7 Middle Road

2862 SFR

| | | n.mn on .mnt ro.mrov (27.00 |
|---------------|---|---|
| • | PERMIT NUMBER | DATE OF APPLICATION 9-27.90 |
| | To obtain a permit the following are re- | equired: |
| | 1. Florida certification of builder an | |
| | | |
| | 2. Certification of insurance from o | contractor or owner/outroer -re: |
| | liability and workers' compensation. | |
| | 3. Two sets of building plans which | n must include: a) 1/4" scale |
| | building drawings, b) plot plan, c) for | |
| | | |
| | wall and roof cross-sections, e) | plumbing, electrical and air |
| | conditioning layouts, f) at least two | elevations showing the height of |
| | building from finished floor. Plans | s must be sealed by a Florida |
| | | o many bo boarda by a rratrag |
| | registered architect or engineer. | |
| | 4. Recorded warranty deed to the prope | erty. |
| | 5. Septic tank permit and one set of p | plans with Martin County Health |
| • | Department seal. | • |
| | - | |
| | 6. Energy code calculations. | |
| | 7. Tree removal permit (for trees other | er than nuisance trees) |
| | 8. Certification of elevation from lie | |
| | of flood zone. | oonbod barvojor and doobraniavron |
| | | |
| | 9. Amount of fill anticipated - rough | sketch showing location of fill |
| | 10. Manufacturer's schedule of windows | |
| | Owner Don DeMewlemeester | Current Address Hill crest De |
| | Owner DON DEMEMBERS | Charles Address None |
| | Telephone 221-311 | <u>Stuart</u> |
| | General Contractor (SWNEW) | Address |
| | Telephone | |
| | - | r : \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| | Where Licensed | _License Number |
| | Plumbing Contractor White Pluba. | _License Number |
| • | Electrical Contractor St. Lucie Elut. | _License Number ' |
| | | License Number |
| | A 10 C | |
| . + | A/C Contractor C+R A/C | License Number |
| 4 | Describe the building or alterations | single family residence |
| , | Name the street on which the building, front yard will face Thinks | its front building line and its |
| \wedge' | front yard will face 7 Middle Re | 1. |
| | Tronc yard will race 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 75 75 75 75 75 75 75 75 75 75 75 75 75 7 |
| Y | Subdivision Highpoint | Lot 35 Block High point |
| \mathcal{V} | Building area (incide walls) 3331 G | arage, porch, carport area 139 |
| τ . | Contract price (exercise) in a servet cane | amul andces landscaping)\$183.217 |
| | Cost of method 5rlams approved a In addation, the following are underst | s submitted as marker 18359 |
| • | In addition the fillering | and hu Amar and contracts |
| | in addition, the following ambiguations | ood by other and contractor. |
| | 1. Building agea inside walls must be | a monimum of 1,500 square feet. |
| | 2. Building rermand fees are \$5. pe building plus \$50. each for plumbin example \$\$100,000. building x \$5. | of the cost of the |
| | building land 1950, each for plumbin | ac. and roof. For |
| | example a \$100,000 building x \$5 | (a.c.,pl.,el.,roof) = |
| | \$700. cost of permit + \$365. in the | 51/405 tal. Also there is a |
| | | |
| | charge of 1 cent per sauchfill | for filling gas trust fund. |
| | 3. If no contract is somitted as p | rooffes will be |
| • | based on \$60. per square for side (other areas). Owner-builde (b) t | wells) \$25. per square foot |
| | Sabed on you. Per square roll will be | |
| | (other areas). Owner-builde () t | 25% high than the regular fee. |
| | 4. The Town has adopted the first of Flo | ria Building Code. |
| | 5. Building permits are issued or | ration. |
| | 4. The Town has adopted the star of the Construction must be star or the construction of the construction | days or permit will be |
| | o. construction must be still | days of permit with do. |
| | subject to revocation and for elter | |
| | subject to revocation and forfeiter 7. ALL changes in plans must be apple 8. Work hours are 8:AM to 5:PM Monday | by the Building Department. |
| | 8. Work hours are 8:AM to 5:PM Monday | through Friday. NO SUNDAY WORK |
| | 9. Portable toilets must be on all co | nstruction sites |
| | o: for dable doffeds made be on a co | novide vion Sivos. |
| | | |
| | 10. Inspections are made Monday through | ugb Friday, 8:AM to Noon, 1:PM to |
| | 4 PM 24 hour notice is required prior | r to all inspections |
| | 11. String lines along property | liman to familitate and heal |
| | | lines to facilitate set back |
| | inspections. | |
| | 12. Before a certificate of occupan- | cy is issued, the following are |
| | required: | |
| | | ing oach (form outling) A |
| | | ing cost (form available). Any |
| | discrepancy between the original fee an | nd final fee (based on affidavit) |
| | will be adjusted. | |
| | b. Approval of septic tank installation | on hy Martin Co Health Dent |
| | a Rough anading and olony up of grow | on of natorn oo. Mearon Dept. |
| | c. Rough grading and clean up of groun | nas. |
| ٠, | d. Affidavit from licensed surveyor sl | howing slab elevation (if in "A" |
| | zone). | |
| | e. An interim proprietary and general | l service fee will be charged to |
| | defray costs to the Tour on nouly impro | ared magazines makes to describe |
| | defray costs to the Town on newly impro | over broberry brior to imposition |
| • | of ad valorem taxes on such property. | Building Department will compute |
| | charge at time of c.o | - " |
| | 13. THIS SUMMARY IS NOT A SUBSTITUTE FO | TR TOWN ORDINANCES ADDROVAT OR |
| | THE DITIDING DIANG IN NO 111 ASSESSED | - · · · |
| | THE BUILDING PLANS IN NO WAY RELIEVE | ES THE OWNER OR CONTRACTOR FROM |
| | COMPLIANCE WITH TOWN ORDINANCES. | |
| : | | to of this normit them? |
| | | ts of this permit there may be |
| | additional restrictions applicable to | this property that may be found |
| | in the public records of this county. | Hali |
| | Contractor's Signature | Owner's Signature Ch. Moulemen |
| VL | eproval by Building Inspector Daluks | |
| | Eproval by Building Inspector Yours | Date/1/1/90_ |
| . – – | Approval by Building Commissioner | Date |
| | Certificate of Occupancy issued | 7) 2 + 2 |

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

OWNER D. C. De Meulemeester

CONTRACTOR OWNER

LOT 35BLOCK SUB HI. Pt.

NO 7 Middle Road

TOWN OF SEWALL'S POINT BUILDING PERMIT

| REQUIRED INSPECTIONS | INSPECTOR'S FINDING | INSPECTOR'S SIGNATURE |
|-------------------------|---------------------|-----------------------|
| 1. LOT STAKES/SET BACKS | 10/11/90 | |
| 2. TERMITE PROTECTION | 1550 let , 5-15-7 | 1/2 |
| 3. FOOTING - SLAB | 64 10/11/904 | |
| 4. ROUGH PLUMBING | 0K10/8/90 X | 3 |
| 5. ROUGH ELECTRIC . | 04/1/29/90 Da | 3 |
| 6. LINTEL | | |
| 7. ROOF | | |
| 8. FRAMING | 0 × 11/29/90 DC | 3 |
| 9. INSULATION | 01 431/20 W | 3 |
| 10. A/C DUCTS | 05,1429/90 D. | 13. |
| 11. FINAL ELECTRIC | | · |
| 12. FINAL PLUMBING | | |
| 13. FINAL CONSTRUCTION | 0 | |

DO NOT REMOVE UNTIL JOB IS COMPLETED

NO. 2862 DATE ISSUED 10-1-90

Call 287-2455 From 8:00 A.M. - 12:00 Noon and 1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

· REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.

| • | | COMPLIANCE WITH THE TOWN OF SEWALL'S PC | |
|----|-------------------------|--|--------------|
| | ORDINANCES, THE SOUT | H FLORIDA BUILDING CODE, THE STATE OF FLOR | ≀IDA |
| | ENERGY EFFICIENCY BUIL | LDING CODE AND ELEVATIONS DAGES ON THE HAT | EST |
| | FLOOD INSURANCE RATE | | |
| | 1 | HRS-MARTIN COUNTY | |
| | PORTABLE TOILET FACILIT | PUBLIC HEALTH UNIT | DN |
| • | TONIABLE TOILETT AGILI: | Your septic system was inspected on 2/7:7/ | DN |
| • | WORKING HOURS A | HD 90 - 323 | RU |
| | SATURDAY. | Approved and Cover | |
| | | Cover but hold for: | 1 |
| ТО | CONSTRUCT | ☐ Final Grade (see Permit for specifications) ☐ Other: | _ |
| RE | MARKS: | | |
| | , | □ Do not cover, disapproved for the following | |
| | | reasons: | _ |
| | | ☐ Well and well | - |
| | | reinspection fee | <u> </u> |
| | | Other: | · |
| | • | ☐ System Reinspection Not Approved | 1 |
| | | Reason(s): | - |
| | | | 1 |
| | | ☐ Final Grade Pass-System Approved | - |
| | | Please allow this office two working days to | 1 |
| | , | schedule a reinspection. If you have any | - |
| | | questions, contactat 221-4090. | 1 |
| | 7 | | _ |

Do's

- Know the location and capacity of your septic tank system.
- Have a qualified person inspect the tank at least every three years.
- Have tank pumped when the combined depth of the sludge and scum equals 1/3 of the tank liquid volume.
- Install the system so that rainfall and surface water will flow away from the drainfield.
- Rain water from a roof should not discharge onto the drainfield.
- Grow grass or small plants above the system.
- Install water conservation fixtures or devices to reduce the total volume of water entering the system.
- Keep plumbing fixtures such as toilets and faucets in good repair to prevent leakage and wasting of water.

Don'ts

- Never flush paper towels, newspapers, wrapping paper, rags or sticks into the system.
- Never allow large, irregular, intermittent or constant volumes of clear water into the system, as with a leaking toilet or faucet.
- Never over-use ordinary household cleaning chemicals that will be flushed into the system.
- Never pour out or empty hobby or home industry chemicals into the system.
- Never allow waste from water softeners to enter the system.
- Never allow grease or other bulky waste to enter the system.
- Never flush toxic materials such as pesticides into the system.
- Never plant trees or shrubbery in the drainfield.
- Never allow vehicles (cars, trucks, etc.) to drive across or park on the drainfield. (Protect it from being crushed.)
- Never waste water.
- Never use chemical solvents to clean plumbing lines or a septic tank system.

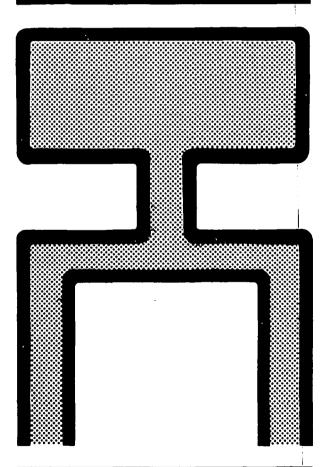


This publication was reprinted at a cost of \$377.00, or \$.058 per copy, to inform the public about proper use and maintenance of septic tank systems. HRS complies with the state and federal nondiscrimination policies relating to race, sex, age and handicapping conditions.

PUBLIC INFORMATION HRS/PI 150-88 3/82

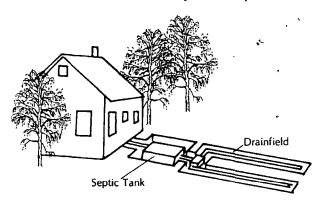
reprint 12/88

SEPTIC TANK SYSTEMS



Florida Department of Health and Rehabilitative Services Health Program

The Septic Tank Home Wastewater Treatment and Disposal System



A Typical Individual Home Septic Tank Disposal System

What Is A Septic Tank System?

A septic tank system consists of a large, watertight tank that receives wastewater from the home plumbing system. The tank is followed by an underground drainfield consisting of a network of perforated pipe for distributing partially treated water from the septic tank to the soil for final treatment and disposal.

How Does It Work?

Septic tanks contain bacteria that grow best in oxygen-poor conditions. These bacteria carry out a portion of the treatment process by converting most solids into liquids and gases. Bacteria that require oxygen thrive in the drainfield and complete the treatment process begun in the septic tank. If the septic tank is working well, the wastewater which flows out of the tank is relatively clear, although it still has an odor and may carry disease organisms. It should flow nowhere except into the drainfield. NEVER ONTO THE GROUND SURFACE OR INTO FLORIDA WATERS!!!

Operation and Maintenance

After the septic tank system is placed in service, proper operation and maintenance of the system will ensure continued efficient service and prevent sudden replacement expenses. The septic tank and drainfield are designed and installed to handle a maximum calculated daily

sewage flow. Consistently exceeding the design flow will eventually overload the system and cause failure. The tank may receive new solids faster than it can dispose of the old ones and the drainfield may become saturated from excessive water use.

Various products are on the market which are said to start, accelerate or improve the action in the septic tank. Since all necessary bacterial are already present in the sewage entering the system; such products are not recommended.

Sketch the Location of Your Tank and Drainfield

Tank Capacity ______ gals. Drainfield Size _____sq. ft.

Maintenance of a septic tank will depend largely on the daily sewage flow and individual household wastewater characteristics. With ordinary use and care, a septic tank should not require pumping out more than once every three to five years. It should, however, be inspected occasionally to determine the depth of accumulated sludge and grease.

Waste from kitchen garbage disposal units puts an extra load on a septic tank system. If a disposal is used, the capacity of the tank should be increased to handle the increased solid wastes. The tank may also require yearly pumping to remove accumulated solid waste buildup.

Failure to pump out a septic tank system when indicated, will result in solids or greases overflowing into the drainfield, which in turn may become clogged and stop functioning. In this event, not only will the tank have to be pumped out, but the drainfield may also have to be replaced.

Septic tanks can be cleaned by septic tank cleaning firms permitted by the county health department. This type of work should be done only by experienced professionals who will pump the entire contents of the tank into a tank truck and dispose of the contents in an approved, sanitary manner.

Location

Contaminants can travel long distances in some soils. Therefore, drinking water wells should be located at least 75 feet from any part of a septic tank system. With certain exceptions, septic tanks and drainfields must be located at least 75 feet away from the high water line of ponds, rivers and lakes. Also, the drainfield should be located so that it will not be saturated by surface water drainage.

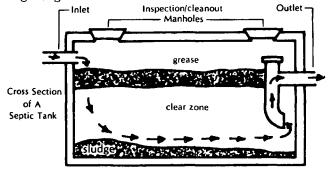
Preventing Failure

Septic Tank systems fail when the drainfield does not dispose of sewage as rapidly as it is being added to the system. Thus, improvements that reduce the amount of incoming water or improve the quality of wastewater passing through the system will increase the system's longevity. Other important considerations include the following:

A drainfield can be damaged by compaction due to vehicular traffic and can be blocked by excessive shrubbery or tree root growth. The drainfield should be unobstructed and seeded with grass. Grass and sunlight aid evaporation.

Washing machines are responsible for large volumes of water entering the septic tank. The surge of wash water can create turbulence in the tank which increases the amount of solids flushed into the drainfield. Space washings throughout the week rather than doing many loads at a time, or, install a separate system for washing machine water.

Cooking oils and grease are trouble makers. The type of bacteria found in septic tanks and drainfields do not survive or function well in solidified grease. Grease and cooking fats should never be washed down the sink drain. Save grease in jars or cans for disposal in the garbage.





STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

| APPLIC | ANT: No Ment No sector SEPTIC TANK PERMIT NO. 11 116-57 |
|-------------|--|
| LEGAL | DESCRIPTION: Lot 35 High POINT |
| T or eng | he items which are checked off below must be certified by a surveyor ineer and returned to the Martin County Health Unit prior to the plumbing inspection by the Building Department. |
| 1. | Building Permit Number:(Certification not required for this item). |
| 2. | I certify that the elevation of the top of the lowest plumbing stubout isinches above benchmark elevation as indicated or septic tank permit. |
| 3`. | I certify that the top of the lowest building plumbing stubout isinches above crown of road elevation shown on septic tank permit. |
| 4. | I certify that all severe limited soil has been removed from an area offeet byfeet to a minimum depth of six(6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area. |
| | Date Observed: |
| 5. | I certify that the top of the drainfield pipe elevation is |
| NOTE: | a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck. |
| | b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed. |
| CERTIF | IED BY: As applicant or applicant's representative, I understand the above requirements. |
| Date: | Job Number: White Miles (Signature) |
| FOR MAI | RTIN COUNTY PUBLIC HEALTH UNIT USE ONLY |
| Martin | County Health Unit Approval Signature (Date) |

MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH

Revised 12-7-88

STATE OF FLORIDA 407- 288-7176 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

| NAME OF APPLICANT COMPLET PROPERTY WORK PHONE DESCRIPTION MALLING ADDRESS OF APPLICANT (**) (**) (**) (**) (**) (**) (**) (** | | |
|--|--------------|--|
| MALLING ADDRESS OF APPLICANT 6706 ACCHMOOR BYON CROSSF TOLATE ALOUGE ON 21P CODE UNITS. LOT SELOCK IF NOT SUBDIVISION, ATTACH A COMPLETE LEGAL DESCRIPTION PLAT BOOK TO PAGE COMPLET SUBDIVIDED MIRCH, 1859 RESIDENTIAL: NUMBER DWELLING UNITS NUMBER BEDROOMS RESIDENTIAL: TYPE OF BUSINESS PROPOSED BUILDING SIZE ON 10- 14- 15- 15- 15- 15- 15- 15- 15- 15- 15- 15 | | |
| CHOSE TOINTE NOOS MILE SIDE SERVICES AND STATE THAT ALL WORK WILL BE PERFORMED INSTALLATION AREA. IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION PLAT BOOK SPREAD ATTE SUBDIVIDED MONTH ROOM TO SIZE SOME SUBDIVIDED MONTH ROOM STATE STATE OR COUNTY REGULATIONS. I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY MPLICABLE STATE OR COUNTY REGULATIONS. SIGNATURE OF PROPERTY OWNER OR QWARKS SECRIFICATION STATE OR COUNTY REGULATIONS. SEPTIC TANK CAPACITY 1200 GALONS DRAINFIELD ROCK MUST BE S FEET FROM FRONT OR REAR PROPERTY LINES AND S FRET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA. SEPTIC TANK IS REQUIRED TO BE AT MISHED SOIL GRADE, ON MOT EXCEED BINCHES OF COVER OWNER DRAMPHELD ROCK. 11 IF BUILDING CONSTRUCTION DOES NOT STATE HITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STATES WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS. (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND. (3) NAME REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION. (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX. (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED. (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION. (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED. (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION. (7) IF ANY INFORMATION ON THIS PERMIT CHAN | | |
| IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION PLAT BOOK 3 PACE/CODATE SUBDIVIDED MOCH MOT PRESIDENTIAL: NUMBER DWELLING UNITS NUMBER BEDROOMS SET HEATED OR COOLED ARE OF HOME 3.33 FT COMMERCIAL: TYPE OF BUSINESS PROPOSED BUILDING SIZE FT COMMERCIAL: TYPE OF BUSINESS PROPOSED FT HEATED OR COOLED ARE OF HOME 3.33 FT COMMERCIAL: TYPE OF BUSINESS PROPOSED THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS. SIGNATURE OF PROPERTY OWNER OR QUANTAL STATE OR COUNTY REGULATIONS. SEPTIC TANK CAPACITY 1200 CALLONS DRAINFIELD SIZE SOO SQUARE FEET DRAINFIELD SIZE SOO SQUARE FEET DRAINFIELD ROCK MUST BE S FEET FROM FORTO OR REAR PROPERTY LINES EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA. SEPTIC TANK IS REQUIRED TO BEAT SHORT OR THE PROPERTY LINES EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA. (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES, IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS. (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRAPE OF SAND. (3) NAME OF THE STREAM OF THE PROPOSED ON BUILDING PERMIT OR ON ELECTRICAL BOX. (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX. (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED. (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION. (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED. (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS. | MAILIN | GROSSE POINTE WOODS, MI ZIP CODE 48236 |
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| RESIDENTIAL: NUMBER DUELLING UNITS NUMBER BEDROOMS LOT SIZE 15.000 FT HEATED OR COOLED AREA OF HOME 2.33 FT COMMERCIAL: TYPE OF BUSINESS PROPOSED BUILDING SIZE FT BUILDING SIZE FT BUILDING SIZE FT BUILDING SIZE TOB NO. 1605-01-01 I HAVE REVIEWED THIS PERRIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS. SIGNATURE OF PROPERTY OMER OR OWNER. SEPTIC TANK CAPACITY INSTALLATION SPECIFICATIONS— INSTALLATION SPECIFICATIONS— SEPTIC TANK CAPACITY INSTALLATION SPECIFICATIONS— INSTALLATION SPECIFICATIONS— SEPTIC TANK CAPACITY INSTALLATION SPECIFICATIONS— SEPTIC TANK CAPACITY INSTALLATION SPECIFICATIONS— INSTALLATION AREA. SEPTIC TANK IS REQUIRED TO BE AT MISSED PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM A PEROVED INSTALLATION AREA. (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS. (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND. (3) NA REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION. (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX. (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED. (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION. (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED. (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING SKETCH OF ADDITIONAL SPECTAL REQUIREMENTS. FINAL INSPECTION — FI | | |
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| ONSTRUCTION APPROVED BY: MARTIN COUNTY PUBLIC HEALTH UNIT | | · |
| MAKIIN COUNTY PUBLIC REALIR UNII | ONSTRUCT | ION APPROVED BY: DATE DATE |
| ٨ | | MAKIIN COUNTY PUBLIC REALTH UNIT |

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

PAGE 1

Prepared By: Stephen J. Brown, Inc. Prof. Land Surveyor 290 Florida Street, Stuart, FL. 34994 407-288-7176

DE MEULEMEFSIER LEGAL DESCRIPTION

IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO

IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED 2. NO AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM?

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

CROWN OF ROAD ELEVATION

-----ELEVATIONS--

- CROWN OF ROAD ELEVATION NCVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 37.28 NCVD SHOW LOCATION ON PLOT PLAN.
- NATURAL CRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 28.00 SHOW LOCATION ON PLOT PLAN.
- IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? NO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? . NGVD.

MUST BE CERTIFIED BY A FLORIDA NOTE: REGISTERED SURVEYOR OF ENGINEER. CERTIFIED BY: STEPHENUS. FL. PROFESSIONAL NO. 4049 DATE: 0-20-90 JOB NO. 16 DATE: (1) JO\$

PAGE 2



STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

| / APPLIC | ANT: SEPTIC | TANK PERMIT NO. 1134 375. |
|-------------|--|--|
| LEGAL | DESCRIPTION: Lot 35 H | ch foint |
| T or eng | he items which are checked off below ineer and returned to the Martin Coun plumbing inspection by the Building D | nust be certified by a surveyor ty Health Unit prior to the |
| 1. | Building Permit Number:for this item). | .(Certification not required |
| 2. | I certify that the elevation of the stubout isinches above bence septic tank permit. | |
| 3. | I certify that the top of the lowestinches above crown of road el permit. | |
| 4 . | I certify that all severe limited so area offeet byfeet to a m below top of required stubout elevat scale of excavated area. | inimum depth of six(6) feet |
| | Date Observed: | |
| 5. | I certify that the top of the drainf | ield pipe elevation is |
| NOTE: | Severe limited soil includes but clay, silt, marl or muck. | is not limited to hardpan, |
| | b. Drainfield must be centered in t will not be approved if severe l | |
| CERTIF | JED BY: | As applicant or applicant's representative, I understand the above requirements. |
| Date:_ | Job Number: | (Signature) |
| FOR .MA | RTIN COUNTY PUBLIC HEALTH UNIT USE ON | LY |
| Martin | County Health Unit Approval Signatur | e (Date) |

MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 12-7-88

| STATE OF FLORIDA DEPARTMENT |
|-----------------------------|
| |

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

| APPLICANT: De Mersleunestein |
|--|
| LEGAL DESCRIPTION: Lot 35 Nigh Point |
| SOIL PROFILE O |
| GROYISH BROWN SAND |
| - REDDISH BROWN SAND |
| 1 |
| USDA SOIL TYPE Jonathan / Prole |
| 2_ DRANGE S'AND USDA SOIL NUMBER 41/6 |
| Restrictive soils are present at $\frac{\mathcal{C}}{}$ below the surface. |
| 4 |
| 5nioi11 |
| 6 |
| Present Water Depth Below Surface 5 1/2. |
| Wet Season Range per Soil Survey 40 10" > 72". |
| Estimated Wet Season Water Depth Below Surface 4/2. |
| Indicator Vegetation Present Calbage palm, disturbed |
| Is Benchmark Located on Plot Plan and Present on Site? /es. |
| Approximate Amount of Fill on Neighbor Lots veriff. |
| Depth of Fill in Soil Profile <u> </u> |
| How Long Has Fill Been Present And. |
| Evaluation by: Thulord Date: 7/31/90. |

MARTIN COUNTY PUBLIC HEALTH UNIT Revised 12-5-88
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994
Bob Martinez, Governor • Gregory L. Coler, Secretary

Attornays' Title Insurance Fund, Inc., Orlando, Florida Return to: Name COPELAND KRAMER, P.A. Address 2100 SE Ocean Blvd., Suite 205 34996 REGORD YERIFIED 839895 This instrument was prepared by: Name ROBERT S. KRAMER Address 2100 SE Ocean Blvd., Suite 205 Stuart, FL 34996 [Space above this line for recording data.] = WARRANTY DEED (STATUTORY FORM — SECTION 689.02, F.S.)

FLA. DOC. PAID 7260 Marsha Stiller Clerk of Circuit Court Marin Co., Fla.

This Indenture, made this

July

1990, Between

SEWALLS POINT PARTNERSHIP, a Florida General Partnership

of the County of Palm Beach

, State of Florida , grantor*, and

DON C. DEMEULEMEESTER and KIM DEMEULEMEESTER, his wife

whose post office address is 102 Hillcrest Drive

Stuart, Florida 34996

of the County of Martin Florida

, grantee*,

Witnesseth that said grantor, for and in consideration of the sum of Ten

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

Lot 35, HIGH POINT, according to the Plat thereof, as recorded in Plat Book 3, Page 108, Martin County, Florida public records.

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

"Grantor" and "grantee" are used for singular or plural, as context requires.

| In Witness Whereof, grantor has hereui | nto set grantor's hand and seal the day and year first above written. |
|--|---|
| Signed, sealed and delivered in our presence: | BY: SEWALLS POINT PARTNERSHIP |
| Japl S. Fauler | I-TS (Seal) |
| () White Of I | Managing General Partner (Seal) |
| Kathy (Natcher) | ITS: (Seal) |
| Dianna I. Bateon | Managing General Partner (Seal) |
| | |
| STATE OF INFLORIDA | |
| COUNTY OF PALMEBIE ACH | |
| A HEREBY CERTIFY that on this day before me, an o | officer duly qualified to take acknowledgments, personally appeared |
| LOUIS IM, COHEN | |
| io me known to the person(s) described in and who | executed the foregoing instrument and acknowledged before me that |
| executed the same. | |
| CWITTIESS my hand and official seal in the County a | nd State last afgresaid this 25 day of JULY , 19 90. |
| Marie Land Company of the Company of | |
| MOTARY PUBLIC STATE OF FLOR | RIDA - Kley Clic Liveto |
| MY COSTISSION EXP. DEC. 19, 1 BONDED THE GENERAL INC. | 992 Notary Public |

OR BKO 8 7 0 PGO 0 1 5

3.

Prepared By: Stephen J. Brown, Inc. Prof. Land Surveyor 290 Florida Street, Stuart, FL. 34994 407-.288-7176

F MEULEMEFSIER AL DESCRIPTION

| /1. | IS THERE A | A SEPTIC SYSTEM PRIVATE WELL? N | OR OTHER INTE | RFERENCE | WITHIN | 75 FEET OF | THE |
|-----|------------|---------------------------------|---------------|----------|----------|------------|-----|
| | PROPOSED P | PRIVATE WELL? |) D | | | | |
| 2. | IS THERE A | POTABLE PRIVAT | E WELL WITHIN | 75 FEET | OF THE I | PROPOSED | |
| | AVAILABLE | AREA FOR THE PR | OPOSED SEPTIC | SYSTEM? | MO | | |

IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? OO IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM?

IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? (O)

IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? 6.

IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? 100

THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? /UO
IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10
FEET OF THE PROPOSED SEPTIC SYSTEM?

IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM?

10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO.

11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN?

12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN?

13. POPE THE PLOT PLAN INCLUDE A PLAT OF THE LOT OF TOTAL SITE OWNERSHIP

SHOWN ON PLOT PLAN? NES 13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS?

THERE IS SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

----ELEVATIONS-----

CROWN OF ROAD ELEVATION NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 37.28 NGVD SHOW LOCATION ON CROWN OF ROAD ELEVATION PLOT PLAN.

NATURAL CRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 25.00 SHOW LOCATION ON PLOT PLAN.

IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? FLOOR ELEVATION OF BUILDING?

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER. CERTIFIED BY: STEPHEN J. FL. PROFESSIONAL NO. 404 DATE: 0-20-90 JOB NO. 16 BROWN NO. 160

PAGE 2

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

| | T NUMBER HO90-323 HOME PHONE |
|---------------|---|
| کم ا | OF APPLICANT DONALD DEMEULEMEESTER WORK PHONE 288-7176 |
| ÍLI. | GROSSE POINTE WOODS MI ZIP CODE 48236 |
| LOT | 35 BLOCK SUBDIVISION HIGH POINT |
| / IF NO | BOOK 3 PAGE OBDATE SUBDIVIDED MARCH 1959 |
| | ENTIAL: NUMBER DWELLING UNITS NUMBER BEDROOMS 5 IZE 15,000 FT ² HEATED OR COOLED AREA OF HOME 2331 FT ² |
| | RCIAL: TYPE OF BUSINESS PROPOSED |
| | BUILDING SIZE FT2 |
| JOB NO. | 1606-01-01 |
| ACCORI | E REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN DANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE OR COUNTY REGULATIONS. |
| | SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE |
| | STEPHEN J BROWN |
| | INSTALLATION SPECIFICATIONS |
| | TANK CAPACITY 200 GALLONS IELD SIZE 500 SQUARE FEET |
| DRAINF AND | IELD ROCK MUST BE S FEET FROM FRONT OR REAR PROPERTY LINES FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE |
| THAN F | IVE FEET FROM APPROVED INSTALLATION AREA. |
| JUNICHED SC | K IS REQUIRED TO BE AT DIL GRADE, DO NOT EXCEED OF COVER OVER DRAINFIELD ROCK. |
| ISSUED | BY: DATE 8/2/90 MARTIN COUNTY PUBLIC HEALTH UNIT |
| | PLEASE NOTE: |
| (1) | IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE |
| | OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS. |
| (2) | APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND. |
| (3) | NA REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION. |
| (4) | INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX. |
| (5) | IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED. |
| (6) | IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION. |
| (7) | IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED. |
| (8) | IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS. |
| | FINAL INSPECTION |
| ONSTRUC | TION APPROVED BY: DATE MARTIN COUNTY PUBLIC HEALTH UNIT |
| | MARIIN COUNTI FUDLIC DEMLIN UNII |

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

PAGE 1

| STATE OF FLORID |
|-----------------|
| DEPARTMEN |

OA OF HEALTH AND REHABILITATIVE SERVICES

| APPLICANT. |
|---|
| LEGAL DESCRIPTION: Let 35 Wigh Point |
| SOIL PROFILE |
| REDDISH BROWN SAND |
| 1 Prest T |
| 2 DRANGE S'AND USDA SOIL TYPE Jonethan / fable USDA SOIL NUMBER 41/6 |
| Restrictive soils are present at 76 below the surface. |
| 4 |
| 5nioi1+ |
| Present Water Depth Below Surface 5 1/2. |
| Wet Season Range per Soil Survey 40 10"/ > 72". |
| Estimated Wet Season Water Depth Below Surface 4/2. |
| Indicator Vegetation Present (albape palm, disturbed. |
| Is Benchmark Located on Plot Plan and Present on Site? /es. |
| Approximate Amount of Fill on Neighbor Lots vinut. |
| Depth of Fill in Soil Profile None. |
| How Long Has Fill Been Present 49 |
| Evaluation by: Thelord Date: 7/3//98. |
| MARTIN COUNTY PUBLIC HEALTH UNIT Revised 12-5-88 |

ENVIRONMENTAL HEALTH

_6.1.2_SOUTH-DIXIE-HIGHWAY-•-STUART, FLORIDA 34994

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

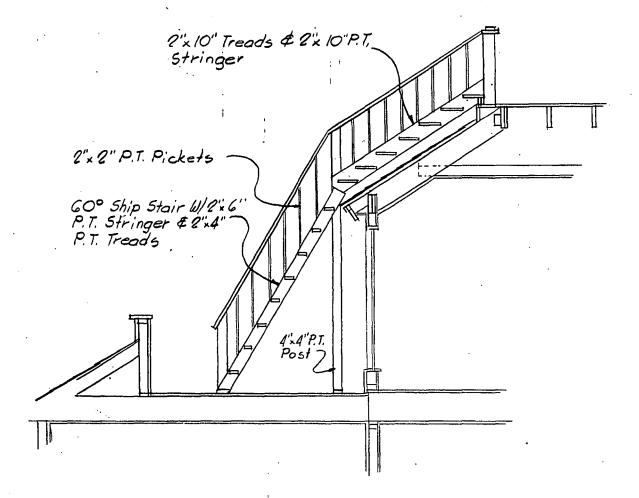
| | · | | Date 2 | 120/91 |
|--|------------------------|--|---------------------------------------|---|
| This is to request | that a Certificate of | Approval for Occupancy | be issued to De | meule mas ste |
| For property built unde | r Permit No. 2.8.60 | Dated / / | 70 w | nen completed in |
| ! conformance with the Item | Approved Plans#71 | middle Road M | Agust | |
| 1. LOT STAKES/SET BACKS | 10/11/90: | Signed | 1100 | |
| 2. TERMITE PROTECTION | 10/10/90 | | A = | |
| 3. FOOTING - SLAB | 10/11/90 | | Approved by | |
| 4. ROUGH PLUMBING | 10/8/90 | , | | |
| 5. ROUGH ELECTRIC | 11/29/90 | and the second seco | | |
| 6. LINTEL | | | | |
| 7. ROOF | 1/5/91 | | | |
| 8. FRAMING | 11/29/90 | | · · · · · · · · · · · · · · · · · · · | |
| 9. INSULATION | 12/30/90 | | | |
| 10. A/C DUCTS | 11/29/90 | · | | |
| 11. FINAL ELECTRIC | 3/20/91 | | | |
| 12. FINAL PLUMBING | 3/20/91 | | | Agrando de |
| 13. FINAL CONSTRUCTION | 3/20/9/ | | | |
| Final Inspection for I | ssuance of Certificate | for Occupancy. | 1-0 | - /- /- : |
| | Approved by Build | ding Inspector | Sow | -3/20/9/ |
| Utilities notified £ | PL. 3/2 | ding Commissioner 0/9/ nt to _O.W.10R | date | date |
| | | rbon copy for Town files | | |

<u>2906</u> <u>POOL</u>

| Permit No. | Date . |
|--|---|
| APPLICATION FOR A PERMIT TO BUILD A DENCLOSURE, GARAGE OR ANY OTHER SECOND | FENCE, POOL, SOLAR HEATING DEVICE, SCREENED NOT A HOUSE OR A COMMERCIAL BUILDING |
| This application must be accompanied cluding a plot plan showing set-backs and at least two (2) elevations, as a | by three (3) sets of complete plans, to scale, in- s; plumbing and electrical layouts, if applicable, applicable. |
| Owner MR. + MRS DEMEURES | TER resent Address 107 Hillcrest DR |
| Phone | StuADT FIR 34296 |
| Contractor BCIANS Pools | Address 2344 Caballano St |
| Phone 336-0910 | |
| Where licensed MARTINE Count | License number 5,0098/ |
| Electrical contractor | License number |
| Plumbing contractor SAMS. | License number // |
| Describe the structure, or addition this permit is sought: 541/9 54 | SIMMING 100 to an existing structure, for which |
| 7 Middle Rd HI | of Pant Sewalls Pt |
| State the street address at which the | |
| AS ABOUR - Lot 35 | • |
| Subdivision HI Point | |
| Contract price \$ 14, 900 | Cost of permit \$ |
| Plans approved as submitted | Plans approved as marked |
| that the structure must be completed understand that approval of these platform of Sewall's Point Ordinances and understand that I am responsible for orderly fashion, policing the area for such debris being gathered in one are sary, removing same from the area and | in accordance with the approved plan. I further and in no way relieves me of complying with the difference the South Florida Building Code. Moreover, I maintaining the construction site in a neat and for trash, scrap building materials and other debris, and at least once a week, or oftener when necessed from the Town of Sewall's Point. Failure to compor or Town Commissioner "red-taxing the construction of the Contractor of the Construction of the Contractor |
| | owner An Sementements of Town of Sewall's Point before or will be given. |
| • | TOWN RECORD 1.Z.90\ |
| Date submitted | Approved: Wale Brow 1/7/9/ Building Inspector Date |
| Approved: | Final Approval given. |
| 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.

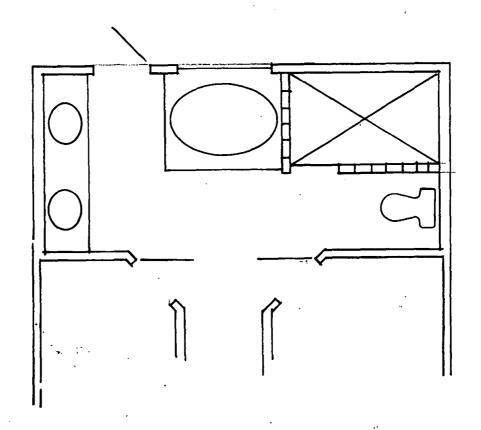
Q.



100

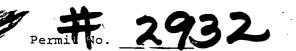
Section Thry Alternate Deck Stair 4"=1-0"

French Doorse Etylyd Living.



4.5

2932 FENCE



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

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable. An Sellewester resent Address 107 Hillcrest Dr. Contractor Address Phone Where licensed License number - License number_ Electrical contractor Plumbing contractor License number Describe the structure, or addition or alteration to an existing structure, for which Fence - 6 High stockaste cypress wood State the street address at which the proposed structure will be built: Middle. Rd. Highpoint Lot number 35 Block number — Cost of permit \$ Contract price \$ 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 Smedellueleneeste 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. In Aelluclementer TOWN RECORD Date submitted Approved: Building Inspector uate Date Final Approval given:

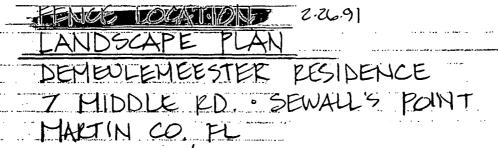
Certificate of Occupancy issued (if applicable)

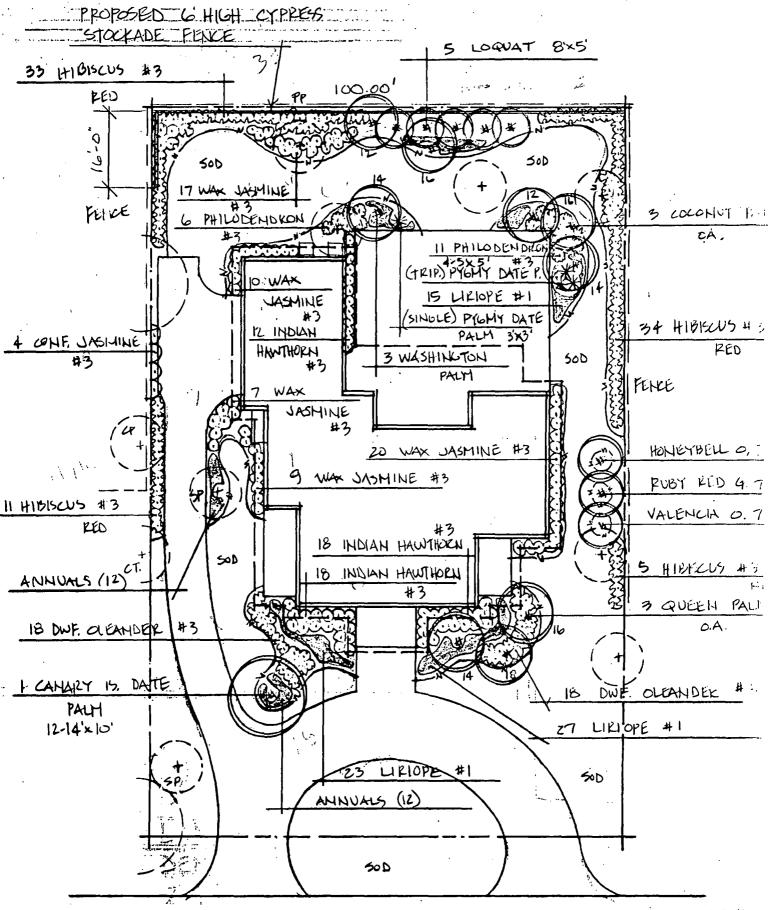
Date

SP1282

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.

Commissioner





William A. Flint, III

Landscape Architect

Stuart, Florida 407-220-0424 REN 2.11.

NORTH

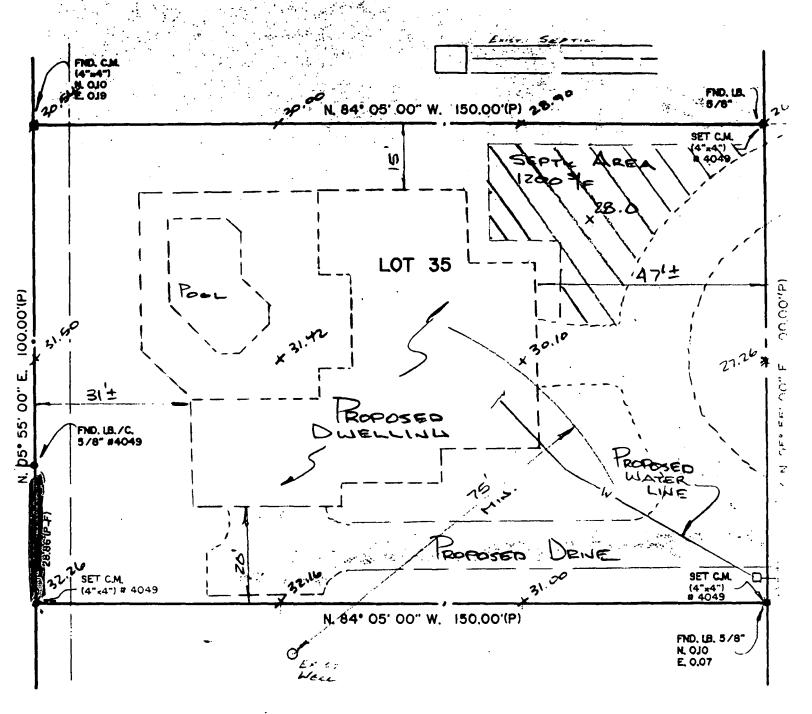
1=20

TOWN OF SEWALL'S POINT

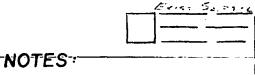
| Date 12/18/01 | BUILDING PERMIT NO. 5648 |
|--|---|
| Building to be erected for DANIEL TOPPING | Type of Permit FENCE |
| Applied for by OB | (Contractor) Building Fee 35.00 |
| Subdivision HIGH POINT Lot 35 Block | Radon Fee |
| Address 7 MIDDLE RD. | Impact Fee |
| Type of structure SFR | • |
| ,, | Electrical Fee |
| Parcel Control Number: | Plumbing Fee |
| 1338410020000035010000 | _ |
| Amount Paid #35.00 Check # 898 Cash | |
| Total Construction Cost \$ 75.00 | TOTAL Fees 35.00 |
| Total Construction Cost \$ | TOTAL Fees |
| Cinned On 1 1 1 Cinned | Mere Simmons/rue |
| \mathcal{O} | |
| Applicant | Town Building Inspector |
| PERMIT | |
| BUILDING BLECTRICAL PLUMBING ROOFING DOCK/BOAT LIFT DEMOLITION SCREEN ENCLOSURE TEMPORARY STRUCTURE FILL HURRICANE SHUTT TREE REMOVAL STEMWALL | |
| | |
| UNDERGROUND PLUMBING INSPECTION | DERGROUND GAS |
| | DERGROUND ELECTRICAL |
| | OTING E BEAM/COLUMNS |
| | ALL SHEATHING |
| TRUSS ENG/WINDOW/DOOR BUCKS LA | тн |
| ROOF TIN TAG/METAL RO | OF-IN-PROGRESS |
| PLUMBING ROUGH-IN EL | |
| MECHANICAL ROUGH-IN GA | ECTRICAL ROUGH-IN |
| | AS ROUGH-IN |
| FRAMING EA | AS ROUGH-IN |
| FRAMING EA FINAL PLUMBING FIN | AS ROUGH-IN |
| FRAMING EA FINAL PLUMBING FINAL MECHANICAL FIN | AS ROUGH-IN ARLY POWER RELEASE NAL ELECTRICAL NAL GAS |
| FRAMING EA FINAL PLUMBING FINAL MECHANICAL FIN | AS ROUGH-IN ARLY POWER RELEASE NAL ELECTRICAL NAL GAS JILDING FINAL |

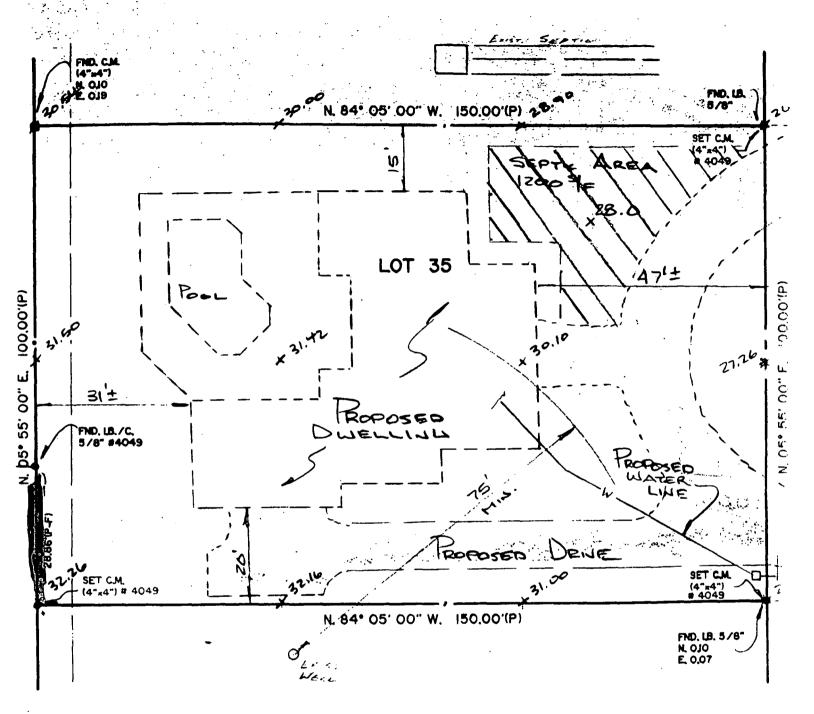
Town of Sewall's Point

| BUILDING PERMIT APPLICATION | | Building Pen | mit Number: | |
|--|--------------------------|----------------------------|------------------|-------------------|
| Owner or Titleholder Name: <u>DANEL R Topping I</u> | JAWICE H. LOYALONY. | STUBRI | State: _F_L | Zip: <u>_</u> |
| egal Description of Property: HIGH POIN | T // Pa | rcel Number: | | |
| Dwner or Titleholder Name: DANEL R Topping in segal Description of Property: HIGH POIN acception of Job Site: 407 35 | Type of Work To | Be Done: <u>REPLACE IS</u> | ROKEN FE | NCE |
| CONTRACTOR/Company Name: SELP | - | Dhona I | Number 61- | 222-5441 |
| Street: 7 MIBDLE RD- | | Phone I | Number. See | -: 3USC/ |
| | | | | |
| State Registration Number:State Certific | cation Number: | Martin County Lic | ense Number: | |
| ARCHITECT: | | Phone N | lumber: | |
| Street: | City: | | State: | Zip: |
| ENGINEER: | | | | |
| Street: | | | | |
| | | | | |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Livi Carport: Total Under Roof | | | | |
| Type Sewage:Septic Tank Perm | | | | |
| | | | | |
| FLOOD HAZARD INFORMATION Flood Zone: | | | | |
| Proposed First Floor Habitable Floor Finished Elevation: | | NG | iVD (Minimum 1 | Foot Above BFE |
| COST AND VALUES Estimated Cost of Construction or Impro | ovements: 75,00 | Estimated | Fair Market Va | lue (FMV) Prior |
| To Improvements:If Improvement, Is Cost | | | | |
| | | | | |
| SUBCONTRACTOR INFORMATION | | | | |
| Electrical: | | License N | | |
| Mechanical: | State: | License Nu | ımber: | |
| Plumbing: | State: | License N | umber: | |
| Roofing: | State: | License N | umber: | |
| I understand that a separate permit from the Town may be requ | ired for FLECTRICAL PLUM | BING SIGNS WELLS F | POOLS, FURNA | NCE BOILERS. |
| HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALI | | | | |
| REMOVAL AND RELOCATIONS. | 20,,100200011 00.25.110 | 0, 0, 110 011, 122, 130, 1 | | |
| | | | | |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION | | | | |
| Florida Building Code (Structural, Mechanical, Plumbing, Gas) | | ng Code (Structural, Med | hanical, Plumbii | ng, Gas) |
| National Electrical CodeFlorida Energy Code | | | | |
| Florida Accessibility Code | | | | |
| THEREBY CERTIFY THAT THE INFORMATION I HAVE FURI | | | | |
| KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLI | | ORDINANCES DURING | 3 THE BUILDIN | IG PROCESS. |
| OWNER OR AGENT SIGNATURE (Required) | CONTRAC | TOR SIGNATURE (Req | uired) | |
| State of Florida, County of: Martin | / /// On State of | f Florida, County of: | | |
| This the /3th day of Dec | 0 This the _ | day of | | 200 |
| by D. Tapping who is person | nally by | | | who is personally |
| known to me or produced Fl. d. | known to r | ne or produced | | |
| as identification. DOM & BOWOUS | As identifie | cation. | | |
| Notary Public | | | Notary Put | |
| My Commission Span H. Barrow My Commission & CC763645 EXPIRES | My Comm | ission Expires: | | |
| November 30, 2002 | | | | |
| BONDED THRU TROY FAIN INSURANCE INC. | | | Seal | |

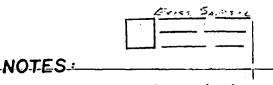


LOT 36





LOT 36



6519 CEILING REPAIR

| | | MACTED DEDMIT NO |
|--|--|--|
| TOM | VN OF SEWALL'S P | MASTER PERMIT NO |
| Date | TOPPING FORCES | BUILDING PERMIT NO. 6519 Type of Permit CELUNG REGILE. (Contractor) Building Fee 35.00 |
| Subdivision Hat Point Address 7 MIDI Type of structure SFR | DIEROSO | Impact Fee |
| | k#Cash_X | Plumbing Fee Roofing Fee Other Fees () TOTAL Fees S |
| Applicate | PERMIT | |
| DOCK/BOAT LIFT SCREEN ENCLOSURE | ELECTRICAL ROOFING DEMOLITION TEMPORARY STRUCTU HURRICANE SHUTTERS | |
| | INSPECTIONS | S |
| NDERGROUND PLUMBING NDERGROUND MECHANICAL TEMWALL FOOTING LAB | UNDER | RGROUND GAS RGROUND ELECTRICAL NG EAM/COLUMNS |

| ROUND GAS ROUND ELECTRICAL |
|--|
| M/COLUMNS HEATHING I-PROGRESS ICAL ROUGH-IN UGH-IN POWER RELEASE LECTRICAL GAS IG FINAL |
| N 2 0 |

□ TREE REMOVAL

| Date: 12/3/03 | Permit Number: | | | | | |
|---|--|--|--|--|--|--|
| Town of Sewall's Point BUILDING PERMIT APPLICATION | | | | | | |
| OWNER/TITI EHOLDER NAME: DOLLE | TOPPING Phone (Day) 223-544/ (Fax) | | | | | |
| John Site Address: 7 Middle Road | city: Sewalls Pt state: Fl zip3/996 | | | | | |
| Job Sile Address. 7 1 1 4 4 1 | 12 20 11 22 120- | | | | | |
| Legal Description of Property: TION (10) | LOT 59 Parcel Number: 15-38-91-00-00-00-00-00-00-00-00-00-00-00-00-00 | | | | | |
| Owner Address (if different): | City: State: Zip: | | | | | |
| Description of Work To Be Done: Know 1/2 SM | peet Drywall, Repair ducts & Faint | | | | | |
| WILL OWNER BE THE CONTRACTOR?: | Yes No (If no, fill out the Contractor & Subcontractor sections below) | | | | | |
| CONTRACTOR/Company Special Forces | Restoration + Phone: 772 6920302 Fax: 772 692 4112 | | | | | |
| Con | struction inc | | | | | |
| Street: US & BUCK HENDRY Way | City: Stuart State: FL Zip 7/1/ | | | | | |
| State Registration Numstate (| Certification Number: 15 COS 10 & Martin County License Number: 2013-5/303 | | | | | |
| COST AND VALUES: Estimated Cost of Construction | or Improvements: \$(Notice of Commencement needed over \$2500) | | | | | |
| SUBCONTRACTOR INFORMATION: | | | | | | |
| Electrical: | State: License Number: | | | | | |
| Mechanical: Forward Electric & a | | | | | | |
| Plumbing: | | | | | | |
| Roofing: | State:License Number: | | | | | |
| ARCHITECT None | Phone Number: | | | | | |
| Street: | City:State:Zip: | | | | | |
| ENGINEER None | | | | | | |
| ENGINEER / Y D V) { Street: | Phone Number: | | | | | |
| | | | | | | |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC | Living:Garage:Covered Patios:Screened Porch: | | | | | |
| Carport: Total Under Roof | Wood Deck:Accessory Building: | | | | | |
| FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA | by be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS. | | | | | |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION National Electrical Code: 2002 | l: Florida Bullding Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001 | | | | | |
| | FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY PPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. | | | | | |
| OWNER OR AGENT SIGNATURE (regulired) | CONTRACTOR SIGNATURE (required) | | | | | |
| Lan 1 apply | The state of the s | | | | | |
| State of Florida, County of: // MARTIN This the Seo day of December | On State of Florida, County of: // / / / / / / / / / / / / / / / / / | | | | | |
| by Paniel Reid Topoina Jr who is pe | | | | | | |
| known to me or produced FLPL 7152-176-38. | | | | | | |
| as identification. | As identification. Was selected with the selection of the | | | | | |
| Notary Public | Notary Public | | | | | |
| My Commission Expires: | My Commission Expires: Seal | | | | | |
| Seal | M APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY! | | | | | |
| MY COMMISSION # DD 205961 | DARLENE GOSS | | | | | |
| EXPIRES: April 28, 2007 | MY COMMISSION # DD 201235_ | | | | | |

DARLENE GOSS

MY_COMMISSION.#DD_201235

EXPIRES: May 17, 2007

Bonded Thru Notary Public Underwritera

| | Johnson Agency, Inc. SE Opean Blvd | | I HOLDER. | THIS CERTIFIC | OPED LP SPECI-4 BUED AS A MATTER ORIGHTS UPON TAM ATE DOES NOT AM AFFORDED BY THE | END, EXTEND O |
|-----------------------------------|---|--|--|------------------------------------|--|---------------------|
| tuei | t FL 34996 | 10 000 0077 | | AFT OPONIA O | OVERAGE | NAIC # |
| DON | e: 772-287-3366 Fax: 7 | 72-287-9255 | | AFFORDING CO | | |
| SW4EE | | | | | mers Insurance | 10190 |
| | Special Forces Res | toration | INSURER D | Ad to-Owners | Insurance Co | 10300 |
| | ADG CODRYFUCION I | ne | INSURER D | | | |
| | 652 SW Buok Hendry Stuart II 34994 | nay | MALRER E | | | |
| OVE | RAGES | | · MSUNEN E | | | |
| THE P ANY R WAY P POLICE | POUCES OF INSURANCE LISTED BELD REQUIREMENT, YERM OR CONDITION I PERTAIN, THE INSURANCE AFFORDED RES. AGGREGATE LIMITS SHOWN MAY | OF ANY CONTRACT OR OTHER DOCL BY THE POLICIES DESCRIBED HERBI MAVE BEEN REDUCED BY PAID CLAR | IMENT WITH RES N IS SUBJECT TO MS. | SPECT TO WHICH TO ALL THE TERMS, E | HIS CERTIFIÇATE MAY BE | ISSUED ON |
| N NO | TYPE OF INBURANCE | POLICY NUMBER | Syf (Edgetty | POLICE MINISTERN | ſœ | if8 |
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| . | X COMMERCIAL GENERAL LIABLITY | 20628155 | 01/15/03 | 01/15/04 | DAMAGE TO KENTED | s 100,000 |
| i | CLAMS MADE X DECUM | | | | MEC EXP (Any one person) | s 10,000 |
| 1 | <u> </u> | | | | PERSONAL & MOVENIUNY | \$1,000,000 |
| Ì | | | | | GENERAL AGGREDATE | \$ 2,000,00C |
| i | GENT ACCRESATE LINE APTERS PER | | | | PRODUCTE - COMPANY AGO | 61,000,000 |
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ACORD 25 (2001/08)

Mary.

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

10/10/2003

EXPIRATION DATE

10/09/2005

PERSON

ROBERTS

MICHAEL

Α

SSN

095-58-5823

FEIN

651138038

BUSINESS

SPECIAL FORCES RESTORATION & CONSTRUCTION I

652 BUCK HENDREY WAY

STUART

FL34994

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

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE:

10/10/2003

EXPIRATION:

10/09/2005

PERSON:

ROBERTS

SSNŁ

095-58-5823

FEIN:

651138038

BUSINESS:

SPECIAL FORCES RESTORATION & 652 BUCK HENDREY WAY

STUART

Ft: 34994

MICHAEL

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.

CUT HERE

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

AC# 0581942

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

DARK FARCEPHIMETE LICENER NER

CGC059083 09/11/2002 200088266

The GENERAL CONTRACTOR Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2004

ROBERTS, MICHAEL A SPECIAL FORCES RESTORATION & CONST INC 652 BUCK HENDRY WAY STUART FL 34994

JEB BUSH COVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER



CITY OF STUART **OCCUPATIONAL LICENSE** 2002-2003

BUSINESS **CONTRACTOR - GENERAL** TYPE

MICHAEL ROBERTS OWNER AND 652 BUCK HENDRY WAY LOCATION

STATE LICENSE CGC059083

| LICENSE NO. | ACCOUNT NO. | CATEGORY NO. |
|-------------|-------------|--------------|
| 4237 | 20487 | 081001 |

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30. PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION OF CITY CODE OF ORDINANCES

This occupational license does not permit the holder to operate in vicintion of any City low, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to soning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

| FEE . | PENALTY | TRANSFER | MISCELLANEOUS | PAID |
|-------|---------|----------|---------------|------|
| | | | | |



CITY OF STUART OCCUPATIONAL LICENSE 2003-2004

4237 20487 061001

BUSINESS CONTRACTOR - GENERAL

OWNER AND LOCATION MICHAEL ROBERTS 652 BUCK HENDRY WAY

STATE LICENSE CGC059083

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

| FEE | PENALTY | TRANSFER | MISCELLANEOUS | PAID |
|--------|---------|----------|---------------|--------|
| 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |

BUSINESS NAME AND MAILING ADDRESS

SPECIAL FORCES REST & CONST MICHAEL ROBERTS 652 BUCK HENDRY WAY STUART, FL 34994 DATE 08/15/2003

CHERYL WHITE

2003-2004 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

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

LICENS2 003-513-032: CERT CGCO 59083
PHONE (772) 692-0302 SIC NO 233210

652 BUCK HENDRY WAY STU

CHARACTER COUNTS IN MARTIN CO

STATE CERTIFIED CERETAL COM

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON TH

9 SEPTEMBER

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of Ins | spection: Mon Wed | Pri /2/8 | ,200/3 | Page of |
|--------------------|--|---|--------------|--|
| | OWNER/ADDRESS/CONTR. | 100 100 100 100 100 100 100 100 100 100 | | NOTES/COMMENTS: |
| Cell | Szept | Pumbing | Possel | <i>©</i> |
| (2) | 26 ISLAND De | FINAL | | |
| | OB | | | INSPECTOR A |
| | OWNER/ADDRESS/CONTR | | | NOTES/COMMENTS |
| 6522 | TOPPING | Roof Repair | le cal | -> Clase |
| (a) | 7 MIDDLE GAD | | | \wedge |
| | ROOFTILESPEC | | | INSPECTOR: |
| / | The same of the sa | 2/4 | RESULTS | NOTES/COMMENTS: |
| 6519 | TOPPING | COUNC BEAL | -16-Ssal - | - Cose |
| (2) | 7 MIDDLE BOAD | | | |
| | SPECIAL FORCES | | | INSPECTOR (|
| | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6396 | MUFSON | SLAG | (LECUSA) | |
| (\overline{a}) | 17 S. RIVER ROMO | | | |
| | Buroen | | | INSPECTOR |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | | NOTES/COMMENTS: |
| 6131 | PEIFFER | DEVENDA | Le Crost | |
| (2) | 104 HENRY SEWALL | | | |
| ري | BUFORP | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | | | NOTES/COLUMENTS: |
| 6436 | LIZARS 4 ISLAND ROAD | FINAL FASCIA | tailod. | |
| $\widehat{\alpha}$ | 4 ISLAND ROAD | & SOFFIT READE | | |
| | TREASURE CONST CARP | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | The state of the s |
| 6487 | The state of the s | ELECTRICAL | Kassed | |
| | 11 RIVERVIEW | Pumbina | Hail ad | |
| | OB | | | INSPECTOR |
| OTHER: | 104 H Sewall Way | Cool caccochin | | |
| | 11 Pala way | Civiello 6 | 4/6 | |
| | | | 电影响影响 | |

6522 ROOF REPAIR

| MASTER | PERMIT | NO. |
|---------------|---------------|-----|
| | | |

TOWN OF SEWALL'S POINT

| Date 12/5/03 | BUILDING PERMIT NO. 6522 |
|--|--|
| Building to be erected for TOPPING | Type of Permit |
| Applied for by ROOF TILE SPECIALISTS | S (Contractor) Building Fee REPAI |
| Subdivision Hay Point Lot 35 Blo | |
| Address 7 MIDDLE ROAD | |
| • | |
| Type of structure SFR | |
| | Electrical Fee |
| Parcel Control Number: | Plumbing Fee |
| 1338410020000350160 | Roofing Fee 120.60 |
| Amount Paid 120.00 Check # 5731 Cash | Other Fees () |
| Total Construction Cost \$495.00 | TOTAL Fees _/20,00_ |
| Signed Signed Signed | de Line Summons (St) |
| Applicant | Town Building Official |
| PERMIT | 1 |
| | |
| | |
| BUILDING ELECTRICAL ROOFING DEMOLITION TEMPORARY STRUCT HURRICANE SHUTTER STEMWALL | |
| PLUMBING ROOFING DOCK/BOAT LIFT DEMOLITION SCREEN ENCLOSURE TEMPORARY STRUCT FILL HURRICANE SHUTTER | ☐ POOL/SPA/DECK ☐ FENCE FURE ☐ GAS RS ☐ RENOVATION ☐ ADDITION |
| PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL ROOFING DEMOLITION TEMPORARY STRUCT HURRICANE SHUTTER STEMWALL INSPECTION | ☐ POOL/SPA/DECK ☐ FENCE FURE ☐ GAS RS ☐ RENOVATION ☐ ADDITION |
| PLUMBING DOCK/BOAT LIFT DEMOLITION TEMPORARY STRUCT HURRICANE SHUTTER TREE REMOVAL INSPECTION UNDERGROUND PLUMBING UNDERSTRUCT UNDERSTRUC | POOL/SPA/DECK FENCE GAS RS RENOVATION ADDITION |
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| PLUMBING DOCK/BOAT LIFT DEMOLITION SCREEN ENCLOSURE FILL TREE REMOVAL INSPECTION 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 MECHANICAL FINAL FI | POOL/SPA/DECK FENCE GAS RS RS RENOVATION ADDITION IS ERGROUND GAS ERGROUND ELECTRICAL TING BEAM/COLUMNS L SHEATHING F-IN-PROGRESS CTRICAL ROUGH-IN ROUGH-IN LY POWER RELEASE |

| Town of Sewall's P BUILDING PERMIT APPL OWNER/TITLEHOLDER NAME: Daniel Topping Pho Job Site Address: 7 MIDDLE ROAD Cit Legal Description of Property: Hat Point Lot 34 Pa | LICATION one (Day) _20 | . ~ | |
|--|--|---|--|
| DEC V 4 2003 BUILDING PERMIT APPL OVENERATITLEHOLDER NAME: Daniel Topping Pho Job Site Address: 7 MIDDLE ROAD CH | LICATION one (Day) _20 | . ~ | |
| OVINERATITLEHOLDER NAME: Daniel Topping Pho Job Site Address: 7 MIDDLE ROAD Cit | one (Day) <u>2</u> 6 | . ~ | |
| Job Site Address: 7 MIDDLE ROAD Cit | | . ~ | |
| | to EUAL | che E | |
| Legal Description of Property: Hat Point Lot 34 Pa | | <u>کا (State: ۲ کی</u> | zip: <u>34996</u> |
| | arcel Number: | 3384100200 | <u>00035010</u> 00 |
| | ity: | State: | _Zip: |
| Description of Work To Be Done: ROOF R | EPAIR | | |
| | | Contractor & Subcontrac | |
| CONTRACTOR/Company ROOF TIVE SPECIALIS ZS | Phone: 223 | 0005 X /242 | |
| Street:(| City: | State: | Zip: |
| State Registration Number:State Certification Number: | N | lartin County License Numb | er. <u>. </u> |
| COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 49. | | | |
| SUBCONTRACTOR INFORMATION: | | | |
| Electrical:State: | | License Number: | |
| Mechanical:State:_ | | License Number: | |
| Plumbing:State:_ | | License Number: | |
| Roofing:State:_ | | License Number: | |
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| ARCHITECT | Pho | ne Number: | |
| | _City: | State: | Zip: |
| ************************************** | :::::::::::::::::::::::::::::::::::::: | | :::::::::::::::::::::::::::::::::::::: |
| | | State: | |
| Street: | _City | State | ZID |
| | · Cove | red Patios:Screen | adPorch: |
| | | | |
| Campat: Total Under Poof Wood Dack: | | coessory building | |
| Carport: Total Under Roof Wood Deck: | | | |
| Carport:Total Under RoofWood Deck: I understand that a separate permit from the Town may be required for ELECTRI FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUREMOVAL AND RELOCATION | JILDING, SAND TIONS. | OR FILL ADDITION OR RE | MOVAL, AND TREE |
| I understand that a separate permit from the Town may be required for ELECTRI FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUREMOVAL AND RELOCATIONS OF APPLICATION: CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Code: 20 | JILDING, SAND TIONS. | OR FILL ADDITION OR RE | MOVAL, AND TREE Ding, Gas): 2001 ility Code: 2001 |
| I understand that a separate permit from the Town may be required for ELECTRI FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BU REMOVAL AND RELOCATIONS OF THE PROPERTY OF THE P | JILDING, SAND TIONS. | OR FILL ADDITION OR RE ctural, Mechanical, Plumb Florida Accessib RUE AND CORRECT TO TR | MOVAL, AND TREE oing, Gas): 2001 ility Code: 2001 HE BEST OF MY |

State of Florida, County of: day of DECEMBER Topping who is personally

known to me or produced as identification.

Notary Public My Commission Expires

My Commission Exp

As identification

On State of Florida, County of:

known to me or produced)

LAURA L O'BRIEN OMMISSION # DD 20586

who is personally

LAUSE LIO'BRIEN

MY COMMISSION # DD 205961

MY COMMISSION # DD 205961

APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTED

Boxlad Titru Notary Public Underwriters

Town of Sewall's Point Building Department 772-287-2455 ext 13 772-220-4765 FAX

Fax

| □ Urger | y + _ / | ☐ Please Comment | □ Please Reply | 🗅 Please Recycle |
|--------------|------------|------------------|----------------|------------------|
| Re: | Topping-TW | roddle cc: | | |
| <u>Phone</u> | | Pages | | |
| Fax: | 772-221- | 9690 Date: | 12/5/ | 03 |
| To: | Steve | From:_ | Laure | i |

Minimum Bulding Remit fee is
\$135 + that's what we should
have charged you. Sorry.

Please write us a brief letter
on your letterhead requesting
an \$85 refund and reference
the attached permit

Please

| A | BORD. CERTIE | CATEOFUABIL | TYAINSU | RANCE | | DATE (MM/DD/YY) 7/1/03 |
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| INSURE | Roof Tile Administration Inc. | | COMPANY B | Alistate ins Co | / JUL 0 | VED |
| : | Roof Tile Specialists, Inc. 819 S. Federal Hwy #103 Stuart FL 3499 | 42952 | COMPANY | FRSA SIF | BY: | , 2003 |
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| В | X CONTRACTUAL LIABILITY AUTOMOBILE LIABILITY | PER PROJECT AGGREGA 38217195915 | 07/01/03 | 07/01/04 | | \$ 5,000 \$ 1,000,000 |
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| | X HIRED AUTOS X NON-OWNED AUTOS X \$1,000 COMP/COLL DEDUCT | | | | BODILY INJURY (Per accident) | \$ |
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| D E E | OTHER Property Inland Marine/EDP Rented/Leased Equipment | 1CF1232 & 02/0245H MX197904179 MX197904179 | 07/01/03 07/01/03 07/01/03 | 07/01/04 07/01/04 07/01/04 | Scheduled Scheduled | 100,000 |
| Ent | RIPTION OF OPERATIONS A OCATION SWEHICLE ed Insured: Roof Tile Admin egra Roof Tile Corporation - ttn: Phone: Fax: 561/220-4765 (Proje | SSPECIAL TEMS istration; Roof Tile Specialis Pompano, Indiantown, Miami, Ft ct:) | ts, Inc Palm Myers | City, Pompano, | West Palm, Miami, Ft 1 | Myers; . |
| CEI | City of Sewall's Point 1 South Sewall's Point Road Stuart, FL 34996 | | SHOULD ANY O EXPIRATION DA 10 DAYS BUT FAILURE TO | F THE ABOVE DESCRIBE TE THEREOF, THE ISSUIT WRITTEN NOTICE TO THE D MAIL SUCH NOTICE SE PON THE COMPANY, ITS | D POLICIES BE CANCELLED BEFOR NG COMPANY WILL ENDEAVOR TO E CERTIFICATE HOLDER NAMED TO VALL IMPOSE NO OBLIGATION OR L AGENTS OR REPRESENTATIVES. | MAIL THE LEFT, |
| - - | CORD 25-S (1.95) | | | |)++/- © ACORD CORP | Anthony too. |

Roof Tile Specialists, Inc. Palm City

819 S. Federal Highway, Suite 103 Stuart, Florida 34994-2952

(561) 223-0005

(800) 586-7663

(561) 221-9690 Fax

January 24, 2002

City of Sewalls Point 1 South Sewells Point Road Stuart, Fl. 34996

To Whom It May Concern:

I, <u>Thomas Melvin Fick</u>, hereby appoint <u>Jose Espinoza</u>, <u>and Barry Barton</u> as an authorized agent to pickup permits for Roof Tile Specialists, Inc. – Palm City..

Sincerely,

Thomas M. Fick

Qualifier

License Number CCCO42824

State of Florida County of Martin

The foregoing instrument was hereby acknowledged before me this <u>as</u> day of <u>Tanuas</u> 2002, by Thomas M. Fick, is personally know to me to be the individual described herein and who executed the foregoing instrument for the proposes therein expressed.

Flor REBHEN PAGLIARO
MY COMMISSION # CC 978850
EXPIRES: November 1, 2004
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

BATCH NUMBER LICENSE NER

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2004

INC PALM CITY FL 34953

JEB BUSH, GOVERNOR

DISPLAY AS REQUIRED BY LAW

COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. 80x 9013, Squart, FL 34995

(772) 289-5604

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. S

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COL. FEE \$

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TOTAL

25.00

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P. 83/18

STATE OF FLORIDA

CENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

BATCH NUMBER TATCHER NER

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 F8
Expiration date: AUG 31, 2004

JOHNSON, SCOTT EDWARD ROOF TILE SPECIALISTS, INC PALM CITY 2661 SW ACE RD PT ST LUCIB FL 34953

GOVERNOR

DISPLAY AS REQUIRED BY LAW

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Entegra Roof Tile Corporation 1201 N.W. 18 Street Pompano Beach FL 33069

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

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

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

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

Your application for Notice of Acceptance (NOA) of: Skandia Roof Tile

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

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

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

ACCEPTANCE NO.: 00-1106.03 EXPIRES: 12/07/2005

Raul Rodriguez

Chief Product Control Division

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

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

APPROVED: 12/07/2000

FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

DATE: LZ

BUILDING OFFICIAL

Gene Simmons

Francisco J. Quintana, R.A.

Director

Miami-Dade County

Building Code Compliance Office

\\s045000 \\pc2000\\templates\notice acceptance cover page.dot

Internet mail address: postmaster@buildingcodeonline.com (Homepage: http://www.buildingcodeonline.com



TOWN OF SEWALLS POINT

Building Department - Inspection Log

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7168 INTERIOR REPAIR

TOWN OF SEWALL'S POINT

| Date | BUILDING PERMIT NO. 7168 |
|---|---|
| Building to be erected for TOPPING | _ Type of Permit Wolv, France |
| Applied for by SPECIAL FORCES | (Contractor) Building Fee 72.00 |
| Subdivision Heat Point Lot 35 Block | Radon Fee |
| ~ () | |
| • | Impact Fee |
| Type of structure _ C PR | A/C Fee |
| | Electrical Fee 35.60 |
| Parcel Control Number: | Plumbing Fee 35,00 |
| 1338410020000350 | 10000 Roofing Fee |
| Amount Paid 156.20 Check # 6905 Cash | Other Fees (PEVIEW 14,20 |
| Total Construction Cost \$ 7500.00 | TOTAL Fees |
| Signed Miller a Je Signed | Lene Summers (CAB) |
| Applicant | Town Building Official ${\cal J}$ |
| PERMIT | |
| FLIXIVIII | |
| BUILDING BUILDING ROOFING | MECHANICAL |
| ☐ DOCK/BOAT LIFT ☐ DEMOLITION ☐ SCREEN ENCLOSURE ☐ TEMPORARY STRUCTURE ☐ FILL ☐ HURRICANE SHUTTERS ☐ TREE REMOVAL ☐ STEMWALL | ☐ POOL/SPA/DECK ☐ FENCE RE ☐ GAS ☐ RENOVATION ☐ ADDITION |
| □ DOCK/BOAT LIFT □ DEMOLITION □ SCREEN ENCLOSURE □ TEMPORARY STRUCTURE □ FILL □ HURRICANE SHUTTERS | ☐ FENCE RE ☐ GAS ☐ RENOVATION ☐ ADDITION |
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| RHTTUTT | |
|--|---|
| Town | of Sewall's Point |
| Date: DEC 2 8 2004 BUILDING | PERMIT APPLICATION Permit Number: |
| OWNERTITUEHOLDER NAME DAD JANILE | TOPPING Phone (Day) 223-5441 (Fax) |
| Job Site Address: Thiddle Road | city: Strast State: & zip: 34996 |
| Legal Desc. Property (Subd/Lot/Block) 0+ 35 | Parcel Number: 13384100200000350100 |
| | City: State: Zip: |
| Owner Address (if different): Description of Work To Be Done: Re Royall, Flectric | i A/C Duct, air handler, Structural Repair, Fire Dansge |
| WILL OWNER BE THE CONTRACTOR?: | COST AND VALUES: |
| YES (NO) | Estimated Cost of Construction or Improvements: \$_7500 |
| YES (NO') | (Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$ 728, 280 |
| (If no, fill out the Contractor & Subcontractor sections below) | Is improvement cost 50% or more of Fair Market Value? YES, NO |
| (If yes, Owner Builder Affidavit must accompany application) | Method of Determining Fair Market Value: M.C. Tax Collector |
| CONTRACTOR/Company Special Speces | 9 Phone: (192-0302 Fax: 1192-4112 |
| Street: Le23 Buck Hendry Way | city: Stuart state: 41 zip34994 |
| State Registration Number: 030755587 State Certification | on Number: CCC CO 59083 Martin County License Number: |
| SUBCONTRACTOR INFORMATION: | · |
| Electrical: FORWARD Elec 1 Am | State: Fl License Number: EC 0001472 |
| Mechanical: //. // A in /, | State: Fl. License Number: CACO Y9289 |
| Plumbing: | State:License Number: |
| Roofing: | State: License Number: |
| Nooning | State. License Number. |
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| ARCHITECT Street: ENGINEER WEYART Engineering Lice Street: 201 SW Port ST Lucie (SVV) Street: 201 SW Port ST Lucie (SVV) Street: 201 Street: 2 | Lic.#: |

Weyant Engineering, Inc.

Civil & Structural Engineers 201 SW Port St. Lucie Blvd., Suite #104 Port St. Lucie, FL 34984

Phone 772-335-0772 WPB 561-832-9094 Fax 772-335-0866

November 30, 2004

Job No. 04 1997

Town of Sewall's Point
One Sewall's Point Road
Sewall's Point, Florida 34996

Attention: Gene Simmons, CBO

Building Official

Subject: JANICE & DANIEL TOPPING RESIDENCE

7 MIDDLE ROAD

SEWALL'S POINT, FLORIDA

FIRE DAMAGE

Dear Gene:

At the request of Special Forces Restoration and Construction, I have inspected the single family referenced above

This residence suffered minor fire damage in a room at the northeast corner of the residence. The extent of the fire damage is limited to interior studs and top plate in a wood frame wall.

The fire damaged studs can be easily replaced. During the repair procedure, an adjoining interior wall can be removed and replaced with a double 1 3/4" by 14" microllam beam. By removing the wall, an opening of approximately 11 feet will be created, which has been requested by the owners.

All repairs will meet the wind load requirements of the Florida Building Code.

CERTIFIED THIS 30TH DAY OF NOVEMBER 2004.

WEYANT ENGINEERING, INC.

Dwight R. Weyant, P.E.

Principal Structural Engineer

FILE COPY
TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE

DATE: /2/30/04

BUILDING OFFICIAL

Gene Simmons

FILE#7/68

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

- 1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
- 2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
- 3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$8472.28
- 4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Land C 1 ppnggg

Property Address:

Middle Road

Sewalls Pt. 71 34 796

of May, 2005, by DANIEL

TOPPING, who is personally known to me or

Notary Public

produced

My commission expires:

(Notary Seal)

LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES: April 28, 2007
Bonded Thru Notary Public Underwriters

as identification.

12/29/2004 14:55 1561340/544 SECURE . FURGES CATE (MINDOMY) CERTIFICATE OF LIABILITY INSURANCE ACORD. 10/20/04 THIS CENTIFICATE IS MISUED AS A MATTER OF INFORMATION ONLY AND COMPERS NO RIGHTS UPON THE CERTIFICATE NOLDER. THIS CENTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 NAIC # Phone: 772-287-3366 Fax: 772-287-4255 **MAURERS AFFORDING COVERAGE** 16.45 Southern Owners Insurance 10190 10900 Auto-Owners Insurance Co Special Forces Restoration and Construction Inc 652 SW Suck Headry Way Stuart FL 34994 MS. RCH BIF, REP C. POPE. COVERAGES

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CERTIFICATE HOLDER

CANCELLATION SHOULD ANY OF THE ABOVE DESCRISED POLICIES SE CANCELLED SEFORE THE EXPIRATION

MIGHED 2

CATE THEREOF, THE ISSUED INSURER WILL ENDEAVOR TO MAL. 10 * DAYS WRITTEN NOTICE TO THE CERTWICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIMBLITY OF ANY KIND UPON THE INSURER. ITS ACCENTS OR REPRESENTATIVES.

High Reach Co. LLC Attn: Brenda 615 Mickman Circle Sanford FL 32771

ACORD 25 (2001/08)

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AC# 1:466403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#104062900644

i

BAICH NUMBER LICENSE NER CGC059083 06/29/2004 030755587

The GENERAL CONTRACTOR Named below 18 CERTIFIED

(12) Under the provisions of Chapter Expiration date: AUG 31, 2006

ROBERTS, MICHAEL A SPECIAL FORCES RESTORATION & CONST INC 623 BUCK HENDRY WAY FL 34994 STUART

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR SECRETARY



- -----

CITY OF STUART OCCUPATIONAL LICENSE 2004-2005

| BUSINESS TYPE | CONTRACTOR - GENERAL | |
|--------------------------|--|--|
| OWNER AND LOCATION | MICHAEL ROBERTS 652 BUCK HENDRY WAY | |

STATE LICENSE CGC059083

| BREICH STUCKE | ACCOUNT NO. | CALEGORY NOW |
|---------------|-------------|--------------|
| 4237 | 20487 | 061001 |

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30. PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION OF CITY CODE OF ORDINANCES

lew, ordinance, or regulation. Any changes in location or ownership must be exproved by the City License Section, subject to coning restrictions. This License does not constitute an endorsement, expreval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

| | PENALTY | TRANSFER | MISCELLANEOUS | PAID : |
|--------|---------|----------|---------------|--------|
| 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |

SPECIAL FORCES REST & CONST BUSINESS MICHAEL ROBERTS NAME AND **652 BUCK HENDRY WAY** MAILING STUART, FL 34994 ADDRESS

DATE 10/06/2004

CHERYL WHITE

CITY CLERK

AND ENDING SEPTEMBER 30. 2005

| | | MASTER PERMIT NO | |
|--|-----------------------------|---|----------|
| ТО | WN OF SEWALL'S | S POINT | |
| Date 1/4/05 | _ | BUILDING PERMIT NO. | 7.169 |
| Building to be erected for | TOPPING | Type of Permit | Evec |
| Applied for by Secration | 01- | • | |
| Subdivision Hay Poin | <i>'</i> | · | |
| Address 7 Middle | | Impact Fee | |
| ' — — | | | Desk |
| Type of structure STR DENT. QUAL NAME | Douglas 17 | A/C Fee | 5,7110 |
| | | | N /160 |
| | #: <u>EC000147</u> | | |
| 13384100 | 20000350 | (OOO) Roofing Fee | |
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| Signed Leury Ma | Signe | of State of | Las Bras |
| • | Signe Signe | | - |
| Applicant | • | Town Building Official | |
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| | PERMI | | |
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| PLUMBING DOCK/BOAT LIFT | ☐ ROOFING ☐ DEMOLITION | ☐ POOL/SPA/D☐ FENCE | ECK |
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| UNDERGROUND MECHANICAL | | JNDERGROUND ELECTRICAL | |
| STEMWALL FOOTING | F | 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 | |

EARLY POWER RELEASE

FINAL ELECTRICAL

BUILDING-FINAL

FINAL GAS

FRAMING

FINAL PLUMBING
FINAL MECHANICAL

FINAL ROOF

| AU | | ATE OF LIABILI | | | OPID LE FORMA-1 DAS A MATTER OF INFO | 12/06/0 |
|-------------------|---|--|------------------------------------|--|--|-------------------|
| .V. 3 | Johnson Agency, Inc. SE Ocean Blud : FL 34996 | | ONLY AND HOLDER, T | CONFERS NO RIC HIS CERTIFICATE | DASA MATTER OF INFO BHTS UPON THE CERTIN E DOES NOT AMEND, EX ORDED BY THE POLICE | FICATE TEND OR |
| | | 72-287-4255 | INSURERS A | FORDING COVE | RAGE | NAIC # |
| URED | | | INSURER A: | Auto-Owners | Insurance Co | 18988 |
| | Forward Electrical | Contractors | INSURER B: | | | |
| | of Florida Inc | | INSURER C: | | | |
| | 4149 SE Salerno Rd Stuart FL 34997-88 | 22 | INSURER D: | | | |
| VERA | GES | | 1 | | | |
| NY REG MAY PER | CIES OF INSURANCE LISTED BELOW HAVE UREMENT, TERM OR CONDITION OF ANY O TAIN, THE INSURANCE AFFORDED BY THE I G. AGGREGATE LIMITS SHOWN MAY HAVE B | ONTRACT OR OTHER DOCUMENT WITH RES POLICIES DESCRIBED HEREIN IS SUBJECT | PECT TO WHICH THIS O | CERTIFICATE MAY BE I CLUSIONS AND CONDI | SSUED OR | |
| MSRE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MMDDYYY) | POLICY EXPERATION DATE (MEMODAYY) | LBITT | 3 |
| | GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ 500000 |
| | X COMMERCIAL GENERAL LIABILITY | 2061824304 | 08/28/04 | 08/28/05 | PREMISES (Ea occurence) | \$ 100000 |
| | CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | 10000 |
| | | | | | PERSONAL 8 ADV INJURY | \$ 500000 |
| | | | | | GENERAL AGGREGATE | \$ 500000 |
| | POLICY PRO- LOC | | | | PRODUCTS - COMP/OP AGG | \$ 500000 |
| | ANY AUTO | 9543501600 | 08/28/04 | 08/28/05 | COMBINEO SINGLE LIMIT (Ea accident) | \$ 500000 |
| | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | s |
| | HRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | s |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | MY AUTO | BOT COVERED W/TELL AGENCY | | | OTHER THAN EA ACC AUTO ONLY. AGG | \$ |
| | EXCESSAMBRELLA LIMBLITY | | | | EACH OCCURRENCE | 1000000 |
| | OCCUR CLAIMS MADE | 95-435-016-01 | 08/28/04 | 08/28/05 | AGGREGATE | \$ 1000000 \$ |
| | DEDUCTIBLE | | | | | \$ |
| | X RETENTION \$10000 | | | | - I WESTERN I TON | \$ |
| | KERS COMPENSATION AND OYERS' LIABILITY | | | | TORY LIMITS ER | |
| ANY F | PROPRIETOR/PARTNER/EXECUTIVE | BOT COVERED W/THEN AGENCY | 1 | | E.L. EACH ACCIDENT | \$ |
| If yes | describe under | | | | E.L. DISEASE - EA EMPLOYEE | |
| OTHE | TAL PROVISIONS below FR | | | | E.L. DISEASE - POLICY LIMIT | • |
| | | | | | | |
| | | | | | | |
| RPTK | IN OF OPERATIONS / LOCATIONS / VEHICL | ES / EXCLUSIONS ADDED BY ENDORSEM | ENT / SPECIAL PROVIS | IONS | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TIFIC | CATE HOLDER | | CANCELLATE | ON . | | - |
| | · | TOIR1024 | SHOULD ANY OF | THE ABOVE DESCRIB | ED POLICIES BE CANCELLED B | EFORE THE EXPIRA |
| | | 20,4102 | | THE ISSUING INSURE | R WILL ENDEAVOR TO MAIL | LO * DAYS WRIT |
| | | | MOTICE TO THE | CERTIFICATE HOLDER | NAMED TO THE LEFT, BUT FAIL | URE TO DO SO SHA |
| | Town of Sewalls Po | int | MPOSE NO OBL | GATION OR LIABILITY | OF ANY KIND UPON THE INSURE | ER, ITS AGENTS OR |
| | | - | | | | |
| | 1 8. Sewalls Poin Stuart FL 34996 | t Road | REPRESENTATIV | | | |

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

| . <u>/</u> | 4 <i>C</i> | ORD. CERTIFIC | CATE OF LI | ABILITY II | NSURAN | ICE | DATE 01/01 | | |
|---|--------------------------|--|-------------------------|--|--|--|-----------------------------|--------------------|------------------------|
| Ins 13 | 10 L | ER Company of the Americas Utica Street ox 855 | | CONFERS NO RIGH | TS UPON THE CEI | MATTER OF INFORMATION STIFICATE HOLDER. THIS (E COVERAGE AFFORDED E | CERTIFIC | CATE | E DOE: |
| Oriskany, New York 13424 Tel: (315) 768 – 2726 Fax: (315) 736 – 8731 | | | INSURERS AFFORD | NNO COVERAGE | | | N/ | AIC# | |
| INS | URED | | | <u> </u> | | RROS | == | | |
| En | nplo | yee Leasing Solutions, Inc. | | | nce Company of | the Americas FII | | 3 77 | 3030 |
| Fo | rme | rly Known As: People Leas | ing, Inc. | INSURER B: | | 1 050 | 11.2 | - | |
| | | FÓRWARD ELECTRIC & A/ Manatee Ave. W. Suite 60 | | INSURER C: | | 1 -20 / 1 | | + | |
| | | nton, FL 34205 | O | INSURER D: | | BY: | + | + | _ |
| | | AGES | | INSURER E: | | | \rightleftharpoons | + | |
| THI NO CEI EX | E POI TWITI RTIFIC | LICIES OF INSURANCE LISTED BE HSTANDING ANY REQUIREMENT. I HATE MAY BE ISSUED OR MAY PERI ONS AND CONDITIONS OF SUCH PO | TAIN, THE INSURANCE A | AFFORDED BY THE POINTS SHOWN MAY HA | OLICIES DESCRIBE VE BEEN REDUCED | D HEREIN IS SUBJECT TO BY PAID CLAIMS. | ERIOD TO W | INDI HICI HE | CATE H THI TERMS |
| INSR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE(MM/DD/YY) | POLICY EXPIRATION DATE(MM/DD/YY) | LIMITS | | | |
| 1 | | GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ | | |
| | ļ | COMMERCIAL GENERAL LIABILITY | İ | | | DAMAGE TO RENTED PREMISES (EA OCC.) | \$ | | |
| l | 1 | CLAIMS MADE OCCUR | 1 | | l | MED EXPENSE PERSON | \$ | | |
| | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | | | | | | GENERAL AGGREGATE | \$ | | |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | 1 | PRODUCTS - COMP/OP AGG | \$ | | |
| Ļ | <u> </u> | POLICY PRO- LOC | | | L | <u></u> | <u> </u> | | |
| : | | ANY AUTO | | | | COMBINED SINGLE LIMIT | \$ | | |
| | | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ | | - |
| | | HIRED AUTOS NON - OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ | | |
| | | | · | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY -EA ACCIDENT | \$ | | |
| | | ANY AUTO | | | } | OTHER THAN AUTO ONLY AGG | \$ | | |
| | ┼── | EXCESS/UMBRELLA LIABILITY | <u> </u> | | <u> </u> | EACH OCCURRENCE | 8 | | |
| i | 1 | OCCUR CLAIMS MADE | | İ | Ì | AGGREGATE | 8 | _ | |
| ĺ | | | | | ĺ | | 8 | | |
| | | DEDUCTIBLE | | | | | \$ | | |
| | | RETENTION \$ | | | | | 3 | | |
| | | RKERS COMPENSATION AND | | | | X WC STATU- | | | |
| | 1 | LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ 1,0 | 00, | 000 |
| Α . | OFF | CER/MEMBER EXCLUDED? | WC03010150 | 01/01/2004 | 01/01/2005 | E.L. DISEASE EA EMPLOYEE | \$ 1,0 | | |
| } | | CIAL PROVISIONS below | | | } | E.L. DISEASE - POLICY LIMIT | \$ 1,0 | 00, | 000 |
| | ОТН | ERClient ID #4040029 | | | | | | | |
| F | 8¥K | ON OF OPERATIONS / LOCATIONS / VEHIC GE APPLIES ONLY TO THOSE EMPLOYEES /ARD ELECTRIC & A/C iers Name:DOUGLAS TAYI | LEASED TO BUT NOT SUBCO | INTRACTORS OF: | I IAL PROVISIONS | <u> </u> | 1 | | |
| CF | RTIF | ICATE HOLDER | | CANCELLAT | ION | | | | |
| ۲ | | TOTAL HOLDER | | | | SCRIBED POLICIES BE CAN | CELLED | BEF | ORE |
| 1: | sou | OF SEWELLS POINT TH SEWELLS PT RD | | THE EXPIRATIO TO MAIL 30 DA TO THE LEFT, B | N DATE THEREOF, YS WRITTEN NOT UT FAILING TO DO NY KIND UPON TH | THE ISSUING INSURER W ICE TO THE CERTIFICATE OF O SO SHALL IMPOSE NO O E INSURER, IT'S AGENTS | ILL END HOLDER BLIGAT | EAV NA | OR MED |
| ST | UAF | RT, FL 34996 | | | DESENTATIVE / | | | | |

The Aberen

DIANE CARR

BY LAW

SECRETARY



STATE OF PLORIDA ACE 1471563

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC0001472

07/02/04 040004474

CERTIFIED ELECTRICAL CONTRACTOR TAYLOR, DOUGLAS LYNN FORWARD ELECTRICAL CONTRACTORS OF

IS CERTIFIED under the provisions of Ch.489 FS. Empiretion date: AUG 31, 2006 L04670202160



STATE OF FLORIDA

AC#1540490

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC049289

08/13/04 040143851

CERTIFIED AIR COMD CONTR SHARKEY, KEVIN MICHAEL FORWARD BLETRIC & AIR CONDITIONIN

IS CERTIFIED under the provisions of Ch. 489 FS. Expirelies date: AUG 31, 2006 L04081304088

| 2004-2005 | MARTIN COUNTY | ORIGINAL |
|-------------------|------------------------------|---------------------------|
| | OCCUPATIONAL | |
| Larry C. O'Steen, | Tex Collector, P.O. Box 9013 | l, Stuart, FL 3490 |

UCENS 1974-508-045 CERT EC0001472 Prove (772)221-1660 235910 149 SE SALERNO RD

CHARACTER COUNTS IN MARTIN ..00 LIC FEE & .00 .00

"CERTIFIED ELECTRICAL CONTR

AT LOCATION LISTED FOR THE PERSON REGISHING ON THE

| _ | _ | | | | | |
|---|---|----|---|-----------|----|---|
| 3 | _ | ٠. | | SEPTEMBER | Ü | 4 |
| | | or | · | 2005 | 20 | |
| | | | | 711115 | | |

BOUGLAS L (PRES ELECTRICAL CONT MIDA INC

SE SALERNO RD TUART FL 34997

| | | MASTE | ER PERMIT NO |
|--|---------------------------------------|----------------|---------------------------|
| , TOW | N OF SEWALL | 'S POINT | |
| Date 1/4/05 | | BUILDIN | IG PERMIT NO. 7.170 |
| 1 1 | Toppina | | |
| Applied for by | | | |
| | | | |
| Subdivision Heart Point | | Block | Radon Fee |
| Address 7 MIDDLE | LOAD | | _ Impact Fee |
| Type of structure | | 1116 | A/C Fee 0 7168 |
| DRING QUAL. NA | | | Electrical Fee PN 1160 |
| Parcel Control Number: | xct: CACO | 18289 | Plumbing Fee |
| /3384100 | 2000003 | 501000 | Roofing Fee |
| • | | _ | Fees () |
| X | Uasi C | Other i | TOTAL Fees |
| Total Construction Cost | | | TOTAL Fees |
| D'all | | II II | a l. Mal |
| Signed James M. Sha | Sign | ned Sine | 2 sunning g |
| Applicant | · | Town | Building Official |
| | PERM | AIT | • |
| | L PIZIA | | |
| BUILDING | ☐ ELECTRICAL ☐ ROOFING | | MECHANICAL POOL/SPA/DECK |
| ☑ PLUMBING ☑ DOCK/BOAT LIFT | DEMOLITION | | ☐ FENCE |
| SCREEN ENCLOSURE | ☐ TEMPORARY ST | | ☐ GAS ☐ RENOVATION |
| ☐ FILL ☐ TREE REMOVAL | STEMWALL | OTTENS | □ ADDITION |
| | INSPECT | TIONS | |
| UNDERGROUND PLUMBING | | UNDERGROUND | GAS |
| UNDERGROUND MECHANICAL | | UNDERGROUND | : |
| STEMWALL FOOTING | · | FOOTING | |
| SLAB | | TIE BEAM/COLU! | - |
| ROOF SHEATHING | <u> </u> | WALL SHEATHIN | |
| TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL | · · · · · · · · · · · · · · · · · · · | ROOF-IN-PROGR | RESS |
| PLUMBING ROUGH-IN | | ELECTRICAL RO | |
| MECHANICAL ROUGH-IN | | GAS ROUGH-IN | |
| FRAMING | | EARLY POWER | |
| FINAL PLUMBING | | FINAL ELECTRIC | |
| FINAL MECHANICAL | | FINAL GAS | |

FINAL GAS BUILDING FINAL

FINAL-ROOF-

| | ohnson Agency, Inc. | | ONLY AND HOLDER, T | CONFERS NO RIX HIS CERTIFICATE | FORMA-1 D AS A MATTER OF INFO BHTS UPON THE CERTH E DOES NOT AMEND, EX ORDED BY THE POLICE | TEND OR |
|--------------------------------------|---|---|---|---|---|------------|
| | FL 34996 772-287-3366 Fax:7 | 72-2 87-42 55 | NEIDEDE A | FFORDING COVE | PACE | 1,1210 # |
| RED | 772-201 3300 EAR.7 | 72 207 4200 | | | | NAIC # |
| | | | INSURER 8: | VIIIO-OWITETS | Insurance Co | 18988 |
| | Forward Electrical | Contractors | INSURER C: | | | |
| | of Florida Inc 4149 SE Salerno Rd | | INSURER D: | | | |
| | Stuart FL 34997-88 | 22 | INSUPER E | | | |
| VERAG | ES | | | | | |
| NY RÉQUIR IAY PERTA OLICIES, A | REMENT, TERM OR CONDITION OF ANY CO | BEEN ISSUED TO THE INSURED NAMED AB ONTRACT OR OTHER DOCUMENT WITH RES POLICIES DESORIBED HEREIN IS SUBJECT EEN RÉDUCED BY PAID CLAIMS | PECT TO WHICH THIS TO ALL THE TERMS, E | CERTIFICATE MAY BE I XCLUSIONS AND COND. | SSUED OR | |
| NSRC | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DOYY) | POLICY EXPIRATION DATE (MM/DD/YY) | LAKT | 3 |
| G | ENERAL LIABILITY | | | | EACH OCCURRENCE | \$ 500000 |
| 3 | COMMERCIAL GENERAL LIABILITY | 2061824304 | 08/28/04 | 08/28/05 | PREMISES (Ea occurance) | : 100000 |
| [<u>[</u> | CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | 10000 |
| <u> </u> | | | | | PERSONAL & ADV INJURY | \$500000 |
| - | | | | | GENERAL AGGREGATE | s 500000 |
| 6 | POLICY PRO- | | | | PRODUCTS - COMP/OP AGG | \$ 500000 |
| - | UTTOWORKE LIABILITY ANY AUTO | 9543501600 | 08/28/04 | 08/28/05 | COMBINEO SINGLE LIMIT (Ea accident) | \$ 500000 |
| | ALL OWNED AUTOS SCHEDULED AUTOS | | ******* | 33,23,13 | BOORY NURY (Per person) | \$ |
| | HIRED AUTOS NON-OWNED AUTOS | | | | BCDILY INJURY (Per accident) | \$ |
| | | | | | PROPERTY DAMAGE (Per ecodent) | \$ |
| G | ARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| - | | BOT COVERED TYTELS ACRECT | | | OTHER THAN EA ACC | \$ |
| F | XCESSAMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ 1000000 |
| | OCCUR QUAIMS MADE | 95-435-016-01 | 08/28/04 | 08/28/05 | AGGREGATE | 1000000 |
| | | 33 433 010 01 | 77, 22, 72 | 33,23,33 | | s |
| | DEDUCTIBLE | | | | | 5 |
| х | RETENTION :10000 | | | | | \$ |
| | RE COMPENSATION AND | | | | WC STATU- OTH- TORY LIMITS ER | |
| ANY PRO | TERB' LIABILITY OPRIETORPARTNER/EXECUTIVE | SOT COVERED W/THIS MCENCY | | } | E.L. EACH ACCIDENT | \$ |
| | RMEMBER EXCLUDED? | | | | E,L. DISEASE - EA EMPLOYEE | \$ |
| | L PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| CIMEN | | | | | | |
| | | | | | | |
| CRIPTION | OF OPERATIONS / LOCATIONS / VEHICL | ES / EXCLUSIONS ADDED BY ENDORSEM | ENT / SPECIAL PROVE | SIONS | | |

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

| · <u>/</u> | 4 <i>C</i> | ORD. | CERTIFIC | CATE OF LI | ABILITY II | NSURAN | ICE | DATE 01/0 | | ISSUE 2004 |
|------------|--------------------------|---------------------------------------|--|--|--|--|--|-----------------------------|---------------|---------------|
| 13 P.0 | 110 L O. Bo | :se'Company Jtica Street ox 855 | of the Americas | | CONFERS NO RIGH | TS UPON THE CER | MATTER OF INFORMATION RTIFICATE HOLDER. THIS C E COVERAGE AFFORDED B | ERTIFI | CAT | re doe |
| | | ny, New York 15) 768 – 27 | (13424 26 Fax: (315) 7: | 36 – 8731 | INSURERS AFFORD | DING COVERAGE | | | N | IAIC# |
| INS | URED |) | | | INSURER A: Insura | | RECTOR | == | | 3030 |
| En | nplo | yee Leasing | Solutions, Inc. | | INSURER B: | ince Company of | THE AMERICAS . P. 1 | 431 | \rightarrow | 1030 |
| | | | As: People Leas ELECTRIC & A/ | | INSURER C: | | + 050 7 8 1 | :03 | \dashv | |
| | | | re. W. Suite 60 | | INSURER D: | | 1 1 | | -† | |
| | | nton, FL 34 | | | INSURER E: | | [BY: | | + | |
| | VER | AGES | | | | ~~~~~ | | \equiv | :† | |
| CEI | TWITI RTIFIC CLUSI | HSTANDING AN CATE MAY BE IS | NY REQUIREMENT, 1 SSUED OR MAY PERT | TERM OR CONDITION (| OF ANY CONTRACT IFFORDED BY THE PI TS SHOWN MAY HA | OR OTHER DOC DLICIES DESCRIBE VE BEEN REDUCED | | TO W | /HIC | ;н тн |
| LTR | ADD'L INSRD | TYPE O | F INSURANCE | POLICY NUMBER | POLICY EFFECTIVE PATE(MM/DD/YY) | POLICY EXPIRATION DATE(MM/PD/YY) | LIMITS | | | |
| | | GENERAL LIABIL | ITY | | | | EACH OCCURRENCE | \$ | | |
| | | COMMERCIA | AL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (EA OCC.) | \$ | | |
| J | | CLAIMS | MADE OCCUR | | | | MED EXPENSE LANY ONE | \$ | | |
| ļ. | | Ш | | | | [| PERSONAL & ADV INJURY | \$ | | |
| | | | | | | | GENERAL AGGREGATE | \$ | | |
| | | GEN'L AGGREGA | PRO - LOC | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| | | AUTOMOBILE U | JEC I | | | | COMBINED SINGLE LIMIT | \$ | | |
| | | ALL OWNED SCHEDULED | | | | | BODILY INJURY (Per person) | \$ | | |
| | | HIRED AUTO | | | | | BODILY INJURY (Per person) | \$ | | |
| ļ | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | GARAGE LIABILI | TY | | | | AUTO ONLY - EA ACCIDENT | \$ | | |
| ĺ | | ANY AUTO | | į | | ; | OTHER THAN EA ACC AGG | \$ | | |
| | | EXCESS/UMBRE | LLA LIABILITY | | | | EACH OCCURRENCE | \$ | | |
| | | OCCUR | CLAIMS MADE | | | | AGGREGATE | \$ | | |
| ľ | | | | | | } | | \$ | | |
| | | DEDUCTIBLE | : | | i | | | \$ | | |
| L | | RETENTION | 8 | | | | | \$ | | |
| Г | | RKERS COMPENSA | | | | | X WC STATU- TORY LIMITS OTHER | | | |
| | | PROPRIETOR/PAR | | | | | E.L. EACH ACCIDENT | \$ 1,0 | 000 | ,000 |
| ^ | | ICER/MEMBER EXC is, describe under | LUDED? | WC03010150 | 01/01/2004 | 01/01/2005 | E.L. DISEASE EA EMPLOYEE | \$ 1,0 | 000 | ,000 |
| <u> </u> | | CIAL PROVISIONS | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,0 | 000 | ,000 |
| | 018 | ERClient ID # | # 4040029 | | | | | | | |
| F | 8 7 888 | VARP ELEC | TRICOSE EXICOYEES | LES / EXCLUSIONS ADDED BY LEASED TO BUT NOT SUBCO LOR/WILL CARSO | NTRACTORS OF: | AL PROVISIONS | | · | | |
| CF | RTIF | ICATE HOLD | DER | | CANCELLAT | ION | | | | |
| TC 1 |) WN SOU | OF SEWEL | LS POINT LS PT RD | , | SHOULD ANY C THE EXPIRATIO TO MAIL 30 DA TO THE LEFT, B | OF THE ABOVE DES N DATE THEREOF, YS WRITTEN NOT UT FAILING TO DO NY KIND UPON TH | SCRIBED POLICIES BE CAN THE ISSUING INSURER W ICE TO THE CERTIFICATE I O SO SHALL IMPOSE NO O E INSURER, IT'S AGENTS (| ILL END HOLDEI BLIGAT | DEA' | VOR AMED |
| | | 11,12 343 | | | AUTHORIZED REP | | Deren | | | |

· • .

DIANE CARR SECRETARY

BY LAW



STATE OF PLORIDA

AC# 1471563

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BC0001472

07/02/04 040004474

CERTIFIED ELECTRICAL CONTRACTOR TAYLOR, DOUGLAS LYNN FORWARD ELECTRICAL CONTRACTORS OF

IS CERTIFIED under the provisions of Ch.489 FS. Expiration date: AUG 31, 2006 L04070202140

STATE OF FLORIDA

AC#1540490

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC049289

08/13/04 040143851

CERTIFIED AIR COND CONTR SHARKEY, KEVIN MICHAEL PORWARD HLBTRIC & AIR CONDITIONIN

IS CERTIFIED under the provisions of Ch.489 FS. Explication date: AUG 31, 2005 EA4061304068

2004-2005 MARTIN COUNTY ORIGINAL **COUNTY OCCUPATIONAL LICENSE**

LETTY C. O'Steen, Tex Collector, P.O. Box 9013, Steart, FL 34965 (772) 283-5604

UCDNS-1974-508-045 CERT EC0001472 PHONE (772)221-1660 SIC NC

4149 SE SALERNO RD

CHARACTER COUNTS IN MARTIN COL

..00 LIC. PEE S .00 PENALTY S .00 COL FEE \$. .00

" CERTIFIED ELECTRICAL CONTRI

AT LOCATION LISTED FOR THE PERIOD REGISHING ON THE

30 SEPTEMBER 04 MO ENGINE SEPTEMBER AC 2005 • . . .

BOUGLAS L (PRES DELECTRICAL CONTR PIDA INC

SE SALERNO RD **CART FL 34997**

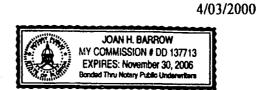
NOTICE OF COMMENCEMENT

State of Fl County of Markin

INSTR # 1794086 OR BK 01957 PG 1594 RECORDED 11/22/2004 11:12:43 AM MARSHA EWING CLERK OF MARSHA CLERK OF MARTIN COUNTY FLORIDA RECORDED BY S Phoenix

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

| of the property, and street address if available). |
|--|
| pair fire Damage |
| 7 Middle Rd Sewall's Point Fl. 34986 |
| |
| (if other than Owner): |
| |
| Forces 623 Buck Hendry way, Stuart Fl. 34894 |
| : 6524112 (optional, if service by fax is acceptable). |
| |
| (optional, if service by fax is acceptable). |
| |
| |
| (optional, if service by fax is acceptable). |
| (optional, if service by fax is acceptable). |
| esignates of to receive a ection 713.13(1)(b), Florida Statutes. |
| : (optional, if service by fax is acceptable). |
| nt (the expiration date is 1 year from the date of recording |
| Euri M. Sopping |
| e me this 17 day of Nov. (year), by (name of person |
| (Signature of Notary Public - State of Florice |
| (Print, Type, or Stamp Commissioned Name of Notary Public |
| ntification |
| |



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of L | spection: Mon Wed | M JAN 31 | _, 2002_5 | Page of |
|--------------|----------------------|-----------------------------|---------------------------------------|----------------------|
| PERMIT. | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7168 | TOPPING | FRAMING | 1145 | |
| 7 | 7 MIDDLE BOOD | (EXCEPT FRONT DOOR WALL) | THE RESERVE | \sim \sim \sim |
| | SPECIAL | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: / |
| 7141 | JOHNSCON | GASTANK+LINE | VHS | |
| $\hat{\rho}$ | 634WHatPr | | | |
| '_ | MARTIN COUNTY POPA | Æ | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6772 | EIDER | TIEBEAM | PAS | |
| , | 4 MARGUERITA | | | |
| | OB | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | .5 % 1 | | | ISSUED STOP |
| | 55 RUEL ED. | FEXCE U/O | | WORK ORREDY/ |
| | | PERMIT | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | |
| | | | | |
| 1 | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | |
| | | | | |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | |
| | | | | |
| | | | • | INSPECTOR: |
| OTHER: | | | | |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |

TOWN OF SEWALL'S POINT Building Department - Inspection Log

| Date of I | nspection: Mon Wed | TH _5/25 | _, 200\$5 | Page of |
|-----------|---|--|-----------|---|
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7168 | TOPPING | FINAL INT | IISS= | Close |
| | 7 MIDDLE ROAD | REPAIRWORK | | |
| | SPECIAL FORCES | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7513 | ROBERS | De4-(N | FAIL | / |
| 10 | 12 N. RIOGEVIEW | | | |
| 14 | CARDINAL ROOFING | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6581 | LAEKY | FINAL ADON | FAIL | |
| 2 | 27 W Hia 4 Point | /REMODEL | | 1/ |
| | SEAGATE BLOES | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6839 | WADE | FINAL ACC. | PASS | CLOSE / |
| 2 | 9 E. HIaH POINT | BLDG | | $\sim M$ |
| | DINE OCCUPED | | | INSPECTOR |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7247 | DELANEY | REPAIR DOCK | 1145 | Close / |
| 10 | 116 S. SEWALLS TO | FINAL | | I A |
| 10 | CUSTOM DECKS | | TAN THE | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 80 | BONIFACE | PARTIAL FRAMIN | PASS | V. S. S. S. S. S. S. S. S. S. S. S. S. S. |
| 12 | 635 RIVER RD | | | A M |
| | WILSON BLDES | | | INSPECTOR |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| Tess | JORDAN | TEEE | 4 My | |
| 1 | 12 CASTEHILLY | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 12 | | | | INSPECTOR: |
| OTHER: | and the state of the second | | AA | TOEK ON PLEAT SLOPE |
| 7116E | (D KINDELAND | TILE | <u> </u> | > H45 AGAD STAL |
| | | and the second s | | |
| | Section 1 (1998) And Annie (1998) And Annie (1998) Annie | | | 1 1/11/ |

8045 TRUSS REPAIR

| MASTER | PERMIT | NO. | |
|--------|---------------|-----|--|
|--------|---------------|-----|--|

TOWN OF SEWALL'S POINT

| Date | BUILDING PERMIT NO. 8045 |
|------------------------------------|---|
| Building to be erected for Toppin | Type of Permit Truss Rome |
| Applied for by Secret Foed | |
| Subdivision Hat POINT Lot | Block Radon Fee |
| Address 7 MIDDLE ROAM | |
| Type of structure STP | |
| - | |
| Parcel Control Number: | Electrical Fee |
| | Plumbing Fee |
| 25 03 | 70350/0000 Roofing Fee |
| Amount Paid 35-00 Check # 01018 | CashOther Fees () |
| Total Construction Cost \$ 1450.00 | |
| Signed Management | Signed Line Summers Offe |
| Applicant | Town Building Official |
| • • | |
| | PERMIT |
| BUILDING G ELECTION G ROOM | |
| DOCK/BOAT LIFT I DEM | OLITION |
| | PORARY STRUCTURE GAS RICANE SHUTTERS RENOVATION |
| TREE REMOVAL | AWALL DADDITION DEPAR |
| IN. | ISPECTIONS |
| 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 ROUGHIN | ELECTRICAL ROUGH-IN |
| MECHANICAL ROUGHIN | GAS ROUGH-IN |
| FRAMING | EARLY POWER RELEASE |
| FINAL PLUMBING | FINAL ELECTRICAL |
| -FINAL-MECHANICAL | FINAL GAS |
| FINAL ROOF | BUILDING FINAL |

| HUBLICANE | of Sewall's Po | pint | | |
|---|---|--|--|--|
| | PERMIT APP | | Permit Nun | nber: |
| OWNER/TITLEHOLDER NAME DIVICE+ Daniel | | ne (Day) <u>285</u> – | | |
| Job Site Address: 7 Middle Road | City | Swallsf | State: | zip34946 |
| Legal Desc. Property (Subd/Lot/Block) HANHOINT W | <u> +35 </u> | rcel Number: 13- | 38-41-002-0 | <u> 200-00350-</u> |
| Owner Address (if different): | City | r: | State: | _Zip: |
| Description of Work To Be Done: / Mass flag | | | | |
| WILL OWNER BE THE CONTRACTOR?: | COST AND VA | LUES: | | 12/50 0 |
| YES NO | (Notice of Comme | if Construction or in ncement needed over arket Value prior to | | |
| (If no, fill out the Contractor & Subcontractor sections below) | - | | f Fair Market Value? | YES NO |
| (If yes, Owner Builder Affidavit must accompany application) | Method of Determ | nining Fair Market \ ==================================== | /alue: =============================== | |
| CONTRACTOR/Company: Special Forces | Pho | one <u>692-03</u> | 02 Fax 602 | -4112 |
| Street: Le23 NW Buck Hendry W | AUCity | Stuart | State: <u></u> | zi34914 |
| State Registration Number: State Certificatio | | 59085Martin C | ounty License Numbe | :C |
| SUBCONTRACTOR INFORMATION: | • | | | |
| Electrical: | State: | Lic | ense Number: | |
| Mechanical: | State: | Lia | ense Number: | |
| Plumbing: | State: | Lic | ense Number: | . |
| Roofing: | | Lica | ense Number: | |
| *********************** | ********** | | .====================================== | |
| ARCHITECT | Lic.#: | Phone Num | nber | |
| Street: | City | T | State: | Zip: |
| *************************************** | 2032422222222 | | , | |
| ENGINEERLia | ¥ | Phone Numb | er: | |
| Street: | City | : | State: | Zip: |
| 在350元之名至630年中的250年中的次数日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本 | ******** | | ********** | ********** |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: | | | | |
| Carport: Total Under Roof Woo | | - | · — — — | |
| I understand that a separate permit from the Town may be require BOILERS, HEATERS, TANKS OOCKS, SEA WALLS, ACCESSORY BUILDING | d for ELECTRICAL, PI | LUMBING, MECHANIC TION OR REMOVAL, A | AL, SIGNS, POOLS, WE AND TREE REMOVAL AI | LLS, FURNACE, ND RELOCATIONS. |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida E | nergy Code: 2001 | · | Mechanical, Plumbling Florida Accessibility | Code: 2001 |
| I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE | ON THIS APPLICA | TION IS TRUE AND | CORRECT TO THE | BEST OF MY |
| OWNER OR AGENT SIGNATURE (required) | _CONTRAC | CTOR SIGNATURE | (required) | |
| State of Florida, County of Harking | On State | of Florida, County of | Matti. | |
| This the Ant day of Concean 200 Lo | This the _ | | or Molan | 200/0 |
| by who is personally | by | | | who is personally |
| known to me or produced | | me or produced | | a to promovery |
| as identification. | As identify | · · | | |
| My Commission Expires: MY COMMISSION # DD 38590 EXPIRES: January 12, 2009 | | ssion Expires | Notary Public | A CONTRACTOR OF THE PARTY OF TH |
| PERMIT APPLICATIONS VALUE SE DAYS FROM APPROVA | SOTIFICATION - | PLEASE PICK | A 🧩 MY COMMINISION : | # DD 385905 (t) |

| <u>.</u> | 4C | | CERTIFIC | ATE OF LIABILI | TY INSU | RANCE | OPID LP SPECI-4 | DATE (MM/DD/YYYY) 01/11/06 |
|---|----------------------------|---|---|---|---|--|---|-------------------------------|
| R. | | | son (GSM) ean Blvd | | ONLY AND HOLDER, 1 | CONFERS NO RIG HIS CERTIFICATE | D AS A MATTER OF INFO SHTS UPON THE CERTIF DOES NOT AMEND, EX ORDED BY THE POLICIE | RMATION FICATE TEND OR |
| | | | 34996 287-3366 Fax:7 | 72-287-4255 | INSURERS A | FFORDING COVER | PAGE | NAIC# |
| INSL | RED | | | | INSURER A: Southern Owners Insurance | | | 10190 |
| | | | | | INSURER B: | | | |
| | | S | pecial Forces Read Construction | storation Inc | INSURER C: | | | |
| | | 6: | 23 Buck Hendry Wa tuart FL 34994 | a y | INSURER D: | E. E.V. 700 0 7170. | | |
| | | | | | INSURER E: | | | |
| | /ERA | | | | | | | |
| At M P(| y regl y pert Licies | JIREME TAJN, TI | NT, TERM OR CONDITION OF ANY C | E BEEN ISSUED TO THE INSURED NAMED AB CONTRACT OR OTHER DOCUMENT WITH RESI POLICIES DESCRIBED HEREIN IS SUBJECT BEEN REDUCED BY PAID CLAIMS. | PECT TO WHICH THIS TO ALL THE TERMS, E | CERTIFICATE MAY BE IS | SSUED OR | |
| INSR LTR | NSRD | - | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | 3 |
| | | GENE | RAL LIABILITY | | • | | EACH OCCURRENCE | \$1,000,000 |
| A | | x c | OMMERCIAL GENERAL LIABILITY | 20628155 | 01/15/06 | 01/15/07 | DAMAGE TO RENTED PREMISES (Ea occurance) | \$ 100,000 |
| | [| | CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | \$ 10,000 |
| | [| $\bot \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | i [| | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | _ | AGGREGATE LIMIT APPLIES PER: OLICY PRO- DECT LOC | | | | PRODUCTS - COMP/OP AGG | \$1,000,000 |
| В | | | NY AUTO | 4328287900 | 11/27/05 | 11/27/06 | COMBINED SINGLE LIMIT (Ea accident) | \$ 300,000 |
| | | - | LL OWNED AUTOS CHEDULED AL/TOS | | | | SODILY INJURY (Per person) | \$ |
| | | | IRED AUTOS ON-OWNED AUTOS | | | | 800ILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | _ | SE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | - | ^ | NY AUTO | NOT COVERED W/THIS AGENCY | | | OTHER THAN EA ACC | \$ |
| | | EXCE | S/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | - | _ | CCUR CLAIMS MADE | NOT COVERED W/THIS AGENCY | | | AGGREGATE | \$ |
| | | | | NOT COVERED W/ INCH PORMET | | | | \$ |
| | | | EDUCTIBLE | | | | | \$ |
| | | _ | ETENTION \$ | | | | · ···· | \$ |
| | | | OMPENSATION AND | | | | WC STATU- OTH- | _ |
| | , | | ' Liability Etor/Partner/Executive | NOT COVERED W/THIS AGENCY | | | É.L. ÉACH ACCIDENT | \$ |
| | OFFIC | ERME | MBER EXCLUDED? | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | SPEC | IAL PR | e under DVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Equ | | ent Floater | 20628155 | 01/15/06 | 01/15/07 | Equip Rental | \$11,500 |
| | | 11212 T 111 | HOLDER | TOWN024 | CANCELLAT SHOULD ANY O DATE THEREOF | ION F THE ABOVE DESCRIB F, THE ISSUING INSURER | ED POLICIES BE CANCELLED B R WILL ENDEAVOR TO MAIL NAMED TO THE LEFT, BUT FAII | 10* CAYS WRITTEN |
| Town of Sewalls Point 1 S. Sewalls Point Road | | | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. | | | | | |
| | Stuart FL 34996 | | | AUTHORIZED REPRESENTATIVE | | | | |

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

| | - | | | | | | DAT | E (MM/DD/YY) |
|------------------------|------------------------------|--|--|---|---|--------------------------------------|--------------|---------------------------------------|
| | | CERTIFIC | CATE OF LIABI | | | | 1. | /3/2006 |
| PRODL | ICER | | Serial # 087143 | THIS CERTIFICAT | E IS ISSUED AS A | MATTER OF INFORMATION | ^ | |
| | | MEEK INC | | | | PON THE CERTIFICATE | | |
| | | IRT ST | | | | NOT AMEND, EXTEND OR | | |
| | | ATER FL 33755 | | • | | BY THE POLICIES BELOW. | | |
| ULL. | ~!\\ | ATER TE SOTOS | | | | | | |
| | | | | INSURERS AFFOI | RDING COVERAGE | | NAIC# | |
| INSUR | ED | | | INSURER A: | FRANK WINSTON | CRUM INSURANCE, INC. | | |
| | | | | INSURER B: | | | | |
| CRU | M ST | AFFING II, INC. 1-800-277- | 1620 | INSURER C. | | | | |
| 100 | S MIS | SOURI AVENUE | | INSURER D: | | | | |
| | | ATER FL 33756 | | INSURER E: | | | | |
| | | | | INTOORIER E. | _ | | 1 | |
| | ANY RI MAY P | DLICIES OF INSURANCE LISTED BELOW H EQUIREMENT, TERM OR CONDITION OF A ERTAIN, THE INSURANCE AFFORDED BY IES. AGGREGATE LIMITS SHOWN MAY HA | NY CONTRACT OF OTHER DOCUME THE POLICIES DESCRIBED HEREIN | NT WITH RESPECT T IS SUBJECT TO ALL IS. | O WHICH THIS CERTI THE TERMS, EXCLUS | IFICATE MAY BE ISSUED OR | | |
| INSR | ADD'L | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION | LIMITS | | |
| LTR | INSRO | | | DATE (MM/DD/YY) | DATE (MM/DD/YY) | | | |
| | | CENERAL LIABILITY | | | | EACH OCCURRENCE | \$ | |
| | | COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ | |
| | | CLAIMS MADEOCCUR | | | | MED EXP (Any one person) | \$ | |
| | | | | | | PERSONAL & ADV INJURY | s | |
| | | | | | | GENERAL AGGREGATE | s | |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | 1 | | PRODUCTS - COMP/OP AGG | 2 | |
| | | POLICY PROJECT LOC | | | | | i – | |
| | | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accidiant) | s | |
| | | ALL OWNED AUTOS | | | | BODILY INJURY (Per person) | s | |
| | | HRED AUTOS | | | | | - | |
| | | | | | | (Per accident) | • | |
| | | NON-OWNED AUTOS | | | | | | |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | CARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | 5 | |
| | | ANYAUTO | | | | OTHER THAN EA ACC | 5 | |
| | | | | | | AUTO ONLY: AGG | S | |
| | | EXCESS / UMBRELLA LIABILITY | | | | EACH OCCURRENCE | 5 | |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE | S | |
| | | | | | | | 5 | |
| | 1 | DEDUCTIBLE | | | | | 5 | |
| | [| RETENTION \$ | | 1 | | | \$ | |
| _ | | RECOMPENSATION AND EMPLOYERS | WO 0 0000 0000 | 4/4/0000 | 4440007 | X WOSTATU OTHER | | |
| A | LIABILITY | | WC 6 0000 0000 | 1/1/2006 | 1/1/2007 | A TORYUMIS OTHER | <u> </u> | |
| | | PRIETOR / PARTNER / EXECUTIVE R / MEMBER EXCLUDED? | | | | 5. 5.00. 10005.05 | s | 4 000 000 |
| | l | escribe under | | ì | | E.L. EACH ACCIDENT | 3 | 1,000,000 |
| | SPECIAL | PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | OTHER | | | | | | | |
| | | F OPERATIONS / LOCATIONS / VEHICLES / EXCLUSION | | | | NOMETH | | |
| | | TIFICATE REMAINS IN EFFECT | | | | | | |
| CRU | IM ST | AFFING II, INC. COVERAGE IS I | NOT PROVIDED FOR ANY E | EMPLOYEE FOR | WHICH THE C | LIENT IS NOT REPORTING | HOU! | RS |
| | | STAFFING II, INC. EFFECTIVE | | | | | | |
| | | TO SPECIAL FORCES RESTOR | | | | 2-692-4112 | | |
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| CERT | FICATE | HOLDER | | CANCELLATION | | | | |
| • | | | | | AROVE DESCRIBED DO | I ICIES BE CANCEL! ED BEEGOT THE | EVDIDAT | , , , , , , , , , , , , , , , , , , , |
| TOWN OF SEWALL'S POINT | | | 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 SHALL IMPOSE | | | | | |
| | | | NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. | | | | | |
| | | | | | | | | 1 S SEAWALL'S POINT |
| l | | SEAWALL'S POINT FL 34996 | • | | | | | |
| ı | 525.WAZES 5.101 12 54555 | | | A. Phase po | | | | |

AC# 1456403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#104062900644

DATE BATCH NUMBER LICENSE NBR 06/29/2004 030755587 CGC059083

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

ROBERTS, MICHAEL A SPECIAL FORCES RESTORATION & CONST INC 623 BUCK HENDRY WAY STUART FL 34994

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

...5

DIANE CARR SECRETARY



CITY OF STUART OCCUPATIONAL LICENSE 2004-2005

| BUSINESS TYPE | CONTRACTOR - GENERAL |
|------------------|----------------------|
| OWNER | MICHAEL ROBERTS |
| AND | 652 BUCK HENDRY WAY |

STATE LICENSE CGC059083

4237 20487 061001

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30. PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION OF CITY CODE OF ORDINANCES

This accupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation, Any changes in tocstion or commerciate must be exproved by the City License Section, subject to coning restrictions. This License does not constitute an enconsermant, express, or disapproval of the holder's salt or competence or of the compilance or non-compilance of the holder with other tawn, regulations, or standards.

Occupational Licensing 772-288-5319

| HE THE PENALTY OF TRANSFER MASCELLANEOUS TO PAID THE | | | | | | |
|--|------|------|------|--------|--|--|
| 100.00 | 0.00 | 0.00 | 0.00 | 100.00 | | |

SPECIAL FORCES REST & CONST
BUSINESS
MICHAEL ROBERTS
AND 852 BUCK HENDRY WAY
MALING
ADDRESS
STUART, FL 34994

10/06/2004

CHERYL WHITE

CITY CLERK

92:



CITY OF STUART OCCUPATIONAL LICENSE 2005-2006

CONTRACTOR - GENERAL

MICHAEL ROBERTS AMD **623 BUCK HENDRY WAY**

STATE LICENSE CGC059083

| LICENSENO | ACCOUNT NO | CATEGORY NO. |
|-----------|------------|--------------|
| 4237 | 21898 | 061001 |

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30. PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION OF CITY CODE OF ORDINANCES

This occupational license does not parent the holder to operate in violation of any City law, ordinance, or regulation. Arm changes in location or garageship must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approvel, or disapproval of the holder's still or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

| /# | PENALTY | TRANSMER | MISCELLANEOUS | PAID |
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| 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |

SPECIAL FORCES REST & CONST BUSINESS MICHAEL ROBERTS NAME AND **623 BUCK HENDRY WAY** MALING STUART, FL 34994 AODRESS

DATE 08/22/2005

CHERYL WHITE CITY CLERK



CITY OF STUART OCCUPATIONAL LICENSE 2005-2006

| LICENSE NO. | ACCOUNT NO | CATEGORY NO. |
|-------------|------------|--------------|
| 4237 | 21898 | 061001 |

BUSINESS CONTRACTOR - GENERAL

OWNER MICHAEL ROBERTS AND 623 BUCK HENDRY WAY OCATION

STATE LICENSE CGC059083

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30. PAYMENT AFTER OCTOBER 1-CONSTITUTES VIOLATION OF CITY CODE OF ORDINANCES

This occupational license does not parent the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's still or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

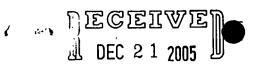
Occupational Licensing 772-288-5319

| P E | PENALTY | TRANSPA | MISCELLANEDUS | PAID |
|------------|---------|---------|---------------|--------|
| 100.00 | 0.00 | 0.00 | 0.00 | 100.00 |

BUSINESS SPECIAL FORCES REST & CONST MICHAEL ROBERTS MAME AND 623 BUCK HENDRY WAY MALING STUART, FL 34994 ADDRESS ٠٠. و کي د

DATE 08/22/2005

CHERYL WHITE CITY CLERK



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H CSM Engineers, LLC

Civil Structural Marin

BY: _____

December 15, 2005

Special Forces Barry Goss 623 Buck Hendry Way Stuart, FL 34994

RE: 7 Middle Street Truss Repair

Dear Barry,

Funding provided by the Florida Department of Tr For the truss repair at 7 Middle Street, where possible replace plates in kind اسر (i.e. similar to what is shown in the photo below). Repair the to overlapping pattern. For the ridge beam, please use the attached sketch to splice and real the beam or any other necessary connections.



If you should have any questions, please do not hesitate to contact me.

Sincerely,

Judy Perkins, PE

FL Lic. No. 62332

Inspection 2608 S.E. Willoughby Blvd. Stuart, FL. 34994

Evaluation

Design

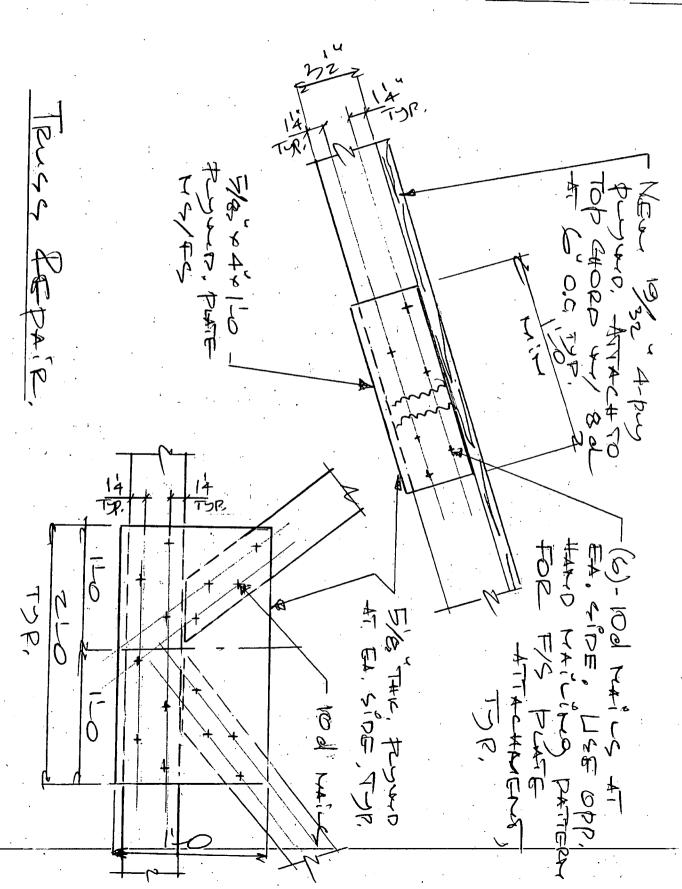
Permitting

Phone: 772-220-4601 Fax: 772-220-4603

Visit us on the Web at CSMEngineers.com S:\PROJECTS\Middle_Street_Truss\truss_letter_doc_

CSM Engineers, L.L. Civil Structural Marine

| Project: _ | 7 | MIDDLE | STREET | |
|------------|-----|--------|-------------|------|
| Sheet: | | of_ | | |
| Designed | By: | Air | Date: 12.13 | , 95 |
| Checked | By: | | Date: | |



CSM Engineers, LLC

Civil Structural Marine

December 15, 2005

Special Forces
Barry Goss
623 Buck Hendry Way
Stuart, FL 34994

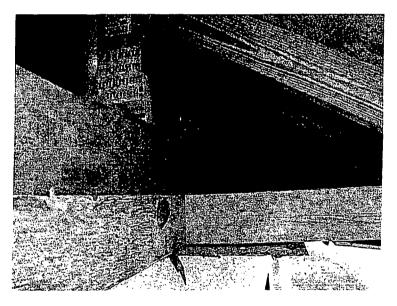
RE: 7 Middle Street Truss Repai

Dear Barry,

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 2/3/06

BUILDING OFFICIAL Gene Simmons

For the truss repair at 7 Middle Street, where possible replace the bracing, strapping and plates in kind (i.e. similar to what is shown in the photo below). Repair the top plate with an overlapping pattern. For the ridge beam, please use the attached sketch to splice and repair the beam or any other necessary connections.



If you should have any questions, please do not hesitate to contact me.

Sincerely,

Judy Perkins, PE FL Lic. No. 62332

Inspection

2608 S.E. Willoughby Blvd.

Stuart, FL. 34994

Evaluation

Design

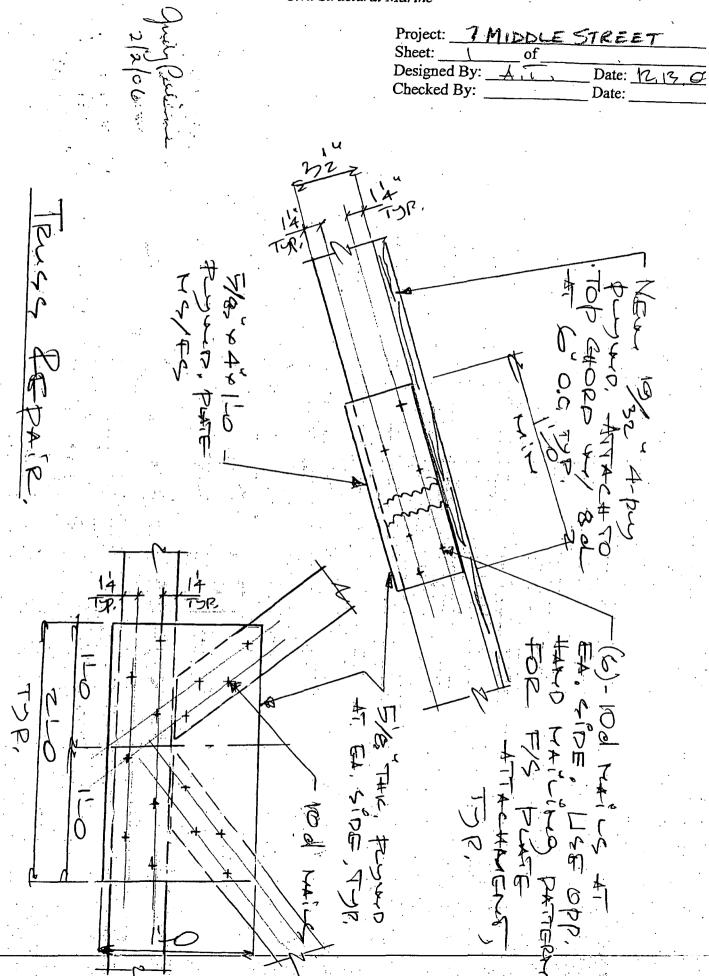
Permitting

Phone: 772-220-4601 Fax: 772-220-4603

Visit us on the Web at CSMEngineers.com
S:\PROJECTS\Middle Street Truss\truss letter.doc

CSM Engineers, L.L.C.

Civil Structural Marine



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of I | nspection: Mon Wed | □FH 2/60 | _, 2006 | Page_2 of |
|-----------|----------------------|-----------------|----------|-----------------|
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7785 | PEELSSMAN | FINAL ROOF | PASS | CLOSE |
| 8 | 28 BIO VISTA DE | | | |
| 8 | PACIFIC ROOF | | • | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7777 | CATHEN | ADDITION DRY IN | FAIL | |
| - | 47 S. SEWANISHELD | | · | |
| 5 | PACIFIC MOOFING | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7993 | GIACHINO | SLAB | PAS | / |
| | 11 WENDY LANE | 11:00 | | 201 |
| | SEA GATE BULDERS | 263-4448 | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/COMTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7580 | SILAS | IN PEGA RFG | PASS | · |
| | 10 CASTLE Huckey | | | 0.44 |
| 10 | GEN LSVCS OF FL | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 8021 | VAMPOLSKY | IN Peoa REG | FAIL | / |
| | 117 HILLEREST DE | | | 2-M |
| (OA | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 8045 | TOPPINE | 522001 N & | | Pasan |
| 1 | 7 MIDDLE PD | DEY-IN | <u> </u> | 40 100 |
| 14. | Stecial Forces | (COENER GA | react) | INSPECTOR |
| PERMIT | | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7809 | D'ARSSANDRO | ELEC-ADDITION | PASS | - PARTIAL IN DE |
| | AFMARITA WAY | | PASS | 11/ |
| 6B | 0 (B | | · | INSPECTOR: |
| OTHER: | | | | |
| | (20 CMANES N | IEST \ | | |
| | WORK B | FORE ECOAM | | |
| | | . / | | |

8455 FENCE

| TOWN OF SEWALL'S POINT | | | | | |
|---|---|--|--|--|--|
| Date 11-21-06 | BUILDING PERMIT NO. 8 4 5 5 | | | | |
| Building to be erected for 10ppmg | Type of Permit | | | | |
| Applied for by that lende | _ (Contractor) Building Fee 3()— | | | | |
| Subdivision Hall Your Lot 35 Bloc | ck Radon Fee | | | | |
| Address 1111/0 dilla roll | | | | | |
| Type of structure | Impact Fee | | | | |
| Type of Structure | A/C Fee | | | | |
| . Devel O | Electrical Fee | | | | |
| Parcel Control Number: | Plumbing Fee | | | | |
| 13-38-41-002-000-00350 | \ - \ (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| Amount Paid \$30 Check # 1262 Cash Total Construction Cost \$ 20 156 | Other Fees () | | | | |
| Total Construction Cost \$_0456 | TOTAL Fees | | | | |
| Signed Sanno Soulin Signed | John Quamas | | | | |
| Applicant | Town Building Official | | | | |
| | | | | | |
| PERMIT | | | | | |
| BUILDING BLECTRICAL PLUMBING ROOFING DOCK/BOAT L FT DEMOLITION SCREEN ENCLOSURE TEMPORARY STRUC FILL HURRICANE SHUTTE TREE REMOVAL STEMWALL | | | | | |
| INSPECTION | NS | | | | |
| | DERGROUND GAS | | | | |
| UNDERGROUND MEUHANICAL UND | DERGROUND ELECTRICAL | | | | |
| | OTING | | | | |
| | BEAM/COLUMNS | | | | |
| ROOF SHEATHING WA TRUSS ENG/WINDOW/DOOR BUCKS LAT | | | | | |
| | OF-IN-PROGRESS | | | | |
| | ECTRICAL ROUGH-IN | | | | |
| MECHANICAL ROUGHIN GA | S ROUGH-IN | | | | |
| FRAMING EA | RLY POWER RELEASE | | | | |
| | AL ELECTRICAL | | | | |
| | IAL GAS | | | | |
| | | | | | |

MASTER PERMIT NO.____

| Town o | f Sewall's Point |
|---|---|
| Date: 11/7/010 BUILDING P | ERMIT APPLICATION Permit Number: |
| OWNER/TITLEHOLDER NAME: JANICE TON | 91119 Phone (Day) 223-544/ (Fax) |
| Job Site Address: 7 MIDDLE RA | City: STURRT State: FL Zip: 34996 |
| Legal Desc. Property (Subd/Lot/Block) HIGH POINT | 10735 Parcel Number: 13-38 - 41-002-000-00350- |
| Owner Address (if different): | City:State:Zip: |
| Description of Work To Be Done: INSTALL 48' of 5' | Black Chain link + gate; 17'of 62" alum |
| WILL OWNER BE THE CONTRACTOR?: | COST AND VALUES: |
| YES NO | Estimated Cost of Construction or Improvements: \$ 3456 (Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$ |
| (If no, fill out the Contractor & Subcontractor sections below) | Is improvement cost 50% or more of Fair Market Value? YES NO |
| (If yes, Owner Builder Affidavit must accompany application) | Method of Determining Fair Market Value: |
| CONTRACTORICATION CHICAGE COM | 2004 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| . Λ | pany Phone: 288-1151 Fax: 288-3035 City: Stuart State: FL zip:34995 |
| / | > |
| State Registration Number:State Certificatio | n Number: Martin County License Number: |
| SUBCONTRACTOR INFORMATION: | |
| Electrical: | State:License Number: |
| Mechanical: | State:License Number: |
| Plumbing: | State:License Number: |
| Roofing: | State:License Number: |
| *************************************** | |
| ARCHITECT | Lic.#: Phone Number: |
| Street: | City: State: Zip: |
| | |
| ENGINEERLic | |
| Street: | City: State: Zip: |
| | |
| · | Garage:Covered Patios: Screened Porch: od Deck:Accessory Building: |
| | od Deck:Accessory Building: |
| I understand that a separate permit from the Town may be requir BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDIN | ed for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, G, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS. |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida E | Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Energy Code: 2001 Florida Accessibility Code: 2001 |
| I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED | O ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. |
| OWNER OR AGENT SIGNATURE (required) | CONTRACTOR SIGNATURE (refluired) |
| Since M Josping | / lm/ |
| (State of Florida, County of: | On State of Florida, County of: MORTIN |
| This the | This the day of Nov 2006 |
| by JANICE TOPPING who is personally | by Chester RIChmond who is personally |
| known to me or produced | known to me or produced |
| as identification January South In | As identification. Sano 5. Sould 11 |
| NOTARY PUBLIC STATE OF FLORIDA My Commission Expires: No. 1 Janis L. Loudin | NOTARY PUBLIC-STATE OF FLORIDA |
| Commission # DD538831 | Janis L. Loudin |
| PERMIT APPLICATIONS VANDUES DAYS FROM PPROV | VAL NOTIFICATION - PLEASE PICE PROHES PERMY 2 ROZDILYI |
| Bonded Thru Atlantic Bonding Co., Inc. | Bonded Thru Atlantic Bonding Co., Inc. |

| | 4C | QRD CERTIFIC | ATE OF LIABIL | JTY INS | URANCE | | 08/09/2006 |
|------------|----------------|--|---|---|--------------------------------------|--|---------------|
| ROD | UCER | *(772)334-3181 F/ | AX (772)334-7742 | THIS CERT | IFICATE IS ISSU | ED AS A MATTER OF | NEORMATION |
| Ric | k C | arroll Insurance Agency | | ONLY AND | CONFERS NO F | RIGHTS UPON THE CEI | RTIFICATE I |
| 21 | 60 N | .E. Dixie Highway | | ALTER TH | E COVERAGE AI | TE DOES NOT AMEND, FFORDED BY THE POL | EXTEND OR |
| | | ox 877 | | | | | |
| | | Beach, FL 34958-0877 | ************************************** | INSURERS A | FFORDING COV | ERAGE | NAIC# |
| ISU | | tuart Fence Company Inc | E. | INSURER A: Ha | nover Insura | nce Co. | |
| | | O Box 2636 | | INSURER B: | <u> </u> | | |
| | S | Stuart, FL 34995 | | INSURER C: | | | |
| | | • | | INSURER D: | | | |
| | | | | INSURER E: | | | |
| | /ERA | | | | | | |
| At M | NY RE | LICIES OF INSURANCE LISTED BELG QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDED S. AGGREGATE LIMITS SHOWN MA | OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H | OCUMENT WITH F EREIN IS SUBJECT CLAIMS. | RESPECT TO WHIC T TO ALL THE TERM | H THIS CERTIFICATE MAY MS, EXCLUSIONS AND COI | BE ISSUED OR |
| ISR IR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT | s |
| | | GENERAL LIABILITY | VLHJ8398159-00 | 08/08/2006 | 08/08/2007 | EACH OCCURRENCE | 1,000,000 |
| | | X COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | 100,000 |
| | [| CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | 5,000 |
| A | [| | | | | PERSONAL & ADV INJURY | 5 1,000,000 |
| | | | | | 1 | GENERAL AGGREGATE | \$ 2,000,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
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| | | HIRED AUTOS | | | | BODILY INJURY (Per accident) | s |
| | | NON-OWNED AUTOS | | | | PROPERTY DAMAGE | s |
| | | GARAGE LIABILITY | | <u>'</u> | | (Per accident) AUTO ONLY - EA ACCIDENT | \$ |
| | | ANY AUTO | | | | OTHER THAN EA ACC | s |
| | | | <u></u> | | | AUTO ONLY: AGG | \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | İ | EACH OCCURRENCE | s |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE | s |
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| | | DEDUCTIBLE | | | | | s |
| |] | RETENTION \$ | | | | | \$ |
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| | | Town of Sewalls Point | | | | ICE SHALL IMPOSE NO OBLIGA | |
| | | 1 S. Sewalls Point Road | | | | , ITS AGENTS OR REPRESENTA | |
| | | Sewalls Point, FL 34996 |) | | EPRESENTATIVE | Kut Can | AD . |
| | | | | Keith Car | TOLI/PJR | num can | · |

| The Coefficials is broad as a state of information only and coefform on only in the control of the comment of the control of the comment of | A | COR | D ™ CERTIFICATI | OF LIAB | ILITY INS | URANCE | | Octo 2/24/2006 |
|--|-------------|---|---|---|---|--|---|---------------------|
| Insured: South East Personnel Leasing, Inc. 2739 U.S. Highery 19 N. Holday, R.J. A669 Phone: (277)958-5562 COVERTAGES COVERT | Proc | lucer: | 2739 U.S. Highway 19 N. Holiday, FL 34691 | | upon the Cert | tificate Holder. This Cert | fficate does not amend, ex | |
| Tributer 8: Tributer 9: Holday, Pt. 14891 Phone: (277938-5562) Tributer 9: Trib | | | Phone: 727-838-5562 Fax: 727-937-2138 | | | Insurers Affording Cover | age | NAIC # |
| 2739 U.S. Highway 19 N. Holdayr, P.I. 3489 Phone : (727)938-5692 Tracere C: | Ine | red: S | iouth East Personnel Leasing Inc | | Insurer A: | Lion Insurance Company | | |
| HORIGIN, P. 3499 Phone: (727)939-5562 Taxable (727)939-5622 Taxable (727)939-5622 Taxabl | | | _ . | | Insurer B: | | | |
| Proof: (1/21/939-3692 Insurer E: The police of direct act study black have been repaid 8 for the policy great indicated. New-materially privide former, term or condition of any contract or other occurrence of the policy great indicated. New materials are study black and policies. Ago great from the tremmake of the policy Effective proof of the policy Effective proof of the policy and policies. Ago great from the tremmake of the policy Effective proof | | | • • | | | | | |
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| A Workers Compensation and Employers' Liability Any proprietor/patner/esseculive officer/member excluded? If Yes, describe under special provisions below Other 36485 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS Described as scribe under special provisions below COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stand Fence Company, Inc. COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stand Fence Company, Inc. COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS Lion Insurrance Company is A.M. Best Company at the scribe and the scribe | | | Any Auto | 1 | | ł | L | 5 |
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| TOWN OF SEWALLS POINT Should any of the above described notices be cancelled before the storation date thereof, the issuing insurer will ende and its most 30 days written notice to the certificate horder named to the feet, but feiture to do so shell impose no obligation or kability of any lend upon the insurer, its agents on representatives. | | | | ny is A.M. Be | | ated A- (Excellen | t). AMB # 12616 | |
| ATTN: LAURA deleted to the certificate holder named to the light, but felicine to do so shell impose no obligation or habitily of any liend upon the insurer, its agents or representatives | CE | RTIFICATE | | | | a described policies has a second- | hadron the even of the end of the control of the | |
| SEWALLS POINT FL 34988 July Pome | | | ATTN: LAURA | | endeavor to mail 30 de | eys written notice to the certificate to any fund upon the insurer, its agen | rolder named to the left, but failure to ts or representatives | |
| | | 1 S SEWALLS POINT RD. SEWALLS POINT FL 34986 Gold former | | | | | | |

ACORD 25 (100 LOB)



MARTIN COUNTY, FLORIDA Construction Industry Licensing Board Certificate of Competency

PENCE EREC'TION

License Number CFE3584 Expires: 30-SEP-08 RICHMOND, CHESTER J III STUART FENCE & WIRE 3307 RAILROAD AVE STUART, FL 34997

2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P. J. Box 9013, Stuert, FL 34995 (772) 288 (604

CHARACTER COUNTS IN MARTIN CORNER

| PREV. YR. \$ | .00 | D FEE S | 27, 30,00 |
|--------------|-------|-------------|-----------|
| \$ | .00 | ר אגניזץ | 16.50mm |
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| £ | .00 | TO ANSFER S | 100 |
| | TOTAL | 15.00 | |
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AT LOCATION USTED FOR THE PERIOD SEGMENT - ON THE

1.6 OAY OF AUGUST 06

UCENS2004-518-0(103 CERT CFE3584 PHONE (772) 283-1151 SC NO 235990

SE RAILROAD AVE STU

RECEIPT & PAYMENT LARRY C. OSTEEN 20040005180000 002 2005 001 1582. STUART FEVOE COMPAN

CHESTER - QUALIFIER FENCE COMPANY INC 08 2636

SPEART FL 34995

772 419 4110 MARTIN COUNTY 11/10/2006 '10:01 7722883035

Dan Topping

11/89/2006 89:17 7722893035

STUART FENCE

7722235441

PAGE 02/03

STUART FENCE

PAGE 81/81

EASEMENT AGREEMENT

| Date: | 11/10/0 | 6 | · |
|--------------------------|-----------------------------------|---------------------------------------|--|
| Sentlem | en: | | e mente de la companya de la company |
| I propo | se to apply for a | Martin County per | mit to erect a FENCE |
| in the | (utility/drainage | e) easement on my p | roperty at 7 MIDDLE RA |
| <u> </u> | STUART. | | . LEGAL DESCRIPTION: |
| ιο ι | 35 BLOCK | , subdivisc | M HIGH POINT |
| (Brief | description of di | | ion from property lines) |
| In the | event you have no | objection to this me at | project, please complete |
| repair and tha | or replacement of any removal or | of any portion of t | sponsible in any way for his Frich. h, necessary for your use use |
| your constr Signed | facilities in courting or mainter | chis (utility/drainance of this struc | Spone: 223-5441 |
| | Company: Mc | artin County U | t:lites |
| 304) | exist. The confl | ict consists of | al conflict (DORAL (DORA |
| • | Jun | | |

P. 002

PAGE 02/03

11/10/2006 10:05

7722883035

Don Topping

STUART FENCE 7722235441

p.1

11/89/2006 89:17 7722883035

STUART FENCE

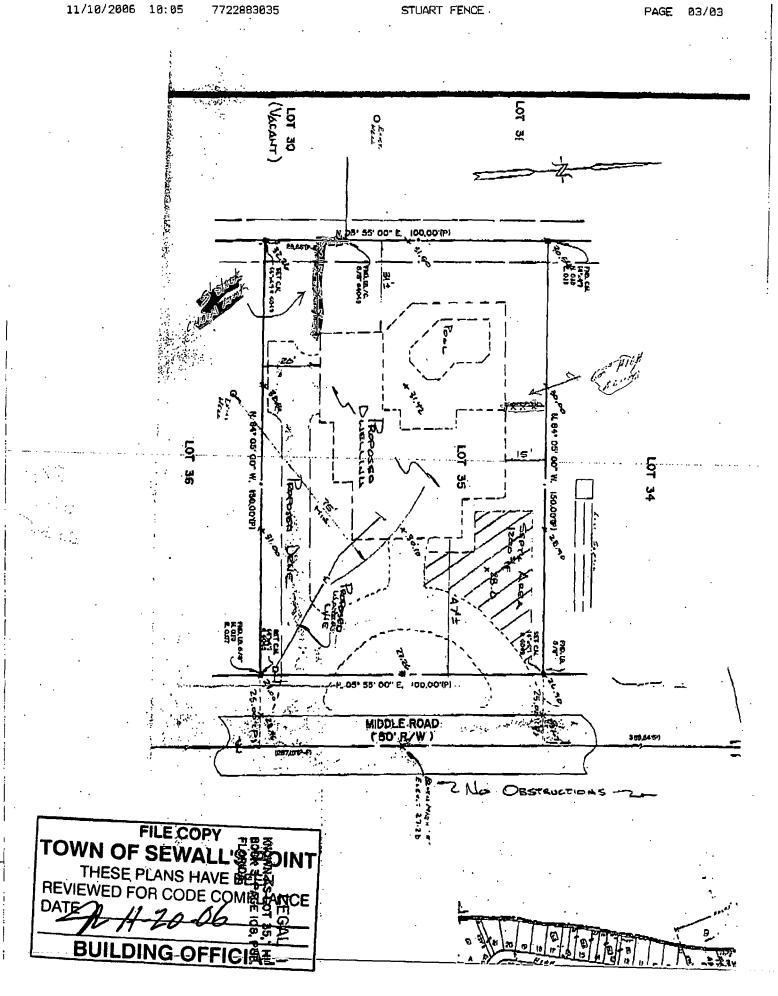
PAGE 81/81

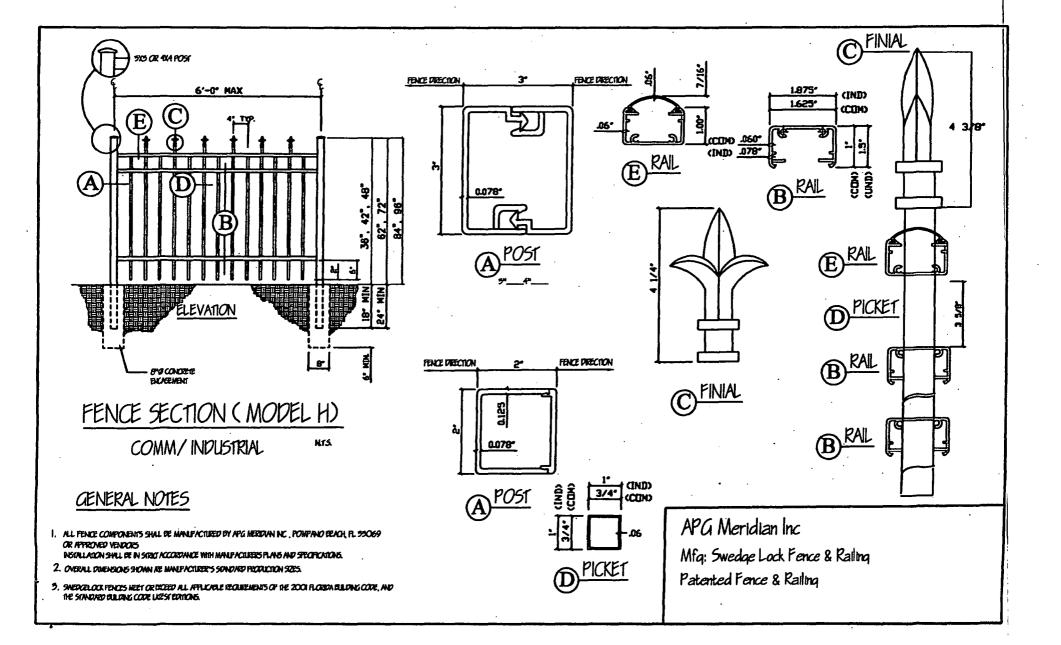
EASEMENT AGREEMENT

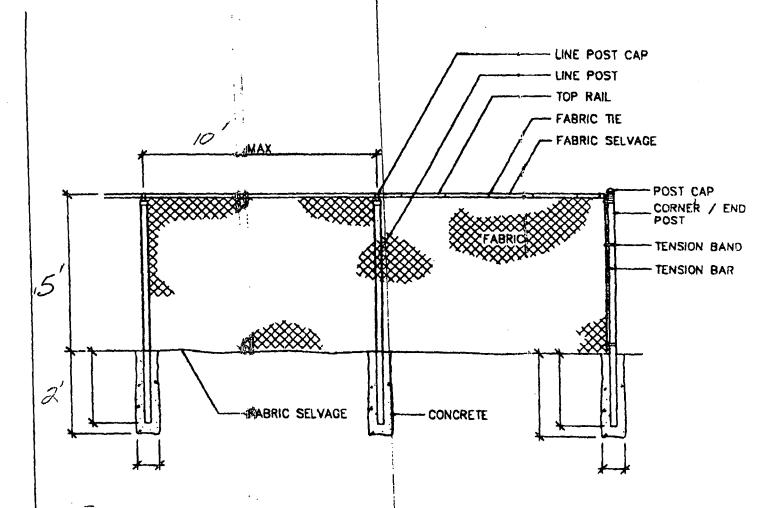
| Date: 11/10/06 |
|---|
| Gentlemen: |
| I propose to apply for a Martin County permit to erect a FENCE |
| in the (utility/drainage) easement on my property at 7 MIDDLE RD |
| STUARE . LEGAL DESCRIPTION: |
| LOT 35, BLOCK SUBDIVISION HIGH POINT |
| (Brief description of dimensions and location from property lines) |
| In the event you have no objection to this project, please complete this form and return to me at |
| Tunderstand your company will not be responsible in any way for repair or replacement of any portion of this |
| I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure. |
| signed: Lan Toping Janu M. Sprepone: 223-5441 |
| LEALCHER TO BE COMPLEMED BY DELL'Y COMPANY |
| described above. |
| Company: ComCAST |
| Ru: Jam Lamedonfu |
| minia. GIELD COOLDINGTOR |
| NOT exists The confligt consists of |
| CALL SURSHING FOR LOCATES |
| |
| |

STUART FENCE .

PAGE 03/03







CHAIN LINK FENCING DETAIL



MARTIN COUNTY, FLORIDA Construction Industry Licensing Board Certificate of Competency

FENCE EREC'TION

License Number CFE3584 Expires: 30-SEP-08 RICHMOND, CHESTER J III STUART FENCE & WIRE 3307 RAILROAD AVE STUART, FL 34997

2006-2007 MARTIN C JUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tex Collector, P 1. Box 9013, Stuart, FL 34995 (772) 288 (604

CHARACTER COUNTS IN MARTIN COMM

| | | .00 | | | 45 |
|-----------|---|--------|---|----------|----------------|
| PREV. YR. | 8 | . 1.1. | Ŀ | .FGE \$ | |
| | 5 | .00 | P | NALTY \$ | 76. F. 10. |
| | 3 | .00 | c | L. FEE 1 | 400 |
| | £ | .00 | | ANGFER S | \$4 (\$10 Os.) |
| | | TOTAL | - | 3.00 | |

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AT LOCATION LISTED FOR THE DERICO REGIONS - ON THE

1.6 OAY OF AUGUST 06

UCEME 004-518-0(1)3 CERT CFE 3584 PHONE (772) 283-1151 BIC NO 235990

SE RAILROAD AVE STU

RECEIPT of PAYMENT LARRY C. O'STEEN 99 08/15/2006 NORMA 20040005180000 002 2006 0011582. STUART FENCE COMPAN

🕏 CRESTER - QUALIFIER EENCE COMPANY INC

16 2636

MART PL 34995

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

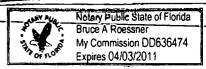
| Date of In | spection: Mon Wed | □FH 1-04 | , 200 7 | Page of Q | <u>_</u> _ |
|------------|----------------------|-----------------|----------------|---------------------------------------|---|
| PERMIT | OWNER/ADDRESS/CONTR. | | RESULTS | NOTES/COMMENTS: | |
| 0088 | toole | 200 FL beams | FAIL | | |
| a | 94 N. Sewalls Pt | fatio decks | | | |
| 8 | Walter white | | | INSPECTOR: | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | | NOTES/COMMENTS: | - |
| रिंग्डिंग | A COUNTY TO THE | Mind force | w. | Obs G | 2 |
| 1 | 7 Middle Rd | | | 04/ | 1/ |
| / | Stuart Tence | 500 No (8045) | | INSPECTOR: | / |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS | <u>-</u> |
| 8497 | bush | tanken line | 1499 | | $-\!$ |
| | 2 Mindow St | | | \ | <u>/_</u> |
| 9 | thop. bisc | | | INSPECTOR: | <i>_</i> |
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| 6694 | three | tival | 1499 | CUSE | <u> </u> |
| 1 | 113 Henry Sewalls | | | | <i>m/</i> |
| 4 | Terrellyus | | | INSPECTOR: | <u>//</u> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS | 3: |
| 7619 | Sperach | Final | 4479 | COSE | —— |
| 10 | 30WHight | | | $+$ $ \wedge$ \wedge | 4-/- |
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| 17 | 125 Sewalloft | | | | A/ |
| 1 | Ferrellias | | | INSPECTOR: | <u>/</u> |
| PERMIT | | INSPECTION TYPE | RESULTS | | 5: |
| 762 | 1 ladded | Final | J 1972 | 2 Close | |
| ース | 16EHIGN Pt | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | / |
| <u></u> | Ferrellgas | | | INSPECTOR: | / |
| OTHER | <u> </u> | | | | |
| | | | | | |
| | | | | | |

8604 ROOF REPAIR

| | • | MASIER PERMIT NO |
|--|---|----------------------------|
| T(| OWN OF SEWALL'S POI | NT |
| Date | \neg | |
| Building to be greated for 16 | <u></u> , B | UILDING PERMIT NO. 8,604 |
| Analysis to be efected for | | ype of Permit Live repairs |
| Applied for by and ma | 100 | ontractor) Building Fee |
| Subdivision High toen | Lot 35 Block | Radon Fee |
| Address Thiddle |) Rd | |
| Type of structureSFR | | |
| | | A/C Fee |
| D | | Electrical Fee |
| Parcel Control Number: | _ | Plumbing Fee |
| 133841-002 | <u>-000-60350-</u> | 120 |
| Amount Paid P120 Che | eck # 9650 Cash | Other Face (|
| Total Construction Cost \$ | CY CASI | · (プラ |
| . Star Construction Cost \$ | | TOTAL Fees 1 |
| Signed Brad & Ha | Signed | ohn Quaman |
| Applicant C |) | Town Building Official |
| | | Town Building Official |
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| BUILDING | ☐ ELECTRICAL | ☐ MECHANICAL |
| ☐ PLUMBING ☐ DOCK/BOAT LIFT | ROOFING DEMOLITION | ☐ POOL/SPA/DECK ☐ FENCE |
| SCREEN ENCLOSURE | ☐ TEMPORARY STRUCTURE | ☐ GAS |
| ☐ TREE REMOVAL | ☐ HURRICANE SHUTTERS☐ STEMWALL | ☐ RENOVATION ☐ ADDITION |
| | | |
| , | INSPECTIONS | |
| UNDERGROUND PLUMBING | UNDERGRO | UND GAS |
| UNDERGROUND MECHANICAL | UNDERGRO | UND ELECTRICAL |
| STEMWALL FOOTING | FOOTING | |
| SLAB | TIE BEAM/C | |
| ROOF SHEATHING TRUSS ENG/WINDOW/DOOR BUCKS | WALL SHEA | |
| ROOF TIN TAG/METAL | ROOF-IN-PF | ROGRESS |
| PLUMBING ROUGH-IN | | L ROUGH-IN |
| MECHANICAL ROUGH-IN | GAS ROUGI | H-IN |
| FRAMING | EARLY POV | VER RELEASE |
| FINAL PLUMBING | | |
| | FINAL ELEC | CTRICAL |
| FINAL MECHANICAL | FINAL ELEC | CTRICAL |

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| 3 4 7 | f Sewall's Point PERMIT APPLICATION Permit Number: |
|--|---|
| OWNER/TITLEHOLDER NAME: DANTEL R & JANTCE | • |
| Job Site Address: 7 MIDNE ROAD | City: STUART State: FL Zip: 34996 |
| Legal Desc. Property (Subd/Lov/Block) High Point, Lo | 735 Parcel Number: 13-38-41-002-000-00350-1 |
| Owner Address (if different): | City:State: Zip: |
| Scope of work: ROOF TILE REPAIRS | |
| WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO | COST AND VALUES: ROOF REPAIR Estimated Value of Construction or Improvements: \$ 2000.00 (Notice of Commencement required over \$2500) |
| Has a Zoning Variance ever been granted on this property? YES (YEAR) NO | Estimated Fair Market Value prior to Improvement: \$ |
| YES (YEAR) NO (Must include a copy of all variance approvals with application) | Method of Determining Fair Market Value: |
| CONTRACTOR/Company: LARDINAL ROOFI | 0c Phone: <u>335-9550</u> Fax: <u>335-9554</u> |
| Street: 1601 SES NIEMEYER CTRCLE | city: Polet 57 LUCIE State: FL zlp: 34952 |
| State Registration Number: <u>CCCD32513</u> State Certification | on Number:Municipality License Number: |
| SUBCONTRACTOR INFORMATION: | , |
| Electrical: | State:License Number: |
| Mechanical: | State:License Number: |
| Plumbing: | State:License Number: |
| Roofing: | State: License Number: |
| | Lic.#:Phone Number: |
| Street: | City:State:Zip: |
| ENGINEERL | ##************************************ |
| | c# Phone Number |
| Street: | Phone Number: |
| | - - |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: | - - |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: | City:State:Zip: |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carport: NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments. | City:State:Zip: |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carport: NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments. | City:State:Zip: |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carport: Total Under Roof NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments of the sequired from other governments and the sequired fro | City:State:Zip: |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carport: Total Under Roof NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments of the sequired from other governments and the sequired fro | Garage: Covered Patios: Screened Porch: ood Deck: Accessory Building: er restrictions applicable to this property that may be found in the public records of this mental entities such as water management districts, state agencies, or federal agencies. Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2008 Rev.) Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carport: Total Under Roof NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments and the second county of the secon | Garage: Covered Patios: Screened Porch: ood Deck: Accessory Building: er restrictions applicable to this property that may be found in the public records of this mental entities such as water management districts, state agencies, or federal agencies. Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.) Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carpon: Total Under Roof NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments and the second of the second | |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Carporl: Total Under Roof NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments of this permit, there may be other county, and there may be additional permits required from other governments of this permit, there may be other county, and there may be additional permits required from other governments. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida National Electrical Code: 2006 Florida Energy Code: 2004 I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISH KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE OF STANDING (regulired) State of Florida, County of: This the day of May 2007 by Dayled R. Opping who is personally | Garage:Covered Palios:Screened Porch: ood Deck:Accessory Building: er restrictions applicable to this property that may be found in the public records of this nental entities such as water management districts, state agencies, or federal agencies. a Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.) Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) On State of Florida, Courty of:MARTIN_ This the |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carporl: Total Under Roof O SF. WITH MOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments and there may be additional permits required from other governments and there may be other county, and there may be additional permits required from other governments. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida National Electrical Code: 2006 Florida Energy Code: 2004 I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISH KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE OF STANDING (required) State of Florida, County of: This the day of May 2007 who is personally known to me or produced County 152 - 716 - 38 - 04 | |
| AREA SQUARE FOOTAGE – SEWER – ELECTRIC Living: Carpon: Total Under Roof OSF. WITH MOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments and the second of | Garage:Covered Palios:Screened Porch: ood Deck:Accessory Building: er restrictions applicable to this property that may be found in the public records of this mental entities such as water management districts, state agencies, or federal agencies. a Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.) Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) On State of Florida, County of: |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Carporl: Total Under Roof OO SF. WO NOTICE: In addition to the requirements of this permit, there may be other county, and there may be additional permits required from other governments of this permit, there may be other county, and there may be additional permits required from other governments of this permit, there may be other county, and there may be additional permits required from other governments. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida National Electrical Code: 2006 Florida Energy Code: 2004 I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISH KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABL EWISE CRADINFORIZED AGENT SIGNATURE (required) State of Florida, County of: This the day of May 2007 who is personally known to me or produced DATES - 710-38-04 My Commission Expires: WY Commission Expires: VALERIE MEYER | Garage:Covered Patios:Screened Porch: ood Deck:Accessory Building: er restrictions applicable to this property that may be found in the public records of this mental entities such as water management districts, state agencies, or federal agencies. Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2008 Rev.) Florida Accessibility Code: 2004 Florida Fire Code 2004 ED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY LE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. CONTRACTOR SIGNATURE (required) On State of Florida, Coupty of: |



TOWN OF SEWALL'S POINT RE-ROOF PERMIT CERTIFICATION ROOF REPAIR ONLY

| PERMIT # |
|---|
| CONTRACTOR'S NAME: CARDEARL ROOFING PHONE # 335-9550 FAX: 335-9554 |
| OWNER'S NAME: DANIEL R-& JANICE M. TOPPING |
| CONSTRUCTION ADDRESS: 7 MEDDLE ROAD CITY STUART STATE FL |
| RE-ROOF:RESIDENTIAL(SINGLE FAMILY) |
| COMMERCIAL **-REMOVE/REINSTALL ROOF TOP HVAC EQUIPYESNO |
| DISCONNECT/RECONNECT HVAC ELECTRICYESNO |
| ** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION |
| ROOF TYPE: V HIP BOSTON-HIP GABLE V FLAT OTHER |
| ROOF PITCH: 7 /12 SLOPE FILE COPY |
| SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGAGERS WAD FLANS HAVE BEEN REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN PLANS HAVE BEEN INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BESUMD WED AFOR CODE COMPLIANCE TIME OF ROOFING PERMIT APPLICATION. RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PL WOOD FOR APPLICATION OF FLORIDA BUILDING CODE "2004". BPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004". |
| EXISTING ROOF COVERING: Flat Cone tile EXISTING COVERING TO BE REMOVED? YES NO ONLY PROPOSED NEW ROOF COVERING: Match 445time. |
| ····· |
| MANUFACTURER Enters PRODUCT NAME Skander PRODUCT APPR # 05-0413.01 (APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION. *WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO |
| SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION. |
| PROPOSED FLASHING: GALV/STEEL ALUMINUM COPPER OTHER |
| RIDGEVENT TO BE INSTALLED:YES |
| I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING. |
| DATE: 5-16-07 SIGNATURE OF CONTRACTOR |

| | <u>. </u> | | | | | | | |
|---|--|---|--|-------------------------------------|--------------------------------------|---|--|-----------------------------|
| 1 | <u>4C</u> | ORD CERTIFIC | ATE OF LIABII | LITY INS | URANCI | E Ì | | E (MM/DD/YYYY) 3/05/2007 |
| | | | AX 732-223-6044 | | | IED AS A MATTER OF | | |
| Co | nove | er Beyer Associates | 732-223-0044 | ONLY AND | CONFERS NO F | RIGHTS UPON THE CEI TE DOES NOT AMEND | RTIF | CATE |
| | | Highway 35 | | | | FFORDED BY THE POL | | |
| Manasquan, NJ 08736 | | | INSURERS A | AFFORDING COV | 'ERAGE | N | IAIC# | |
| INSURED Cardinal Roofing & Siding Co., Inc. | | | INSURER A: Cr | um & Forster | Specialty Ins Co | 2 | | |
| | | 1601 S.E. South Niemeye | | | ontinental Ca | | | 20443C |
| | | Port St. Lucie, FL 3495 | | | | ndustry Ins. Co | - - | |
| | | 3, 2 32. 233.3, 12 3.33 | _ | | miral Insura | | - | |
| | | | | INSURER E: | mirrar moure | ince company | - | |
| | | | | WOOKEN C. | | | !_ | |
| TI Al M | IE PO NY RE NY PE | AGES LICIES OF INSURANCE LISTED BEL- GUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDER S. AGGREGATE LIMITS SHOWN MA | OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED H | OCUMENT WITH R | ESPECT TO WHICH | H THIS CERTIFICATE MAY | BE IS | SUED OR |
| INSR | ADD'L INSRO | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT | s | |
| عبد | | GENERAL LIABILITY | GL0101182 | 03/03/2007 | 03/03/2008 | EACH OCCURRENCE | \$ | 1,000,000 |
| l | | X COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Fa occurpose) | \$ | 50,000 |
| | | CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | \$ | excluded |
| Α | | X Blanket Addt'l Ins | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | CG 2010 ed. 07/04 | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | GENL AGGREGATE LIMIT APPLIES PER: | - L | | | PRODUCTS - COMP/OP AGG | s | 2,000,000 |
| | | | · | | | PRODUCTS + COMPTOR AGG | - | 2,000,000 |
| | | AUTOMOBILE LIABILITY | 2088523583 | 06/30/2006 | 06/30/2007 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1 000 000 |
| | | X ANY AUTO | | | | (22 200,03%) | | 1,000,000 |
| В | | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ | |
| D | | X HIRED AUTOS X NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | s | |
| | | | | | | PROPERTY DAMAGE (Per accident) | s | |
| _ | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | s | |
| | İ | ANY AUTO | | | | EA ACC | s | |
| | | | | | | OTHER THAN AUTO ONLY: AGG | - - | |
| _ | | EVEROSIUM DESILA LIABILITA | | | | EACH OCCURRENCE | s | |
| | l | EXCESS/UMBRELLA LIABILITY | | | <u> </u> | | | |
| | ļ | OCCUR CLAIMS MADE | | | | AGGREGATE | \$ | |
| | l | | | | İ | | \$ | |
| | | DEDUCTIBLE | | | | | \$ | |
| | | RETENTION \$ | | | | | S | |
| | | KERS COMPENSATION AND | WC5311994 | 03/06/2007 | 03/06/2008 | X WC STATU- OTH- | 1 | |
| С | l . | LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ | 500,000 |
| | OFFI | CER/MEMBER EXCLUDED? | | | | E.L. DISEASE - EA EMPLOYER | s | 500,000 |
| | If yes SPEC | i, describe under CIAL PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 |
| | ОТН | ER | EX00000147301 | 01/01/2006 | 06/30/2007 | Limit \$1,000,0 | 00 d | occurrence |
| D | EXC | ess Auto Liability | | | | \$1,000,000 | agg | regate |
| DES | CRIPTI | ON OF OPERATIONS / LOCATIONS / VEHICL | ES / EXCLUSIONS ADDED BY ENDORSE | MENT / SPECIAL PROV | ISIONS | l | | |
| | | | | | | | | |
| | | | | | | | | • |
| Thi | s Ir | nsurance contains a 30 l | Day Written Notice of | Cancellation | n Endt*10 Day | y for non-payment | of | premium |
| CERTIFICATE HOLDER C | | | | CANCELLA | | | _ | |
| | | | | SHOULD AN | Y OF THE ABOVE DESC | CRIBED POLICIES BE CANCELI | ED BE | FORE THE |
| Town of Sewell's Point 1 South Sewall's Point Road | | | EXPIRATION | DATE THEREOF, THE | ISSUING INSURER WILL ENDE | AVOR " | TO MAIL | |
| | | | | 'S WRITTEN NOTICE TO | THE CERTIFICATE HOLDER N | IAMED | TO THE LEFT, | |
| | | | BUT FAILUR | E TO MAIL SUCH NOTI | CE SHALL IMPOSE NO OBLIGA | TION C | OR LIABILITY | |
| | | | OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. | | | | | |
| Sewall's Point, FL 34996 | | | | AUTHORIZED REPRESENTATIVE | | | | |
| 555 5 , 5 , 5 , 12 5 , 10 5 5 | | | | Warren Beyer/SBOWEN Van D. B. | | | | |
| | | | | | | | | |

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tex Collector, P.O. Box 8012, Stuart, FL 24995 (772) 288-5604 1601

SE S NIEMEYER CIR MAR

CHARACTER COUNTS IN MARTIN

 RECEIPT of PAYMENT LARRY C. O'STEEN 98 08/14/2008 NORMA 19910005200011 002 2005-0011000 CARDINAL ROOFING&SI

ROOFING&SIDING COMPANY INC

CARPINAL

S NIEMEYER CIR LUCIE, FL 34952

of ROOFING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

AND STREETE AUGUST 06

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

ALUMINUM/CONCRETE CONTRACTOR

License Number SP00862 Expires: 30-SEP-07
HOGAN, BRAD S
CARDINAL ROOFING/SIDING CORP
1601 SE SO NIEMEYER CIR
PORT ST LUCIE, FL 34952

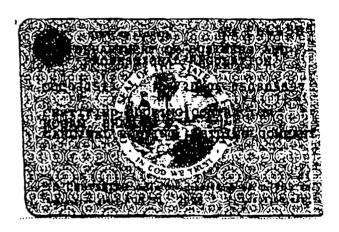
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HOGAN, BRAD 8
CARDINAL ROOFING 6 SIDING COMPANY INC
1601 SE SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE FL 34952



AUG-31,2008

DETACHHERE UCH CCC032513

DAIR GORGESTON GROUNDS TO THE CONTROL OF THE CONTRO

SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

| | ROOFING MATERIAL LIST | QUANTITY | REMARKS |
|------|--|-----------------|---------|
| 1 | Poly fram repair Cans - 242, SF. B/C SL. | | |
| 2 | Tile Screws | 1 sq 200 pc. | |
| 3 | Poly form repair cans | 5 | |
| 4 | 1- 2×2 SF. B/C SL. | / | |
| 5 | Bull | 1can | |
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BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

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

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Skandia Roof Tile

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no

change in the applicable building code negatively affecting the performance of this product.

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

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

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

This NOA renews NOA No. 00-1106.03 and consists of pages 1 through 6.

The submitted documentation was reviewed by Jorge L. Acebo

NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05

Page 1 of 6



ROOFING ASSEMBLY APPROVAL

Category:

Roofing

Sub Category:

Roofing Tiles

Material:

Concrete

1. SCOPE

This renews a roofing system using Entegra "Skandia" concrete roof tile, as manufactured for Entegra Sales, Inc. as described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, as determined by applicable Building Code, does not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

| Manufactured by | | Test | Product |
|------------------|-------------------|-----------------------|--|
| Applicant | <u>Dimensions</u> | Specifications | Description |
| Skandia. | Length: 161/2" | | Flat concrete roof tile for direct deck or |
| Skandia ABC | Width: 13" | TAS 112 | batten nail-on. |
| Duratile | | | • |
| USA "E" USA | | | |
| Trim Pieces | Length: varies | | Accessory trim, concrete roof pieces for |
| | Width: varies | TAS 112 | use at hips, rakes ridges and valley |
| | Thickness: varies | | terminations |

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

| | | Test | Product | |
|----------------------|-------------------|----------------------|------------------------|---------------------|
| Product | Dimensions | Specification | Description | Manufacturer |
| • | | <u>s</u> | | |
| | | | Corrosion resistant | Generic |
| Tile Nails | Min. 10dx 3" | TAS 114 | screw or smooth shank | (With current |
| | | Appendix E | nails | NOA) |
| | #8x 2 1/2" long | | Corrosion resistant, | |
| Tile Screws | 0.335" head dia. | TAS 114 | coated, square drive, | Generic |
| | 0.131" shank | Appendix E | galvanized, coarse | (With current |
| | dia. | | thread wood screws | NOA) |
| | 0.175" screw | | • | |
| | thread dia. | | | |
| Rainproof II | 30" x 75' roll | TAS 104 | Single ply, nail-on | Protect-O-Wrap, |
| • | 36" x 75' roll | | underlayment with 2" | Inc. |
| • | 60" x 75' roll | | self adhering top edge | |
| Ice and Water Shield | 36" x 75' roll | TAS 103 | Self-adhering | W.R. Grace Co. |
| | | | Underlayment | |
| TU Underlayment | 39 %" x 32'10" | TAS 103 | Self-adhering | Polyglass USA, |
| | roll | | Underlayment | Inc. |



NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05 Page 2 of 6

| Roof Tile Mortar ("TileTite TM ") | N/A | TAS 123 | Prepared mortar mix designed for mortar set roof tile applications | Bermuda Roof Company, Inc. |
|---|---|-----------------------|--|---------------------------------------|
| Roof Tile Mortar ("Quickrete® Roof Tile Mortar #1140) | N/A | TAS 123 | Prepared mortar mix designed for mortar set roof tile applications | Quickrete Construction Products |
| Roof Tile Mortar ("BONSAL® Roof Tile Mortar Mix) | N/A | TAS 123 | Prepared mortar mix designed for mortar set roof tile applications | W.R. Bonsal Co. |
| Roof Tile Adhesive ("Polypro® AH 160") | Various | See NOA | Two component polyurethane adhesives designed for adhesive set roof tile applications | Polyfoam Products, Inc. |
| Roof Tile Adhesive ("Tile Bond") | Factory premixed containers | See NOA | Single component polyurethane adhesives designed for adhesive set roof tile applications | Flexible Products |
| Hurricane Clip & Fasteners | Clips Min. ½" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 ½" | TAS 114 Appendix E | Corrosion resistant clips with corrosion resistant nails. | Generic (With current NOA) |

3. LIMITATIONS

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

4. INSTALLATION

- 4.1 "Entegra Sales Inc. Skandia Flat and its components shall be installed in strict compliance with Roofing Application Standard RAS 118,119, & 120
- 4.2 Data For Attachment Calculations



NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05 Page 3 of 6

| Table 1: Aerodynamic Multipliers - λ (ft ³) | | | | |
|---|--|---|--|--|
| Tile Profile | λ (ft ³) Batten Application | λ (ft ³) Direct Deck Application | | |
| Skandia | 0.267 | 0.289 | | |

| | Table | e 2: Re | storing M | loments | due to | Gravity | - Mg (ft- | lbf) | | |
|--------------------|---------|-----------------|-----------|----------------|---------|----------------|-----------|----------------------|---------|----------------|
| Tile Profile | 3": | 3": 12" 4": 12" | | 5": 12" | | 6": 12" | | 7": 12"or greater | | |
| | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck |
| Entegra Skandia | 6.85 | 7.79 | 6.75 | 7.67 | 6.61 | 7.52 | 6.44 | 7.32 | 6.26 | N/A |

| Table 3: Attachment Resistance Expressed as a Moment - M _f (ft-lbf) For Nali-On Systems | | | | |
|--|---|--|---|---------|
| Tile Profile | Fastener Type | Direct Deck (Min 15/32" plywood) | Direct Deck (Min. 19/32" plywood) | Battens |
| Skandia | 2-10d Ring Shank Nails | 30.9 | 38.1 | 17.2 |
| | 1-10d Smooth or Screw Shank Nail | 7.3 | 9.8 | 4.9 |
| | 2-10d Smooth or Screw Shank Nails | 14.0 | 18.8 | 7.4 |
| | 1 #8 Screw | 30.8 | 30.8 | 18.2 |
| | 2 #8 Screw | 51.7 | 51.7 | 24.4 |
| | 1-10d Smooth or Screw Shank Nail (Field Clip) | 24.3 | 24.3 | 24.2 |
| | 1-10d Smooth or Screw Shank Nail (Eave Clip) | 19.0 | 19.0 | 22.1 |
| | 2-10d Smooth or Screw Shank Nails (Field Clip) | 35.5 | 35.5 | 34.8 |
| | 2-10d Smooth or Screw Shank Nails (Eave Clip) | 31.9 | 31.9 | 32.2 |
| | 2-10d Ring Shank Nails ¹ | 50.3 | 65.5 | 48.3 |
| 1 Installation wit | h a 4" tile headlap and fasteners are | located a minimum of 2 | 2½" from the head of til | θ |

| Table 4: Attachment Resista For Two Patty | ance Expressed as a Mo Adhesive Set Systems | |
|---|--|-------------------------------|
| Tile Profile | Tile Application | Minimum Attachment Resistance |
| Skandia | Adhesive | 31.3 ³ |
| 2 See manufactures component approval for instance | allation requirements. | |
| 3 Flexible Products Company TileBond Average v Polyfoam Product, Inc. Average weight per patty | veights per patty 13.9 grams. | |



NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05 Page 4 of 6

| | nt Resistance Expressed as a ingle Patty Adhesive Set Syste | |
|-------------------------------------|--|----------------------------------|
| Tile Profile | Tile Application | Minimum Attachment Resistance |
| | PolyPro™ | 118.94 |
| Skandia | PolyPro™ | 40.4 ⁵ |
| 4 Large paddy placement of 45 grams | of PolyPro™. | |
| 5 Medium paddy placement of 24 gran | | |

| Table 4B: Attachm | ent Resistance Expressed as a M for Mortar Set Systems | oment - M _f (ft-lbf) |
|-------------------|---|---------------------------------|
| Tile Profile | Tile Application | Attachment Resistance |
| See specific | mortar manufacturer's Notice of Ac | ceptance. |

5. LABELING

- 5.1 All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".
- 5.2 Entegra Sales Inc., Skandia Roof Tile bears the following markings: Skandia, Skandia ABC, Duratile, USA "E" USA, where the E is a stylized logo.

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - **6.1.1** This Notice of Acceptance.
 - 6.1.2 Any other documents required by the Building Official or applicable Building Code in order to properly evaluate the installation of this system.

7. MANUFACTURING LOCATIONS

7.1 Indiantown, FL

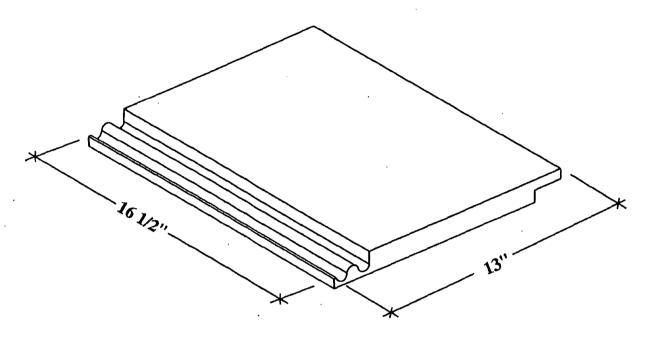


NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05

Page 5 of 6

PROFILE DRAWING

SKANDIA FLAT CONCRETE TILE



SKANDIA

END OF THIS ACCEPTANCE



NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05

Page 6 of 6



BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Birdview Skylights. 201 Longhorn Rd. Fort Worth, TX 76179

Scope: This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Aluminum Framed Polycarbonate Domed Skylight.

APPROVAL DOCUMENT: Drawing No. EB696, model "6SFD-DADE", sheets No 1 of 1, prepared by Birdview Skylights dated 07/26/00 with no revisions bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large & Small Missile Impact

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein and the dome shall be properly marked by GE Plastics.

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

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

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

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

This NOA renews NOA # 00-0524.02 it consists of this page 1 & approval document mentioned above The submitted documentation was reviewed by Candido-F. Font, P.E.

NOA No 03-0303.11 Expiration Date: July 02, 2008 Approval Date: June 05, 2003

Page 1

Birdview Skylights.

NOTICE OF ACCEPTANCE; EVIDENCE SUBMITTED

(For File ONLY. Not part of NOA)

A. DRAWINGS

Drawing No. EB696, sheets 1 & 1, model "6SFD-DADE", prepared by Birdview Skylights, dated 07/26/00, with no revisions, signed and sealed by V. N. Tolat, P.E.

B. TESTS

1. Test report on Large Missile Impact Test per PA 201, Cyclic Load Test per PA 203 and Uniform Static air Pressure Test per PA 202, on "Series 6SFD-DADE Self Flashing Aluminum/Polycarbonate Skylight", prepared by Miami Testing Laboratory, report No. K-49362 issued on 09/10/96, signed and sealed by D. G. Ober, P.E.

C. CALCULATIONS

1. Anchor Calculation, sheets 2 through 5, dated 08/21/96 and signed by D. A. Terwilleger, PE.

D. MATERIAL CERTIFICATIONS

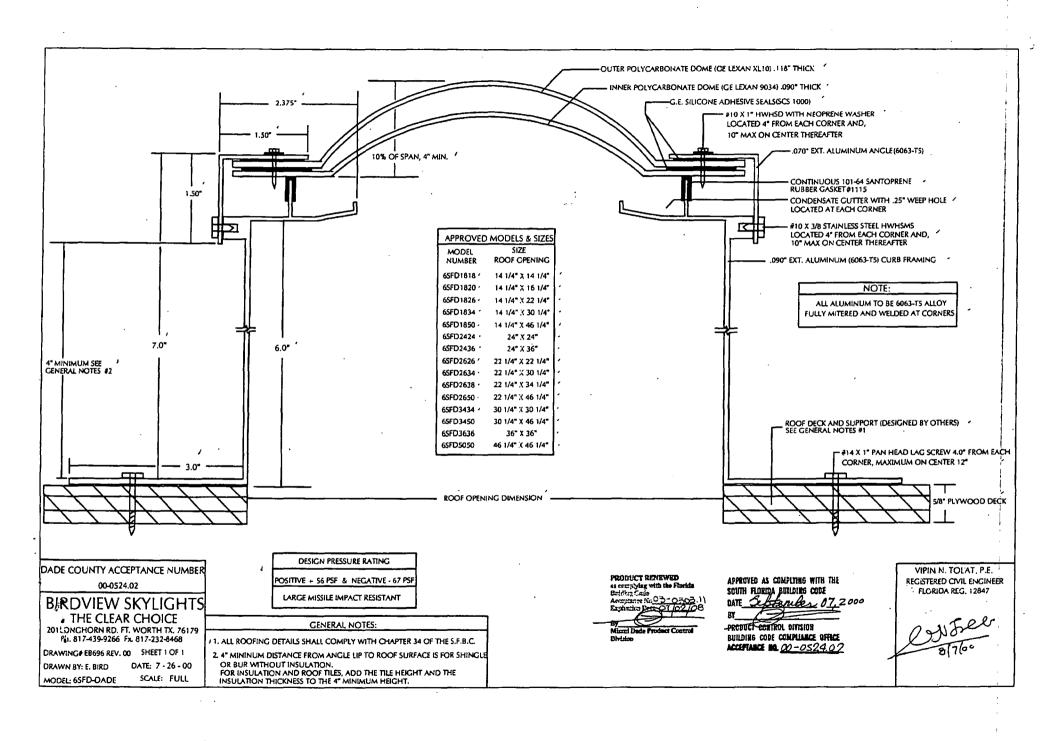
- 1. Notice of Acceptance No. 00-0718.02 issued to General Electric Company on 09/08/2000, expiring on 07/02/2003.
- 2. Extrusion drawings No. BVS-X10947-A & BVS 8554 by Tel Tower Extrusions, LTD for Birdview Skylights.

E. STATEMENTS

- 1. No change letter issued by Birdview Skylights, on 08/10/2000 and signed by E. Bird
- 2. No change letter issued by Birdview Skylights on 02/11/03 and signed by G. E. Bird

Candido F, Font, P. E. Senior Product Control Examiner NOA No 03-0303.11

Expiration Date: July 02, 2008 Approval Date: June 05, 2003



RE-ROOF (Revised 12/28/05)

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOF

IMPORTANT NOTICE: All items listed below must accompany your permit application. <u>**No.**</u> application will be accepted unless all items that are applicable are submitted.

Application form must contain the following Information:

- 1. Property Appraiser's parcel number or property control number
- 2. Legal description of property (can be found on your deed, survey or tax bill)
- 3. Contractor's name, address, phone, fax and license numbers.
- 4. Name all sub-contractors (properly licensed)
- 5. Architect or engineer name, address, & phone number.
- 6. Scope of work
- 7. Estimated cost of construction.
- 8. Original signature of owner, notarized
- 9. Original signature of contractor, notarized.

Submittals (2 copies)

- 1. Product approvals from Miami/Dade or from any testing institute approved by the Florida Building Code for the following items:
 - a. Roof System
- 2. Statement of fact (owner/builder affidavit)
- 3. Proof of ownership (deed or tax recpt.)
- 4. A certifled copy of the Notice of Commencement for any work over \$2500.00
- 5. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
- 6. Copy of certificate of workmen's compensation insurance or exemption
- 7. Copy of certificate of liability insurance

ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE

| Bruce Roessner | |
|--------------------------|--|
| (SIGNATURE OF APPLICANT) | |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of in | spection: Mon Wed | _Fri_5-21 | _, 200 7 | Page of | |
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| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: | |
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| 1 | 3 Tuscanda | AC rough | PASS | | |
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| PER .IT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: | |
| 3561 | Sharfi | Alab | PHS | | |
| E, | J3 N'Sewalls | | | $\sim M/\sim$ | |
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| 8552 | Spinfuld | dryin-metal | FAIL | , | |
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| 8541 | Mendona | Dock final | PH65 | CLOSE | |
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| | TropicMarine | | | INSPECTOR: | |
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| 2946 | BARELLE | FINAL GAS | PASS | Close / | |
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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of la | aspection: Mon Wed | XFri 6-15 | _, 200 7 | Page of |
|-------------|----------------------|-----------------|-----------------|-----------------|
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
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| | BRIOVISTA | | | |
| | Sand Cuttle | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 8604 | (COMO) | FNO | PHS | 1 009E |
| 1 | 7 Middle Pa | | | |
| 1 | Cardinal Rook. | | | INSPECTOR: |
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| | Masterpiece | | | INSPECTOR: |
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| 1 | 30 KWVistaba | <u> </u> | | |
| 4 | Certified Marine | · | | INSPECTOR: |
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| OTHER: | | | | |
| | | | | |
| | | | | |

<u>8675</u> <u>REROOF</u>



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: 8675 SCOPE OF WORK: RE-ROOF CONCRETE TILE CONDITIONS: REQUIRES AN IN PROGRESS TILE INSPECTION CONTRACTOR: CARDINAL ROOFING PARCEL CONTROL NUMBER: 1338410020000035017 SUBDIVISION HIGH POINT LOT 35 CONSTRUCTION ADDRESS: 7 MIDDLE RD OWNER NAME: DANIEL TOPPING QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 REQUISESTED 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 NISPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY REQUIRED INSPECTIONS UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEM-WALL FOOTING UNDERGROUND BLUCKS ROOF DRY-IN/METAL PROMISE SEMS WALL SHEATHING UNDERGROUND BLUCKS ROOF DRY-IN/METAL PROMISE SEMS WALL SHEATHING UNDERGROUND FLUMBING UNDERGROUND BLUCKS ROOF DRY-IN/METAL PROMISE SEMS WALL SHEATHING INSULATION MECHANICAL BOUGH-IN FRAMING METER FINAL FINAL BLUMBING FINAL PLUMBING FINAL PLUMBING FINAL ELECTRICAL FINAL GEST BUILDING FINAL FINAL FINAL GAS BUILDING FINAL | | A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS | | | | | |
|--|--|--|--|---|--|---|--|
| CONDITIONS: REQUIRES AN IN PROGRESS TILE INSPECTION CONTRACTOR: CARDINAL ROOFING PARCEL CONTROL NUMBER: 1338410020000035017 SUBDIVISION HIGH POINT LOT 35 CONSTRUCTION ADDRESS: 7 MIDDLE RD OWNER NAME: DANIEL TOPPING QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 MOTICE 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 A GENCIES, 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 RUMBING UNDERGROUND GAS UNDERGROUND GAS UNDERGROUND MECHANICAL UNDERGROUND ELECTRICAL FOOTING STAB THE BEAM/COLUMNS WALL SHEATHING THE BEAM/COLUMNS WALL S | PERMIT NUMBER | R: 8675 | | DATE ISSUED: | JULY 27, 2007 | | |
| CONTRACTOR: CARDINAL ROOFING PARCEL CONTROL NUMBER: 1338410020000035017 SUBDIVISION HIGH POINT LOT 35 CONSTRUCTION ADDRESS: 7 MIDDLE RD OWNER NAME: DANIEL TOPPING QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 FOUNDIN IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FOR MOTHER 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 PLUMBING UNDERGROUND RUCKS LATH REQUIRED LINSPECTIONS UNDERGROUND GLECTRICAL STEM-WALL FOOTING SLAB TIE BEAM/COLUMNS WALL SHEATHING INSULATION WALL SHEATHING INSULATION WALL SHEATHING INSULATION WALL SHEATHING INSULATION WALL SHEATHING INSULATION WALL SHEATHING REQUIRED INSPECTIONS PLUMBING COUGH-IN METER FINAL FINAL RECHARLAC ROUGH-IN METER FINAL FINAL RECHARLAC ROUGH-IN METER FINAL FINAL RECHARLAC HISTORY FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECARLACL FINAL RECHARLACL FINAL RECHARLACL FINAL RECHARLACL | SCOPE OF WORK | : RE-ROOF CONCRETE TILE | | | | | |
| PARCEL CONTROL NUMBER: 1338410020000035017 SUBDIVISION HIGH POINT LOT 35 CONSTRUCTION ADDRESS: 7 MIDDLE RD OWNER NAME: DANIEL TOPPING QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 ACENCIES, 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 GAS UNDERGROUND MECHANICAL STEM-WALL FOOTING SLAB TIE BEAM/COLUMNS WALL SHEATHING HIS BEAM/COLUMNS WALL SHEATHING HIS BEAM/COLUMNS WALL SHEATHING HIS BEAM/COLUMNS WALL SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS MOOF SHEATHING HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS BEAM/COLUMNS HIS | CONDITIONS: | REQUIRES A | N IN PROGRESS | TILE INSPECTION | | | |
| CONSTRUCTION ADDRESS: 7 MIDDLE RD OWNER NAME: DANIEL TOPPING QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 GAS UNDERGROUND MECHANICAL STEM-WALL FOOTING FOOTING SLAB WALL SHEATHING SLECTRICAL SIEM-WALL FOOTING SLAB WALL SHEATHING SLECTRICAL SIEM-WALL FOOTING SLAB WALL SHEATHING SLECTRICAL ROUGH-IN ROOF SHEATHING SLECTRICAL ROUGH-IN GAS MOUGH-IN GAS ROUGH-IN | CONTRACTOR: | CARDINAL | ROOFING | | | | |
| OWNER NAME: DANIEL TOPPING QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 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 MECHANICAL UNDERGROUND ELECTRICAL STEM-WALL FOOTING SHATHING UNDERGROUND MECHANICAL STEM-WALL FOOTING SHATHING UNSULATION WALL SHEATHING UNDOWN/OOOR BUCKS LATH ROOF THE BEAM/COLUMNS WALL SHEATHING UNSULATION MISSULATION MECHANICAL ROUGH-IN GAS ROUGH-IN MECHANICAL ROUGH-IN GAS ROUGH-IN MECHANICAL FINAL ELECTRICAL FINAL FINAL ELECTRICAL FINAL FINAL ELECTRICAL FINAL FINAL ELECTRICAL FINAL FINAL ELECTRICAL FINAL FINAL ELECTRICAL FINAL ELECTRICAL FINAL ELECTRICAL FINAL FINAL | <u> </u> | | 1338410020000 | 035017 | SUBDIVISION | HIGH POINT LOT 35 | |
| QUALIFIER: BRAD S. HOGAN CONTACT PHONE NUMBER: 772 335-9550 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 FIRST 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 BECHANICAL UNDERGROUND GAS UNDERGROUND ELECTRICAL STEM-WALL FOOTING FOOTING SLAB TIE BEAM/COLUMNS WALL SHEATHING TIE BOWN /TRUSS ENG INSULATION WALL SHEATHING TIE BOWN /TRUSS ENG INSULATION MUNDOW/DOOR BUCKS LATH ROOF THE IN-PROGRESS PLUMBING ROUGH-IN ELECTRICAL ROUGH-IN MECHANICAL ROUGH-IN GAS ROUGH-IN METER FINAL MECHANICAL ROUGH-IN GAS ROUGH-IN METER FINAL FINAL PLUMBING FINAL ELECTRICAL FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL GAS FINAL F | CONSTRUCTION | ADDRESS: | 7 MIDDLE RD | | | | |
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| 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 UNDERGROUND SUCKS UNDERGROU | QUALIFIER: | BRAD S. HOGAN | | CONTACT PHO | NE NUMBER: | 772 335-9550 | |
| REQUIRED INSPECTIONS UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEM-WALL FOOTING SLAB ROOF SHEATHING TIE DOWN /TRUSS ENG WINDOW/DOOR BUCKS ROOF DRY-IN/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING FINAL PLUMBING FINAL PLUMBING FINAL GAS UNDERGROUND GAS UNDERGROUND ELECTRICAL UNDERGROUND ELECTRICAL FINAL PLUMBING UNDERGROUND GAS UNDERGROUND | CERTIFIED COPY OF DEPARTMENT PRICE OF THE ADDITIONAL PERMICE DISTRICTS, STATE ACCORD TO THE ADDITIONAL PERMICE OF THE ADDITIONAL PERMICE OF THE ACCORD TO THE ACCORD TO THE ACCORD TO THE ACCORD TO THE ACCORD TO THE ACCORD | OF THE RECORD OR TO THE FIRST ON TO THE REQUEST THAT T'S REQUIRED FRED ECHOLIES, OR FELE COURED FOR INST | ED NOTICE OF (IT REQUESTED I IT REMENTS OF TH IT MAY BE FOUNT OM OTHER GOVE DERAL AGENCIES. SPECTIONS – ALL | COMMENCEMENT INSPECTION. HIS PERMIT, THERE DIN PUBLIC RECORIERNMENTAL ENTITE CONSTRUCTION D | MUST BE SUBMIT MAY BE ADDITION DS OF THIS COUNT TES SUCH AS WATE | ITED TO THE BUILDING VAL RESTRICTIONS Y, AND THERE MAY BE R MANAGEMENT BE AVAILABLE ON SITE | |
| UNDERGROUND MECHANICAL STEM-WALL FOOTING SLAB ROOF SHEATHING TIE BEAM/COLUMNS WALL SHEATHING TIS DOWN /TRUSS ENG WINDOW/DOOR BUCKS LATH ROOF DRY-IN/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING FINAL PLUMBING FINAL PLUMBING FINAL MECHANICAL FINAL MECHANICAL FINAL MECHANICAL UNDERGROUND ELECTRICAL FINAL GAS TIE BEAM/COLUMNS WALL SHEATHING INSULATION ROOF TILE IN-PROGRESS ELECTRICAL ROUGH-IN GAS ROUGH-IN METER FINAL FINAL ELECTRICAL FINAL GAS | REQUIRED INSPECTIONS | | | | | | |
| | UNDERGROUND MECHAL STEM-WALL FOOTING SLAB ROOF SHEATHING TIE DOWN /TRUSS ENG WINDOW/DOOR BUCKS ROOF DRY-IN/METAL PLUMBING ROUGH-IN MECHANICAL ROUGH-IN FRAMING FINAL PLUMBING FINAL MECHANICAL | NICAL | | UNDERGRO FOOTING TIE BEAM/O WALL SHEA INSULATION LATH ROOF TILE I ELECTRICAL GAS ROUGH METER FINA FINAL GAS | OUND ELECTRICAL COLUMNS THING N N-PROGRESS ROUGH-IN H-IN AL TRICAL | | |

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.

| Pate: DATE: 7-25-07 | Permit Number: |
|---|---|
| TOWN OF SEWALL'S POINT Town of Sewall | |
| BUILDING PERMIT A | |
| OWNERTITLEHOLDER NAME: Daniel To pring | Phone (Day) 285-9430 (Fax) |
| Job Site Address: 7 Middle Road | City: Stuar State: FL zip: 34996 |
| Legal Desc. Property (Subd/Lot/Block) HIGH Point LOT 35 | Parcel Number: 13-3/8-41-002-000-00350- |
| · · · · · · · · · · · · · · · · · · · | City: |
| Description of Work To Be Done: | |
| WILL OWNER BE THE CONTRACTOR?: Yes No | (If no, fill out the Contractor & Subcontractor sections below) |
| CONTRACTOR/Company: Cardinal Rooking | Phone: 335-9590 Fax: 335-9594 |
| Street: 1601 St. S. Wiemeyer Circle | |
| $\boldsymbol{\sigma}$ | C((032513Martin County License Number: 01761 |
| COST AND VALUES: Estimated Cost of Construction or Improvements: \$ | (Notice of Commencement needed over \$2500) |
| SUBCONTRACTOR INFORMATION: | |
| Electrical:S | tate:License Number: |
| Mechanical:St | ate:License Number: |
| Plumbing:S | tate:License Number: |
| Roofing:S | tate:License Number: |
| | *************************************** |
| | Phone Number: Citv: State: Zip: |
| Street: | |
| ENGINEER | Phone Number: |
| Street: | City:State:Zip: |
| | |
| · · · · · · · · · · · · · · · · · · · | age:Covered Patios: Screened Porch: |
| Carport: Total Under Roof 300 SFWood Deck: | Accessory Building: |
| I understand that a separate permit from the Town may be required for ELEGENERACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSOR REMOVAL AND RELOGENERACE. | Y BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE |
| | Building Code (Structural, Mechanical, Plumbing, Gas): 2004 いった de: 2004 に このけ このけ このけ このけ このけ このけ このけ このけ こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう こうしゅうしゅう しゅう |
| I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, I | |
| OWNEROR AGENT SIGNATURE (required) | CONTRACTOR SIGNATURE/Imaquired) |
| | On State of Florida, County of: MARHN |
| this the 6th day of Tuly ,2007 by DAN Toffing who is personally | This the 9th day of JKLY 2007 by BRAD S. HOGAN who is personally |
| | known to me or produced |
| a | As identification. Bruss A. Rossner |

My Commission

Netary But Baland of Planda Bruce A Roessner

4-3-201

My Commission Exercise

Notary Public State of Florida Bruce A Roessner

4-3-2011

My Commission DD636474

Expires 04/03/2011

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION – PLEAS PPICK LEXIVES 04/03/2011

NOTICE OF COMMENCEMENT

00350-17 Martin

| PERMIT # | COUNTY OF MAN TIP |
|---|--|
| THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWS OF COMMENCEMENT. | |
| LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF | AVAILABLE): |
| High Point LOT 35 | |
| GENERAL DESCRIPTION OF IMPROVEMENT: (2100) | |
| OWNER: Daniel R & Janke M TOP | piry |
| ADDRESS: 7 middle Rd Stuat, R | . • |
| PHONE #: 285 - 9430 F | AX #: |
| CONTRACTOR: Cardinal ROOFING | |
| ADDRESS: 1601 SE S NIEMETER CIT | TL PSI, FE 34952 |
| PHONE #: 335 - 9550 F | AX #: 335 - 5554 |
| SURETY COMPANY (IF ANY) | STATE OF FLORIDA |
| ADDRESS: | MARTIN COUNTY |
| | THIS IS TO CERTIFY THAT THE AX #FOREGOING PAGES IS A TRUE |
| BOND AMOUNT: | AND CORRECT COPY OF THE ORIGINAL. |
| LENDER: | MARSHA EWING, CLERK CUPUS COUNTY, FOR |
| ADDRESS: | DATE: 1.2507 |
| PHONE #: | AX #: |
| PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UP BE SERVED AS PROVIDED BY SECTION 713. (3(1)(A)7., FLORIDA STATUE | |
| NAME: | |
| ADDRESS: | |
| · / | AX #: |
| IN ADDITION TO HIMSELF, OWNER DESIGNATES | |
| OF TO RECEIVE A COPY OF THE TIME TO THE TOTAL TO THE TIME T | HE LIENOR'S NOTICE AS PROVIDED IN SECTION |
| | AX #: |
| EXPIRATION DATE OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDINABOVE. | NG UNLESS A DIFFERENT DATE IS SPECIFIED |
| | |
| Van 1 garing | |
| SIGNATURE OF OVINCES | 444 040 |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF BY DAY. | JULY 2007 |
| | PERSONALLY KNOWN TPRODUCED ID |
| 0 | TYPE OF ID |
| Demine Lemma | Makin Out. Sale of Manufe |
| NOTARYSIGNATURE | Notice Published of Florida Published Deni Lema |

SEAL:

INSTR & 2028487 OR BK 02266 PG 1404 RECD 07/25/2007 02:14:14 PM Pg 1404; (1pg) MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mgr)

My Commission Dr - 10554

Expires 03/23/2009



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

BUILDING PERMIT RECEIPT

| PERMIT NUMBER: | 8675 | | | | | |
|---|--|---------------------|----------------|--------------|--------|--|
| ADDRESS | 7 MIDDLE RD | | | | | |
| DATE: | JULY 27,2007 | | | | | |
| | | | | | | |
| SINGLE FAMILY OR | ADDITION /REMO | DEL D | eclared Value | \$ | | |
| | · _ | | | | | |
| Plan Submittal Fee (\$3 | 350.00 SFR, \$175.00 | Remodel | < \$200K) | \$ | | |
| (No plan submittal fee | | | | | | |
| Total square feet air-conditioned space: (@ \$104.65 per sq. ft.) | | | | s.f. | | |
| Total square for all or | one of the original of the ori | 9 4 10 1100 | 301 34. 14.) | 3.2. | | |
| Total square feet non- | conditioned space: (| @ \$48 90 r | per so ft) | s.f. | | |
| Total square feet hon- | conditioned space. (| <u>ω, ψ 10.50 μ</u> | or sq. 1t.) | 3.1. | | |
| Total Construction Va | lue: | | | \$ | | |
| Total Constituction va | iuc. | | | " | | |
| Building fee: (2% of c | onstruction value SE | P or >\$200 |)V) | \$ | | |
| Building fee: (1% of c | | | | 3 | | |
| | | | | <u>σ</u> | | |
| Total number of inspec | ctions (value < \$200 | K) (0/3/3 e | a. | \$ | | |
| D 1 D (0.005 | | | | | | |
| Radon Fee (\$.005 per | sq. ft. under root): | | | \$ | | |
| | | | | | | |
| DBPR Licensing Fee: (\$.005 per sq. ft. under roof) | | | | \$_ | | |
| Road impact assessme | ` | tion value | - \$5.00 min.) | | | |
| Martin County Impact | t Fee: | | | \$ | | |
| | | | | | | |
| TOTAL BUILDING | PERMIT FEE: | | | \$ | | |
| | | | | | | |
| | | | | | | |
| A COECCODY DEDMI | Tr. | D 1- 1 | 37.1 | <u> </u> | 27.400 | |
| ACCESSORY PERMI | <u> </u> | Declared | value: | \$ | 37,490 | |
| <u> </u> | | | | | | |
| Total number of inspec | ctions (a) \$75.00 each | 1 | 3 | \$ | 225 | |
| | | | | | | |
| Road impact assessme | nt: (.04% of construc | tion value | - \$5.00 min.) | \$ | 15 | |
| | | | | | 1 | |
| TOTAL ACCESSOR | Y PERMIT FEE: | | | \$_ | 240 | |
| | | | | | | |
| | | | | | | |

TOWN OF SEWALL'S POINT OWNER/BUILDER DISCLOSURE STATEMENT

| APPLICABLE ONLY | TO OWNER-OCCUPIED | SINGLE FAMILY | RESIDENCES AN | ID ACCESSORY | STRUCTURES |
|------------------------|-------------------|---------------|----------------------|--------------|-------------------|
| | | | | | |

| PERMIT NUMBER |
|---------------|
|---------------|

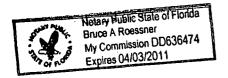
OWNER/BUILDER DISCLOSURE STATEMENT

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 OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)
- 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. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

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 THOROUG OWNER/BUILDER DISCLOSURE STATEMENT ON T | GHLY REAL THIS <u>2.5</u> | AND COMP | ETELY UNDERST | AND THE PRECED , 20 <u>ø 7</u> | ING PAGE OF THE |
|---|------------------------------|----------|---------------|--|-----------------|
| PROPERTY ADDRESS 7 - Middle Rd | • | | | | · |
| CITY Sewalls Pt. | STATE_ | F(, | ZIP_34996 | | |
| Bral S Ha | | | | | |
| SIGNATURE OF OWNER/BUILDER | | | • | | |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS (| DAY OF | | • | • | |
| 2007 BY BRAD S. HOGAN | | | | | |
| PERSONALLY KNOWN OR PRODUCED ID TYPE OF ID | | | | | |
| | | | • | | |
| Bruce A. Rosoner NOTARY SIGNATURE | | | | | |



TOWN OF SEWALL'S POINT RE-ROOF PERMIT CERTIFICATION

| PERMIT # |
|---|
| CONTRACTOR'S NAME: Carlina Rofins PHONE #: 335-9550 FAX: 335-7554 |
| OWNER'S NAME: BRADE CAN DONIEL TOPPING |
| CONSTRUCTION ADDRESS: 7 - Middle Rd. CITY Sewelle H STATE FL. |
| RE-ROOF:RESIDENTIAL(SINGLE FAMILY) |
| COMMERCIAL **REMOVE/REINSTALL ROOF TOP HVAC EQUIPYESNO |
| **DISCONNECT/RECONNECT HVAC ELECTRICYESNO |
| " REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION |
| ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER |
| ROOF PITCH: 75 /12 SLOPE |
| ROOF PITCH: Z /12 SLOPE ROOF DECK: SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTED SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN. INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BE SUBMITTED STATEMENT TIME OF ROOFING PERMIT APPLICATION. RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION NEW PLYWOOD PANELS) REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004". |
| FLORIDA BUILDING CODE "2004". |
| SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED: SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID OPCK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004". |
| EXISTING DECK TO REMAIN/REPAIRED |
| EXISTING ROOF COVERING: Cove. Tile #90-#30 EXISTING COVERING TO BE REMOVED? YES NO |
| PROPOSED NEW ROOF COVERING: Core, tile, #30 #90 HOT MOP |
| MANUFACTURER Entera PRODUCT NAME Standia PRODUCT APPR # 05-04/3.01 |
| (APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION. |
| "WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION. |
| PROPOSED FLASHING:GALV./STEELALUMINUMCOPPEROTHER Galvalane 26 GA. |
| RIDGEVENT TO BE INSTALLED:YESNO DESCRIPTION OF Remove existing tile #50 #30 to the world dak renail dak. |
| Install #30 felt New fleshing HM # 90 MSTU. Sustall New flat tile with 2 screws patite. Justill trum tiles over galor channel with poly from some |
| I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING. |
| SIGNATURE OF CONTRACTOR DATE: 7-25-07 |

SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

| | ROOFING MATERIAL LIST | QUANTITY | REMARKS |
|------|---|-----------------------------|---------|
| 11 | 8 pd. gelv. RS. Nails | 100 lbs. | |
| 2 | | 150 CFt. | |
| 3 | Falvalume valley 4X5 galvalume | 90 LFt. | |
| 4 | Calvalume Counte fleshing | 90 LFt. | |
| 5 | Lead page fleshing. | 4 pc. | |
| 6 | 2×2 drys gelvelune | 45 pe. | |
| 7 | ASTM D-226 #30 felt | 4 pc. 45 pc. 30 rolls | |
| 8 | #90 MSTU. | 60 rolle | |
| 9 | Type IV asphilt | 1800 lbs. | |
| 10 | Simply Nails | 2 B ox | |
| 11 | 14. Calmarale | 3 Box | |
| 12 | Dade tim tags | 2 B ox | |
| 13 | Dade tim tage Bull Sgallon Tile Screws H+R"V" | 9 cana 11,000 pc | |
| 14 | Tile Screws | 11,000 pc | |
| · 15 | HOR "V" | 280pe. | |
| 16 | Flat Conc. tile - | 280pc. | |
| 17 | Roof tile coment | 14 Bags | |
| 18 | 1 Sand | lyd. | |
| 19 | Hat channel selv. | 28 pc | |
| 20 | Gromet Screws | 600 рг. | |
| 21 | Hat channel gel. Gromet Screws Poly Form Cane | 20 | |

RE-ROOF (Revised 12/28/05)

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOF

IMPORTANT NOTICE: All items listed below must accompany your permit application. **No** application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

- 1. Property Appraiser's parcel number or property control number
- 2. Legal description of property (can be found on your deed, survey or tax bill)
- 3. Contractor's name, address, phone, fax and license numbers.
- 4. Name all sub-contractors (properly licensed)
- 5. Architect or engineer name, address, & phone number.
- 6. Scope of work
- 7. Estimated cost of construction.
- 8. Original signature of owner, notarized
- 9. Original signature of contractor, notarized.

Submittals (2 copies)

- 1. Product approvals from Miami/Dade or from any testing institute approved by the Florida Building Code for the following items:
 - a. Roof System
- 2. Statement of fact (owner/builder affidavit)
- 3. Proof of ownership (deed or tax recpt.)
- 4. A certified copy of the Notice of Commencement for any work over \$2500.00
- 5. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
- 6. Copy of certificate of workmen's compensation insurance or exemption
- 7. Copy of certificate of liability insurance

ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE

| | Bruce Roessner | |
|-----------------|--------------------------|--|
| | (SIGNATURE OF APPLICANT) | |
| DATE SUBMITTED: | 7-25-2007 | |

TOWN OF SEWALL'S POINT RE-ROOF PERMIT CHECKLIST

THE FOLLOWING MINIMUM REQUIREMENTS MUST BE PROVIDED FOR PERMITTING AND INSPECTIONS:

| RESIDENTIAL RE-ROOFS: |
|--|
| ✓ 1 COPY PERMIT APPLICATION ✓ 2 COPIES COMPLETE LIST OF PROPOSED MATERIALS ✓ 2 COPIES RE-ROOF CERTIFICATION FORM ✓ 2 COPIES FLA. PRODUCT APPROVAL FOR ALL PRODUCTS USED |
| manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load). location of proposed re-roof area (if only a partial re-roof) please use plain white paper |
| COMMERCIAL RE-ROOFS: 1 COPY PERMIT APPLICATION 2 COPIES COMPLETE LIST OF PROPOSED MATERIALS 2 COPIES RE-ROOF CERTIFICATION FORM 2 COPIES ROOF PLAN: - show all features (pitch, drains, equipment, etc.) - details: 3/4" = 1'.0" min. scale -parapet or edge -rooftop mounting or equipment expansion joints - type of roofing (& insulation if any) being removed - type of roof deck 2 COPIES FLA. PRODUCT APPROVALS FOR ALL PRODUCTS USED manufacturers complete roofing system specifications & installation guidelines (include fastening schedule meeting minimum area wind load). 1 COPY CONTRACTOR VERIFICATION FORM (IF REQUIRED) - contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC/electric is |
| disconnected/reconnected. All Product Approval & Installation Spec's must be on the job site for inspection. |

CHECK SUBDIVISION DEED RESTRICTIONS



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

NOTICE OF ACCEPTANCE (NOA)

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

Scope:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Skandia Roof Tile

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

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

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

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

This NOA renews NOA No. 00-1106.03 and consists of pages 1 through 6.

The submitted documentation was reviewed by Jorge L. Acebo

NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05

Page 1 of 6

ROOFING ASSEMBLY APPROVAL

Category:

Roofing

Sub Category:

Roofing Tiles

Material:

Concrete

1. SCOPE

This renews a roofing system using Entegra "Skandia" concrete roof tile, as manufactured for Entegra Sales, Inc. as described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, as determined by applicable Building Code, does not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

| Manufactured by | | Test | Product |
|------------------|-------------------|-----------------------|--|
| Applicant | Dimensions | Specifications | Description |
| Skandia. | Length: 161/2" | | Flat concrete roof tile for direct deck or |
| Skandia ABC | Width: 13" | TAS 112 | batten nail-on. |
| Duratile | | | |
| USA "E" USA | | | |
| Trim Pieces | Length: varies | | Accessory trim, concrete roof pieces for |
| | Width: varies | TAS 112 | use at hips, rakes ridges and valley |
| | Thickness: varies | | terminations |

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

| | • | Test | Product | |
|----------------------|-------------------|----------------------|------------------------|---------------------|
| Product | Dimensions | Specification | Description | Manufacturer |
| | | <u>s</u> | | |
| | | | Corrosion resistant | Generic |
| Tile Nails | Min. 10dx 3" | TAS 114 | screw or smooth shank | (With current |
| | | Appendix E | nails | NOA) |
| | #8x 2 1/2" long | | Corrosion resistant, | |
| Tile Screws | 0.335" head dia. | TAS 114 | coated, square drive, | Generic |
| | 0.131" shank | Appendix E | galvanized, coarse | (With current |
| | dia. | | thread wood screws | NOA) |
| | 0.175" screw | | • | , |
| | thread dia. | | _ | |
| Rainproof II | 30" x 75' roll | TAS 104 | Single ply, nail-on | Protect-O-Wrap, |
| | 36" x 75' roll | | underlayment with 2" | Inc. |
| • | 60" x 75' roll | | self adhering top edge | |
| Ice and Water Shield | 36" x 75' roll | TAS 103 | Self-adhering | W.R. Grace Co. |
| | | | Underlayment | |
| TU Underlayment | 39 %" x 32'10" | TAS 103 | Self-adhering | Polyglass USA, |
| | roll | | Underlayment | Inc. |



NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05

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| Roof Tile Mortar ("TileTiteTM") | N/A | TAS 123 | Prepared mortar mix designed for mortar set roof tile applications | Bermuda Roof Company, Inc. |
|---|---|-----------------------|--|---------------------------------------|
| Roof Tile Mortar ("Quickrete® Roof Tile Mortar #1140) | N/A | TAS 123 | Prepared mortar mix designed for mortar set roof tile applications | Quickrete Construction Products |
| Roof Tile Mortar ("BONSAL® Roof Tile Mortar Mix) | N/A | TAS 123 | Prepared mortar mix designed for mortar set roof tile applications | W.R. Bonsal Co. |
| Roof Tile Adhesive ("Polypro® AH 160") | Various | See NOA | Two component polyurethane adhesives designed for adhesive set roof tile applications | Polyfoam Products, Inc. |
| Roof Tile Adhesive ("Tile Bond") | Factory premixed containers Clips | See NOA | Single component polyurethane adhesives designed for adhesive set roof tile applications | Flexible Products |
| Hurricane Clip & Fasteners | Min. ½" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 ½" | TAS 114 Appendix E | Corrosion resistant clips with corrosion resistant nails. | Generic (With current NOA) |

3. LIMITATIONS

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

4. INSTALLATION

- 4.1 "Entegra Sales Inc. Skandia Flat and its components shall be installed in strict compliance with Roofing Application Standard RAS 118,119, & 120
- 4.2 Data For Attachment Calculations



NOA No.: 05-0413.01 Expiration Date: 12/08/10 Approval Date: 12/08/05

| Tab | Table 1: Aerodynamic Multipliers - λ (ft ³) | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|
| Tile Profile | λ (ft ³) Batten Application | λ (ft ³) Direct Deck Application | | | | | | | |
| Skandia | 0.267 | 0.289 | | | | | | | |

| Table 2: Restoring Moments due to Gravity - Mg (ft-lbf) | | | | | | | | | | |
|---|---------|----------------|-------------|----------------|---------|----------------|---------|----------------|---------------|----------------|
| Tile Profile | 3": | 12" | 4 ": | 12" | 5": | 12" | 6": 1 | 12" | 7": 1 grea | |
| | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck |
| Entegra Skandia | 6.85 | 7.79 | 6.75 | 7.67 | 6.61 | 7.52 | 6.44 | 7.32 | 6.26 | N/A |

| Table 3: Attachment Resistance Expressed as a Moment - M _f (ft-Ibf) For Nail-On Systems | | | | | | | | |
|---|---|--|---|---------|--|--|--|--|
| Tile Profile | Fastener Type | Direct Deck (Min 15/32" plywood) | Direct Deck (Min. 19/32" plywood) | Battens | | | | |
| Skandia | 2-10d Ring Shank Nails | 30.9 | 38.1 | 17.2 | | | | |
| | 1-10d Smooth or Screw Shank Nail | 7.3 | 9.8 | 4.9 | | | | |
| | 2-10d Smooth or Screw Shank Nails | 14.0 | 18.8 | 7.4 | | | | |
| | 1 #8 Screw | 30.8 | 30.8 | 18.2 | | | | |
| | 2 #8 Screw | 51.7 | 51.7 | 24.4 | | | | |
| | 1-10d Smooth or Screw Shank Nail (Field Clip) | 24.3 | 24.3 | 24.2 | | | | |
| | 1-10d Smooth or Screw Shank Nail (Eave Clip) | 19.0 | 19.0 | 22.1 | | | | |
| | 2-10d Smooth or Screw Shank Nails (Field Clip) | 35.5 | 35.5 | 34.8 | | | | |
| | 2-10d Smooth or Screw Shank Nails (Eave Clip) | 31.9 | 31.9 | 32.2 | | | | |
| | 2-10d Ring Shank Nails ¹ | 50.3 | 65.5 | 48.3 | | | | |

| | sistance Expressed as a Mo Patty Adhesive Set Systems | | | | | | |
|--|--|-------------------|--|--|--|--|--|
| Tile Profile Tile Application Minimum Attach | | | | | | | |
| Skandia | Adhesive | 31.3 ³ | | | | | |
| 2 See manufactures component approval for | installation requirements. | | | | | | |
| Flexible Products Company TileBond Aver Polyfoam Product, Inc. Average weight per | age weights per patty 13.9 grams. | | | | | | |



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| • | nt Resistance Expressed as a Ingle Patty Adhesive Set Syste | | | | | | |
|--|--|--------------------|--|--|--|--|--|
| Tile Profile Tile Application Minimum Attachm Resistance | | | | | | | |
| | PolyPro™ | 118.9 ⁴ | | | | | |
| Skandia | PolyPro TM | 40.45 | | | | | |
| 4 Large paddy placement of 45 grams | of PolyPro™. | | | | | | |
| 5 Medium paddy placement of 24 gra | ms of PolyPro™. | | | | | | |

| Table 4B: Attachm | ent Resistance Expressed as a M for Mortar Set Systems | oment - M _f (ft-lbf) |
|-------------------|--|---------------------------------|
| Tile Profile | Tile Application | Attachment Resistance |
| See specific | mortar manufacturer's Notice of Ac | ceptance. |

5. LABELING

- 5.1 All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".
- 5.2 Entegra Sales Inc., Skandia Roof Tile bears the following markings: Skandia, Skandia ABC, Duratile, USA "E" USA, where the E is a stylized logo.

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Any other documents required by the Building Official or applicable Building Code in order to properly evaluate the installation of this system.

7. MANUFACTURING LOCATIONS

7.1 Indiantown, FL

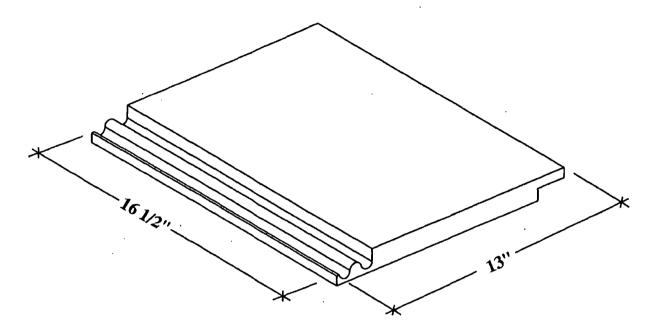


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PROFILE DRAWING

SKANDIA FLAT CONCRETE TILE



SKANDIA

END OF THIS ACCEPTANCE



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|-------------------|-----------------|---------------------------------------|--|--|--|--|---|---|
| PRO CO 26 | DUCER DOVE | 732-22 er Beyer Highway | 3-9700 F Associates 35 | FAX 732-223-6044 | THIS CERT | TIFICATE IS ISSU CONFERS NO F THIS CERTIFICA | JED AS A MATTER OF RIGHTS UPON THE CE TE DOES NOT AMEND FFORDED BY THE PO | INFORMATION ERTIFICATE D, EXTEND OR |
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| | ; | | • | | INSURER D: AC | dmiral Insura | ance Company | • |
| | | | | | INSURER E: | <u> </u> | • | |
| TI A M P | HE PONY REAY PE | QUIREMEN ERTAIN, THE ES. AGGREO | IT, TERM OR CONDITION E INSURANCE AFFORDE | OW HAVE BEEN ISSUED TO THE II I OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED H AY HAVE BEEN REDUCED BY PAID | OCUMENT WITH R IEREIN IS SUBJEC' CLAIMS. | RESPECT TO WHICH T TO ALL THE TERM | H THIS CERTIFICATE MAY | BE ISSUED OR |
| INSR LTR | ADD'L NSRD | TYF | PE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMI | TS |
| | | GENERAL LI | ABILITY | GL0101182 | 03/03/2007 | 03/03/2008 | EACH OCCURRENCE | \$ 1,000,00 |
| | | | RCIAL GENERAL LIABILITY | | | 1 | DAMAGE TO RENTED PREMISES (Fa occurrence). | s 50,00 |
| | | | AIMS MADE X OCCUR | | | İ | MED EXP (Any one person) | \$ exclude |
| Α | | <u> </u> | ket Addt'l Ins | | | | PERSONAL & ADV INJURY | \$ 1,000,00 |
| | | | 010 ed. 07/04 | | | | GENERAL AGGREGATE | \$ 2,000,00 |
| | | H | REGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,00 |
| | | AUTOMOBIL X ANY AU | E LIABILITY | 2088523583 | 06/30/2007 | 06/30/2008 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,00 |
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| Ŭ | ! | CER/MEMBER | | | | ļ | E.L. DISEASE - EA EMPLOYE | s 500,00 |
| | SPE | CIAL PROVISION | ONS below | | | | E.L. DISEASE - POLICY LIMIT | |
| D | EXC | ess Auto | o Liability | EX46311005 | 06/30/2007 | 06/30/2008 | Limit \$1,000,0 \$1,000,000 | |
| DES | L CRIPTI | ON OF OPERA | ATIONS / LOCATIONS / VEHIC | LES / EXCLUSIONS ADDED BY ENDORSEM | I MENT / SPECIAL PROVI | ISIONS | <u> </u> | |
| Re- | issı | ued 6/25 | 5/2007 | Day Written Notice of | | | nonpayment of p | remium |
| | | | | | | | - | |
| CE | KTIE | ICATE HO | LDER | | CANCELLA | | | |
| | | Town of | Sewell's Point | | EXPIRATION | DATE THEREOF, THE I | CRIBED POLICIES BE CANCELI ISSUING INSURER WILL ENDE. D'THE CERTIFICATE HOLDER I CE SHALL IMPOSE NO OBLIGA | AVOR TO MAIL NAMED TO THE LEFT, |
| I | | | Sewall's Point s Point, FL 3499 | | AUTHORIZED RE | PRESENTATIVE | Van B. B. | |
| | | | | | iwarren Be | ver/SBOWEN | UTaun L. Dy | |

| 2006-2007 COUNTY Larry C. O'Steen, | OCCUPA | TION P.O. Bo | IAL LICE | NSE |
|--|---------------|-----------------|----------|-----|
| CHARACTER | COUNTS | IN | MARTIN | 80 |
| PREV. YR \$ | .00 | LIC. FE | | |

PHONE SIC NO 001761

LOCATION:

1601 SE S NIEMEYER CIR MAR

RECEIPT of PAYMENT
LARRY C. O'STEEN
98 08/14/2008 NORMA
19910005200011
002 2005 0011000
CARDINAL ROOFINGSSI

CARDINAL

S NIEMEYER CIR UCIE, FL 34952

ROOFING&SIDING COMPANY INC

ROOF ING CONTRACTOR

TRANSFER \$

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF AUGUST 06
AND ERRORMO SEPTEMBER 302007

.00

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

ALUMINUM/CONCRETE CONTRACTOR

License Number SP00862 Expires: 30-SEP-07
HOGAN, BRAD S
CARDINAL ROOFING/SIDING CORP
1601 SE SO NIEMEYER CIR
PORT ST LUCIE, FL 34952

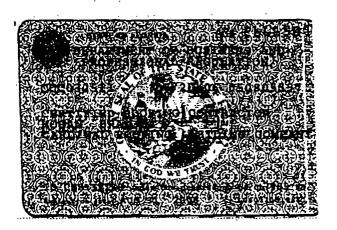
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HOGAN BRAD 8
CARDINAL ROOFING & SIDING COMPANY INC
1601 SE SOUTH NIEMEYER CIRCLE
PORT SAINT LUCIE FL 34952



AUG31,2008

DETACHHERE UCH CCC032513

COVERNO DE LA CONTRA CO

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of In | ispection: Mon Wed | THE SECTION | _, 200 7 | Page c of |
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| PERM ? | OWNER/ADDRESS/CONTR. | INSPECTION TRYPE | RESULTS | NOTES/COMMENTS: |
| 3535 | Stanley | although the | FAIL | |
| | 875. Blue Rd | | | |
| 5 | Emilia Vivla | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 8545 | West Law. | Francis | PHIL | |
| | 20 Mayormus | (504-04-s) | | 01/ |
| 4 | Steve Convaix | \$ 1.50 \$ | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | MORRES PAR | THE WELL AND | 0/40, | |
| 1 | 7 Midate | | | 24/ |
| 1 | Carsinalo | 235-9550 | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 3539 | Handen | walletul | PASS | |
| 1 | 275 kwer Rd | Main House | | \sim $M/$ |
| | Station | | | INSPECTOR: |
| PERNT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 12M | well | Tinail | PAIL | |
| (3023) | 3 Knowleold | | | 04/ |
| 0 | MUSP DISC. | the second strong stage | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
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| - | 1245 Ewills Pt | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| <u> </u> | HAMP DISC | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 1690 | 4 rendera | Almal | J Pers | CUSE. |
| 10 | 1448 Swalls | (Electodisch) | > | 1 |
| 4 | Champion Else. | | | INSPECTOR: |
| OTH IR | <u> </u> | | | |
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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| spection: Mon Wed | Fri O- | _, 200 7 | Page of |
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| Velan | Uorines | PASS | |
| 92N Sewalls | | | \sim \sim \sim \sim \sim |
| Elite. | , | | INSPECTOR: |
| OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| Moping | in-progress | OK | ান্ত |
| middle Rd | Partial | <u></u> | 011/ |
| Carainal Rook. | | | INSPECTOR: |
| OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| anderson | Linal | VA65 | Close |
| 9 Palmetto DR | | | |
| martin Fence | | | INSPECTOR |
| OWNER/ADDRESS, CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| Werle | Final | FAIL | |
| 3 Knowles Kd | | | 011/ |
| thup Disc | Key-backdoor | | INSPECTOR |
| OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | W/O. DETINIT | | at lest comme |
| 22 PALMETTO | 7 | | APPROVED HY J. AON |
| | • | | PERMIT DILL BE |
| OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| Kiplinan | Timal-sideria | PASS | Close / |
| 143 5 lever Rd. | C | | DM/ |
| Druktwood | SO. GROVE COTTO | د | INSPECTOR |
| OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
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TOWN OF SEWALL'S POINT **Building Department - Inspection Log** Date (! Laspection: Mon Wed Fri , 2007 Page OWNER/ADDRESS/CONTR. INSPECTION TYPE PERM " NOTES/COMMENTS: INSPECTO INSPECTION TYPE NOTES/COMMENTS: PERMIT INSPECTOR: RESULTS INSPECTION TYPE NOTES/COMMENTS INSPECTOR NOTES/COMMENTS INSPECTION TYPE RESULTS INSPECTO INSPECTION TYPE RESULTS NOTES/COMMENTS PASEMENT SAB VDS MAIN HOUSE INSPECTO PERM T OWNER/ADDRESS/CONTR. INSPECTION TYPE NOTES/COMMENTS: RESULTS INSPECTOR: PERM.T OWNER/ADDRESS/CONTR. INSPECTION TYPE NOTES/COMMENTS: RESULTS INSPECTOR: OTHER

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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of In | spection: Mon Wed | Fri 8-24 | _, 200 7 | Page_ | _ of <u>~</u> |
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| PERM " | OWNER/ADDRESS/CONTR | INSPECTION TYPE | RESULTS | NOTES/COM | MENTS: |
| EMS | \$\@\@\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | UNEOUDEAUTH : | THE SE | | |
| | middle Rd | (Partial) | _ | | |
| 12 | Candinal Road | | | INSPECTOR | QVI/ |
| PERMIT | OWNER/ADDRESS/CONTR | INSPECTION TYPE | RESULTS | NOTES/COM | MENTS: |
| Tree | McKelver | Tree | PAS | | |
| 1 | 21E High Pt | | | | ~ 11/ |
| 1 | OB | | | INSPECTOR | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COM | MENTS: |
| 0687 | Wheil | tank in line | 146 | | |
| | 26 WHigh Pt | | • • • | | 01/ |
| 10 | meribas | | | INSPECTOR | W |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COM | MENTS: |
| 8669 | Quick | Tinal | PAG | Cl | OSE |
| , | 9 Joland Rd | | , | | 00. |
| 14. | Folding Shutter | | | INSPECTOR | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COM | MENTS: |
| Tree | Johnson | Tree | 1199 | | |
| | 2 oak Hier way | | • | | $\sim M/$ |
| 6A | OB | | | INSPECTOR | All |
| PERN: T | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COM | MENTS: |
| 1801 | Cummings | one-eng walk | OK: | | |
| 5.20 | 835 Run Rd | 1 0 How | | | ~ ~ /a/ |
| iam | EliasMannt | (9:30 Am) 772 | 2-971-1 | NEFECTOR | |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COM | MMENTS: / |
| 18528 | Masterpiece | Insulation | \$ A499 | | |
| | 5 Mandalau | | | | |
| 5 | Masterpure | | | INSPECTOR | |
| OTHER | | | | | VII |
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TOWN OF SEWALL'S POINT Building Department - Inspection Log Date of Inspection: Adon Wed Fri , 2007 Page OWNER/ADDRESS/CONTR. PERM! INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: PERNIT IN PROGREM INSPECTOR OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS INSPECTION TYPE Madaes Weurallo 945 reinsp. fee INSPECTOR OWNER/ADDRESS/CONTR. NOTES/COMMENTS PERMIT RESULTS INSPECTOR NOTES/COMMENTS: SPECTION, TYPE RESULTS INSPECTOR OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS: INSPECTION TYPE **MAN**SPECTOR: NOTES/COMMENTS: OWNER/ADDRESS/CONTR INSPECTION TYPE INSPECTOR OTI (EF: BOLGER BANYON TROS 21 EMARITA

TOWN OF SEWALL'S POINT **Building Department - Inspection Log** Date of laspection: Mon 2007 Wed Fri Page PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR INSPECTION TYPE RESULTS NOTES/COMMENTS: M-OLDNOW! INSPECTOR: NOTES/COMMENTS: PERN T INSPECTION TYPE RESULTS CANCEL-WILL INSPECTOR! OWNER/ADDRESS/CONTR INSPECTION TYPE RESULTS PERMIT NOTES/COMMENTS: Morris reinopert INSPECTOR PERI/IT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: FROND POREN INSPECTOR: Conumas INSPECTION TYPE NOTES/COMMENTS: PER', IT OWNER/ADDRESS/CONTR. RESULTS INSPECTOR: PER HID OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: ITS I TO

TOWN OF SEWALL'S POINT Building Department - Inspection Log XIFH_ Date of Inspection: Mon Wed 2007 Page OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR PERMIT RESULTS NOTES/COMMENTS: OWNER/ADDRESS/CONTR INSPECTION TYPE INSPECTOR: Houses NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS 8057 FINAL NO PAPER WOLL 31 N. RIVER RD. OLYMPIC POOLS ON SITE! INSPECTOR OWNER/ADDRESS/CONTR. NOTES/COMMENTS: PERMIT RESULTS NOD INSPECTOR: INSPECTION TYPE NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. RESULTS INSPECTOR: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE NOTES/COMMENTS: RESULTS INSPECTOR: OTHER:

10843 DOOR REPLACEMENT



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: | 10843 | | DATE ISSUED: | 4/30/2014 | | |
|-----------------------------|-------------|--------------------|-----------------------|-----------|--------------|--|
| SCOPE OF WORK: | DOOR R | OR REPLACEMENT | | | | |
| CONTRACTOR: | R.A. CONST | . CONST. CORP. T/C | | | | |
| PARCEL CONTROL NUMBER: 13 | | | 1002000003501 | | | |
| CONSTRUCTION ADDRESS: 7 MID | | | E ROAD | | | |
| OWNER NAME: | CASH | | | | | |
| QUALIFIER: | RICHARD A A | DAMS III | CONTACT PHONE NUMBER: | | 772 260-8419 | |

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 - <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>

CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

BUILDING PERMIT RECEIPT

| PERMIT NUMBER: | 108 | 343 | <u> </u> | | | | | |
|--|-----------------|------------------|---------------------------------------|------------------|--|----------|----------|----------|
| ADDRESS: | 7 MIDDLE R | COAD | | | | | | |
| DATE ISSUED: | 4/30/2014 | SCOPE OF | WORK: | DOOR | | | | |
| | | | | REPLACEMENT | | | | |
| | | | | • | | | | |
| SINGLE FAMILY OR | ADDITION / | REMODEL | | Declared Value | | \$ | | |
| | | | · | | | | | |
| Plan Submittal Fee (\$3 | 50.00 SFR, \$ | 175.00 Remo | odel < \$200 | OK) | 1 | \$ | | |
| (No plan submittal fee | when value is | less than \$1 | 00,000) | | | | | |
| Total square feet air-co | | | \$ 121.75 | per sq. ft. s.f. | | | \$ | - |
| | | | | | | | | |
| Total square feet non-c | onditioned sp | ace, or interi | or remode | l : | | | | |
| | · | | \$ 59.81 | | | | \$ | - |
| Total square feet remod | del with new t | | | per sq. ft. s.f. | | | \$ | - |
| | | | · | | 1 | | | |
| Total Construction Val | ue: | | | | | <u> </u> | \$ | _ |
| | | | | | | | <u> </u> | |
| Building fee: (2% of co | nstruction va | lue SFR or > | -\$200K) | | <u> </u> | \$ | | n/a |
| Building fee: (1% of co | | | | r insp) | | | \$ | |
| Total number of inspec | | | | | <u> </u> | | <u> </u> | n/a |
| Total namoer of mspee | tions (varae | - 02 0012) | Ψ 100.00 | per mop. " moj | Í . | | | |
| Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min) | | | | | | \$ | | n/a |
| DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.) | | | | | \$ | | n/a | |
| 2 - 1 Stantoning - and (And 10 of Parinter 100 | | | | | | | | |
| Road impact assessment: (.04% of construction value - \$5 min.) | | | | | | | | n/a |
| Martin County Impact | | onstruction v | uiuo ys i | | | \$ | | 11 u |
| Wartin County impact | 1 00. | | | | | Ψ | | |
| TOTAL BUILDING | PERMIT FF | E: | | | | \$ | \$ | |
| TOTAL DOLLDING | | | | | <u> </u> | <u> </u> | .Ψ_ | |
| | | | · · · · · · · · · · · · · · · · · · · | | _T | | , | |
| ACCESSORY PERMIT | | | Declared ' | | ļ | \$ | \$_ | 2,300.00 |
| Total number of inspec | tions: | @ <u></u> | \$ 100.00 | per insp. # insp | \$ | 2.00 | \$ | 200.00 |
| | | | | | <u> </u> | | <u> </u> | |
| Dept. of Comm. Affair | | | | in) | ļ | \$ | \$ | 3.00 |
| DBPR Licensing Fee: (| 1.5% of perm | nit fee - \$2.00 | 0 min.) | | | \$ | \$ | 3.00 |
| | | | | | | | | |
| Road impact assessmen | nt: (.04% of co | onstruction v | /alue - \$5 n | nin.) | | | \$ | 5.00 |
| | | | | | | | | |
| TOTAL ACCESSOR | Y PERMIT | FEE: | | | | | \$ | 211.00 |
| | | | | | | | | |

| OWNERLESSEE NAME: JILL ELYABORN CASH PROME (0.9) TILL-20. 9145 (Fax) JOS SIE Address: 7 NOTICE RO. CON SEASON FOLLOWS SIEVE TO SIEVE FOR JUNE 1982 (Fax) JOS SIEVE ADDRESS FOR JUNE 1982 (Fax) JOS SIEVE ADDRESS FOR JUNE 1982 (Fax) JOS SIEVE JUNE 1982 (Fa | | of Sewall's Point G PERMIT APPLICATION Permit Number: 10843 | | | | |
|--|--|---|--|--|--|--|
| Foe Simple Holder Name: Address: Telephone: Telep | | | | | | |
| Foe Simple Holder Name: Address: Telephone: Telep | Inh Site Address: 7 M WOW RD. | City: Squee's local State: Fr 7in: 34996 | | | | |
| Foe Simple Holder Name: Address: Telephone: Telep | Legal Description HISH BINT LOT 35 | Parcel Control Number: 13-38-41-002-000-00350-1 | | | | |
| SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACE SHISTING SCD) WITH NEW SCD WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaler must accompany application) YES NO WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaler must accompany application) YES NO WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaler must accompany application) YES (YEAR) NO (Must include a copy of all variance approvals with application) YES (YEAR) NO (Must include a copy of all variance approvals with application) Construction Company: R. A. Curty Conf. T. C. Phone Prince | | | | | | |
| WILL DWNER BE THE CONTRACTOR? If yea, Owner Builder questionnaire must accompay application; If yea, Owner Builder questionnaire must accompay application; If yea, Owner Builder questionnaire must accompay application; If yea, Owner Builder questionnaire must accompay application; If yea, Owner Builder questionnaire must accompay application; If yea, Owner Builder questionnaire quiet advance approvals on the property? YES. (YEAR) (YEAR) (YEAR) (YEAR) (YEAR) (YEAR) (YEAR) (YEAR) (YEAR) (YEAR) (Wast include 3 copy of all variance approvals on this property? YES. (YEAR) (YEAR) (Wast include 3 copy of all variance approvals on this property? YES. (YEAR) (Onstruction Company: A. A. Constr. Cond. T. C. Phone 712 - 240 - 8H/Rax. 712 - 813 - 686 X. For ADDITIONS, REMODES, AND RE-ROOF, AND THE APPLICATIONS, ONLY. (State License Number: CCC 1 52 071 3) OR: Municipality: License Number: CCC 1 52 071 3 OR: Municipality: License Number: 1712 - 240 - 8H/Rax. 712 - 814 - 686 X. Phone 712 - 240 - 8H/Rax. 712 - 814 - 686 X. Final License Number: 1712 - 240 - 8H/Rax. 712 - 814 - 686 X. Final License Number: 1712 - 240 - 8H/Rax. 712 - 814 - 686 X. Final License Number: 1712 - 240 - 8H/Rax. 712 - 814 - 686 X. Final License Number: 1712 - 240 - 8H/Rax. 712 - 814 - 686 X. Final License Number: 1712 - 240 - 8H/Rax. 712 - 814 - 686 X. Final License Number: 1712 - 240 - 8H/Rax. 712 - | City: State: Zip: | _ Telephone: | | | | |
| WILL DWNER BE THE CONTRACTOR? If year, Owner Builder questionname must accompany application; If year, Owner Builder questionname must accompany application; If year, Owner Builder questionname must accompany application; If year, Owner Builder questionname must accompany application; If year, owner Builder questionname must accompany application; If year, owner and the property? YES. (YEAR) | | Promis Turner CCA TI ADTIL CCA | | | | |
| (If yes, Owner Builder questionnaire must accompany application) Wes NO Ves No Ves Market Value of Improvements: \$ | | | | | | |
| YES [Must include a copy of all variance approvals with application] [Statistical of all warder Value prior to improvement of the province only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the land value) [Part Market Value to the Primary Structure only, Minus the Land value) [Part Market Value to the Primary Structure only, Minus the Land value on Primary Structure only, Minus the Land value on Primary Structur | (If yes, Owner Builder questionnaire must accompany application) | Estimated Value of Improvements: \$ 2,300. | | | | |
| (Must include a copy of all variance approvals with application) Construction Company: R. A. Cowst. Cond. T. C. Phone, 772 - 260 - 811/f sx. 712 - 731 - 616/f Qualifiers name. C.C. A. A. A. A. A. A. A. A. A. A. A. A. A. | | FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: | | | | |
| Construction Company: R. A. Constr. Const. T / C Phone 772-2400-841/Fax: 212-934-6866 Qualifiers name R. CHARLO A. ROAMS III Street: B93 MJ (JARTSALLUT R. City): Existal Leanse Number: CCC 152071 3 OR: Municipality: License Number: CCC 152071 3 OR: Municipality: License Number: T722-240-841/9 DESIGN PROFESSIONAL: Phone Number: 772-240-841/9 DESIGN PROFESSIONAL: Phone Number: 772-240-841/9 DESIGN PROFESSIONAL: Phone Number: 772-240-841/9 ERIOSAC non-habitable areas below the Base Flood Elevation greater than 300 sq. 1: require a Non-Conversion Coverant Posterior Corporation of Profession Profession Street (Carport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed area below BFE': Corport: Total under Roof Elevated Deck: Enclosed Profession Elevated Deck: Enclosed BFE': Corport: Total under Roof Elevated Deck: Enclosed BFE': Corport: Total Under Roof Elevated Deck: Enclosed BFE': Corport: Total Under Roof Elevated Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport: Deck: 2010, Florida Encropt: Corport | | (Fair Market Value of the Primary Structure only, Minus the land value) | | | | |
| State License Number: CCC 152071 3 OR: Municipality: License Number: LOCAL CONTACT: RICK Analy 5 Phone Number: 712 - 240 - 941 9 DESIGN PROFESSIONAL: Fla. Licenses Street: City: State: Zip: Phone Number: 712 - 240 - 941 9 AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios! Porches: Enclosed States Carport: Total under Roof. Elevated Deck: Enclosed area below BFE: Carport: Total under Roof. Elevated Deck: Enclosed area below BFE: Carport: Total under Roof. Elevated Deck: Enclosed area below BFE: Carport: Total under Roof. Elevated Deck: Enclosed area below BFE: Carport: Enclosed on-shabibility across below BFE: Carport: Enclosed on-shabibility across below BFE: Carport: Enclosed on-shabibility across below BFE: Carport: Carp | Construction Company: R. A. CONST. Conf. | | | | | |
| DESIGN PROFESSIONAL: Fia. License# Fia. L | | | | | | |
| Street: | State License Number: <u>CCC 152071 3</u> OR: Munici | pality: License Number: | | | | |
| Street: City: State: Zip: Phone Number of Carport: AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Stotage 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 Coverant National Electrical Code: 2010. Florida Building Code (Structural, Mechanical, Plumbing, Existing, Illian) and the National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010 WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT TO YOUR PROPERTY: WHEN FINANCING, CONSULT WITH TOUGH LENDER OR AN A TTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT JOB STEED ON-THE JOB STEED ON-THE TOWN OF SEWALLIS SUBJECT ON THE JOB STEED ON-THE | LOCAL CONTACT: KICK ANAMS | Phone Number: 772 - 260 - 8419 | | | | |
| Street: City: State: Zip: Phone Number of Carport: AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Stotage 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 Coverant National Electrical Code: 2010. Florida Building Code (Structural, Mechanical, Plumbing, Existing, Illian) and the National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010 WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT TO YOUR PROPERTY: WHEN FINANCING, CONSULT WITH TOUGH LENDER OR AN A TTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON-THE JOB STEE BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT JOB STEED ON-THE JOB STEED ON-THE TOWN OF SEWALLIS SUBJECT ON THE JOB STEED ON-THE | DESIGN PROFESSIONAL: | Fla. License# | | | | |
| Carport: Total under Roof Elevated Deck: Enclosed area below BFE: Enclosed area below BFE: Enclosed Aprel | Street:City: | | | | | |
| **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 (1891): 2010 **WARNINGS 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 MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SUMBERESTRICTIONS OF SEWALL'S POOR TO YOUR 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. FEC 2007 SECT. 105.4.1, 1.4.1.1.5. ******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS****** AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION IN HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE COORS. LAWAS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS. ON THE FORMAL AND ADDITIONAL | AREAS SQUARE FOOTAGE: Living: Garage: | Covered Patios/ Porches: Enclosed Storage E | | | | |
| CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing (153)) 2010 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention (Code: 2010) WARNINGS 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 MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS OF APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALLS COINT. 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. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.15. ******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS****** AFFIDANT: A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS****** AFFIDANT: A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS****** ****** A FINAL INSPECTION IS RECORDED FOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICABLE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICABLE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISH | Carport: Total under Roof Elev. * Enclosed non-habitable areas below the Base Flood Ele | evation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement. | | | | |
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| 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 (AGENTILESSEE NOTARIZED SIGNATURE: X State of Florida, County of: On This the On This the On This the On This the On This the On This the Notary Public As identification. Notary Public My Commission Expires: My Commission Expires: MY Commissi | ***** FINAL INSPECTION IS R | EQUIRED ON ALL BUILDING PERMITS***** | | | | |
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| As identification. Suz et Notary Public My Commission Expires: 7/16/2017 My Commission Expires: 7/16/2017 | mio to percental | | | | | |
| My Commission Expires: 7/16/2017 My Commission Expires: 7/16/2017 | 1412 240 1110 120010 | 1402 11 10 : - 124 : 5/24 | | | | |
| My Commission Expires. | Notary Public | | | | | |
| | Wy Commission Expires: | | | | | |
| APPLICATION THE BE CONSTRUCTED AND AND AND APPLICATION OF THE STATE OF THE WARBURTON SUZETIE WARBURTON | APPLICATION TO BE COMEDIA SO OF THE SECOND O | TER 180 DAYS (FBC 105.3.2) - PLE ASSESSED FOR THE SUZETTE WARBURTON | | | | |
| Bonded Thru Notary Public Underwriters WY COMMISSION # FF 038535 EXPIRES: July 16, 2017 Bonded Thru Notary Public Underwriters | | EXPIRES: July 16, 2017 | | | | |

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

generated on 4/30/2014 2:50:55 PM EDT

Summary

Market Total Website Parcel ID Account # **Unit Address** Value Updated 13-38-41-002-000- 27723 7 MIDDLE RD, SEWALL'S POINT \$423,820 4/26/2014 00350-1

Owner Information

Owner(Current) CASH JILL ELIZABETH

Owner/Mail Address 7 MIDDLE RD

STUART FL 34996

Sale Date 12/10/2008 Document Book/Page 2364 0972 Document No. 2120669

Sale Price 795000

Location/Description

Account # 27723 Map Page No. **SP-06**

Tax District 2200 **Legal Description** HIGH POINT LOT 35

Parcel Address 7 MIDDLE RD, SEWALL'S POINT

Acres .3440

Parcel Type

Use Code 0100 Single Family

Neighborhood 120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value \$180,000 **Market Improvement Value** \$243,820 **Market Total Value** \$423,820

Christine Bergeron

From:

Christine Bergeron

Sent:

Wednesday, April 30, 2014 2:58 PM

To:

RACON4@COMCAST.NET

Subject:

Permit for 7 Middle Road

The permit for 7 Middle Road – Door Replacement – is ready for pick up. The fee is \$211.00.

Christine

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

cbergeron@sewallspoint.org
www.sewallspoint.org

_1

AH: Cash Residence

2013-2014 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

Honorable Ruth Pietruszewski CFC, Tax Collector 3485 S.E. Willoughby Blvd., Stuart, FL 34994 (772) 288-5604

CHARACTER COUNTS IN MARTIN COUNTY

PREV VR. S .00 LIC. FEE S 26.25

S .00 PENALTY S .00

S .00 COL FEE S .00

TOTAL 26.25

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

AT LCCATION LISTED FOR THE PERIOD BEGINNING ON THE

07 DAY OF AUGUST 20 13 AND ENDING SEPTEMBER 30. 2014

11 2012 30522.0001

LOCATION:

893

26.25 PAID

ACCOUNT 2010-513-0287 CERYCMRC5993

PHONE (772) 260-8419 SIC NO 236220

NW WATERLILLY PL

ADAMS, RICHARD

TREASURE COAST

R A CONSTRUCTION CO

893 NW WATERLILLY PLACE

JENSEN BEACH, FL 34957

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

ľ.q

7729346909

Ra Construction

STATE OF FLORIDA



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

ADAMS, RICHARD
R.A. CONSTRUCTION CORPORATION OF THE TREASURE COAST
893 NW WATERLILY PLACE
JENSEN BEACH FL 34957

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA AC# & 270 & & DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1520713

06/22/12 100105417

CERTIFIED GENERAL CONTRACTOR ADAMS, RICHARD R.A. CONSTRUCTION CORPORATION OF

IS CERTIFIED under the provisions of Ch. 489 PS Expiration date: AUG 31, 2014 L12062200331

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK PATENTED PAPER

AC#6170844

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062200331

| DATE | | LICENSE NBR | |
|------------|-----------|-------------|---|
| 06/22/2012 | 100105417 | CGC1520713 | 4 |

The GENERAL CONTRACTOR Named below IS CERTIFIED

Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2014

ADAMS, RICHARD
R.A. CONSTRUCTION CORPORATION OF THE TREASURE COAST
893 NW WATERLILY PLACE
JENSEN BEACH
FL 34957

RICK SCOTT GOVERNOR KEN LAWSON SECRETARY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

| | EPRESENTATIVE OR PRODUCER, A | | | IE A C | DIN TONCT | SEIVEEN I | HE ISSUING INSURER(| 3), AL | INOKIZED |
|------|--|-----------|-------------------------------------|-----------------|---------------------------|---------------------------------------|--|----------------|---------------|
| 18 | PORTANT: If the certificate holder | is an A | ADDITIONAL INSURED, the | policy(ie | es) must be | endorsed. | If SUBROGATION IS WA | VIVED | , subject to |
| | ne terms and conditions of the policy ertificate holder in lieu of such endor | | | ndorsen | ent. A stat | ement on th | is certificate does not co | mfer r | ights to the |
| _ | orunicate holder in neu of such endor | semeni | 954-340-9551 | CONTAC NAME: | ř · | | | | |
| INN | OVATIVE INSURANCE | | 954-340-9456 | DANCHE | | | FAX (A/C, No): | | * |
| | NSULTANTS, INC. 1 UNIVERSITY DRIVE. #103 | | 334-340-3430 | I E-MAIL | | | (A/C, No): | | |
| COI | RAL SPRINGS, FL 33067 | | | PRODUC | | ON.1 | | | |
| BKI | AN J. MAMO | | | CUSTOM | | | DING COUGRACE | | NAIC 4 |
| INSL | RED R.A. CONSTRUCTION CO | ORPOR | RATION | Menaco | | VORKERS' | COMP | | NAIC # |
| | OF THE TREASURE COA | | | NSURER | | OKILINO | - · · | | |
| | 893 NW WATERLILY PL | | | INSURER | | | | | |
| | JENSEN BEACH, FL 349 | 57 | | INSURER | | · · · · · · · · · · · · · · · · · · · | | | |
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| С | IDICATED. NOTWITHSTANDING ANY REPORTED OR MAY | PERTA | IN, THE INSURANCE AFFORDI | ED BY T | HE POLICIES | DESCRIBE | | | |
| INSR | XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | | |
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| | GENERAL LIABILITY | | | | | | DAMAGE TO RENTED | \$ | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | PREMISES (Ea occurrence) | \$ | |
| | CLAIMS-MADE OCCUR | | | | i | | | 5 | |
| | | | | 1 | ١. | • | | <u>s</u> | |
| | OFFIL ACCRECATE LIMIT APPLIES DED. | | | 1 | | | | <u>s</u> | |
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| | ANY AUTO | | | | | | | \$ | |
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| | SCHEDULED AUTOS | | | | 1 | | PROPERTY DAMAGE | | |
| | HIRED AUTOS | | | 1 | | | (Per accident) | \$ | |
| | NON-OWNED AUTOS | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | [| | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DEDUCTIBLE | | | . | | | —— | \$ | · |
| | RETENTION \$ | + | | | | | X WC STATU- X OTH- | \$ | - |
| A | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | 106-45451 | | 07/12/13 | 07/12/14 | X LIDRY LIMITS I X TER | | 1,000,000 |
| A | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | 100-10401 | | 3111613 | VI 12114 | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE | <u> </u> | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | - [| | | E.L. DISEASE - POLICY LIMIT | | 1,000,000 |
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| | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (Atta | ech ACORD 101, Additional Remarks S | ichedule, li | more space is | required) | | | |
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| CE | RTIFICATE HOLDER | | | CANC | ELLATION | | | | |
| | | | SEWAL-1 | SHOU | I D ANY OF T | HE AROVE D | ESCRIBED POLICIES BE CA | NCFI | EN REFORE |
| | | | | THE | EXPIRATION | DATE THE | REOF, NOTICE WILL B | | |
| | TOWN OF SEWALL'S PO | INT | | ACCO | RDANCE WIT | THE POLIC | Y PROVISIONS. | | |
| | BUILDING DEPARTMENT | Γ | } | AUTHOR | ZED REPRESEN | ITATINE | | | |
| | 1 SOUTH SEWALL'S POI | | DAD | | | • | • | | |
| | SEWALL'S POINT, FL 34 | 496 | | Br | in J. M. | ano | | | , |
| | | | <u>-</u> | <u> </u> | © 1988- | 2009 ACOR | D CORPORATION. All | rights | reserved. |

RACON-1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID: PK DATE (MM/DD/YYYY)

04/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Lawrence E. Kearns Kearns Agency of Florida Inc. P O Box 1849 PHONE (A/C. No. Ext); 772-334-5822 FAX (A/C, No): 772-334-0940 Jensen Beach, FL 34958 E-MAIL ADDRESS; lekearns@bellsouth.net Lawrence E. Kearns INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Southern Owners Insurance Co. 10190 INSURED R.A. Construction Corporation INSURER B : of the Treasure Coast INSURER C :

| | | Jensen Beach, FL 34957- | 350 | 3 | | INSURER D : | | | | |
|-----|--------------|--|----------------------|--|---|---|---------------------------------|------------------------------------|----------------|--------------------------------|
| | | | | | ĺ | INSURER E : | | | | |
| | | | | | | INSURER F : | | | | |
| СО | VER | AGES CER | TIFIC | CATI | NUMBER: | <u> </u> | | REVISION NUMBER: 2 | | |
| C | DIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY F USIONS AND CONDITIONS OF SUCH | QUIF PERT POLI | REME AIN, | NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE | OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH RESPEC | T TO | WHICH THIS |
| LTR | | TYPE OF INSURANCE | INSO | WVD | POLICY NUMBER | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | <u> </u> | |
| A | × | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | 72615111 | 04/18/2014 | 04/18/2015 | | \$ \$ \$ | 1,000,000 300,000 10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | Y'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | Х | POLICY PRO- LOC | | | | | | PRODUCTS - COMPOP AGG | \$ | 2,000,000 |
| | AUT | OTHER: | _ | | | | | COMBINED SINGLE LIMIT | \$ | |
| | | ANY AUTO | | | | | | (Ea accident) | \$ | |
| | | ALL OWNED SCHEDULED | | | | | | BODILY INJURY (Per accident) | | |
| | | AUTOS AUTOS NON-OWNED AUTOS | | 1 | | | | PROPERTY DAMAGE | \$ | |
| | | HIRED AUTOS AUTOS | | | | | | (Per accident) | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | 5 | · |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | | DED RETENTION\$ | | | | | | | \$ | |
| | AND | RKERS COMPENSATION EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | PER STATUTE ER E.L. EACH ACCIDENT | s | |
| | OFFI | ICER/MEMBER EXCLUDED? | N/A | ł | | | <u> </u> | E.L. DISEASE - EA EMPLOYEE | | |
| | if ves | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | | |
| | <u> </u> | SKI TION OF CITCHIONS USEON | | | | | | ELE BIOLOGIC COMPT | <u></u> | |
| DES | CRIPT | TION OF OPERATIONS / LOCATIONS / VEHICL | LES (| ACOR |) 101, Additional Remarks Schedu | e, may be attached if mor | re space is requir | ed) | | |
| | | | | | | | | | | |
| CE | RTIF | ICATE HOLDER | | | | CANCELLATION | | | | |
| | | | | | SEWALLS | | | | | |

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE 1 S Sewalls Point Rd.

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Town of Sewalls Point

Sewalls Point,, FL 34996

Building Dept.

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER) **BOARD AND CODE ADMINISTRATION DIVISION**

NOTICE OF ACCEPTANCE (NOA)

MIAMI-DADE COUNTY, FLORIDA PRODUCT CONTROL SECTION 11805 SW 26 Street, Room 208 T (786) 315-2590 F (786) 315-2599 www.miamidade.gov/economy

PGT Industries 1070 Technology Drive North Venice, FL 34275

SCOPE:

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

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (In Miami-Dade County) and/or the AHJ (in areas other than Miami-Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. RER reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code. This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone.

DESCRIPTION: Series "SS 3500" Aluminum Storefront System - L.M.I.

APPROVAL DOCUMENT: Drawing No. MD-3500-LM, titled "Series Storefront System Details -LM", sheets 1 through 10 of 10, dated 10/05/12 with the latest revision dated 01/08/13, prepared by manufacture, signed and sealed by Anthony Lynn Miller, P. E., bearing the Miami-Dade County Product Control Section Approval stamp with the Notice of Acceptance number and Approval date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state, model/series, and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

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

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

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

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

This NOA consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Jaime D. Gascon, P. E.



NOA No. 12-1005.01 Expiration Date: January 17, 2018 Approval Date: January 17, 2013

Page 1

PGT Industries

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

- Manufacturer's die drawings and sections.
- 2. Drawing No. MD-3500-LM, titled "Series Storefront System Details LM", sheets 1 through 10 of 10, dated 10/05/12 with the latest revision dated 01/08/13, prepared by manufacture, signed and sealed by Anthony Lynn Miller, P. E.

B. TESTS

- 1. Test reports on: 1) Air Infiltration Test, per FBC, TAS 202-94
 - 2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
 - 3) Water Resistance Tests, per ASTM E 547-00 (2009), ASTM E 331-00 (2009) and FBC, TAS 202-94
 - 4) Large Missile Impact Test per FBC, TAS 201-94
 - 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
 - 6) Forced Entry Test, per AAMA 1304-02, FBC 2411.3.2.1, and TAS 202-94

along with marked-up drawings and installation diagram of storefront system with French door and transom, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-7137, dated 12/10/12, signed and sealed by Marlin D. Brinson, P. E.

- 2. Test reports on: 1) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
 - 2) Large Missile Impact Test per FBC, TAS 201-94
 - 3) Cyclic Wind Pressure Loading per FBC, TAS 203-94

along with marked-up drawings and installation diagram of storefront system, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-7208, dated 01/04/13, signed and sealed by Marlin D. Brinson, P. E.

C. CALCULATIONS

- 1. Anchor calculations and structural analysis, complying with **FBC-2010**, prepared by manufacture, dated 12/17/12, signed and sealed by Anthony Lynn Miller, P. E.
- 2. Glazing complies with ASTM E1300-04

D. OUALITY ASSURANCE

1. Miami-Dade Department of Regulatory and Economic Resources (RER).

E. MATERIAL CERTIFICATIONS

- 1. Notice of Acceptance No. 11-0624.01 issued to E.I. DuPont DeNemours & Co., Inc. for their "DuPont Butacite® PVB Interlayer" dated 09/08/11, expiring on 12/11/16.
- 2. Notice of Acceptance No. 11-0624.02 issued to E.I. DuPont DeNemours & Co., Inc. for their "DuPont SentryGlas® Interlayer" dated 08/25/11, expiring on 01/14/17.

Jaime D. Gascon, P. E.

Product Control Section Supervisor

NOA No. 12-1005.01

Expiration Date: January 17, 2018 Approval Date: January 17, 2013

PGT Industries

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

E. MATERIAL CERTIFICATIONS (CONTINUED)

3. QUANEX I.G. Super Spacer by Edgetech I.G., Inc. exterior flexible, organic foam spacer complying with ASTM C518 passed, ASTM F1249 passed, ASTM D3985 passed, ASTM D395B 22 HRS 185°F and ASTM E2190 passed.

F. STATEMENTS

- 1. Statement letter of no financial interest, conformance and complying with FBC-2010, issued by manufacture, dated 10/04/12, signed and sealed by Anthony Lynn Miller, P. E.
- 2. Laboratory compliance letter for Test Report No.'s FTL-7137, dated 12/10/12 and FTL-7208, dated 01/04/13, issued by Fenestration Testing Laboratory, Inc., both signed and sealed by Marlin D. Brinson, P. E.
- 3. Proposal issued by Product Control, dated 10/05/12, signed by Manuel Perez, P. E.

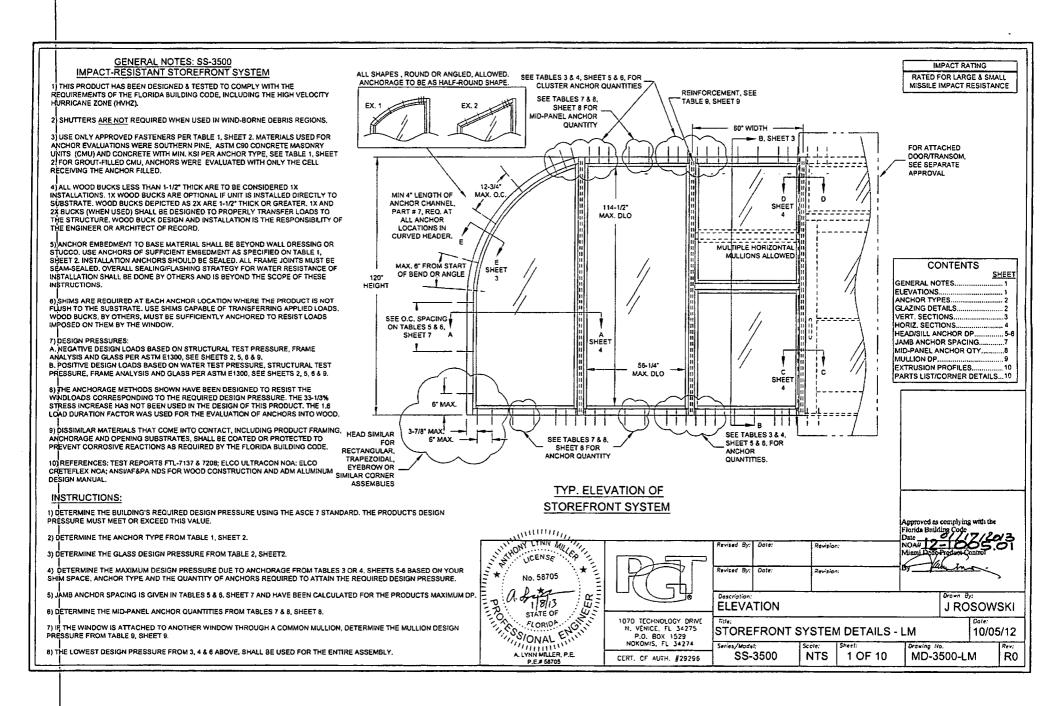
G. OTHERS

1. None.

Jaime D. Gascon, P. E.

Product Control Section Supervisor NOA No. 12–1005.01

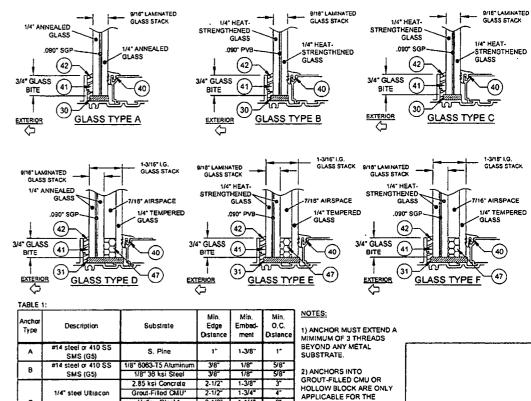
Expiration Date: January 17, 2018 Approval Date: January 17, 2013



| | *************************************** | w wan | GIBSS C | apacity | (bsi) | | |
|--------------------|---|-------|---------|---------|--------------|----------|------|
| Nomin | al Dim. | | | Glass | Туре | | |
| Frame Width | Frame Height | A | В | c | ٥ | E | F |
| 24 In | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 301n | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 36 ln | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 42 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 48 in | 72 in | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 54 In | | 89.9 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 60 in | | 82.4 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 66 in | | | | 120.0 | | | 120 |
| 72 in | | | | 120.0 | | | 120 |
| 24in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 30 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 36 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 42 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 48 in | 78 in | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 54 In | | 82.3 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 60 in | | 77,4 | 80.0 | 120.0 | 85.1 | 80.0 | 120 |
| 66 In | | | | 120.0 | | | 120 |
| 72 ln | | | | 120.0 | | | 120 |
| 24 n | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 30 ln | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 36 ¹ ln | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 42]n | ļ | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 48)n | 84 in | 85.1 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 543n | l | 78.1 | 80.0 | 120.0 | 85.9 | 80.0 | 120 |
| 60)n | | | | 120.0 | | <u> </u> | 120. |
| 66)n | | | | 120.0 | | | 120. |
| 721n | | | | 100.0 | | | 100. |
| 24 in | 1 | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 30 in | \$ | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 36 ln | 1 | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 42 in | 90 In | 90.0 | 80.0 | 120.0 | 90.0 88.6 | 80.0 | 120. |
| 48 ln 54 ln | 9UIN | 80.6 | 80.0 | 120.0 | 88.0 | au | 120. |
| | 1 | | | 120.0 | | | 120. |
| 60 In 66 In | ŀ | | | 100.0 | | | 100 |
| 72 In | ŀ | | | 100.0 | | | 100 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 30 in | ł | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 36 In | ł | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 42 In | - | 86.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 48 in | 97.75 in | 75.6 | 80.0 | 120.0 | 83.2 | 80.0 | 120. |
| 54 In | · · · · · · · · · · · · · · · · · · · | | | 120.0 | | | 120. |
| 60 in | ŀ | | | 120.0 | | | 120. |
| 66 in | 1 | | | 100.0 | | | 100. |
| 72 ln | ł | | | 100.0 | | | 100. |
| 24 In | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120 |
| 30 ln | } | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 36 In | } | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 42 n | ł | 83.1 | 80.0 | 120.0 | 90.0 | 80.0 | 120. |
| 48 tn | 102 ln | | | 120.0 | | | 120. |
| 54 tn | ŀ | | | 120.0 | - | - | 120. |
| 60 in | ŀ | | | 100.0 | | \vdash | 100. |
| 66 in | ł | _ | | 100.0 | | | 100. |

TABLE 2:

| | Windov | w wall | GIBSS C | apacity | (psr) | | |
|-------------|--------------|--------|---------------|---------|-------|------|-------|
| Nomin | al Dim. | | | Glass | Туре | | |
| Frame Width | Frame Height | Α | В | С | D | E | F |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 30 in | i | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 36 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 42 in | 4001 | 80.0 | 80.0 | 120.0 | 88.0 | 80.0 | 120.0 |
| 48 in | 108 in | | | 120.0 | | | 120.0 |
| S4 in | | | | 100.0 | | 1 | 100.0 |
| 60 in | | | $\overline{}$ | 100.0 | | | 100.0 |
| 66 in | | | | 100.0 | | | 100.0 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 30 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 1200 |
| 36 in | l i | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 42 in | 114 in | | | 120.0 | | | 120.0 |
| 48 in | | | | 120.0 | | | 120.0 |
| 54 in | | | | 100.0 | | | 100.0 |
| 60 in | | | | 100.0 | | 1 | 100.0 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 30 in | l i | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 36 in | 1 | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 42 in | 120 in | | | 120.0 | | | 120.0 |
| 48 in | | | | 120.0 | | | 120.0 |
| 54 in | | | | 100.0 | | | 100.0 |
| 60 tn | | | | 99.8 | | | 100.0 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 30 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 36 in | 125 in | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 42 in | 125 m | | | 1200 | | | 120.0 |
| 48 in | 1 | | | 100.0 | | | 100.0 |
| 54 in | † | | | 100.0 | | | 100.0 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 30 in | | 90.0 | 80.O | 120.0 | 90.0 | 80.0 | 120.0 |
| 36 in | l [| | | 120.0 | | | 120.0 |
| 42 in | 132 in | | | 120 0 | | | 120.0 |
| 48 in | Į. | | | 100.0 | | | 100.0 |
| 54 in | F | | | 100.0 | | | 100.0 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 60.0 | 120.0 |
| 30 in | Ţ | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 36 in | 138 in | | | 1200 | | | 120.0 |
| 42 in | • | | | 100.0 | | | 100.0 |
| 43 in | f | | | 100.0 | | | 100.0 |
| 24 in | | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 30 in | Ī | 90.0 | 80.0 | 120.0 | 90.0 | 80.0 | 120.0 |
| 36 in | 144 in | | | 120.0 | | | 120.0 |
| 42 in | Ī | | | 100.0 | | | 100.0 |
| 48 in | ſ | | | 100.0 | | | 100.0 |



WHONY LYNN MILLER SOIONAL A LYNN MILLER P.E.

С

Ε

1/4" 410 SS CreteFlex

5/16" steel Ultracon

1/4" 410 SS CreteFlex

5/16" steel Ultracon

3/8" Large Diameter

ITW Tepcon

Hollow Block*

Hollow Block*

Hollow Block*

3.35 ksi Concrete

3.52 ks Concrete

Grout-Filled CMU*

3 ksi Concrete

Hollow Block*

2.1/2"

2-1/2"

3-1/8"

2-1/2"

3-1/8*

2-1/2°

1-1/4"

1-1/4"

1-1/4"

1-3/4"

2"

2-1/4"

1-1/2"

1-1/2"

Revised By: Date:

Revised By:

6"

6"

6"

54

JAMBS

NOTE 3.

ARE ALLOWED.

Revision:

Revision:

3) ALL ANCHOR HEAD TYPES

* SEE SHEET 1, GENERAL

Description: **GLAZING DETAILS**

Dote:

SS-3500

STOREFRONT SYSTEM DETAILS - LM Scole

NTS

Drawing No. 2 OF 10 MD-3500-LM

Approved as complying with the Florida Building Code

J ROSOWSKI

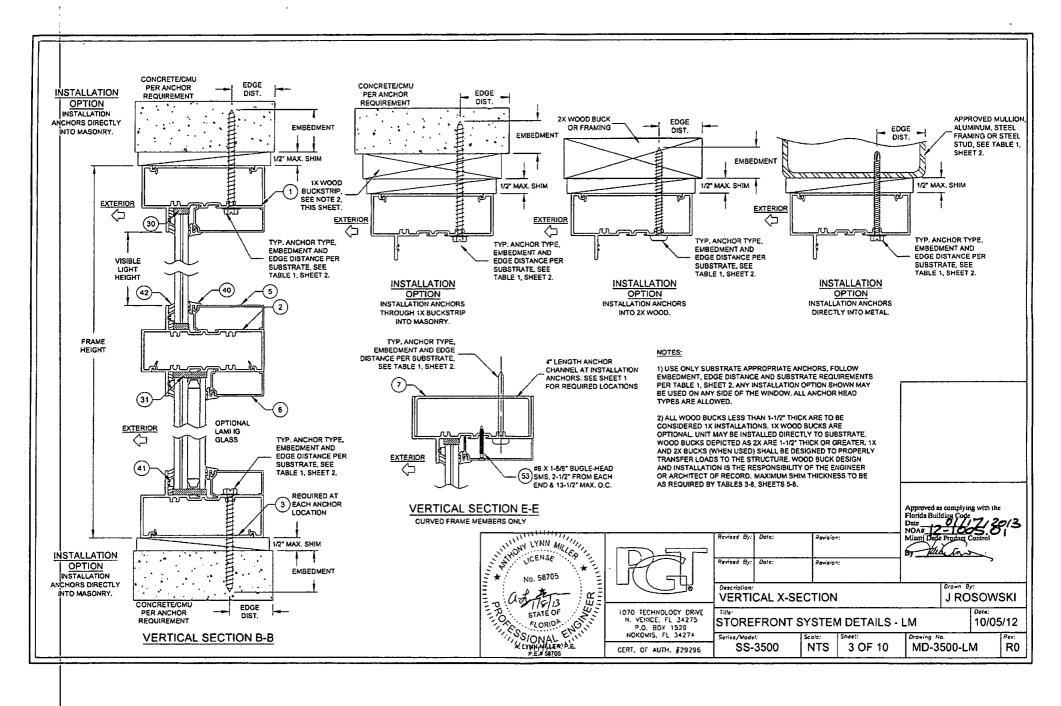
10/05/12

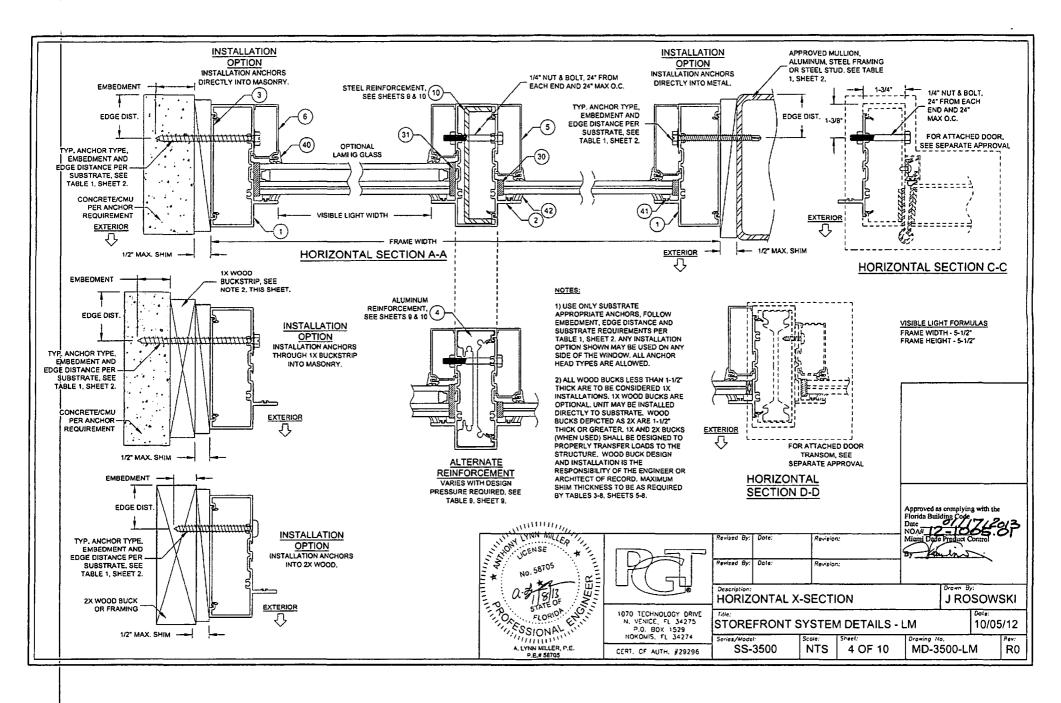
R0

1070 TECHNOLOGY DRNE N. VENICE, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274 Series/Model:

CERT. OF AUTH. #29296

IF COMBINED WITH STOREFRONT ENTRANCE DOOR (SEE SEPARATE APPROVAL), THE LESSER DESIGN PRESSURE VALUE OF THE DOOR OR STOREFRONT SYSTEM SHALL BE THE DESIGN PRESSURE FOR THE ENTIRE SYSTEM.

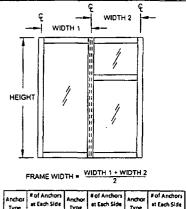




| TABLE 3 | 3: | | | | | | | | | | | | | | | |
|-----------------|-----------------|--------------|----------------|----------------|----------------|---------|----------------|------------------|---------|----------------|----------------|----------------|----------------|-------|---------|----------------|
| \prod | | , | Windo | w Wa | Mulli | | | Ancho | | | ad Cap | acity (| psf) | | | |
| \perp | | , | | | , | | | num Shi | | | | | | | | |
| Nomin | | And | chor Typ | 4 "A" | And | hor Typ | • .6. | And | hor Typ | • ~~ | And | nor Typ | e "D" | Anc | hor Typ | e "f" |
| Frame Width | Frame Height | A2 | A3 | ۱. | BZ | 83 | B4 | [_c , | G | C4 | | D3 | O ₄ | E2 | E3 | E4 |
| 24 In | neight | 120.0 | - | 120.0 | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | 4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36 in | 1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 In | 1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | 72 in | 118.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| S4 in | 1 | 112.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 0 | 120.0 |
| 60 in | 4 | 108.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 66 in | 1 | 105.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 0 | 120.0 |
| 72 in | - | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | 1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 120.0 | 120.0 | 120.0 | 120.0 | 120.0 120.0 |
| 36 In | 1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in |] | 113.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | 78 in | 105.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 0 | 120.0 |
| S4 in | 4 | 99.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120,0 | 120.0 | 120.0 |
| 60 tn | 4 | 94,7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 66 In 72 In | 1 | 91.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 24 in | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 In | 1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36 In | 1 | 114.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in |] | 103.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | 84 in | 94.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 |
| \$4 in | 1 | 88.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 60 In 66 In | ł | 84.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 120.0 | 120.0 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 72 in | ł | 78.9 | 1384 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 24 In | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 ln | 1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 |
| 36 ln | | 105.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 In | | 94.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | 90 in | 86.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| \$4 in 60 in | | 80.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 66 In | | 75.7 72.5 | 113.6 108.7 | 120.0 | 120.0 120.0 | 120.0 | 120.0 120.0 | 119.4 | 120.0 | 120.0 | 120.0 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 72 in | | 70.1 | 105.2 | 120.0 | 120.0 | 120.0 | 120.0 | 115.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 24 in | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | | 109.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36 in | | 95.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in | | 84.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | _ | 120.0 | 120.0 |
| 48 in | 97.75 ln | 77.0 | 315.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 120.0 | 120.0 |
| 54 in | | 71.4 | 107.1 | 120.0 | 120.0 | 120.0 | 120.0 | 117.6 | 120.0 | 120.0 | 120.0 | 170.0 | 120.0 | | 120.0 | 120.0 |
| 60 in 66 in | | 67.1 63.8 | 95.7 | 120.0 120.0 | 115.9 | 120.0 | 120.0 120.0 | 105.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 72 In | | 61.3 | 92.0 | 120.0 | 105.9 | 120.0 | 120.0 | 101.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 120.0 | 120.0 |
| 24 in | \dashv | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 120.0 | 120.0 |
| 30 ln | | 104.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 120.0 | 120.0 |
| 36 In | | 90.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 1200 | 120.0 |
| 42 ln | 102 in | 80.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | | 120.0 |
| 48 In | AUZ 111 | 72.8 | 109.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 130.0 | 120.0 | | 120.0 | 120.0 |
| S4 In | | 67.3 | 101.0 | 120.0 | 116.3 | 120.0 | 120.0 | 110.9 | 120.0 | 120.0 | 120.0 | 170.0 | 120.0 | | 120.0 | 120.0 |
| 60 in | | 63.1 | 94.7 | 120.0 | 109.0 | 120.0 | 120.0 | 104.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 120 0 | 120.0 |
| 66 In | | 59.9 | 89.8 | 119.8 | 103,4 | 120.0 | 120.0 | 98.7 | 120.0 | 120.0 | 118.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |

| Nomina | 101- | | hor Typ | • • • • | 1 40 | her Typ | | um Shi | hor Typ | | 1 400 | hor Typ | - "0" | 1 | hor Typ | - "6" |
|----------------|--------|--------------|--------------|----------------|--------------|-------------|-------|--------------|---------|----------------|-------|---------|-------|-----------------|---------------|-------|
| Frame | Frame | _AIR | ior typ | | 750 | T | - | And | 1 179 | 1 | AIR | nor iya | 1- | | лог тур Т | - |
| Width | Height | A2 | Д3 | A4 | 82 | 83 | B4 | 62 | C3 | C ₄ | D2 | D3 | 04 | [₆₂ | £3 | E4 |
| 24 in | neagu | | | | _ | | _ | | | | | | _ | | | - |
| | { | 118.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | ł | 97.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | |
| 35 in | l | 84.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | _ |
| 42 in | 108 In | 74.6 | 111.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | |
| 48 In | | 67.6 | 101.4 | 120.0 | 116.8 | 120.0 | 120.0 | 111.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 54 in | ł | 62.3 | 93.5 | 120.0 | 107.7 | 120.0 | 120.0 | 102.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | | 120. |
| 60 In | | 58.3 | 87.4 | 116.5 | 100.7 | 120.0 | 120.0 | 96.0 | 120.0 | 120.0 | 115.0 | 120.0 | 120.0 | 120.0 | | 120 |
| 66 in | | \$5.1 | 82.6 | 110.2 | 95.2 | 120.0 | 120.0 | 90.8 | 120.0 | 120.0 | 108.7 | 120.0 | 120.0 | 114.7 | $\overline{}$ | 120. |
| 24 In | | 111.4 | 120.0 | 120.0 | 120,0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 30 in | | 91.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 36 in | l l | 78.9 | 118.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 |
| 42 ln | 114 ln | 69.8 | 104.7 | 120.0 | 120.0 | 120.0 | 120.0 | 115.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 48 In | | 63.1 | 94,7 | 120.0 | 109.0 | 120.0 | 120.0 | 104.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 54 ln | | 58.0 | 87.1 | 115.1 | 100.3 | 120.0 | 120.0 | 95.6 | 120.0 | 120.0 | 114.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 60 in | Ь— | 54.1 | 81.2 | 108.2 | 93.5 | 120.0 | 120,0 | 89.1 | 120.0 | 120.0 | 106.7 | 120.0 | 120.0 | 112.7 | 120.0 | 120. |
| 24 In | | 105.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 30 In | | 86.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 35 in | | 74.3 | 111.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 42In | 120 in | 65.6 | 98.4 | 120.0 | 113.3 | 120.0 | 120.0 | 108.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 In | | 59.2 | 88.8 | 118.4 | 102.2 | 120.0 | 120.0 | 97.5 | 120.0 | 120.0 | 116.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 54 in | | 54.3 | 81.4 | 108.6 | 93.8 | 120.0 | 120.0 | 89.5 | 120.0 | 120.0 | 107.1 | 120.0 | 120.0 | 113.1 | 120.0 | 120.0 |
| 60 in | | 50.5 | 73.7 | 101.0 | 87.2 | 120.0 | 120.0 | 83.2 | 120.0 | 120.0 | 99.6 | 120.0 | 120.0 | 105.2 | 120.0 | 120.0 |
| 24 In | | 99.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 30 in | | 81.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120,0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 35 In | 126 In | 70.1 | 105.2 | 120.0 | 120.0 | 120.0 | 120,0 | 115.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 In | | 61.8 | 92.7 | 120.0 | 106.8 | 120.0 | 120.0 | 101.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 In | - 1 | 55.7 | 83.5 | 111.4 | 96.2 | 120.0 | 120.0 | 91.8 | 120.0 | 120.0 | 109.9 | 120.0 | 120.0 | 116.0 | 120.0 | 120.0 |
| 54In | | 51.0 | 76.5 | 102.0 | 88.1 | 120.0 | 120.0 | 84.0 | 120.0 | 120.0 | 100.6 | 120.0 | 120.0 | 106.2 | 120.0 | 120.0 |
| 24 In | J | 94.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in 35 in | | 77.7 | 115.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42in | 132 In | 56.4 | 99.7 | 120.0 | 114.8 | 120.0 | 120.0 | 109.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 123.0 | 120.0 |
| 48 in | ŀ | 58.5 52.6 | 87.7 78.9 | 117.0 105.2 | 90.9 | 120.0 | 120.0 | 96.4 86.7 | 120.0 | 120.0 | 115.4 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| S4 In | ł | 48.1 | 72.1 | 96.2 | 83.1 | 120.0 | 120.0 | _ | 118.9 | 120.0 | 103.8 | 120.0 | 120.0 | 109.5 | 120.0 | 120.0 |
| 24 In | | 90.2 | 120.0 | 120.0 | | 120.0 | 120.0 | 79.2 | _ | 120.0 | 94.9 | 120.0 | 120.0 | 100.2 | 120.0 | 120.0 |
| 30 In | ŀ | 73.9 | | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 In 36 In | 138 In | _ | 110.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120,0 |
| 42 in | 130 17 | 63.1 | 94.7 | 120.0 | | 120.0 | 120.0 | 104.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48in | ŀ | 55.5 49.8 | 83.2 74.7 | 111.0 99.7 | 95.9 86.1 | 120.0 | 120.0 | 91.4 | 120.0 | 120.0 | 109.5 | 120.0 | 120.0 | 115.6 | 120.0 | 120.0 |
| | | | | | _ | 120.0 | 120.0 | 82.1 | 120.0 | 120.0 | 98.3 | 120.0 | 120.0 | 103.8 | 120.0 | 120.0 |
| 24 In | - 1 | 86.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | | 70.5 | 105.7 | 120.0 | 120.0 | 120.0 | 120.0 | 116.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 35 in | 144 in | 60.1 | 90.2 | 120.0 | 103.8 | 120.0 | 120.0 | 99.0 | 120.0 | 120.0 | 118.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in | - 1 | 52.8 | 79.2 | 105.6 | 91.2 | 120.0 | 120.0 | 87.0 | 120.0 | 120.0 | 104.1 | 120.0 | 120.0 | 109.9 | 120.0 | 120.0 |
| 43 in | | 47.3 | 73.0 | 94,7 | 81.8 | 120.0 | 120.0 | 78.0 | 117.0 | 120.0 | 93.4 | 120.0 | 120.0 | 98.6 | 120.0 | 120 |

A LYNN MILLER P.E.



at Each Side of Mullion Type Type Type of Mullion of Myllion A2 A3 63 C3 82

D3 SILL SHOWN, HEAD SIMILAR, QTY. MAY VARY WINDOW WINDOW SEE TABLE 1, SHEET 2 FOR ANCHOR O.C. SPACING. ę

William, Revised By: Date: Revision: Revised By: Date: Revision:

ANCHOR TABLES @ 1/4" SHIM SPACE

STOREFRONT SYSTEM DETAILS - LM

10/05/12 R0

J ROSOWSKI

Drown By:

IF COMBINED WITH STOREFRONT ENTRANCE DOOR (SEE SEPARATE APPROVAL), THE LESSER DESIGN PRESSURE VALUE OF THE DOOR OR STOREFRONT SYSTEM SHALL BE THE DESIGN PRESSURE FOR THE ENTIRE SYSTEM.

1070 TECHNOLOGY DRIVE N. VENICE, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274 Series/Model: Scale:

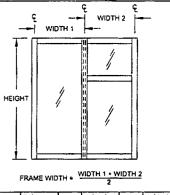
SS-3500 CERT. OF AUTH. #29296

NTS 5 OF 10 Drawing No. MD-3500-LM

Florida Building Code
Date
NOA#
Migrai Dade Product C

| ABLE 4 | : | | | | | _ | | | | | | | | | _ | |
|-----------------|----------|--------------|---------------|----------------|--------------|---------------|-----------------|--------------|----------------|-------|--------------|---------|----------------|----------------|----------|---------|
| | | ١ | Vindo | w Wal | Mulli | | d/Sill Maxim | | | | d Cap | acity (| psf) | | | |
| | l Di | | | | | | | | hor Typ | | | hor Typ | . "77" | 1 400 | hor Type | • • • • |
| Nomina Frame | Frame | And | hor Type | e A | Anc | hor Typ | B . B. | Anc | nor rypi I | | Anc | nor syp | 1 | AIK | nor iypi | - |
| Width | Height | A2 | A3 | A4 | 82 | B3 | 84 | C2 | C3 | C4 | D3 | 03 | D4 | E2 | £3 | E4 |
| 24 in |] | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 36 ln | 1 . | 112.9 | 120.0 | 120.0 | 112.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120. |
| 42 In_ | ا ا | 102.5 | 120.0 | 120.0 | 102.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 48 in | 72 in | 95.3 | 120.0 | 120.0 | 95.3 90.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 60 in | i i | 87.1 | 120.0 | 120.0 | 87.1 | 120.0 | 120.0 | 119.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 68 in | 1 1 | 85.3 | 120.0 | 120.0 | 85.3 | 120.0 | 120.0 | 116.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 72 in | 1 | 84.7 | 120.0 | 120.0 | 84.7 | 120.0 | 120.0 | 115.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 |
| 24 In | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 3Qin | 1 | 116.2 | 120.0 | 120.0 | 116.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36 in |] | 101.7 | 120.0 | 120.0 | 101.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 170 |
| 42 in |] | 91.7 | 120.0 | 120.0 | 91.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120. |
| 48 in | 78 in | 84.7 | 120.0 | 120.0 | 84.7 | 120.0 | 120.0 | 115.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 54 In | | 79.7 | 119.6 | 120.0 | 79.7 | 119.6 | 120.0 | 109.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120. |
| 60 in | | 76.2 73.9 | 110.9 | 120.0 120.0 | 76.2 73.9 | 110.9 | 120.0 | 104.3 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 120.0 | 120.0 | 120. |
| 66 in 72 in | 1 | 72.6 | 108.9 | 120.0 | 72.6 | 108.9 | 120.0 | 99.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120 |
| 24 In | | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 30 In | | 106.1 | 120.0 | 120.0 | 106.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120,0 | 120. |
| 35 in | | 92.4 | 1200 | 120.0 | 92.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 42 In | | 83.0 | 120.0 | 120.0 | 83.0 | 120.0 | 120.0 | 113.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 48 In | 84 in | 76.2 | 114.4 | 120.0 | 76.2 | 114.4 | 120.0 | 104.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| 54 In | | 71.3 | 107.0 | 120.0 | 71.3 | 107.0 | 120.0 | 97.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120. |
| ©ln 65 In | 1 | 67.8 65.2 | 101.7 97.8 | 120.0 | 67.8 65.2 | 101.7 97.8 | 120.0 | 92.7 89.2 | 120.0 120.0 | 120.0 | 118.1 | 120.0 | 120.0 | 120.0 120.0 | 120.0 | 120.0 |
| 72 in | i 1 | 63.5 | 95.3 | 120.0 | 63.5 | 95.3 | 120.0 | 86.9 | 120.0 | 120.0 | 110.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 24 tn | - | 117.3 | 120.0 | 120.0 | 117.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | 1 | 97.6 | 120.0 | 120.0 | 97.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| 35 In | | 84.7 | 120.0 | 120.0 | 84.7 | 120.0 | 120.0 | 115.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120,0 |
| Q In | (| 75.8 | 113.6 | 120.0 | 75.8 | 113.6 | 120.0 | 103.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 43 In | 90 ln | 69.3 | 104.0 | 120.0 | 69.3 | 104.0 | 120.0 | 94.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 54 In | ! } | 64.5 | 96.8 | 120.0 | 64.5 | 96.8 | 120.0 | 88.3 | 120.0 | 120.0 | 112.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 60 ln | 1 | 61.0 58.4 | 91.5 87.5 | 120.0 | 61.0 | 91.5 | 120.0 | 83.4 | 120.0 | 120.0 | 105.3 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| 72 in | l i | 56.5 | 84.7 | 115.7 112.9 | 58.4 56.5 | 87.5 84.7 | 115.7 | 79.8 77.2 | 119.7 115.9 | 120.0 | 98.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 24 in | | 106.7 | 120.0 | 120.0 | 106.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | | 88.4 | 120.0 | 120.0 | 88.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| 35 In | | 76.5 | 114.7 | 120.0 | 76.5 | 114.7 | 120.0 | 104.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in | [| 68.1 | 102.2 | 120.0 | 68.1 | 102.2 | 120.0 | 93.2 | 120.0 | 120.0 | 118.7 | 120.0 | 120.0 | 120 0 | 120.0 | 120.0 |
| 48 In | 97.75 in | 62.0 | 93.0 | 120.0 | 62.0 | 93.0 | 120.0 | 84.8 | 120.0 | 120.0 | 108.1 | 1200 | 120.0 | 1200 | 120.0 | 120.0 |
| \$4 In | | 57.5 | 86.2 | 114.9 | 57.5 | 86.2 | 114.9 | 78.6 | 117.9 | 120.0 | 100.2 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 |
| 60 In | ١ ١ | 54.0 | 81.0 | 108.0 | 54.0 | 81.0 | 108.0 | 73.9 | 110.8 | 120.0 | 94.1 | 1200 | 120.0 | 1200 | 120.0 | 120.0 |
| 66 in | | 51.4 49.4 | 77.1 | 102.8 98.8 | 49.4 | 77.1 | 102.8 98.8 | 70.3 67.5 | 105.4 | 120.0 | 89.6 86.1 | 120.0 | 120.0 120.0 | 120.0 | 120.0 | 120.0 |
| 72 in 24 in | | 101.7 | 120.0 | 120.0 | 101.7 | 120.0 | 170.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | · • | 84.1 | 120.0 | 120.0 | 84.1 | 120.0 | 120.0 | 115.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36 in | ŀ | 72.6 | 108.9 | 120.0 | 72.6 | 108.9 | 120.0 | 99.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in | ا ا | 64.5 | 96.8 | 120.0 | 64.5 | 96.8 | 120.0 | 88.3 | 120.0 | 120.0 | 112.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | 102 in | 58.6 | 88.0 | 117.3 | 58.6 | 88.0 | 117.3 | 80.2 | 120.0 | 120.0 | 102.2 | 120,0 | 120.0 | 120.0 | 120.0 | 120.0 |
| \$4 in _ | ĺ | 54.2 | B1.3 | 108.4 | 54.2 | 81.3 | 108.4 | 74.1 | 121.2 | 120.0 | 94.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 60 ln | | 50.8 | 76,2 | 101.7 | 50.8 | 76.2 | 101.7 | 69.5 | 104.3 | 120.0 | 83.6 | 120.0 | 120.0 | 120.0 | | |
| 66 in | | 48.2 | 72.3 | 96.4 | 48.2 | 72.3 | 96.4 | 65.9 | 98.9 | 120.0 | 84.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |

| | | 1 | Nindo | w Wal | Mulli | | | | | | d Cap | acity (| psf) | | | |
|--------|---------|-------|------------|-------|-------|----------|-------|---------|--------------------|-------------|-------|---------|-------------|-------|---------|-------|
| Nomina | 4.0:- | | hor Typi | . *** | ••• | hor Typ | | um Shir | n space hor Typ | • | | hor Typ | *0* | | hor Typ | . "5" |
| Frame | Frame | - AIL | T TOT TYPE | - | Aire | rioi syp | - | Aire | 1 | | - *** | i iyp | | AIR | 100 | - |
| Width | Height | A2 | A3 | A4 | 82 | 83 | 84 | CZ | l cs | C4 | D2 | D3 | Δ4 | £Ω | £3 | E4 |
| 24 in | 1 | 95.3 | 120.0 | 120.0 | 95.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | 1 | 78.7 | 118.0 | 120.0 | 78.7 | 118.0 | 120.0 | 107.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36in | 1 | 67.8 | 101.7 | 120.0 | 67.8 | 101.7 | 120.0 | 92.7 | 120.0 | 120.0 | 118.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in | 1 | 60.1 | 90.1 | 120.0 | 60.1 | 90.1 | 120.0 | 82.2 | 120.0 | 120.0 | 104.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | 108 in | 54.5 | 81.7 | 108.9 | 54.5 | 81.7 | 108.9 | 74.5 | 111.7 | 120.0 | 94.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 54in | i i | 50.2 | 75.3 | 100.4 | 50,2 | 75.3 | 100.4 | 68.7 | 103.0 | 120.0 | 87.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 60in | 1 i | 46.9 | 70.4 | 93.8 | 46.9 | 70.4 | 93.8 | 64.2 | 96.2 | 120.0 | 81.8 | 120.0 | 120.0 | 123.0 | 120.0 | 120.0 |
| 66in | 1 | 44.4 | 66.5 | 88.7 | 44.4 | 66.5 | 88.7 | 60.7 | 91.0 | 120.0 | 77.3 | 115.0 | 120.0 | 114.7 | 120.0 | 120.0 |
| 24in | | 89.7 | 120.0 | 120.0 | 89.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | i I | 73.9 | 110.9 | 120.0 | 73.9 | 110.9 | 120.0 | 101.1 | 120.0 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36In | 1 | 63.5 | 95.3 | 120.0 | 63.5 | 95.3 | 120.0 | 86.9 | 120.0 | 120.0 | 110.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42in | 114 in | 56.2 | 84.3 | 112.4 | 56.2 | 84.3 | 112.4 | 76.9 | 115.3 | 120.0 | 96.0 | 120.0 | 120.0 | 120.0 | 129.0 | 120.0 |
| 48 in | | 50.8 | 76.2 | 101.7 | 50.8 | 76.2 | 101.7 | 69.5 | 104.3 | 1200 | 88.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 541n | 1 | 46.7 | 70.1 | 93.5 | 45.7 | 70.1 | 93.5 | 63.9 | 95.9 | 120.0 | 81.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 60 In | 1 | 43.5 | 65.3 | 67.1 | 43.6 | 65.3 | 87.1 | 59.6 | 89,4 | 119.2 | 75.9 | 113.9 | 120.0 | 112.7 | 120.0 | 120.0 |
| 24 in | | 84.7 | 120.0 | 120.0 | 84.7 | 120.0 | 120.0 | 113.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30in |] | 69.7 | 104.6 | 120.0 | 69.7 | 104.6 | 120.0 | 95.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36in | 1 | 59.8 | 89.7 | 119.6 | \$9.8 | 89.7 | 119.6 | 81.8 | 120.0 | 120.0 | 104.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42in | 120 In | 52.8 | 79.2 | 105.6 | 52.8 | 79.2 | 105.6 | 72.2 | 108.3 | 120.0 | 92.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in |] | 47.7 | 71.5 | 95.3 | 47.7 | 71.5 | 95.3 | 65.2 | 97.8 | 120.0 | 83.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 54in |] | 43.7 | 65,6 | 87.4 | 43.7 | 65.6 | 87,4 | 598 | 89.7 | 119.6 | 76.2 | 114.3 | 120.0 | 113.1 | 120.0 | 120.0 |
| 60in | | 40.7 | 61.0 | 81.3 | 40.7 | 61.0 | 81.3 | 55.6 | 83.4 | 111.2 | 70.9 | 106.3 | 120.0 | 105.2 | 120.0 | 120.0 |
| 24in | | 80.3 | 120.0 | 120.0 | 80.3 | 120.0 | 120.0 | 109.5 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.D |
| 30in | | 65.9 | 98.9 | 120.0 | 65.9 | 98.9 | 120.0 | 902 | 120.0 | 120.0 | 114.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36in | 126 in | 56.5 | 84.7 | 112.9 | 56.5 | 84.7 | 112.9 | 77.2 | 115 9 | 120.0 | 98.4 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42 in | | 49.8 | 74.7 | 99.6 | 49.8 | 74.7 | 99.6 | 68.1 | 102.1 | 120.0 | 86.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48 in | | 44.8 | 67.3 | 89.7 | 44.8 | 67.3 | 89.7 | 61.3 | 92.0 | 120.0 | 78.2 | 117.2 | 120.0 | 116.0 | 120.0 | 120.0 |
| 54in | | 4L1 | 61.6 | 82.1 | 41.1 | 61.6 | 82.1 | 56.2 | 84.3 | 112.3 | 71.6 | 107.4 | 120.0 | 106.2 | 120.0 | 120.0 |
| 24in _ | | 76.2 | 114,4 | 120.0 | 76.2 | 124,4 | 120.0 | 104.3 | 1200 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30 in | 1 | Ω.6 | 93.8 | 120.0 | 52.6 | 93.8 | 120.0 | 856 | 120.0 | 120.0 | 109.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36In | 132 in | 53.5 | 80.3 | 107.0 | 53.5 | 80.3 | 107.0 | 73.2 | 109.8 | 120.0 | 93.2 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42In | | 47.1 | 70.6 | 94.2 | 47.1 | 70.6 | 94.2 | 64.4 | 96.6 | 120.0 | 82.1 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 48in | | 42.4 | 63.5 | 84.7 | 42.4 | 63.5 | B4.7 | 57.9 | 86.9 | 115.9 | 73.6 | 110.7 | 120.0 | 109.6 | 120.0 | 120.0 |
| 54in | | 38.7 | 58.1 | 77.5 | 38.7 | 58.1 | 77.5 | 53.0 | 79.4 | 105.9 | 67.5 | 101.2 | 120.0 | 100.2 | 120.0 | 120.0 |
| 24in | | 72.6 | 108.9 | 120,0 | 72.6 | 108.9 | 120.0 | 99.3 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 30in | | 59,5 | 89.3 | 119.0 | 59.5 | 89.3 | 119.0 | 81.4 | 120.0 | 120.0 | 103.7 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36in | 138 in | 50.8 | 76.2 | 101.7 | 50.8 | 76.2 | 101.7 | 69.5 | 104.3 | 120.0 | 88.6 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 42in | | 44.7 | 57.0 | 89.4 | 44.7 | 67.0 | 89.4 | 61.1 | 91.7 | 120.0 | 77.9 | 116.8 | 120.0 | 115.6 | 120.0 | 120.0 |
| 48in | | 40.1 | 50.2 | 80.3 | 40.1 | 60.2 | BO.3 | 54.9 | 82.3 | 109.8 | 69.9 | 104.9 | 120.0 | 103.8 | 120.0 | 120.0 |
| 24in | | 69.3 | 104.0 | 120.0 | 69.3 | 104.0 | 120.0 | 94.8 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 | 120,0 |
| 30In | ١ ا | 56.7 | 85.1 | 113.5 | 56.7 | 85.1 | 113.5 | 77.6 | 116.4 | 120.0 | 98.9 | 120.0 | 120.0 | 120.0 | 120.0 | 120.0 |
| 36In | 144 in | 48.4 | 72.6 | 96.8 | 48.4 | 72.6 | 96.8 | 66.2 | 99.3 | 120.0 | 84.4 | 120.0 | 120.0 | 120.0 | 120,0 | 120.0 |
| 42in | | 42.5 | 63.8 | 85.0 | 42.5 | 63.8 | 85.0 | 58.1 | 87.2 | 116.3 | 74.1 | 111.1 | 120.0 | 109.9 | 120.0 | 120.0 |
| 48in | | 38.1 | 57.2 | 76.2 | 38.1 | 57.2 | 76.2 | 52.1 | 78.2 | 104.3 | 66.4 | 99.7 | 120.0 | 98.6 | 120.0 | 120.0 |



| Anchor Type | # of Anchors at Each Side of Mullion | Anchor Type | # of Anchors at Each Side of Mullion | Anchor Type | # of Anchors at Each Side of Mullion |
|----------------|--|----------------|--|----------------|--|
| A2 | 2 | EA. | 3 | A4 | 4 |
| B2 | 2 | 83 | 3 | B4 | 4 |
| CZ | 2 | C3 | 3 | C4 | 4 |
| D2 | 2 | D3 | 3 | 04 | 4 |
| E3 | 2 | E3 | , | E4 | 1 |

SILL SHOWN, HEAD SIMILAR, QTY, MAY VARY WINDOW WODOW SEE TABLE 1, SHEET 2 FOR ANCHOR O.C. SPACING, 4° MAX.

AHIIIIIIIIII STATE OF WINDSON ALL STATE OF A 1070 TECHNOLOGY DRIVE N. VENICE, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274

Revised By: Date: Revision: Revised By: Date: Revision: Approved as complying with the Florida Building Code

Description: ANCHOR TABLES @ 1/2" SHIM SPACE

J ROSOWSKI

STOREFRONT SYSTEM DETAILS - LM Series/Model: Scale:

10/05/12

CERT. CF AUTH. #29295

SS-3500

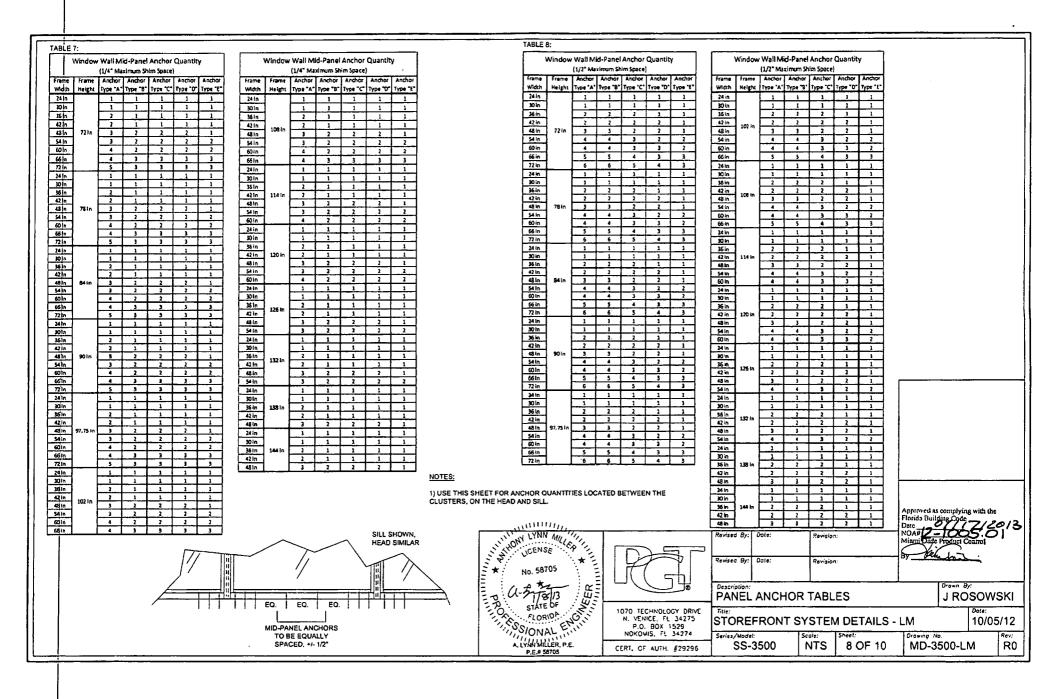
NTS 6 OF 10 MD-3500-LM

R0

IF COMBINED WITH STOREFRONT ENTRANCE DOOR (SEE SEPARATE APPROVAL), THE LESSER DESIGN PRESSURE VALUE OF THE DOOR OR STOREFRONT SYSTEM SHALL BE THE DESIGN PRESSURE FOR THE ENTIRE SYSTEM.

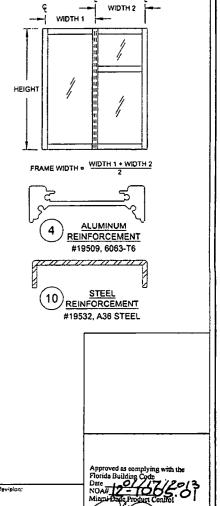
| Miles Continue Secretary | | | | |
|--|--|--|--|--|
| Column C | TABLE 5: | | TABLE 6: | Company to the Control of the Contro |
| Column C | Window Wall Max. O.C. Jamb Anchor Spacing (in) | Window Wall Max. Jamb O.C. Anchor Spacing (in) | | |
| Section Sect | | | | |
| Section The Part | | | | |
| St. | | | | |
| R | | | 30 in 18 18 18 18 | |
| Col. 1 | | 36 in 18 18 18 18 18 | | |
| 10 3 4 4 5 5 5 5 5 5 5 5 | 42 in 18 18 18 18 18 | | | |
| | | | | 54in 10 11/16 13 11/16 18 18 |
| | | 60 ln 12 7/8 18 12 7/8 18 18 | | |
| The column The | 66 in 15 18 15 18 18 | | | |
| State Stat | | | | 30in 17 17 18 18 18 |
| Main | | 36in 18 18 18 18 18 | 30in 161/2 161/2 18 18 18 | |
| Column C | 36 in 18 18 18 18 18 | | | |
| 1117 | | | 48 in 78 in 13 3/16 13 3/16 15 1/2 18 18 | 54 in 10 3/16 10 3/26 14 9/16 18 18 |
| Gir 3 3 3 3 3 3 3 3 3 | | 60in 12 18 1311/16 18 18 | | |
| Graph 19 19 19 19 19 19 19 1 | 60 in 13 3/16 18 16 1/2 18 18 | | | |
| Min | | 30in 18 18 18 18 18 | 72 ln 11 11 13 3/16 18 18 | 36tn 13 1/2 13 1/2 18 18 18 |
| No. | | 36 in 27 18 18 18 18 | | 42 in 120 in 12 12 18 18 18 |
| No. | 30 in 18 18 18 18 18 | | | |
| Column C | 36 in 18 18 18 18 | | A2 in 14 3/8 14 3/8 18 18 18 | 60in 913/16 913/16 13 1/2 18 18 |
| Section Sect | | 60 n 12 3/4 18 12 3/4 18 18 | 23 23 14.2/9 19 19 | |
| The column The | 54 in 14 3/8 18 14 3/8 18 18 | | 50 in 10 5/16 10 5/16 14 3/8 18 18 | 36in 143/4 143/4 18 18 18 18 |
| The | | 36in 18 18 18 18 18 | 66 in 10 5/16 10 5/16 14 3/8 18 18 | 42 in 12 11/16 12 11/16 16 5/16 18 18 |
| 19 18 31 31 31 31 31 31 31 | | | | |
| 30 13 13 13 13 13 13 13 | 24 in 18 18 18 18 18 | | | |
| Sin 13/24 19 13/25 13 13 13 13 13 13 13 1 | | | | 30in 17 1/8 17 1/8 18 18 18 |
| Sin | | | | |
| Section Sect | 48 in 90 in 15 5/8 18 15 5/8 18 18 | PS 18 18 18 18 | 54 in 11 1/8 11 1/8 15 5/8 18 18 | |
| Sin 13 13 13 14 14 15 15 15 15 15 15 | | 42 in 16 5/16 18 16 5/16 18 18 | | Sáin 10 10 13 5/16 17 1/8 18 |
| 20 | | | | |
| 38 19 19 19 19 19 19 19 1 | 72 tn 13 18 13 18 18 | | 24 n 18 18 18 18 | |
| Stop 13 13 13 13 13 13 13 1 | | 30 in 18 18 18 18 18 | | |
| 13 13 13 13 13 13 13 13 | | | | |
| ## 1 13 14 15 15 15 15 15 15 15 | 42 in 17 1/8 18 17 1/8 18 18 | | 481n 97.75in 12 1/4 12 1/4 17 1/8 18 18 | |
| 13 1/35 18 12 1/15 18 12 1/35 18 12 1/35 18 18 18 18 18 18 18 1 | | 54in 13 5/16 18 13 5/16 18 18 | | 36in 144in 14 11/16 16 11/25 18 18 18 |
| 13 13 13 13 13 13 13 13 | 60 (n) 12 3/15 18 14 1/4 18 18 | | | 42 in 12 12 16 1/2 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| 10 14 15 14 15 14 15 15 15 | 65 in 12 3/16 18 12 3/16 18 18 | | | 4815 |
| 24 In 30 ID | 72 in 12 3/16 18 12 3/16 18 18 | 47 in 15 3/4 18 15 3/4 18 18 | | |
| 2016 13 13 13 13 13 13 13 | | | | |
| Soin 164 in 13 18 18 18 18 18 18 18 | | | 42 In 107 in 12 7/8 12 7/8 18 18 18 | |
| ### 13 19 19 19 19 19 19 19 19 19 19 19 19 19 | · · | 36in 144in 18 18 18 18 | 4810 11 1/4 15 18 18 | Approved as complying with the |
| Revised By: Date: Revised By: Date: Revised By: Date: Revised By: Date: Revision: Description: JAMB ANCHOR TABLES J ROSOWSKI N. VENICE, FL 34275 STOPEFPONIT SYSTEM DETAILS - I M 10/05/12 | | | 50 n 10 10 12 7/8 18 18 | Florida Building Code |
| Revised By: Date: Revised By: Date: Revised By: Date: Revised By: Date: Revision: Description: JAMB ANCHOR TABLES J ROSOWSKI N. VENICE, FL 34275 STOPE FRONT SYSTEM DETAILS - I M 10/05/12 | | | 66 in 10 10 12 7/8 18 18 | Date NOAW 12 - 177/20/3 |
| Revised By: Date: Revised By: Date: Revised By: Date: Revised By: Date: Revision: Description: JAMB ANCHOR TABLES J ROSOWSKI N. VENICE, FL 34275 STOPE FRONT SYSTEM DETAILS - I M 10/05/12 | | | NIN AVNN AW | Revision: Miumi Dade Product Control |
| JAMB ANCHOR TABLES J ROSOWSKI 1070 IECHNOLOGY DRIVE N. VENICE, FL 34275 STOREFRONT SYSTEM DETAILS - IM 10/05/12 | | | 1,041 D | 3 Landing to the second of the |
| JAMB ANCHOR TABLES J ROSOWSKI 1070 IECHNOLOGY DRIVE N. VENICE, FL 34275 STOREFRONT SYSTEM DETAILS - IM 10/05/12 | | | SAL MENSE | Revised By: Date: Revision: |
| JAMB ANCHOR TABLES J ROSOWSKI 1070 IECHNOLOGY DRIVE N. VENICE, FL 34275 STOREFRONT SYSTEM DETAILS - IM 10/05/12 | | | [] 58705 \ E [(| |
| JAMB ANCHOR TABLES J ROSOWSKI 1070 IECHNOLOGY DRIVE N. VENICE, FL 34275 STOREFRONT SYSTEM DETAILS - IM 10/05/12 | | | E*: NO. 72 | |
| STATE OF STA | ĺ | | h | |
| N. VENICE, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274 Sories/Model: Section Sheet: Sheet | | | | |
| P.O. BOX 1529 NOKOMIS, FL 34274 Sories/Model: Scote: Sneet: Drowing No. Rev. AVAILABLE V.E. CEEL OF AUTH 120396 SS-3500 NTS 7 OF 10 MD-3500-LM RO | İ | | N. VENICE, FL 34275 | |
| AVANN MUER VE. CERT CE ALITH #29296 SS-3500 NTS 7 OF 10 MD-3500-LM RO | | | P.O. 80X 1529 | |
| I WANTED TO THE TALL TO THE TALL THE TA | ĺ | | MANNA MILLER VE | |
| P.É.≱58705 CEGT. OF NOTE, \$2,5250 | | | AZONNY MULLIAN, P.E. CERT. OF AUTH. #29296 | 33-3300 1413 7 01 10 WID-3300-EW 170 |

.



| BLE 9: | - | | Window | Wall Mull | ion Capaci | v (psf) | | | |
|-------------------|--------------|--------------|-----------------------|-----------|------------|---------|-------------|----------|--------|
| <u> </u> | | | | | forced | | Reinf. | Canal | Reinf. |
| Nomi | nal Olm. | | iforced pes 8 & E) | | pes A & O) | | pes C & F) | Glass Ty | |
| ! | | | | | | Pos (+) | | Pos (+) | Neg(|
| me Width 24 In | Frame Height | Pos (+) | Neg (-) | Pos (+) | Neg(-) | 90.0 | Neg (-) | 90.0 | 120 |
| 30 in | ł . | 70.0 70.0 | 80.0 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120. |
| 36 In | 1 | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120 |
| 42 in | { | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120 |
| 48 in | 72 in | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120 |
| 54 In | '`'' | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120 |
| 60 in | 1] | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120. |
| 66 In | ! } | | | | | 90.0 | 100.0 | 90.0 | 120. |
| 72 in | () | | | | | 90.0 | 100.0 | 90.0 | 120. |
| 24 In | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120 |
| 30 In | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120. |
| 36 ln | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120. |
| 42 In | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48 In | 78 In | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 in | ! ! | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 60 In | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120. |
| 66 In 72 in | 1 | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 72 in 24 in | | 70.0 | | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | | 70.0 | 80.0 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 in | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 In | i | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48 in | 84 In | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 in | • | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.1 |
| 60 In | | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 66 ln | i (| | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 72 in | | | | | | | | 90.0 | 100.0 |
| 241n | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 ln | ! | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 In | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 In | ! . | 70.0 | 80,0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48 in | 90 in | 70.0 | 80.0 | 89.4 | 89.4 | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 in | i | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 60 in | } | | | | _ | 900 | 1000 | 90.0 | 100.0 |
| 72 in | } | | | | - | | | 90.0 | 100.0 |
| 24 In | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | | 70.0 | 80.D | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 ln | 1 | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 In | | 70.0 | 80.0 | 87.9 | 87.9 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48 In | 97.75 In | 70.0 | 80.0 | 80.0 | 80.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 ln | İ | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 60 in | [| | | | | | | 90.0 | 120.0 |
| 66 ln | [| | | | | | | 90.0 | 100.0 |
| 72 in | | | | | | | | 90.0 | 100.0 |
| 24 în | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | [| 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 in | | 70.0 | 80.0 | 88.3 | 88.3 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 in | 102 ln | 68.3 | 77.1 | 77.1 | 77.1 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48 ln | | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 In | 1 | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 60 ln] | | 1 | 1 | | | | | 90.0 | 100.0 |

| | | | Window | Wall Muil | ion Capacit | y (psf) | | | |
|-------------------------|-----------------|---------|--|-----------|-----------------------|--------------|----------------------|---------|----------------------|
| Nomin | nat Dim. | | nforced rpes B & E) | | nforced pes A & D) | | Reinf. pes C & F) | | Reinf. oes C & F) |
| rame Width Frame Height | | Pos (+) | Neg (-) | Pos (+) | Neg(-) | Pos (+) | Neg(·) | Pos (+) | Neg (-) |
| 24 In | resine reagns | 70.0 | 80.0 | 900 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | 1 1 | 70.0 | 80.0 | 87.5 | 87.5 | 90.0 | 100.0 | 90.0 | 120.0 |
| 35 In | l 1 | 65.6 | 74.0 | 74.0 | 74.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 in | l | 57.1 | 64.5 | 64.5 | 64.5 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48 In | 108 in | | ~ | <u> </u> | | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 in | } | | | | | | 100.0 | 90.0 | 100.0 |
| 60 in | } | | | | | | _ | 90.0 | 100.0 |
| 66 in | | _ | | | | | | 90.0 | 100.0 |
| 24 in | | 70.0 | 80.0 | 90.0 | 90.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | | 65.8 | 74.2 | 74.2 | 74.2 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 In | | \$5.5 | 62.6 | 62.6 | 62.6 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 in | 114 in | 23.3 | 02.0 | - 94.V | 02.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 in | 114 in | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 In | | | \vdash | | | - 30.0 | 1000 | 90.0 | 100.0 |
| 60 in | | | | | | | | 90.0 | 100.0 |
| 24in | | €9.7 | 78.5 | 78.5 | 78.5 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | | 56.2 | 63.4 | 63.4 | 63.4 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36in | 1 | 47.4 | 53.5 | 53.5 | 53.5 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 in | 120 in | 77.7 | 33.3 | 33.3 | - 33.7 | 90.0 | 100.0 | 90.0 | 120.0 |
| 48In | | | | | | 90.0 | 100.0 | 90.0 | 120.0 |
| 54 In | | | | | | 70.0 | 100.0 | 90.0 | 100.0 |
| 60 in | | - | | | | | | 90.0 | 100.0 |
| 24 in | | 60.1 | 67,7 | 67.7 | 67.7 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 In | ! | 48.5 | 54.6 | 54.6 | 54.6 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 In | | 40.8 | 46.0 | 45.0 | 46.0 | 90.0 | 100.0 | 90.0 | 120.0 |
| 42 in | 126 ln | | | | | 87.1 | 96.8 | 90.0 | 116.5 |
| 48 in | i 1 | | | | | | | 90.0 | 100.0 |
| 54 In | | | | | | | | 84.0 | 93.4 |
| 24 in | | 52.2 | 58.8 | 58.8 | 58.8 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | } | 42.1 | 47.4 | 47.4 | 47.4 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 In | | | 1 | | | 87.1 | 96.7 | 90.0 | 115.4 |
| 42 in | 132 in | | | | | 75.4 | 83.0 | 90.0 | 100.9 |
| 48 in | i t | | | | | | | 80.5 | 89.4 |
| 54 in | Ì | | | | | | | 72.6 | 80.6 |
| 24 In | | 45.6 | 514 | 51.4 | 51.4 | 90.D | 100.0 | 90.0 | 120.0 |
| 30 in | i t | 36.7 | 41.4 | 41.4 | 41.4 | 90.0 | 100.0 | 90.0 | 120.0 |
| 36 In | 138 in | | ::: | | <u> </u> | 76.0 | B4.4 | 90.0 | 101.6 |
| 42 In | ''' | | | | | | | 79.2 | 88.0 |
| 48 in | h | | | | | | | 70.1 | 77.9 |
| 24 in | | 40.1 | 43.2 | 45.2 | 45.2 | 90.0 | 100.0 | 90.0 | 120.0 |
| 30 in | │ ├ | 22.3 | 36.4 | 36.4 | 36.4 | 79.5 | 88.3 | 90.0 | 106.3 |
| 36 in | 14410 | 24.7 | | | | 66.7 | 74.1 | 80.3 | 89.3 |
| 42 in | } | | | | | | | 69.5 | 77.2 |
| 48 In | } | | | | | | | 61.5 | 68.3 |



NO. 58705

NO. 58705

NO. 58705

ALLING MALLER P.E. P.E. 59705 MILLION OF THE STREET

Revised By: Date: Description: 1070 TECHNOLOGY DRNE N. VENICE, FL 34275 P.O. BOX 1529 NOKOMIS, FL 34274

Revised By: Date: Revision:

MULLION CAPACITY

Revision:

Scale:

NTS

J ROSOWSKI STOREFRONT SYSTEM DETAILS - LM

10/05/12

R0

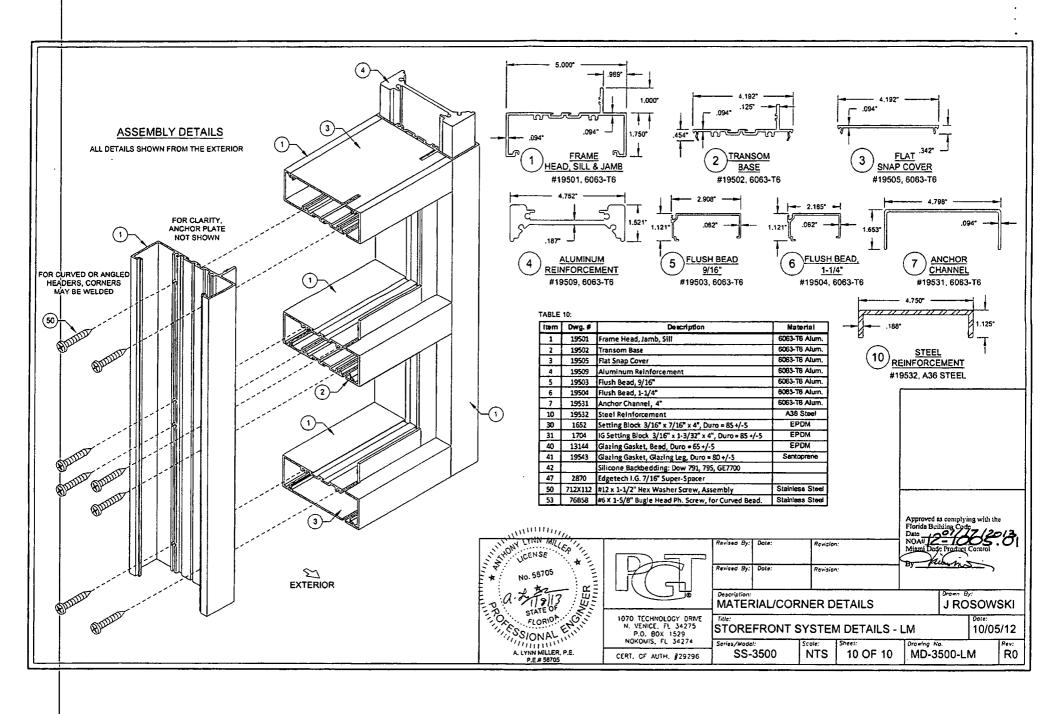
CERT. CF AUTH. #29296

Series/Model: SS-3500

9 OF 10

MD-3500-LM

IF COMBINED WITH STOREFRONT ENTRANCE DOOR (SEE SEPARATE APPROVAL), THE LESSER DEBIGN PRESSURE VALUE OF THE DOOR OR STOREFRONT SYSTEM SHALL BE THE DESIGN PRESSURE FOR THE ENTIRE SYSTEM.



| | 表 [17] | N OF SEWALES | | |
|------------|------------------------------|-------------------------------|---------------|------------------------|
| Date of In | | DEPARTMENT - INSPI | ECTION LOG | |
| PERMITO | OWNER/ADDRESS/CONTRACTOR | INSPECITION TYPES | RESOLUS | PCOMMENTS TO |
| 10774 | Stabler | Roof meta | | 341-2750 |
| | 114 Xellett | Underlas | NASS. | |
| | Glennark Hone | or annual of | 07.20 | INSPECTOR |
| PERMIT | CMINER/ADDRESS/CONTRAGIOR | INSPECTIONATABLE | RESULTIS | COMMENTS |
| 10843 | CA5.41 | Winder Door | | |
| | MADOLE RD | ATTACHMONT | AASSI | |
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| 10717 | NEAME | Pense Port | | READY FOR FAL |
| 10718 | 49 S. Sewmes Go Ro | 1 | PASS | , |
| | OCEANPROND BLORD | | | INSPECTOR A |
| PERMIT | OVINER/ADDRESS/CONTRACTOR | nskegronavra v V j | CHECOURS - SO | COMMENTS |
| | TANDY | THEE | | |
| | 10 OARHILL WAY | | NG. | |
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| | HERITAGE BANK | IRPIGATION | | |
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| PERMIT# | OWNER/ADDRESS/CONTRACTION | INSPECTION TYPE THE | RESOUTS | COMMENTS |
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| | | N OF SEWALLS | |) |
|-----------|---------------------------------|------------------------|------------------|------------------------|
| Date of I | BUILDING nspection Mon Tue | DEPARTMENT - INSPI | ECTION LOG | 7 – 4 Page of |
| PERMIT | # OWNER/ADDRESS/GONIRAGION | NSPECTION INCES | RESOLIG | TEOMMENTS TO |
| 1084 | 1 6 Delano La | Lival | | 871-2489 |
| | Rongen | Roof | Pross | CLOSE |
| | Mary Traceso | | | INSPECTOR |
| PERMIT | OWN RADDRESS/CONTRAGIOR | INSPECTION TYPE IS A | RESULTS | COMMENTS |
| 10822 | MARRONE | ROOF FINAL | | |
| | 53 N. SEWALS A RO |) | PASS | CLOSE |
| | ON SHONG | | | INSPECTOR |
| PERMITE | WOWNERVADDRESS/GONHIVEOUR | NSPEGION WATER IN | RESUICE DE | GOMMANDS SEEDS |
| 10831 | BLOSSOM | GIRAGE Doon | | |
| | 158 S. Riven Ro | FINAL | V158 | CLOTE |
| | AMSRICAN GARVEE DOOR | | | INSPECTOR |
| PERMITS | OWNERY/ADERESS//GENTIF/ACTION S | INSPECTION METERS | RESURTS ASSESSED | COMMENTS |
| 10710 | DAMPROWS | U.6 PLUMB | PA88 | |
| 1 | 7 OAKITILL WAY | U.b. Elect | Press | |
| · | JMC CONT. | | | INSPECTOR |
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| 10837 | BABISITT | DRY · IN | | A 0911 |
| | 76 S. Senpis Pr. RD | METAL | (JASS | |
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| ERMIT# | OWNER/ADDRESS/CONTRACTOR | INSPECTION TAYPE | RESULTS | COMMENTS |
| | | TREE - NO PERMIT | <i>T</i> | |
| | 97. S. Sping | | | |
| | | | | INSPECTOR |

| | TOW | N OF SEWALLS | POINT | |
|------------------|-------------------------------|---------------------------------|--------------------|--|
| | | DEPARTMENT - INSPE | | i de la companya de l |
| Date of Ir | nspection Mon Tue | WedThur | | / - 14 Page of |
| Parking | OWNER/ADDRESS/GON-IRAGION | INSUSTRICKTIVE S | RESURGE | ZEOMMENIS TITLE |
| 10870 | Williams | Fence- | | allen Marres |
| Would like 12 | 24 Castle Hell Whe | Paul Sufely | RNO | CLONE |
| Thingin | | | | INSPECTOR A |
| | CAMPER/ADDRESS/CONTRACTOR | INSPECTIONATABLE DE TRA | ALSULIS STEEL | COMMENTS |
| 10771 | Sharfi | Partial Stee | d | |
| | 73 N Rever Rd | Jusp. | PASS | |
| | Warrell Bldg | GUNITE WALL | | INSPECTOR |
| Pativing. | DOWNER AND LESS ACONTRACTORIS | inspecton transfer | RIES ULIFE A LEGIS | COMINIENTS (2) |
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| PER EMPLEA | owner/address/confiractors | inspegnon-naegy | RESULTS | COMMENTS |
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| , | 121 Nul Crest Dr. | Final | Ans8 | CLOSE |
| | GLG Homes | | · | INSPECTOR A |
| <u>PERIVIEU</u> | GWNER/ADDRESS/CONTRACTOR | NGREGION TYPE SECUR | RESULESSEE | GOMMAN ST |
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| | Ible 121 Hell Crest Dr. | Electrical Framera Findes | Ox85 | |
| _ | | Findes | | INSPECTOR |
| PERMIT # | OWNER/ADDRESS/CONTRACTION | INSPECTION TYPE TO SE | RESOLUS | COMMENTS |
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| | 86 N Sewalli FFRA. | RESET FOR | FAIL | NEED CONT. LADOR |
| | me Coal A/C | <u></u> | ~ 6/12 | INSPECTOR |
| ERMIT# | OWNER/ADDRESS/CONTRACTOR | | results" 3 | COMMENTS |
| 10680 | WINS #SLOW | WINDOW Coum | | |
| - | 10-5-SPT-PD- | | (YNS) | - in low. |
| | (0BC) | | 14.10 | MISPECTOR) UND |

11194 PAVER DRIVEWAY



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

| PERMIT NUMBER: | 111 | 94 | DATE ISSUED: | March 4, 2015 | | | |
|----------------------------------|-------------|-------------|---------------|---------------|-------------------|--|--|
| SCOPE OF WORK: | Driveway (R | eplacing ex | ith Pavers) | | | | |
| CONTRACTOR: Reefline Contracting | | | | | | | |
| PARCEL CONTROL NU | MBER: | 13-38-4 | 1-000-00350-1 | SUBDIVISION: | High Point Lot 35 | | |
| CONSTRUCTION ADDI | RESS: | 7 Middle l | Road | | | | |
| OWNER NAME: | Cash | | | | | | |
| QUALIFIER: Mitch Saccaved | | veccia | CONTACT PHO | ONE NUMBER: | 638-9609 | | |

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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>
CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

INSPECTIONS UNDERGROUND PLUMBING UNDERGROUND GAS UNDERGROUND MECHANICAL UNDERGROUND ELECTRICAL STEM-WALL FOOTING **FOOTING TIE BEAM/COLUMNS** SLAB **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.

Driveway Only

| | Town of S | Sewall's Point |
|-----|--|--|
| | Date: 2/2 1/15 BUILDING PE | RMIT APPLICATION Permit Number: |
| | OWNER/LESSEE NAME: FILE LAND CASL | Phone (Day) (Fax) |
| | Job Site Address: 7 Middle Rd | City: <u>Sewalls Pt</u> State: <u>FL</u> Zip: |
| | | rcel Control Number: 13-38-4/-000-00350-/ Address: V+35 |
| | Fee Simple Holder Name: Elizabeth Cash City: Sewall Pt State: FL Zip: Telep | |
| | Telep | |
| | *SCOPE OF WORK (PLEASE BE SPECIFIC): | |
| | WILL OWNER BE THE CONTRACTOR? | COST AND VALUES: (Required on ALL permit applications) timated Value of Improvements: \$ 6,000 |
| | YES NO (Not | ice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) |
| | 505 | subject property located in flood hazard area? VE10AE9AE8X R ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: |
| | | timated Fair Market Value prior to improvement: \$ |
| | Construction Company: Refline Contracti | PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION |
| | MIM C | Cypress Drive City: Type state State TZ zip: 33968 |
| | | <i>_</i> |
| | State License Number: OR: Municipality: _ | License Number: |
| | LOCAL CONTACT: Mitch | Phone Number: 772 638 9109 |
| | DESIGN PROFESSIONAL: | Fla. License# |
| | Street:City: | State: Zip: Phone Number: |
| NA. | AREAS SQUARE FOOTAGE: Living: Garage: | Covered Patios/ Porches: Enclosed Storage: |
| • • | Carport: Total under Roof Elevated De Enclosed non-habitable areas below the Base Flood Elevation g | ▼ |
| | * | |
| | CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building C National Electrical Code: 2008, Florida Energy Code: 2010, Florida A | |
| | NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC REC MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMEN AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBS A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTE 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORS. | RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR INTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A THE JOB SITE BEFORE THE FIRST INSPECTION. IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS CORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE NATAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE TANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR R 24 MONTHS PER TOWN ORDINANCE 50-95. DRIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL |
| | ***** A FINAL INSPECTION IS REQU | IRED ON ALL BUILDING PERMITS****** |
| | | |
| | OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: | CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: |
| | State of Florida, County of: MONTH | State of Florida, County of: Martin |
| | On This the 35 day of Albana, 2013 by Elizabeth Narm lumbis personally | on This the <u>33rd</u> day of <u>Fabruary</u> 20.15 by MI tan Sacayecua who is personally |
| | known to major produced | by 1111 TEN SUCCESSEE who is personally known to me or produced |
| | As identification. | As identification. |
| | Notary Public | 4/2) Notary Public |
| | My Commission Expires: 10/18 SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITH | My Commission Expires: 4/0/20/8 |
| | APPLICATION OF THE BEOTHER THE STATE ON THE APPLICATION OF THE STATE O | HIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER 30 DAYS (FBC 105.3.2) - PLANTINGICK OF YOUR PERMITTANOMPTLY! NOTARY PUBLIC |
| | NOTARY PUBLIC STATE OF FLORIDA | STATE OF FLORIDA |
| | Comm# FF088562 | Comm# FF086562 |
| | Expires 4/20/2018 | Expires 4/20/2018 |



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

BUILDING PERMIT RECEIPT

| PERMIT NUMBER: | 111 | 194 | | | | | |
|--------------------------|----------------|------------------|---------------|------------------------------|------------------|-------|----------|
| ADDRESS: | 7 Middle Roa | ad | | | | | |
| DATE ISSUED: | 3/4/2015 | SCOPE OF | WORK: | Driveway (Replaci Pavers) | ng existing con | crete | with |
| SINGLE FAMILY OR | ADDITION / | REMODEL | | Declared Value | . \$ | \$ | - |
| Plan Submittal Fee (\$3 | 50.00 SFR, \$ | 175.00 Remo | odel < \$200 |)K) | \$ | | |
| (No plan submittal fee | | | | | | | |
| Total square feet air-co | | | \$ 121.75 | per sq. ft. s.f. | | \$ | - |
| Total square feet non-c | onditioned sp | pace, or interi | or remode | : | | | |
| | | | | per sq. ft. s.f. | | \$ | - |
| Total square feet remo | del with new | trusses: | \$ 90.78 | per sq. ft. s.f. | | \$ | - |
| Total Construction Val | ue: | | | | \$ | \$ | - |
| Building fee: (2% of co | onstruction va | alue SFR or > | \$200K) | | \$ | | n/a |
| Building fee: (1% of co | | | | | | \$ | - |
| Total number of inspec | tions (Value | < \$200K) | \$ 100.00 | per insp. # ins | pini in a second | | n/a |
| Dept. of Comm. Affair | | | | n) | \$ | | n/a |
| DBPR Licensing Fee: | (1.5% of pern | nit fee - \$2.00 |) min.) | | \$ | | n/a |
| Road impact assessmen | nt: (.04% of c | onstruction v | alue - \$5 r | nin.) | | | n/a |
| Martin County Impact | Fee: | | | | \$ | ļ | |
| TOTAL BUILDING | PERMIT FE | E: | | | \$ | \$ | <u>-</u> |
| L cores on i non i | | | n 1 | 7 1 | T | I & | |
| ACCESSORY PERMI | | | Declared ' | | \$ | \$ | 6,000.00 |
| Total number of inspec | ctions: | (a), | \$ 100.00 | per insp. # ins | p 2 | \$ | 200.00 |
| Dept. of Comm. Affair | | | | n) | \$ | \$ | 3.00 |
| DBPR Licensing Fee: | (1.5% of pern | nit fee - \$2.00 | 0 min.) | | \$ | \$ | 3.00 |
| Road impact assessme | nt: (.04% of c | construction v | /alue - \$5 r | nin.) | | \$ | 5.00 |
| TOTAL ACCESSOR | Y PERMIT | FEE: | | | | \$ | 211.00 |



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

| ADDRESS: | | 194 | | | | | | |
|---|--|--------------------------------|--|----------------------------|---------------|---------------------|---|--|
| | 7 Middle Roa | ad | | | | | | |
| DATE ISSUED: | 3/4/2015 | SCOPE OF | WORK: | Driveway (Repla Pavers) | cing ex | isting | concrete | e with |
| SINGLE FAMILY OR | ADDITION / | REMODEL | | Declared Value | | \$ | \$ | · · |
| | | | | | | | | |
| Plan Submittal Fee (\$3 | | | | OK) | | \$ | | |
| (No plan submittal fee | | | | | | | | |
| Total square feet air-co | onditioned spa | a (a) | \$ 121.75 | per sq. ft. s. | f. | | \$ | - |
| Total course feet non | | | : | | - | | | |
| Total square feet non- | | | | | | | | |
| CONSTRUCTION CONSUL | TING AND INSE | ECTIONS LLO | C | | - | | \$ | |
| 5448 SE ORANGE ST | | | | 1317 63-1482/67 | . - | | — " | - |
| TOW | N OF SEWA | LL'S POINT | 3/4/1 | Date | 5 | \$ | \$ | - |
| | | | 4 | | - | | | |
| Pay to the Order of | | | | J\$ 211. | | \$ | | n/ |
| # 1/ | | | | | | | Φ. | |
| Luis Hondred & | r D/win | Dollar | け : _ | Dollars 🖸 🖁 | urity 1 | | \$ | - |
| | fluen | Dollar | <u> </u> | Dollars 🖸 🖁 | atte on _ | | 2 | n/s |
| D Bank | | Doun | ヴ | Dollars 🙃 🚆 | arity 4 | | \$ | n/: |
| | | <u>Dollar</u> | s (m) | Dollars 🛈 🖁 | | \$ | <u>.</u> | n/a |
| Bank America's Most Convenient Ban | | Donai | | Dollars 🙃 🖁 | with all on V | \$ \$ | \$ · | n/a |
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| Bank America's Most Convenient Ban Or | k* | Donai | | Dollars 🙃 👸 | | | <u>.</u> | n/a n/a |
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| Bank America's Most Convenient Ban | k• | | | Dollars 🛈 🐩 | | \$ | i : : : : : : : : : : : : : : : : : : : | n/: n/: |
| Bank America's Most Convenient Ban For | PERMIT FE | | Declared ' | | | \$ | i : : : : : : : : : : : : : : : : : : : | n/s n/s |
| Bank America's Most Convenient Ban For TOTAL BUILDING | PERMIT FE | CE: | (A) | Value: | | \$ | \$ | n/a n/a n/a |
| TOTAL BUILDING ACCESSORY PERMI Total number of inspect | PERMIT FE | EE: | Declared \(\\$ 100.00 | Value: per insp. # in | | \$ \$ 2 | \$ \$ \$ | n/s n/s - 6,000.00 200.00 |
| TOTAL BUILDING ACCESSORY PERMI Total number of inspect | PERMIT FE T ctions: | CE: | Declared \$ 100.00 e - \$2.00 mi | Value: per insp. # in | | \$ \$ \$ 2 | \$ \$ \$ \$ | n/a n/a n/a - 6,000.00 200.00 |
| TOTAL BUILDING ACCESSORY PERMI Total number of inspec | PERMIT FE T ctions: | CE: | Declared \$ 100.00 e - \$2.00 mi | Value: per insp. # in | | \$ \$ 2 | \$ \$ \$ | n/a n/a n/a - 6,000.00 200.00 |
| TOTAL BUILDING ACCESSORY PERMI Total number of insperiment of Comm. Affair DBPR Licensing Fee: | PERMIT FE T ctions: rs Fee: (1.5%) (1.5%) of perm | OF permit feed nit fee - \$2.0 | Declared \(\\$ 100.00 \\ \end{array} \) | Value: per insp. # in | | \$ \$ \$ 2 | \$ \$ \$ \$ \$ | 6,000.00 200.00 3.00 |
| TOTAL BUILDING ACCESSORY PERMI Total number of inspect | PERMIT FE T ctions: rs Fee: (1.5%) (1.5%) of perm | OF permit feed nit fee - \$2.0 | Declared \(\\$ 100.00 \\ \end{array} \) | Value: per insp. # in | | \$ \$ \$ 2 | \$ \$ \$ \$ | 6,000.00 200.00 3.00 5.00 |



STATE OF FLORIDA

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996

Tel 772-287-2455 Fax 772-220-4765

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

PERMIT NUMBER

| COUNTY OF MARTIN | |
|--|-----------|
| THIS COVENANT, made by <u>Reelling Contracting Covo</u> and legal owners (hereinafter "The Owners") of the property described as: Lot 35, Block , according to the Plat of | |
| (hereinafter "The Owners") of the property described as: Lot 35, Block, according to the Plat of | |
| County, Florida, also known as // Midelle 5+ (Street address) | |
| County, Florida, also known as // Midelle S+ | |
| (Street address) | |
| WHEREAS, the Owners have applied for a permit to construct a driveway of <u>Concrete</u> <u>Pavers</u> construction, a portion of which will be constructed in the Town right-of-way, and such construction will not be of asphalt or regular broom finish concrete, typical for driveways in right-of-way, and such construction will not be of asphalt or regular broom finish concrete, typical for driveways in right-of-way authorized by the Town of Sewall's Point or of driveway materials which the Town constructs, repairs, or replaces when it performs activities in its rights-of ways; and | |
| WHEREAS, the Owners desire to construct the driveway and wish to recognize that the Town of Sewall's Point shall have no responsibility to replace the driveway if it performs any activity on the right-of-way. | |
| NOW THEREFORE, in return for the benefits that will accrue from the construction of their driveway, and in accordance with the criteria for permits for constructing driveways other than those types aforementioned through Land Covenant right-of-way, The Owners of the above described property hereby agree and covenant that the Town of Sewall's Point shall not bear any responsibility for replacement of such driveway located within the right-of-way on this said property, should the need arise. | |
| The Owners agree and covenant that the cost of replacement of the driveway, if required, will be borne by the Owners, their heirs, assigns and successors. This Covenant shall run with the land. | |
| OWNER OWNER OF THE STATE OF THE | |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS 23 DAY OF FEBRUAY 2015 | |
| By Elizabeth Nation-Cash | |
| PERSONALLY KNOWN OR PRODUCED ID | |
| TYPE AFIDS | - HERENIE |
| TYPE OF ID CYNTHIA MARIE BEAN | ·= |
| NOTARY PUBLIC | 02200 |
| NOTARY SIGNATURE STATE OF FLORIDA | <u>ń</u> |
| THIS COVENANT MUST BE RECORDED AT THE CLERK STOFF REPLANT MUST BE RECORDED AT THE CLERK STOFF REPLANT MUST BE RECORDED COPY | |
| THIS COVENANT MUST BE RECORDED AT THE CLERK OF FROM THE BUILDING DEPARTMENT PRIOR TO ISSUING CERTIFICATE OF OCCUPANCY | į |
| OR A FINAL DRIVEWAY INSPECTION | |
| STATE OF FLORIDA | Į. |
| THIS COVENANT MUST BE RECORDED AT THE CLERK STOFF REPIRE APPROACH RECORDED COPY SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO ISSUING CERTIFICATE OF OCCUPANCY OR A FINAL DRIVEWAY INSPECTION. STATE OF FLORIDA MARTIN COUNTY THIS IS TO CEPTIFY THAT THE | 2 |
| THIS IS TO CERTIFY THAT THE | કુ |
| FOREGOING PAGE(S) IS A TRUE | л |
| AND CORRECT COPY OF THE ORIGINAL 18 20 20 21 | <u></u> |
| Page 1 of 1 POCUMENTAS FILED IN THIS OFFICE | |

SLYN TIMMANN. CLERK

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Diane Traynor
PHONE
[A/C, No, Ext): (561) 776-9001
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E-MAIL Collinsworth, Alter, Lambert, LLC 23 Eganfuskee Street Suite 102 Jupiter, FL 33477 FAX (A/C, No): (561) 427-6730

| Jupiter, FL 33477 | | | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # |
|--|-------------------------------|-------------------------------------|------------------|----------------|---|--|--------------|---|---|--------------------|----------------------------|---|-------|-------------|
| | | | | | | | | | INSURER A : Vinings Insurance Company | | | | | |
| INSU | RED | | | | | | | | INSURER B : Association Insurance Co 1124 | | | | | 11240 |
| | | | | | ing Corpor | ratio | า | | INSURER C: | | | | | |
| | | 354 Cypr | ess | Drive | • | | | | INSURER D : | | | | | |
| | | Suite 4 Tequesta | FI | 3346 | :9 | | | | INSURE | RE: | | | | |
| | | | | | | | INSURE | | | | | | | |
| CO | COVERAGES CERTIFICATE NUMBER: | | | | | | | | | REVISION NUMBER: | | • | | |
| C | IDIC/ ERTI | ATED. NOTWIT | THST E IS | SUE | NG ANY R | EQUI PER | REMI | SURANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | NY CONTRAI | CT OR OTHER IES DESCRIB | DOCUMENT WITH RESPE | CT TO | WHICH THIS |
| INSR | | TYPE OF (| NSUR | ANCE | | ADDL | SUBR | POLICY NUMBER | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| A | X | COMMERCIAL GE | | | | | | TOLIG! WOMBER | | (IIIII) DON'T TILL | (MINIOCH TTTT | EACH OCCURRENCE | s | 1,000,000 |
| | | CLAIMS-MAC | DE [| X o | CCUR | | | GLP014673301 | | 04/09/2014 | 04/09/2015 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 100,000 |
| | | | | | | | 1 | | | | 1 | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | Ì | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | N'L AGGREGATE LI | | PPLIE | S PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY X PE | CT CT | | LOC | | | | ! | | | PRODUCTS - COMP/OP AGG | s | 2,000,000 |
| _ | AUI | OTHER: OMOBILE LIABILIT | ~ | | | | | | | - | | COMBINED SINGLE LIMIT | s | |
| İ | 10. | 1 | | | | | l | | | | | (Ea accident) BODILY INJURY (Per person) | s | |
| 1 | | ANY AUTO ALL OWNED | $\overline{}$ | SCHE | EDULED | | | | | | | BODILY INJURY (Per accident) | | |
| | - | AUTOS | | AUTO | OS OWNED | | • | | į | | | PROPERTY DAMAGE | \$ | |
| | - | HIRED AUTOS | $\vdash \vdash$ | AUTO | os | | | | | | | (Per accident) | s | |
| _ | - | | 1 1 | | | | | | | | | | - | |
| | - | UMBRELLA LIAB | - | | CCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | <u> </u> | EXCESS LIAB | l_ | c | LAIMS-MADE | |] | | i | | | AGGREGATE | \$ | |
| | lwor | RETERMINENTS | ENTIO | N \$ | | | | | | | | AL PER LIOTH | s | |
| l _ | AND | EMPLOYERS' LIAE | BILITY | | Y/N | | 1 | | | | | X PER STATUTE OTH- | | |
| В | OFF | PROPRIETOR/PAR CER/MEMBER EXC | TNER | /EXECI D? | UTIVE [| N/A | ŀ | WCV014601201 | | 03/28/2014 | 03/28/2015 | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mar | ndatory in NH) s, describe under | | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | S | 1,000,000 |
| L. | DÉS | CRIPTION OF OPE | RATIC | ONS be | wols | <u> </u> | <u> </u> | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| | | | | | | | | j | | | | | | |
| İ | | | | | | l | | | | | | | | İ |
| Cer | ifica iired | te holder is nar by written con | ned : tract | as ad . Wai | lditional ins ver of subr | sured rogat | for g | D 101, Additional Remarks Schedu general liability when requ pplies in favor of the certifunditions and exclusions. | ired by | written contr | act. General I | Liability is primary and no | | |
| | | | | | | | | | | | | | | į |
| CF | RTIF | ICATE HOLD | ER | | | | | | CANO | ELLATION | | | | |
| Sewalls Point Building Dept. 1 South Sewalls Point Rd. Sewalls Point, FL 34996 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE | | | | | | | | | |
| | | | | | | | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| Sewalls Point Building Dept. 1 South Sewalls Point Rd. Sewalls Point, FL 34996 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Serrains Forme, FE 04330 | AUTHORIZED REPRESENTATIVE |
| | |
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STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

SACCARECCIA, MITCHELL LEE REEFLINE CONTRACTING CORPORATION 5446 SE ORANGE STREET STUART FL 34997

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1520876

ISSUED: 07/20/2014

CERTIFIED GENERAL CONTRACTOR SACCARECCIA, MITCHELL LEE REEFLINE CONTRACTING CORPORATION

IS CERTIFIED under the provisions of Ch.489 FS. Expresion date: AUG 31, 2015 L1407200001844

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CGC1520876

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



SACCARECCIA, MITCHELL LEE REEFLINE CONTRACTING CORPORATION 354 CYPRESS DRIVE SUITE 4 TEQUESTA FL 33469





P.O. Box 3353, West Palm Beach, FL 33402-3353 www.pbctax.com Tel: (561) 355-2264

"LOCATED AT"
354 CYPRESS DR Ste 4
TEQUESTA, FL 33469

Serving you.

| TYPE OF BUSINESS | OWNER | CERTIFICATION# | RECEIPT #/DATE PAID | AMT PAID | BILL# | Į |
|----------------------------|--------------------------|-----------------|------------------------|----------|-----------|---|
| | | CENTILICATION I | TEGEN TWOTTETTED | , | | i |
| 23-0051 GENERAL CONTRACTOR | SACCARECCIA MITCHELL LEE | CGC1520876 | B14.1418469 - 08/21/14 | \$27.50 | 840184387 | į |

This document is valid only when receipted by the Tax Collector's Office.

B2 - 673

REEFLINE CONTRACTING CORPORATION REEFLINE CONTRACTING CORPORATION 354 CYPRESS DR STE 4 TEQUESTA, FL 33469 STATE OF FLORIDA
PALM BEACH COUNTY
2014/2015 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 201256496 EXPIRES: SEPTEMBER 30, 2015

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

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

generated on 3/4/2015 11:51:27 AM EST

Summary

 Parcel ID
 Account #
 Unit Address
 Market Total Vebsite Value
 Website Updated

 13-38-41-002-000-00350-1
 27723
 7 MIDDLE RD, SEWALL'S POINT
 \$440,220
 2/28/2015

Owner Information

Owner(Current) CASH JILL ELIZABETH

Owner/Mail Address 7 MIDDLE RD

STUART FL 34996

Sale Date 12/10/2008

Document Book/Page 2364 0972

 Document No.
 2120669

 Sale Price
 795000

Location/Description

Account # 27723 Map Page No. SP-06

Tax District2200Legal DescriptionHIGH POINT LOT 35

Parcel Address 7 MIDDLE RD, SEWALL'S POINT

Acres .3440

Parcel Type

Use Code 0100 Single Family

Neighborhood 120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value \$200,000

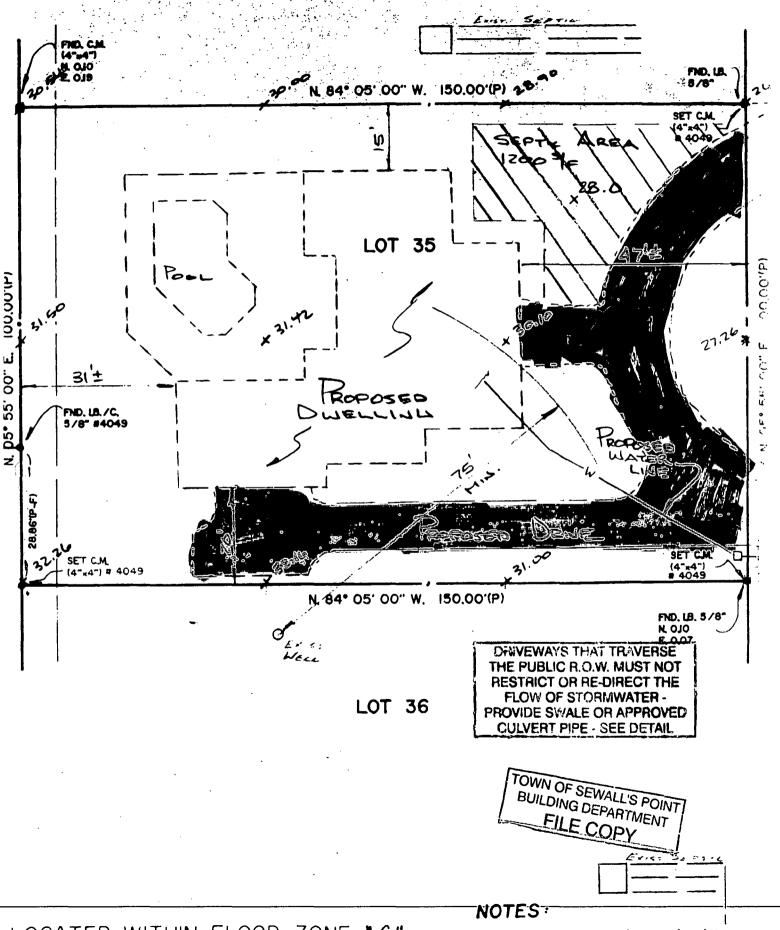
Market Improvement Value \$240,220

Market Total Value \$440,220

http://fl-martin-appraiser.governmax.com/propertymax/GRM/tab_parcel_v1002_FLMartin.... 3/4/2015

-Expires-4/20/2018-

| | * | NOTICE OF CO | ገለ <i>ለ</i> ለ የሙ እ፣ ለግሙ | | | |
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| | TO BE COMPL | ETED WHEN CONST | JIVIIVIENCE. TRUCTION VALU | VE EXCEEDS \$2.50 | m 767 | PG 2342 |
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| STATE OF FLORIDA | | | | CAROLYN TIF MARTIN COUR | TIANN | |
| | | | | | | |
| THE UNDERSIGNED HERE: ACCORDANCE WITH CHAI COMMENCEMENT. | TER 713, FLORIDA | STATUTES, THE FOLI | LOWING INFORM | IATION IS PROVIDI | ED IN THIS NOT | TCE OF |
| COMMENCEMENT. LEGAL DESCRIPTION OF Middle | PROPERTY (AND S | TREET ADDRESS IF | AVAILABLE): | FL | | <i></i> |
| | | ~ ~ ~ ~ | 1 n | Ay_ | | |
| OWNER NAME: | 14513EIN | 23/10/1- | | Ø | | |
| ADDRESS: | n Mid | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CAV NUMBED. | | | |
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| INTEREST IN PROPERTY: NAME AND ADDRESS OF F | EE SIMPLE TITLE H | OLDER (IF OTHER TI | HAN OWNER): | | DAILE | MARTIN COUNTY THIS IS TO CERTIF FOREGOING FOREGOING AND CORRECTICS DOCUMENT AS FILE CAROLYN 1 |
| CONTRACTOR: Part | Vine Car | stration (| C 4.00 | | | IS TO CE |
| CONTRACTOR: <u>Reef</u> | 354 Chai | rela DFina | - Tegu | ecte Fl | | ₹ S CL C C E |
| PHONE NUMBER | : 561 80 | 3 2468 F | AX NUMBEŔ: | | | ♦ ₽ ₽ ₽ ₹ |
| SURETY COMPANY (IF AN | Y): | | | | | YTHAT TAGE(S) PAGE(S) PY OF TED IN THE |
| ADDRESS: PHONE NUMBER | : | | AX NUMBER: | | $-\!$ | |
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| LENDER/MORTGAGE COM | PANY: | • | | | | A TRUE ORIGIN OFFICE ERK |
| ADDRESS: | | | CAVAMADED. | | | CE SINA |
| PERSONS WITHIN THE STADOCUMENTS MAY BE SER NAME: | VED AS PROVIDED | BY SECTION 713.13 (| 1) (a) 7., FLORIDA | STATUTES: | | |
| | | | | | | |
| IN ADDITION TO HIMSELF | OR HERSELF, OWN | ER DESIGNATES ECEIVE A COPY OF T | HE LIENOD'S NO | TICE AS DROVIDED | OF | 2.12(1)(D) |
| FLORIDA STATUES: | TO RE | CEIVE A COPY OF II | HE LIENUK S NO | TICE AS PROVIDED | IN SECTION / | .3.13(1)(B), |
| PHONE NUMBER: | | FAX NUMI | BER: | | | |
| EXPIRATION DATE OF NO (EXPIRATION DATE IS O | | | ORDING UNLESS | S A DIFFERENT DA | TE IS SPEČIFI | ED). |
| WARNING TO OWNER; A CONSIDERED IMPROPER I PAYING TWICE FOR IMPR THE JOB SITE BEFORE T ATTORNEY BEFORE COM | AYMENTS UNDER OVEMENTS TO YOU HE FIRST INSPECT | CHAPTER 713, PART I JR PROPERTY. A NOT ION. IF YOU INTEND | I, SECTION 713.13 FICE OF COMME TO OBTAIN FINA | , FLORIDA STATUT ENCEMENT MUST : ANCING, CONSULT | TES AND CAN R BE RECORDED | ESULT IN YOUR AND POSTED ON |
| SIGNATURE OF OWNER | M - (() OR OWNER'S AUTH | ORIZED OFFICERA | _ DIRECTOR/PART | TNER/MANAGER | | |
| SIGNATORY'S TITLE/OF | TICE | | | · | | |
| THE FOREGOING INSTRUM | _ | WLEDGED BEFORE M | TE THISD | ΛΥ OF 2 | 20 | |
| NAME OF PERSO | ~ Cash as_ | TYPE OF AUTHORI | FO | | PARTY ON BEH | ALF OF |
| PERSONALLY KNOWN | | DENTIFICATION | • | | STRUMENT WA | |
| TYPE OF IDENTIFICATION | _ | | Cly | Maul Y SIGNATURE/SEA | 191 | |
| UNDER-PENALTIES OF PETHE BEST OF MY KNOW | ERJURY, I DECLAR LEDGE AND BELIE | E THAT I HAVE REA F (SECTION 92.525, F | AD THE FOREGO | DING AND THAT TI | NOT/ | ARY PUBLIC |
| - CXX IIV | X:1/1/\ | | | a | SFR ESTAT | TE OF FLORIDA |



| | | TOWN OF SEWALL'S P | OINT | • |
|-----------|-------------|----------------------------------|---------------------------|------|
| | | Building Department – Inspection | | |
| Date of I | nspection [| ☐ Mon ☑ Tue ☐ Wed ☐ Thur ☐ |] Fri <u>3/10/15</u> Page | e of |

| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
|----------|-------------------------------|----------------------|---------|-----------|
| 11179 | Alteslaben | Plumbing | | |
| | 7 N River Rd | Plumbing Rough-in | (VASS) | |
| | Independent Contractors of TE | | | INSPECTOR |
| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11190 | Jochem | Alc | | |
| | 22 Ridgeland Drive | Final | NO AWST | ve ' |
| | HisAir | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| TEN94 | Cash | Driveway | 20 | |
| | 7 middle Road | Driveway | | Number |
| | Reef line Contracting | | | INSPECTOR |
| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| | | | | · |
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| | | | | INSPECTOR |
| PERMIT # | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
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| PERMIT # | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
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| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| | | | | |
| | | | | |
| | | | | INSPECTOR |

TOWN OF SEWALL'S POINT

Page ____ of ___

Building Department – Inspection Log
Date of Inspection □ Mon □ Tue □ Wed ☒ Thur □ Fri 3/19/15

| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
|-------------|---|--|------------------------|--------------------------------|
| 11136 | Gervato | Pool | | must protect flex, transit |
| | 10 N Sewalls Pt Rd | Electrical | Fail | from rigid to |
| | DVR, Inc | Final | | bring towall inspectors. Bruhn |
| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 1/207 | Winslow | Pough | | Need to expose line and |
| | 10 S Sewalls Pt Rd | () | Fail | provide approve |
| | Paulie Propane | gas lines | | INSPECTORS. Bruhn |
| PERMIT # | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 11173 | Harring ton | Remodel | | mustadd Smoke detectors |
| | 5 S Via Lucindia | Final | Fail | |
| | Adam Peters Carpentry OWNER/ADDRESSS/CONTRACTOR | | | INSPECTOR S. Bruhn |
| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 10999 | Antonu cci | Final | | |
| | 9 Simara Street | Seawall | Pass | Close |
| DEDAMENT OF | Wilco Construction | ************************************** | Desîu t a V | INSPECTOR S. Bruha |
| PERMIT # | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESÛLŢS | COMMENTS |
| 11111 | Mckinney | Door | | |
| | 24 Simara Street | Final | Pass | Close |
| | J+G Construction | | | INSPECTOR S. Bruhn |
| PERMIT# | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| राविमे | Cash | Final | | ~7.8E~ |
| | 7_middle-Coach | Paver | ROSS | Coso |
| | Reefline Contracting | Driveway | | INSPECTOR S. Bruhn |
| PERMIT # | OWNER/ADDRESSS/CONTRACTOR | INSEPECTION TYPE | RESULTS | COMMENTS |
| 10982 | Thompson | Alc | | No One |
| . _ | M9 S River Road Elite A/C | Final | Fail | Home |
| | Elite A/c | | | -INSPECTOR S. Bruhn |

11254 REPLACE GARAGE DOOR



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: | 11: | 254 | DATE ISSUED: | April 23, 2015 | | | |
|------------------|-------------|-----------------------------|-----------------|----------------|-------------------|--|--|
| SCOPE OF WORK: | Replacing (| Replacing Garage Door | | | | | |
| CONTRACTOR: | Treasure C | Treasure Coast Garage Doors | | | | | |
| PARCEL CONTROL N | UMBER: | 13-38-41- | 002-000-00350-1 | SUBDIVISION: | High Point Lot 35 | | |
| CONSTRUCTION ADD | RESS: | 7 Middle | Road | | _ | | |
| OWNER NAME: | Cash | | | | | | |
| QUALIFIER: | Mark Wagi | ner | CONTACT PHO | ONE NUMBER: | 879-0487 | | |

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 – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>
CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

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

| 1/ 00 10 | Sewall's Point PERMIT APPLICATION Permit Number: 11254 |
|---|---|
| OWNER/LESSEE NAME: <u>CASH</u> , <u>ELIZABETH</u> | Phone (Day) 34/-3/63 (Fax) NA |
| Job Site Address: 7 MIDDLE ROAD | City: STURET State: FL zip: 34996 Parcel Control Number: 13-38-41-052-000-00355-1 |
| Legal Description H: ah Point Lot 35 | Parcel Control Number: 13-88-41-062-000-00356-1 |
| | Address: |
| City: State: Zip: Te | |
| | |
| SCOPE OF WORK (PLEASE BE SPECIFIC): | EPLACING 18X7 GARAGE DOOR. |
| | COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 2,100,00 |
| | Estimated Value of Improvements: \$ |
| | Is subject property located in flood hazard area? VE10AE9AE8X |
| | FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ |
| (Must include a copy of all variance approvals with application) | (Fair Market Value of the Primary Structure only, Minus the land value) |
| Torneyor Coart Goo | PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION AGE DOORS Phone: 879-0487 Fax: 879 0361 |
| | |
| | SWBILT MORE ST City: PSL State: FL Zip: 34983 |
| State License Number: NA OR: Municipalit | ty: NA License Number: MCGD 0 2444 |
| | Phone Number: |
| DESIGN PROFESSIONAL: NA | Fla. License# |
| Street:City: | i e |
| AREAS SQUARE FOOTAGE: Living: Garage: | Covered Patios/ Porches: Enclosed Storage: |
| Carport:Total under RoofElevated * Enclosed non-habitable areas below the Base Flood Elevation | |
| CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Buildin National Electrical Code: 2008, Florida Energy Code: 2010, Florid WARNINGS TO OWNERS AND CONTRACT | a Accessibility Code: 2010, Florida Fire Prevention Code: 2010 |
| 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT N PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED | MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A |
| APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERN AGENCIES, OR FEDERAL AGENCIES. | RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE |
| A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AT 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AU | THORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF YS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL |
| *****A FINAL INSPECTION IS REC | QUIRED ON ALL BUILDING PERMITS****** |
| THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR | MIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE DEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL I OF SEWALL'S POINT DURING THE BUILDING PROCESS. |
| OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: | CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: |
| X | x///ana agner |
| State of Florida, County of: | State of Florida, County of: Martin |
| | |
| On This theday of20 | On This the 2 day of April 2015 |
| bywho is personally | by Mark Wagner who is personally |
| bywho is personally known to me or produced | by Mark Wagner who is personally thrown to me or produced FL BL |
| bywho is personally known to me or producedAs identification | by Mark Wagner who is personally thrown to me or produced FL BL |
| bywho is personally known to me or produced | by Mark Wasner who is petionally known to me or propuged FL BL |



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

BUILDING PERMIT RECEIPT

| PERMIT NUMBER: | 112 | <u> 254 </u> | <u> </u> | | | | | |
|--------------------------|----------------|---|--------------|-------------|---------|--|----------|---|
| ADDRESS: | 7 Middle Roa | ad | | | | | | |
| DATE ISSUED: | 4/23/2015 | SCOPE OF | WORK: | Replacing G | arage l | Door | | |
| | | | | | | | | |
| SINGLE FAMILY OR | ADDITION / | REMODEL | | Declared Va | alue | \$ · | | |
| Dlan Culmittal Fac (83 | 50 00 SED. D | 2 om o dol > \$2 | 001/) | | | <u> </u> | | |
| Plan Submittal Fee (\$3 | | | | | | \$ | 7 | • |
| Plan Submittal Fee (17 | | | ennant im | provement | | \$ | | 1 |
| Plan Submittal Fee (10 | | | | | - C | \$ | \$ | <u> </u> |
| Total square feet air-co | onditioned spa | a (2) | | per sq. ft. | s.f. | | 2 | |
| Total square feet non-o | conditioned sp | ace, or inter | ior remode | el: | | | | |
| • | | | | per sq. ft. | s.f. | Figure 1 and | \$ | - |
| Total square feet remo | del with new | trusses: | @ | per sq. ft. | s.f. | | \$ | - |
| Total Construction Va | lue: | | | | | \$ | \$ | - |
| Building fee: (2% of c | | | | | | \$ | | n/a |
| Total number of inspec | ctions (Value | < \$200K) | \$ 150.00 | per insp. | # insp | | \$ | - |
| Dept. of Comm. Affair | rs Fee: (1.5% | of permit fee | - \$2.00 m | iin) | | \$ | | n/a |
| DBPR Licensing Fee: | | | | | | \$ | <u> </u> | n/a |
| Technology Fee: (0.04 | | | | | | | | n/a |
| Road impact assessme | nt: (0.4% of c | onstruction v | value - \$20 | min.) | | | | n/a |
| Martin County Impact | Fee: | | | | | \$ | | <u> </u> |
| TOTAL BUILDING | PERMIT FE | CE: | | | | \$ | \$ | - |
| | | | | | | | | |
| ACCESSORY PERMI | T . | | Declared | Value: | | \$ | \$ | 2,100.00 |
| Total number of inspec | ctions: | (a) | \$ 150.00 | per insp. | # insp | | \$ | 150.00 |
| Dept. of Comm. Affair | rs Fee: (1.5% | of permit fee | e - \$2.00 m | nin) | | \$ | \$ | 2.25 |
| DBPR Licensing Fee: | (1.5% of pern | nit fee - \$2.0 | 0 min.) | | | \$ | \$ | 2.25 |
| Technology Fee (0.049) | % of Construc | tion Value - | \$5 min.) | | | | \$ | 5.00 |
| Road impact assessme | nt: (0.4% of c | onstruction | value - \$20 | min.) | | | \$ | 20.00 |
| TOTAL ACCESSOR | RY PERMIT | FEE: | | | | | \$ | 179.50 |
| | | | | | | | | |



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

BUILDING PERMIT RECEIPT

| PERMIT NUMBER: | RMIT NUMBER: 11254 | | | | | | |
|-----------------------------|---|----------|---------|---------------------|----|-----------------------|-----|
| ADDRESS: | 7 Middle Road | | | | | | |
| DATE ISSUED: | 4/23/2015 S | COPE OF | WORK: | Replacing Garage Do | or | | |
| SINGLE FAMILY OR | ADDITION /RI | EMODEL | | Declared Value | \$ | | |
| | | • | | | | and the second second | 189 |
| REASURE COAST G | ARAGE DOOR | S, INC. | | Wells Fargo, N.A. | | | |
| 966 SW BI PORT ST. LUCIE | LTMORE ST. ., FL 34983-1857 79-0487 | • | | 63-751-631 | | | |
| | TO | WN OF SE | EWALL'S | POINT | | | |
| O THE | | | | | | - 1201 | 50 |

PAY TO THE ORDER OF One Heendred Sevent Mine & 50/100-

| Road impact assessment: (0.4% of cons | struction value - \$20 min.) | | 1 | n/a |
|---------------------------------------|------------------------------|-----|-------|----------|
| Martin County Impact Fee: | | \$ | | |
| · | | | | |
| TOTAL BUILDING PERMIT FEE: | | \$ | \$ | - |
| | | | | |
| ACCESSORY PERMIT | Declared Value: | \$ | \$ | 2,100.00 |
| Total number of inspections: | @ \$ 150.00 per insp. # ins | p 1 | \$ | 150.00 |
| | | | | |
| Dept. of Comm. Affairs Fee: (1.5% of | permit fee - \$2.00 min) | \$ | \$ | 2.25 |
| DBPR Licensing Fee: (1.5% of permit | fee - \$2.00 min.) | \$ | \$ | 2.25 |
| Technology Fee (0.04% of Constructio | | | \$ | 5.00 |
| Road impact assessment: (0.4% of con- | | \$ | 20.00 | |
| | | | | |
| TOTAL ACCESSORY PERMIT FE | E: | | \$ | 179.50 |



Martin County Building Department

900 SE Ruhnke Street Stuart, FI 34994 (772) 288-5482 Fax (772) 419-6935

WAGNER, MARK J TREASURE COAST GARAGE DOORS IN 966 SW BILTMORE ST PORT ST LUCIE, FL 34983

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 Contractor's Licensing Certificate of Competency

GARAGE DOOR - MC

License #: MCGD02444

Expires: 09/30/2015

WAGNER, MARK J

TREASURE COAST GARAGE DOORS IN

966 SW BILTMORE ST

PORT ST LUCIE, FL 34983

2014-2015

MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

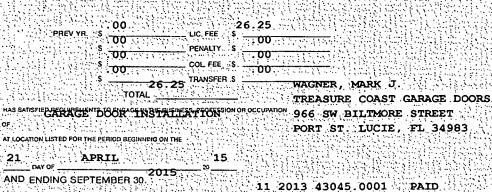
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5604 1997-500-0046 SPO2444

ACCOUNT (772)879-0487 CERT 235510

PHONE SK NO

LOCATION:
966 SW BILTMORE ST PSL

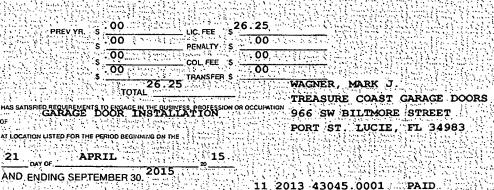
CHARACTER COUNTS IN MARTIN COUNTY



2014-2015 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5604 ACCOUNT 1997-500-0046 CERT SPO2444
PHONE (772) 879-0487 SIC NO 235510 CLOCATION:
966 SW BILTMORE ST PSL

CHARACTER COUNTS IN MARTIN COUNTY



THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30th, A DELINQUENT PENALTY OF 10% FOR THE MONTH, OF OCTOBER, PLUS A 5% PENALTY FOR EACH, MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

| | CORD. CERTIFIC | ATE OF LIABILIT | TY INSUF | RANCE | | 2/20/2015 |
|--------|--|--|--------------------------------|--------------------------------------|---|---------------------------------------|
| RODUC | | | THIS CER | TIFICATE IS ISSL | IED AS A MATTER OF IN | FORMATION |
| KRE' | SCHMER INSURANCE AG | SENCY INC | | | D RIGHTS UPON THE TTE DOES NOT AMEND, | |
| 3109 | Oleander Ave | | | | FFORDED BY THE POLI | |
| Fort | t Pierce, FL 34982 | | | | | |
| | 2) 467-6656 | | INSURERS A | AFFORDING COV | ERAGE | NAIC# |
| SURED | Treasure Coast G | arage Doors, Inc. | INSURER A: L | LOUDS OF L | ONDON | |
| | | | INSURER B: B | USINESS FI | RST | |
| | 966 SW Biltmore | Street | INSURER C: M | T HAWLEY | | |
| | Port St. Lucie, | FL 34983 | INSURER D: | | | |
| | 1(772)879-0487 | | INSURER E: | | | |
| OVER | AGES | | | | | |
| ANY F | OLICIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDED IES. AGGREGATE LIMITS SHOWN MAY | OF ANY CONTRACT OR OTHER OF BY THE POLICIES DESCRIBED HE | DOCUMENT WITH EREIN IS SUBJECT | RESPECT TO WHIC | CH THIS CERTIFICATE MAY B | E ISSUED OR |
| R INSR | | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
| 1 | GENERAL LIABILITY | | | - 11 | EACH OCCURRENCE \$ | 1,000,000 |
| 1 | X COMMERCIAL GENERAL LIABILITY | | į | | DAMAGE TO RENTED PREMISES (Ea occurence) \$ | |
| 1 | CLAIMSMADE X OCCUR | | | | 'MED EXP (Any one person) \$ | |
| | | CIBFL0012013 | 2/21/15 | 2/21/16 | | 1,000,000 |
| | | | -,, | -,, | | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG \$ | |
| | X POLICY PRO- | | | | | |
| | AUTOMOBILE LIABILITY . | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| 1 | ALL OWNED AUTOS | | | | BODILYINJURY | |
| | SCHEDULED AUTOS | İ | | | (Per person) | |
| | HIRED AUTOS | | | | | |
|]. | NON-OWNED AUTOS | | | | BODILY INJURY (Peraccident) | |
| | | | | | PROPERTY DAMAGE (Per accident) | |
| | GARAGE LIABILITY | | | | AUTO ONLY-EA ACCIDENT \$ | |
| | ANYAUTO | | | | EAACC & | · · · · · · · · · · · · · · · · · · · |
| | | | | | OTHER THAN AUTOONLY: AGG \$ | |
| 1 | EXCESS/JIMBREILA LIABILITY | | | | EACH OCCURRENCE \$ | 2,000,000 |
| | X OCCUR CLAIMSMADE | | | | AGGREGATE \$ | |
| | | EMX0320057 | 02/21/15 | 2/21/16 | \$ | |
| : | DEDUCTIBLE | maio 320037 | 02/21/13 | 2/21/50 | s | |
| 1 | RETENTION \$ | | | | s | |
| 1410 | <u> </u> | | | | I WESTATIL I JOYL | |
| | RKERS COMPENSATION AND PLOYERS' LIABILITY | | 07/00/12 | 07/00/14 | | E00 000 |
| | PROPRIETOR/PARTNER/EXECUTIVE | 0521_00000 | 07/09/13 | 07/09/14 | | |
| lfve | s, describe under | 0521-00808 | 07/09/14 | 07/09/15 | E.L. DISEASE - EA EMPLOYEE \$ | |
| | CIAL PROVISIONS below HER | | - | | E.L. DISEASE - POLICY LIMIT \$ | 500,000 |
| 1 | QUIPMENT | CIBFL0012013 | 2/21/15 | 2/21/16 | 17,500 TOTAL E | |

ACORD 25 (2001/08)

@ACORD CORPORATION 1988

FRUFUSAL



TREASURE COAST GARAGE DOORS, INC.
966 S.W. Biltmore Street
Port St. Lucie, FL 34983-1857
(772) 879-0487 FAX (772) 879-0261

| PROPOSAL SUBMITTED TO | C | HONE 41-3103 | DATE 1-12-1-5 |
|--|------------------------|---|--|
| STREET | , | OB NAME | |
| CITY, STATE and ZIP CODE | | OB LOCATION | |
| ARCHITECT DATE OF PLAN | is . | | JOB PHONE |
| We hereby submit specifications and estimates for: | 2.2 | Court Service William Service Court Service | AND THE PROPERTY OF THE PARTY O |
| | w (U.) | " HINKE | to lastitue |
| - 15x7 ginne | | | |
| FURRIS | H And | LNISTALL | |
| 1-18×7+624-6417E-11 | 115F0 / | JUEL STEEL WO | OR. |
| FROM LOCK BOTTOM RUBBER, V | INYL WI | EMPHERSEAL TR | im, 15 R. TRACK |
| FEBRUAL CORTIFIED, T | 40 /4 | 4 PSF. Hard | IMPACT |
| Remove. And HAUL HWAY OLD | Noor, | RECONNECT M | OTOR GENIEPROMAX. |
| 1-PERMIT Pencade. | · · · · · · · · · | | - 20 |
| I.K. | STALLE | DlAX LUCLUDE | D\$ 2100 |
| DePo | SIT /# C | 572 | 500 |
| | BALAKC + | 2 | # 1,600 |
| | | | , |
| Wood 2x0 V20 170B | | | |
| Proper preparation of openings by others. No painting, caulk | ing, electrical wir | ing or hook-up by Treasure Coas | st Garage Doors, Inc. |
| We Propose hereby to furnish material ar | nd labor — com | plete in accordance with abo | ve specifications, for the sum of: |
| | | | dollars (\$ 2100). |
| Payment to be made as follows: 4500^{20} | 2:12517 | BALANCE - 0 | \mathcal{L} |
| Any costs incurred as a result of non-payment of invoice, inc service charge on all past due accounts. | cluding court co | sts and attorney fees, will be sur | stained by customer. 11/2% per month |
| All material is guaranteed to be specified. All work to be completed in a according to standard practices. Any alteration or deviation from above sp | ecifications involving | Authorized / Authorized Signature | come |
| extra costs will be executed only upon written orders, and will become an e above the estimate. All agreements contingent upon strikes, accidents o control. Owner to carry fire, tornado and other necessary insurance. O covered by Workman's Compensation Insurance. | r delays beyond our | Note: This proposal may withdrawn by us if not accepted wit | be. 30 days. |
| | | | |
| Acceptance of Proposal — The above price and conditions are satisfactory and are hereby accepted. You are the work as specified. Payment will be made as outlined above. | | Signature CHULLO | lw |
| Date of Acceptance: | | Signature | |
| 4.3/89 | *** | organication | Rat No. G. 4321.73 |
| ₩ .111AM | | | |



WINDOW/DOOR REPLACEMENT CHECKLIST AND SCHEDULE 2010 FLORIDA BUILDING CODE

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

| Please make sure you have ALL required copies before submitting permit applicat | ion |
|---|-----|
| 1 Copy Completed Permit Application | |
| 2 Copies Window/Door Schedule | |
| 2 Copies Manufacturer's Florida Product Approval and Specifications | |
| 2 Copies Floor Plan Sketch – Show location & ID number of each window/door. Must match window/door schedule. | |

PLEASE NOTE: WINDOWS AND DOOR REPLACEMENT MUST COMPLY WITH 2010 FBC – EXISTING BUILDING 604.1

ALL NEW WINDOWS AND/OR DOORS WITH GLAZING MUST HAVE IMPACT PROTECTION (SHUTTERS OR IMPACT GLASS). IF SHUTTERS ARE USED, A SEPARATE SHUTTER PERMIT MUST BE ISSUED PRIOR TO FINAL INSPECTION OF THE WINDOW/DOOR REPLACEMENT PERMIT.

PARTIAL WINDOW OR GLAZED DOOR REPLACEMENT THAT REPRESENTS LESS THAN 25% OF THE TOTAL GLAZED AREA OVER A 12 MONTH PERIOD IS EXEMPT FROM IMPACT PROTECTION REQUIREMENTS.

WINDOW/DOOR SCHEDULE

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

| ID | APPOX OPENING | 7-010114 71011 | 4 | IMPACT PROTECTION | | DEMARKS |
|-----|-----------------------|----------------|----------|----------------------|---------|----------------------------|
| NO | SIZE (WXH) | DESIGNATION | * TYPE | IMPACT GLASS | SHUTTER | REMARKS |
| • | 37" X 63" | 25 | SH | | X | EXAMPLE |
| 1 | 37" X 63" 144"×80" | | SH | X | | REPLACE GHSTING NOW-INSTRE |
| 2 | | _ , | | 7~ | | 560 |
| 3 | | | | | | |
| 4 | | | | | | |
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| 29 | ļ | | | <u> </u> | | |
| 30 | | | | | L | |

TOTAL GLAZED OPENING AREA FOR STRUCTRE: 81.

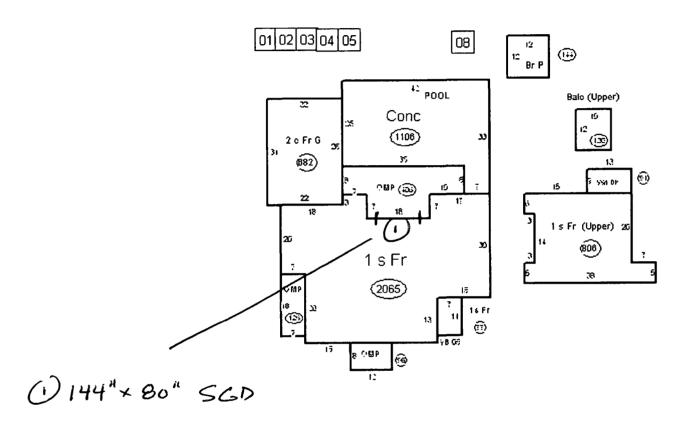
*PERCENTAGE OF NEW GLAZED AREA: 5 %
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC/ EXISTING BUILDING 507.3.

* TYPE WINDOWS

SH - SINGLE HUNG DH - DOUBLE HUNG AWN - AWNING CAS - CASEMENT SL – SLIDING FIX – FIXED

| SHUTTERA - Shutters - Accordian | 1 | 0 | 0 | 0 |
|---------------------------------|----|---|---|---|
| SHUTTERP - Shutters - Panel | 1 | 0 | 0 | 0 |
| WDDK - Wood Deck | 91 | | | |



Click to enlarge

Hick on the "View Details" link (if available) to see more detailed information actualing sketches.

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement





One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

FILE COPY

FORMULA FOR DESIGN PRESSURES

Example 25 ft mean roof height, exposure C - 16 X 7 Door 140mph.

| | Pressure | Exposure C multiplier | | | leg. Design Pressure |
|---|----------|-----------------------|------|---|----------------------|
| | 29.7 | X | 1.35 | = | +40.095 |
| - | -33.1 | Χ | 1.35 | = | -44.685 |

Garage Door must be rated at +40.1/-44.68 minimum. This must be completed for exposure C:

| Pressure | Ext | <u>posure C multi</u> | <u>plier</u> | Reg. Design Pressur |
|----------|-----|-----------------------|--------------|---------------------|
| +29.7 | X | 1,29 | = | 38.3/ (+) |
| - 33./ | Х | 1,29 | = | 42.7 (-) |

OURDOOR 15 +40/-44 PSF.

TABLE 1609.3.1

EQUIVALENT BASIC WIND SPEEDSa,b,c

| | | | | ,-,- | | | | | | | | | |
|-----|----|----|-----|------|-----|-----|-----|-----|-----|-------|-----|-----|-----|
| V3S | 85 | 90 | 100 | 105 | 110 | 120 | 125 | 130 | 140 | _ 145 | 150 | 160 | 170 |
| Vfm | 71 | 76 | 85 | 90 | 95 | 104 | 109 | 114 | 123 | 128 | 133 | 142 | 152 |

For SI: 1 mile per hour = 0.44 m/s.

- a. Linear interpolation is permitted.
- b. V3S is the 3-second gust wind speed (mph).
- c. Vfm is the fastest mile wind speed (mph).

| | ` ~~~ | TABLE 16 | 09.6(2) | |
|-------|----------------------|----------|----------|------|
| MEA | N ROOF HEIGHT (feet) | 2 | EXPOSURE | |
| | | В | | D |
| | ~\ ⁵ ~ | 1.00 | 1.21 | 1.47 |
| | 20 | 1.00 | 1.29 | 1.55 |
| | 25 | 1.00 | 1.35 | 1.61 |
| | 30 | 1.00 | 1.40 | 1.66 |
| | 35 | 1.05 | 1.45 | 1.70 |
| | 40 | 1.09 | 1.49 | 1.74 |
| | 45 | 1.12 | 1.53 | 1.78 |
| - | 50 | 1.16 | 1.56 | 1.81 |
| | 55 | 1.19 | 1.59 | 1.84 |
| ***** | 60 | 1.22 | 1.62 | 1.87 |

For SI: 1 foot=304.8 mm.

All table values shall be adjusted for other exposures and heights by multiplying by the above coefficients.

| • | | | | | | TA. | BLE 1 | <u>1609.</u> | 6(1) | | | | | | | | |
|---------------|-------------|--------|-------|------|-------|---------|---------|--------------|-----------|---------|-------|------|---------|-------|-------|------|-------|
| Effective Win | d Area | | | • | Ba | sic Win | d Speed | V (mph | - 3 secon | d gust) | | | • | de | ممية | | • |
| Width (ft) | Height (ft) | . 8 | 5 | 9 | 00 | 1 | 00 | 1 | 10 | i | 20 | 1 | 30 |) | 40 ° | } 1 | 150 |
| | | | •• | | • | Roo | f Angle | 0 - 10 | degree | S | | | | التحت | |) | |
| 8 | 8 | 10.5 | -11.9 | 11.7 | -13.3 | 14.5 | -16.4 | | -19.9 | 20.9 | -23.6 | 24.5 | -27.7 | 28.4 | -32.2 | 32.6 | -36.9 |
| 10 | 10 | 10.1 | -11.4 | 11.4 | -12.7 | 14.0 | -15.7 | 17.0 | -19.0 | 20.2 | -22.7 | 23.7 | -26.6 | 27.5 | -30.8 | 31.6 | -35.4 |
| 14 | 14 | 10.0 | -10.7 | 10.8 | -12.0 | 13.3 | -14.8 | 16.1 | -17.9 | 19.2 | -21.4 | 22.5 | -25.1 | 26.1 | -29.1 | 30.0 | -33.4 |
| | | | | | | | Roof A | \ngle > | 10 | | | • | • • • • | | | | |
| 9 | 7 | . 11.4 | -12.9 | 12.8 | -14.5 | 15.8 | -17.9 | 19.1 | -21.6 | 22.8 | -25.8 | 26.7 | -30.2 | 31.0 | -35.1 | 35.6 | -40.2 |
| 16 | _ | 10.9 | -12.2 | 12.3 | -13.7 | 15.2 | -16.9 | 18.3 | -20.4 | 21.8 | -24.3 | 25.6 | -28.5 | 29.7 | 33.1 | 34.1 | -38.0 |
| | | | | | • | • | | | | | | | • | سنا | | | |

For SI: 1 Square foot = 0.929 m₂, 1 mph = 0.447 m/s, 1 psf = 47.88 N/m₂

- 1. For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
- 2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1609.6 (2).
- 3. Plus and minus signs signify pressures acting toward and away from the building surfaces.
- 4. Negative pressures assume door has 2 feet of width in building's end zone



DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER) BOARD AND CODE ADMINISTRATION DIVISION

NOTICE OF ACCEPTANCE (NOA)

PRODUCT CONTROL SECTION
11805 SW 26 Street, Room 208
Miami, Florida 33175-2474
T (786) 315-2590 F (786) 315-2599
www.miamidade.gov/cconomy

DAB Door Company, Inc. 12195 NW 98th Avenue Hialeah Gardens, FL 33018

SCOPE:

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

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

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

DESCRIPTION: Hurricane Master Model 824/811 Steel Sectional Garage Door up to 18'-2" Wide w/ Window Lite Option (DP +40.0, -44.0 PSF)

APPROVAL DOCUMENT: Drawing No. 05-03, titled "Sectional Garage Door", sheets 1 through 5 of 5, dated 05/16/2005, with revision F dated 11/03/2014, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E., bearing the Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Section.

MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: A permanent label with the manufacturer's name or logo, manufacturing address, model number, the positive and negative design pressure rating, indicate impact rated if applicable, installation instruction drawing reference number, approval number (NOA), the applicable test standards, and the statement reading 'Miami-Dade County Product Control Approved' is to be located on the door's side track, bottom angle, or inner surface of a panel.

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

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

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

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

This NOA revises NOA # 11-1219.12 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.

MIAMIDADE COUNTY)
APPROYED

01/26/2015

NOA No. 14-0814.03 Expiration Date: March 29, 2017 Approval Date: February 5, 2015

Page

DAB Door Company, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. DRAWINGS

1. Drawing No. 05-03, titled "Sectional Garage Door", sheets 1 through 5 of 5, dated 05/16/2005, with revision F dated 11/03/2014, prepared by Al-Farooq Corporation, signed and sealed by Javad Ahmad, P.E.

B. TESTS "Submitted under NOA # 09-0128.06"

- 1. Test reports on 1) Uniform Static Air Pressure Test Loading per FBC TAS 202-94
 - 2) Large Missile Impact Test per FBC, TAS 201-94
 - 3) Cyclic Wind Pressure Loading per FBC, TAS 203-94
 - 4) Forced Entry Test per FBC, TAS 202-94

along with marked-up drawings and installation diagram of a DAB 824 24 GA Sectional Garage Door with Fixed Windows, prepared by Hurricane Engineering & Testing, Inc, Test Reports No. HETI-08-2149A/B, dated 06/27/2008, signed and sealed by Candido F. Font, P.E.

2. Test report of Tensile Test per ASTM E 8, Report No. HETI 08-T182, prepared by Hurricane Engineering & Testing, Inc., dated 12/23/2008, signed and scaled by Candido F. Font, PE.

"Submitted under NOA # 06-0817.07"

- Test report of Uniform Static Air Pressure and Force Entry Resistance Test, per FBC, TAS 202-94 on "Sectional Residential Garage Doors", prepared by Hurricane Engineering & Testing, Inc., Report No. HETI 05-1445, dated 03/18/2005, signed and sealed by Rafael E. Droz-Seda, P.E.
 - 4. Test report of Large Missile Impact Test, per FBC, TAS 201-94 and Cyclic Wind Pressure Test per, per FBC, TAS 203-94 on "Sectional Residential Garage Doors", prepared by Hurricane Engineering & Testing, Inc., Report No. HETI 05-1446, dated 05/11/2005, signed and sealed by Rafael E. Droz-Seda, P.E.

"Submitted under NOA # 03-0210.04"

5. Test report on Salt Spray (Corrosion) Test per ASTM B 117 of a painted G-40 steel panels, prepared by Celotex Corporation, Test Report No. 258592, dated 08/17/1998, signed by W. A. Jackson, P.E.

C. CALCULATIONS

1. Anchor verification calculations prepared by Al-Farooq Corporation, dated 09/22/2014 and 07/24/2014, signed and sealed by Javad Ahmad, P.E.

"Submitted under NOA # 09-0.128.06"

2. Anchor verification calculations prepared by Al-Farooq Corporation, complying with F.B.C 2007, dated 11/21/2008, signed and sealed by Humayoun Farooq, P.E.

Carlos M. Utrera, P.E. Product Control Examiner NOA No. 14-0814.03

Expiration Date: March 29, 2017 Approval Date: February 5, 2015

DAB Door Company, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

D. QUALITY ASSURANCE

1. Miami-Dade Department of Regulatory and Economic Resources (RER)

E. MATERIAL CERTIFICATIONS

- 1. Notice of Acceptance No. 13-0717.01, issued to SABIC Innovative Plastics, for their Lexan Sheet Products, approved on 11/28/2013 and expiring on 07/17/2018.
- 2. Notice of Acceptance No. 14-0311.08, issued to Insulfoam, LLC, for their Insulfoam Expanded Polystyrene Insulation, approved on 08/14/2014 and expiring on 11/29/2017.
- 3. Notice of Acceptance No. 11-0926.07, issued to Dyplast Products, LLC, for their Expanded Polystyrene Block Type Insulation, approved on 11/10/2011 and expiring on 01/11/2017.
- 4. Notice of Acceptance No. 11-0926.06, issued to Dyplast Products, LLC, for their Dyplast ISO-C1 Polyisocyanurate Insulation, approved on 11/10/2011 and expiring on 01/11/2017.
- 5. Notice of Acceptance No. 10-1129.04, issued to Cellofoam North America Inc, for their Expanded Polystyrene Block Insulation, approved on 02/24/2011 and expiring on 02/24/2016.

"Submitted under NOA # 05-0228.02"

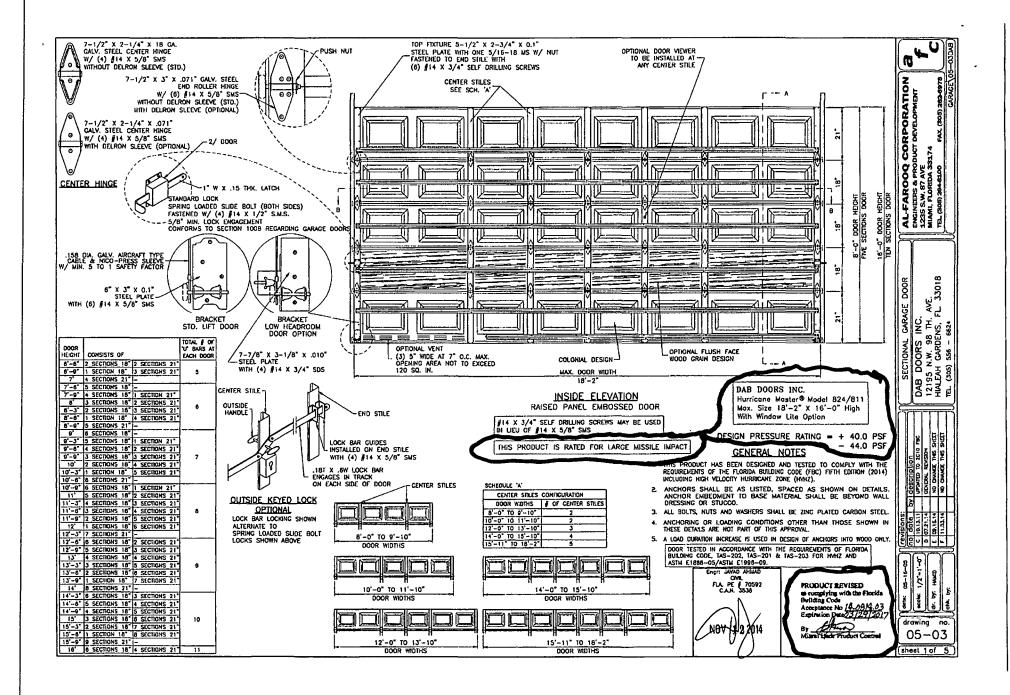
- 6. Test Report on Accelerated Weathering Using Xenon Arc Light Apparatus Test per ASTM G155 of "PVC Extrusion Material", prepared by Hurricane Engineering & Testing, Inc., Report No. **HETI 04-A002**, dated 09/27/2004, signed and sealed by Rafael E. Droz-Seda, P.E.
- 7. Test Reports on Tensile Test per ASTM D638 of "PVC Extrusion Material", prepared by Hurricane Engineering & Testing Inc., Report No. **HETI 04-T251**, dated 11/29/2004 signed and sealed by I. Ghia, P.E.
- 8. Test Report on Self-Ignition Temperature Test, Rate of Burn Test and Smoke Density Test of "REHAU non-foam PVC extrusion material", prepared by ETC Laboratories, Report No. 04-761-15019.0, dated 05/06/2004, signed and sealed by J. L. Doldan, P.E.

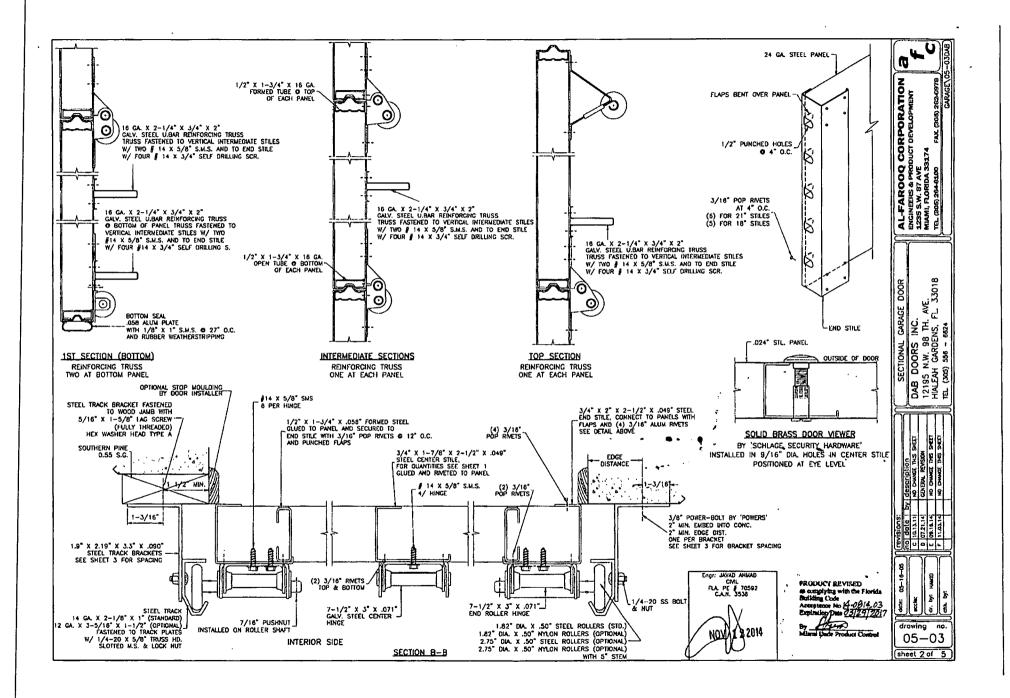
F. STATEMENTS

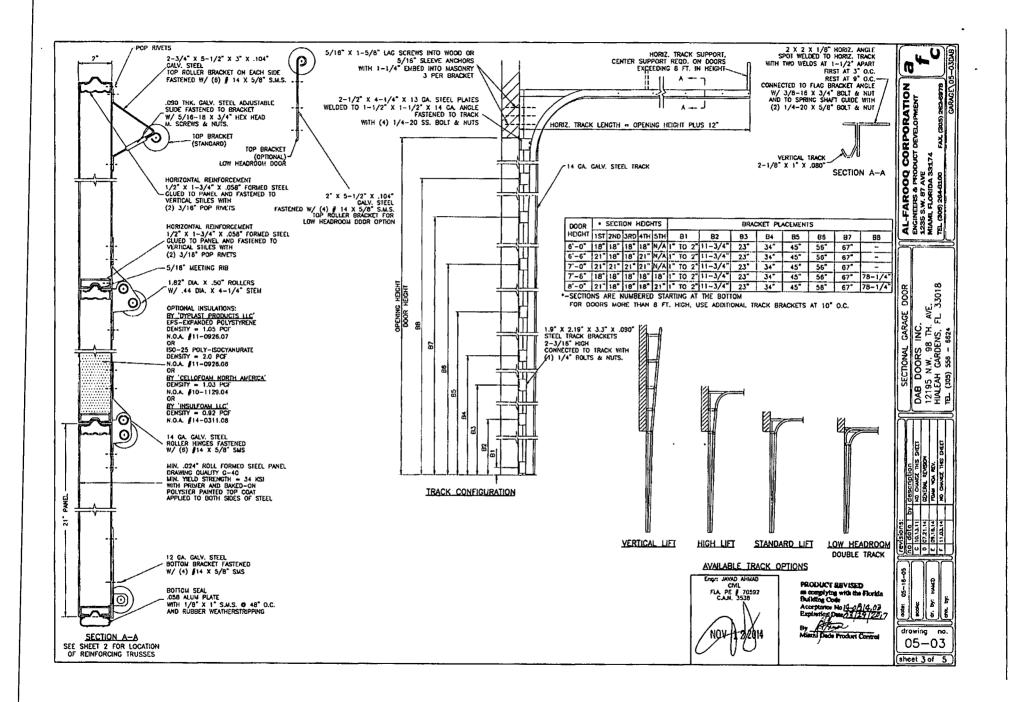
1. Statement letter of code conformance to the 5th edition (2014) FBC and of no financial interest issued by Al-Farooq Corporation, dated 05/13/2014, signed and sealed by Javad Ahmad, P.E.

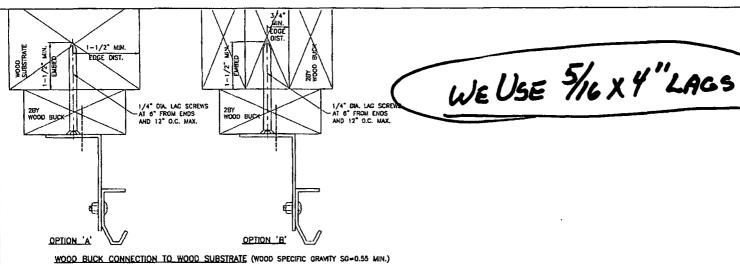
Carlos M. Utrera, P.E.
Product Control Examiner
NOA No. 14-0814.03

Expiration Date: March 29, 2017 Approval Date: February 5, 2015









THE INSTALLATION METHODS SHOWN ABOVE SHOWS 2X6 57P WOOD BUCK ATTACHMENT TO WOOD STRUCTURES. IF THESE METHODS ARE FOLLOWED NO ADDITIONAL CALCULATIONS/DESIGN WILL BE REQUIRED FOR DESIGN OF GRANCE DOOR ANCHORAGE. FOR DOOR REPLACEMENT APPLICATIONS WITH NO ENGINEER OF RECORD, INSTALLATION MAY BE VERHIED AND APPROVED BY THE BUILDING OFFICIAL UPON INSPECTION.

WOOD BUCK CONNECTION TO MASONRY

PRESSURE TREATED 2X6 SYP WOOD JAMES WHICH SHALL BE ANCHORED TO GROUTED REINFORCED MASONRY BLOCK WALL OR CONC. COLLIMN WITH

 $1/4^{\circ}$ ultracon by 'elco' with spacing of 10° O.C. Into group filled block wall, with 2–1/4° min. Embed 10° O.C. Into 3000 PSI concrete, with 1–3/4° min. Embed 3° min. Edge distance

1/4" TAPPER BY 'POWERS' WITH SPACING OF 8" O.C. INTO GROUT FILLED BLOCK WALL, WITH 1-1/2" MIN. EMBED 10" O.C. INTO 3000 PSI CONCRETE, WITH 1-3/4" MIN. EMBED 3" MIN. EDGE DISTANCE

3/8" CONFLEX BY "ELCO" OR
3/8" LDT BY 'TIW" WITH SPACING OF
22" O.C. INTO 3000 PSI CONCRETE, WITH 2-1/2" MIN. EMBED
3" MIN. EDGE DISTANCE

3/8" HLC SLEEVE BY 'HILTI' WITH SPACING OF

8" O.C. INTO GROUT FILLED BLOCK WALL, WITH 1-1/4" MIN. EMBED, 4" MIN. EDGE DIST.

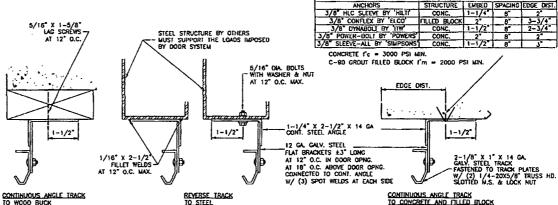
12" O.C. INTO 3000 PSI CONCRETE, WITH 1-1/4" MIN. EMBED AND

2-1/2" MIN. EDGE DISTANCE

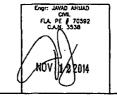
PREPARATION OF JAMBS BY OTHERS

FOR NEW CONSTRUCTION ENGINEER OF RECORD OR ARCHITECT TO VERIFY ADEQUACY OF SUPPORTING STRUCTURE TO SUPPORT LOADS IMPOSED BY DOOR SYSTEM.
FOR DOOR REPLACEMENT IN RETROFIT BUILDINGS WITH NO ENGINEER OF RECORD, DOOR INSTALLATION MAY BE REVIEWED AND APPROVED BY BUILDING OFFICIAL LIPON INSPECTION.

MAXIMUM EXTERIOR(+) LOAD PER JAMB = (18.16' X 40 PSF)/2 = 363.2 Lbs per Ft. MAXIMUM INTERIOR(-) LOAD PER JAMB = (18.16' X 44 PSF)/2 = 399.5 Lbs per Ft.



ALTERNATE TRACK INSTALLATION



PRODUCT REVISED as complying with the Florida Rediding Code
Acceptance No (4-08/4-03 | Deptration Date 03/9-1/2017

By Street Product Control
Manual Date Product Control

sheet 4 of 5

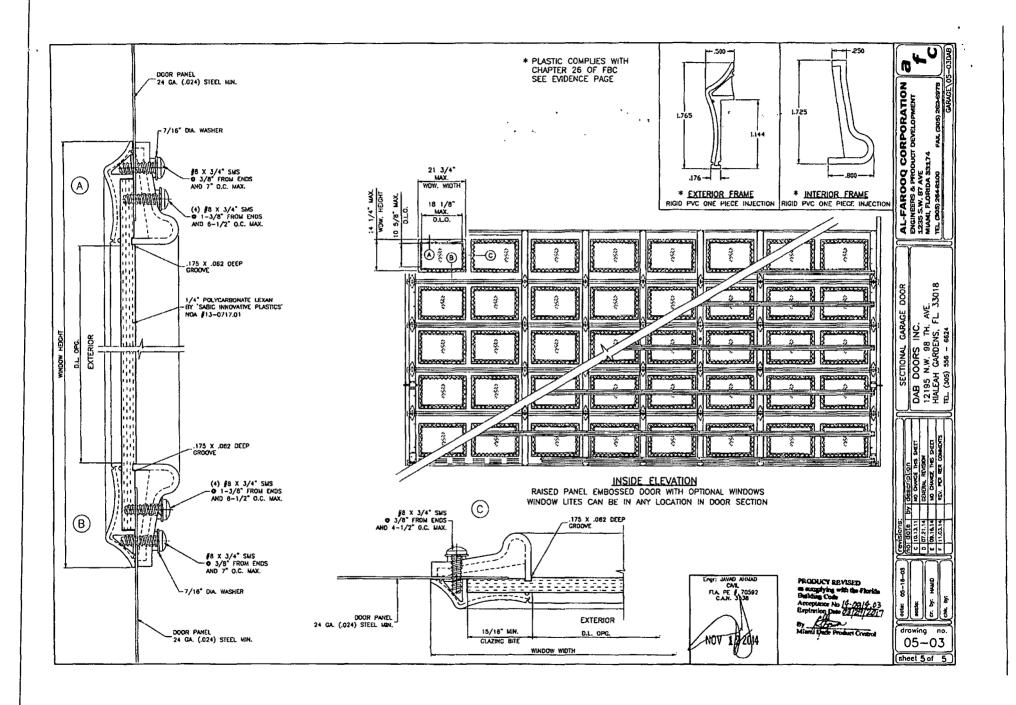
CORPORATION

JUST DEVELOPMENT

. AVE. FL 3301

DAB DOORS INC. 12195 N.W. 98 TH. / HIALEAH CARDENS, F. TE. (305) 556 - 5624

CARAGE



11259 A/C CHANGEOUT



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: | 1125 | 59 | DATE ISSUED: | April 28, 2015 | | | | |
|-------------------|--------------|---------------|-------------------|----------------|-------------------|--|--|--|
| SCOPE OF WORK: | A/C Change | Out | | | | | | |
| CONTRACTOR: | Grateful Air | Conditioni | ng & Heating, Inc | 2 | | | | |
| PARCEL CONTROL NU | MBER: | 13-38-41- | 002-000-00350-1 | SUBDIVISION: | High Point Lot 35 | | | |
| CONSTRUCTION ADDR | ESS: | 7 Middle Road | | | | | | |
| OWNER NAME: | Cash | | | | | | | |
| QUALIFIER: | Timothy Hes | sing | CONTACT PHO | 283-7222 | | | | |

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 - <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>
CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

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

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

| Town | of Sewall's Point |
|--|--|
| Date: BUILDING | G PERMIT APPLICATION Permit Number: |
| OWNER/LESSEE NAME: Elizabeth USH | Phone (Day)(Fax) |
| Job Site Address: 7 Midd 10 Rd | City: Steast State: + Zip: 34996 |
| • | Parcel Control Number: 13-38-41-002-000-00350-1 |
| | Address: |
| City: State: Zip: | Telephone: |
| *SCOPE OF WORK (PLEASE BE SPECIFIC): | Alc Change Out |
| WILL OWNER BE THE CONTRACTOR? | COST AND VALUES: (Required on ALL permit applications) |
| (If yes, Owner Builder questionnaire must accompany application) YES NO | Estimated Value of Improvements: \$ 56.93 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) |
| Has a Zoning Variance ever been granted on this property? | Is subject property located in flood hazard area? VE10AE9AE8X |
| YES (YEAR) NO | FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ |
| (Must include a copy of all variance approvals with application) | (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION |
| Construction Company: Water Land | Octions (Phone: 772 2837200 Fax: 772 288 4412 |
| | 32 SF Rompano R/ city: Stuart state: Pl zip: 34997 |
| | ipality:License Number: |
| | Phone Number: |
| 1 | Fla. License# |
| Street:City: | State: Zip: Phone Number: |
| AREAS SQUARE FOOTAGE: Living: Garage: | Covered Patios/ Porches:Enclosed Storage: |
| Carport: Total under Roof Elev * Enclosed non-habitable areas below the Base Flood Ele | ated Deck: Enclosed area below BFE*:evation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement. |
| | ilding Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 orida Accessibility Code: 2010, Florida Fire Prevention Code: 2010 |
| WARNINGS TO OWNERS AND CONTRA | CTORS: |
| PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER NOTICE OF COMMENCEMENT MUST BE RECORDED AND POST 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPARPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBL | NT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR R OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A IFED ON THE JOB SITE BEFORE THE FIRST INSPECTION. PERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS LIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE ERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE |
| AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND | D SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR |
| A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSE | D AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. |
| | AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL |
| BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VO | |
| *****A FINAL INSPECTION IS R | REQUIRED ON ALL BUILDING PERMITS***** |
| THAT NO WORK OR INSTALLATION HAS COMMENCED PRICE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT | PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY OR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE IT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL DWN OF SEWALL'S POINT DURING THE BUILDING PROCESS. |
| OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: | CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: |
| x Closcheth Cas | CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: OF STATE OF STA |
| State of Florida, County of: Martin \$ | State of Florida, County of: Martin State of Fl |
| On This the | Some On This the 27 day of April 20 15 m = 3 |
| by Elizabeth Cash who is personal | |
| known to me or produced | known to me or produced |
| As identification. | As identification. Notary Public The Public Start St |
| My Commission Expires: 3 1442016 | My Commission Expires: 3/14/2016 |
| SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUE APPLICATIONS WILL BE CONSIDERED ABANDONED AF | DWITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER TER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY! |



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

BUILDING PERMIT RECEIPT

| PERMIT NUMBER: | 112 | | | | | | | |
|--------------------------|----------------|----------------|---------------------|-------------|---------------|-------------|----------|---------------------------------------|
| ADDRESS: | 7 Middle Roa | | | <u> </u> | | | | |
| DATE ISSUED: | 4/28/2015 | SCOPE OF | WORK: | A/C Change | e Out | | | |
| | | | | | | | | |
| | | | | | | | | |
| SINGLE FAMILY OR | ADDITION / | REMODEL | | Declared V | alue | \$ | | |
| | | | | | | | | |
| Plan Submittal Fee (\$3 | 50.00 SFR, R | emodel >\$20 | 00K) | | | \$ | | 1 |
| Plan Submittal Fee (17 | 5.00 Remode | l <\$200K, Te | ennant Imp | rovement | _ | \$ | | |
| Plan Submittal Fee (10 | 0.00 Remode | l <\$100k) | | | | \$ | 1. | |
| Total square feet air-co | nditioned spa | (a), | | per sq. ft. | s.f. | | \$ | - |
| | | | | | | | | |
| Total square feet non-c | onditioned sp | ace, or interi | or remodel | • | | | | |
| | | | | per sq. ft. | s. <u>f</u> . | | \$ | - |
| Total square feet remod | del with new | russes: | <u>(a)</u> | per sq. ft. | s.f. | | \$ | _ |
| | | | | | | | | |
| Total Construction Val | ue: | | | | | \$ | \$ | - |
| | | | | | | | | |
| Building fee: (2% of co | onstruction va | lue SFR or > | \$200K) | | | \$ | | n/a |
| Total number of inspec | | | \$ 150.00 | per insp. | # insp | | \$ | _ |
| | | | | | _ | | | |
| Dept. of Comm. Affair | s Fee: (1.5% | of permit fee | - \$2.00 mi | n) | | \$ | , | n/a |
| DBPR Licensing Fee: (| | | | · | | \$ | | n/a |
| Technology Fee: (0.049 | | | | | | | | n/a |
| Road impact assessmen | | | | min.) | | | | n/a |
| Martin County Impact | | | | | | \$ | | |
| | | | | | | | | |
| TOTAL BUILDING | PERMIT FE | <u>E</u> : | | | | \$ | \$ | - |
| | | | | | | ., | | · · · · · · · · · · · · · · · · · · · |
| ACCESSORY PERMIT | | | Deals | | 7 | | σ | 5 602 00 |
| | | | Declared \ | | | \$ | \$ | 5,693.00 |
| Total number of inspec | tions: | (a), | \$ 150.00 | per insp. | # insp | 1 | \$ | 150.00 |
| D + 60 + 60 + | E. (1.50/ | <u> </u> | Ф2.00 | | | | <u> </u> | 2.25 |
| Dept. of Comm. Affair | | | | n) | | \$ | \$_ | 2.25 |
| DBPR Licensing Fee: (| | | | | | \$ | \$ | 2.25 |
| Technology Fee (0.04% | | | | • . | | | \$_ | 5.00 |
| Road impact assessmen | nt: (0.4% of c | onstruction v | <u>ralue - \$20</u> | min.) | | | \$ | 22.77 |
| TOTAL ACCORDED | I DETERMINE | | | | | | Ι φ | 100.05 |
| TOTAL ACCESSOR | Y PERMIT | <u>FLE:</u> | | | | | \$ | 182.27 |

NG Delice de la company de la

| GRAT | EFUL AIR CONDITIO & Heating Inc. | NING Deliver 4/2 2 |
|--|--|---|
| 4932 SE Pompano Terr. Stuart, FL 34997 | CAC 1814711 Proposal and Agreement | 288-4412 (Fax) 260-4247 (Cell) |
| Customer Name Elizanoth | | Date 4-15-15 |
| v ^e | Road | |
| City, State, Zip 5104-R-T | FCA . 3/996 Phone_ | 220-7945 |
| We will furnish, install and service the equip | ment listed below at the price, terms and condit | , |
| Make American Sta | EQUIPMENT SPECIFICATIONS Andard Model Number (s) | Condenser 4A7A6049H1000A |
| GAM5BOCYZM31S | SB Air Handler | W/ 10 kw heater - |
| | Semove + Replace S | • |
| Flush existing copp | er line set W/R-11 Cor | New 4101 995 - |
| Extend concrete Sta | b to Ferri - New | Elect. Disc + |
| whip - cosion E | m. Drain Pan w/ 7 | Florts - ALL |
| Needed Permits - | Full clean Pip To | 3 X in boxes = Yes |
| Reclaim refrigerant New low voltage wiring New reinforced equipment pad New properly sized refrigerant lines New clean, dry ACR copper tubing Insulate refrigerant suction line(s) Install refrigerant drier(s) Charge to manufacturer's specs Evacuate refrigerant system | Remove existing equipment from premises New copper wire from DISC to COAD. Make air tight plenum transition new supply diffuser(s) New duct run from to Balance for uniform supply air distribution New humidistat New time delay relay New digital thermostat Clean work area to customer's satisfaction Z FLOAT SWITCHES | New condensate drain system Install aux. condensate drain pan New high efficiency air filter New return air filter grill Meet all code requirements Complete system start up year parts warranty year labor warranty year compressor warranty year service agreement |
| Option (below) Alternative (below) | - · | Installed price \$ 6460 |
| AM. STAND Rebate Ti | 11 5/31/15 | FPL Rebate \$ - 267 - AM. STAND - 500 - |
| Terms: 50% upon orde | R-50% upod complet | Total Amount \$ 5693 - Down Payment \$ BALANCE DUE \$ |
| Acceptance (Customer) | Approval Company) | land i W-K-K |



Signature

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

Air Conditioning Change out Affidavit Residential Commercial No (Use Condenser side of form below for equipment listing) Package Unit Yes Yes No - Refrigerant line replacement Yes No Duct Replacement Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes Rooftop A/C Stand Installation Yes No - Curb Installation Smoke Detector in Supply (over 2000 CFM) Yes No One form required for each A/C system installed REPLACEMENT SYSTEM COMPONENTS M36B Condenser: Mfg AM, Savoli O Model# 4A7A1049H1003A Air handler: Mfg: M. Standal Model#2/19/5/30/5 Volts 140 SEER/EER 16.5 BTU's 45,500 Volts 240 CFM's 1600 Heat Strip 10 Kw Min. Circuit Amps 54? Wire gauge #6 Min. Circuit Amps 4? Wire gauge #8 Min. Breaker size 29? Max. Breaker size 60 Min. Breaker size 54 Max. Breaker size 40 Ref. line size: Liquid 3/8 Suction 1/8 Ref. line size: Liquid 3/9 Suction 410-17 410-1 Refrigerant type Refrigerant type Location: Existing X New Location: Existing New Left/Right/Rear/Front/Roof Let Home Attic/Garage Closet (specify) Horiz. Indoor close UPStairs Condensate Location Loft Home NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING, SYSTEM COMPONENTS RRHA 21JUSFS Model# RAMCOYSTAZ Condenser: Mfg Rheem Model# Volts 240 SEER/EER 12:54 BTU's 48,000 ish Volts JYO CFM's 1600 Heat Strip Kw Min. Circuit Amps 50 Wire gauge #6 Min. Circuit Amps 35 Wire gauge #8 Max. Breaker size 45 Max. Breaker size (D) , Min. Breaker size 50 Min. Breaker size 35 Ref. line size: Liquid 38 Suction Ref. line size: Liquid 3/8 Suction Refrigerant type Refrigerant type Location: Ext. X New Location: Ext. Attic/Garage Closet (specify) Hopiz. up Left/Right/Rear/Front/Roof Access: Nice+ fa Condensate Location Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and

-26-13

Date

further that this equipment is considered matched as required by FBC - R (N)1107 & 1108



Contractor License #:

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912) Contractor name: Jurisdiction: Permit No.: Final inspection date: I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below: Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent. Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1) The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2) System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3) 4-26-15 Signature: Printed Name:

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

| Signature: | Date: | |
|---------------|-------|---|
| | • | _ |
| Printed Name: | | |



4.0 TON STRAIGHT COOL MATCH UPS



| | BAC | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | COMPENSION | OLIVIT | | Alf | S SYSTEMS DISTRIBUTO | | - | <u> </u> | OTE: ALL | YELLOW HIGHLIGHTED | | WILL BE PH | ASED OUT |
|--------------|----------|----------------|---------|---------------------|--|---------------------------------------|----------------------------|---------------------------|--------------------|--------------------------|--|-----------------------------|--------------------|------------------------|----------------------|-----------------------------------|--------------|--------------|--------------|
| <u> </u> | | PER | FORM/ | | | 208/230V - 1 PHAS | CONDENSIN | | IMENSION | - | 208/230V - 1 PHAS | AIR HAND | | MENSION: | - | ELECTRIC HE/ 208/230V - 1 PHAS | | FPL | |
| SIZE | SEER | EER | HSPF | COOLING | ARINO. | | | | | 1 | MODEL NO. | | | | | | 7 | REBATE | SYSTEM PRICE |
| | | | | CAP. | | MODEL NO. | UNIT PRICE | HEIGHT | WIDTH | DEPTH | | UNIT PRICE | HEIGHT | WIDTH | DEPTH | MODEL NO. | UNIT PRICE | | |
| | | | | DI ATOUNA | 00 0/0 001 | PRESCOON COMPENSION | | | | | PAGE FOR ADDITIONAL | | | | TO 10 VO | A TOTAT (A ZONEDEO) A D | 250 TO OVOTE | W 86/05 | |
| 4.0 | 20.00 | 13.00 | | 45500 | 6751160 | 4A7V0048A1000A | \$3,667.00 | 41.0 | 37.0 | 34.0 | VARRANTY (REGISTERED TAMBC0C42V31CB | \$1,232.00 | 56.9 | 23.5 | 21.8 | I BAYEVAC10BK1AB | JEU IU SYSIE | | AE 141.00 |
| 4.0 | 20.00 | | | 47000 | 6743103 | 4A7V0048A1000A | \$3,667.00 | 41.0 | 37.0 | 34.0 | TAM8C0C48V41CB | \$1,319.00 | 61.7 | 23.5 | 21.8 | BAYEVAC10BK1AB | 300 | | 125 264 |
| | | | | | | | | | | | | 1 | | | | |] | | |
| | Ь | | | PLATINUM | 18 - (VS CON | PRESSOR) CONDENSIN | G UNITS WITH | AIR HANDL | ERS - CON | IDENSER V | VARRANTY (REGISTERED | COMPRESSO | R 12 YRS., (| COIL & PAR | TS 10 YRS | S.) TSTAT (AZONE950) ADI | DED TO SYSTE | M PRICE | |
| 4.0 | | 13.00 | 0.00 | 45500 | 6751161 | 4A7V8048A1000A | \$2,528.00 | 41.0 | 37.0 | 34.0 | TAM8C0C42V31CB | \$1,232.00 | 56.9 | 23.5 | 21.8 | BAYEVAC10BK1AB | | | 7 |
| 4.0 | 18.00 | 13.00 | 0.00 | 47000 | 6746979 | 4A7V8048A1000A | \$2,528.00 | 41.0 | 37.0 | 34.0 | TAM8C0C48V41CB | \$1,319.00 | 61.7 | 23.5 | 21.8 | BAYEVAC10BK1AB | 2000 | | |
| | | | | _ | | | | | | | | | | | | <u>[</u> | ŀ | | |
| 100 | 145.00 | 10.00 | 0.00 | LATINUM ZI 45500 | M - (DUAL CC _6970545 | MPRESSOR) CONDENS: 4A7Z0648B1000A | NG UNITS WIT \$2.752.00 | <u>H AIR HAND</u> 45.0 | 0LERS - CO 37.0 | <u>NDENSER</u> - 34.0 | WARRANTY (REGISTERE TAMBERC48V41CB | D: COMPRESS 1 \$1.319.00 | OR 12 YRS. 61.Z | <u>. COIL & PA</u> | RTS 10 YF | | ODED TO SYST | EM PRICE | |
| 40 | 18.00 | 12.00 | 0.00 | 45500 | 03(0545 | CONDENSING | | | - | _ | 1,340000404100 | -81,313,00 | سسلملسب | _ | | DATE VACIOBALAB | | | |
| V | <u> </u> | | | 00.617. | | | | | | | MADDANITY (DECICTEDED | L COMPRESSO | D 42 VDC | COU R DAE | TC 10 VD | C) TOTAT (ACOUTEDA) AD | 000 70 000 | MADHIOE | <u></u> |
| 4.0 | 16.00 | 13.00 | | 48500 | 7567584 | 4A7A7048A1000A | \$1,541.00 | 45.0 | 37.0 | 34.0 | WARRANTY (REGISTERED TEM6A0D48H41SA | \$1,013.00 | 54.0 | 26.5 | 21.1 | BAYHTRISIOPDCA | A CONTRACTOR | MPRICE | |
| ''` | | ,0.00 | | | 700700 | | ., | | | • | 1 | .,, | • | | | | | | |
| <u> </u> | <u></u> | | | | | SII VED 16 . (| ONDENSINGT | INITE WITH | AID HAND | I EBQ . CO | NDENSER WARRANTY (RE | CISTERED C | MDDESSO | P 10 YPS | COII & PA | RTS 10 VPS \ | <u>i</u> | | |
| 69,6 | 16/60 | 18950 | (0.000) | 68600 | 53740A07 | 47/A50/19H1000A 47/A60-19H1000A | \$1362400 | df:01 | 37.0 | | GAM5BOC42MA1SB TEM4A0C48S41SA | f \$1(02(100) | 469 | 806 | 2010 | BAYEAAGIUHIAMI BAYHTRIILDEDCA | 2 | 4 | |
| 4.0 | 16.00 | 13.00 | 0.00 | 46000 | 7424881 | 4A7A6G49H1000A | \$1,332.00 | 45.0 | 37.0 | 34.0 34.0 | TEM#A0C48S41SA GAM2A0C60S51SE | \$679.00 | 51.5 61.7 | 29.6 23.5 | 21.1 21.8 21.8 | | | | ****** |
| 4.0 4.0 | | 13.00 13.00 | | 46500 44500 | 6492121 7567578 | 4A7A6049H1000A 4A7A6049H1000A | \$1,332.00 \$1,332.00 | 45.0 45.0 | 37.0 37.0 | 34.0 34.0 | TEM8A0C42H41SA | \$728.00 \$910.00 | 51.5 | 23.5 | 21.8 | BAYEAAC108K1AB BAYHTR1510PDCA | | ٣ عق | |
| 4.0 | | 13.00 | 0.00 | 46500 | 7567579 | 4A7A6049H1000A | \$1,332.00 | 45.0 | 37.0 | 34.0 | TEM6A0D48H41SA | \$1,013.00 | 54.0 | 26.5 | 21.1 | BAYHTR1510PDCA | | | |
| 4.0 | 16.00 | 13.00 | 0.00 | 46000 | 5876323 | 4A7A6049H1000A | \$1,332.00 | 45.0 | 37.0 | 34.0 | TAM7A0C42H31SD | \$1,170.00 | 56.9 | 23.5 | 21.8 | BAYEVAC10BK1AB | | | TO ACCOUNT |
| | ł | | | _ | | _ | | | | | | İ. | | | | | 1 1 | | _ |
| | 175.88 | 78.84 | ~~~ | - JSPAA | ************************************** | SILVER 14 · C | ONDENSING U | NITS WITH | FURNACE | & COIL - C | ONDENSER WARRANTY (F | REGISTERED: | COMPRESS | OR 10 YRS | . COIL & P | ARTS 10 YRS.) | | A | |
| 4.0 | 15.00 | 12.20 12.50 | 0.00 | 47500 47500 | 7502922 7567573 | 4A7A4048L1000A 4A7A4048L1000A | \$1,106.00 \$1,106.00 | 29.0 29.0 | 37.0 37.0 | 34.0 34.0 | GAM2A0C60S51SE TEM6A0D48H41SA | \$728.00 \$1,013.00 | 61.7 54.0 | 23.5 26.5 | 21.8 21.1 | BAYEAAC10BK1AB BAYHTR1510PDCA | 6.50 | 100 | |
| 4.0 | 15.00 | 12.50 | 0.00 | 47500 | 7502904 | 4A7A4048L1000A | \$1,106.00 | 29.0 | 37.0 | 34.0 | TAM7A0C42H31SD | \$1,170.00 | 56.9 | 23.5 | 21.8 | BAYEVAC10BK1AB | | | |
| 4.0 | 14.50 | | | 47500 46500 | 7502926 7792043 | 4A7A4048L1000A 4A7A4048L1000A | \$1,106.00 \$1,106.00 | 29.0 29.0 | 37.0 37.0 | 34.0 34.0 | TEM4A0C48S41SA TEM6A0C42H41SA | \$679.00 \$910.00 | 51.5 51.5 | 23.5 23.5 | 21.1 21.1 | BAYHTR1510PDCA BAYHTR1510PDCA | (-4) | | · · · |
| 4.0 | 14.50 | | | 45000 | 7502921 | 4A7A4048L1000A | \$1,106.00 | 29.0 | 37.0 | 34.0 | GAM2A0B42S31SE | \$562.00 | 55.7 | 21.3 | 21.8 | BAYEAAC10BK1AB | | | |
| ``` | | | **** | | | | | | | | | | | | | | — | j | |
| | ــــــ | | | | | SILVER 13 - | CONDENSING | UNITS WIT | H AIR HAN | DI FRS - CC | NDENSER WARRANTY (R | EGISTERED: C | OMPRESSO | OR 10 YRS | COIL & P. | ARTS 10 YRS | | l | |
| 4.0 | 14.50 | | | 47000 | 7819204 | 4TTB3048D1000C | \$928.00 | 29.0 | 37.0 | 34.0 | TEM6A0D48H41SA | \$1,013.00 | 54.0 | 26.5 | 21.1 | BAYHTR1510PDCA | 100 | T | |
| 4.0 | 14.25 | 11.00 | 0.00 | 46500 | 6687849 7424834 | 4TTB3048D1000C 4TTB3048D1000C | \$928.00 \$928.00 | 29.0 29.0 | 37.0 37.0 | 34.0 34.0 | GAM5B0B36M31SB TEM4A0C48S41SA | \$963.00 \$679.00 | 55.7 51.5 | 21.3 23.5 | 21.8 21.1 | BAYEAAC10BK1AB BAYHTR1510PDCA | 700 | | |
| 4.0 | 14.00 | 11.50 | 0.00 | 48000 49500 | 7424834 5918893 | 4TTB3048D1000C | \$928.00 | 29.0 29.0 | 37.0 37.0 | 34.0 34.0 | TEM3A0C60S51SA | \$708.00 | 51.5 51.5 | 23.5 23.5 | 21.1 | BAYHTR1510PDCA | | | |
| 4.0 | 14.00 | 11.50 | 0.00 | 48500 | 5863650 | 4TTB3048D1000C | \$928.00 | 29.0 | 37.0 | 34.0 | GAM5B0C42M31SB | \$1,023.00 | 56.9 | 23.5 | 21.8 | BAYEAAC10BK1AB | | İ | |
| 4.0 | 13.00 | 11.00 | 0.00 | 46500 | 5720430 | 4TTB3048D1000C | \$928.00 | 29.0 | 37.0 | 34.0 | GAM2A0B42S31SE | \$562.00 | 55.7 | 21.3 | 21.8 | BAYEAAC10BK1AB | | Į | |
| Ш | <u> </u> | | | | | CONDENSING | UNIT - M | ODEL I | 'HASE | υυτ | | | | | | | <u> </u> | | |
| | | | | | | 4WHC30 OVER-U | INDER SEI | RIES HE | AT PUN | IP PACI | KAGE UNITS | | | | | FILTER RACK REQUIR | ED: FOR TEN | 3. TEM4 . TI | EMB & GAF2: |
| 4.0 | 13.50 | 11.00 | 0.00 | 47000 | 3636343 | 4WHC3048A1000B | \$2,869.00 | 33.0 | 45.0 | 58.0 | | | | | | FFRD18.5TEM4 - FILTE | | | |
| " | | | , | | 2000010 | | | 6/1/6 | TS EE I | | EAUT | | | | | FFRD23.5TEM4 - FILTE | | | |
| | | | | | | PACKAGE | UNI | · MO | yel i | -MAS | EUUI | [| | | | FFRD26.5TEM6 - FILTE | | | |
| 世 | | | | | | | | PL | EASE SEE | UNIT PAGE | FOR ADDITIONAL UNIT S | PECIFICATION | S | | | FFRD17.5TAS-SM - FIL | I ER RAUN FL | JR GAF 17. | O MIDE |
| | | | | | | | PRIC | ES, SPECI | -ICATIONS | & ARI NUM | IBERS SUBJECT TO CHAN | GE WITHOUT | PRIOR NOT | IÇE | | | | | |



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 5874040

Date: 10/2/2013

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

Outdoor Unit Model Number: 4A7A6049H1 Indoor Unit Model Number: GAM5B0C42M31 Manufacturer: AMERICAN STANDARD, INC.

Trade/Brand name: GOLD XI

Manufacturer responsible for the rating of this system combination is AMERICAN STANDARD, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):

45500

EER Rating (Cooling):

13.50

SEER Rating (Cooling):

16.50

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

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



Alr-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

130251983511832869

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

iveisier's Cuide

Extreme Condition Mounting Kit

BAYECMT023
BAYECMT004

AWARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

ALL phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES

IMPORTANT — This Document is customer property and is to remain with this unit. Please return to service information pack upon completion of work.

KIT CONTENT - BAYECMT023:

Will mount 10 individual units.

Base Tab Bracket -- Qty 40 (Height 2.1" for Base 2 & 3)

Backup Clip -- Qty 40

Self drilling 12-14 Screws -- Qty 45

12-18 Screws -- Qty 45

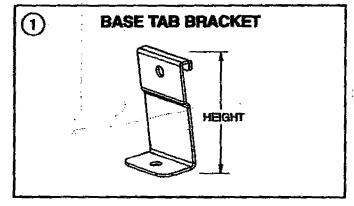
KIT CONTENT - BAYECMT004:

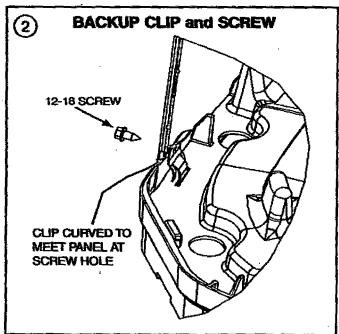
Will mount 5 - 10 individual units depending on unit height. See Installation - BAYECMT004 UNITS greater to or equal to 51" verses 54". Base Tab Bracket - Qty 40 (Height 2.5" for Base 4)Backup Clip - Qty 40Self drilling 12-14 Screws - Qty 45 12-18 Screws - Qty 45

INSPECTION - ALL KITS:

Check carefully for any shipping damage.

This must be reported to and claims made against the transportation company immediately. Any missing parts should be reported to your supplier at once and replaced with authorized parts only.





Installer's Guide

- 4. If a return air duct is connected to the air handler, it must be the same dimensions as shown in the outline drawing on page 18.
- 5. Pedestal and unit should be isolated from the foundation using a suitable isolating material.
- 6. Openings where field wiring enters the cabinet must be completely sealed. Location of power entry is shown on the outline drawing. Use 2.5" clear stickers to seal all unused electrical knockouts. See Figure 9.
- After ductwork connections are made, seal airtight and per local codes.

HORIZONTAL RIGHT

- For maximum efficiency and Customer ease of filter maintenance, it is recommended that a properly sized remote filter grille be installed for horizontal applications. Airflow should not exceed the face velocity of the filter being used. The factory installed filter should then be removed from the unit.
- Unit is shipped from the factory in the horizontal right configuration. Unit conversion is not required.
- 3. If the unit is suspended, it must be supported from the bottom near both ends as well as the middle to prevent sagging. The service access must remain unobstructed. If the unit is supported along the length of the front and back with rails, the air handler only needs to be suspended at both ends. See Figure 8.
- 4. If the unit is not suspended it must be supported as mentioned above and isolated carefully to prevent sound transmission. Vibration isolators (field supplied) must be placed under the unit.
- It is always recommended that an auxiliary drain pan be installed under a horizontal Air Handler (See Condensate Drain Piping) to prevent possible damage to ceilings.
- Isolate the auxiliary drain pan from the unit or from the structure.
- Connect the auxiliary drain line to a separate drain line (no trap is needed in this line) and terminate according to local codes.
- 8. If a return duct is connected to the air handler, it must be the same dimensions as the return opening shown in Figure 10 on page 6 or the outline drawing on page 17.
- 9. Openings where field wiring enters the cabinet must be completely sealed. Location of power entry is shown on the outline drawing. Use 2.5" clear stickers to seal all unused electrical knockouts. See Figure 9.
- After ductwork connections are made, seal airtight and per local codes.

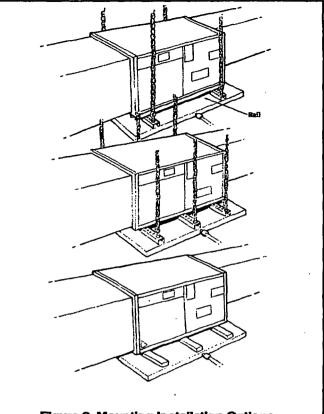
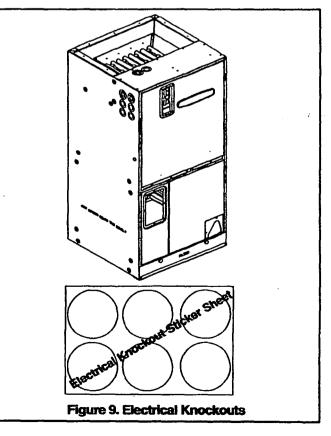


Figure 8. Mounting Installation Options for Horizontal Applications



18-GE14D1-5

ACORDO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYY) 4/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| certificate holder in lieu of such endors | ement(s). | | | | | | | | | |
|--|-------------------------------------|---|--|---|------------|--|--|--|--|--|
| PRODUCER | | CONTACT Employ | ee DEFREP | | | | | | | |
| HSBR Insurance, Inc. | | PHONE (772 |) 546-7292 | FAX (A/C, No): (772 |) 546-6620 | | | | | |
| 9055 SE Bridge Rd | | E-MAIL ADDRESS: | | | | | | | | |
| | | | SURER(S) AFFO | RDING COVERAGE | NAIC # | | | | | |
| Hobe Sound FL 334 | 55 | Insurer A :Ameri | | | | | | | | |
| INSURED | | INSURER 8 : | | | | | | | | |
| Grateful Air Conditioning | | INSURER C : | | | | | | | | |
| 4932 SE Pompano Terrace | | INSURER D: | | | | | | | | |
| · | | INSURER E : | | | | | | | | |
| Stuart FL 349 | 97 | INSURER F : | | | | | | | | |
| COVERAGES CERT | TIFICATE NUMBER:CL1542 | 700098 | | REVISION NUMBER: | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | |
| INSR DE DE DE LIEUT | ADDLISUBR | POLICY EFF | | LIMITS | _ | | | | | |
| X COMMERCIAL GENERAL LIABILITY | INSD YWD POLICY NUMB | EK [MM/IDD/TTY |) (WW)DDITTTT | EACH OCCURRENCE \$ | 1,000,000 | | | | | |
| A CLAIMS-MADE X OCCUR | 1 1 | | | DAMAGE TO RENTED | 100,000 | | | | | |
| 354M5 WASE (2) 5550A | GL000000874103 | 9/18/2014 | 9/18/2015 | PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ | 5,000 | | | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | PERSONAL & ADVINJURY \$ | 1,000,000 | | | | | |
| GEN'L AGGREGATE UMIT APPLIES PER: | | | | GENERAL AGGREGATE \$ | 2,000,000 | | | | | |
| POLICY PRO- LOC | | | | PRODUCTS - COMP/OP AGG \$ | 1,000,000 | | | | | |
| OTHER: | | | | \$ | | | | | | |
| AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT 3 | | | | | | |
| ANY AUTO | · | | | (Ea accident) BODILY INJURY (Per person) \$ | | | | | | |
| ALL OWNED SCHEDULED | | | | BODILY INJURY (Per accident) \$ | | | | | | |
| AUTOS AUTOS NON-OWNED AUTOS | · | | | PROPERTY DAMAGE | | | | | | |
| HIRED AUTOS AUTOS | | | | (Per accident) | | | | | | |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE \$ | | | | | | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE \$ | | | | | | |
| DEO RETENTIONS | | | 1 | AGOREGATE \$ | | | | | | |
| WORKERS COMPENSATION | | | | PER OTH- | | | | | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT \$ | | | | | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | N/A | | | E.L. DISEASE - EA EMPLOYEE \$ | | | | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | 1 | E.L. DISEASE - POLICY LIMIT \$ | | | | | | |
| DESCRIPTION OF OPERATIONS BROW | | | | L.L. DIGENGE - FOLICY CIMITY (8 | | | | | | |
| | 1 | | | | | | | | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (ACORD 101, Additional Remarks S | ichedule, may be attached if m | ore space is regul | rad) | | | | | | |
| | | | | | · | | | | | |
| And the second s | | | | | | | | | | |
| CERTIFICATE HOLDER | | CANCELLATION | | · | | | | | | |
| Town of Sewalls Point One South Sewalls Poin Sewalls Point, FL 349 | · • | | N DATE THE | ESCRIBED POLICIES BE CANCE REOF, NOTICE WILL BE D Y PROVISIONS. | | | | | | |
| Sending FD 319 | · • | AUTHORIZED REPRES | ENTATIVE | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | · K Mosenthin/I | FULLER | A. 5 | | | | | | |

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DAYE (MM/DD/YYYY) 04/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policylea) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsementis). CONTACT NAME: **CAROLYN MCINTOSH** PRODUCER PHONE (AC. No. Ext): E-MAIL FAX (A/C, No): AMAC Insurance Agency (772)675-7200 (772)875-7000 8965 SE Bridge Road Ste 210 ADDRESS: carolyn@amacins.com Hobe Sound, FL 33455 INSURER(S) AFFORDING COVERAGE Phone (772)875-7000 Fax (772)675-7200 INSURER A INSURER B: GRATEFUL AIR CONDITIONING & HEATING INC INSURER C: INSURER D: MARKEL INS CO 4932 SE Pompano Terrace INSURER E Stuart 34997-6934 F) INSURER F CERTIFICATE NUMBER: **COVERAGES** REVISION NUMBER: 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. ADDLISUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LHUTS POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (ES DOCUMENTO) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OF AGG 3 POUCY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY OTUA YNA BODILY INJURY (Per parson) 5 SCHEDULED AUTOS NON-OWNED ALL OWNED BODILY INJURY (Per acciden PROPERTY DAMAGE HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTIONS Ogo WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDEO? E.L. EACH ACCIDENT \$ 500,000.00 05/08/2014 | 05/08/2015 D MWC0032291-03 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 Mandatory in NH) If yes, describe under
DESCRIPTION OF OPERATIONS below ELL DISEASE - POLICY LIMIT s 500,000.00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Altach ACORD 101, Additional Remarks Schedule, II more epace is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE TOWN OF SEWALL'S POINT THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. FAX: 772-220-4765 AUEKORIZED REPRESENTATIVE

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ORIGINAL MARTIN COUNTY 2014-2015 **BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5604

SE POMPANO TERR STU

CHARACTER COUNTS IN MARTIN COUNTY

| PREV YR. S | .00 | LIC. FEE | \$ | 26.25 | | · |
|------------|-----|----------|----|-------|---|---|
| S | | PENALTY | s | . 00 | : | _ |
| s | .00 | COL FEE | | .00 | | _ |
| s | .00 | TRANSFER | | .00 | | _ |

TOTAL 26.25

HESSING, TIMOTHY ROSS

GRATEFUL AIR CONDITIONING AND

ACCOUNT 2006-520-0017 CERTCAC 1814711

PHONE ____(772) 283-7222 SIC NO ___235110

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

CERTFD AIR CONDITIONING CONTRACTHEATING, INC.

4932 SE POMPANO TERRACE AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE STUART, FL 34997

AND ENDING SEPTEMBER 30.

11 2013 41032.0001



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HESSING. TIMOTHY ROSS GRATEFUL AIR CONDITIONING AND HEATING INC **4932 SE POMPANO TERR** FL 34997 STUART

Congratulations! With this license you-become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA **DEPARTMENT OF BUSINESS AND** PROFESSIONAL REGULATION

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CAC1814711 ISSUED 07/01/2014

CERTIFIED AIR COND CONTR HESSING, TIMOTHY ROSS GRATEFUL AIR CONDITIONING AND HEAT

IS CERTIFIED under the provisions of Ch.489 FS. Expiration date : AUG 31, 2016 L1407010000903

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION **CONSTRUCTION INDUSTRY LICENSING BOARD**

LICENSE NUMBER

CAC1814711

The CLASS BAIR CONDITIONING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2016

HESSING, TIMOTHY ROSS GRATEFUL AIR CONDITIONING AND HEATING INC 4932 SE POMPANO TERR STUART FL 34997



TREE PERMITS

TOWN OF SEWALL'S POINT, FLORIDA

| | | | (Contractor or Owne |
|--------------------|---------------|--|--|
| Owner | MIDDLE KD. | | |
| Sub-division | | , Lot | , Block |
| Kind of Trees | | | |
| No. Of Trees: REA | MOVE <u>6</u> | 1-NORFOLK F | INE - 5 LOGUAT |
| No. Of Trees: RELO | CATE W | ITHIN 30 DAYS (NO FE | EE) |
| No. Of Trees: REPI | LACE _5 w | ITHIN 30 DAYS EU | GENIA HEDGE |
| REMARKS | | | |
| | | | FEE \$ _ |
| Signed, | | Signed, Meri | Journal Me Journ Clerk BUILDING OFFICIAL |
| | Applicant | • | BULL DING COCCICAL |
| | | | 1301CDIRG OFFIGE |
| | IALL'S POII | a | 455 - 8:00 A.M12:00 Noon fo |
| N OF SEW | REMC | NT Call 287-2 | 455 - 8:00 A.M12:00 Noon fo |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND PERMIT |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND PERMIT |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND PERMIT |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND PERMIT |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND PERMIT |
| N OF SEW | REMC | Call 287-2 WORK H ORDINANCE 103 PROJECT DESCRIP | 455 - 8:00 A.M12:00 Noon fo ours 8:00 A.M 5:00 P.M.—NO SUND PERMIT |

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

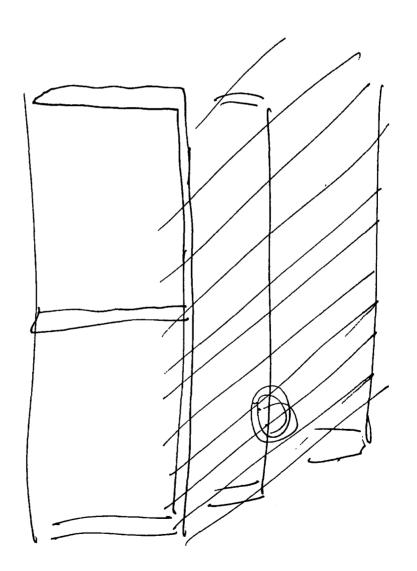
- 1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures. improvements and site uses, location of affected trees identified with an estimated size and number, etc.

يلا

- d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
- 2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
- 3. Inspector will visit site and review application and pass, fail or revise.
- 4. Permit must be picked up and on site prior to work proceeding.

| 5. Permits expire if work do | oes not begin with | in 3 months ar | nd if activity is interru | pted over 45 c | lays. 0 11:28 | 5-9430 |
|------------------------------|----------------------|----------------|---|----------------|---------------|--------|
| Owner 10PP1N6 | DAN | Address/ | MIDDLE R | $2D$ Phone_ | 223-544 | |
| Contractor | | Address | | Phone_ | | |
| No. of Trees: REMOVE | 6 | | Type: / NURFO | KDINS. | S LOGUAT | - |
| No. of Trees: RELOCATE | WITH | IN 30 DAYS | Type:// <i>NORFO</i> DEDIACE Type://EUSEN | IN HEDG | ٤ | |
| No. of Trees: REPLACE | WITH | IIN 30 DAYS | Туре: | | | |
| Written statement giving re | easons: <u>HURRI</u> | CAWE | | | | |
| Signature of Property Own | er Van 1 | Jenney - | > | Date_//-/0 | -04 | |
| Approved by Building Insp | ector: | | Date_////2 | Fee:_ | 0 | |
| Plans approved as submitte | ed | Plans ar | proved as revised/m | arked: | | |





N. PING LOGUET Pool Housq DRIVE HT MIDDLE Rd ST REET

.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| Date of I | ispection: Mon wed | AFR | <u>, 2008</u> | OI |
|-----------|----------------------|-----------------|---------------|-----------------|
| PERMIT | OWNER/ADDRESS/CONTR. | | RESULTS | NOTES/COMMENTS: |
| 下位重复 | TOPPINE | | PASS | |
| , | 7 MIDDLE RO | | * 7 . 1 | . / |
| / | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6977 | FRIBORA | Derila | PAS | |
| 0 | 9 COPAIRE | | | A./ |
| 0 | DVD DEED PHEN | (FIRST A EA | SE | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TAKES | SCHEER | TEER (Imp) | FAIL | / |
| | 2 COPAIRE RD | | | |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6917 | Seymour | PRE DEYWALL | FAIL | |
| | 73 S. Samus Pr | | | 0.1/ |
| 6 | OB | (house open) | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6544 | LANCASTER | LATH | PASS | |
| ス | & PINEAPAELA | | | |
| | MARKEPIECE BLES | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6883 | | DEIPEOGE | PASS | |
| 0 | 79 S. RIVER RO | | | / |
| | 018 | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6232 | MODE | FINAL HVAC | 1945 | / |
| 10 | 5 DAR HILL WAY | " ROOF | | |
| 10 | | | | INSPECTOR: |
| OTHER: | | | | |
| | | | <u> </u> | |
| | | | | |
| | | | • | |

TOWN OF SEWALL'S POINT, FLORIDA

| Date MARCH 2 162005 | TREE REMOVAL PERMIT Nº 2428 |
|----------------------------------|---|
| APPLIED FOR BY TOPPING | (Contractor or Owner) |
| Owner 7 MIDDLE | ROAD |
| Sub-division, L | ot, Block |
| Kind of Trees | |
| No. Of Trees: REMOVE Coce | ON UT PACM |
| No. Of Trees: RELOCATE WITHIN 30 | DAYS (NO FEE) |
| No. Of Trees: REPLACE WITHIN 30 | DAYS |
| REMARKS | |
| Signed,Sig | Ined Survey (13) Inwa Clerk Buildina Official |
| OWN OF SEWALL'S POINT TREE REMO | |
| | PROJECT DESCRIPTION |
| | |
| | |
| | |
| | REMARKS |
| | |
| | |

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

| Owner DAN TODDING Address | 7 MIDDLE ROAD Phone 223-5444 |
|--|-------------------------------|
| Contractor ALPHA ZaTA Address | |
| No. of Trees: REMOVE | Type: COCONUT PAIM (DEAD) |
| No. of Trees: RELOCATE WITHIN 30 DAY | 'S Type: |
| No. of Trees: REPLACE WITHIN 30 DAY | YS Type: |
| Written statement giving reasons: <u> </u> | |
| Signature of Property Owner Nan Topping, | Date 3-/-05 |
| Approved by Building Inspector: | Date Fee: |
| Plans approved as submitted Plans | s approved as revised/marked: |

TENCY

DEND PHLA

POUSE

THIRDLE ROAM

TOWN OF SEWALL'S POINT, FLORIDA

| | | 42005 T | REE REMOVAL | PERMIT | Nº 2491 | |
|-------------------|--------|--------------|----------------|--------------------|------------------|-------------|
| APPLIED FOR BY _ | | GPPING | | (Ca | ntractor or Owne | er) |
| | | 1,DDLE] | | | | |
| ub-division | | , Lot | | , Block | | |
| ind of Trees | | | | | | |
| o. Of Trees: RE/ | MOVE 5 | _ 2Nocto | LDINE, | 1 Parm | 1, 2WASH | Jan |
| o. Of Trees: RELO | CATE | WITHIN 30 D. | AYS (NO FEE) | | | |
| o. Of Trees: REP | LACE | WITHIN 30 D | AYS | | | |
| MARKS | | · | | | | |
| | | Signe | , | 2455 – 8:00 | A.M12:00 No | on for Insp |
| WN OF S | EWALL | 2 LAIMI | WORK | HOURS 8:00 A | .M 3:00 P.M.—N | |
| | E RE | | AL | PEI | 1MS | |
| | | MOY | AL HCE 103 | PEI | RMI | |
| | | MOY | AL HCE 103 | PEI | IMS | |
| | | MOY | AL HCE 103 | PEI | RMI | |
| | | MOY | PROJECT DESCRI | PEI | RMIT | |
| | | MOY | AL HCE 103 | PEI | RMIT | |
| WN OF S TRE | | MOY | PROJECT DESCRI | PEI | RMI | |



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

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Application procedures:

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

| Owner Dan Icpping Add | ross 7 Hunnie | Ran | Phone 223-544/ |
|--|------------------------|-----------|----------------|
| | ess_////////E | IL UNIT) | _ r none |
| Contractor ALPHA ZETH Add | ress | | Phone |
| No. of Trees: REMOVE \$5 | | | INC -1 PALM |
| No. of Trees: RELOCATE WITHIN 3 |) DAYS Type: _(| UAShiWITO | ONIBA POLY |
| No. of Trees: REPLACE WITHIN 3 | 0 DAYS Type:_ | | |
| Written statement giving reasons: <u>Damage.</u> | I ROOK FEW | es GETT | TIMP TO TALL |
| Signature of Property Owner <u>Lan Topp</u> | ry B | Dat | te_ 5-20 05 |
| Approved by Building Inspector: | Date | 5/23 | Fee: 0 |
| Plans approved as submitted | Plans approved as | | |
| | | | |



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

| | spection: Mon Wed | Pri 5/25 | _, 2000 | Page of |
|------------------------|---|----------------------|---------|--|
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7539 | DESANTIS | WINDOWBICK | CXL- | - CLOSED FRIDA |
| | 73 S. PIVEERD | | | |
| | SPECIAL FORCES | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7549 | EARSELY | FINAL DOCKETUE | PASS | CLOSE 1 |
| 1 | 3 LAGOON (SLG | REALE | | |
| | RIVERSIDEFIE | | | INSPECTOR |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | DUNLAP | TEEE | PASS | / |
| 2 | 115 HILLCERST DE | | | $\cap M$ |
| | | | | INSPECTOR |
| PERMIT. | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| thee | TOPPING. | Thee | 1455 | |
| 0 | 7 MIDDLERD | | | 144 |
| _ | | | | INSPECTOR /// |
| PERMIT : | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7297 | MARTIN | TINTAG | PAS | |
| | | | | / |
| | 23 ISLAND RO | | | $\sim M/$ |
| 1 | 23 ISLAND RO PACIFIC ROOFING | | | INSPECTOR |
| PERMIT | PACIFIC BOOTING | INSPECTION TYPE | RESULTS | INSPECTOR NOTES/COMMENTS: |
| PERMIT Texa | PACIFIC BOOTING | INSPECTION TYPE TEEE | RESULTS | |
| PERMIT TREE | PACIFIC POOFING OWNER/ADDRESS/CONTR. | | RESULTS | |
| PERMIT TREE | PACIFIC ROOTING OWNER/ADDRESS/CONTR MELOSH 132 S. SENDUS PY | TREE | RESULTS | NOTES/COMMENTS: |
| PERMIT PERMIT | PACIFIC POOFING OWNER/ADDRESS/CONTR. | | RESULTS | NOTES/COMMENTS: |
| Tex | PACIFIC ROOTING OWNER/ADDRESS/CONTR MELOSH 132 S. SENDUS PY | TREE | PAYS | NOTES/COMMENTS: INSPECTOR: |
| Tex | PACIFIC ROOTING OWNER/ADDRESS/CONTR MELOSH 132 S. SENDUS PY | TREE INSPECTION TYPE | PAYS | NOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS: |
| Tex | PACIFIC POOTING OWNER/ADDRESS/CONTR. MELOSH 132 S. SELVALIS PT OWNER/ADDRESS/CONTR. ARMSTRONG | TREE INSPECTION TYPE | PAYS | NOTES/COMMENTS: |
| Tex | PACIFIC POOTING OWNER/ADDRESS/CONTR. MELOSH 132 S. SELVALIS PT OWNER/ADDRESS/CONTR. ARMSTRONG | TREE INSPECTION TYPE | PAYS | NOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS: |
| PERMIT LOCK OTHER: | PACIFIC ROOFING OWNER/ADDRESS/CONTR. MELOSH 132 S. SEWALISPY OWNER/ADDRESS/CONTR. ARMSTRONG 41 W. HIGHFOINT | TREE INSPECTION TYPE | PAYS | NOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS: |
| Tege PERMIT Lece | PACIFIC POOTING OWNER/ADDRESS/CONTR. MELOSH 132 S. SELVALIS PT OWNER/ADDRESS/CONTR. ARMSTRONG | TREE INSPECTION TYPE | PAYS | NOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS: |