

# 5 Middle Road

**535**

**SFR**

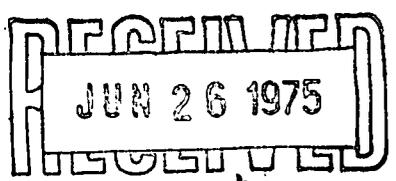
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20 41 38 13 02 000 0340

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT



Permit No. #535

Date 26

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

Owner PAUL GLIEDMAN Present Address P.O. Box 124 Stuart Ph 287-1111

General Contractor JOHN FIX Address P.O. Box 2509, Stuart Ph 287-4670

Where licensed STATE OF FLORIDA License No. CG-005346

Plumbing Contractor \_\_\_\_\_ License No. \_\_\_\_\_  
Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Street building will front on MIDDLE ROAD

Subdivision HIGH POINT Lot No. 34 Area \_\_\_\_\_

Building area, inside walls (excluding garage, carport, porches) Sq ft 2164

Other Construction (Pools, additions, etc.) Pool

Contract Price (excluding land, rugs, appliances, landscaping) \$ 60,000

Total cost of permit \$ 320.00

Plans approved as submitted  Plans approved as marked \_\_\_\_\_

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

John Fix  
Signed by General Contractor

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

Paul Gliedman  
Signed by Owner

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

TOWN RECORD

Date submitted \_\_\_\_\_  
Date approved John G. Thompson 6/20/75 John P. ... 6/20/75

Certificate of Occupancy issued 12/8/75 Date # 535

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Dec. 3/75

This is to request that a Certificate of Approval for Occupancy be issued to John Fix

For property built under Permit No. 535 Dated June 30, 1975

when completed in conformance with the Approved Plans.

\_\_\_\_\_  
Signed

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RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings & Slab	7/24/75	Charles Duryea
Rough plumbing	7/22/75	"
Perimeter beam	8/25/75 & 9/26/75	"
Rough electric	11/4/75	"
Close in	11/4/75	"
Final plumbing	12/3/75	"
Final electric	12/3/75	"

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles Duryea 12/3/75 date

Approved by Town Commission John Fix 12/3/75 date

Utilities notified December 3, 1975 date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 6/30/75

This is to request that a Certificate of Approval for Occupancy be issued to GLUDMAN LOT 34 HIGH POINT  
- FIX  
For property built under Permit No. 535 Dated 5 MIDDLE RD  
when completed in conformance with the Approved Plans.

Signed \_\_\_\_\_

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RECORD OF INSPECTIONS

Item	Date	Approved by
Footings & SLAB	7/24/75	W
Rough plumbing	7/22/75	W
Perimeter beam	8/25/75	W - 9/26/75 W
Rough electric		
Close in	11/14/75	W
Final plumbing		
Final electric	12/3/75	W

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Chad A. Dungee date

Approved by Town Commission John F. ... 12/3/75 date

Utilities notified 12/3/75 date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

**563**

**POOL**

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RECEIVED  
OCT 30 1975

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 563

Date 10/29/75

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

Owner Mr + Mrs Paul Gledman Present Address P.O. Box 2569 Ph 287-4676

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

Where licensed Martin County License No. 32

Plumbing Contractor \_\_\_\_\_ License No. \_\_\_\_\_  
Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Street building will front on Middle Rd.

Subdivision High Point Lot No. 34 Area \_\_\_\_\_

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

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

Contract Price (excluding land, rugs, appliances, landscaping) \$ 5,300

Total cost of permit \$ 3000 *no plumbing* *no elec* 30  
10  
10

Plans approved as submitted  Plans approved as marked \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signed by Owner

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

TOWN RECORD

Date submitted \_\_\_\_\_  
Date approved 10/31/75 *Charles G. Oberg* *Town* 10/31/75  
Certificate of Occupancy issued 11/5/76 Date \_\_\_\_\_

# 563

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11/3/75

This is to request that a Certificate of Approval for Occupancy be issued to Guldaman Lot 34 HIGH POINT For property built under Permit No. 563 Dated \_\_\_\_\_ when completed in conformance with the Approved Plans. pool

Signed \_\_\_\_\_

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RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	11/7/75	UD
Rough plumbing	11/19/75	UD
Perimeter beam		
Rough electric		
Close in		
Final plumbing	1/5/76	UD
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Chas. A. Dwyer date \_\_\_\_\_

Approved by Town Commission \_\_\_\_\_ date \_\_\_\_\_

Utilities notified \_\_\_\_\_ date \_\_\_\_\_

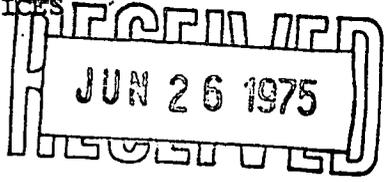
Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

Application/Permit No. HD 73-15

Martin County Health Department

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
DIVISION OF HEALTH  
Application and Permit  
of  
Individual Sewage Disposal Facilities



Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 787-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.)  
Lot 34 Block - Subdivision High Point  
Date Recorded 3/7/59 Directions to Job East on Ocean Blvd. (A1A)  
to Sewalls Pt Rd. Right to High Point
2. Owner or Builder Paul Gliedman  
P.O. Address 12 Federal Saving City Stuart
3. Specifications Loan Assoc

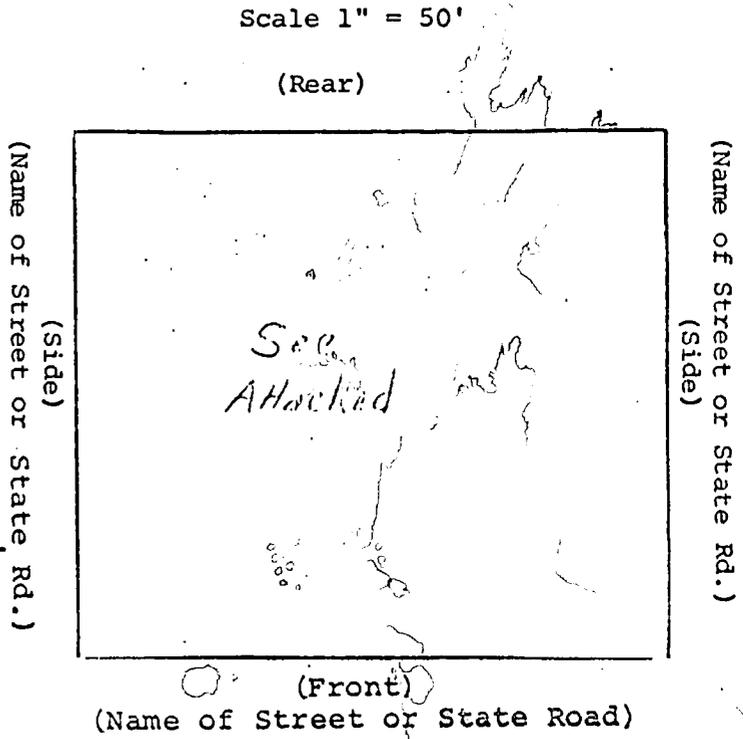
Tank Drainfield  
900 Gals. 70 ft. of 6" clay tile  
21078 or 5" perforated plastic drain in a 3' trench or  
900 Gals. 140 ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

4. House to be constructed:  
 Check one: VA  Conventional  
 FHA

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Paul Gliedman  
Please Print

Signature: PAUL Gliedman



Date: 6-73

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*  
Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: May 10 '73

The above signed application has been found to be in compliance with Chapter 10D-6, DPC rules and construction is hereby approved, subject to the above specifications and conditions.

By: John A. Barlow Date: 7/10/73

Section IV - Final Construction Approval

Construction of installation approved: Yes  No   
 Date: \_\_\_\_\_ By: \_\_\_\_\_  
 FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

#535

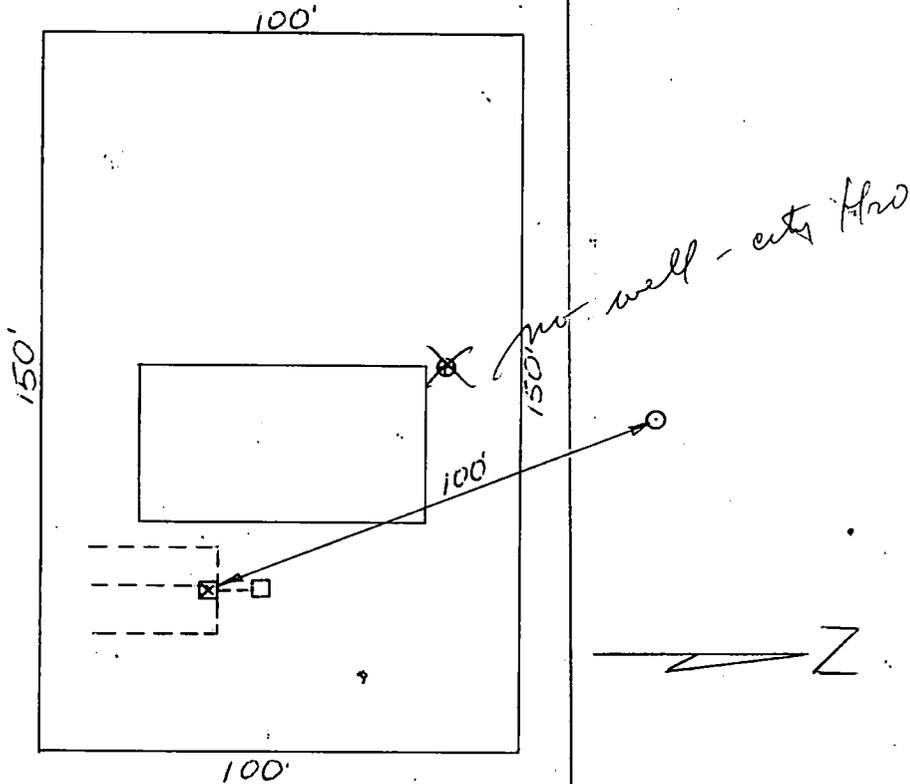
FLORIDA DEPARTMENT OF POLLUTION CONTROL

S. E. Subregion  
 806 South 6th Street  
 Fort Pierce, Florida 33450  
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
 DATA SHEET

Location: LOT 34 Applicant: PAUL GLIEDMAN  
HIGHPOINT S/D County: MARTIN

**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

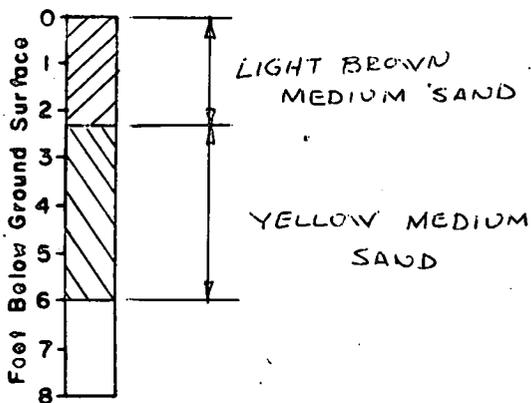


← Plot plan must show all data required in IOD-6.03 2(a) and all other pertinent data.

MIDDLE ROAD

PLAN  
 Scale: 1" = 40'

SOIL DATA



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP  
 Soil Characteristics SATISFACTORY

Percolation Rate 0.5 min/inch  
 Water Table Depth 8+ Feet  
 Water Table Depth During Wet Season 8 Feet  
 Compacted Fill Of \_\_\_\_\_ Req'd  
 Compacted Fill Checked By: \_\_\_\_\_  
 Date \_\_\_\_\_

CERTIFIED BY: D. J. Glider  
 FLORIDA PROFESSIONAL No. 7411  
 Date 6-28-73 Job No. \_\_\_\_\_

BESSEMER PROPERTIES  
A DIVISION OF  
BESSEMER SECURITIES CORPORATION  
ROYAL POINCIANA PLAZA  
PALM BEACH, FLORIDA 33480  
June 25, 1975

RECEIVED  
JUN 26 1975

Mr. John Fix  
P. O. Box 2509  
Stuart, Florida 33494

Re: Lot 34 - High Point - Paul Gliedman

Dear Mr. Fix:

I return herewith plans for a proposed residence to be located on Lot 34, High Point.

These plans have been approved by Bessemer Securities Corporation with the understanding that the dwelling shall have an excess of 2,000 square feet not including the area of porches unless roofed and closed in on three sides, carports and outbuildings, and shall cost not less than \$20,000.00.

It is also understood that in addition to the covenants in the Deed you will comply with the Zoning Code of the Town of Sewall's Point.

Sincerely yours,

  
W. Julian Field

WJF:ms  
Enclosure

**567**

**POOL ENCL**

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RECEIVED  
DEC 3 1975

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

*orig permit #535*

Permit No. 567

Date 12/5/75

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

Owner Gliedman Present Address L34 Highpoint Ph \_\_\_\_\_

General Contractor John Fix Address P.O. 2509 Stuart Ph 2874670

Where licensed Sewalls Pt State License No. \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License No. \_\_\_\_\_  
Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

*Will pick up permit*

Street building will front on \_\_\_\_\_

Subdivision Highpoint Lot No. 34 Area Sewalls Pt.

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

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

Contract Price (excluding land, rugs, appliances, landscaping) \$ 2,000.00  
x 5:

Total cost of permit \$ 10.00

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

Michael A. Sorsini Climate Control Flc. Corp.  
Signed by General Contractor

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

\_\_\_\_\_  
Signed by Owner

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

TOWN RECORD

Date submitted 12/4/75 Charles G. Dwyer

Date approved 12/5/75 John Fix

Certificate of Occupancy issued \_\_\_\_\_ Date 1/5/76 #567

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date \_\_\_\_\_

This is to request that a Certificate of Approval for Occupancy be issued to ELX (POOL ENCLOSURE) 34 HIGH POINT For property built under Permit No. 567 Dated 12/15/75 when completed in conformance with the Approved Plans.

\_\_\_\_\_  
Signed

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RECORD OF INSPECTIONS

Item	Date	Approved by
Footings	1/5/76	
Rough plumbing		
Perimeter beam		
Rough electric		
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector \_\_\_\_\_ date

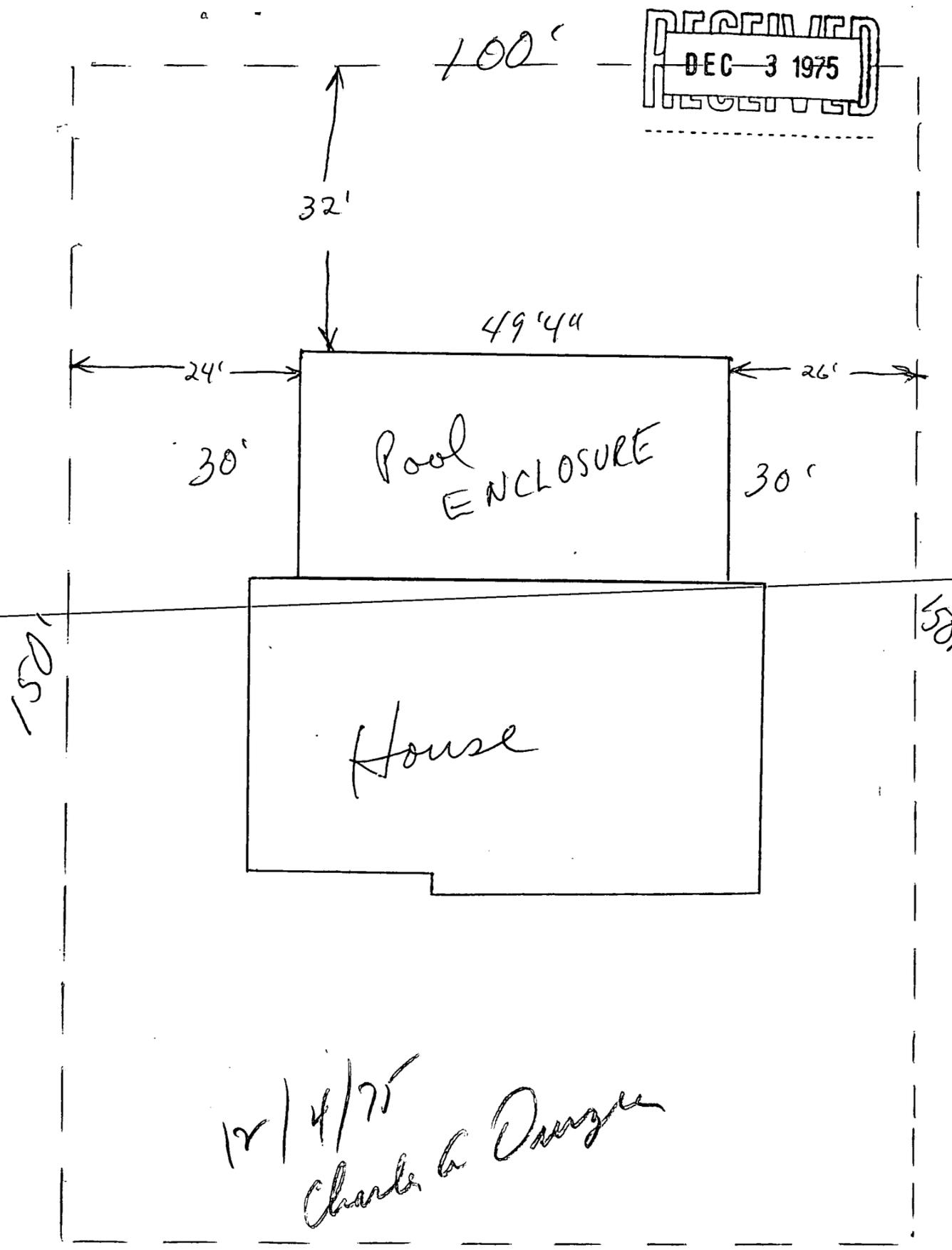
Approved by Town Commission \_\_\_\_\_ date

Utilities notified \_\_\_\_\_ date

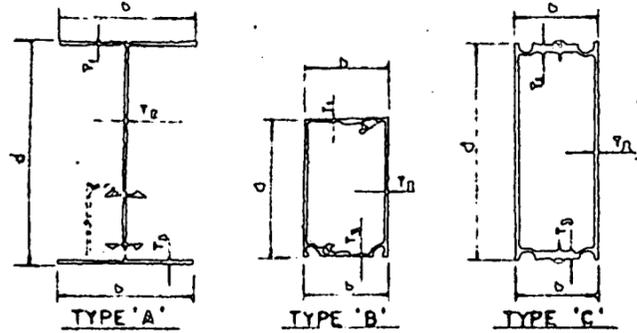
Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

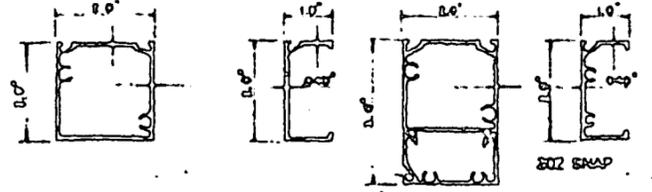
~~Gl~~ Gliedman  
L 34 Highpoint  
Sewalls Pt.



TOWN HALL COPY 100' GLIEDMAN POOL ENCL.  
middle Rd.



BEAMS AND COLUMNS



MISCELLANEOUS COMPONENTS

BEAM AND COLUMN SCHEDULE											
MARK	TYPE	SIZE			THICKNESS			MAX. BEAM SPAN SPACED 6'-0"			REMARKS
		b	d	b'	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>	6'-0"	7'-0"	8'-0"	
ALL SPANS SHOWN ARE MAXIMUM SPANS OUT											
603	A	3'00"	6'00"	3'00"	094	060	094	26'-0"	24'-0"	22'-0"	7/2-1X2'S SNAPPED ON
703	A	3'00"	7'00"	3'00"	125	066	125	32'-2"	29'-9"	28'-0"	DO.
804	A	4'00"	8'00"	4'00"	125	070	125	35'-0"	33'-0"	33'-0"	DO.
1004	A	4'00"	10'00"	4'00"	140	096	140	45'-2"	43'-0"	42'-0"	DO.
302	B	2'00"	3'00"		050	050	050	12'-0"	11'-0"	10'-0"	
202	MISC	2'00"	2'00"		040	040	040	8'-0"	8'-0"	7'-0"	
402	B	2'00"	4'00"		060	060	060	13'-0"	12'-2"	11'-4"	010X1/2" S.M.S. AT 24" O.C.
602	C	2'00"	6'00"		070	070	070	19'-9"	18'-4"	17'-0"	DO.
702	C	2'00"	7'00"		140	060	140	32'-2"	30'-4"	29'-0"	DO.

COLUMN SCHEDULE											
MARK	TYPE	SIZE			THICKNESS			MAX. COLUMN HT. SPACED 6'-0"			REMARKS
		b	d	b'	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>	6'-0"	7'-0"	8'-0"	
302	B	2'00"	3'00"			050	050	9'-0"	8'-0"	8'-0"	
402	C	2'00"	4'00"			060	060	10'-0"	11'-0"	12'-0"	

MISCELLANEOUS FASTENING SCHEDULE		
MEMBER	DESCRIPTION	FASTENER
202	STRUT TO 102 AT BEAM	20 10X3/4" S.M.S.
202	STRUT TO EAVE SECTION	DO.
202	CHAIR RAIL TO COLUMN	DO.
1X2	PER METER MEM. JOINED	DO.
1X2	PER METER MEM. TO COL.	DO.
1X2	PER METER MEM. TO CONC.	ANCHOR AT 24" C-C
1X2	PER METER MEM. TO WOOD	010X2 1/2" S.M.S. 24" C-C

SCREEN WALL CABLE SCHEDULE				
HEIGHT	SPAN	CABLES	SPAN	CABLES
6'-0"	12'-0"	1 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)
9'-0"	18'-0"	1 SET (2 CABLES)	36'-0"	2 SETS (4 CABLES)
10'-0"	12'-0"	1 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)
11'-0"	18'-0"	1 SET (2 CABLES)	36'-0"	2 SETS (4 CABLES)
12'-0"	12'-0"	1 SET (2 CABLES)	24'-0"	2 SETS (4 CABLES)

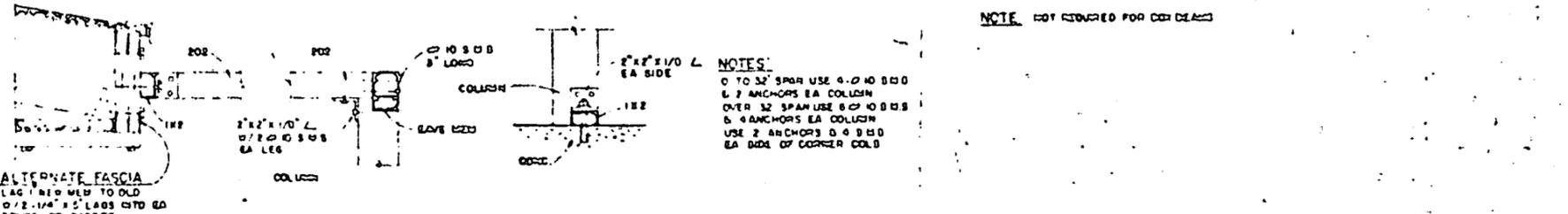
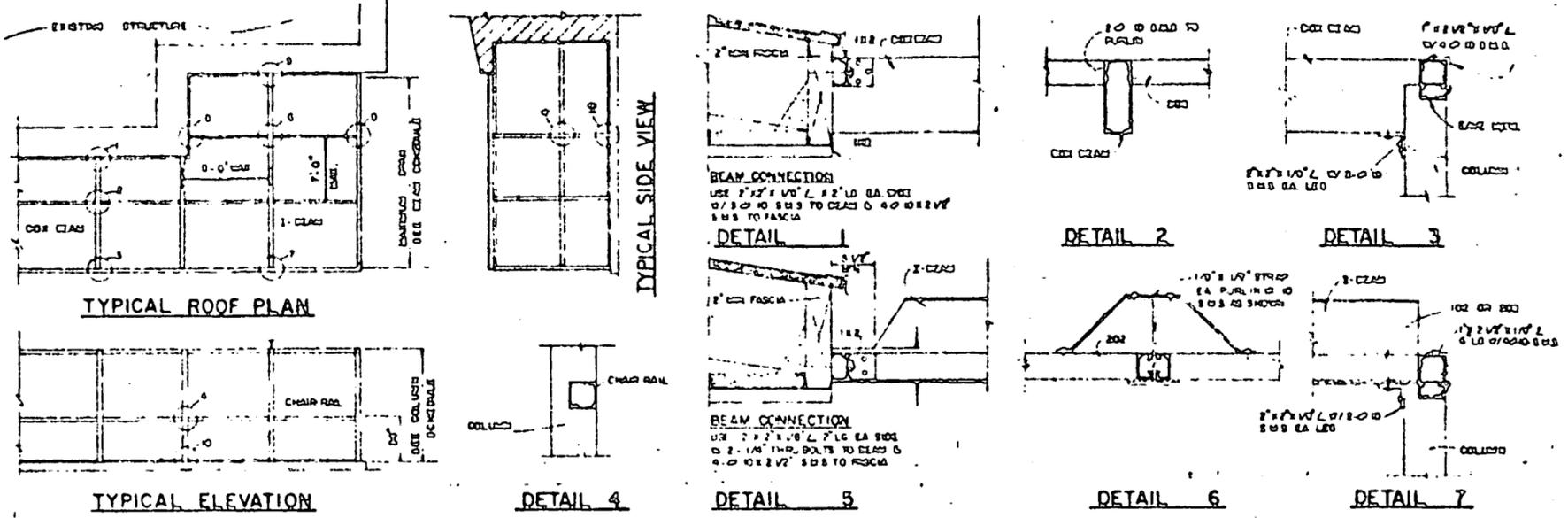
**DESIGN CRITERIA**

**WALLS:** DESIGN WIND LOAD IN & OUT \_\_\_\_\_ PSF  
 TEST LOAD WIND IN & OUT \_\_\_\_\_ PSF

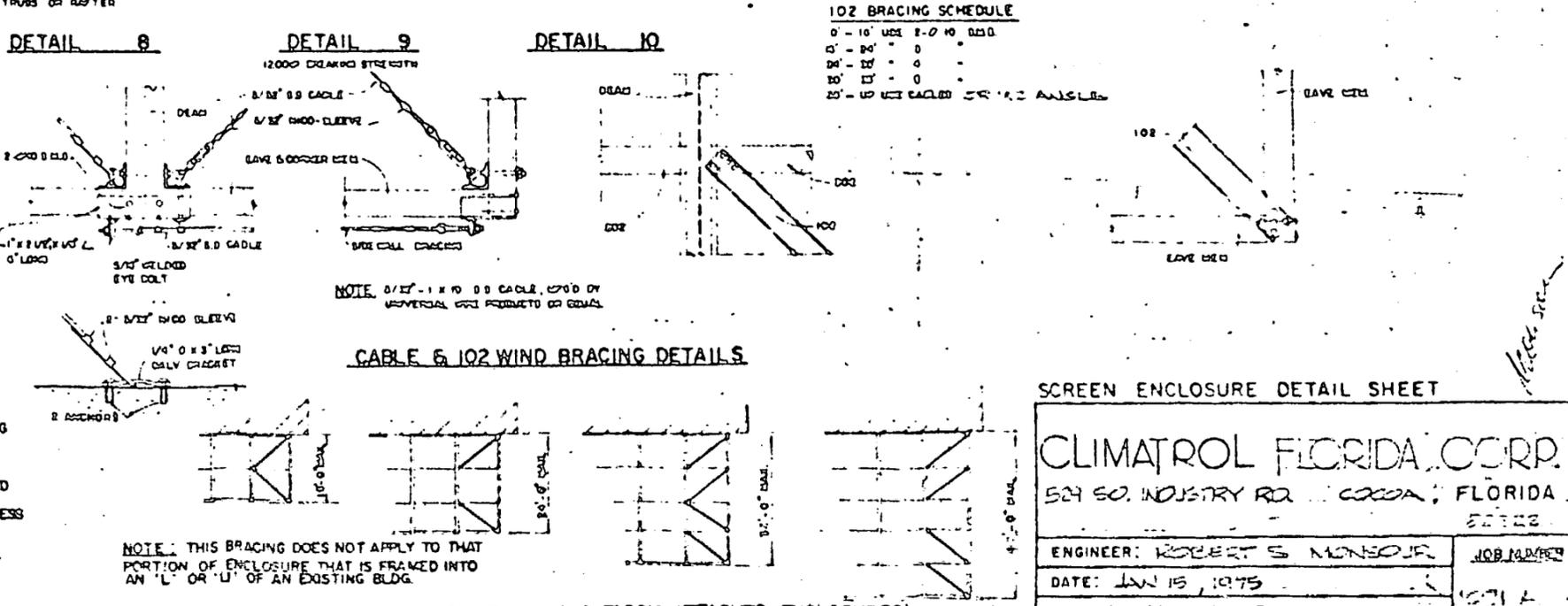
**ROOF:** DESIGN LIVE LOAD DOWN \_\_\_\_\_ PSF  
 DESIGN WIND LOAD UP \_\_\_\_\_ PSF  
 TEST LOAD UP & DOWN \_\_\_\_\_ PSF

RECOVERY AT TEST LOAD \_\_\_\_\_ POS. MIN.

- NOTES:**
- 1) ROOF & SIDES SHALL BE COVERED WITH SCREEN CLOTH BEING 60% OR GREATER OPEN. THE ADDITION OF SOLID ROOFING OR SIDING IS NOT COVERED BY THIS SHEET.
  - 2) THE EXISTING STRUCTURE MUST BE CAPABLE OF SUPPORTING THE LOADED SCREEN ENCLOSURE.
  - 3) 6063-T6 ALUM. ALLOY BEAMS WILL BEAR IDENTIFICATION 1 FT. FROM EACH END OF BEAM.
  - 4) USE ADDITIONAL SETS OF CABLES WHERE BEAM SPANS EXCEED THOSE SHOWN IN CABLE SCHEDULE.
  - 5) A TOLERANCE OF 0.06" IS ALLOWED WHERE WALL THICKNESS EXCEEDS 0.55."
  - 6) EXPOSED FASTENERS SHALL BE NON-MAGNETIC STAINLESS STEEL OR ALUM. EXCEPT CABLE FASTENERS MAY BE HOT-DIP GALV. STEEL.
  - 7) MASONRY ANCHORS SHALL BE MADE OF NON-CORROSIVE METALIC CONST. OR OF VIRGIN P.V.C. PLASTIC.



102 BRACING SCHEDULE	
0' - 10'	USE 2-0 10 000
11' - 20'	"
21' - 30'	"
31' - 40'	"
41' - 50'	USE 2-0 10 000 OR 1-2 ANGLE



SCREEN ENCLOSURE DETAIL SHEET

**CLIMATROL FLORIDA CORP.**  
 524 SO. INDUSTRY RD. COCOA, FLORIDA 32923

ENGINEER: ROBERT S. MONSIEUR  
 DATE: JAN 15, 1975  
 REVISED: MAY 27, 1975

NOTE: THIS BRACING DOES NOT APPLY TO THAT PORTION OF ENCLOSURE THAT IS FRAMED INTO AN "L" OR "U" OF AN EXISTING BLDG.

ROOF BRACING LAYOUT (FREE STANDING & FASCIA ATTACHED ENCLOSURES)

**1064**

**FENCE**

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Fence  
TOWN OF SEWALL'S POINT FLORIDA

1064 RECEIVED NOV - 6 1979

Permit No. \_\_\_\_\_

Date 11/2/79

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

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

Owner F.E. Whiskin, M.D., et al Present address 5 Middle Rd. Sewall's Pt

Phone 286-0718

Contractor D. Swinney American Cypress Fence Co. Address \_\_\_\_\_

Phone 1-965-7514 Box 183-1 Rd 2 - LAKE WORTH FL 33460

Where licensed MARTIN COUNTY License number CGC 009400

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: CYPRESS FENCE - VERTICAL SLAT

6 Feet High in Sections 8 Feet Long

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

5 Middle Rd. Sewall's Point

Subdivision \_\_\_\_\_ Lot No. 34

Contract price \$ 334.88 Cost of Permit \$ 5.00

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 a Town Commissioner "Red-tagging" the construction project.

Contractor Michael Kiger for American Cypress Fence Co.

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 F. E. Whiskin

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: [Signature] Building Inspector Date 11/9/79

Approved: [Signature] Commissioner Date 7 Nov 1979

Final Approval given: \_\_\_\_\_ Date 11/20/79

Certificate of Occupancy issued \_\_\_\_\_ Date \_\_\_\_\_

SP/1-79

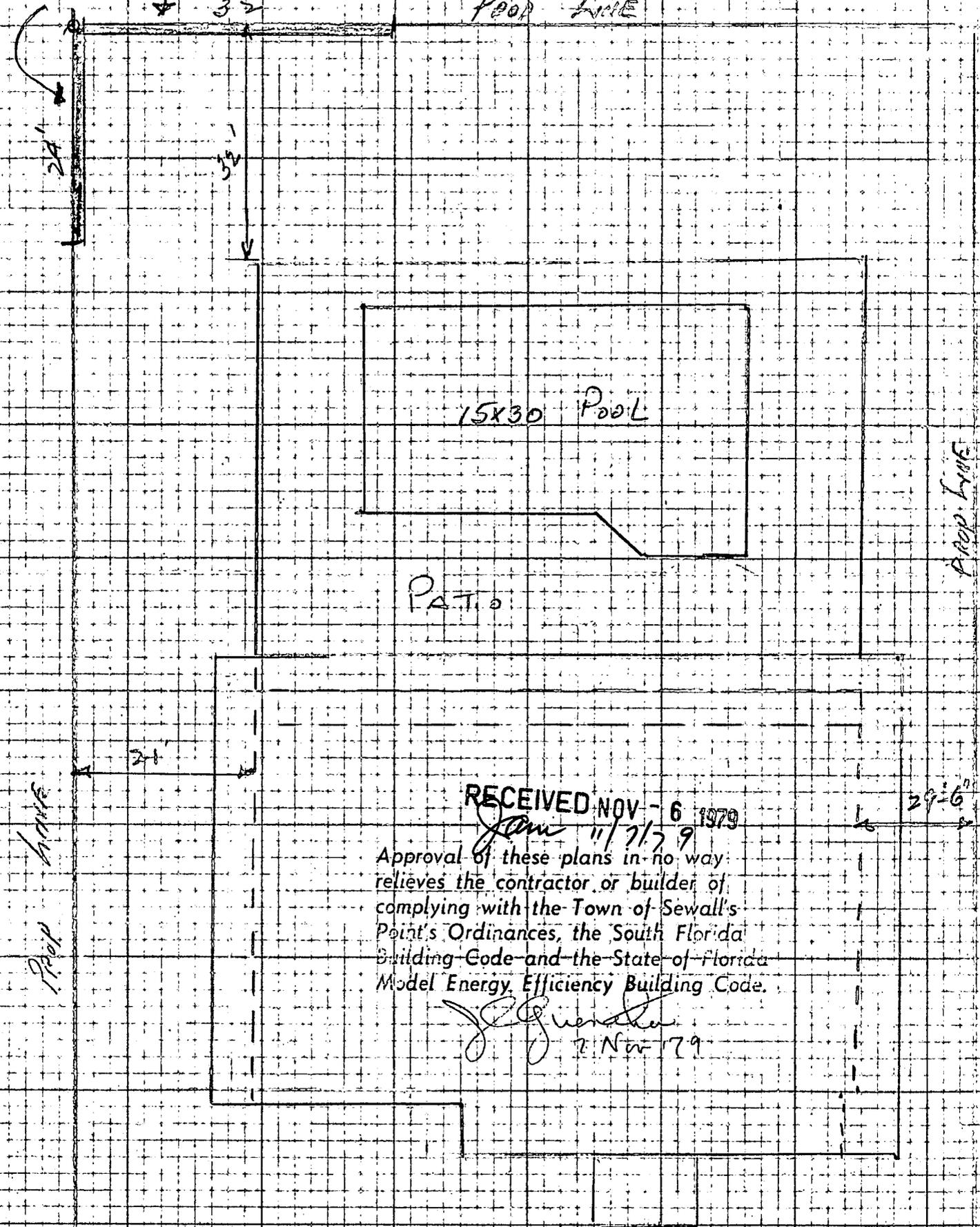
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1064

6' HIGH FENCE (CYPRESS)

F.F. WISKIN (MD)  
5 MIDDLE ROAD

PROP LINE



RECEIVED NOV - 6 1979  
*John* 11/7/79

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

*J. Guenther*  
7 Nov 79

NOT TO SCALE

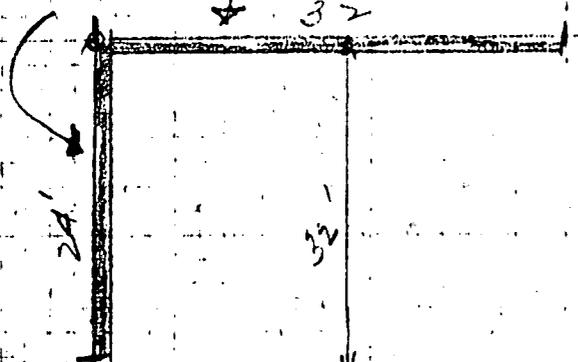
37'6"

F.F. WISKIN (M.D.)

5 MIDDLE ROAD

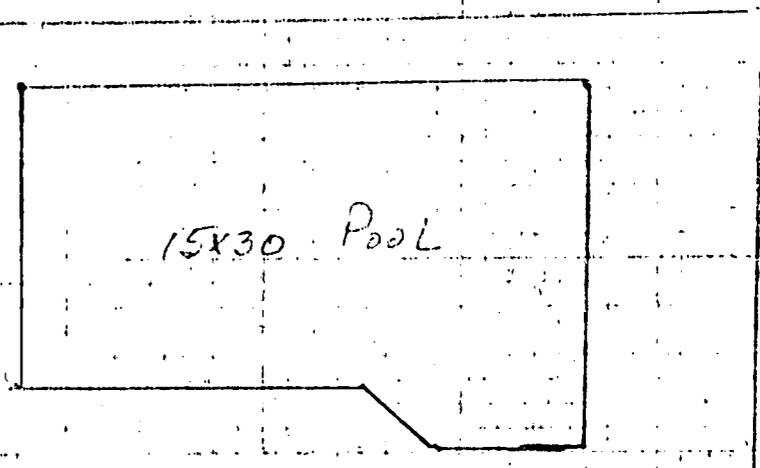
6' HIGH FENCE (CYPRESS)

PROP LINE



32'

24'



15x30 Pool

PATIO

PROP LINE

21'

RECEIVED NOV - 6 1979

*J. Guenther* 11/7/79

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

*J. Guenther*  
 7 Nov 79

29'-6"

NOT TO SCALE

37'-6"

PROP LINE

6' HIGH FENCE (CYPRESS)

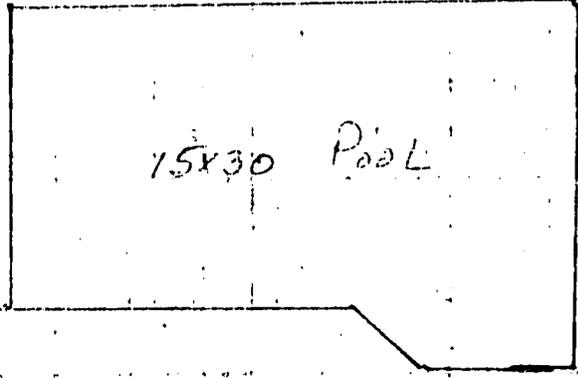
FR. WISKIN (M.D.)

5 MIDDLE ROAD

PROP LINE

24'

32'



PROP LINE

RECEIVED NOV - 6 1979

*John* 11/7/79

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 relieves the contractor or builder of  
 complying with the Town of Sewall's  
 Ordinance, the South Florida  
 Building Code and the State of Florida  
 Model Energy Efficiency Building Code.

*J. Guenther*  
 7 Nov 1979

21

29'-6"

PROP LINE

NOT TO SCALE

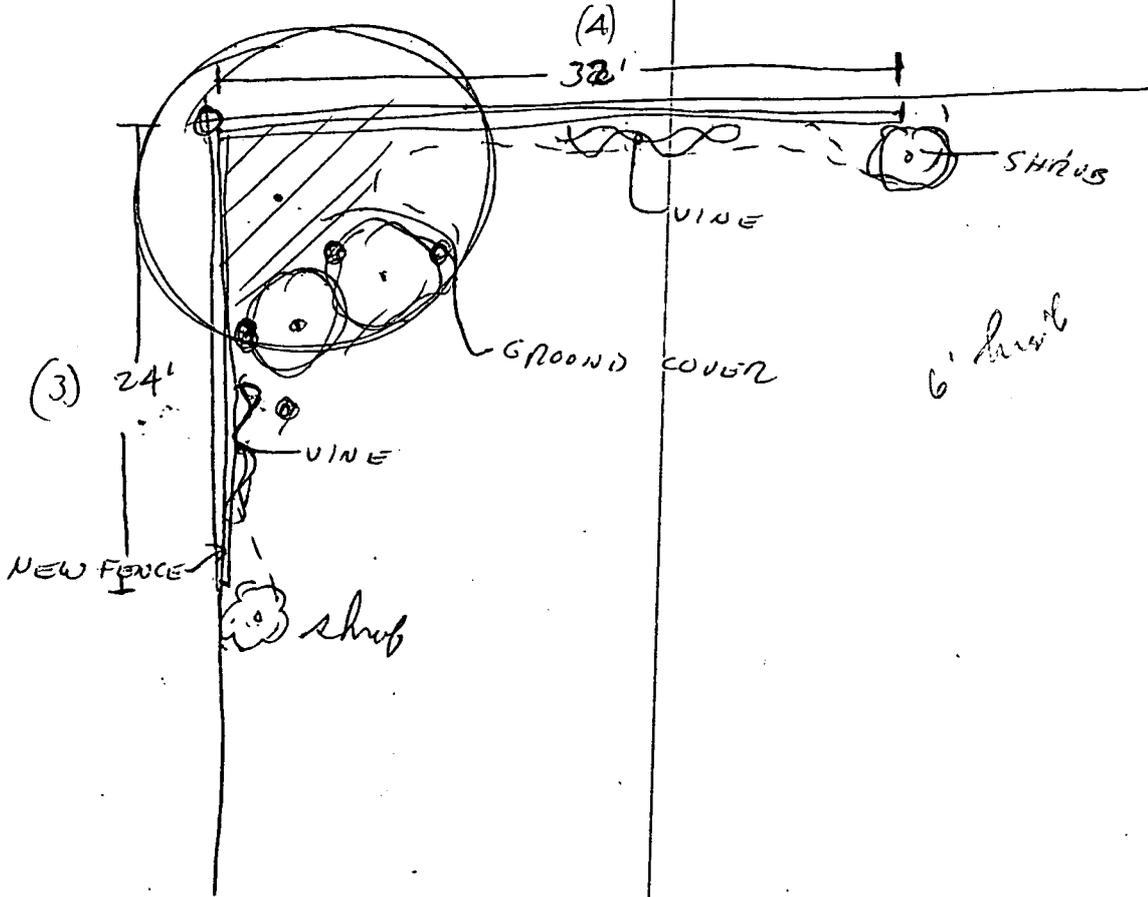
37'-6"

Loxahatchee Landscape, Inc.

*Decorative Fence*

SOLD TO WILKIN  
5 MIDDLE ROAD  
PHONE \_\_\_\_\_

SPECIAL INSTRUCTIONS



ALLAMANDA

ALBIZZIA

ACCEPTED: \_\_\_\_\_ DATE \_\_\_\_\_

FLORIDA DEPARTMENT OF POLLUTION CONTROL

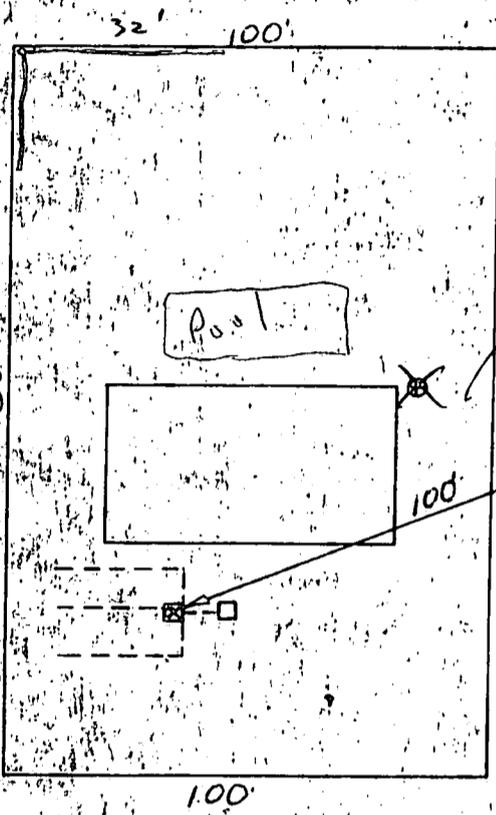
S. E. Subregion  
 806 South 6th Street  
 Fort Pierce, Florida 33450  
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES  
 DATA SHEET

Location: LOT 34  
HIGHPOINT S/D

Applicant: PAUL GLIEDMAN  
 County: MARTIN

**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private wall; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



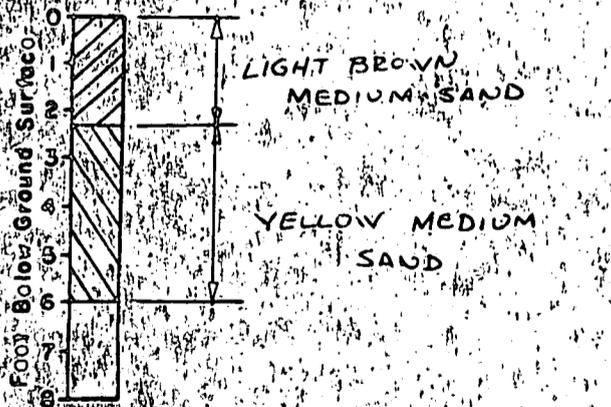
6" in from prop. line

no well - city flow

Plot plan must show all data required in 10D-6.03 2(a) and all other pertinent data.

MIDDLE ROAD  
 PLAN  
 Scale: 1" = 40'

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP  
 Soil Characteristics: SATISFACTORY

Percolation Rate: 0.5 min/inch  
 Water Table Depth: 8+ Feet  
 Water Table Depth During Wet Season: 8 Feet  
 Compacted Fill Of: \_\_\_\_\_ Road  
 Compacted Fill Checked By: \_\_\_\_\_  
 Date: \_\_\_\_\_

LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Perculation Test Location

CERTIFIED BY: Paul Gliedman  
 FLORIDA PROFESSIONAL No. 7411  
 Date: 6-28-73 Job No. \_\_\_\_\_

**2789**

**FENCE**

---

---

Permit No. \_\_\_\_\_

Date 5.30.90

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

2789

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 FAIK M. ARSEVER Present Address 5 MIDDLE RD.

Phone 337-3300 SEWALL'S POINT, FL.

Contractor ALL AMERICAN FENCE Address 554 N.W. MARION AVE.

Phone 828-1650 P.S.L. FL.

Where licensed MARTIN Co. License number SP 00872

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: 6' High BOARD ON BOARD - TOTAL 293'

WOOD FENCE

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

Subdivision High Point Lot number 34 Block number \_\_\_\_\_

Contract price \$ 2,000.00 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 Town Commissioner "red-tagging" the construction project.

Contractor Mike Demsey

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 FAIK M. ARSEVER

TOWN RECORD

Date submitted \_\_\_\_\_ Approved: Dale Brown Building Inspector Date \_\_\_\_\_

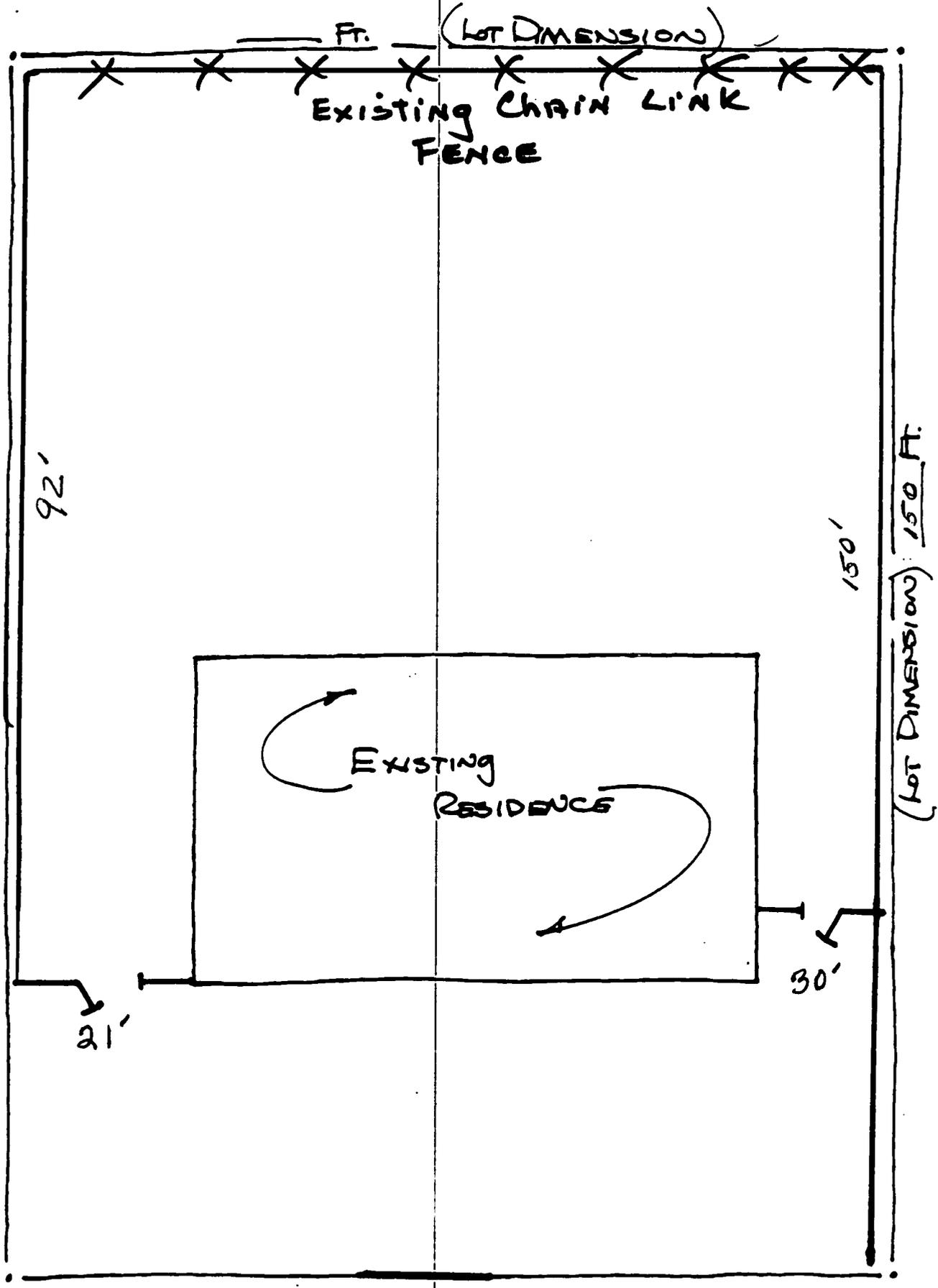
Approved: \_\_\_\_\_ Commissioner Date \_\_\_\_\_ Final Approval given: \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

SP1282

Permit No. \_\_\_\_\_

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



⊥ S. MIDDLE RD (STREET NAME)

Plot Plan

**5045**

**AWNINGS**

FILE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 8/10/00 BUILDING PERMIT NO. 5045  
 Building to be erected for GILBERTO LOPEZ Type of Permit CANV. AWNINGS (3)  
 Applied for by MAJOR CANVASS AWNINGS, INC. (Contractor) Building Fee 30.00  
 Subdivision HIGH POINT Lot 34 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 5 MIDDLE ROAD Impact Fee \_\_\_\_\_  
 Type of structure S.F.P. A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_  
 Amount Paid \$33.00 Check # 3816 Cash \_\_\_\_\_ Other Fees ( REV. ) 3.00  
 Total Construction Cost \$ 11640.00 TOTAL Fees \$33.00

Signed [Signature] Applicant  
 Signed [Signature] Town Building Inspector CHOU

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>8/18/00</u>

FLOOD ZONE \_\_\_\_\_ LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455  
**WORK HOURS – 8:00 AM UNTIL 5:00 PM**  
 MONDAY THROUGH SATURDAY

New Construction  Remodel  Addition  Demolition

This permit must be visible from the street, accessible to the inspector.  
 FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
 NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
 DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

**COPY**  
**TOWN OF SEWALL'S POINT**

MASTER PERMIT NO. N/A

Date 8/10/80 BUILDING PERMIT NO. 5045  
 Building to be erected for GILBERTO LOPEZ Type of Permit CANV. AUDIUMS (3)  
 Applied for by MAJOR CANVAS AUDIUMS, INC. (Contractor) Building Fee 30.00  
 Subdivision HIGH POINT Lot 34 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 5 MIDDLE ROAD Impact Fee \_\_\_\_\_  
 Type of structure S.F.P. A/C Fee \_\_\_\_\_  
 Electrical Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_

Amount Paid \$33.00 Check # 3816 Cash \_\_\_\_\_ Other Fees ( REV. ) 3.00  
 Total Construction Cost \$ 11640.00 TOTAL Fees \$33.00

Signed [Signature] Applicant Signed [Signature] Town Building Inspector CHOU

**BUILDING PERMIT**

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

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**DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

**PROOF OF NOTICE:**  
**SUBDIVISION REVIEW/APPROVAL**

8/8/00 FAX TO:  
336-9501 (2 PAGES)  
ATTN: DIETER  
(PERMIT FEE: \$33.00)

To: Building Official, Town of Sewall's Point  
FROM: Permit Applicant  
RE: Subject structure described as follows:

OWNER: Mr. & Mrs. Lopez; ADDRESS: 5 Middle Road, Sewall's Point  
FL 34996

PROJECT ADDRESS: 5 Middle Road; LEGAL DESCRIPTION: Lot \_\_\_\_\_ Blk \_\_\_\_\_ Sub \_\_\_\_\_  
Lot 34 High Point, Plat Book 3, Page 108  
Plat Book of Martin County, FL

GENERAL CONTRACTOR: Major Canvas Awings, Inc.; LIC/CERT No. \_\_\_\_\_  
2121 SW Conant Ave. License: Martin Cty. SP 02758  
ADDRESS: Port St. Lucie, FL 34953; TEL 336-9500 FAX 336-9501

ARCHITECT OR ENGINEER: Paul Welch Inc.; Lic/Reg No. \_\_\_\_\_

ADDRESS: 1984 SW Biltmore, Ste. 114  
Port St. Lucie, FL 34984; TEL 785-9888 FAX \_\_\_\_\_

PERMIT No: \_\_\_\_\_; DATE OF ISSUE: \_\_\_\_\_; DATE OF THIS STATEMENT: \_\_\_\_\_

The proposed project is located in the located in \_\_\_\_\_ Subdivision.

In compliance with permit application review requirements, please be advised as follows:

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS NOT REQUIRED.

SUBDIVISION/ASSOCIATION REVIEW AND APPROVAL IS REQUIRED.

APPROVAL DOCUMENTATION IS ATTACHED

NOTICE OF THE ABOVE PROPOSED CONSTRUCTION WAS PROVIDED TO THE SUBDIVISION/ASSOCIATION ON \_\_\_\_\_

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

NAME: Dieter Rihstrat; SIGNATURE: [Signature]; Lic. No: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

(NOTARY SEAL)

Name \_\_\_\_\_

I am a Notary Public of the State of Florida and my commission expires: \_\_\_\_\_



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

Bldg **RECEIVED**  
Permit Number: \_\_\_\_\_  
JUL 25 2000  
BY: EA 7/31/00  
Phone No. (561) 799-0490

*logged*

Owner or Titleholder's Name Gilberto & Maria C. Lopez City Stuart State: FL Zip 34996  
Street: 5 Middle Road Parcel Number: \_\_\_\_\_  
Legal Description of Property: Lot 34 High Point, Plat Book 3 Page 108,  
Plat Book Of Martin County, FL Parcel Number: \_\_\_\_\_

561-219-7957

Location of Job Site: 5 Middle Road  
TYPE OF WORK TO BE DONE: Custom fabricate & install three (3) awnings

CONTRACTOR/Company Name: Major Canvas Awnings, Inc. Phone No. (561) 336-9500  
Street: 2121 SW Conant Ave City Port St. Lucie State: FL Zip 34953  
State Registration: \_\_\_\_\_ State License: Martin Cty.: SP 02758

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: Paul Welch Inc. 1984 SW Biltmore, Ste 114 Phone No. (561) 785-9888  
Street: \_\_\_\_\_ City Port St. Lucie State: FL Zip 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:  
Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_  
Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_  
Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
New Electrical Service Size: \_\_\_\_\_ AMPS

FLOOD HAZARD INFORMATION  
Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD  
Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES  
Estimated cost of construction or Improvement: \$ 1,640.-  
Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_  
If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_ NO \_\_\_  
Method of determining Fair Market Value: \_\_\_\_\_

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)  
Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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

OWNER or AGENT SIGNATURE (Required)  
[Signature]

CONTRACTOR SIGNATURE (Required)  
[Signature]

Owner  
State of Florida, County of: Martin On this the 25<sup>th</sup> day of July, 2000, by Dieter Ruhstroi who is personally known to me or produced F.I.d.I. as identification.

Contractor  
State of Florida, County of: Martin On this the 25<sup>th</sup> day of July, 2000, by Dieter Ruhstroi who is personally known to me or produced F.I.d.I. as identification.

[Signature]  
Notary Public

[Signature]  
Notary Public

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Joan H. Barrow (Seal)  
MY COMMISSION # CC763645 EXPIRES  
November 30, 2002  
BONDED THRU TROY FAIR INSURANCE, INC.

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

**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: \_\_\_\_\_ Number of trees to be retained: \_\_\_\_\_ Number of trees to be planted: \_\_\_\_\_ Number of Specimen trees removed: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ Authorized/Date: \_\_\_\_\_

**DEVELOPMENT ORDER # \_\_\_\_\_**

1. **ALL APPLICATIONS REQUIRE**
  - a. Property Appraisers Parcel Number.
  - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
  - c. Contractors name, address, phone number & license numbers.
  - d. Name all sub-contractors (properly licensed).
  - e. Current Survey
2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
  - a. Floor Plan
  - b. Foundation Details
  - c. Elevation Views - Elevation Certificate due after slab inspection,
  - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
  - e. Truss layout
  - f. Vertical Wall Sections (one detail for each wall that is different)
  - g. Fireplace drawing: If prefabricated submit manufacturers data

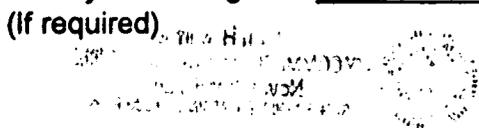
**ADDITIONAL Required Documents are:**

1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
2. Well Permit or information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(if required)



PRODUCER

Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 561-286-4334 Fax: 561-286-9388

FILE permit

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

INSURERS AFFORDING COVERAGE

INSURED

Major Canvas Awnings, Inc.  
2121 SW Conant Ave  
Port St. Lucie FL 34953

COPY FILE before

INSURER A: Auto Owners Insurance Co  
INSURER B: Bridgefield Insurance Co  
INSURER C:  
INSURER D:  
INSURER E:

RECEIVED

MAY 24 2000

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20420937	12/09/99	12/09/00	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ EXCLUDED
A	AUTOMOBILE LIABILITY	95-434-983	03/01/00	03/01/01	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0830-23066	03/01/00	03/01/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100,000				
	E.L. DISEASE - EA EMPLOYEE \$ 100,000				
					E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

Canvas Awning Manufacturing & Installation - state of Florida FAX 220-4765

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER: SEWAP-1

CANCELLATION

Town of Sewalls Point  
Building Dept  
ATTN: Mr. Arnold  
1 S Sewalls Point Road  
Stuart FL 34996

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

Cabot W. Lord, CFC

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-18, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4657	DEMARKARLAN	① FINISH	check list	11:00 - need final
N ⑨	19 CASTLE HILL WAY STRATHMORE	(WALK-THRU) ② MASTER KIL. (TRAMP POUR)	for the FINISH PASSED	documents for c.o. VALD RVL - LUVARDE 225-4200 12:00 AMC 44
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4628	Hellmege	c.o.	PASSED	need final
N ⑧	11. C. Hill Way Strathmore		↗	documents for c.o.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5025	Demorest	final roof	PASSED	
③	92 S. River Road Pacific		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4963	Johnson	sheathing	PASSED	re-inspect
N ⑦	9 Quail Run Pacific		↗	10 progr. - OK TO CONT SPOT CHECKED 8/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5051	Elliott	final steps	PASSED	
S ⑥	25 W. High Point Rd. Van Lynn		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4984	Winer	roof final	PASSED	
④	3 Middle Rd. Pacific		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5045	Lopez	swimming	FAILED	- UNABLE TO INSPECT
S ⑤	5 Middle Rd. Major Canvas	final	↗	- NO ONE HOME - NO PERMIT DOCS.

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-23, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5048	Lydon 221-0467 285-1849	electrical		ELECT SUB PN 5049
<del>X</del>	167 S.S.P. Rd owner	called owner advised - he will recheck after permit issued		NOT ISSUED TO DATE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5059	Whalen 9 Knowles Rd. Cardinal	plywood nailing SHEATHING	PASSED	after lunch OK to dig-in; patch @ ST & HILL CWP.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 4857	Conway 4 Oak Hill Way owner	insulation	PASSED	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5054	Mike Vennis H Bay Florist 3758 E. Ocean	structure FRAMING- NON-STREET INT. DIV. WALL	PASSED	side door will be unlocked NOTED ON PERMIT THAT STREET F.D. FINAL INS. REQ.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4975	Stanhøj 106 Hillcrest Andrews	pool deck	PASSED	VERIFIED 15' REQ. SIDE SETBACK & PERMIT 2 SICKY REQUIREMENTS w/OWNER
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4918	Kege 8 St Lucie Court Tropic	dock final	PASSED	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5045	Lopez 5 Middle Rd. Major	final joannings (KELNSPRT)	PASSED	

OTHER: T/R APPL. ARCH. 18 PALM ROAD. MONTE'S TREE SERVICE ✓ APPROVED

INSPECTOR (Name/Signature): \_\_\_\_\_

**6313**

**FENCE**

**TOWN OF SEWALL'S POINT**

Date 7/1/03

**BUILDING PERMIT NO.** 6313

Building to be erected for WEST

Type of Permit FENCE

Applied for by ABEL FENCE

Building Fee 30.00

Subdivision HIGH POINT Lot 34 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 5 MIDDLE ROAD

Impact Fee \_\_\_\_\_

Type of structure FENCE

AC Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Parcel Control Number:

Plumbing Fee \_\_\_\_\_

1338410020000034040000

Roofing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 2107 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1950.00

TOTAL Fees 30.00

Signed Charles Blaud  
Applicant

Signed Gene Simmons (Yes)  
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 _____         |

310 High Point

Permit Number: \_\_\_\_\_

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

OWNER/TITLEHOLDER NAME: Rebecca West Phone (Day) 403-0999 (Fax) 403-0604

Job Site Address: 5 Middle Rd. City: Sewall's Point State: FL Zip: 34996

Legal Description of Property: Lot 34 Book 3 Page 108 Parcel Number: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: 50' x 4' Ornamental Aluminum Fence w/ 2-walk gates

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

CONTRACTOR/Company: Abel Fence Co Phone: 772-465-4640 Fax: 772-465-3540

Street: P.O. Box 6 (51006 Altman Rd) City: St. Pierce State: FL Zip: 34984

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: 900126

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

**SUBCONTRACTOR INFORMATION:**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ 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: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
\_\_\_\_\_  
State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 2003  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification: \_\_\_\_\_

CONTRACTOR SIGNATURE (required)  
Roy A. Robertson  
On State of Florida, County of: St. Lucie County  
This the 26<sup>th</sup> day of June, 2003  
by Roy A. Robertson who is personally  
known to me or produced \_\_\_\_\_  
As identification: Michelle D. Gray

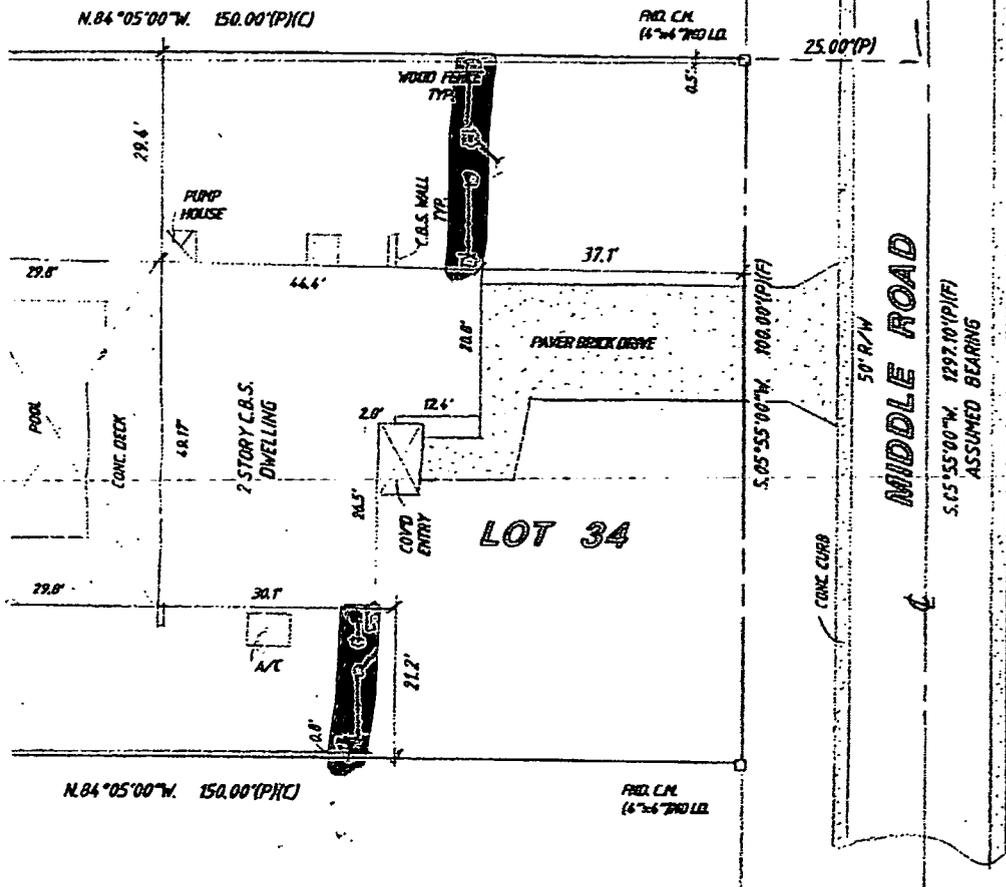
My Commission Expires: \_\_\_\_\_  
Notary Public  
Seal

My Commission Expires: \_\_\_\_\_  
Notary Public  
MY COMMISSION # CC904013 EXPIRES  
February 29, 2004  
BONDED THRU TROY FAN INSURANCE, INC.

Per 370 4941

5 Middle Rd

LOT 33



LOT 35

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 6/26/03  
 \_\_\_\_\_  
 BUILDING OFFICIAL  
 Gene Simmons

UNLESS OTHERWISE NOTED.  
 EASEMENTS, BUILDING SETBACKS  
 LAND SURVEYING INC.  
 T OF RECORD  
 FINAL GEODETIC  
 BENCH MARK,  
 UNLESS OTHERWISE NOTED.

NOT VALID WITHOUT THE SIGNATURE AND THE  
 ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER

ACCURIGHT LAND SURVEYING, INC.  
 LICENSED BUSINESS NO. 6607

BOUNDARY SURVEY

PREPARED FOR:  
 RITCHEY

ACCURIGHT LAND SURVEYING, INC.  
 SURVEYORS DESIGNERS LANDPLANNERS CONSULTANTS  
 1501 DECKER AVENUE, SUITE 419  
 STUART, FL 34994

OFFICE PHONE: (772) 286-7694  
 FAX: (772) 220-7993

DRAWN W.G.H.
CHECKED E.R.S.
FIELD DATE 10/22/2002
SCALE 1" = 20.00'
JOB NO. 265-59-01
SHEET

285-8019

2002-2003 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 972-513-037 CERT \_\_\_\_\_

PHONE (561) 489-2660 SIC NO 023599

LOCATION:  
5606 ALTMAN RD PSL

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF CONTR. - FENCING

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

09 DAY OF SEPTEMBER 2002  
AND ENDING SEPTEMBER 30, 2003

12 02090602 002777

ROY ROBERTSON  
ABELL STEEL & WOOD FENCING  
PO BOX 6  
FT PIERCE FL 34954



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**Certificate of Competency**

License: SP00126  
Expires September 30, 2003

ROBERTSON, ROY A  
ABELL STEEL & WOOD-FENCE  
BOX 6  
FT PIERCE, FL 34954  
**FENCE ERECTION**

# INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6285	Harte	3 E. High Pt	Driveway	AW 7/12
7661	Litchey	5 Middle Rd	AC changeout	
<del>6313</del>		5 Middle Rd	Fence	AW 7/12
7254	Carelli	4 Middle Rd	Fence repair	AW 7/12
6730	Carelli	4 Middle Rd	Fence	AW 7/12
7603	Becker	16 E High Pt	Reroof	AW 7/12
7061	Taylor	22 E High Pt	Dock repair - <sup>one</sup> piling	AW 7/12
7531	Granfield	15 W. High Pt	Int + ext. gas lines	NO ACCESS
7124	McKeige	31 W. High Pt	Panel driveway	AW 7/12
7194	Greiner	37 E. High Pt	Reroof.	AW 7/12
7125	McCartney	45 W High Pt	Dock repair	WORK NOT DONE
7142	Shaughnessy	3 Delano La	Lowers on pool deck + patio	AW 7/12
7033	Tidikis	6 Kingston Ct	Fence repair	AW 7/12
7212	Kimmelman	108 Abbie Ct	Fence	AW 7/12
7633	Thomas	10 Palm Rd	Replace windows	NO ACCESS
7485	Engle	14 Palm Rd	Reroof - (final)	AW 7/12
7086	Koloff	20 Buenvieo	Repair retaining wall	
7007	Analer	3 Simara St	Water repair	
1.959	Pudolph	20 Buenvieo	Repair dock	

7334

FENCE

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MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 2/23/05 BUILDING PERMIT NO. 7334

Building to be erected for RITCHEY Type of Permit FENCE

Applied for by JIM CAMPBELL (Contractor) Building Fee 30.00

Subdivision HIGH POINT Lot 34 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 5 MIDDLE ROAD Impact Fee \_\_\_\_\_

Type of structure STR A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

1338410020000034040000 Plumbing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 1575 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 2450.00 TOTAL Fees 30.00

Signed James Campbell Applicant Signed Gene Simmons Town Building Official

## PERMIT

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

RECEIVED

NOV 18 2004

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: November 8, 2004

OWNER/TITLEHOLDER NAME: Roberta Ritchey

Phone (Day) \_\_\_\_\_ (Fax) 772-463-0606

Job Site Address: 5 Middle Rd.

City: Stuart State: FL Zip: 34996

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

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Replace Fence

WILL OWNER BE THE CONTRACTOR?:

YES  NO

(If no, fill out the Contractor & Subcontractor sections below)  
(If yes, Owner Builder Affidavit must accompany application)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2450.00  
(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: \_\_\_\_\_

CONTRACTOR/Company: Jim Campbell Const Inc Phone: 263-0052 Fax: 334-2355

Street: 64 ACACIA Trail City: Jensen Beach State: FL Zip: 34957

State Registration Number: CBC 1252023 State Certification Number: \_\_\_\_\_ Martin County License Number: MC 00154

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: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001  
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)  
Roberta Ritchey  
State of Florida, County of: Martin  
This the 8 day of November, 2004  
by Roberta Ritchey who is personally  
known to me or produced Drivers License  
as identification.

CONTRACTOR SIGNATURE (required)  
James Campbell  
On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 2004  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification.

Notary Public  
Rebecca West  
My Commission Expires: \_\_\_\_\_  
REBECCA A. WEST  
MY COMMISSION # DD 203894  
EXPIRES: April 16, 2007  
Bonded Thru Notary Public Underwriters

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: Roberta Ritchey Date: Nov 8, 2004

Signature: [Handwritten Signature]

Address: 5 Middle Rd

City & State: Stuart Fl. 34994

Permit No. \_\_\_\_\_

CHANGED TO CONTRACTOR  
PICK UP - VERBAL AUTH  
MRS. WEST - 2/23/05

# ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2004

<b>PRODUCER</b> Bayside Insurance Group, Inc. 11400 Fourth Street North #1115 St. Petersburg, FL 33716 727-577-9872	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>
<b>INSURED</b> Jim Campbell Construction, Inc.  64 Acacia Trail Jenson Beach, FL 34957 772-263-0052	INSURER A: American Vehicle Insurance Company	
	INSURER B: AmComp	
	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.

CLASS LTR	ADDITIONAL CODES	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	bndr: 00231A	10/22/04	10/22/05	EACH OCCURRENCE \$ 300,000
						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 300,000
						GENERAL AGGREGATE \$ 600,000
						PRODUCTS - COMP/OP AGO \$ 600,000
						GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-ACC <input type="checkbox"/> LOC
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS UMBRELLA 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WCV7056704	11/1/04	11/1/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Town of Sewalls Point 772-220-4765	<b>CANCELLATION</b> 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. AUTHORIZED REPRESENTATIVE <i>Michael Zund</i>
--	---



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

CAMPBELL, JAMES A  
JIM CAMPBELL CONSTRUCTION INC  
64 ACACIA TRAIL  
JENSEN BEACH FL 34957

STATE OF FLORIDA AC# 1513444  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CBC1252023 07/30/04 040017334

CERTIFIED BUILDING CONTRACTOR  
CAMPBELL, JAMES A  
JIM CAMPBELL CONSTRUCTION INC

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2006 L04073000084

DETACH HERE

AC# 1513444

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04073000084

DATE	BATCH NUMBER	LICENSE NBR
07/30/2004	040017334	CBC1252023

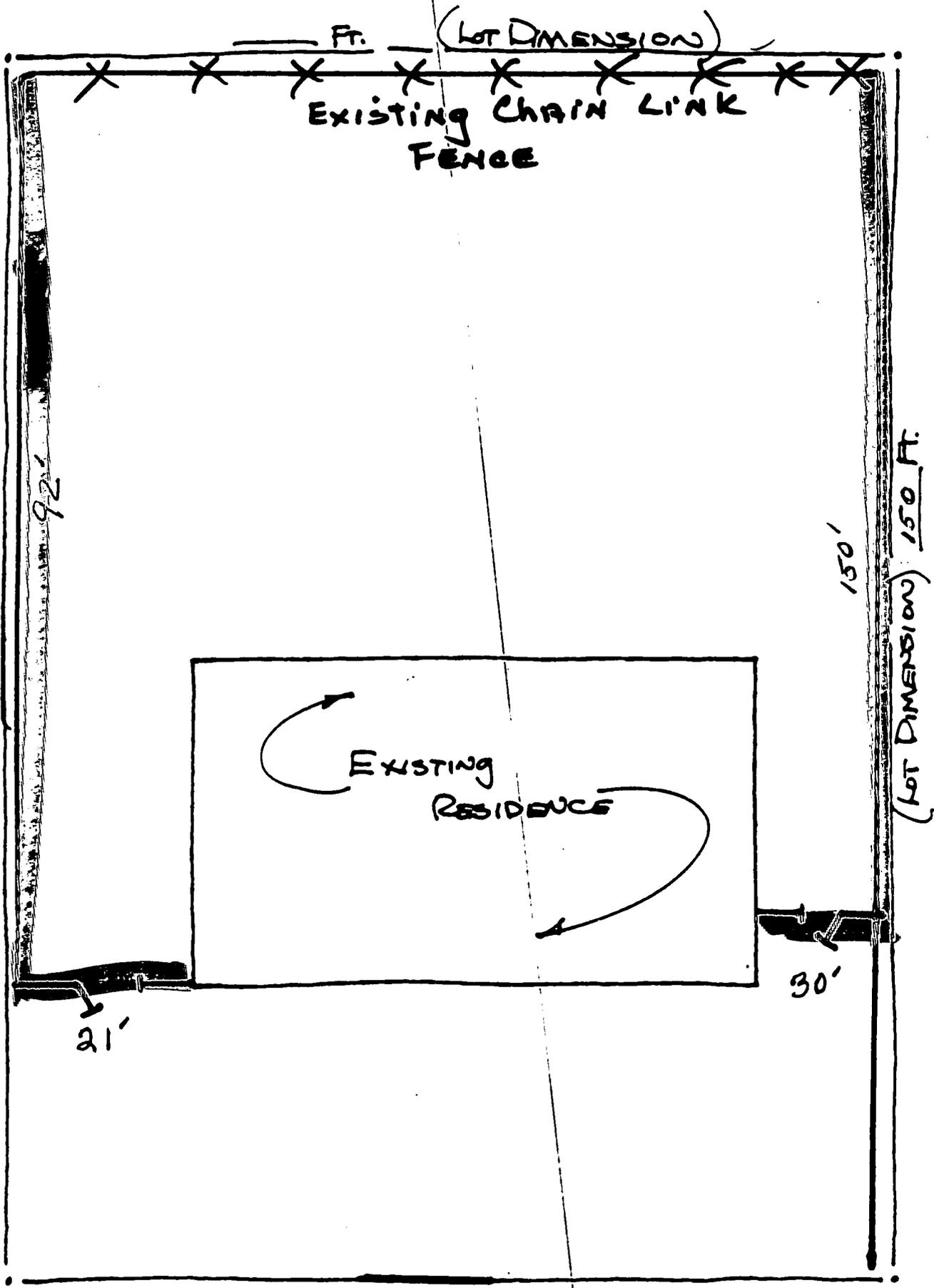
The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2006

CAMPBELL, JAMES A  
JIM CAMPBELL CONSTRUCTION INC  
64 ACACIA TRAIL  
JENSEN BEACH FL 34957

JEB BUSH  
GOVERNOR

DIANE CARR  
SECRETARY

DISPLAY AS REQUIRED BY LAW



S. MIDDLE RD (STREET NAME)

REPAIR WORK FOR HURRICANE DAMAGE

Plot Plan

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 11/23/04  
 \_\_\_\_\_  
 BUILDING OFFICIAL  
 Gene Simmons



## TOWN OF SEWALL'S POINT

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

### CORRECTION NOTICE

ADDRESS: 5 MIDDLE ROAD

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

FENCE FINAL

NO PERMIT POSTED

"GOOD SIDE" OF FENCE MUST  
BE INSTALLED FACING OUT  
OR TOWARD NEIGHBORS -

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

DATE: 3/28

  
INSPECTOR

**DO NOT REMOVE THIS TAG**



7334

**TOWN OF SEWALL'S POINT**

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

**CORRECTION NOTICE**

ADDRESS: 5 MIDDLE ROAD

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

FENCE FINAL

FENCE POSTS DO NOT HAVE  
GROUND AT BASE WELL COMPACTED  
AND ARE UNSTABLE.

COULD NOT LOCATE POSTED  
PERMIT.

\$40 FEE

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

DATE: 3/30

INSPECTOR

**DO NOT REMOVE THIS TAG**



## Martin County Building Department

2401 SE Monterey Road  
Stuart, FL 34996  
(772) 288-5482  
Fax (772) 288-5911

CAMPBELL, JAMES A  
JIM CAMPBELL CONSTRUCTION INC  
64 NE ACACIA TR  
JENSEN BEACH, FL 34957

### NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

#### PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter , please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.



MARTIN COUNTY, FLORIDA  
Construction Industry Licensing Board  
Certificate of Competency

**BUILDING CONTRACTOR MARTIN COUNTY**

License Number MC00144 Expires: 30-SEP-05

CAMPBELL, JAMES A  
JIM CAMPBELL CONSTRUCTION INC  
64 NE ACACIA TR  
JENSEN BEACH, FL 34957

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/28, 20015 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
746	SEAMAN	DRY-IN	PASS	
3	104 S. RIVER RD MARZO			INSPECTOR: <i>[Signature]</i>
7282	SHORT	WINDOW BUCK	FAIL	
9	10 N. RIVER RD O.B.			INSPECTOR: <i>[Signature]</i>
7165	TAPPER	DEMO FINAL	PASS	CLOSE
1	22 ISLAND RD WINCHIP			INSPECTOR: <i>[Signature]</i>
7234	<del>WEST</del>	<del>FINAL FENCE</del>	<del>FAIL</del>	
2	5 MIDDLE ROAD JIM CAMPBELL CONS			INSPECTOR: <i>[Signature]</i>
TREE	ALEXANDER	TREES	PASS	
4	86 S. SEWALLS Pt.			INSPECTOR: <i>[Signature]</i>
Trees	LANGER	Trees	PASS	263-1009 AL
10	3 LOFTING	BRING BACK KREW COM-		INSPECTOR: <i>[Signature]</i>
TREE	JOCHEN	Trees	PASS	
5	22 RIDGELAND			INSPECTOR: <i>[Signature]</i>

OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/30, 2008 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7370	HB ASSOC - MAETZ	FINAL FIRE +	PASS	CLOSE
16	3746 E OCEAN BLVD	SPRINKLER HEADS		
	POLMEHUS	REPLACEMENT		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7411	STUKEL	FENCE FINAL	PASS	CLOSE
12	7 LANTANA LA			
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7409	NEARING	FENCE FINAL	PASS	CLOSE
11	S LANTANA LA			
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7304	MENDEZ	FINAL FILL	PASS	CLOSE
10	20 CRANE'S NEST			
	O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7133	CIFELLI	FINAL PAVEMENT DRIVEWAY	PASS	CLOSE
15	8 HERITAGEWAY			
	CLITWOOD + CO.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7337</del>	<del>WEST</del>	<del>FENCE FINAL</del>	<del>FAIL</del>	<del>    </del>
2	5 MIDDLE ROAD			\$40 FEE
	JIM CAMPBELL			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	HALL	TREE	PASS	AS REVISED
14	4 N. VIA LUCINDIA			
				INSPECTOR: <i>[Signature]</i>
<b>OTHER:</b>				

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6/15, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7540	LIZANO	FINAL ROOF	PASS	
11	116 CRANE'S NEST A+ BUILDERS			INSPECTOR: <i>[Signature]</i>
6719	DONOHUE	POWER REL.	FAIL	
2	1163 S. SEWALL ST HALL-SAMMONS			INSPECTOR: <i>[Signature]</i>
7426	HBA SOC - PATCHING	FINAL SPRINK	PASS	
* 17	3722 OCEAN BUD POLHEMUS	HEAD REP		INSPECTOR: <i>[Signature]</i>
7262	HBA SOC - SABOUN	ADJCE CEILING	PASS	
* 17	3760 OCEAN BUD KIRCHMAN	ALL TRADES		INSPECTOR: <i>[Signature]</i>
<del>7334</del>	<del>WEST</del>	<del>FENCE FINAL</del>	<del>PASS</del>	<del>CLOSE</del>
1	5 MIDDLE RD JIM CAMPBELL			INSPECTOR: <i>[Signature]</i>
7609	GORDON	DRY IN	FAIL	REINSPECTED
8	11 S. VIA LUCINDIA COOPER ROOFING	(SWALE PROBLEM?) RON 871-9405	PASS	LATE MORN. INSPECTOR: <i>[Signature]</i>
16638	SMITH	INGR TANK LINES	PASS	
7	7 SUMARA ST FERRELL GAS			INSPECTOR: <i>[Signature]</i>
OTHER:	GORDON	SWALE	ADVISED OWNER METHOD TO CORRECT PROBLEM	
8	11 S. VIA LUCINDIA			<i>[Signature]</i>

7661

A/C CHANGEOUT

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 6/30/05

BUILDING PERMIT NO. 7661

Building to be erected for Litchey

Type of Permit A/C Changeout

Applied for by Super Cool

(Contractor)

Building Fee 3500

Subdivision High Pt

Lot 34

Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 5 Middle Rd

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

13384100200000 34040000

Roofing Fee \_\_\_\_\_

Amount Paid 3500

Check # 2650 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 3935.18

TOTAL Fees 3500

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
- GENERATOR/AC PAD

## 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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 6/28/2005

OWNER/TITLEHOLDER NAME: Roberta Hitchey Phone (Day) 285-8019 (Fax) 414

Job Site Address: 5 Middle Road City: Sewall's Point State: FL Zip: \_\_\_\_\_

Legal Desc. Property (Subd/Lot/Block) \_\_\_\_\_ Parcel Number: 133841002 000000 34640000

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: Condensing unit replacement / Air Handler Replacement

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 3935.18

(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: Super Cool of the treasure Coast Phone: 772-879-7113 Fax: \_\_\_\_\_

Street: 2616 SW Union terrace City: P.S.L. State: FL Zip: 34953

State Registration Number: \_\_\_\_\_ State Certification Number: CA042650 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_
Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)

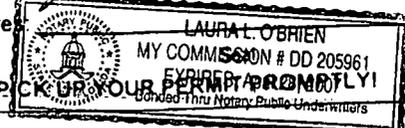
State of Florida, County of: Martin
This the 28th day of June, 2005
by Roberta Hitchey who is personally known to me or produced Drivers license as identification. Stephanie M. Jimenez

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Martin
This the 28th day of JUNE, 2005
by LT Demopoulos who is personally known to me or produced Florida Driver License 38-58-422-0 as identification. Notary Public

My Commission Expires JAN, 10 2006
Notary Public State of Florida

My Commission Expires \_\_\_\_\_



Bonded thru Notary Public Underwriters 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>6/28/05</b>
<b>PRODUCER</b> Kearns Agency of Florida, Inc. P O Box 1849 Jensen Beach, Fl. 34958	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURERS AFFORDING COVERAGE</b>		
<b>INSURED</b> Super Cool of the Treasure Coast Inc. 2616 SW Union Terrace Port St. Lucie, Fl. 34953-2982	INSURER A: <b>Auto Owners Insurance Co.</b> INSURER B: INSURER C: INSURER D: INSURER E:	

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEML AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	20520422	9-16-04	9-16-05	EACH OCCURRENCE \$300,00 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$300,000 GENERAL AGGREGATE \$300,000 PRODUCTS - COMP/PROP AGG \$300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	95-434-636-00	9-16-04	9-16-05	COMBINED SINGLE LIMIT (Ea accident) \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUS: <input type="checkbox"/> ILLNESS LIMITS <input type="checkbox"/> OTHER ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

**Air Conditioning - State of Florida**

<b>CERTIFICATE HOLDER</b> Town of Sewall's Point 1 Sewall's Point Rd. Sewall's Point, FL 34996 attn: Laura fax: 220-4765	<b>ADDITIONAL INSURED; INSURER LETTER:</b>  <b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Lawrence E Kearns
---	---

**ACORD CERTIFICATE OF LIABILITY INSURANCE** Date (MM/DD/YY)  
08/28/2005

**PRODUCER**  
 Work Comp Associates, Inc.  
 P.O. Box 33297  
 Palm Beach Gardens, FL 33420-3297  
 USA

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

COMPANIES AFFORDING COVERAGE	
COMPANY	A First Commercial Insurance Co.
COMPANY	B
COMPANY	C
COMPANY	D

**INSURED**  
 Super Cool of the Treasure Coast, Inc.  
 2616 S.W. Union Terrace  
 Port St. Lucie, FL 34953-2982

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUP OWNERS & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$
	<b>AUTOMOBILE LIABILITY</b> <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				BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	18210	10/23/2004	10/23/2005	XX WC STATU-TORY OTH-ER EL EACH ACCIDENT \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE -EA EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
 Town of Sewall's Point Bldg. Dept.  
 Attn: Laura  
 1 South Sewall's Point Road  
 Sewall's Point, FL 34996-6736

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

AUTHORIZED REPRESENTATIVE *Richard O. Holt* (TRE)

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law .

EFFECTIVE	05/06/2003	EXPIRATION DATE	05/05/2005
PERSON	DEMOPOULOS	LEONIDAS	J
SSN	104-52-7053		
FEIN	650071068		
BUSINESS	SUPER COOL TREASURE COAST INC 2616 SW UNION TERRACE PORT ST LUC FL 34953		

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p style="text-align: center;"></p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 05/06/2003 EXPIRATION: 05/05/2005 PERSON: DEMOPOULOS LEONIDAS SSN: 104-52-7053 FEIN: 650071068 BUSINESS: SUPER COOL TREASURE COAST INC 2616 SW UNION TERRACE PORT ST LUC FL 34953</p>	<p>F O L D  H E R E</p>	<p>NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
--	---	--

CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.

**OCCUPATIONAL TAX RECEIPT  
CITY OF PORT ST. LUCIE**

121 SW PORT ST. LUCIE BOULEVARD

PORT ST. LUCIE, FLORIDA 34954-5099

Fees: 115.77 Late Fees:

THIS LICENSE VALID WHEN ALL STATE AND LOCAL  
REGULATED TRADE LICENSES / COMPETENCY  
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2004 to September 30, 2005

0.00 Total this payment : 115.77

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT ALL TIMES BY THE LICENSEE BUSINESS 50/05-1015698

~~Business Address~~ 2616 SW UNION TERR

Classification: CONT CONTRACTOR

Issued to: SUPER COOL OF THE TREASURE COAST  
2616 SW UNION TERR

Fee: 115.77

Discount: 0.00

266/009 YB

BUSINESS LICENSE COORDINATOR  
FILE COPY

AC#1488556

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# E04071400557

DATE	BATCH NUMBER	LICENSE NBR
07/14/2004	040039491	CAC042650

The CLASS A AIR CONDITIONING CONTRACTOR  
 Named below IS CERTIFIED  
 Under the provisions of Chapter 489, FS  
 Expiration date: AUG 31, 2006



DEMOPOULOS, LEONIDAS JOHN  
 SUPER COOL OF THE TREASURE COAST, INC  
 2616 SW UNION TER  
 FT PIERCE FL 34953-2982

JEB BUSH  
GOVERNOR

DIANE CARR  
SECRETARY

DISPLAY AS REQUIRED BY LAW

# INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6348	HOFFLER	173 S.S.P.R.	REPLACE WINDOW.	AV 12/29/08
<del>7001</del>	<del>LITCHEY</del>	<del>5 MIDDLE RD.</del>	<del>" - A/C</del>	<del>AV 12/29/08</del>
6788	MACRI	6 AOMINAC WALK	WORK NOT DONE	AV 12/29/08
7507	HUDSON	157 S. RIVER	REPLACE WINDOWS	AV 12/29/08
7315	COOK	22 N. RIDGEVIEW	WORK DONE	AV 12/29/08
7359	BRODERICK	44 RIO VISTA	" "	AV 12/29/08
6141	FERRARO	4 KINGSTON CT.	" "	AV 12/29/08
6749	NAUDIN	19 N. RIDGEVIEW	GAR. DONE	AV 12/29/08
6221	RUSSEL	47 S. S. P. R.	WORK DONE	AV 12/29/08
6884	MCMATHON	57 S.S. P. R.	WORK DONE	AV 12/29/08
7470	GARVIN	109 HILLCREST	" "	AV 12/29/08
7475	KNOBEL	58 S.S. P. R.	" "	AV 12/29/08
6199	CONROY	12 PALMETO	" "	AV 12/29/08
7206	FRIBOURG	9 COPAIRE	" "	AV 12/29/08

**9340**

**INTERIOR DEMO**

**REMODEL INTERIOR**



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:	9340	DATE ISSUED:	01/18/2010
SCOPE OF WORK:	INTERIOR DEMO AND REMODEL		
CONDITIONS :			
CONTRACTOR:	OWNER BUILDER		
PARCEL CONTROL NUMBER:	133841002000003404	SUBDIVISION	HIGH POINT <i>Lot 34</i>
CONSTRUCTION ADDRESS:	5 MIDDLE RD.		
OWNER NAME:	VASKO		
QUALIFIER:	N/A	CONTACT PHONE NUMBER:	215-2615

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

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

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

### REQUIRED INSPECTIONS

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

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

RECEIVED  
1-14-10

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 1/13/10

OWNER/TITLEHOLDER NAME: Regina Vasko

Phone (Day) (772) 215-2115 (Fax) \_\_\_\_\_

Job Site Address: 5 Middle Rd.

City: Stuart

State: FL

Zip: 34996

Legal Description \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_

Owner Address (if different): N/A

City: \_\_\_\_\_

State: BEARING

Scope of work (please be specific): not demolition, remodel interior bathroom

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

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

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 2000  
(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   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ 340,000  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: N/A Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

**NOTICES TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER SIGNATURE: (required)  
OF OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

State of Florida, County of: Martin

This the 13th day of January

by Regina M Vasko who is personally

known to me or produced FDL# 1200-733-79

as identification. Valerie Meyer  
Notary Public

My Commission Expires: \_\_\_\_\_

CONTRACTOR SIGNATURE: (required)

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

as identification. \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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



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

<b>PERMIT NUMBER:</b>	9340		
<b>ADDRESS</b>	5 MIDDLE RD.		
<b>DATE:</b>	01/18/2010	<b>SCOPE:</b>	INTERIOR DEMO AND REMODEL

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: (@ \$110.25 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
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.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	
		\$	2000 ✓
Total number of inspections @ \$75.00 each	3	\$	225.00
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	230.00



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

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

**Summary**

print [ ] [ ] [ ] [ ] Address  
1 of 1

**Parcel Info**

**Summary**

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

Parcel ID	Unit Address
13-38-41-002-000-00340-4	5 MIDDLE RD

Serial Index ID	Order	Commercial	Residential
27722	Address	0	1

**Summary**

**Property Location** 5 MIDDLE RD  
**Tax District** 2200 Sewall's Point  
**Account #** 27722  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120000  
**Acres** 0.344

**Legal Description**

**Property Information**  
 HIGH POINT LOT 34 OR 351/1215

**Search By**

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

**Owner Information**

**Owner Information**  
BROOME MARION PAUL

**Mail Information**

163 S SEWALLS POINT RD  
STUART FL 34996

**Assessment Info**

**Front Ft.** 0.00

**Market Land Value** \$231,300  
**Market Impr Value** \$229,260  
**Market Total Value** \$460,560

**Site Functions**

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

**Recent Sale**

**Sale Amount** \$100

**Sale Date** 11/19/2009  
**Book/Page** 2422 2902

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

Legal disclaimer / Privacy Statement

Data updated on 01/05/2010



Prepared by and return to:  
**MICHAEL L. DALE, P.A.**  
2616 SE Willoughby Blvd.  
Stuart, FL 34994  
772-286-2323  
Courthouse Box No.: 78

Parcel Identification No. **13-38-41-002-000-00340-4**

[Space Above This Line For Recording Data]

# Warranty Deed

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

**This Indenture** made this 31<sup>st</sup> day of **December, 2009** between **MARION PAUL BROOME** whose post office address is **163 South Sewalls Point Road, Stuart, FL 34996**, grantor\*, and **REGINA M. VASKO** whose post office address is **5 Middle Road, Stuart, FL 34996**, grantee\*,

**Witnesseth**, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Martin County, Florida**, to-wit:

**Lot 34, of HIGH POINT, according to the plat thereof as recorded in Plat Book 3, page 108, public records of Martin County, Florida.**

GRANTOR REPRESENTS AND WARRANTS THAT THE ABOVE DESCRIBED PROPERTY IS NOT HIS HOMESTEAD NOR IS IT CONTIGUOUS THERETO AND FURTHER THAT HE RESIDES AT:

\_\_\_\_\_

SUBJECT TO: Taxes for the year in which this deed is given, zoning regulations in force and effect, restrictions, reservations, easements and road rights-of-way of public record; provided, however, that nothing herein shall act to reimpose or reinstate any restrictions or reservations of record.

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

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

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

Signed, sealed and delivered in our presence:

Angela R. Beausoleil  
Witness Name: Angela R. Beausoleil

Mary Eastley  
Witness Name: MARY EASTLEY

MARION PAUL BROOME  
MARION PAUL BROOME

State of Florida  
County of Martin

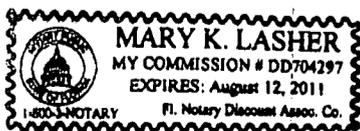
The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of December, 2009 by MARION PAUL BROOME, who [X] is personally known or [ ] has produced a driver's license as identification.

[Notary Seal]

Mary K. Lasher  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-2204765

**CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT**

Date: 1/13/10

Building Permit # \_\_\_\_\_

Site Address: 5 Middle Rd. Street, Fl. 34996

**FBC 104.1.10 Asbestos.** The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

**FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)**

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

\_\_\_\_ Contractor or  Owner/Builder Signature Regina Vasko

Subscribed and sworn to before me this 13<sup>th</sup> day of January, 2010 personally appeared Regina Vasko who is personally known to me or produced FDL as identification, and who did/did not take an oath.

Notary Public Signature Valerie Meyer



ok



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 9340

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: REGINA M. VASKO

CONSTRUCTION ADDRESS: 5 Middle Road, Sewall's Pt.

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS
- ROOFING

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: 3 Smoke Detectors

VALUE OF CONSTRUCTION \$ 300.00.

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Bernell Brown 4 Valencia Lane Ft. St. Lucie FL 34952  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Bernell Brown

TELEPHONE NO: 772 344 4974 PLEASE PRINT FAX NO: 772 344 4974

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC-13001671

\*\* WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT. \*\*\*\*\*

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT  
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES  
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Regina Vasko

Site address of the proposed building work: 5 Middle Rd.

Name of legal title owner of the address above: Regina Vasko

Describe the scope of work for the proposed new construction: Tile Removal / Interior demolition, Removal of internal barrier wall

Name of Architect of Record: Joseph P. McCarty Structural Engineer of Record: Joseph P. McCarty

Who will supervise the trade work to meet the applicable code? Ethel Vasko

What provisions have you made for Liability and Property Damage Insurance? Home owner Ins.

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? N/A

What previous Owner/Builder improvements have you done in the State of Florida?

Location: N/A Scope of Work Done: N/A Year: N/A

Location: N/A Scope of Work Done: N/A Year: N/A

What code books do you have available for reference? Building: N/A

Electric: N/A Plumbing: N/A HVAC: N/A

Other: N/A

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? yes Lender? yes Attorney? N/A

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. yw (initials).



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**OWNER/BUILDER DISCLOSURE STATEMENT**

**NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:**

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT 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.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 13 DAY OF January, 2010.

PROPERTY ADDRESS 5 Middle Rd

CITY Stuart STATE FL ZIP 34996

Reginald

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13<sup>th</sup> DAY OF Jan 2010

BY Regina M Vaske

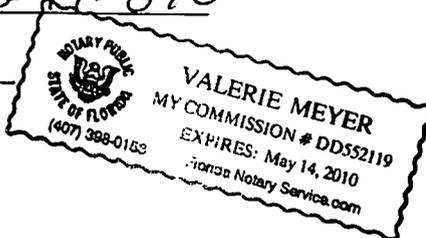
PERSONALLY KNOWN \_\_\_\_\_

OR PRODUCED ID

TYPE OF ID FDL# V200-733-22-870

Valerie Meyer

NOTARY SIGNATURE



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

1/19/10

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9390	VASKO	FRAME	PASS	
9:00	S. MIDDLE RD O/B	FRAME	PASS	
				INSPECTOR <i>JR</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



PAMELA M. BUSHA  
Mayor

PAUL LUGER  
Vice Mayor

VINCENT N. BARILE  
Commissioner

THOMAS BAUSCH  
Commissioner

JACQUI THURLOW-LIPPISCH  
Commissioner

# TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER  
Town Manager

ANN-MARIE S. BASLER  
Town Clerk

TINA CIECHANOWSKI  
Chief of Police

JOHN ADAMS  
Building & Facilities Director

JOSE TORRES  
Maintenance

August 5, 2014

## NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 5 Middle Road, more specifically permit # 9340 issued on January 18, 2010 for Interior Remodel.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

**Town of Sewall's Point Code of Ordinances** section 50-94 states: Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,

John R. Adams, C.B.O.  
Building Official



One South Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [pwalker@sewallspoint.org](mailto:pwalker@sewallspoint.org)  
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: [sppd@sewallspoint.org](mailto:sppd@sewallspoint.org)