADDRESS:

1 S.E. MELODY LANE
 STUART, FLORIDA

FLOOD ZONE B
 PANEL NO. 120165-0001D
 PANEL DATE 6/16/92



7094

ROOF REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/1/04

BUILDING PERMIT NO. 7.094

Building to be erected for MOFFAT

Type of Permit REPAIR ROOF

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision MELODY HILL Lot E 1/2 of 5 Block _____

Radon Fee _____

Address 1 MELODY LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1 38410080000005030000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 3123 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 1500.00

TOTAL Fees 35.00

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 _____

RECEIVED

NOV 30 2004

Town of Sewall's Point

Date: 11/30/04

BY: B.J. MOFFAT

BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: B.J. + JANE MOFFAT

Phone (Day) 772-283-0113 (Fax) 772-546-1584

Job Site Address: 1 Melody Lane

City: STUART State: FLA Zip: 34991

Legal Desc. Property (Subd/Lot/Block) _____

Parcel Number: _____

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: Repair ROOF SHINGLES BLOWN OFF IN HURRICANES

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1500

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company:

Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: 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 29 day of NOV. 2004

by B.J. MOFFAT who is personally

known to me or produced

as identification.

Candace Daniel Commission #DD214181 Expires: May 21, 2007 Bonded Thru Atlantic Bonding Co., Inc.

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____ 200 _____

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

Seal

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

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

DISCLOSURE STATEMENT

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

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

Name: James Moffat Date: 11-30-04

Signature: *James Moffat*

Address: 1 Melody Lane

City & State: Sewalls Pt, FL

Permit No. _____



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

**MIA MI-DADE COUNTY, FLORIDA
140 WEST FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908**

NOTICE OF ACCEPTANCE (NOA)

**GAF Materials Corp.
1361 Alps Rd.
Wayne, NJ 07470**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The BCCO (in Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify or suspend the use of such product or material within their jurisdiction. BCCO reserves the right to revoke this acceptance, if it is determined by BCCO that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: Timberline 30

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of this NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA revises NOA #01-1203.07 and consists of pages 1 through 1.
The submitted documentation was reviewed by Frank Zuloaga, RRC

**REPAIR WORK FOR
HURRICANE DAMAGE**



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 11/30/04

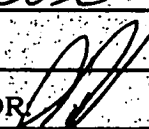
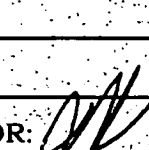
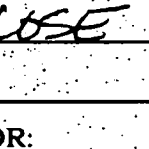
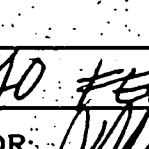
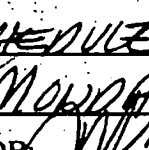
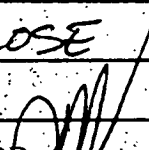
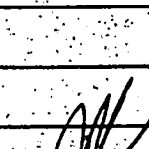
BUILDING OFFICIAL
Gene Simmons

NOA No.: 04-0305.03
Expiration Date: 02/21/07
Approval Date: 04/22/04
Page 1 of 4

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 3, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7069	KEIN	FENCE FINAL	PASS	CLOSE
5	CRANE'S NEST OLB			INSPECTOR: 
7094	MOFFAT	IN PROGRESS	PASS	
11	1 MELODY LA OLB			INSPECTOR: 
6977	FRIBOURA	FINAL ROOFING	PASS	CLOSE
10	9 COPAIRE PND DEVELOPMENT			INSPECTOR: 
6820	Amos	FINAL	FAIL	
6	114 S. SEWALLS Pt	DECK/BALCONY		\$40 FEE INSPECTOR: 
6741	OSTEEN	SLAB	—	RESCHEDULE
7	1 RIDGEVIEW ANGUS ENTERP.	GARAGE		FOR MONDAY 12/4 INSPECTOR: 
7074	KING	FINAL GAS TANK	PASS	CLOSE
8	30 RIO VISTA PROPANE DISC.			INSPECTOR: 
7098	HB ASSOC	PRE DRYWALL	FAIL	
12	3736 SE OCEAN SANDREAU			INSPECTOR: 
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12/8, 2024 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7068	HELFMAN	GARAGE FINAL	PASS	CLOSE
8	8 RIDGELAND OB			INSPECTOR:
7094	MOFFAT	POOL DECK FINAL	PASS	CLOSE
1	1 MELODY LANE OB			INSPECTOR:
	WINSLOW	FINAL A/C DO	FAIL	
9	10 S SEWALL'S PT KRAUSS + CRANE			INSPECTOR:
7011	SCHROEDER/D'ALEX	FENCE FINAL	PASS	CLOSE
2	4 EMARITA STUART FENCE	(Permit on left gate)		INSPECTOR:
7047	SCHROEDER/D'AL	FINAL LATTICE STRUCTURE	PASS	CLOSE
2	4 EMARITA GULFSTREAM			INSPECTOR:
6660	ELDER	HARD PLANK SIDING	PASS	CLOSE
3	12 EMARITA OB			INSPECTOR:
6882	ELDER	REEROOF FINAL	PASS	CLOSE
3	12 EMARITA OB			INSPECTOR:

OTHER: _____

7302

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/11/05

BUILDING PERMIT NO. 7302

Building to be erected for BT MORFAT Type of Permit FENCE

Applied for by STUART FENCE Co. (Contractor) Building Fee 30.00

Subdivision MEADY HILL Lot E/25 Block _____ Radon Fee _____

Address 1 MEADY LANE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

138410080000005030000 Plumbing Fee _____

Amount Paid 30.00 Check # 2904 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 5000.00 TOTAL Fees 30.00

Signed [Signature] Applicant Signed [Signature] Town Building Official

PERMIT

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

INSPECTIONS

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

2/19/07 Renewal/Final Map Fee \$200
OK #1334

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/11/05

BUILDING PERMIT NO. 7302

Building to be erected for BJ MOFFAT Type of Permit FENCE

Applied for by STUART FENCE CO. (Contractor) Building Fee 30.00

Subdivision MELODY HILL Lot 1/25 Block _____ Radon Fee _____

Address 1 MELODY LANE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1384.008000000503000 Plumbing Fee _____

Amount Paid 30.00 Check # 2904 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 50.00 TOTAL Fees 30.00

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 _____

FEB 09 2005

BY: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: BJ Moffat

Job Site Address: 1 Melody Lane

Phone (Day) 283-0113 (Fax) _____

Legal Description of Property: Melody Hill

City: STUART State: FL Zip: 34996

Owner Address (if different): _____

Parcel Number: 01-38-41-008-000-0050-3

Description of Work To Be Done: INSTALL 8' HIGH BLACK VINYL CHAIN LINK FENCE

WILL OWNER BE THE CONTRACTOR?:

Yes No

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

CONTRACTOR/Company: Stuart Fence Co

Street: PO Box 2636

Phone: 288-1151 Fax: 288-3035

State Registration Number: _____

State Certification Number: _____

City: STUART State: FL Zip: 34995

Martin County License Number: LFE3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 5000.00 (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

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

ENGINEER

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC

Carport: _____ Total Under Roof _____ Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
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 27 day of JAN, 2005

by BJ Moffat who is personally

known to me or produced DL

as identification. Janis L. Loudin

My Commission Expires: _____

 Janis L. Loudin
Notary Public
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN


This the 8 day of FEB, 2005

by Chester Richmond who is personally

known to me or produced _____

As identification. Janis L. Loudin

My Commission Expires: _____

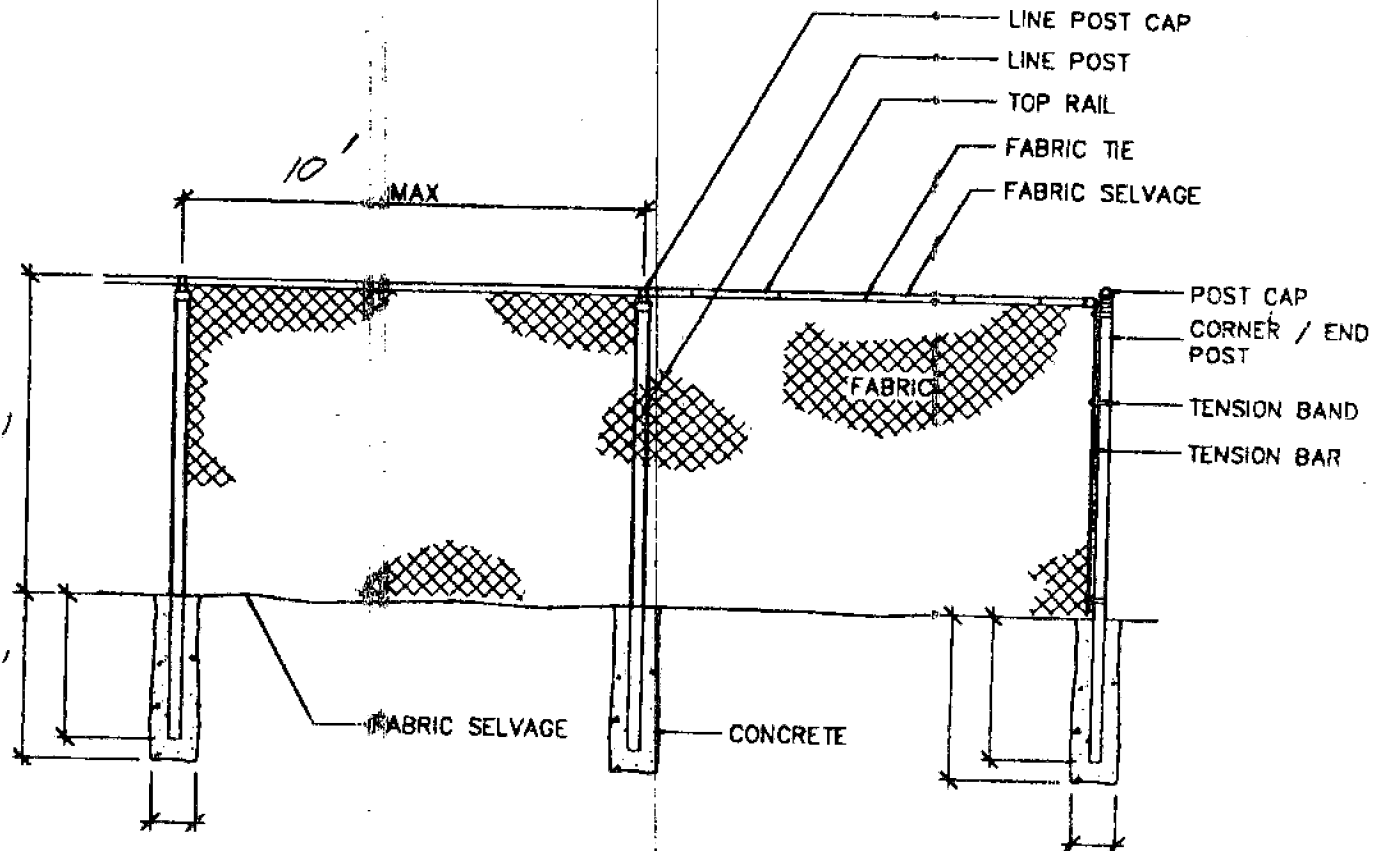
 Janis L. Loudin
Notary Public
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

6'
MAX

4'

2'

10'
MAX

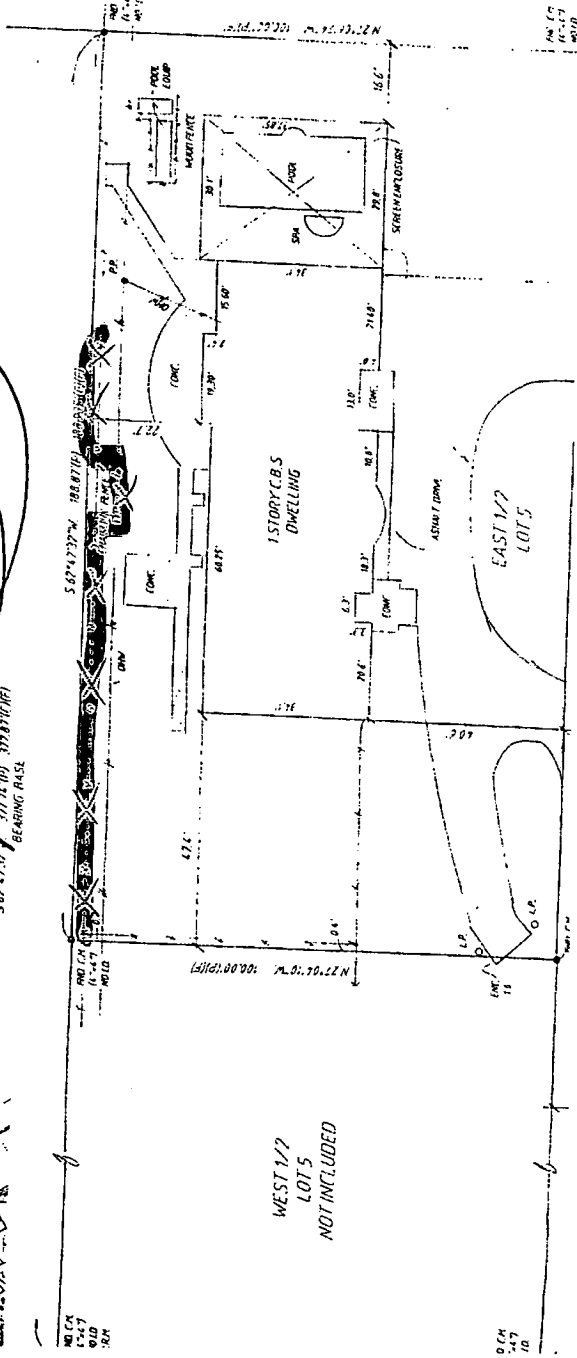
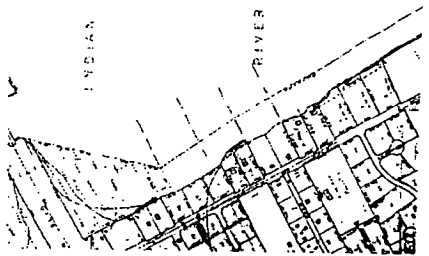


CHAIN LINK FENCING DETAIL
BLACK VINYL

LEGAL DESCRIPTION
 EAST ONE-HALF (1/2) OF LOT 5, MELODY HILL, ACCORDING
 TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 3, PAGE
 193, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

CHAIN LINK
 BLACK VINYL
 2' HIGH
 6 m AX.
 BEARING BASE

NOT INCLUDED PARCELS
 (OFFICE BUILDINGS)



WEST 1/2
 LOT 5
 NOT INCLUDED

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 2/11/05

BUILDING OFFICIAL
 Gene Simmons

PERMIT # _____

TAX FOLIO # 01-38-41-008-00-2250-3

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): 1 melody LN Melody Hill E 1/2 of lots

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL FENCE

OWNER: B.J. Moffat

ADDRESS: 1 melody Lane Sewalls Point

PHONE #: 283-0113

FAX #: _____

CONTRACTOR: Stuart Fence

ADDRESS: 2832 SE Iris St, STUART, FL 34997

PHONE #: 288-1151

FAX #: 288-3035

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

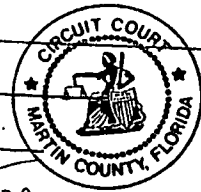
ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA EWING, CLERK



BY: M.E. DC

DATE: 2/10/05

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF JAN. 2005 BY BJ MOFFAT

OR PERSONALLY KNOWN
PRODUCED ID [Signature]
TYPE OF ID DL

[Signature]
NOTARY SIGNATURE



Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc

INSTR # 1813121 OR BK 01980 PG 2015 RECD 02/08/2005 03:28:37 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK M Ferschke

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/04

PRODUCER
MARIE HOWELL INSURANCE SERVICES
3215 S US 1 SUITE B-201
PORT PIERCE FL 34982
772-461-4733

INSURED
STUART FENCE COMPANY, INC.
CHRISTER J. RICHMOND & JOHN JAMASON
P O B 2636
STUART, FL 34995

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

INSURERS AFFORDING COVERAGE

INSURER A: WESTERN WORLD
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.

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
04GL010	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	04GL010	8/18/04	8/16/05	EACH OCCURRENCE	\$ 1,000,000
	AGGREGATE LIMIT APPLIES PER					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC				EXCESSIVE TORT LIMITS	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPROP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRE/AUTO NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident)	\$
	GL - UM LIABILITY ANY AUTO				BODILY INJURY (Per person)	\$
	UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	INSURABLE RETENTION				PROPERTY DAMAGE (Per accident)	\$
	ADVERSELY AFFECTED COMPENSATION AND EMPLOYERS' LIABILITY NOT PROPORTIONATE TO RESPONSIBILITY UNLESS OTHERWISE EXCLUDED Days, 30 days only SPECIAL PROVISIONS below OTHER				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY EA ACC	\$
					AGG	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
					EA STATE TORT LIMITS	\$
					EA EACH ACCIDENT	\$
					EA DISEASE - EA EMPLOYEE	\$
					EA DISEASE - POLICY LIMIT	\$

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

FENCE ERECTION

CERTIFICATE HOLDER

TOWN OF SEWELL'S POINT
1 S. SEWELL'S POINT ROAD
SEWELL'S POINT, FL 34996

ATTN: LORA
PHONE 772-220-4765

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
M. Howell

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date
12/16/200

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone: 727-938-5562 Fax: 727-937-2138

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: South East Personnel Leasing
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone : (727)938-5562

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	
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 <hr/> General 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 EA Acc.	\$
						Autos Only: 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.	WC 71949	01/01/2005	01/01/2006	X WC Statutory Limits	OTHER
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000

Other 3465485
Stuart Fence Company

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: **ADD ON DATE: 5/10/2004**
 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company * FAX: 772-288-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC)

CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWALLS POINT
ATTN: LAURA
1 S. SEWALLS POINT RD.
SEWALLS POINT

FL 34996

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 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.

John A. Roman

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5804

LICENSE 2004-518-003 CERT CFE3584
PHONE (772) 519-6263 SIC NO 235990

LOCATION:
2832 SE IRIS ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>.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>

IF HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

21 DAY OF SEPTEMBER 20 04
AND ENDING SEPTEMBER 30 2005

RICHMOND, CHESTER - QUALIFIER
STUART FENCE COMPANY INC
2832 SE IRIS STREET
STUART FL 34997

12 04091402 002561 PAID

This Certificate is subject to St. Lucie County revocation
and suspension by Contractor Certification St. Lucie County
Examining Board.

Chap. 20970
Secur. ACTV

OBA: STUART FENCE CO. INC
THIS IS TO CERTIFY THAT CHESTER J. III RICHMOND has qualified
as a certified FENCE contractor
for period from 10/1/2004 to 9/30/2005 subject to St. Lucie
County Code of Ordinances and Compiled Laws.

Date: 08/30/04

Charles Wenzel

Contractor Licensing Official

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-14, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0016	Ruera	Final	FAIL	
3	3 Emarita O/B			INSPECTOR: <i>[Signature]</i>
8476	Cooney 17 Middle Rd A+G	Final - pool deck elect.	Cancel	
8501	Bael	Final	FAIL	
5	9 Heritage Way C C Diversified			INSPECTOR:
6869	Reich	Final	PASS	CLOSE
1	22 Middle Rd Stuart Fence			INSPECTOR: <i>[Signature]</i>
7303	Pawluc	Final	PASS	CLOSE
4	102 Hillcrest Dr Stuart Fence			INSPECTOR: <i>[Signature]</i>
7302	Moffat	Final	PASS	CLOSE
7	1 Melody La Stuart Fence			INSPECTOR: <i>[Signature]</i>
7312	Muir	Final	FAIL	
9	14 Perrinville La Stuart Fence			INSPECTOR: <i>[Signature]</i>
OTHER: _____				

10245

FENCE



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:	10245	DATE ISSUED:	OCTOBER 16, 2012
SCOPE OF WORK:	FENCE		
CONTRACTOR:	A GREAT FENCE		
PARCEL CONTROL NUMBER:	013841008-000-000503	SUBDIVISION	MELODY HILL-LOT 5
CONSTRUCTION ADDRESS:	1 MELODY LN		
OWNER NAME:	WEHNER		
QUALIFIER:	DARRICK BAILEY	CONTACT PHONE NUMBER:	812-0223

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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10245
ADDRESS	1 MELODY LN - WEHNER
DATE 10/16/12	SCOPE OF WORK FENCE

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)		\$	
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each			75
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	84

pd
Cost
 10-16-12

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

Permit Number: 10245

Date: 10/08/12

OWNER/LESSEE NAME: MORGAN WEHNER Phone (Day) 602-330-3918 (Fax) _____
 Job Site Address: 1 MELODY LANE SEWALL'S POINT City: STUART State: FL Zip: 34996
 Legal Description: MELODY HILL E 1/2 OF LOT 5 Parcel Control Number: 01-38-41-008-000-00050-3
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

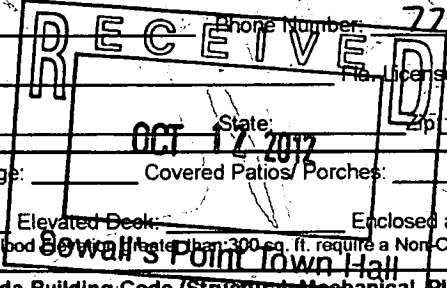
***SCOPE OF WORK (PLEASE BE SPECIFIC):** FENCE

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 X
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 1,680.00
 (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: A GREAT FENCE, LLC Phone: 772-812-0223 Fax: 772-408-0272
 Qualifiers name: DARRICK BAILEY Street: 540 NW MERCANTILE PL City: PSL State: FL Zip: 34986
 State License Number: N/A OR: Municipality: MARTIN COUNTY License Number: MCFE 5176

LOCAL CONTACT: DARRICK BAILEY Phone Number: 772-812-0223
 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 BFE: _____
 * Enclosed non-habitable areas below the Base Flood Elevation (BFE) greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

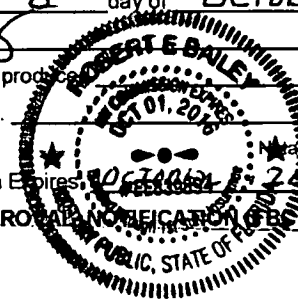
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification. _____
 _____ Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: ST LUCIE
 On This the 8 day of OCTOBER, 2012
 by REMI who is personally
 known to me or produced _____
 As identification. _____
 _____ Notary Public
 My Commission Expires: 2016



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

generated on 10/12/2012 10:09:48 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
01-38-41-008-000-00050-3	17737	1 MELODY LN, SEWALL'S POINT	\$190,070	10/6/2012

Owner Information

Owner(Current)	WEHNER KEVIN & MORGAN BETHELL
Owner/Mail Address	1 MELODY LN STUART FL 34996
Sale Date	8/23/2012
Document Book/Page	2599 0773
Document No.	2350086
Sale Price	357000

Location/Description

Account #	17737	Map Page No.	SP-03
Tax District	2200	Legal Description	MELODY HILL E1/2 OF LOT 5
Parcel Address	1 MELODY LN, SEWALL'S POINT		
Acres	.4330		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120500 Melody Hill,India Lucie

Assessment Information

Market Land Value	\$110,200
Market Improvement Value	\$79,870
Market Total Value	\$190,070



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

FENCE and or POOL BARRIER CHECKLIST

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

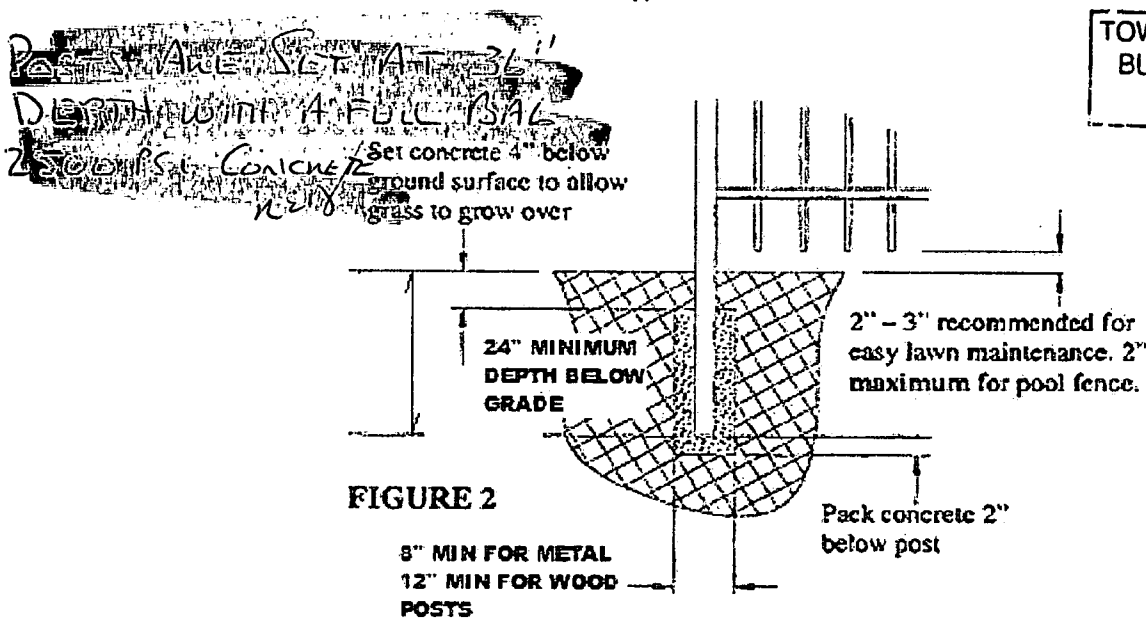
Please make sure you have ALL required copies before submitting permit application

- ✓ 1 Copy Completed permit application
- ✓ 2 Copies Survey or site plan showing the following:
 - ✓ All existing structures on property
 - ✓ Location of proposed fence
 - Setbacks from the fence to property lines
 - ✓ Height & type of fence
 - Location of all easements
 - ✓ Street & house number on site plans

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

- ✓ 2 Copies support post footer sketch indicating size of footers. Fences to be used as a Pool Barrier (other than chain link fence) must include an accurate sketch or drawing indicating barrier requirement compliance.
- 2 Copies, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.

Typical Fence Footer



TOLL FREE 800-443-4866
 MARTIN COUNTY 283-5967

WILLIAM L. CREECH Jr.
 PROFESSIONAL LAND SURVEYOR, 4175 LEIGHTON FARMS AVENUE, PALM CITY, FLORIDA

MORTGAGE SURVEY DRAWING NO. 8032

FOUND CONCRETE MONUMENT
 SET CONCRETE MONUMENT
 FOUND IRON MARKER
 SET IRON MARKER
 FOUND WOOD FENCE
 SET WOOD FENCE
 FOUND WIRE FENCE
 SET WIRE FENCE
 FOUND UTILITY POLE
 SET UTILITY POLE

GREAT WESTERN BANK, AFSB
 JOHN & NN RITTER
 TICOR TITLE CO.
 US TITLE SECURITY CO.

CERTIFICATE OF SURVEY

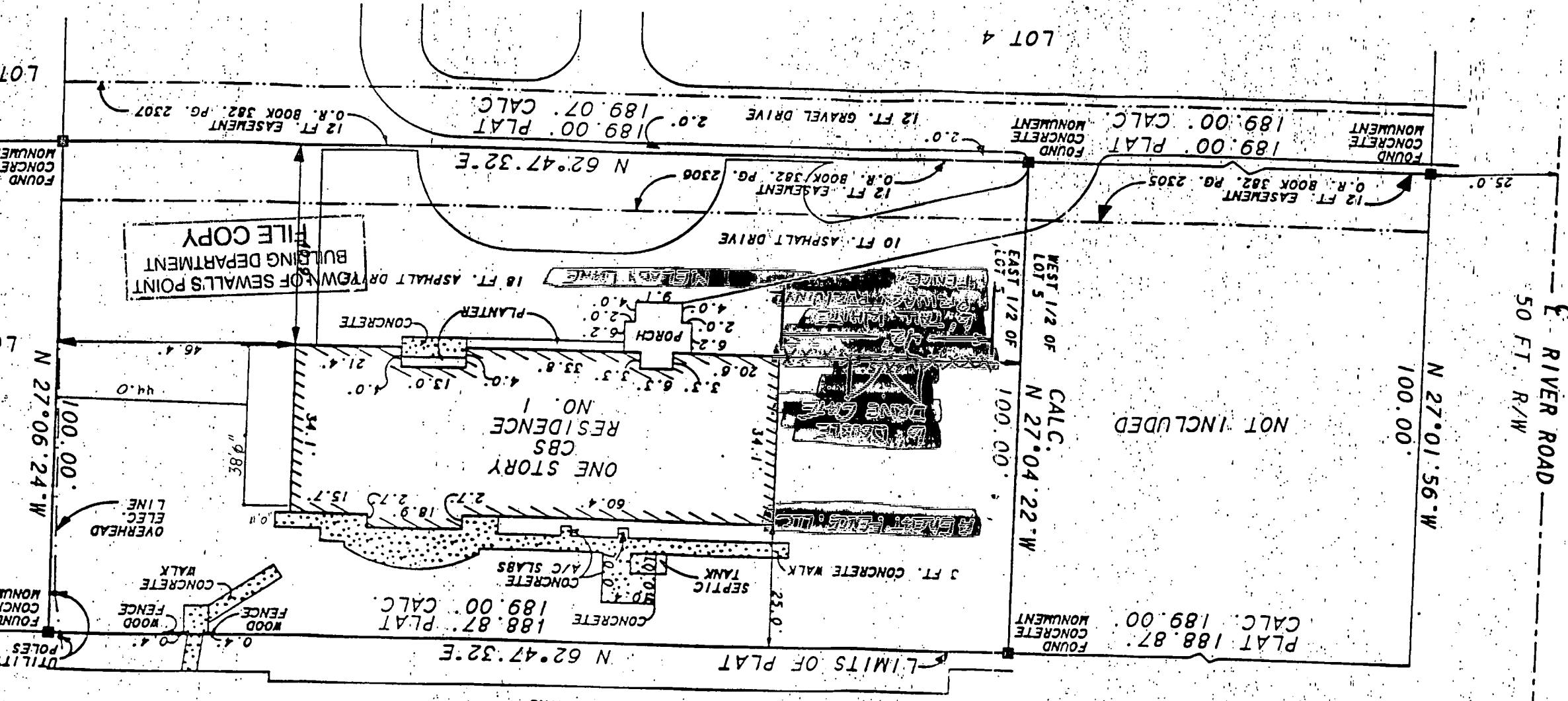
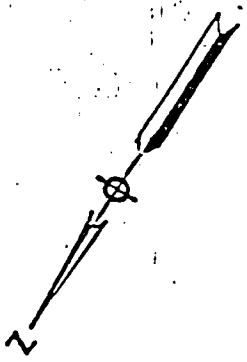
I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY OF THE PROPERTY DESCRIBED IN THE CAPTION THEREOF, MADE UNDER MY DIRECTION, AND IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS, UNLESS SHOWN.
 I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA (CHAPTER 21HH-6 FLORIDA ADMINISTRATIVE CODE) FOR THE TYPE OF SURVEY SHOWN HEREON.
 1. THIS PLAT OF SURVEY IS NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
 2. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
 3. THE SURVEY OF THE PROPERTY SHOWN HEREON IS EXCLUSIVELY IN ACCORDANCE WITH DESCRIPTION FURNISHED.

CERTIFIED TO:

ORDER NO. 8032

WILLIAM L. CREECH, JR.
 FLORIDA PROFESSIONAL LAND SURVEYOR
 CERTIFICATE NUMBER 2370
 DATE: 4/25/94

SCALE 1"=30'



DESCRIPTION

SURVEY OF AND SHOWING THE EAST ONE-HALF OF LOT 5, MELODY LANE, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 135, MARTIN COUNTY, FLORIDA. TOGETHER WITH AN EASEMENT FOR PUBLIC UTILITIES AND ROAD OF-WAY PURPOSES OVER, UPON & ACROSS THE SOUTHERLY (12.0) FEET OF THE FOLLOWING DESCRIBED LAND IN MARTIN COUNTY, FLORIDA, TO WIT:
 WEST ONE-HALF OF LOT 5, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 135, MARTIN COUNTY, FLORIDA.

ADDRESS:
 1 S.E. MELODY LANE
 STUART, FLORIDA
 FLOOD ZONE B
 PANEL NO. 120165-0001D
 PANEL DATE 6/16/92

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 12-11-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10265	Morales 10 N. RIDGEVIEW GRIBBEN	SLAB	FAIL	PERMITE SPRAY BURNING STEEL INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10215	W. Wheeler A GLEAD FENCE	FINAL FENCE	Pass	Clear INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10242	GUERRERO 130 N. SFT RD ASSURANCE Power Sys	SLAB	FAIL	GENERATION TO CLEAR TO PROPOSE TRANS INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10295	Coffin 15 Kennerview <i>Canal</i>			 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10298	Bulmer 2 N Sewalls <i>Canal</i> Kenar			 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10144	Pakal 8 Herons Nest Browne	electric rough plumbing rough AC rough	<i>Pass</i>	 INSPECTOR <i>J</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				 INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 21st 2004 TREE REMOVAL PERMIT No 2186

APPLIED FOR BY MOREAT (Contractor or Owner)

Owner 1 MELODY LANE

Sub-division _____, Lot _____, Block _____

Kind of Trees FRUIT TREES

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant FEE \$ 0
Signed, Gene Summers (JWS) Town Clerk
Building Official

Call 287-2455 - 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK. Inspection

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Moffat Address 1 Melody Ln Phone _____

Contractor Luong Watans Address 5 Melody Av Phone 287-1023

No. of Trees: REMOVE 2 Type: Fruit trees

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

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

Written statement giving reasons: Poor Fruit; Undesired

Signature of Applicant [Signature] Date 1-19-04

Approved by Building Inspector: [Signature] Date 1/21/04 Fee: ✓

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

Plan Over

