

# 7 Middle Road

**2862**

**SFR**

TOWN OF SEWALL'S POINT, FLORIDA  
 APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER \_\_\_\_\_ DATE OF APPLICATION 9-27-90

# **2862**

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) 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 must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

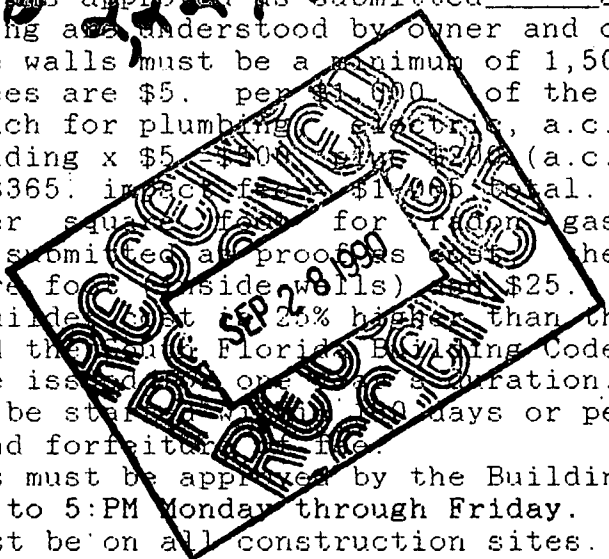
Owner Don DeMullemeester Current Address Hillcrest Dr.  
 Telephone 221-3977 Stuart  
 General Contractor (owner) Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Where Licensed \_\_\_\_\_ License Number \_\_\_\_\_  
 Plumbing Contractor White Plumbg. License Number \_\_\_\_\_  
 Electrical Contractor St. Lucie Eht. License Number \_\_\_\_\_  
 Roofing Contractor RTS License Number \_\_\_\_\_  
 A/C Contractor C+R A/c License Number \_\_\_\_\_

Describe the building or alterations single family residence  
 Name the street on which the building, its front building line and its front yard will face # 7 Middle Rd.

Subdivision Highpoint Lot 35 Block Highpoint  
 Building area (inside walls) 3331 Garage, porch, carport area 139  
 Contract price (excluding carpet, and appliances, landscaping) \$183,217

Cost of permit ~~\$~~ 2227.00 as approved as submitted as marked 2227.00

- In addition, the following are understood by owner and contractor:
1. Building area inside walls must be a minimum of 1,500 square feet.
  2. Building permit fees are \$5. per sq. ft. of the cost of the building plus \$50. each for plumbing, a.c. and roof. For example a \$200,000. building x \$5. = \$1000. (a.c., pl., el., roof) = \$700. cost of permit + \$365. in total. Also there is a charge of 1 cent per square foot for a gas trust fund.
  3. If no contract is submitted as proof the permit will be based on \$60. per square foot (inside walls) \$25. per square foot (other areas). Owner-builder at 25% higher than the regular fee.
  4. The Town has adopted the Florida Building Code.
  5. Building permits are issued for one year.
  6. Construction must be started within 90 days or permit will be subject to revocation and forfeiture.
  7. ALL changes in plans must be approved 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 construction sites.



10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.

11. String lines along property lines to facilitate set back inspections.

12. Before a certificate of occupancy is issued, the following are required:

- a. An owner's affidavit of building cost (form available). Any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
- b. Approval of septic tank installation by Martin Co. Health Dept.
- c. Rough grading and clean up of grounds.
- d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).
- e. An interim proprietary and general service fee will be charged to defray costs to the Town on newly improved property prior 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 FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. In addition to the requirements of this permit there may be additional restrictions applicable to this property that may be found in the public records of this county.

Contractor's Signature \_\_\_\_\_ Owner's Signature [Signature]  
 Approval by Building Inspector Dale Brown Date 10/1/90  
 Approval by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_  
 Certificate of Occupancy issued \_\_\_\_\_ Date \_\_\_\_\_

2227.00

2862

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER D. C. De Meulemeester

CONTRACTOR owner

LOT 35 BLOCK - SUB Hi. Pt.

NO. 7 Middle Road

# TOWN OF SEWALL'S POINT BUILDING PERMIT

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.
- ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS	<u>10/11/90</u>	
2. TERMITE PROTECTION	<u>to 50' dia. 10-15-90</u>	<u>[Signature]</u>
3. FOOTING - SLAB	<u>OK 10/11/90</u>	<u>[Signature]</u>
4. ROUGH PLUMBING	<u>OK 10/8/90</u>	<u>[Signature]</u>
5. ROUGH ELECTRIC	<u>OK 11/29/90</u>	<u>[Signature]</u>
6. LINTEL	<u>[Redacted]</u>	
7. ROOF		
8. FRAMING	<u>OK 11/29/90</u>	<u>[Signature]</u>
9. INSULATION	<u>OK 11/30/90</u>	<u>[Signature]</u>
10. A/C DUCTS	<u>OK 11/29/90</u>	<u>[Signature]</u>
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

- PORTABLE TOILET FACILITY
- WORKING HOURS A re  
**SATURDAY.**

TO CONSTRUCT \_\_\_\_\_

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

HRS-MARTIN COUNTY  
PUBLIC HEALTH UNIT

Your septic system was inspected on 2/7/91  
HD 90-323

- Approved and Cover
- Cover but hold for:
  - Final Grade (see Permit for specifications)
  - Other: \_\_\_\_\_

- Do not cover, disapproved for the following reasons:
  - Well and well reinspection fee \_\_\_\_\_
  - Other: \_\_\_\_\_

- System Reinspection Not Approved
- Reason(s): \_\_\_\_\_

Final Grade Pass-System Approved

Please allow this office two working days to schedule a reinspection. If you have any questions, contact Walt at 221-4090.

## 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.



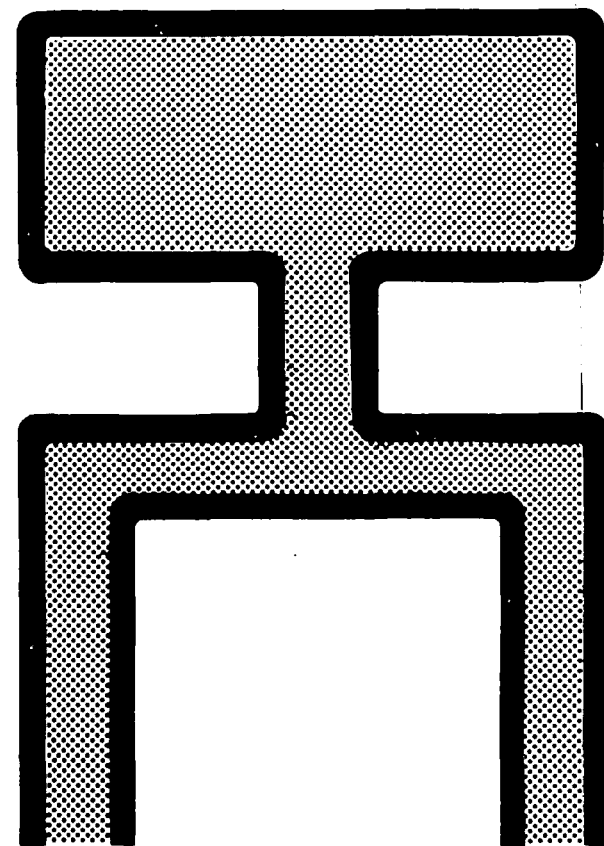
DEPARTMENT OF HEALTH AND  
REHABILITATIVE SERVICES

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

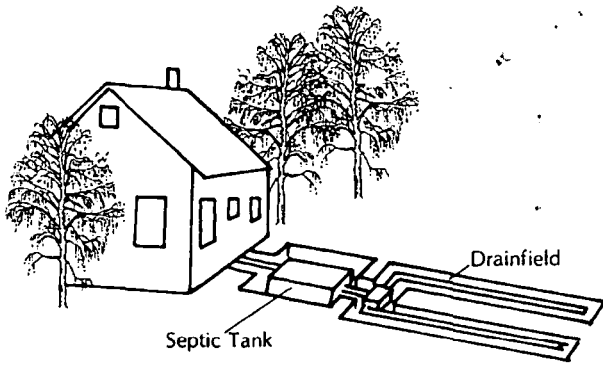
reprint 12/88

# 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, water-tight 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.

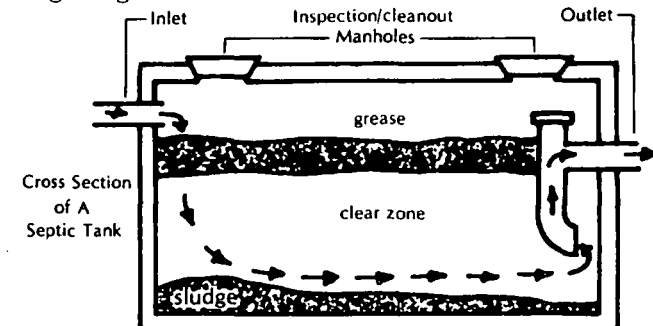
### Preventing Failure

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.



*R. W.*



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: De Moulmeister SEPTIC TANK PERMIT NO. H 740-575

LEGAL DESCRIPTION: Lot 35 High Point

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: \_\_\_\_\_ .(Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is \_\_\_\_\_ inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is \_\_\_\_\_ inches above crown of road elevation shown on septic tank permit.
- 4. I certify that all severe limited soil has been removed from an area of \_\_\_\_\_ feet by \_\_\_\_\_ feet 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.

CERTIFIED BY: \_\_\_\_\_

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

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

*Sharon Heuler*  
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

\_\_\_\_\_  
Martin County Health Unit Approval Signature

\_\_\_\_\_  
(Date)

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

Revised 12-7-88

Bob Martinez, Governor • Gregory L. Coler, Secretary



FS6

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD90-323 HOME PHONE \_\_\_\_\_  
 NAME OF APPLICANT DONALD DEMEULEMEESTER WORK PHONE 288-7176  
 MAILING ADDRESS OF APPLICANT 676 HOCHMOOR BLVD.  
GROSSE POINTE WOODS, MI ZIP CODE 48236  
 LOT 35 BLOCK \_\_\_\_\_ SUBDIVISION HIGH POINT  
 IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION  
 PLAT BOOK 3 PAGE 108 DATE SUBDIVIDED MARCH, 1959  
 RESIDENTIAL: NUMBER DWELLING UNITS \_\_\_\_\_ NUMBER BEDROOMS 5  
 LOT SIZE 15,000 FT<sup>2</sup> HEATED OR COOLED AREA OF HOME 3,331 FT<sup>2</sup>  
 COMMERCIAL: TYPE OF BUSINESS PROPOSED \_\_\_\_\_  
 BUILDING SIZE \_\_\_\_\_ FT<sup>2</sup>

JOB NO. 1605-01-01

-----AFFIDAVIT-----

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 APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE

STEPHEN J. BROWN

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1200 GALLONS  
 DRAINFIELD SIZE 500 SQUARE FEET  
 DRAINFIELD ROCK MUST BE 5 FEET FROM FRONT OR REAR PROPERTY LINES  
 AND 5 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

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

ISSUED BY: A. Copertino 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) N/A 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-----

CONSTRUCTION APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE





STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

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

APPLICANT DONALD DE MEULEMEESTER

LEGAL DESCRIPTION LOT 35, HIGH POINT

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

ELEVATIONS

1. CROWN OF ROAD ELEVATION \_\_\_\_\_ NCVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 27.28 NCVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 28.00 NCVD SHOW LOCATION ON PLOT PLAN.
2. 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? \_\_\_\_\_ NCVD.

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

CERTIFIED BY: STEPHEN J. BROWN  
FL. PROFESSIONAL NO. 4049  
DATE: 7-30-90 JOB NO. 1605-0-01

2920



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: DeMott, [unclear] SEPTIC TANK PERMIT NO. 1134-325

LEGAL DESCRIPTION: lot 35 High Point

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: \_\_\_\_\_ (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is \_\_\_\_\_ inches above benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is \_\_\_\_\_ inches above crown of road elevation shown on septic tank permit.
- 4. I certify that all severe limited soil has been removed from an area of \_\_\_\_\_ feet by \_\_\_\_\_ feet 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.

CERTIFIED BY: \_\_\_\_\_

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

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

[Signature]  
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

\_\_\_\_\_  
Martin County Health Unit Approval Signature (Date)

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

Revised 12-7-88



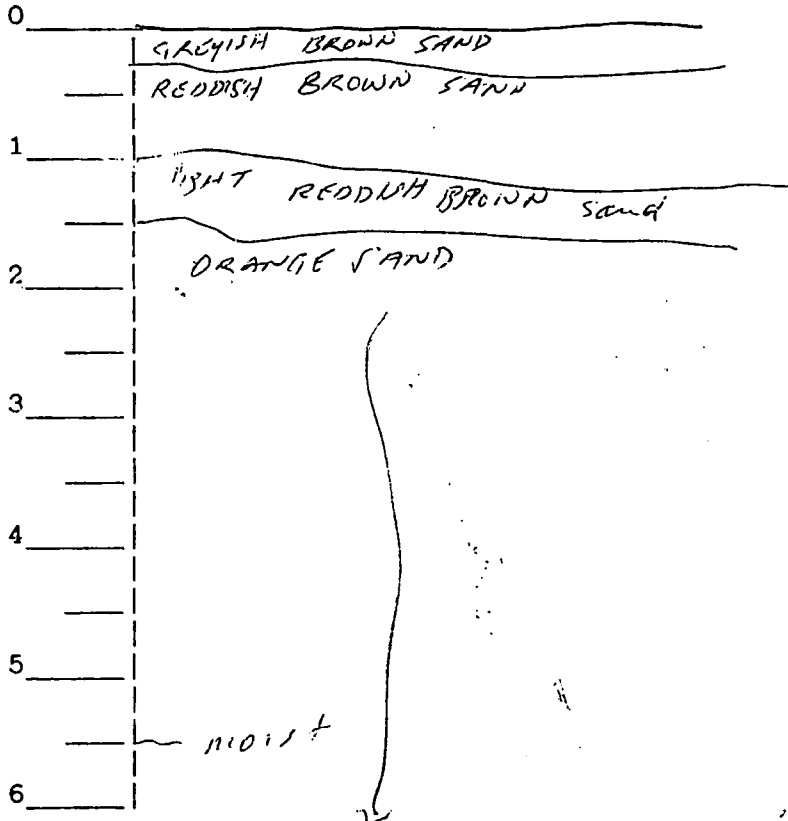
STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SITE EVALUATION

APPLICANT: De Meulemeester

LEGAL DESCRIPTION: lot 35 High Point

SOIL PROFILE



USDA SOIL TYPE Jonathan/Paola  
USDA SOIL NUMBER 41/6

Restrictive soils are present at 76' below the surface.

Present Water Depth Below Surface 5 1/2'  
Wet Season Range per Soil Survey 40"-40" / > 72"  
Estimated Wet Season Water Depth Below Surface 9 1/2'  
Indicator Vegetation Present Coconut palm, disturbed.  
Is Benchmark Located on Plot Plan and Present on Site? yes  
Approximate Amount of Fill on Neighbor Lots NONE  
Depth of Fill in Soil Profile NONE  
How Long Has Fill Been Present 1919  
Evaluation by: W. Bulardo Date: 7/31/90

Return to:  
Name COPELAND & KRAMER, P.A.  
Address 2100 SE Ocean Blvd., Suite 205  
Stuart, FL 34996

839895

RECORD VERIFIED

FLA. DOC. PAID  
\$ 726.<sup>00</sup>  
Marsha Stiller  
Clerk of Circuit Court  
Martin Co., Fla.  
By [Signature] D.C.

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.)

This Indenture, made this 25 day of 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, State of Florida, grantee\*,

Witnesseth that said grantor, for and in consideration of the sum of Ten (\$10.00)

Dollars,

and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 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.

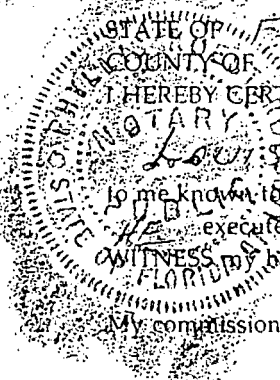
In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

BY: SEWALLS POINT PARTNERSHIP

[Signatures]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dianna J. Bates  
\_\_\_\_\_

ITS: [Signature] (Seal)  
Managing General Partner  
\_\_\_\_\_  
ITS: [Signature] (Seal)  
Managing General Partner  
\_\_\_\_\_ (Seal)



STATE OF FLORIDA  
COUNTY OF PALM BEACH  
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

Louis M. COHEN

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me that he/she/it executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 25 day of JULY, 1990.

My commission expires: NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. DEC. 19, 1992  
BONDED THRU GENERAL INS. UND.

[Signature]  
Notary Public



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

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

CANT DONALD DE MEULEMEESTER  
AL DESCRIPTION LOT 35, HIGH POINT

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

ELEVATIONS

1. CROWN OF ROAD ELEVATION \_\_\_\_\_ NCVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 27.28 NCVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 28.00 NCVD SHOW LOCATION ON PLOT PLAN.
2. 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? \_\_\_\_\_ NCVD.

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

CERTIFIED BY: STEPHEN J. BROWN  
FL. PROFESSIONAL NO. 4049  
DATE: 7-30-90 JOB NO. 1605-0-01



APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD90-323 HOME PHONE \_\_\_\_\_

NAME OF APPLICANT DONALD DEMEULEMEESTER WORK PHONE 288-7176

MAILING ADDRESS OF APPLICANT 676 HOCHMOOR BLVD.  
GROSSE POINTE WOODS, MI ZIP CODE 48236

LOT 35 BLOCK \_\_\_\_\_ SUBDIVISION HIGH POINT

IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION

PLAT BOOK 3 PAGE 108 DATE SUBDIVIDED MARCH, 1959

RESIDENTIAL: NUMBER DWELLING UNITS \_\_\_\_\_ NUMBER BEDROOMS 5

LOT SIZE 15,000 FT<sup>2</sup> HEATED OR COOLED AREA OF HOME 3,331 FT<sup>2</sup>

COMMERCIAL: TYPE OF BUSINESS PROPOSED \_\_\_\_\_

BUILDING SIZE \_\_\_\_\_ FT<sup>2</sup>

JOB NO. 1605-01-01

-----AFFIDAVIT-----

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 APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE

STEPHEN J. BROWN

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1200 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

DRAINFIELD ROCK MUST BE 5 FEET FROM FRONT OR REAR PROPERTY LINES AND 5 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

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

ISSUED BY: A. Costantino 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) N/A 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-----

CONSTRUCTION APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



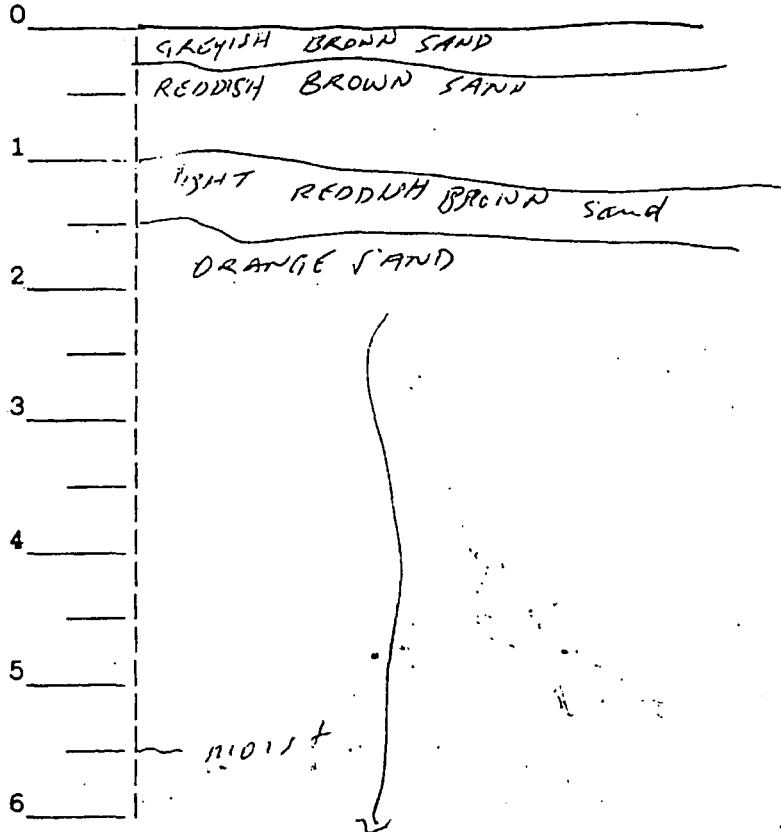
STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SITE EVALUATION

APPLICANT: De Meulemeester

LEGAL DESCRIPTION: lot 35 High Point

SOIL PROFILE



USDA SOIL TYPE Jonathan/Pasta

USDA SOIL NUMBER 41/6

Restrictive soils are present  
at 76' below the  
surface.

Present Water Depth Below Surface 5 1/2'

Wet Season Range per Soil Survey 40"-60" / > 72"

Estimated Wet Season Water Depth Below Surface 4 1/2'

Indicator Vegetation Present Cabbage palm, disturbed

Is Benchmark Located on Plot Plan and Present on Site? yes

Approximate Amount of Fill on Neighbor Lots NONE

Depth of Fill in Soil Profile NONE

How Long Has Fill Been Present 1919

Evaluation by: W. Rulward 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

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/20/91

MR. Demeulemeester

This is to request that a Certificate of Approval for Occupancy be issued to  
 For property built under Permit No. 2862 Dated 10/1/90 when completed in  
 conformance with the Approved Plans # 7 Middle Road

MA Flint

Item		
1. LOT STAKES/SET BACKS	<u>10/11/90</u>	Signed
2. TERMITE PROTECTION	<u>10/10/90</u>	Approved by
3. FOOTING - SLAB	<u>10/11/90</u>	
4. ROUGH PLUMBING	<u>10/8/90</u>	
5. ROUGH ELECTRIC	<u>11/29/90</u>	
6. LINTEL		
7. ROOF	<u>1/5/91</u>	
8. FRAMING	<u>11/29/90</u>	
9. INSULATION	<u>12/30/90</u>	
10. A/C DUCTS	<u>11/29/90</u>	
11. FINAL ELECTRIC	<u>3/20/91</u>	
12. FINAL PLUMBING	<u>3/20/91</u>	
13. FINAL CONSTRUCTION	<u>3/20/91</u>	

Final Inspection for Issuance of Certificate for Occupancy...

Approved by Building Inspector Dale Brown 3/20/91 date

Approved by Building Commissioner \_\_\_\_\_ date

Utilities notified F.P.L. 3/20/91 date

Original Copy sent to OWNER

(Keep carbon copy for Town files)



**2906**

**POOL**

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

Date \_\_\_\_\_

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

2906

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

Owner MR + MRS DEMEULEMEESTER Present Address 107 Hillcrest Dr

Phone \_\_\_\_\_ Stuart FLA 34996

Contractor BRIAN'S POOLS Address 2344 Caballero St

Phone 336-0410

Where licensed MARTINE County License number 3P00981

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor SAME License number 11

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Build Swimming Pool + SPA

7 Middle Rd High Point, Sewalls Pt  
State the street address at which the proposed structure will be built:

AS ABOVE - lot 35 No-7 Middle Road

Subdivision Hi Point Lot number 35 Block number \_\_\_\_\_

Contract price \$ 14,900 Cost of permit \$ \_\_\_\_\_

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

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

Contractor Brian D. Wenger

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

Owner Mr Demeulemeester (Bill Fint)  
1-2-90

TOWN RECORD

Date submitted \_\_\_\_\_ Approved: Dale Brown 1/7/91  
Building Inspector Date

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

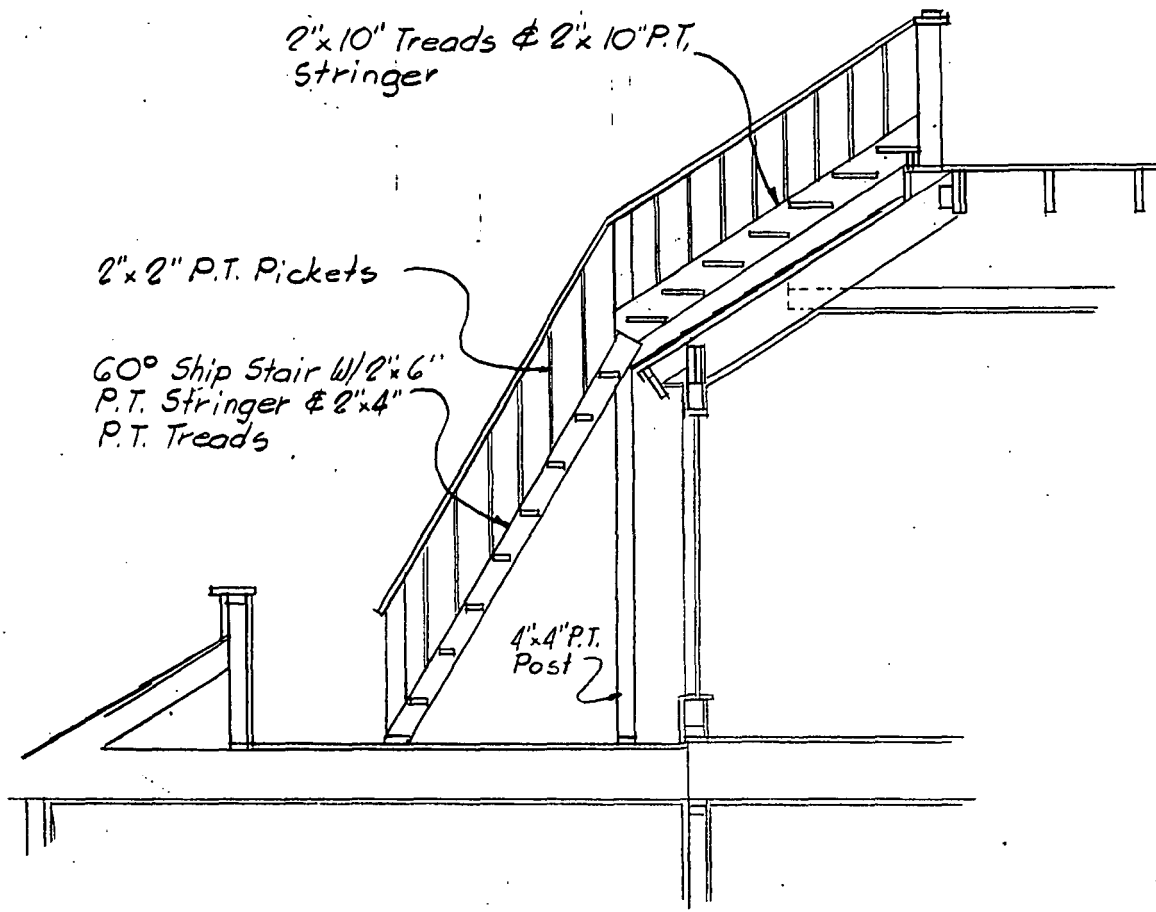
Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

SP1282

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

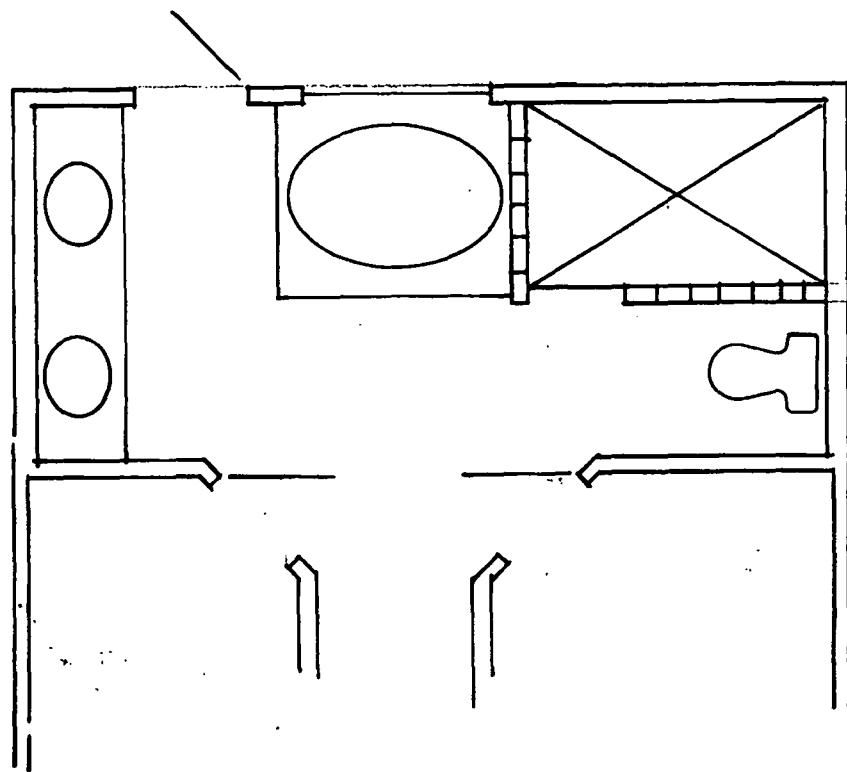
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

Q



Section Thru Alternate Deck Stair  $\frac{1}{4}'' = 1'-0''$

? French  
Doors @ Study & Living.



**2932**

**FENCE**

Permit No.

# 2932

Date 2-27-91

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

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

Owner Jan Sellenmeester Present Address 107 Hillcrest Dr.

Phone 2

Contractor owner Address same

Phone

Where licensed License number

Electrical contractor License number

Plumbing contractor License number

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

Fence - 6' High stockade cypress wood

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

7 Middle Rd.

Subdivision Highpoint Lot number 35 Block number

Contract price \$ \$650. Cost of permit \$

Plans approved as submitted Plans approved as marked

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

Contractor Jan Sellenmeester

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

Owner Jan Sellenmeester

TOWN RECORD

Date submitted 2-27-91 Approved: Building Inspector Date

Approved: Commissioner Date Final Approval given: Date

Certificate of Occupancy issued (if applicable) Date

# 2932

Permit No.

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.

~~FENCE LOCATION~~ 2-26-91

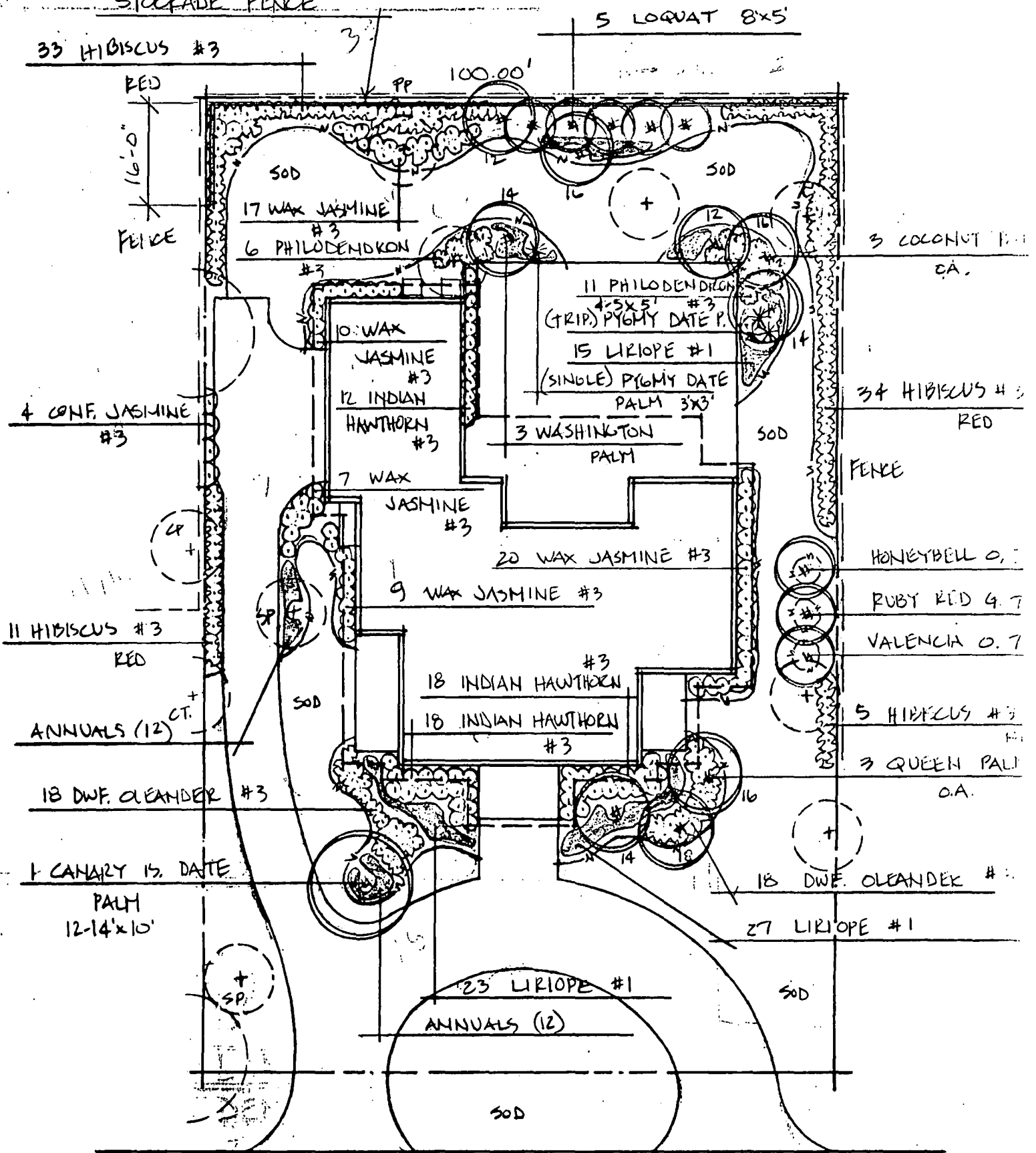
# LANDSCAPE PLAN

## DEMOULEMEESTER RESIDENCE

### 7 MIDDLE RD. • SEWALL'S POINT

### MARTIN CO., FL

PROPOSED 6' HIGH CYPRESS  
STOCKADE FENCE

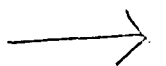


**William A. Flint, III**

Landscape Architect

Stuart, Florida  
407-220-0424

REV 2-11-91



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 O/B (Contractor) Building Fee 35.00  
 Subdivision HIGH POINT Lot 35 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 7 MIDDLE RD. Impact Fee \_\_\_\_\_  
 Type of structure SFR A/C Fee \_\_\_\_\_  
 Electrical Fee \_\_\_\_\_  
 Plumbing Fee \_\_\_\_\_  
 Roofing Fee \_\_\_\_\_  
 Parcel Control Number: \_\_\_\_\_  
1338410020000035010000  
 Amount Paid \$35.00 Check # 898 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_  
 Total Construction Cost \$ 75.00 TOTAL Fees 35.00

Signed \_\_\_\_\_ on file Signed Mere Simmons / ne  
 Applicant Town Building Inspector  
OFFICIAL

## PERMIT

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

## INSPECTIONS

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – HAVE ALL REQUIRED PAPERWORK ON SITE**  
 CALL 287-2455 WORKING HOURS 8:00AM – 4:00PM MONDAY THROUGH FRIDAY  
 INSPECTIONS 8:30AM -12:00PM MONDAY, WEDNESDAY & FRIDAY



Town of Sewall's Point

BUILDING PERMIT APPLICATION

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

Owner or Titleholder Name: DANIEL R. TAPPING, JAWICE M. TAPPING, STUART State: FL Zip: 34996
Legal Description of Property: HIGH POINT Parcel Number: \_\_\_\_\_
Location of Job Site: LOT 35 Type of Work To Be Done: REPLACE BROKEN FENCE

CONTRACTOR/Company Name: SELF Phone Number: 861-223-5441
Street: 7 MIDDLE RD. City: STUART State: FL Zip: 34996
State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ ScreenedPorch: \_\_\_\_\_
Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_
Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Dept. \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

FLOOD HAZARD INFORMATION Flood Zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD
Proposed First Floor Habitable Floor Finished Elevation: \_\_\_\_\_ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 75,000 Estimated Fair Market Value (FMV) Prior
To Improvements: \_\_\_\_\_ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES \_\_\_\_\_ NO \_\_\_\_\_

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_
National Electrical Code \_\_\_\_\_ Florida Energy Code \_\_\_\_\_
Florida Accessibility Code \_\_\_\_\_

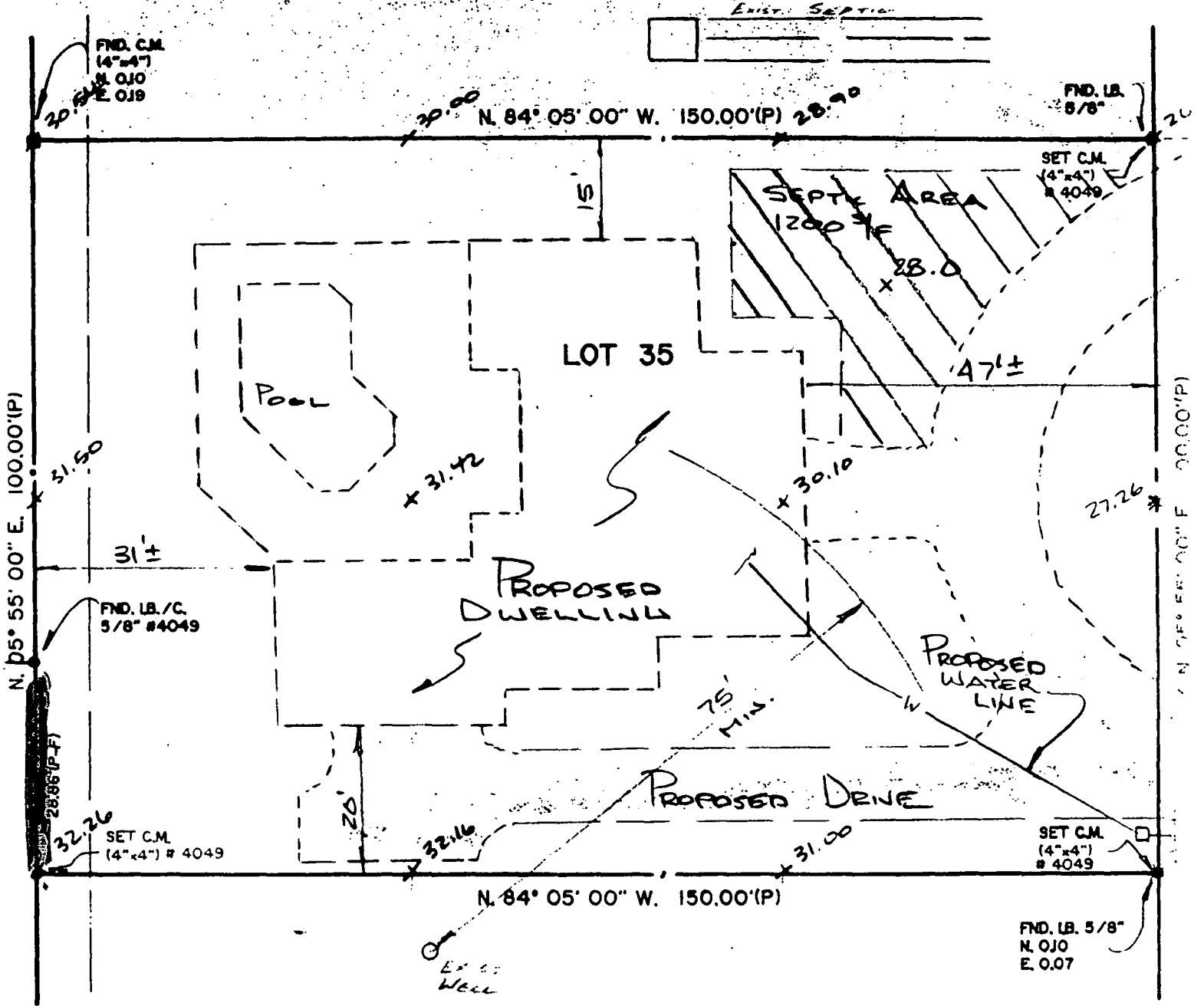
THEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) [Signature] CONTRACTOR SIGNATURE (Required) [Signature]
State of Florida, County of: Martin On State of Florida, County of: \_\_\_\_\_
This the 13th day of Dec., 2001 This the \_\_\_\_\_ day of \_\_\_\_\_, 2001
by D. Tapping who is personally known to me or produced as identification. Joan H. Barrow
as identification. \_\_\_\_\_

Notary Public
Joan H. Barrow
My Commission Expires: November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.
Seal

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

LOT 34



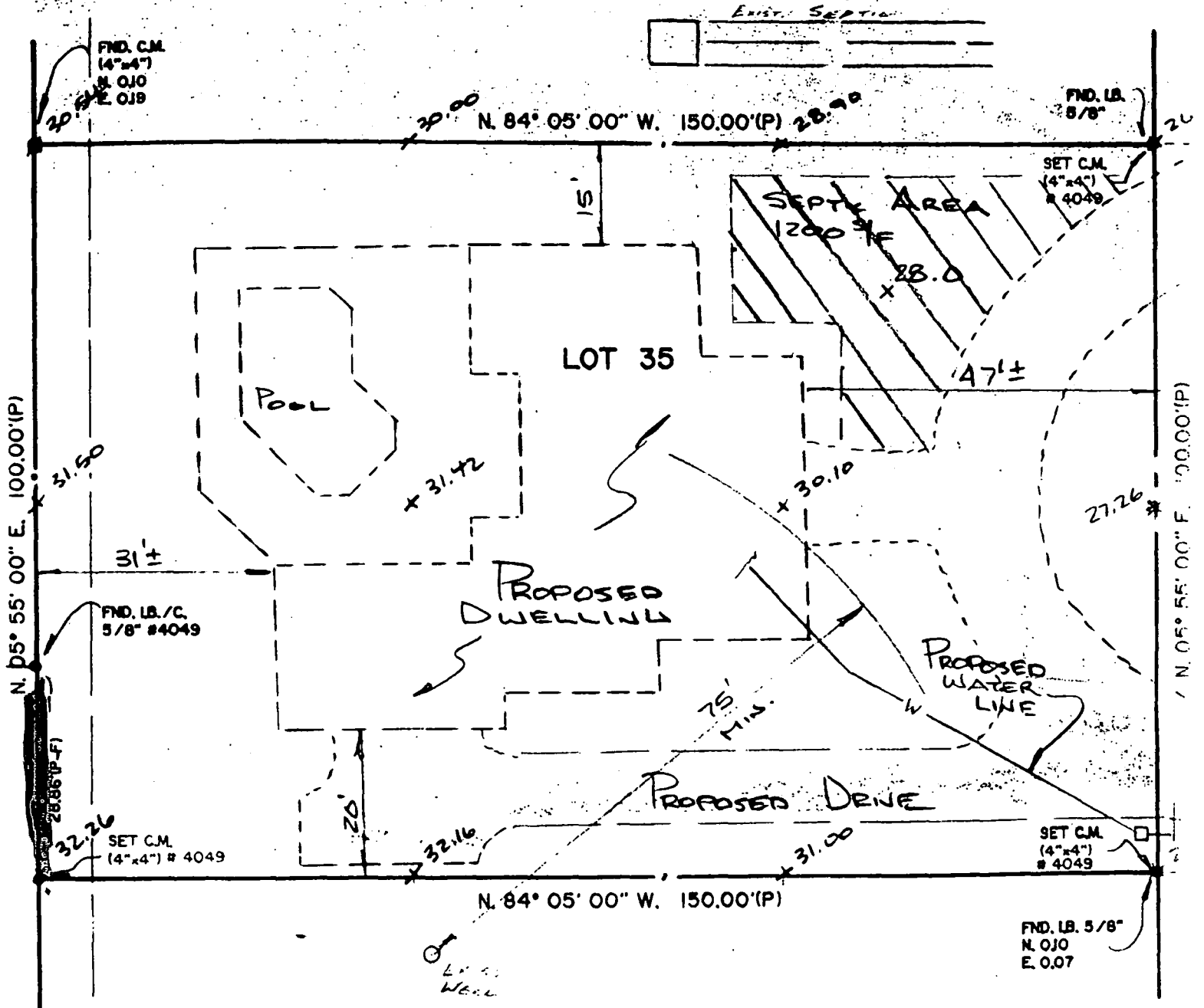
LOT 36

NOTES:

LOCATED WITHIN FLOOD ZONE: "C"

1. Survey of description as furnished b.

LOT 34



LOT 36

NOTES:

LOCATED WITHIN FLOOD ZONE: "C"

1. Survey of description as furnished by

**6519**

**CEILING REPAIR**

**TOWN OF SEWALL'S POINT**

Date 12/3/03

BUILDING PERMIT NO. 6519

Building to be erected for TOPPING Type of Permit CEILING REPAIR

Applied for by SPECIAL FORCES (Contractor) Building Fee 35.00

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

Address 7 MIDDLE ROAD Impact Fee \_\_\_\_\_

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

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

133841002 000035010000 Plumbing Fee \_\_\_\_\_

Amount Paid 35.00 Check # \_\_\_\_\_ Cash  Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1400.00 TOTAL Fees 35.00

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

**PERMIT**

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

**INSPECTIONS**

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

Date: 12/3/03

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

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

OWNER/TITLEHOLDER NAME: Daniel Topping Phone (Day) 223-5441 (Fax) \_\_\_\_\_

Job Site Address: 7 Middle Road. City: Sewalls Pt State: FL Zip: 31996

Legal Description of Property: High Point Lot 34 Parcel Number: 13-38-41-002-000-

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: 0350-1 Zip: \_\_\_\_\_

Description of Work To Be Done: Remove 1/2 sheet Drywall, Repair ducts & Paint

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

CONTRACTOR/Company: Special forces Restoration + Construction, Inc. Phone: 772 692 0302 Fax: 772 692 4112

Street: 652 Buck Hendry Way City: Stuart State: FL Zip: 31994

State Registration Num: \_\_\_\_\_ State Certification Number: CGC059083 Martin County License Number: 2003-513032

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1400.00 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION:**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: Forward Electric & Air State: Florida License Number: CAC049289

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT None Phone Number: \_\_\_\_\_

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

ENGINEER None Phone Number: \_\_\_\_\_

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

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

Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Dan Topping

State of Florida, County of: Martin

This the 3rd day of December, 2003

by Daniel Reid Topping, Jr who is personally known to me or produced FLPL 7152-176-38-041-0

as identification. Darlene Goss  
Notary Public

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

CONTRACTOR SIGNATURE (required)  
Michael A Roberts

On State of Florida, County of: Martin

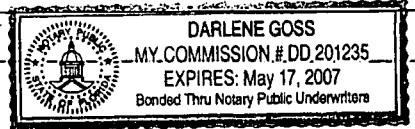
This the 3rd day of December, 2003

by Michael Roberts who is personally known to me or produced \_\_\_\_\_

As identification. Darlene Goss  
Notary Public

My Commission Expires: below

PERMIT APPLICATIONS VALID 90 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OPID LP SPECI-4	DATE (MM/DD/YYYY) 12/03/03
<b>PRODUCER</b> R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-0255		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURER</b> Special Forces Restoration and Construction Inc 652 SW Hook Hendry Way Stuart FL 34994		<b>INSURERS AFFORDING COVERAGE</b>	
		INSURER A: Southern Owners Insurance	NAIC # 10190
		INSURER B: Auto-Owners Insurance Co	18988
		INSURER C:	
		INSURER D:	
		INSURER E:	

**COVERAGES**

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

INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20628155	01/15/03	01/15/04	EACH OCCURRENCE \$ 1,000,000
	GENERAL AGGREGATE LIMIT APPLICABLE PER POLICY <input type="checkbox"/> PER AGENT <input type="checkbox"/> LOC <input type="checkbox"/>				DAMAGE TO REALTY \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND AGE \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> OCCASIONALLY OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	4328287900	11/27/03	11/27/04	COMBINED SINGLE LIMIT (Each accident) \$ 300,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	NOT COVERED WITH RVJ			EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY OR PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED SPECIAL PROVISIONS below	NOT COVERED WITH RVJ			WC STATUS: <input type="checkbox"/> DOM <input type="checkbox"/> INTL E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

**CERTIFICATE HOLDER**

TOWN024  
  
Town of Sewalls Point  
1 S. Sewalls Point Road  
Stuart FL 34996

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE  
*[Signature]*

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	A
SSN	095-58-5823		
FEIN	651138038		
BUSINESS	SPECIAL FORCES RESTORATION & CONSTRUCTION I 652 BUCK HENDREY WAY STUART FL 34994		

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 10/10/2003 EXPIRATION: 10/09/2005</p> <p>PERSON: ROBERTS MICHAEL SSN: 095-58-5823 FEIN: 651138038</p> <p>BUSINESS: SPECIAL FORCES RESTORATION &amp; 652 BUCK HENDREY WAY STUART FL 34994</p>	<p style="text-align: center;">F O L D  H E R E</p> <p>NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of an corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.</p>
--	--

CUT HERE

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



AC# 0581942

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L02091100893

DATE	REACTIVATION	LICENSE NBR
09/11/2002	200088266	CGC059083

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  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SHYER  
SECRETARY



CITY OF STUART  
OCCUPATIONAL LICENSE  
2002-2003

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

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

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.

STATE LICENSE CGC059083

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
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**CITY OF STUART  
OCCUPATIONAL LICENSE  
2003-2004**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
4237	20487	061001

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

**BUSINESS TYPE** CONTRACTOR - GENERAL

**OWNER AND LOCATION** MICHAEL ROBERTS  
652 BUCK HENDRY WAY

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

STATE LICENSE CGC059083

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**  
CITY CLERK

**2003-2004 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 2003-513-032 CERT CGCO 59083  
PHONE (772) 692-0302 SIC NO 233210  
LOCATION 652 BUCK HENDRY WAY STU

**CHARACTER COUNTS IN MARTIN COUNTY**

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



ROBERTS, MICHAEL A. (QUALIFIER)  
SPECIAL FORCES RESTOR. & CONSTRUCT.  
STATE CERTIFIED GENERAL CONTRACTOR 652 BUCK HENDRY WAY  
STUART FL 34994

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 SEPTEMBER 03

AND ENDING SEPTEMBER 2004 1-2 103082601-002705 LT PATD

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/18, 2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6111	GREENE	PLUMBING	Passed	600
(3)	26 ISLAND DR O/B	FINAL		INSPECTOR: [Signature]
6522	TOPPING	ROOF REPAIR	Passed	→ close
(6)	7 MIDDLE ROAD ROOF TILE SPEC			INSPECTOR: [Signature]
6519	TOPPING	CALINA BELLA	Passed	→ close
(5)	7 MIDDLE ROAD SPECIAL FORCES			INSPECTOR: [Signature]
6396	MUFSON	SLAB	Passed	
(7)	17 S. RIVER ROAD BUFORD			INSPECTOR: [Signature]
6131	PELLEPPER	DRIVEWAY	Passed	
(2)	104 HENRY SEWALL BUFORD			INSPECTOR: [Signature]
6436	LIZARS	FINAL FASCIA	Failed	
(4)	4 ISLAND ROAD TREASURE COAST CARP	& SOFFIT REPAIR		INSPECTOR: [Signature]
6487	SCHILLER	ELECTRICAL	Passed	
	11 RIVERVIEW O/B	PLUMBING	Failed	INSPECTOR: [Signature]
OTHER:	64 1/2 Sewall way	Pool correction notice		[Signature]
	31 Field way	Civello 6476		[Signature]
	11 Perraciale	Passes: Penn		[Signature]

**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 ~~B~~ RE ROOF REPAIR

Applied for by ROOF TILE SPECIALISTS (Contractor) Building Fee \_\_\_\_\_

Subdivision HIGH POINT Lot 35 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 7 MIDDLE ROAD Impact Fee \_\_\_\_\_

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

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

Parcel Control Number:

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

133841002000035010000 Roofing Fee 120.00

Amount Paid 120.00 Check # 5731 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 495.00 TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

### PERMIT

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

### INSPECTIONS

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

RECEIVED  
DEC 04 2003

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

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

OWNER/TITLEHOLDER NAME: Daniel Topping Phone (Day) 223-5441 (Fax) \_\_\_\_\_

Job Site Address: 7 MIDDLE ROAD City: SEWALLS Pt State: FL Zip: 34996

Legal Description of Property: HIGH POINT LOT 34 Parcel Number: 13384100200003501000

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

Description of Work To Be Done: ROOF REPAIR

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

CONTRACTOR/Company: ROOF TILE SPECIALISTS <sup>STEVEN</sup> Phone: 223-0005 <sup>X1242</sup> Fax: \_\_\_\_\_

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 495.00 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION:**

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

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Dan Topping

State of Florida, County of: MARTIN  
This the 3rd day of DECEMBER, 2003  
by Daniel Reid Topping who is personally known to me or produced FDL TL57-176-38-041-D as identification.

Laura L. O'Brien  
Notary Public

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

CONTRACTOR SIGNATURE (required)  
George L. Quinones

On State of Florida, County of: MARTIN  
This the 5th day of DECEMBER, 2003  
by GEORGE L. QUINONES who is personally known to me or produced FDL Q52-32-13-023-0 as identification.

Laura L. O'Brien  
Notary Public

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

Notary Public  
LAURA L O'BRIEN  
MY COMMISSION # DD-205861  
EXPIRES: April 28, 2007  
Bonded Thru Notary Public Underwriters

LAURA L O'BRIEN  
MY COMMISSION # DD 205861  
PERMIT APPLICATIONS FILED 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY  
Bonded Thru Notary Public Underwriters

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

# Fax

To: Steve From: Laura  
Fax: 772-221-9690 Date: 12/5/03  
Phone: \_\_\_\_\_ Pages: \_\_\_\_\_  
Re: Topping-7Middle CC: \_\_\_\_\_  
 Urgent     For Review     Please Comment     Please Reply     Please Recycle

Minimum Building Permit fee is  
\$35 + 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

*Laura*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

7/1/03

**PRODUCER**  
 USI Florida - Lakeland  
 P. O. Drawer 1398  
 402 S. Kentucky Ave., 4th FL  
 Lakeland FL 33802-1398

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

**COMPANIES AFFORDING COVERAGE**

- COMPANY A Market Ins Co
- COMPANY B Allstate Ins Co
- COMPANY C FRSA SIF
- COMPANY D Essex/Lloyds

**RECEIVED**  
 JUL 03 2003  
 BY:

**INSURED**  
 Roof Tile Administration Inc.  
 Roof Tile Specialists, Inc.  
 819 S. Federal Hwy #103  
 Stuart FL 349942952

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	3602RS241578 PRIMARY NON CONTRIBUTORY  PER CLAIM PER PROJECT AGGREGA	07/01/03	07/01/04	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> \$25,000 DEDUCTIBLE				FIRE DAMAGE (Any one fire) \$ 1,000,000
<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY					MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	38217195915	07/01/03	07/01/04	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: \$
	<input checked="" type="checkbox"/> \$1,000 COMP/COLL DEDUCT				EACH ACCIDENT \$
					AGGREGATE \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$
					\$
	EXCESS LIABILITY		__/__/__	__/__/__	EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM		__/__/__	__/__/__	AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	870033119	12/31/02	12/31/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 100,000
					EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 100,000
D	Property	1CF1232 & 02/0245H	07/01/03	07/01/04	Scheduled
E	Inland Marine/EDP	MX197904179	07/01/03	07/01/04	Scheduled
E	Rented/Leased Equipment	MX197904179	07/01/03	07/01/04	100,000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Named Insured: Roof Tile Administration; Roof Tile Specialists, Inc. - Palm City, Pompano, West Palm, Miami, Ft Myers; Entegra Roof Tile Corporation - Pompano, Indiantown, Miami, Ft Myers  
 Attn: Phone: Fax: 561/220-4765 (Project:)

**CERTIFICATE HOLDER**

City of Sewall's Point  
 1 South Sewall's Point Road  
 Stuart, FL 34996

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*[Signature]*



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

Sincerely,

  
(Contractor)

Thomas M. Fick  
Qualifier  
License Number CCCO42824

State of Florida  
County of Martin

The foregoing instrument was hereby acknowledged before me this 28<sup>th</sup> day of JANUARY 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.

  
\_\_\_\_\_  
Notary Public



AG# 0584316

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02091201318

DATE	BATCH NUMBER	LICENSE NBR
09/12/2007	200021553	CC258129

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

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

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY SEYER  
SECRETARY

**2003-2004 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 1999-520-041 CERT \_\_\_\_\_  
PHONE (561)221-0321 SIC NO 001761

LOCATION:  
**3520 SW ARMELLINI AVE PC**

**CHARACTER COUNTS IN MARTIN COUNTY**

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



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION OF  
**ROOFING & GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF **SEPTEMBER** 03

AND ENDING **SEPTEMBER 30, 2004**

**12 03091001 003096**

**CHARLES SANCHEZ SR CGC 020591  
THE SPECIALISTS, INC-PALM  
SCOTT CCC58129  
819 S FEDERAL HWY #300  
STUART FL 34994**

AC# 0584316

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L02091201318

DATE	BAIGH NUMBER	LICENSE NBR
05/12/2002	200021559	CCC58129

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

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

JEFF BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SERFER  
SECRETARY

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) 375-2327 FAX (305) 375-2558

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

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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

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

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

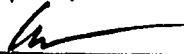


Raul Rodriguez  
Chief Product Control Division

**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: 12/4/03  
  
BUILDING OFFICIAL  
Gene Simmons



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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 12/18, 2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6111	GREENE	PLUMBING	Passed	6:00
(3)	26 ISLAND DR O/B	FINAL		INSPECTOR:
6522	TOPPING	ROOF REPAIR	Passed	→ close
(6)	7 MIDDLE ROAD ROOF TILE SPEC			INSPECTOR:
6519	TOPPING	CELING REPAIR	Passed	→ close
(5)	7 MIDDLE ROAD SPECIAL FORCES			INSPECTOR:
6396	MUFSON	SLAB	Passed	
(7)	17 S. RIVER ROAD BUFORD			INSPECTOR:
6131	PFEIFFER	DRIVEWAY	Passed	
(2)	104 HENRY SEWALL BUFORD			INSPECTOR:
6436	LIZARS	FINAL FASCIA	Failed	
(4)	4 ISLAND ROAD TREASURE COAST CARP	& SOFFIT REPAIR		INSPECTOR:
6487	SCHILLER	ELECTRICAL	Passed	
	11 RIVERVIEW O/B	PLUMBING	Failed	INSPECTOR:
OTHER:	64 1/2 Sewall way	Paul correction notice		
	71 Field way	Civello 6426		
	11 Pecanville	Parsons: Penn		

**7168**

**INTERIOR REPAIR**

---

MASTER PERMIT NO. 7168

TOWN OF SEWALL'S POINT

Date 1/4/05

BUILDING PERMIT NO. 7168

Building to be erected for TOPPING Type of Permit INTERIOR REPAIR WORK FROM FIRE

Applied for by SPECIAL FORCES (Contractor) Building Fee 7500 x 9.60/1000 = 72.00

Subdivision ALCAH POINT Lot 35 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 7 MIDDLE ROAD Impact Fee \_\_\_\_\_

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

Parcel Control Number: \_\_\_\_\_ Electrical Fee 35.00

1338410020000035010000 Plumbing Fee 35.00

Amount Paid 156.20 Check # 6905 Cash \_\_\_\_\_ Other Fees 10% PLAN REVIEW 14.20

Total Construction Cost \$ 7500.00 TOTAL Fees 156.20

Signed Allen A. Jones

Signed Gene Summers (att)

Applicant

Town Building Official

PERMIT

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

INSPECTIONS

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



RECEIVED

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: DEC 28 2004 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Dan & Janie Topping Phone (Day) 223-5441 (Fax) \_\_\_\_\_

Job Site Address: 7 Middle Road City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 35 Parcel Number: 133841002000003501000

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

Description of Work To Be Done: Re-R Drywall, Electric & A/C Duct, airhandler, Structural Repair, Fire Damage

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7500  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 728,280

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

Method of Determining Fair Market Value: M.C. Tax Collector

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

CONTRACTOR/Company: Special Spaces Phone: 692-0302 Fax: 692-4112

Street: 423 Buck Hendry Way City: Stuart State: FL Zip: 34994

State Registration Number: 030755587 State Certification Number: CGC059083 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: FORWARD Elec & Air State: FL License Number: EC0001472

Mechanical: " " Air " State: FL License Number: CAC049289

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER Weyant Engineering Lic.# PE 20273 Phone Number: 772 335 0772

Street: 201 SW Port St Lucie Blvd Ste 104 City: Port St Lucie State: FL Zip: 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 3525 Garage: 591 Covered Patios: 260 Screened Porch: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total Under Roof: \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Nanuel R. Topping Jr - Janie M. Topping

State of Florida, County of: Martin

This the 17th day of November, 2004

by D Topping & Topping who is personally known to me or produced FL D.L.

as identification. Joan H. Barrow  
Notary Public

CONTRACTOR SIGNATURE (required)  
Michael A Roberts

On State of Florida, County of: Martin

This the 2nd day of December, 2004

by Michael A Roberts who is personally known to me or produced FL Drivers License

As identification. Cindy L. Collins  
Notary Public

My Commission Expires \_\_\_\_\_  
JOAN H. BARROW  
MY COMMISSION # DD 137713  
EXPIRES November 30, 2006  
Bonded Thru Notary Public Underwriters

My Commission Expires \_\_\_\_\_  
Cindy L. Collins  
Commission # DD146115  
Expires Sep 30, 2006.  
Bonded Thru  
Atlantic Bonding Co., Inc.

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

# 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.

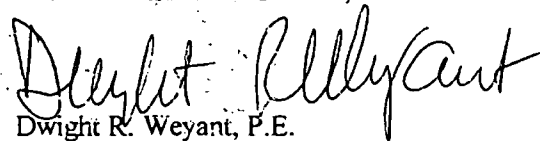
This residence suffered minor fire damage in a room at the northeast corner of the residence. The extent of the fire damage is limited to interior studs and top plate in a wood frame wall.

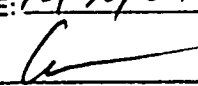
The fire damaged studs can be easily replaced. During the repair procedure, an adjoining interior wall can be removed and replaced with a double 1 3/4" by 14" microllam beam. By removing the wall, an opening of approximately 11 feet will be created, which has been requested by the owners.

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

CERTIFIED THIS 30<sup>TH</sup> DAY OF NOVEMBER 2004.

WEYANT ENGINEERING, INC.

  
Dwight R. Weyant, P.E.  
Principal Structural Engineer

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>12/30/04</u>  BUILDING OFFICIAL Gene Simmons</p>
--

**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:

Daniel R Topping

Property Address:

7 Middle Road  
Sewalls Pt, FL 34996

SWORN TO and subscribed before me this 23 day of May, 2005, by DANIEL TOPPING, who is ~~personally known to me or~~ produced as identification.

[Signature]  
Notary Public

My commission expires:

(Notary Seal)



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID ZIP 59ACT-6	DATE (MM/DD/YYYY) 10/20/04
PRODUCER <b>E.V. Johnson Agency, Inc.</b> 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-207-3366 Fax: 772-207-4255		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED  <b>Special Forces Restoration and Construction Inc</b> 482 SW Buck Hendry Way Stuart FL 34994		INSURERS AFFORDING COVERAGE	
		INS. POLICY # <b>Southern Owners Insurance</b> NAIC # <b>10190</b>	
		INS. POLICY # <b>Auto-Owners Insurance Co</b> NAIC # <b>10988</b>	
		INS. POLICY #	
		INS. POLICY #	

FORM NUMBER / CTR. NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> GARAGE MAINT <input checked="" type="checkbox"/> AUTO	20628155	01/15/04	01/15/05	EACH OCCURRENCE: \$1,000,000
	COMM. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH				COMMERCE/TERRITORY PREMIES (EA OCCUR): \$100,000 MED EXP (Any one person): \$10,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMMODITY AGG: \$1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> OWNED AUTOMOBILES <input type="checkbox"/> MEDICAL PAID <input type="checkbox"/> NON-OWNED AUTOMOBILES	4328287900	11/27/03	11/27/04	COMMERCE SINGLE LIMIT (EA OCCUR): \$300,000
	GARAGE LIABILITY <input type="checkbox"/> AUTO <input type="checkbox"/> OTHER				BODY INJURY (Per Person): \$ BODY INJURY (Per Occurrence): \$ PROPERTY DAMAGE (Per Occurrence): \$ AUTOMOBILE - EA OCCUR: \$ OTHER THAN AUTOMOBILE: EA ACC: \$ AGGREGATE: \$
	UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	NOT COVERED (OTHER AGENT)			EACH OCCURRENCE: \$ AGGREGATE: \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPERTY-RELATED EXECUTIVE OFFICER/EMPLOYEE CLAIMS OTHER	NOT COVERED (OTHER AGENT)			E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYEES: \$ E.L. DISEASE - POLICY LIMIT: \$
A	Inland Marine	20628155	01/15/04	01/15/05	Equip Rental: \$11,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate Holder is listed as additional insured per Form 55202(5-00) attached, and as loss payee

CERTIFICATE HOLDER  <b>High Reach Co. LLC</b> Attn: Brenda 615 Nickman Circle Sanford FL 32711	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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# ACORD CERTIFICATE OF LIABILITY INSURANCE

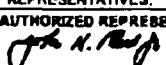
DATE (MM/DD/YY)  
12/04/2004

<b>PRODUCER</b> CONDON-MEEK, INC. 1211 COURT ST. CLEARWATER, FL 34816-5897	Serial # 118695	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b> CRUM STAFFING II, INC. 100 SOUTH MISSOURI AVENUE CLEARWATER, FL 33758	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC#</b></td> </tr> <tr> <td>INSURER A: FRANK WINSTON CRUM INSURANCE, INC.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>	INSURER A: FRANK WINSTON CRUM INSURANCE, INC.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC#</b>													
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

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

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																								
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____																								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____																								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY: AGG \$ _____																								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____																								
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 5 0000 0000	01/01/2005	01/01/2008	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;"><input checked="" type="checkbox"/> WC STAT.</td> <td style="width: 10%;"><input checked="" type="checkbox"/> TORY LIMITS</td> <td style="width: 10%;"><input checked="" type="checkbox"/> OTH-ER</td> <td style="width: 15%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td colspan="4"></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td colspan="4"></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td colspan="4"></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>		<input checked="" type="checkbox"/> WC STAT.	<input checked="" type="checkbox"/> TORY LIMITS	<input checked="" type="checkbox"/> OTH-ER			EL EACH ACCIDENT					\$ 1,000,000	EL DISEASE - EA EMPLOYEE					\$ 1,000,000	EL DISEASE - POLICY LIMIT					\$ 1,000,000
	<input checked="" type="checkbox"/> WC STAT.	<input checked="" type="checkbox"/> TORY LIMITS	<input checked="" type="checkbox"/> OTH-ER																										
EL EACH ACCIDENT					\$ 1,000,000																								
EL DISEASE - EA EMPLOYEE					\$ 1,000,000																								
EL DISEASE - POLICY LIMIT					\$ 1,000,000																								
	OTHER																												

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 This certificate remains in effect provided the client's account is in good standing with Crum Staffing II, Inc. Coverage is not provided for any employee for which the client is not reporting hours to Crum Staffing II, Inc. Applies to 100% of the employees of Crum Staffing II, Inc. leased to **SPECIAL FORCES RESTORATION & CONSTRUCTION, INC., EFFECTIVE 11/22/2003.**

<b>CERTIFICATE HOLDER</b>  772-283-8600 TEAM CONSTRUCTION CORP. 3500 SW CORPORATE PARKWAY PALM CITY, FL 34990	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENT OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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AC# 1466403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062900644

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

DIANE CARR  
SECRETARY

DISPLAY AS REQUIRED BY LAW



CITY OF STUART  
OCCUPATIONAL LICENSE  
2004-2005

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
4237	20487	061001

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

BUSINESS TYPE: CONTRACTOR - GENERAL

OWNER AND LOCATION: MICHAEL ROBERTS  
652 BUCK HENDRY WAY

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

STATE LICENSE CGC059083

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  
852 BUCK HENDRY WAY  
STUART, FL 34994

DATE: 10/06/2004

CHERYL WHITE  
CITY CLERK

2004-2005 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 0013, Stuart, FL 34995  
(888) 288-5804

LICENSE 2003-513-032 CERT CGCO-59083

PHONE (772)692-0302 SIC NO 233210

LOCATION:  
652 BUCK HENDRY WAY ST

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>5.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>5.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL		<u>35.00</u>	

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

ROBERTS, MICHAEL A. (QUALITY)  
SPECIAL FORCES RESTOR. & CONSTRUCT.  
652 BUCK HENDRY WAY  
STUART FL 34994

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF DECEMBER, 2004  
AND ENDING SEPTEMBER 30, 2005

RECEIPT OF PAYMENT  
LARRY C. O'STEEN 6818  
MARTIN COUNTY  
955 288-5804  
888-288-5804  
135.00

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

### TOWN OF SEWALL'S POINT

Date 1/4/05

BUILDING PERMIT NO. 7.169

Building to be erected for TOPPING Type of Permit Sub-Elec

Applied for by Special Forces / Forward Erection (Contractor) Building Fee \_\_\_\_\_

Subdivision HIGH POINT Lot 35 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 7 MIDDLE ROAD Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee SEE

Print. Qual NAME: DOUGLAS L. TAYLOR Electrical Fee PN 7168

Parcel Control Number: Lic#: EC0001472 Plumbing Fee \_\_\_\_\_

1338410020000035010000 Roofing Fee \_\_\_\_\_

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

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID LE FORMA-1	DATE (MM/DD/YYYY) 12/06/04
<b>PRODUCER</b>  R. V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
<b>INSURED</b>  Forward Electrical Contractors of Florida Inc 4149 SE Salerno Rd Stuart FL 34997-8822	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	
	INSURER A: <b>Auto-Owners Insurance Co</b>	<b>18988</b>	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**

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

RISK	MULTI	LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
				<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2061824304	08/28/04	08/28/05	EACH OCCURRENCE \$ 500000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 500000 PRODUCTS - COMP/OP AGG \$ 500000
			<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	9543501600	08/28/04	08/28/05	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
				<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
			<b>A</b>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	95-435-016-01	08/28/04	08/28/05	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 \$ \$ \$
				<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT COVERED W/THIS AGENCY			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
				<b>OTHER</b>				

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

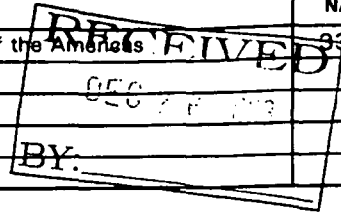
<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 
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**PRODUCER**  
Insurance Company of the Americas  
1310 Utica Street  
P.O. Box 855  
Oriskany, New York 13424  
Tel: (315) 768-2726 Fax: (315) 736-8731

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

**INSURED**  
Employee Leasing Solutions, Inc.  
Formerly Known As: People Leasing, Inc.  
L/C/F FORWARD ELECTRIC & A/C  
1401 Manatee Ave. W. Suite 600  
Bradenton, FL 34205

<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
INSURER A: Insurance Company of the Americas	93030
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	



**COVERAGES**

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCC.) \$ MED EXPENSE (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC03010150	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Client ID #4040029				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:  
**FORWARD ELECTRIC & A/C**  
Qualifiers Name: DOUGLAS TAYLOR/WILL CARSON

**CERTIFICATE HOLDER**

TOWN OF SEWELLS POINT  
1 SOUTH SEWELLS PT RD  
STUART, FL 34996

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

*[Signature]*

DIANE CARR  
SECRETARY

BY LAW



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

AC# 1472563

EC0001472 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  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

AC#1540490

CAC049289 08/13/04 040143851

CERTIFIED AIR COND CONTR  
SHARKEY, KEVIN MICHAEL  
FORWARD ELECTRIC & AIR CONDITIONIN

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

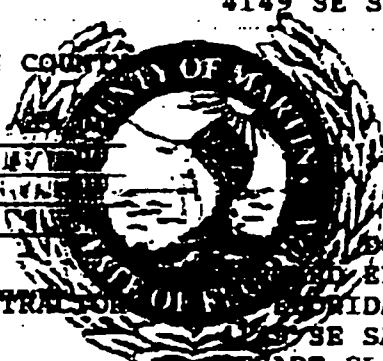
2004-2005 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985  
(772) 289-6004

LICENS# 1974-508-045 CERT EC0001472  
PHONE (772)221-1660 SIC NO 235310  
LOCATION: 4149 SE SALERNO RD MA

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	
\$	.00	PENALTY \$	
\$	.00	COL. FEE \$	
\$	.00	TRANSFER	25.00
TOTAL			



DOUGLAS L (PRES  
CERTIFIED ELECTRICAL CONTRACTOR  
FORWARD ELECTRICAL CONTRACTORS OF FLORIDA INC  
4149 SE SALERNO RD  
STUART FL 34997

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE  
30 DAY OF SEPTEMBER 04  
2005

RECEIPT OF PAYMENT  
LARRY C. O'STEEN  
TAX COLLECTOR  
P.O. BOX 9013  
STUART, FL 34985  
772-289-6004

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

### TOWN OF SEWALL'S POINT

Date 1/4/05 BUILDING PERMIT NO. 7.170  
 Building to be erected for TOPPING Type of Permit SUB-ALC  
 Applied for by Special Forces Forward ALC (Contractor) Building Fee \_\_\_\_\_  
 Subdivision HIGH POINT Lot 35 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 7 MIDDLE ROAD Impact Fee See  
 Type of structure SFR A/C Fee PN 7168  
PRINT QUAL. NAME: Kevin M. Shanley Electrical Fee \_\_\_\_\_  
 Parcel Control Number: Lot #: CAC049289 Plumbing Fee \_\_\_\_\_  
1338410020000035010000 Roofing Fee \_\_\_\_\_  
 Amount Paid  Check #  Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_  
 Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed Kevin M. Shanley Applicant Signed Gene Summers Town Building Official

## PERMIT

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

## INSPECTIONS

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

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID LE FOENMA-1	DATE (MM/DD/YYYY) 12/06/04
<b>PRODUCER</b>  R. V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
<b>INSURED</b>  Forward Electrical Contractors of Florida Inc 4149 SE Salerno Rd Stuart FL 34997-8822	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	
	INSURER A: <b>Auto-Owners Insurance Co</b>	<b>18988</b>	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**

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

INSR	LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2061824304	08/28/04	08/28/05	EACH OCCURRENCE \$ 500000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 500000 PRODUCTS - COMP/OP AGG \$ 500000								
	A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	9543501600	08/28/04	08/28/05	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$								
	A	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	95-435-016-01	08/28/04	08/28/05	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT COVERED W/THIS AGENCY			<table border="0" style="width:100%; font-size: x-small;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		<b>OTHER</b>												

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

<b>CERTIFICATE HOLDER</b>  TOWN024  Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 
---	--

**PRODUCER**  
Insurance Company of the Americas  
1310 Utica Street  
P.O. Box 855  
Oriskany, New York 13424  
Tel: (315) 768-2726 Fax: (315) 736-8731

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

**INSURED**  
Employee Leasing Solutions, Inc.  
Formerly Known As: People Leasing, Inc.  
L/C/F FORWARD ELECTRIC & A/C  
1401 Manatee Ave. W. Suite 600  
Bradenton, FL 34205

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

**RECEIVED**  
DEC 26 2003  
BY: \_\_\_\_\_

**COVERAGES**

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCC.) \$ MED EXPENSE (ANY ONE PERSON) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS _____				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per person) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC03010150	01/01/2004	01/01/2005	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		<b>OTHER</b> Client ID #4040029				

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

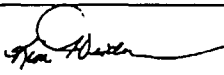
**FORWARD ELECTRIC & A/C**  
 Qualifiers Name: DOUGLAS TAYLOR/WILL CARSON

**CERTIFICATE HOLDER**

TOWN OF SEWELLS POINT  
 1 SOUTH SEWELLS PT RD  
 STUART, FL 34996

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE  


DIANE CARR  
SECRETARY

BY LAW

STATE OF FLORIDA AC# 1472563  
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.  
Expiration date: AUG 31, 2006 L04070202160

STATE OF FLORIDA AC# 1540490  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CAC049289 08/13/04 040143851  
CERTIFIED AIR COND CONTR  
SHARKEY, KEVIN MICHAEL  
FORWARD ELCTRIC & AIR CONDITIONIN  
IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2006 L04061304088

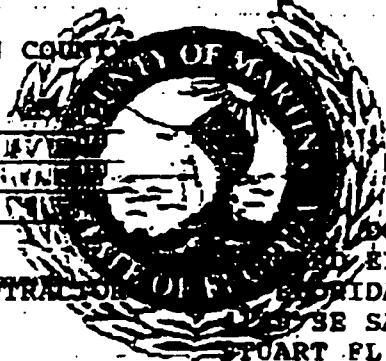
2004-2005 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985  
(772) 288-6634

LICENSE 1974-508-045 CERT EC0001472  
PHONE (772) 221-1660 SIC NO 235810  
LOCATION: 4149 SE SALERNO RD MA

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	
\$	.00	PENALTY \$	
\$	.00	COL FEE \$	
\$	.00	TRANSFER \$	25.00
TOTAL			



DOUGLAS L (PRES  
ELECTRICAL CONTRACTOR  
4149 SE SALERNO RD  
STUART FL 34997

30 SEPTEMBER 04  
DAY OF 2005  
AND ENDING SEPTEMBER 2005

RECEIPT OF PAYMENT  
LARRY C. O'STEEN  
TAX COLLECTOR  
MARTIN COUNTY  
12.00

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

NOTICE OF COMMENCEMENT

State of FL  
County of Martin

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

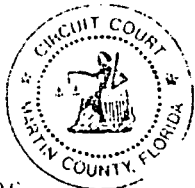
- 1. Description of property: (legal description of the property, and street address if available).  
Lot 35 Parcel # 13384100200000 35010000
- 2. General description of improvement: Repair Fire Damage
- 3. Owner information    a. Name and address: Dan Topping  
7 Middle Rd Sewalls Point Fl 34996
- b. Interest in property: \_\_\_\_\_
- c. Name & address of fee simple titleholder (if other than Owner): \_\_\_\_\_
- 4. Contractor: (name & address) Special Forces 623 Buck Hendry way, Stuart Fl. 34994
- a. Phone number 7726920302    b. Fax #: 6924112 (optional, if service by fax is acceptable).
- 5. Surety
- a. Name and address: \_\_\_\_\_
- b. Phone number: \_\_\_\_\_    c. Fax # \_\_\_\_\_ (optional, if service by fax is acceptable).
- d. Amount of bond: \$ \_\_\_\_\_
- 6. Lender: (name and address) \_\_\_\_\_
- a. Phone number: \_\_\_\_\_    b. Fax # \_\_\_\_\_ (optional, if service by fax is acceptable).
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: (name and address).  
\_\_\_\_\_  
\_\_\_\_\_
- a. Phone number: \_\_\_\_\_    b. Fax # \_\_\_\_\_ (optional, if service by fax is acceptable).
- 8. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Licnor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
- a. Phone number: \_\_\_\_\_    b. Fax # \_\_\_\_\_ (optional, if service by fax is acceptable).

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

Daniel R. Topping  
Jessie M. Topping  
SIGNATURE OF OWNER

STATE OF FLORIDA Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of NOV. (year), 2004 by (name of person making statement) D.R. Topping

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL INSTRUMENT FILED IN THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.  
MARSHA EWING, CLERK

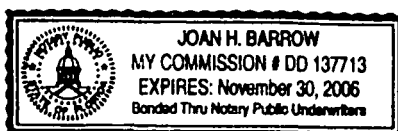


Joan H. Barrow  
(Signature of Notary Public - State of Florida)  
(Print, Type, or Stamp Commissioned Name of Notary Public)

BY [Signature] DC  
DATE 11/22/04

Personally Known  OR Produced Identification \_\_\_\_\_  
Type of Identification Produced F.I.D.I. Expiration Date \_\_\_\_\_

4/03/2000





# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JAN 31, 2005 Page 1 of     


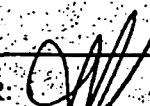
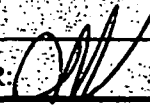

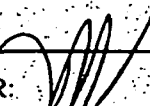
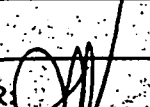
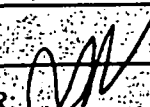
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7158</del>	<del>TOPPING</del>	<del>FRAMING</del>	<del>PASS</del>	
3	7 MIDDLE ROAD SPECIAL	(EXCEPT FRONT DOOR WALL)		INSPECTOR: <i>[Signature]</i>
7141	JOHNSON 634 W High Pt	GAS TANK + LINES	PASS	
2	MARTIN COUNTY PERMITS			INSPECTOR: <i>[Signature]</i>
6772	ELDER	TIE BEAM	PASS	
1	4 MARGUERITA O/B			INSPECTOR: <i>[Signature]</i>
				ISSUED STOP
	5 S. RIVER RD.	FENCE w/o PERMIT		WORK ORDER INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

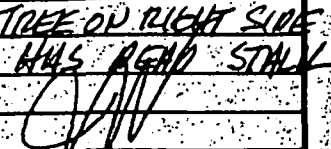
# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5/25, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7168	TOPPING	FINAL INT	PASS	CLOSE
1	7 MIDDLE ROAD	REPAIR WORK		
	SPECIAL FORCES			INSPECTOR: 
7513	ROBERTS	DRY-IN	FAIL	
12	12 N. RIDGEVIEW			
	CARDINAL ROOFING			INSPECTOR: 
6581	LASKY	FINAL ADD'N	FAIL	
3	27 W. HIGH POINT	/REMODEL		
	SEAGATE BLDGS			INSPECTOR: 
6839	WADE	FINAL ACC.	PASS	CLOSE
2	9 E. HIGH POINT	BLDG		
	PINE OAKS			INSPECTOR: 
7247	DELANEY	REPAIR DOOR	PASS	CLOSE
10	116 S. SEWALL ST	FINAL		
	CUSTOM DECKS			INSPECTOR: 
780	BONIFACE	PARTIAL FRAMING	PASS	
13	63 S RIVER RD			
	WILSON BLDGS			INSPECTOR: 
TREE	JORDAN	TREE	PASS	
15	12 CASTLE HILL WY			
				INSPECTOR: 

**OTHER:**

TREE 6 RIBBELAND TREE PASS TREE ON RIGHT SIDE HAS BEEN STALL  


**8045**

**TRUSS REPAIR**

---

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

### TOWN OF SEWALL'S POINT

Date 2/16/06

BUILDING PERMIT NO. 8045

Building to be erected for TOPPING

Type of Permit Truss Repair

Applied for by SPECIAL FORCES

(Contractor) Building Fee 35.00

Subdivision HIGH POINT Lot 35 Block \_\_\_\_\_

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

Address 7 MIDDLE ROAD

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

Type of structure SFR

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

Parcel Control Number:

1338410020000035010000

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

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

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

Amount Paid 35.00 Check # 010187 Cash \_\_\_\_\_

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

Total Construction Cost \$ 1450.00

TOTAL Fees 35.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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

HURRICANE

Town of Sewall's Point

BUILDING PERMIT APPLICATION

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

Date: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Janice + Daniel Topping Phone (Day) 285-9430 (Fax) \_\_\_\_\_

Job Site Address: 7 Middle Road City: Sewalls Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) High Point Lot 35 Parcel Number: 13-38-41-002-000-00350-1

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

Description of Work To Be Done: Truss Repair

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1450.<sup>00</sup>  
(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: \_\_\_\_\_

CONTRACTOR/Company: Special Forces Phone 692-0302 Fax: 692-4112

Street: 123 New Buck Hendry Way City: Stuart State: FL Zip: 34994

State Registration Number: \_\_\_\_\_ State Certification Number: CGC059083 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

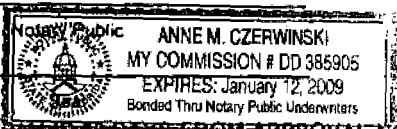
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001  
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

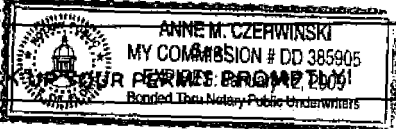
OWNER OR AGENT SIGNATURE (required)  
Janice Topping  
State of Florida, County of Martin  
This the 9th day of January, 2006  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification.

CONTRACTOR SIGNATURE (required)  
[Signature]  
On State of Florida, County of Martin  
This the 9th day of January, 2006  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification.

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



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



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP PERMIT BEFORE EXPIRES!

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID LE SPECI-4	DATE (MM/DD/YYYY) 01/11/06
PRODUCER  <b>R.V. Johnson (GSM)</b> 2041 E Ocean Blvd Stuart FL 34996 Phone: 772-287-3366 Fax: 772-287-4255		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
Special Forces Restoration and Construction Inc 623 Buck Hendry Way Stuart FL 34994		INSURER A: <b>Southern Owners Insurance</b>	<b>10190</b>
		INSURER B: <b>Auto-Owners Insurance Co</b>	<b>18988</b>
		INSURER C:	
		INSURER D:	
		INSURER E:	

**COVERAGES**

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR	INSRD						
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20628155	01/15/06	01/15/07	EACH OCCURRENCE	\$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 1,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	4328287900	11/27/05	11/27/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				SOOILY INJURY (Per person) SOOILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	NOT COVERED W/THIS AGENCY			AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	NOT COVERED W/THIS AGENCY			WC STAT- TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$
A		OTHER <b>Equipment Floater</b>	20628155	01/15/06	01/15/07	Equip Rental	\$11,500

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

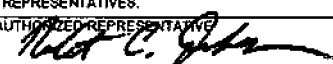
**CERTIFICATE HOLDER**

**TOWN024**

**Town of Sewalls Point**  
 1 S. Sewalls Point Road  
 Stuart FL 34996

**CANCELLATION**

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

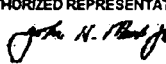
AUTHORIZED REPRESENTATIVE  


<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 1/3/2006
PRODUCER CONDON MEEK INC 1211 COURT ST CLEARWATER FL 33755	Serial # 087143	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED  CRUM STAFFING II, INC. 1-800-277-1620 100 S MISSOURI AVENUE CLEARWATER FL 33756		INSURERS AFFORDING COVERAGE INSURER A: FRANK WINSTON CRUM INSURANCE, INC. INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC#

**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 OF OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND LIABILITY EMPLOYERS' ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 6 0000 0000	1/1/2006	1/1/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH CRUM STAFFING II, INC. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO CRUM STAFFING II, INC. EFFECTIVE 11/22/2003, APPLIES TO 100% OF THE EMPLOYEES OF CRUM STAFFING II, INC. LEASED TO SPECIAL FORCES RESTORATION & CONSTRUCTION, IN 772-692-4112

<b>CERTIFICATE HOLDER</b>  TOWN OF SEWALL'S POINT 1 S SEAWALL'S POINT SEAWALL'S POINT FL 34996	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---

AC# 1466403

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062900644

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

DIANE CARR  
SECRETARY



CITY OF STUART  
OCCUPATIONAL LICENSE  
2004-2005

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
4237	20487	061001

BUSINESS TYPE: 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: 10/06/2004

CHERYL WHITE  
CITY CLERK





**CITY OF STUART  
OCCUPATIONAL LICENSE  
2005-2006**

LICENSE NO.	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

<b>BUSINESS TYPE</b>	CONTRACTOR - GENERAL
----------------------	----------------------

<b>OWNER AND LOCATION</b>	MICHAEL ROBERTS 623 BUCK HENDRY WAY
---------------------------	--

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.

STATE LICENSE CGC059083

Occupational Licensing 772-288-5319

FEES	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

<b>BUSINESS NAME AND MAILING ADDRESS</b>	SPECIAL FORCES REST & CONST MICHAEL ROBERTS 623 BUCK HENDRY WAY STUART, FL 34994
--	---

<b>DATE</b>	08/22/2005
-------------	------------

**CHERYL WHITE**  
CITY CLERK



**CITY OF STUART  
OCCUPATIONAL LICENSE  
2005-2006**

LICENSE NO.	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

<b>BUSINESS TYPE</b>	CONTRACTOR - GENERAL
----------------------	----------------------

<b>OWNER AND LOCATION</b>	MICHAEL ROBERTS 623 BUCK HENDRY WAY
---------------------------	--

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.

STATE LICENSE CGC059083

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

<b>BUSINESS NAME AND MAILING ADDRESS</b>	SPECIAL FORCES REST & CONST MICHAEL ROBERTS 623 BUCK HENDRY WAY STUART, FL 34994
--	---

<b>DATE</b>
08/22/2006

**CHERYL WHITE**  
CITY CLERK

RECEIVED  
DEC 21 2005

CSM Engineers, LLC  
Civil Structural Marine

BY: \_\_\_\_\_

December 15, 2005

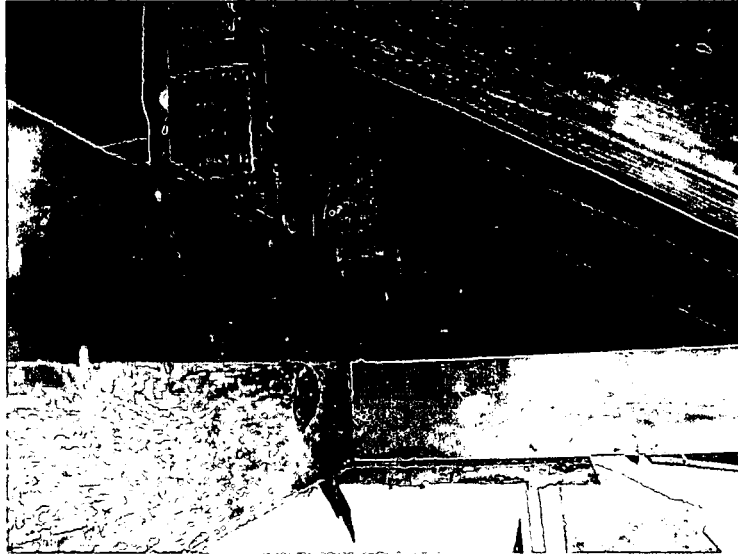
Special Forces  
Barry Goss  
623 Buck Hendry Way  
Stuart, FL 34994

RE: 7 Middle Street Truss Repair

Dear Barry,

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

LET'S ELIMINATE AGGRESSIVE DRIVING  
This is a repair, but thought you might like the color copy.  
Funding provided by the Florida Department of Transportation.



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

Sincerely,

*Judy Perkins*

Judy Perkins, PE  
FL Lic. No. 62332

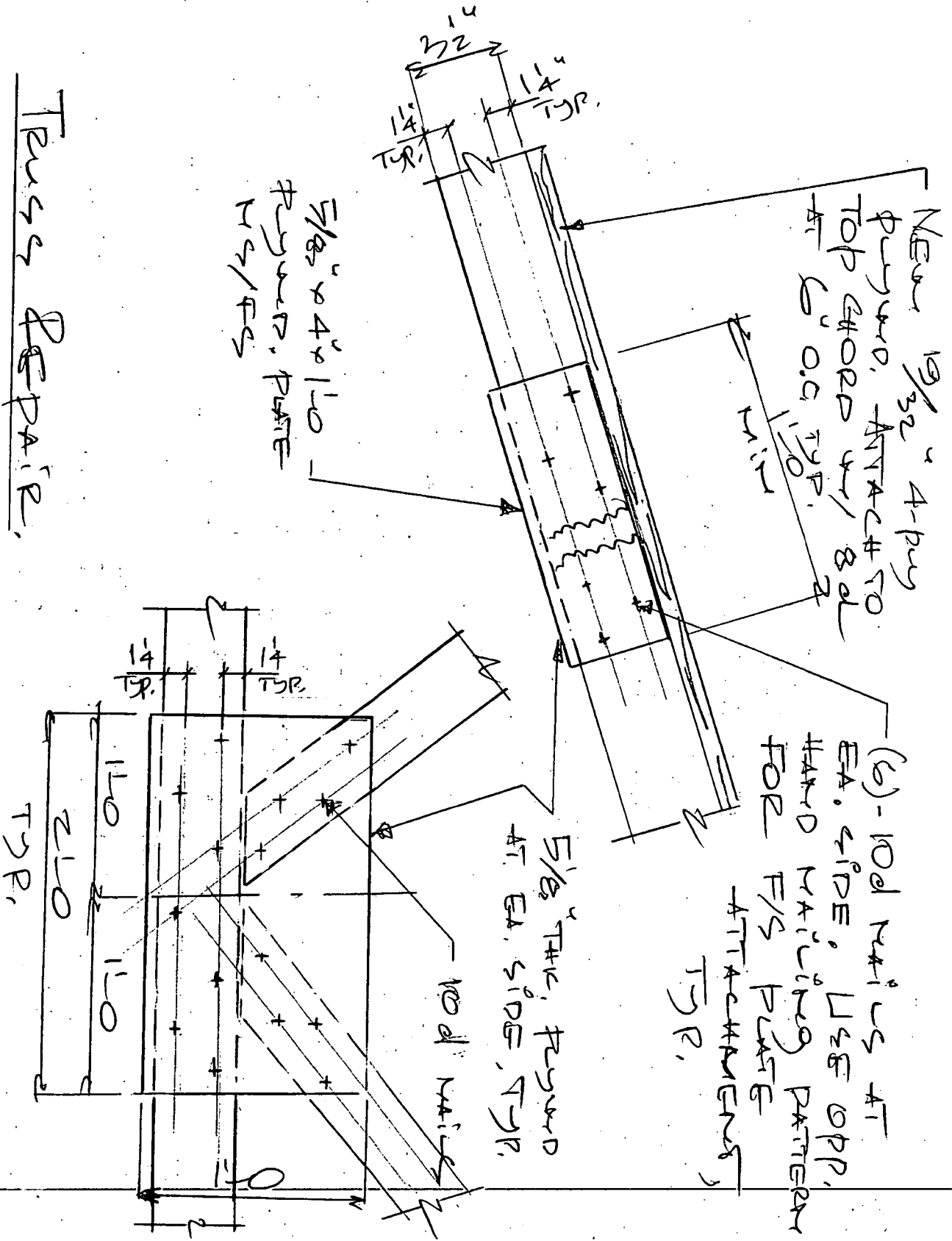
Inspection - Evaluation - Design - Permitting  
2608 S.E. Willoughby Blvd.  
Stuart, FL 34994

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

Visit us on the Web at [CSMEngineers.com](http://CSMEngineers.com)  
S:\PROJECTS\Middle\_Street\_Truss\truss.letter.doc

Project: 7 MIDDLE STREET  
 Sheet: 1 of           
 Designed By: A.T. Date: 12.13.05  
 Checked By:          Date:         

Truss Repair.



# CSM Engineers, LLC

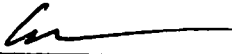
*Civil Structural Marine*

December 15, 2005

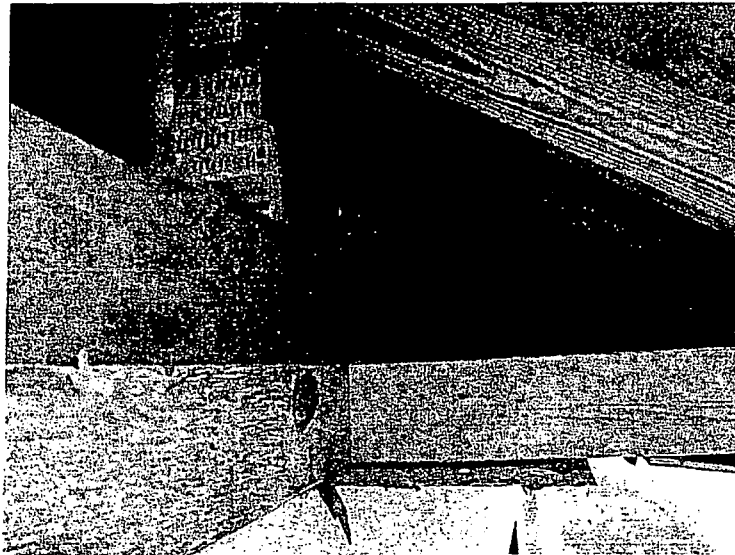
Special Forces  
Barry Goss  
623 Buck Hendry Way  
Stuart, FL 34994

RE: 7 Middle Street Truss Repair

Dear Barry,

<p>FILE COPY <b>TOWN OF SEWALL'S POINT</b> THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>2/3/06</u>  <b>BUILDING OFFICIAL</b> Gene Simmons</p>
--

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

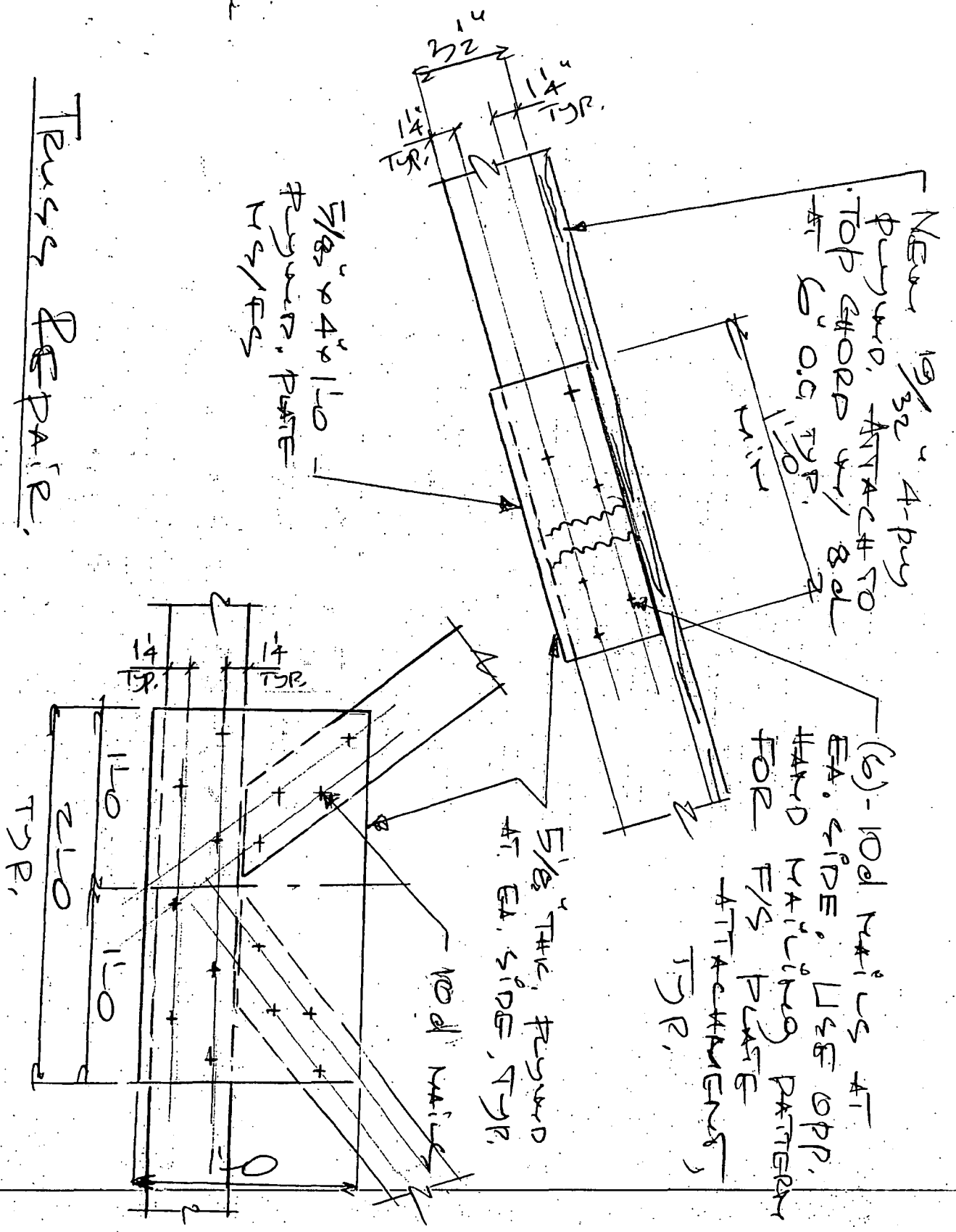
Fax: 772-220-4603

Visit us on the Web at [CSMEngineers.com](http://CSMEngineers.com)  
S:\PROJECTS\Middle Street Truss\truss letter.doc

Quality Assurance  
2/2/06

Project: 7 MIDDLE STREET  
Sheet: 1 of         
Designed By: A.L. Date: 12/3/06  
Checked By:        Date:       

Truss Repair



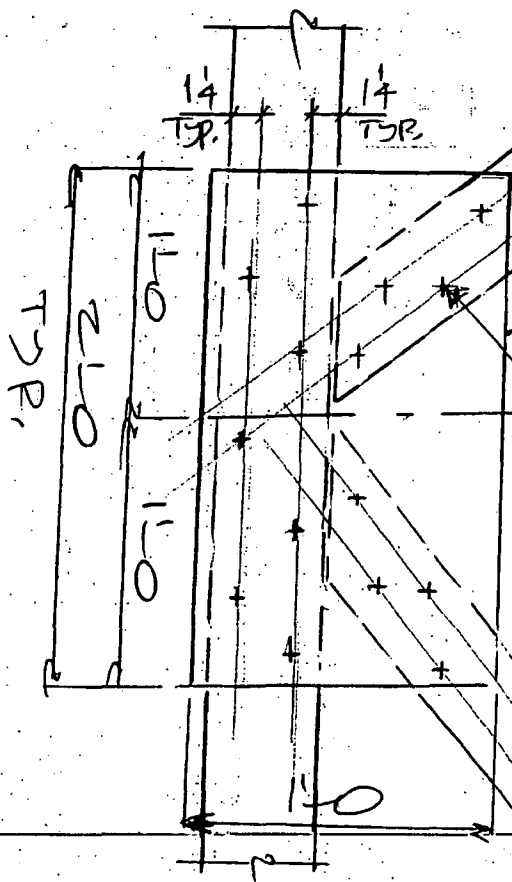
5/8" x 4" x 1/2"  
PLYWOOD, PASTE  
NAILS

New 1 1/2" 4-ply  
Plywood, ATTACHED TO  
TOP CHORD w/ BAL  
AT 6" OC TYP.

(6) - 10d Nails AT  
EA. SIDE, USE OPP.  
HAND NAILING PATTERN  
FOR F/S PLATE  
ATTACHMENTS,  
TYP.

5/8" THICK, PLYWOOD  
AT EA. SIDE, TYP.

10d Nails



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2/15, 2006 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7785	PRELSSMAN	FINAL ROOF	PASS	CLOSE
8	28 RIO VISTA DE PACIFIC ROOF			INSPECTOR: <i>OM</i>
7777	CATHEY	ADDITION DRY-IN	FAIL	
5	47 S. SEWALLS RD PACIFIC ROOFING			INSPECTOR: <i>OM</i>
7993	GIACHINO	SLAB	PASS	
9	11 WENDY LANE SEA GATE BUILDERS	11:00 EARLY PLEASE 263-4448		INSPECTOR: <i>OM</i>
7580	SILAS	IN Prog REG	PASS	
10	10 CASTLE HILL WAY GEN'L SVCS OF FL			INSPECTOR: <i>OM</i>
8021	VAMPOLSKY	IN Prog REG	FAIL	
6A	117 HILLCREST DR			INSPECTOR: <i>OM</i>
8045	<del>TOPPING</del>	<del>EXAMINE</del>	<del>FAIL</del>	<del>PASS</del>
4	7 MIDDLE RD SPECIAL FORCES	DRY-IN (CORNER GARAGE)		<del>ADD FEES</del> INSPECTOR: <i>OM</i>
7809	D'ALESSANDRO	ELEC-ADDITION	PASS	- PARTIAL IN ROOF
6B	4 EMARITA WAY O/B	ROOF DECLINE	PASS	INSPECTOR: <i>OM</i>

OTHER: (20 CRANES NEST WORK BEFORE SCOAM.)

**8455**

**FENCE**

---



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

### TOWN OF SEWALL'S POINT

Date 11-21-06

BUILDING PERMIT NO. 8455

Building to be erected for Topping

Type of Permit Fence

Applied for by Stuart Fence (Contractor)

Building Fee 30-

Subdivision High Point Lot 35 Block \_\_\_\_\_

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

Address 7 Middle Rd

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

Type of structure SFR

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

Parcel Control Number:

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

13-38-41-002-000-00350-10000

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

Amount Paid \$30 Check # 1262 Cash \_\_\_\_\_

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

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

Total Construction Cost \$ 2456-

TOTAL Fees 30-

Signed Gario Louhin  
Applicant

Signed John Adamo  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

RECEIVED

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 11/7/06 Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: JANICE TOPPING Phone (Day) 223-5441 (Fax) \_\_\_\_\_

Job Site Address: 7 MIDDLE RD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HIGH POINT, LOT 35 Parcel Number: 13-38-41-002-00-00350-1

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?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2456.<sup>00</sup>

(Notice of Commencement needed over \$2500)  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_

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

Method of Determining Fair Market Value: \_\_\_\_\_

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

CONTRACTOR/Company: Stuart Fence Company Phone: 288-1151 Fax: 288-3035

Street: P.O. Box 2634 City: Stuart State: FL Zip: 34995

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: LFE 3584

SUBCONTRACTOR INFORMATION:

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

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Janice M. Topping  
State of Florida, County of: MARTIN  
This the 7 day of Nov, 2006  
by JANICE TOPPING who is personally known to me or produced T 152433516870  
as identification Janis L. Loudin

CONTRACTOR SIGNATURE (required)  
Chester Richmond  
On State of Florida, County of: MARTIN  
This the 16 day of Nov, 2006  
by CHESTER RICHMOND who is personally known to me or produced \_\_\_\_\_  
As identification Janis L. Loudin

NOTARY PUBLIC - STATE OF FLORIDA  
My Commission Expires: \_\_\_\_\_  
Janis L. Loudin  
Commission # DD538831

NOTARY PUBLIC - STATE OF FLORIDA  
My Commission Expires: \_\_\_\_\_  
Janis L. Loudin  
Commission # DD538831

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/09/2006

PRODUCER (772) 334-3181 FAX (772) 334-7742

Rick Carroll Insurance Agency  
2160 N.E. Dixie Highway  
P.O. Box 877  
Jensen Beach, FL 34958-0877

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

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED **Stuart Fence Company Inc.**  
PO Box 2636  
Stuart, FL 34995

INSURER A: **Hanover Insurance Co.**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	LHJ8398159-00	08/08/2006	08/08/2007	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/>					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/>					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/>					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				F I DISEASE - FA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

**CERTIFICATE HOLDER**

Town of Sewalls Point  
1 S. Sewalls Point Road  
Sewalls Point, FL 34996

**CANCELLATION**

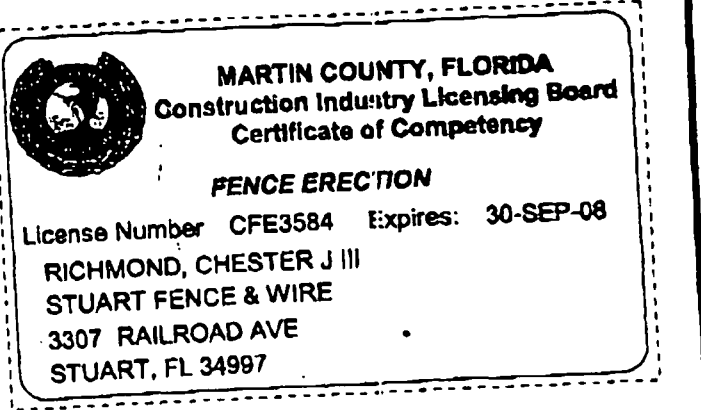
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER,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

AUTHORIZED REPRESENTATIVE

Keith Carroll/PJR



<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>						Date 2/24/2006	
<b>Producer:</b> Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-838-5562 Fax: 727-937-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
<b>Insured:</b> South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562				Insurers Affording Coverage		NAIC #	
				Insurer A: Lion Insurance Company		11075	
				Insurer B:			
				Insurer C:			
				Insurer D:			
Insurer E:							
<b>Coverages</b> The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.							
INSR LTR	ADCL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident \$ Other Than EA Acc \$ Autos Only AGG \$	
		<b>EXCESS UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTHER	E.L. Each Accident \$:000000 E.L. Disease - Ea Employee \$1000000 E.L. Disease - Policy Limits \$:000000
	Other 3465485	Stuart Fence Company, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company, Inc. FAX: 772-288-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC) / REISSUE 8-23-05 (JLH) / REISSUE 1-18-08 (JLH) REISSUE 2-24-06 (SH)							
<b>Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616</b>							
CERTIFICATE HOLDER				CANCELLATION			
TOWN OF SEWALLS POINT ATTN: LAURA 1 S SEWALLS POINT RD. SEWALLS POINT FL 34986				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to meet 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.			



**2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P. O. Box 9013, Stuart, FL 34995 (772) 288-1604

LICENSE 2004-518-0003 CERT CFE3584  
PHONE 772-288-1151 SIC NO 235990

LOCATION: 3307 SE RAILROAD AVE STU

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV. YR. \$	.00	L. FEE \$	25.00
\$	.00	P. VALTY \$	1.00
\$	.00	C. L. FEE \$	1.00
\$	.00	T. TRANSFER \$	1.00
TOTAL		\$	5.00

RECEIPT of PAYMENT  
LARRY C. OSTEEN  
99 08/16/2006 NCPMA  
20040005180000  
002 2006 0311582  
STUART FENCE COMPAN

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST 2006 AND ENDING SEPTEMBER 30 2007

CHESTER - QUALIFIER  
STUART FENCE COMPANY INC  
P.O. BOX 2636  
STUART FL 34995

# 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

STUART LEGAL DESCRIPTION:  
LOT 35 BLOCK \_\_\_\_\_ SUBDIVISION HIGH POINT

(Brief description of dimensions and location from property lines)  
SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

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: Dan Topping Phone: 223-5441

.....  
**CHALLENGE TO BE COMPLETED BY UTILITY COMPANY**  
.....

We agree to the proposed construction under the circumstances described above.

Company: Martin County Utilities

By: Jim Christ

Title: Associate Planner

.....  
The conflict consists of No Conflict  
.....

[Signature]

# EASEMENT AGREEMENT

Date: 11/10/06

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(Brief description of dimensions and location from property lines)  
SEE SURVEY

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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: Don Topping Jim M. Topping Phone: 223-5441

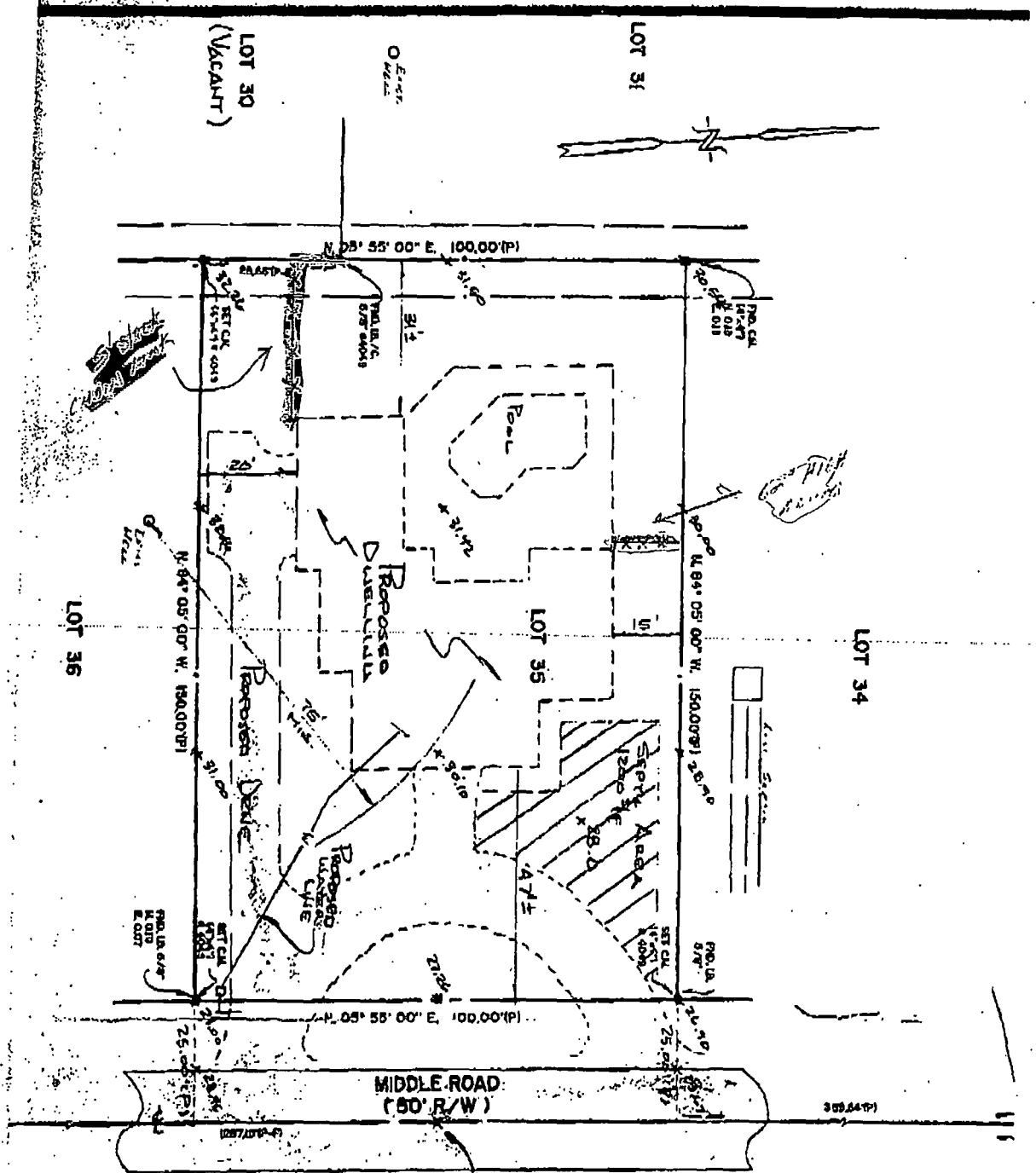
\*\*\*\*\*  
FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: COMCAST  
By: Tim Kambouji  
Title: Field Coordinator

By signing these indicies that a potential conflict (does/does NOT) exist. The conflict consists of

Call SUNSHINE for LOCATES

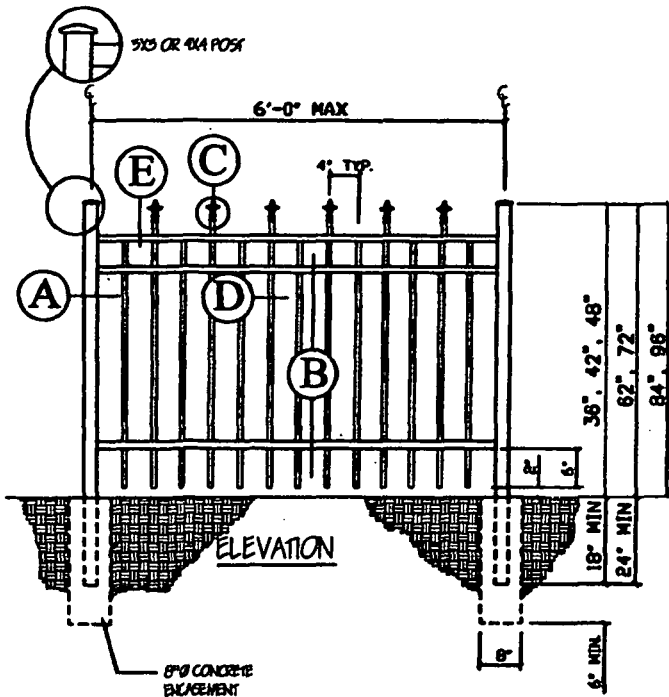


No Obstructions

FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 11-20-06  
**BUILDING OFFICIAL**



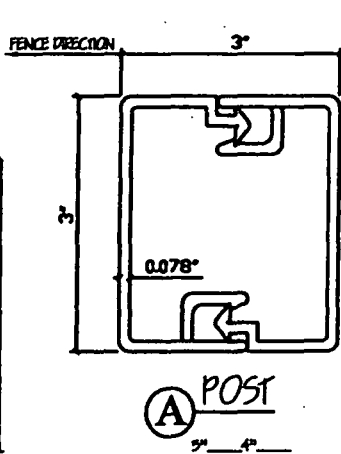




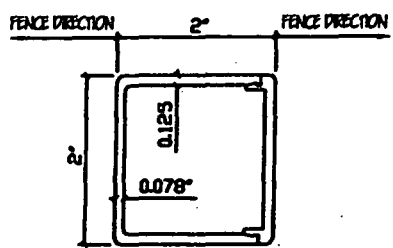
FENCE SECTION (MODEL H)  
COMM/ INDUSTRIAL N.T.S.

GENERAL NOTES

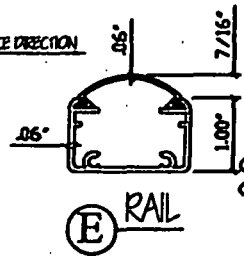
1. ALL FENCE COMPONENTS SHALL BE MANUFACTURED BY APG MERIDIAN INC., POMPANO BEACH, FL 33069 OR APPROVED VENDORS. INSTALLATION SHALL BE IN STRICT ACCORDANCE WITH MANUFACTURERS PLANS AND SPECIFICATIONS.
2. OVERALL DIMENSIONS SHOWN ARE MANUFACTURER'S STANDARD PRODUCTION SIZES.
3. SWEDGE LOCK FENCES MEET OR EXCEED ALL APPLICABLE REQUIREMENTS OF THE 2001 FLORIDA BUILDING CODE, AND THE STANDARD BUILDING CODE LATEST EDITIONS.



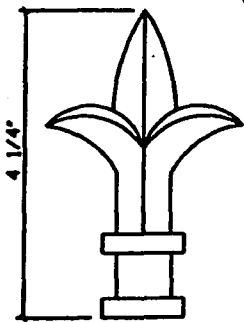
(A) POST  
3" 4"



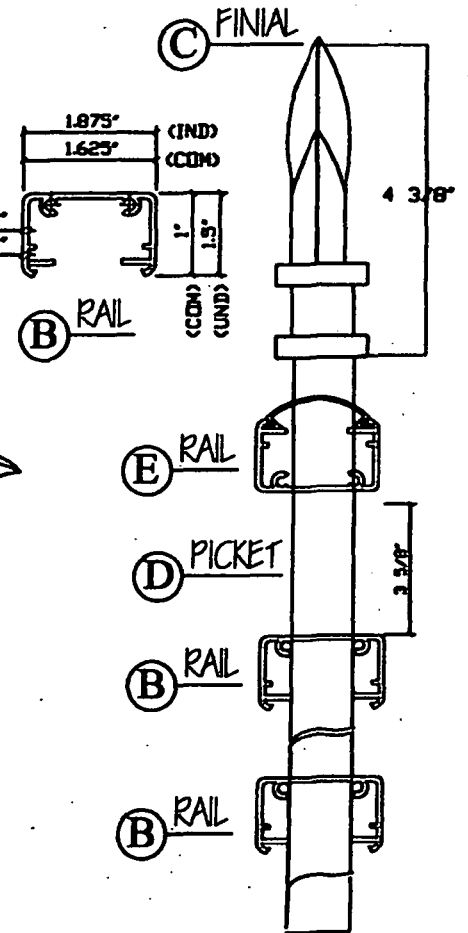
(A) POST



(E) RAIL



(C) FINIAL



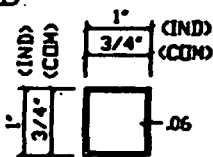
(B) RAIL

(E) RAIL

(D) PICKET

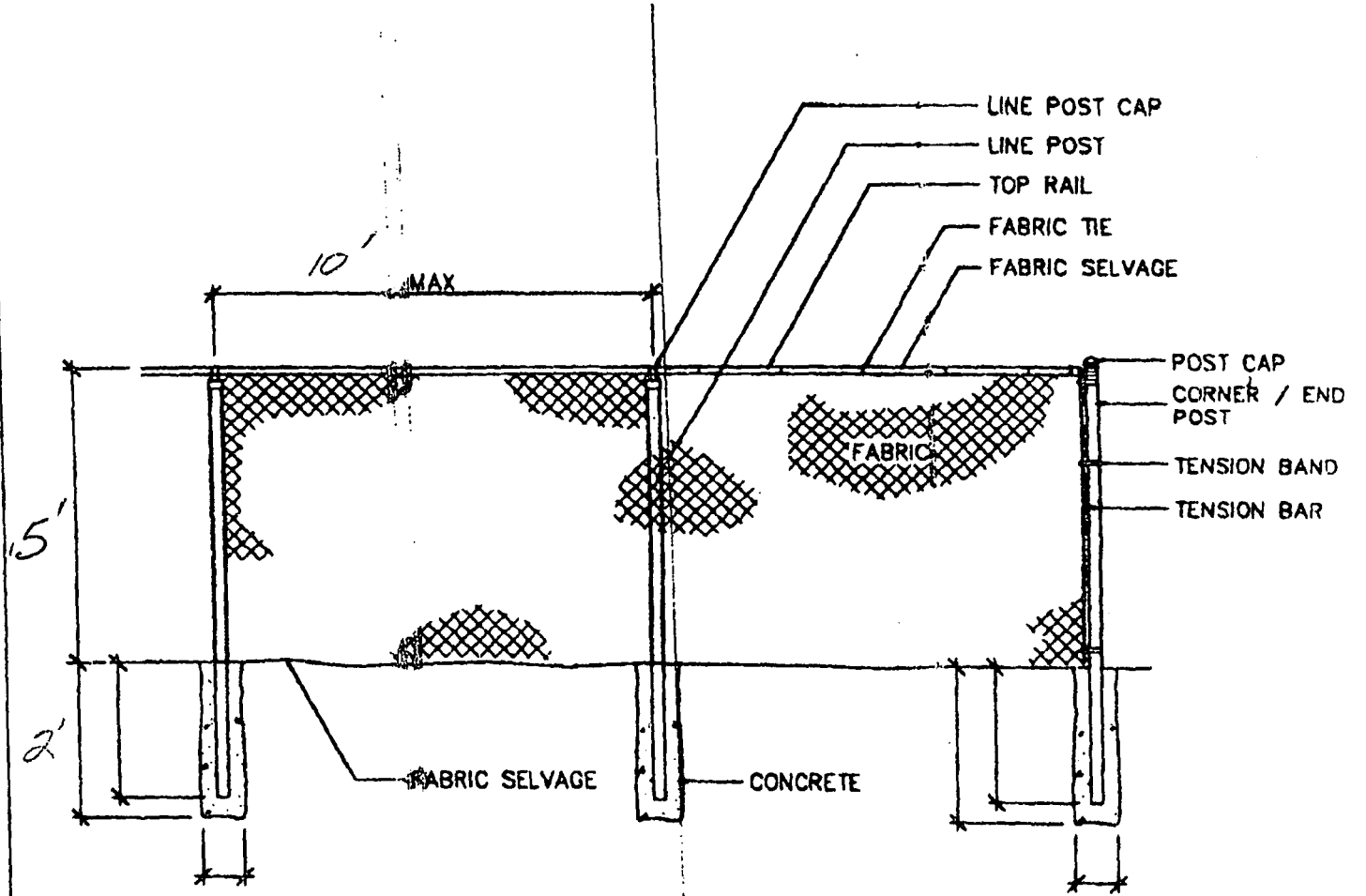
(B) RAIL

(B) RAIL



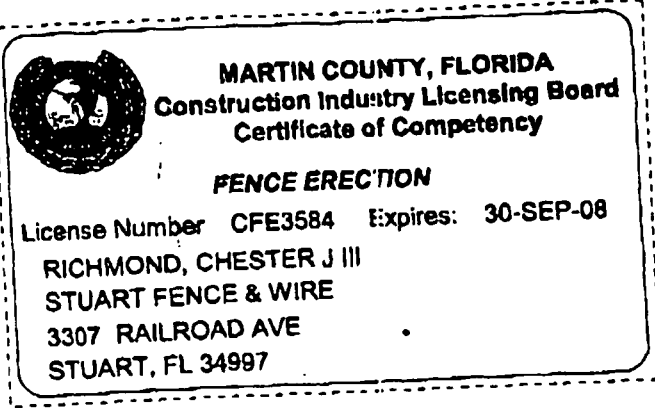
(D) PICKET

APG Meridian Inc  
Mfg: Swedge Lock Fence & Railing  
Patented Fence & Railing



**CHAIN LINK FENCING DETAIL**

*BLACK VINYL*



2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995 (772) 280-6004

LICENSE # 2004-518-0003 CERT CFE3584  
PHONE (772) 280-1151 SIC NO 235990

LOCATION: 3307 SE RAILROAD AVE STU

CHARACTER COUNTS BY MARTIN COUNTY

PREV. YR. \$	.00	L. FEE \$	25.00
\$	.00	P. VALTY \$	0.00
\$	.00	C. L. FEE \$	0.00
\$	.00	D. TRANSFER \$	0.00
TOTAL		\$	25.00

RECEIPT of PAYMENT  
LARRY C. O'STEEN  
99 08/16/2006 NORMA  
20040005180000  
002 2006 0011582  
STUART FENCE COMPAN

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST 06  
AND ENDING SEPTEMBER 30, 07

RICHMOND, CHESTER - QUALIFIER  
STUART FENCE COMPANY INC  
P.O. BOX 2636  
STUART FL 34995

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 1-29, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0088	foole	2 <sup>nd</sup> FL beams	FAIL	
8	94 N. Sewalls Pt Walter White	patio decks		INSPECTOR: <i>AM</i>
<del>855</del>	<del>Topping</del>	<del>Final fence</del>	<del>PASS</del>	<del>Close</del>
1	7 Middle Rd Stuart fence	See Me (8045)		INSPECTOR: <i>AM</i>
8497	Bush	tank in line	PASS	
6	2 Mindow St Prop. Disc			INSPECTOR: <i>AM</i>
6694	Hines	Final	PASS	Close
4	113 Henry Sewalls Terrell Gas			INSPECTOR: <i>AM</i>
7619	Spiervack	Final	PASS	Close
2	30 W High Pt Terrell Gas			INSPECTOR: <i>AM</i>
8155	Schewornic	Final	FAIL	
7	12 S Sewalls Pt Terrell Gas			INSPECTOR: <i>AM</i>
7621	Taddes	Final	PASS	Close
3	16 E High Pt Terrell Gas			INSPECTOR: <i>AM</i>

OTHER:

**8604**

**ROOF REPAIR**

---

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

### TOWN OF SEWALL'S POINT

Date 5-17-07

BUILDING PERMIT NO. 8604

Building to be erected for Topping

Type of Permit Roof repairs

Applied for by Cardinal Roofing

(Contractor) Building Fee \_\_\_\_\_

Subdivision High Point Lot 35 Block \_\_\_\_\_

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

Address 7 Middle Rd

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

Type of structure SFR

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

Parcel Control Number:

133841-002-000-00350-1

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

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

Amount Paid \$120 Check # 9650 Cash \_\_\_\_\_

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

Roofing Fee 120

Total Construction Cost \$ 2000

TOTAL Fees 120

Signed Brad A Hagan Jr  
Applicant

Signed John Adams  
Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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



Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: Permit Number:

OWNER/TITLEHOLDER NAME: DANIEL R & JANICE M. TOPPING Phone (Day) 323-5441 (Fax)

Job Site Address: 7 MIDDLE ROAD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) High Point, LOT 35 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

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

COST AND VALUES: ROOF REPAIR Estimated Value of Construction or Improvements: \$ 2000.00 (Notice of Commencement required over \$2500) Estimated Fair Market Value prior to Improvement: \$ Method of Determining Fair Market Value:

CONTRACTOR/Company: CARDINAL Roofing Phone: 335-9550 Fax: 335-9554 Street: 1601 SE S NIEMEYER CIRCLE City: Port St Lucie State: FL Zip: 34952 State Registration Number: CCC032513 State Certification Number: Municipality License Number:

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number: Mechanical: NA State: License Number: Plumbing: State: License Number: Roofing: State: License Number:

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

ENGINEER Lic.#: Phone Number: Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: Screened Porch: Carport: Total Under Roof 100 SF. Wood Deck: Accessory Building:

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

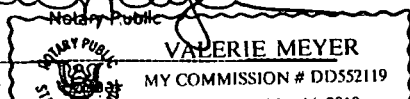
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.) National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

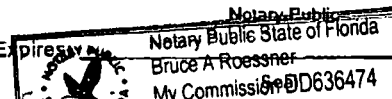
OWNER OR AUTHORIZED AGENT SIGNATURE (required) Daniel R. Topping State of Florida, County of: Martin This the 16th day of May, 2007 by Daniel R. Topping who is personally known to me or produced FL D# T152-176-38-041-0 as identification. Valerie Meyer

CONTRACTOR SIGNATURE (required) Brad S. Hogan On State of Florida, County of: MARTIN This the 16th day of MAY, 2007 by BRAD S. HOGAN who is personally known to me or produced As identification. Bruce A. Roessner

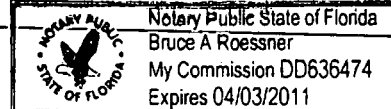
My Commission Expires:



My Commission Expires:



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FAC 205.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

PERMIT # \_\_\_\_\_

CONTRACTOR'S NAME: CARDINAL ROOFING PHONE #: 335-9550 FAX: 335-9554

OWNER'S NAME: DANIEL R. & JANICE M. TOPPING

CONSTRUCTION ADDRESS: 7 MIDDLE ROAD CITY STUART STATE FL

RE-ROOF: \_\_\_\_\_ RESIDENTIAL (SINGLE FAMILY)  
\_\_\_\_\_ COMMERCIAL \*\* - REMOVE/REINSTALL ROOF TOP HVAC EQUIP \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*...DISCONNECT/RECONNECT HVAC ELECTRIC \_\_\_\_\_ YES \_\_\_\_\_ NO

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

ROOF TYPE:  HIP \_\_\_\_\_ BOSTON-HIP \_\_\_\_\_ GABLE  FLAT \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF PITCH: 7 /12 SLOPE

ROOF DECK:\* \_\_\_\_\_ SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION.

FILE COPY	
TOWN OF SEWALL'S POINT	
THESE PLANS HAVE BEEN	
APPROVED FOR CODE COMPLIANCE	
DATE	<u>5-17-07</u>
<i>[Signature]</i>	
BUILDING OFFICIAL	

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

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

EXISTING DECK TO REMAIN/REPAIRED

EXISTING ROOF COVERING: Flat Cone tile EXISTING COVERING TO BE REMOVED? YES  NO  *100 SF. area only*

PROPOSED NEW ROOF COVERING: Match existing

MANUFACTURER Entegra PRODUCT NAME Skandia 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  NO

DESCRIPTION OF WORK: Remove & replace (1) 2'x2' skylight south side -  
Repair leak on North side

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]* DATE: 5-16-07  
SIGNATURE OF CONTRACTOR



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/05/2007

PRODUCER 732-223-9700 FAX 732-223-6044  
Conover Beyer Associates  
2600 Highway 35  
Manasquan, NJ 08736

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

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED Cardinal Roofing & Siding Co., Inc.  
1601 S.E. South Niemeyer Circle  
Port St. Lucie, FL 34952

INSURER A: Crum & Forster Specialty Ins Co.  
INSURER B: Continental Casualty Co  
INSURER C: Commerce and Industry Ins. Co  
INSURER D: Admiral Insurance Company  
INSURER E:

20443C

**COVERAGES**

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	GL0101182	03/03/2007	03/03/2008	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ excluded
		<input checked="" type="checkbox"/> Blanket Addt'l Ins				PERSONAL & ADV INJURY	\$ 1,000,000
		CG 2010 ed. 07/04				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	2088523583	06/30/2006	06/30/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC5311994	03/06/2007	03/06/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
D		OTHER Excess Auto Liability	EX00000147301	01/01/2006	06/30/2007	Limit \$1,000,000 occurrence \$1,000,000 aggregate	

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

This Insurance contains a 30 Day Written Notice of Cancellation Endt\*10 Day for non-payment of premium

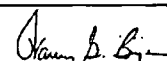
**CERTIFICATE HOLDER**

**CANCELLATION**

Town of Sewell's Point  
1 South Sewall's Point Road  
Sewall's Point, FL 34996

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

AUTHORIZED REPRESENTATIVE  
Warren Beyer/SBOWEN



## **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, Tax Collector, P.O. Box 8012, Stuart, FL 34995  
(772) 288-5604

LICENSE# 991-520-0113 CERT \_\_\_\_\_  
PHONE \_\_\_\_\_ SIC NO 001761

LOCATION:  
1601 SE S NIEMEYER CIR MAR

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV. YR \$ .00 LIC. FEE. \$ \_\_\_\_\_  
\$ .00 PENALTY \$ \_\_\_\_\_  
\$ .00 COL. FEE \$ \_\_\_\_\_  
\$ .00 TRANSFER \$ \_\_\_\_\_  
TOTAL 25.00




RECEIPT of PAYMENT  
LARRY C. O'STEEN  
88 08/14/2006 NORMA  
1991005200011  
002 2005 001-1000  
CARDINAL ROOFING&SI

CARDINAL  
BRAD S  
ROOFING&SIDING COMPANY INC  
S NIEMEYER CIR  
PORT ST LUCIE, FL 34952

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **ROOFING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE  
11 DAY OF AUGUST 06  
AND ENDING SEPTEMBER 30, 2007

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



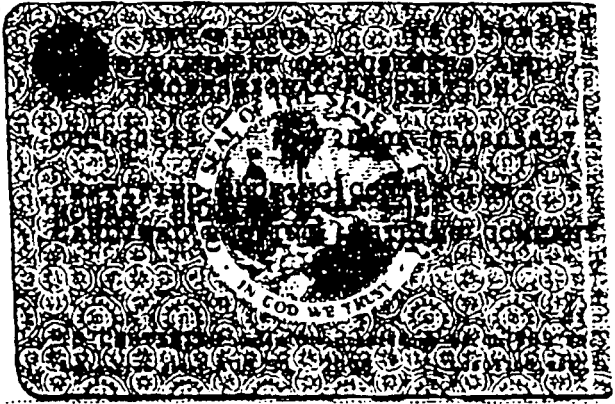
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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



AUG 31, 2008

DETACH HERE

LIC# CCC032513

AC# 2666508

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

SEC# 40807200196


DATE	BATCH NUMBER
07/20/2006	050801172

The ROOFING COMPANY  
Named below is eligible  
Under the provisions of  
Expiration date: AUG 31, 2008

HOGAN, BRAD S  
CARDINAL ROOFING & SIDING COMPANY INC  
1601 SE SOUTH NIEMEYER CIRCLE  
PORT SAINT LUCIE

JEB BUSH  
GOVERNOR

RONNE MARGULIES  
SECRETARY



# SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

	ROOFING MATERIAL LIST	QUANTITY	REMARKS
1	100 pc. Flat Conc. tile	1 sq.	
2	Tile screws	200 pc.	
3	Polyfoam repair cans	5	
4	1- 2x2 SF. B/C SL.	1	
5	Bull	1 can	
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Roof Repair



**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

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Skandia. Skandia ABC Duratile USA "E" USA Trim Pieces	Length: 16½" Width: 13"	TAS 112	Flat concrete roof tile for direct deck or batten nail-on.
	Length: varies Width: varies Thickness: varies	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes ridges and valley terminations

#### 2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Tile Nails	Min. 10dx 3"	TAS 114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (With current NOA)
Tile Screws	#8x 2 ½" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	TAS 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (With current NOA)
Rainproof II	30" x 75' roll 36" x 75' roll 60" x 75' roll	TAS 104	Single ply, nail-on underlayment with 2" self adhering top edge	Protect-O-Wrap, Inc.
Ice and Water Shield	36" x 75' roll	TAS 103	Self-adhering Underlayment	W.R. Grace Co.
TU Underlayment	39 ¾" x 32'10" roll	TAS 103	Self-adhering Underlayment	Polyglass USA, Inc.



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

Roof Tile Mortar ("TileTite™")	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 ¼"	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 - $\lambda$ (ft <sup>3</sup> )		
Tile Profile	$\lambda$ (ft <sup>3</sup> ) Batten Application	$\lambda$ (ft <sup>3</sup> ) Direct Deck Application
Skandia	0.267	0.289

Table 2: Restoring Moments due to Gravity - $M_g$ (ft-lbf)										
Tile Profile	3": 12"		4": 12"		5": 12"		6": 12"		7": 12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Entegra 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 - $M_r$ (ft-lbf) 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 <sup>1</sup>	50.3	65.5	48.3

<sup>1</sup> Installation with a 4" tile headlap and fasteners are located a minimum of 2½" from the head of tile.

Table 4: Attachment Resistance Expressed as a Moment $M_r$ (ft-lbf) For Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Skandia	Adhesive	31.3 <sup>3</sup>

<sup>2</sup> See manufactures component approval for installation requirements.  
<sup>3</sup> Flexible Products Company TileBond Average weights per patty 13.9 grams. Polyfoam Product, Inc. Average weight per patty 8 grams.



<b>Table 4A: Attachment Resistance Expressed as a Moment - <math>M_r</math> (ft-lbf) For Single Patty Adhesive Set Systems</b>		
<b>Tile Profile</b>	<b>Tile Application</b>	<b>Minimum Attachment Resistance</b>
Skandia	PolyPro™	118.9 <sup>4</sup>
	PolyPro™	40.4 <sup>5</sup>
4 Large paddy placement of 45 grams of PolyPro™.		
5 Medium paddy placement of 24 grams of PolyPro™.		

<b>Table 4B: Attachment Resistance Expressed as a Moment - <math>M_r</math> (ft-lbf) for Mortar Set Systems</b>		
<b>Tile Profile</b>	<b>Tile Application</b>	<b>Attachment Resistance</b>
See specific mortar manufacturer's Notice of Acceptance.		

## 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.

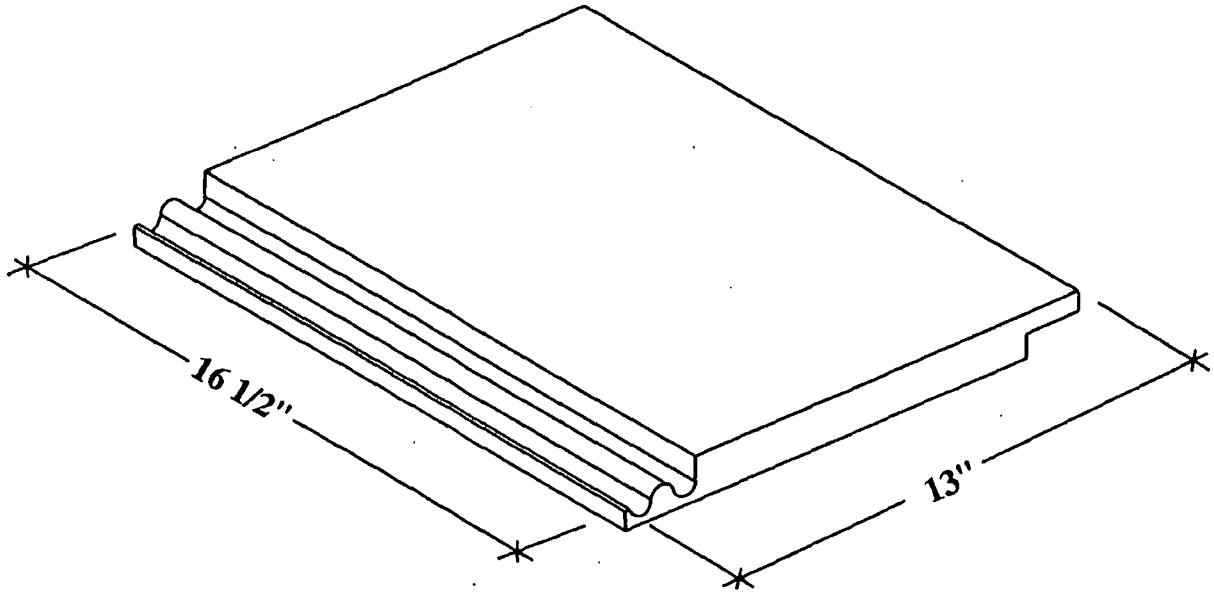
## 7. MANUFACTURING LOCATIONS

- 7.1 Indiantown, FL



**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.

*[Handwritten signature]*  
06/05/03



**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**

1. 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.

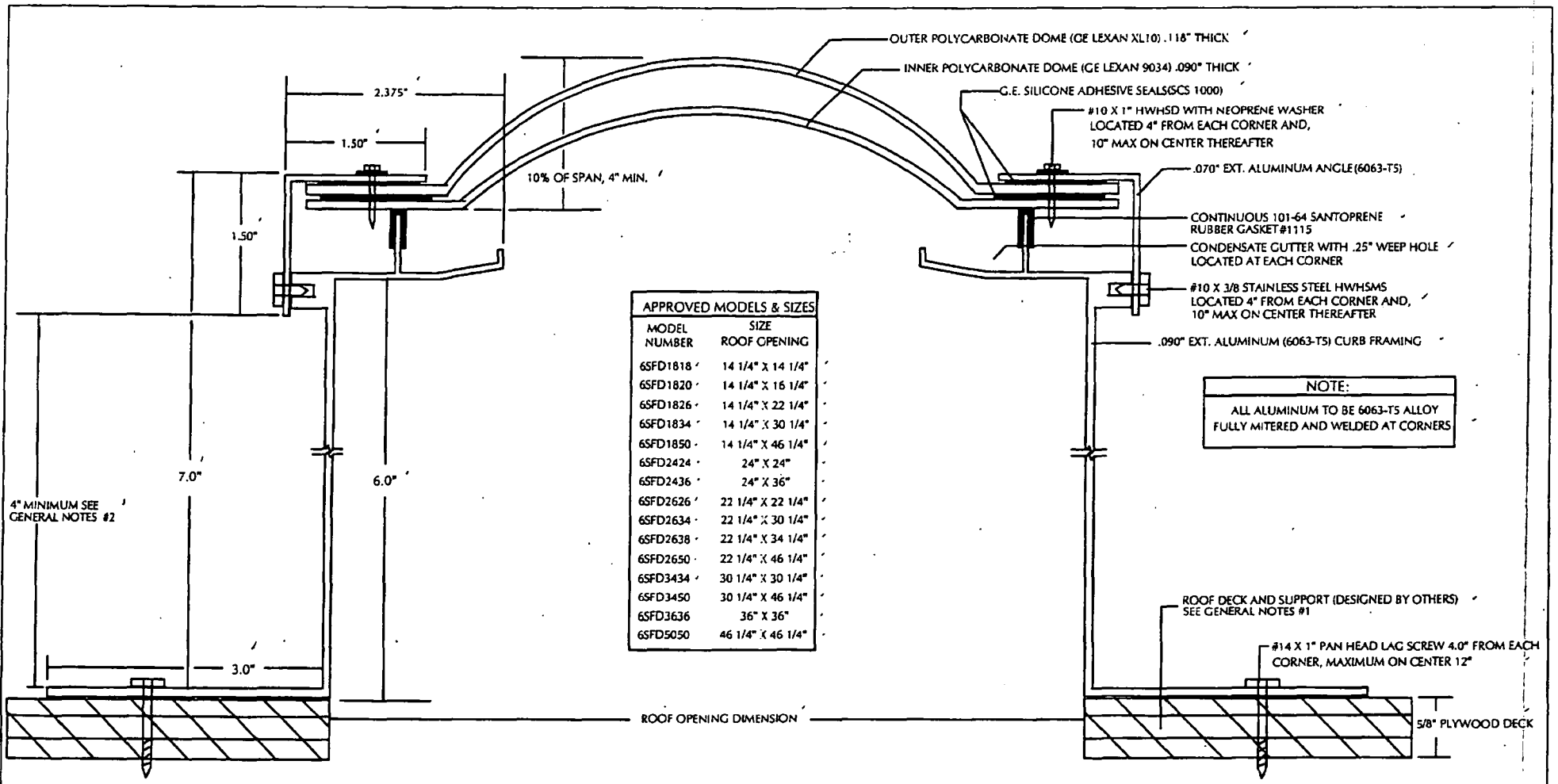
**D. MATERIAL CERTIFICATIONS**

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



APPROVED MODELS & SIZES	
MODEL NUMBER	SIZE
6SFD1818	14 1/4" X 14 1/4"
6SFD1820	14 1/4" X 16 1/4"
6SFD1826	14 1/4" X 22 1/4"
6SFD1834	14 1/4" X 30 1/4"
6SFD1850	14 1/4" X 46 1/4"
6SFD2424	24" X 24"
6SFD2436	24" X 36"
6SFD2626	22 1/4" X 22 1/4"
6SFD2634	22 1/4" X 30 1/4"
6SFD2638	22 1/4" X 34 1/4"
6SFD2650	22 1/4" X 46 1/4"
6SFD3434	30 1/4" X 30 1/4"
6SFD3450	30 1/4" X 46 1/4"
6SFD3636	36" X 36"
6SFD5050	46 1/4" X 46 1/4"

**NOTE:**  
ALL ALUMINUM TO BE 6063-T5 ALLOY  
FULLY MITERED AND WELDED AT CORNERS

DADE COUNTY ACCEPTANCE NUMBER  
00-0524.02

**BIRDVIEW SKYLIGHTS**  
THE CLEAR CHOICE

2011 SINGHORN RD. FT. WORTH TX. 76179  
Ph. 817-439-9266 Fax 817-232-8468

DRAWING# EB696 REV. 00 SHEET 1 OF 1  
DRAWN BY: E. BIRD DATE: 7-26-00  
MODEL: 6SFD-DAE SCALE: FULL

DESIGN PRESSURE RATING  
POSITIVE + 56 PSF & NEGATIVE - 67 PSF  
LARGE MISSILE IMPACT RESISTANT

**GENERAL NOTES:**  
1. ALL ROOFING DETAILS SHALL COMPLY WITH CHAPTER 34 OF THE S.F.B.C.  
2. 4" MINIMUM DISTANCE FROM ANGLE LIP TO ROOF SURFACE IS FOR SHINGLE OR BUR WITHOUT INSULATION. FOR INSULATION AND ROOF TILES, ADD THE TILE HEIGHT AND THE INSULATION THICKNESS TO THE 4" MINIMUM HEIGHT.

PRODUCT RENEWED  
as complying with the Florida  
Building Code  
Acceptance No. 03-0303-11  
Expiration Date 07/02/08  
By: [Signature]  
Miami Dade Product Control  
Division

APPROVED AS COMPLYING WITH THE  
SOUTH FLORIDA BUILDING CODE  
DATE September 07, 2000  
BY: [Signature]  
PRODUCT CONTROL DIVISION  
BUILDING CODE COMPLIANCE OFFICE  
ACCEPTANCE NO. 00-0524.02

VIPIN N. TOLAT, P.E.  
REGISTERED CIVIL ENGINEER  
FLORIDA REG. 12847

[Signature]  
8/7/00

**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**



\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 5-16-07

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of inspection:  Mon  Wed  Fri 5-21, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8266	Carlson/Premier	Elect rough	PASS	
4	3 Tuscan Ln	AC rough	PASS	
	Masterpiece			INSPECTOR: <i>[Signature]</i>
8561	Sharfi	slab	PASS	
5	73 N Sewalls			
	Kwin Carter			INSPECTOR: <i>[Signature]</i>
Tree	Cathy	Tree	PASS	#15 REMOVAL FEE
2	47 S. Swallow Pt			
	OB			INSPECTOR: <i>[Signature]</i>
8552	Spinfield	dry-in-metal	FAIL	
3	3 Almetto DR			
	Hecker Roof			INSPECTOR: <i>[Signature]</i>
8541	Mendoza	Deck final	PASS	CLOSE
1	144 S Sewalls			
	Tropic Marine			INSPECTOR: <i>[Signature]</i>
8446	DARELLE	FINAL GAS	PASS	CLOSE
6	#17 FIELDWAY			
	PROP. DISC			INSPECTOR: <i>[Signature]</i>
8600		FINAL GAS	PASS	CLOSE
1A	4 KINGSTON CT.			
	PROP. DISC.			INSPECTOR: <i>[Signature]</i>
OTHER:	<del>8604 JAMMIE RD. CARDINAL ROOF</del>			



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-15, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8427</del>	<del>Hepworth 8 Rio Vista Sand Creek</del>	<del>Final</del>	<del>CANCEL</del>	
				INSPECTOR:
<del>8604</del>	<del>Topping</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
1	7 Middle Rd Cardinal Roof.			INSPECTOR: <i>OM</i>
8528	Masterpiece 5 Mandalay Masterpiece	huss eng.	FAIL	INSPECTOR: <i>OM</i>
3				
8543	King 30 Rio Vista DR Certified Maine	Final	PASS	CLOSE INSPECTOR: <i>OM</i>
4				
8436	Tooman 37 W High Pt Hoidas Street	huss eng.	FAIL	INSPECTOR: <i>OM</i>
2				
Tree	Flannery 23 Rio Vista OB	Tree	PASS	INSPECTOR: <i>OM</i>
				INSPECTOR:

OTHER:

**8675**

**REROOF**

---



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK  
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	8675	DATE ISSUED:	JULY 27, 2007
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 REQUESTED INSPECTION.**

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

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

### REQUIRED INSPECTIONS

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

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

**RECEIVED**  
DATE: 7-25-07  
TOWN OF SEWALL'S POINT

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

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

OWNER/TITLEHOLDER NAME: Daniel Topping Phone (Day) 285-9430 (Fax) \_\_\_\_\_

Job Site Address: 7 Middle Road City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) High Point Lot 35 Parcel Number: B-38-41-002-000-00350

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

Description of Work To Be Done: re-roof

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

CONTRACTOR/Company: Cardinal Roofing Phone: 335-9550 Fax: 335-9551

Street: 1601 SE S. Niemeyer Circle City: PSL State: FL Zip: 34952

State Registration Number: \_\_\_\_\_ State Certification Number: CC10325B Martin County License Number: 001761

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 37,490.00 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION:**

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total Under Roof 3000 SF. Wood Deck: 7/8 plywood Accessory Building: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 w 2006 REV  
National Electrical Code: 2005 Florida Energy Code: 2004 Free Code 2004 Florida Accessibility Code: 2004

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

OWNER OR AGENT SIGNATURE (required)  
Dan Topping  
State of Florida, County of MARTIN  
This the 16th day of July, 2007  
by DAN TOPPING who is personally  
known to me or produced  
as identification. Bruce A. Roessner

CONTRACTOR SIGNATURE (required)  
Brad S. Hogan  
On State of Florida, County of MARTIN  
This the 9th day of JULY, 2007  
by BRAD S. HOGAN who is personally  
known to me or produced  
As identification. Bruce A. Roessner

My Commission Expires 4-3-2011  
Notary Public State of Florida  
Bruce A Roessner  
My Commission DD636474  
Expires 04/03/2011

My Commission Expires 4-3-2011  
Notary Public State of Florida  
Bruce A Roessner  
My Commission DD636474  
Expires 04/03/2011

**NOTICE OF COMMENCEMENT**

00350-17

PERMIT # \_\_\_\_\_

COUNTY OF Martin

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

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

High Point LOT 35

**GENERAL DESCRIPTION OF IMPROVEMENT:** ROOF

OWNER: Daniel R & Janice M Topping

ADDRESS: 7 middle rd Stuart, FL 34996

PHONE #: 285-9430 FAX #: \_\_\_\_\_

CONTRACTOR: Cardinal Roofing

ADDRESS: 1601 SE S Memeyer Circle PSL, FL 34952

PHONE #: 335-9550 FAX #: 335-9554

**SURETY COMPANY (IF ANY)** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE OF FLORIDA

PHONE #: \_\_\_\_\_ MARTIN COUNTY

BOND AMOUNT: \_\_\_\_\_

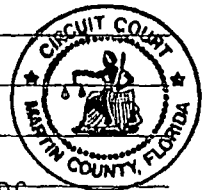
LENDER: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

MARSHA EWING, CLERK  
BY: L. COPUS D.C.  
DATE: 7.25.07



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

NAME: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

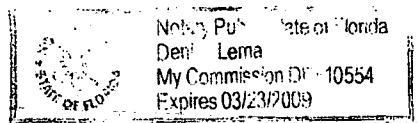
Dan Topping  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 20th DAY OF JULY, 2007  
BY DAN TOPPING

PERSONALLY KNOWN X  
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

Denise Lemay  
NOTARY SIGNATURE

SEAL:



INSTR # 2008487 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)



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 /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$104.65 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$48.90 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)		\$	
Total number of inspections (Value < \$200K) @\$75 ea:		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	3	\$	225
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	15
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	240

# TOWN OF SEWALL'S POINT OWNER/BUILDER DISCLOSURE STATEMENT

## APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND 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 THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT ON THIS 25 DAY OF July, 2007.

PROPERTY ADDRESS 7 - Middle Rd.

CITY Sewalla Pt. STATE FL. ZIP 34996

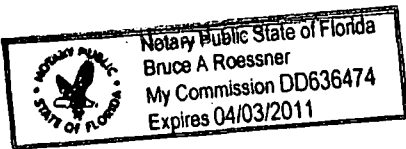
Brad S. Hogan  
SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF

2007 BY BRAD S. HOGAN

PERSONALLY KNOWN ✓  
OR PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

Bruce A. Roessner  
NOTARY SIGNATURE





**TOWN OF SEWALL'S POINT  
RE-ROOF PERMIT CERTIFICATION**

PERMIT # \_\_\_\_\_

CONTRACTOR'S NAME: Cardinal Roofing PHONE #: 335-9550 FAX: 335-9554

OWNER'S NAME: BRAD HOGAN Daniel TOPPING

CONSTRUCTION ADDRESS: 7 Middle Rd. CITY Sewall Pt STATE FL

RE-ROOF:  RESIDENTIAL(SINGLE FAMILY)  
 COMMERCIAL \*\*--REMOVE/REINSTALL ROOF TOP HVAC EQUIP  YES  NO

\*\*...DISCONNECT/RECONNECT HVAC ELECTRIC  YES  NO

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

ROOF TYPE:  HIP  BOSTON-HIP  GABLE  FLAT  OTHER

ROOF PITCH: 7 1/2" /12 SLOPE

ROOF DECK:\*  SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION.

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

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

EXISTING DECK TO REMAIN/REPAIRED

EXISTING ROOF COVERING: Conc. tile #90 #30 EXISTING COVERING TO BE REMOVED? YES  NO

PROPOSED NEW ROOF COVERING: Conc. tile #30 #90 Hot Mop

MANUFACTURER Entegra PRODUCT NAME Skandia 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.

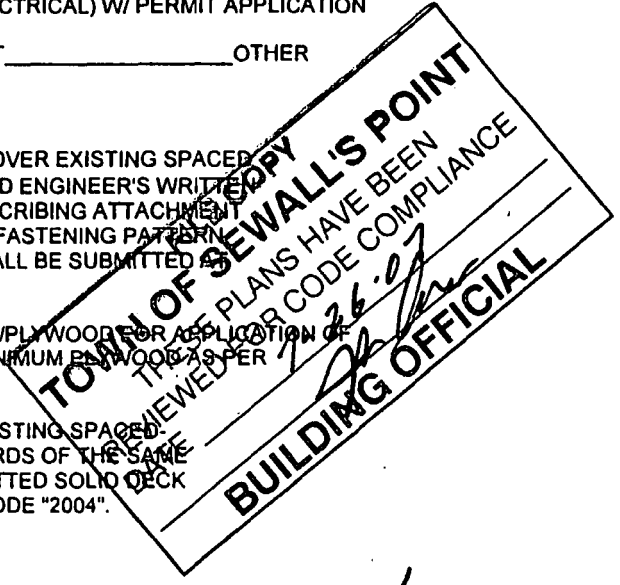
PROPOSED FLASHING:  GALV./STEEL  ALUMINUM  COPPER  OTHER Galvalume 26 GA.

RIDGEVENT TO BE INSTALLED:  YES  NO

DESCRIPTION OF WORK: Remove existing tile #90 #30 to the wood deck remain deck. Install #30 felt new flashing HM #90 MSTU. Install new flat tile with 2 screws per tile. Install trim tiles over galv channel with poly foam screws + cement

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.

Brad Hogan DATE: 7-25-07  
 SIGNATURE OF CONTRACTOR



# SEWALL'S POINT BUILDING DEPARTMENT

MUST BE SUBMITTED WITH PERMIT APPLICATION

	ROOFING MATERIAL LIST	QUANTITY	REMARKS
1	8pd. galv. RS. Nails	100 lbs.	
2	Galvalume valley	150 LFT.	
3	4X5 galvalume	90 LFT.	
4	Galvalume counter flashing	90 LFT.	
5	Lead pipe flashing	4 pc.	
6	2x2 drip galvalume	45 pc.	
7	ASTM D-226 #30 felt	30 rolls	
8	#90 MSTU.	60 rolls	
9	Type IV asphalt	1800 lbs.	
10	Simply Nails	2 Box	
11	1 1/4" Galv nails	3 Box	
12	Dade Tin tags	2 Box	
13	Bull 5 gallon	9 cans	
14	Tile Screws	11,000 pc.	
15	H&R "V"	280 pc.	
16	Flat Conc. tile -	60 sq.	
17	Roof tile cement	14 Bags	
18	Sand	1 yd.	
19	Hat channel galv.	28 pc.	
20	Gromet Screws	600 pc.	
21	poly foam cans	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**



\_\_\_\_\_  
(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



**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

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Skandia. Skandia ABC Duratile USA "E" USA Trim Pieces	Length: 16½" Width: 13"	TAS 112	Flat concrete roof tile for direct deck or batten nail-on.
	Length: varies Width: varies Thickness: varies	TAS 112	Accessory trim, concrete roof pieces for use at hips, rakes ridges and valley terminations

#### 2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Tile Nails	Min. 10dx 3"	TAS 114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (With current NOA)
Tile Screws	#8x 2 ½" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	TAS 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (With current NOA)
Rainproof II	30" x 75' roll 36" x 75' roll 60" x 75' roll	TAS 104	Single ply, nail-on underlayment with 2" self adhering top edge	Protect-O-Wrap, Inc.
Ice and Water Shield	36" x 75' roll	TAS 103	Self-adhering Underlayment	W.R. Grace Co.
TU Underlayment	39 ¾" x 32' 10" roll	TAS 103	Self-adhering Underlayment	Polyglass USA, Inc.



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

Roof Tile Mortar ("TileTite™")	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 ¼"	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 - $\lambda$ (ft <sup>3</sup> )		
Tile Profile	$\lambda$ (ft <sup>3</sup> ) Batten Application	$\lambda$ (ft <sup>3</sup> ) Direct Deck Application
Skandia	0.267	0.289

Table 2: Restoring Moments due to Gravity - $M_g$ (ft-lbf)										
Tile Profile	3": 12"		4": 12"		5": 12"		6": 12"		7": 12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Entegra 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 - $M_r$ (ft-lbf) 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 <sup>1</sup>	50.3	65.5	48.3

<sup>1</sup> Installation with a 4" tile headlap and fasteners are located a minimum of 2½" from the head of tile.

Table 4: Attachment Resistance Expressed as a Moment $M_r$ (ft-lbf) For Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Skandia	Adhesive	31.3 <sup>3</sup>

<sup>2</sup> See manufactures component approval for installation requirements.  
<sup>3</sup> Flexible Products Company TileBond Average weights per patty 13.9 grams.  
Polyfoam Product, Inc. Average weight per patty 8 grams.





Table 4A: Attachment Resistance Expressed as a Moment - $M_t$ (ft-lbf) For Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Skandia	PolyPro™	118.9 <sup>4</sup>
	PolyPro™	40.4 <sup>5</sup>
4 Large paddy placement of 45 grams of PolyPro™.		
5 Medium paddy placement of 24 grams of PolyPro™.		

Table 4B: Attachment Resistance Expressed as a Moment - $M_t$ (ft-lbf) for Mortar Set Systems		
Tile Profile	Tile Application	Attachment Resistance
See specific mortar manufacturer's Notice of Acceptance.		

## 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

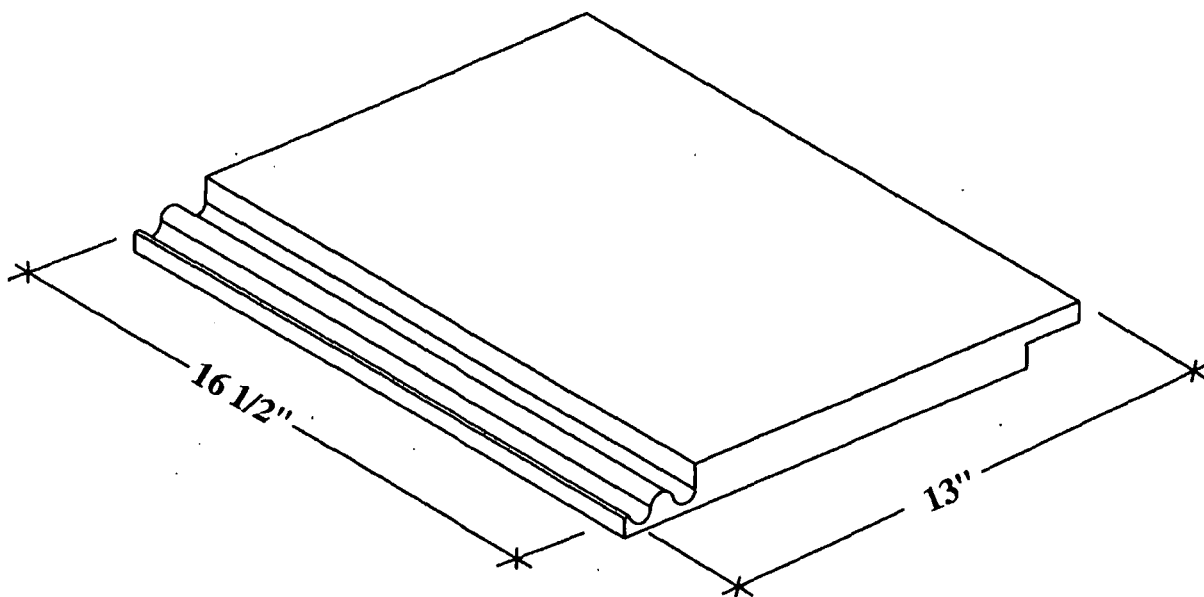
- 7.1 Indiantown, FL



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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/05/2007

PRODUCER 732-223-9700 FAX 732-223-6044  
Conover Beyer Associates  
2600 Highway 35  
Manasquan, NJ 08736

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Crum & Forster Specialty Ins Co.	
INSURER B: Continental Casualty Co	20443C
INSURER C: Commerce and Industry Ins. Co	
INSURER D: Admiral Insurance Company	
INSURER E:	

INSURED Cardinal Roofing & Siding Co., Inc.  
1601 S.E. South Niemeyer Circle  
Port St. Lucie, FL 34952

## COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Addt'l Ins CG 2010 ed. 07/04 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL0101182	03/03/2007	03/03/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2088523583	06/30/2007	06/30/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$			
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		WC5311994	03/06/2007	03/06/2008
	E.L. EACH ACCIDENT \$ 500,000					
	E.L. DISEASE - EA EMPLOYEE \$ 500,000					
D	OTHER Excess Auto Liability	EX46311005	06/30/2007	06/30/2008	Limit \$1,000,000 occurrence \$1,000,000 aggregate	
					E.L. DISEASE - POLICY LIMIT \$ 500,000	

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

Re-issued 6/25/2007

This Insurance contains a 30 Day Written Notice of Cancellation\*10 Days for nonpayment of premium

## CERTIFICATE HOLDER

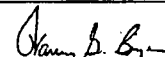
Town of Sewell's Point  
1 South Sewall's Point Road  
Sewall's Point, FL 34996

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Warren Beyer/SBOWEN



**2006-2007 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9012, Stuart, FL 34905  
(772) 288-5604

LICENSE # 991-520-0113 CERT \_\_\_\_\_  
PHONE \_\_\_\_\_ SIC NO 001761

LOCATION: 1601 SE S NIEMEYER CIR MAR

**CHARACTER COUNTS IN MARTIN COUNTY**

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



RECEIPT of PAYMENT  
LARRY C. O'STEEN  
88 08/14/2006 NORMA  
19910005200011  
002 2005 0011000  
CARDINAL ROOFING&SI

CARDINAL  
BRAD S

ROOFING&SIDING COMPANY INC  
1601 SE S NIEMEYER CIR  
PORT ST LUCIE, FL 34952

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **ROOFING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF AUGUST 06  
AND ENDING SEPTEMBER 30, 2007

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



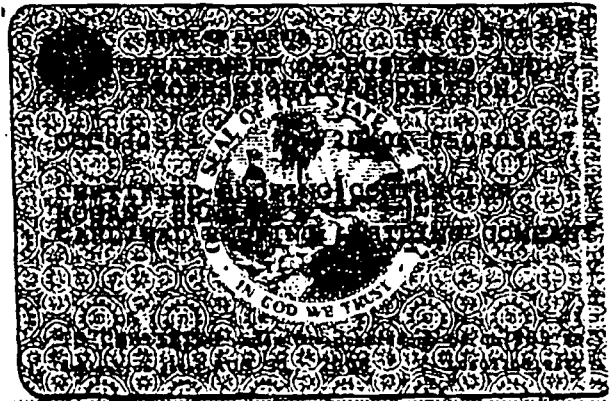
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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



AUG 31, 2008

DETACH HERE

LIC# CCC032513

AC# 866508

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

SECRET 00072003262

DATE	BATCH NUMBER
07/20/2008	0608041872

The ROOFING CONTRACTOR  
Named below is certified  
Under the provisions of chapter  
Expiration date: AUG 31, 2008

HOGAN, BRAD S  
CARDINAL ROOFING & SIDING CO  
1601 SE SOUTH NIEMEYER CIRCLE  
PORT SAINT LUCIE, FL 34952

JEB BUSH  
GOVERNOR

RODNEY MARGILLIER  
SECRETARY

DISPLAY AS FORTH

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~THURS~~ **16**, 2007

Page **1** of **2**

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	Stank 87 S. River Rd Emil LaViola	Final	FAIL	
5				INSPECTOR: <i>AM</i>
8545	Watters 20 N. Judgement Steve Conway	Final (500-out)	FAIL	
4				INSPECTOR: <i>AM</i>
<del>8545</del>	<del>TOPPING</del>	<del>Final</del>	<del>OK</del>	
1	7 Middle Cardinal	Final 35-9550		INSPECTOR: <i>AM</i>
8589	Hardin 27 S River Rd Station	Well Main House	PASS	
6				INSPECTOR: <i>AM</i>
8277 (2005)	Wierle 3 Knowles Rd Prop Disc.	Final	FAIL	
8				INSPECTOR: <i>AM</i>
8537	Pope 1245 Sewalls Pt Prop Disc	Final	PASS	CLOSE
3				INSPECTOR: <i>AM</i>
8659	Mendoza 144 S Sewalls Champion Elec.	Final (Elec to dock)	PASS	CLOSE
2				INSPECTOR:
OTHER:				

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-17, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8636 3	Villar 92 N Sewalls Elite	UG lines	PASS	INSPECTOR: <i>[Signature]</i>
675 1	<del>Topping</del> Middle Rd Cardinal Roof.	in-progress Partial	OK	INSPECTOR: <i>[Signature]</i>
8680 2	Anderson 9 Palmetto DR Martin Fence	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8217 (0025)	Werte 3 Knowles Rd Prop Disc	Final	FAIL	INSPECTOR: <i>[Signature]</i>
C.E.	22 PALMETTO	W/O PERMIT ?	—	OK PER CONTRACTOR APPROVED BY J. ANDREWS PERMIT WILL BE APPLIC FOR. INSPECTOR:
8603	Kiplinger 143 S River Rd Driftwood	Final - siding SO. GROVE COTTAGE	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
OTHER:				

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8-20, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8615</del>	<del>Topping</del>	<del>in-progress</del>	<del>PASS</del>	
1	middle rd Cardinal Roof	(Partial)		INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8407	Watson 30 N River Rd	Final	PASS	CLOSE
4	Pacific Roof			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8240	Richebourg 3 Turner St	Final	PASS	CLOSE
2	Pacific Roof			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6782</del>	Lewis 43 Rio Vista	Final	PASS	CLOSE
3	Advantage			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8589	Hardin 27 S. RIVER	BASEMENT SLAB MAIN HOUSE	PASS	
	Shattow			INSPECTOR: <i>JW</i>
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 Inspection:  Mon  Wed  Fri 8-22, 2007 Page 1 of 2

PERM	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8675</del>	<del>Topping</del>	<del>Unemployment</del>	<del>PASS</del>	
2	7 Middle Rd Cardinal Roof	(Partial)		INSPECTOR: <i>AM</i>
Tree	McKelvey	Tree	PASS	
1	21E High Pt OTB			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8687	Notrejl	tank in line	PASS	
3	26 W High Pt Americas			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8669	Quick	Final	PASS	CLOSE
4	9 Island Rd Folding Shutter			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Johnson	Tree	PASS	
6A	2 Oak Hill Way OB			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	Cummings	pre-eng walk thru	OK:	
9:30 AM	835 River Rd Elias Mgmt	(9:30 AM) 772-971-1456		INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8528	Masterpiece	Insulation	PASS	
5	5 Mandalay Masterpiece			INSPECTOR: <i>AM</i>
OTHER				

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-10, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8645	Kendall 8 Kingston Ct Kusner Elec	Gen. final	FAIL	INSPECTOR: <i>[Signature]</i>
4				
8660	Topping 8675 Middle Rd Cardinal	IN. PROSPERS	PASS	INSPECTOR: <i>[Signature]</i>
8512	Valdes 107 N Sewalls TCE	Footers 772-215-7022 Pd 745 re-insp. fee	FAIL PASS	INSPECTOR: <i>[Signature]</i>
7				
8530	Lulub 20 E High Pt <del>20 E High Pt</del>	ug gas	FAIL	INSPECTOR: <i>[Signature]</i>
2				
8660	Larner 11 Lantana A-P	dry-in / metal	PASS	INSPECTOR: <i>[Signature]</i>
5				
8441	Dressler 12 Island Rd Harbor Course	roof sheathing front entry window / door buck	PASS PASS PASS	INSPECTOR: <i>[Signature]</i>
3				
8535	Stark 875 River Rd Emil LaVila	Re-inspect slab	PASS	INSPECTOR: <i>[Signature]</i>
6				

OTIEP:

C.E. bolben  
21 EMARCA

BANQUIN TREN  
ON RIVER RD.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-17, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8708	Masterpiece 5 Mandalay Schiller, Bob	steel-pool 287-0768 OFFICE	FAIL	
2				INSPECTOR: <i>AM</i>
<del>8605</del>	<del>Topping</del> 7 Middle Rd Cardinal Roof.	<del>in-progress</del>	<del>PASS</del>	
1				INSPECTOR: <i>AM</i>
<del>8617</del>	<del>George</del> 8 Castle Hill Cardinal Roof.	<del>partial dry-in on hip roof</del>	<del>CANCEL - WILL RESCHEDULE</del>	
4				INSPECTOR: <i>AM</i>
8707	Morris 24 Ridgeland Dr Team Souza	reinspact window/door	PASS	
3				INSPECTOR: <i>AM</i>
8589	Hardin 275 River Rd Stratton	<sup>REAR</sup> Porch slab Front Porch Comunas	PASS	
				INSPECTOR: <i>A</i>
				INSPECTOR:
				INSPECTOR:

OTHER:

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-21, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>815</del>	<del>Ed Monahan</del> <del>OB/S MEETING</del>			
				INSPECTOR:
<del>815</del>	<del>ROPPING</del>	<del>Final</del>	<del>PASS</del>	<del>INSPECTOR</del>
3675 1	middle rd Cardinal Roof			INSPECTOR: <i>[Signature]</i>
7201 3	Mirafiori 66 N Sewalls Haymes	Final dock	FAIL	INSPECTOR: <i>[Signature]</i>
8057 4	DUNN 31 N. RIVER RD. OLYMPIC POOLS	FINAL (NO PAPER WORK ON SITE)	FAIL	INSPECTOR: <i>[Signature]</i>
Tree 2	Shore 22 Emmita Way OB	Tree	PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:

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

**10843**

**DOOR REPLACEMENT**

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**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 REPLACEMENT		
CONTRACTOR:	R.A. CONST. CORP. T/C		
PARCEL CONTROL NUMBER:	133841002000003501	SUBDIVISION	
CONSTRUCTION ADDRESS:	7 MIDDLE ROAD		
OWNER NAME:	CASH		
QUALIFIER:	RICHARD A ADAMS 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 - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE CALL 287-2455 - 8:00AM TO 4:00PM**

**INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

**INSPECTIONS**

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	10843		
<b>ADDRESS:</b>	7 MIDDLE ROAD		
<b>DATE ISSUED:</b>	4/30/2014	<b>SCOPE OF WORK:</b>	DOOR REPLACEMENT

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	Declared Value	\$	
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Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
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
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 2,300.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 2.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	<b>211.00</b>

*PA 4/30/14*  
*CK 4109*

RACON 4@COMCAST.NET

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Permit Number: 10843

Date: April 17, 2014

OWNER/LESSEE NAME: Jill Elizabeth Cash Phone (Day) 772-220-9945 (Fax) \_\_\_\_\_

Job Site Address: 7 MOORE RD. City: Sewall's Point State: FL Zip: 34996

Legal Description: HIGH POINT LOT 35 Parcel Control Number: 13-38-41-002-000-00350-1

Fee Simple Holder Name: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACE EXISTING SGN WITH NEW SGN

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

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 2,300.-  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 AE9 AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: R.A. CONST. CORP. T/C Phone: 772-260-8418 Fax: 772-934-6909

Qualifiers name: Richard A. Adams III Street: 893 NW WATERMILL RD City: JENSEN BEACH State: FL Zip: 34957

State License Number: CGC1520713 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Rick Adams Phone Number: 772-260-8419

DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

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

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

Carpport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

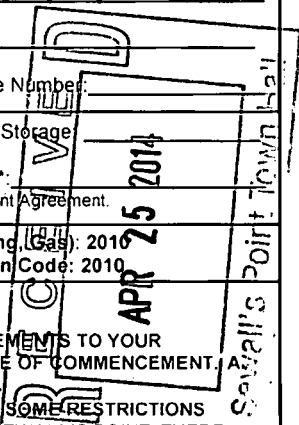
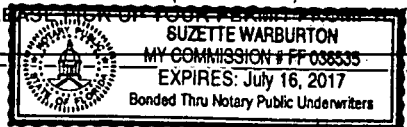
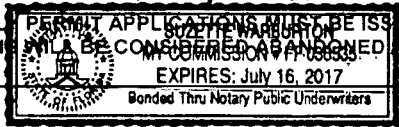
\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS \*\*\*\*\*

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

OWNER / AGENT / LESSEE NOTARIZED SIGNATURE:  
 X J. Cash  
 State of Florida, County of: Martin  
 On This the 17th day of April, 2014  
 by Elizabeth Cash who is personally known to me or produced  
 As identification: Suzette Warburton  
 Notary Public  
 My Commission Expires: 7/16/2017

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:  
 X Richard Adams III  
 State of Florida, County of: Martin  
 On This the 17th day of April, 2014  
 by Richard Adams who is personally known to me or produced  
 As identification: Suzette Warburton  
 Notary Public  
 My Commission Expires: 7/16/2017

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS MUST BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE BE AWARE OF YOUR PERMIT EXPIRATION DATE.





**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 4/30/2014 2:50:55 PM EDT*
**Summary**

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

---

**Owner Information**

<b>Owner(Current)</b>	CASH JILL ELIZABETH
<b>Owner/Mail Address</b>	7 MIDDLE RD STUART FL 34996
<b>Sale Date</b>	12/10/2008
<b>Document Book/Page</b>	2364 0972
<b>Document No.</b>	2120669
<b>Sale Price</b>	795000

---

**Location/Description**

<b>Account #</b>	27723	<b>Map Page No.</b>	SP-06
<b>Tax District</b>	2200	<b>Legal Description</b>	HIGH POINT LOT 35
<b>Parcel Address</b>	7 MIDDLE RD, SEWALL'S POINT		
<b>Acres</b>	.3440		

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**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120000 HighPoint - Sewall's Point

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**Assessment Information**

<b>Market Land Value</b>	\$180,000
<b>Market Improvement Value</b>	\$243,820
<b>Market Total Value</b>	\$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](mailto:cbergeron@sewallspoint.org)  
[www.sewallspoint.org](http://www.sewallspoint.org)

Att: 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

ACCOUNT 2010-513-0287 CERT YCMRC5993  
PHONE (772)260-8419 SIC NO 236220  
LOCATION:  
893 NW WATERLILLY PL

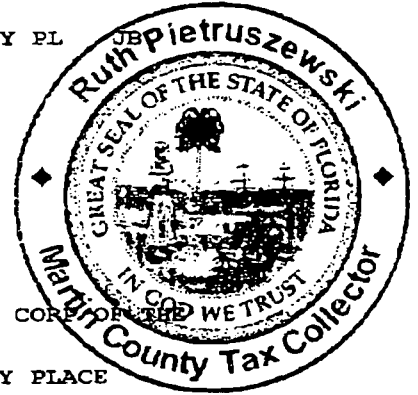
CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$ .00	LIC. FEE	\$ 26.25
	\$ .00	PENALTY	\$ .00
	\$ .00	COL. FEE	\$ .00
	\$ .00	TRANSFER	\$ .00
TOTAL		26.25	

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

07 DAY OF AUGUST 2013  
AND ENDING SEPTEMBER 30, 2014

ADAMS, RICHARD  
R A CONSTRUCTION CORP  
TREASURE COAST  
893 NW WATERLILLY PLACE  
JENSEN BEACH, FL 34957



11 2012 30522.0001 26.25 PAID

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.



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.

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.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.

STATE OF FLORIDA AC# 6170844
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CGC1520713 06/22/12 100105417
CERTIFIED GENERAL CONTRACTOR
ADAMS, RICHARD
R.A. CONSTRUCTION CORPORATION OF THE TREASURE COAST
IS CERTIFIED under the provisions of Ch. 489 FS
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

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 06/22/2012, 100105417, CGC1520713

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

DISPLAY AS REQUIRED BY LAW



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TG

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.

**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).

<b>PRODUCER</b> <b>INNOVATIVE INSURANCE CONSULTANTS, INC.</b> 6461 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067 <b>BRIAN J. MAMO</b>	<b>954-340-9551</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: <b>PRODUCER CUSTOMER ID #: RACON-1</b>	<b>FAX (A/C, No):</b>
	<b>954-340-9456</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>R.A. CONSTRUCTION CORPORATION OF THE TREASURE COAST</b> 893 NW WATERLILY PL JENSEN BEACH, FL 34957	<b>INSURER A : FUBA WORKERS' COMP</b>		<b>NAIC #</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES****CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<b>106-45451</b>	<b>07/12/13</b>	<b>07/12/14</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

<b>SEWAL-1</b>  <b>TOWN OF SEWALL'S POINT</b> <b>BUILDING DEPARTMENT</b> <b>1 SOUTH SEWALL'S POINT ROAD</b> <b>SEWALL'S POINT, FL 34496</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> <i>Brian J. Mamo</i>
--	--

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RACON-1

OP ID: PK

# CERTIFICATE OF LIABILITY INSURANCE

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 Kearns Agency of Florida Inc. P O Box 1849 Jensen Beach, FL 34958 Lawrence E. Kearns	CONTACT NAME: <b>Lawrence E. Kearns</b>
	PHONE (A/C, No, Ext): <b>772-334-5822</b> FAX (A/C, No): <b>772-334-0940</b>
	E-MAIL ADDRESS: <b>lekearns@bellsouth.net</b>
INSURER(S) AFFORDING COVERAGE	
INSURER A: <b>Southern Owners Insurance Co.</b>	NAIC # <b>10190</b>
INSURED <b>R.A. Construction Corporation of the Treasure Coast 893 NW Waterlily Pl Jensen Beach, FL 34957-3503</b>	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 2

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72615111	04/18/2014	04/18/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
SEWALLS  Town of Sewalls Point Building Dept. 1 S 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 

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

MIAMI-DADE COUNTY, FLORIDA  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
T (786) 315-2590 F (786) 315-2599

**NOTICE OF ACCEPTANCE (NOA)**

[www.miamidade.gov/economy](http://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.**



*J. Gascon*  
1/10/13

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**

1. 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 203-94along 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**

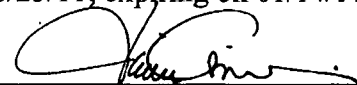
1. Anchor calculations and structural analysis, complying with **FBC-2010**, prepared by manufacture, dated 12/17/12, signed and sealed by Anthony Lynn Miller, P. E.
2. **Glazing complies with ASTM E1300-04**

**D. QUALITY 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

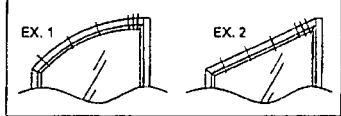
**GENERAL NOTES: SS-3500  
IMPACT-RESISTANT STOREFRONT SYSTEM**

- THIS PRODUCT HAS BEEN DESIGNED & TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE, INCLUDING THE HIGH VELOCITY HURRICANE ZONE (HVHZ).
- SHUTTERS ARE NOT REQUIRED WHEN USED IN WIND-BORNE DEBRIS REGIONS.
- USE ONLY APPROVED FASTENERS PER TABLE 1, SHEET 2. MATERIALS USED FOR ANCHOR EVALUATIONS WERE SOUTHERN PINE, ASTM C90 CONCRETE MASONRY UNITS (CMU) AND CONCRETE WITH MIN. KSI PER ANCHOR TYPE, SEE TABLE 1, SHEET 2; FOR GROUT-FILLED CMU, ANCHORS WERE EVALUATED WITH ONLY THE CELL RECEIVING THE ANCHOR FILLED.
- ALL WOOD BUCKS LESS THAN 1-1/2" THICK ARE TO BE CONSIDERED 1X INSTALLATIONS. 1X WOOD BUCKS ARE OPTIONAL IF UNIT IS INSTALLED DIRECTLY TO SUBSTRATE. WOOD BUCKS DEPICTED AS 2X ARE 1-1/2" THICK OR GREATER. 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED TO PROPERLY TRANSFER LOADS TO THE STRUCTURE. WOOD BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD.
- ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO. USE ANCHORS OF SUFFICIENT EMBEDMENT AS SPECIFIED ON TABLE 1, SHEET 2. INSTALLATION ANCHORS SHOULD BE SEALED. ALL FRAME JOINTS MUST BE SEAM-SEALED. OVERALL SEALING/FLASHING STRATEGY FOR WATER RESISTANCE OF INSTALLATION SHALL BE DONE BY OTHERS AND IS BEYOND THE SCOPE OF THESE INSTRUCTIONS.
- SHIMS ARE REQUIRED AT EACH ANCHOR LOCATION WHERE THE PRODUCT IS NOT FLUSH TO THE SUBSTRATE. USE SHIMS CAPABLE OF TRANSFERRING APPLIED LOADS. WOOD BUCKS, BY OTHERS, MUST BE SUFFICIENTLY ANCHORED TO RESIST LOADS IMPOSED ON THEM BY THE WINDOW.
- DESIGN PRESSURES:  
A. NEGATIVE DESIGN LOADS BASED ON STRUCTURAL TEST PRESSURE, FRAME ANALYSIS AND GLASS PER ASTM E1300, SEE SHEETS 2, 5, 8 & 9.  
B. POSITIVE DESIGN LOADS BASED ON WATER TEST PRESSURE, STRUCTURAL TEST PRESSURE, FRAME ANALYSIS AND GLASS PER ASTM E1300, SEE SHEETS 2, 5, 8 & 9.
- THE ANCHORAGE METHODS SHOWN HAVE BEEN DESIGNED TO RESIST THE WINDLOADS CORRESPONDING TO THE REQUIRED DESIGN PRESSURE. THE 33-1/3% STRESS INCREASE HAS NOT BEEN USED IN THE DESIGN OF THIS PRODUCT. THE 1.8 LOAD DURATION FACTOR WAS USED FOR THE EVALUATION OF ANCHORS INTO WOOD.
- DISSIMILAR MATERIALS THAT COME INTO CONTACT, INCLUDING PRODUCT FRAMING, ANCHORAGE AND OPENING SUBSTRATES, SHALL BE COATED OR PROTECTED TO PREVENT CORROSIVE REACTIONS AS REQUIRED BY THE FLORIDA BUILDING CODE.
- REFERENCES: TEST REPORTS FTL-7137 & 7208; ELCO ULTRACON NOA; ELCO CRETEFLEX NOA; ANSVAF&PA NDS FOR WOOD CONSTRUCTION AND ADM ALUMINUM DESIGN MANUAL.

**INSTRUCTIONS:**

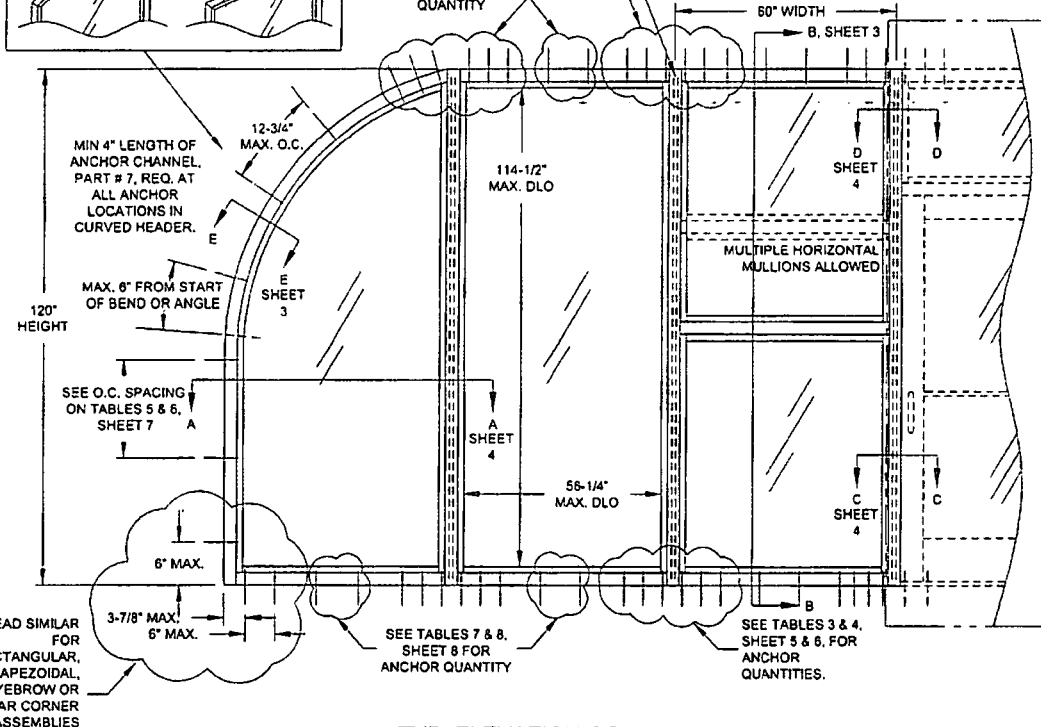
- DETERMINE THE BUILDING'S REQUIRED DESIGN PRESSURE USING THE ASCE 7 STANDARD. THE PRODUCT'S DESIGN PRESSURE MUST MEET OR EXCEED THIS VALUE.
- DETERMINE THE ANCHOR TYPE FROM TABLE 1, SHEET 2.
- DETERMINE THE GLASS DESIGN PRESSURE FROM TABLE 2, SHEET 2.
- DETERMINE THE MAXIMUM DESIGN PRESSURE DUE TO ANCHORAGE FROM TABLES 3 OR 4, SHEETS 5-6 BASED ON YOUR SHIM SPACE, ANCHOR TYPE AND THE QUANTITY OF ANCHORS REQUIRED TO ATTAIN THE REQUIRED DESIGN PRESSURE.
- JAMB ANCHOR SPACING IS GIVEN IN TABLES 5 & 6, SHEET 7 AND HAVE BEEN CALCULATED FOR THE PRODUCTS MAXIMUM DP.
- DETERMINE THE MID-PANEL ANCHOR QUANTITIES FROM TABLES 7 & 8, SHEET 8.
- IF THE WINDOW IS ATTACHED TO ANOTHER WINDOW THROUGH A COMMON MULLION, DETERMINE THE MULLION DESIGN PRESSURE FROM TABLE 9, SHEET 9.
- THE LOWEST DESIGN PRESSURE FROM 3, 4 & 6 ABOVE, SHALL BE USED FOR THE ENTIRE ASSEMBLY.

ALL SHAPES, ROUND OR ANGLED, ALLOWED. ANCHORAGE TO BE AS HALF-ROUND SHAPE.



SEE TABLES 3 & 4, SHEET 5 & 6, FOR CLUSTER ANCHOR QUANTITIES  
SEE TABLES 7 & 8, SHEET 8 FOR MID-PANEL ANCHOR QUANTITY

REINFORCEMENT, SEE TABLE 9, SHEET 9

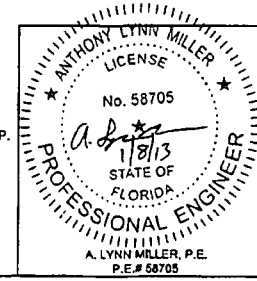


**IMPACT RATING**  
RATED FOR LARGE & SMALL MISSILE IMPACT RESISTANCE

FOR ATTACHED DOOR/TRANSOM, SEE SEPARATE APPROVAL

CONTENTS	
	SHEET
GENERAL NOTES.....	1
ELEVATIONS.....	1
ANCHOR TYPES.....	2
GLAZING DETAILS.....	2
VERT. SECTIONS.....	3
HORIZ. SECTIONS.....	4
HEAD/SILL ANCHOR DP.....	5-8
JAMB ANCHOR SPACING.....	7
MID-PANEL ANCHOR QTY.....	8
MULLION DP.....	9
EXTRUSION PROFILES.....	10
PARTS LIST/CORNER DETAILS.....	10

**TYP. ELEVATION OF STOREFRONT SYSTEM**



1070 TECHNOLOGY DRIVE  
N. VENICE, FL 34275  
P.O. BOX 1529  
NOKOMIS, FL 34274

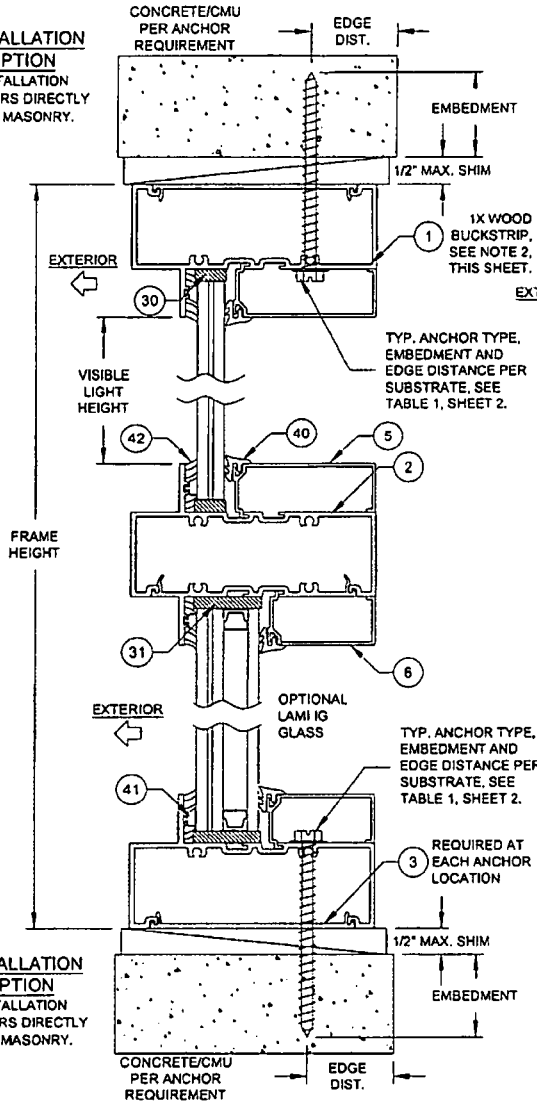
CERT. OF AUTH. #29296

Revised By:	Date:	Revision:	
Revised By:	Date:	Revision:	
Description: <b>ELEVATION</b>			Drawn By: <b>J ROSOWSKI</b>
Title: <b>STOREFRONT SYSTEM DETAILS - LM</b>			Date: <b>10/05/12</b>
Series/Model: <b>SS-3500</b>	Scale: <b>NTS</b>	Sheet: <b>1 OF 10</b>	Drawing No. <b>MD-3500-LM</b>
			Rev: <b>R0</b>

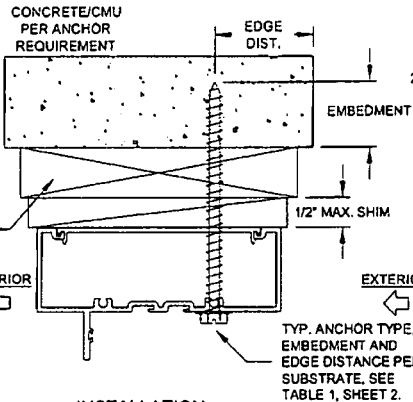
Approved as complying with the Florida Building Code  
Date: 10/17/12  
NOA# 12-1605-01  
Miami Dade Product Control



**INSTALLATION OPTION**  
INSTALLATION ANCHORS DIRECTLY INTO MASONRY.

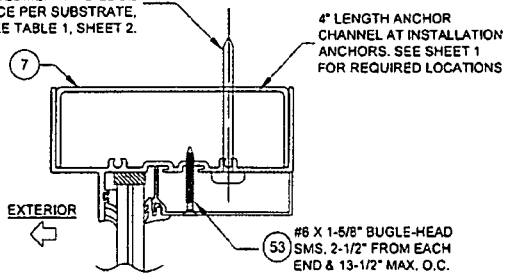


**VERTICAL SECTION B-B**

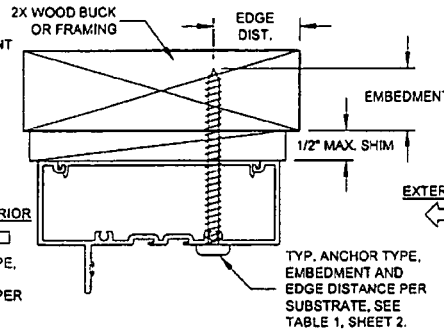


**INSTALLATION OPTION**  
INSTALLATION ANCHORS THROUGH 1X BUCKSTRIP INTO MASONRY.

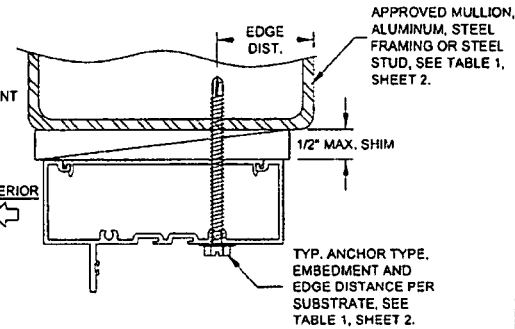
TYP. ANCHOR TYPE, EMBEDMENT AND EDGE DISTANCE PER SUBSTRATE, SEE TABLE 1, SHEET 2.



**VERTICAL SECTION E-E**  
CURVED FRAME MEMBERS ONLY



**INSTALLATION OPTION**  
INSTALLATION ANCHORS INTO 2X WOOD.

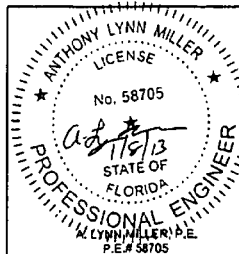


**INSTALLATION OPTION**  
INSTALLATION ANCHORS DIRECTLY INTO METAL.

**NOTES:**

- 1) USE ONLY SUBSTRATE APPROPRIATE ANCHORS, FOLLOW EMBEDMENT, EDGE DISTANCE AND SUBSTRATE REQUIREMENTS PER TABLE 1, SHEET 2. ANY INSTALLATION OPTION SHOWN MAY BE USED ON ANY SIDE OF THE WINDOW. ALL ANCHOR HEAD TYPES ARE ALLOWED.
- 2) ALL WOOD BUCKS LESS THAN 1-1/2" THICK ARE TO BE CONSIDERED 1X INSTALLATIONS. 1X WOOD BUCKS ARE OPTIONAL. UNIT MAY BE INSTALLED DIRECTLY TO SUBSTRATE. WOOD BUCKS DEPICTED AS 2X ARE 1-1/2" THICK OR GREATER. 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED TO PROPERLY TRANSFER LOADS TO THE STRUCTURE. WOOD BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD. MAXIMUM SHIM THICKNESS TO BE AS REQUIRED BY TABLES 3-8, SHEETS 5-8.

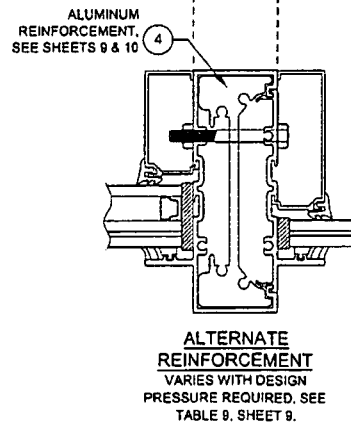
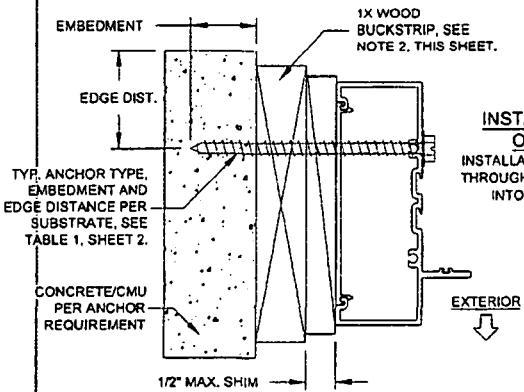
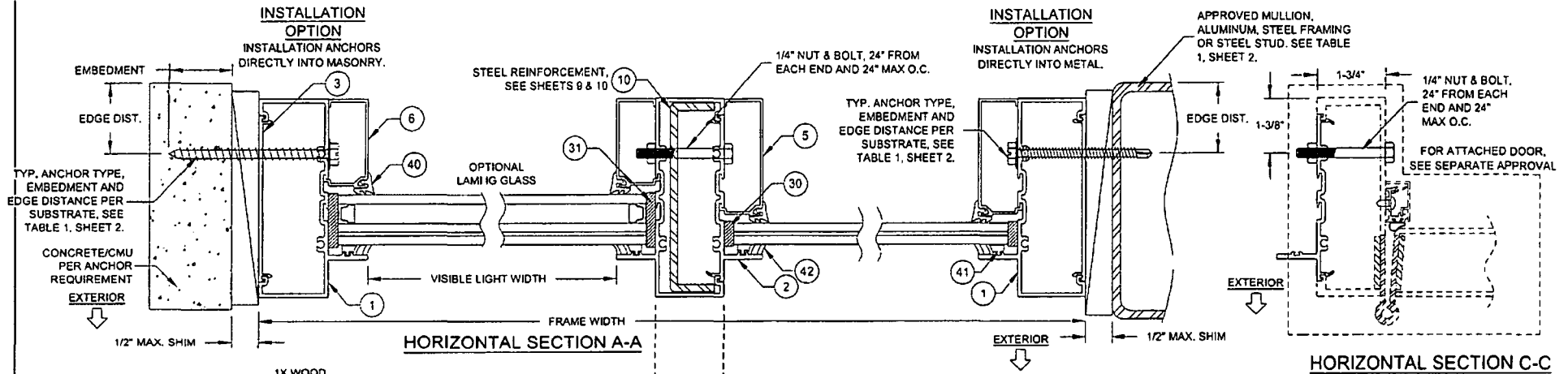
Approved as complying with the Florida Building Code  
Date: 12/17/2013  
NOAH 12-1605-81  
Miami Dade Planning Control  
By: [Signature]



1070 TECHNOLOGY DRIVE  
N. VENICE, FL 34275  
P.O. BOX 1528  
NOKOWIS, FL 34274

CERT. OF AUTH. #29296

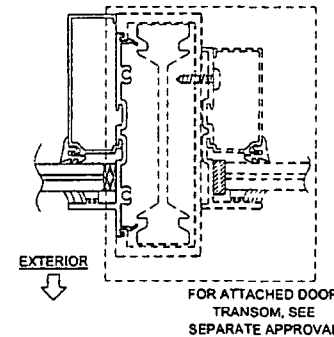
Revised By:	Date:	Revision:
Revised By:	Date:	Revision:
Description: <b>VERTICAL X-SECTION</b>		Drawn By: <b>J ROSOWSKI</b>
Title: <b>STOREFRONT SYSTEM DETAILS - LM</b>		Date: <b>10/05/12</b>
Series/Model: <b>SS-3500</b>	Scale: <b>NTS</b>	Sheet: <b>3 OF 10</b>
Drawing No. <b>MD-3500-LM</b>		Rev: <b>R0</b>



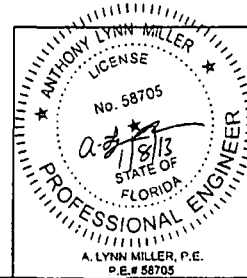
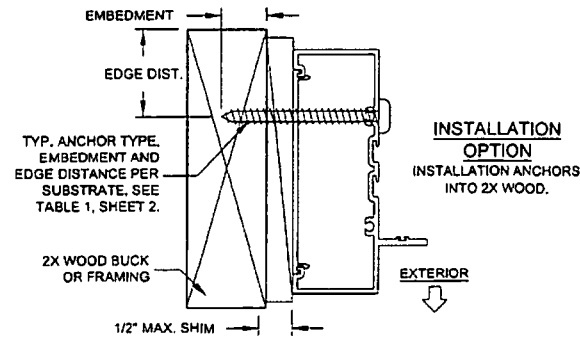
**NOTES:**

1) USE ONLY SUBSTRATE APPROPRIATE ANCHORS, FOLLOW EMBEDMENT, EDGE DISTANCE AND SUBSTRATE REQUIREMENTS PER TABLE 1, SHEET 2. ANY INSTALLATION OPTION SHOWN MAY BE USED ON ANY SIDE OF THE WINDOW. ALL ANCHOR HEAD TYPES ARE ALLOWED.

2) ALL WOOD BUCKS LESS THAN 1-1/2" THICK ARE TO BE CONSIDERED 1X INSTALLATIONS. 1X WOOD BUCKS ARE OPTIONAL. UNIT MAY BE INSTALLED DIRECTLY TO SUBSTRATE. WOOD BUCKS DEPICTED AS 2X ARE 1-1/2" THICK OR GREATER. 1X AND 2X BUCKS (WHEN USED) SHALL BE DESIGNED TO PROPERLY TRANSFER LOADS TO THE STRUCTURE. WOOD BUCK DESIGN AND INSTALLATION IS THE RESPONSIBILITY OF THE ENGINEER OR ARCHITECT OF RECORD. MAXIMUM SHIM THICKNESS TO BE AS REQUIRED BY TABLES 3-8, SHEETS 5-8.



**VISIBLE LIGHT FORMULAS**  
FRAME WIDTH - 5-1/2"  
FRAME HEIGHT - 5-1/2"



1070 TECHNOLOGY DRIVE  
N. VENICE, FL 34275  
P.O. BOX 1529  
NOKOMIS, FL 34274

CERT. OF AUTH. #29296

Revised By:	Date:	Revision:
Revised By:	Date:	Revision:

Description:  
**HORIZONTAL X-SECTION**

Drawn By:  
**J ROSOWSKI**

Title:  
**STOREFRONT SYSTEM DETAILS - LM**

Date:  
**10/05/12**

Series/Model:	Scale:	Sheet:	Drawing No.	Rev:
<b>SS-3500</b>	<b>NTS</b>	<b>4 OF 10</b>	<b>MD-3500-LM</b>	<b>R0</b>

Approved as complying with the Florida Building Code  
Date: **12-10-2013**  
NOA#  
Miami Date Product Control  
By: *[Signature]*



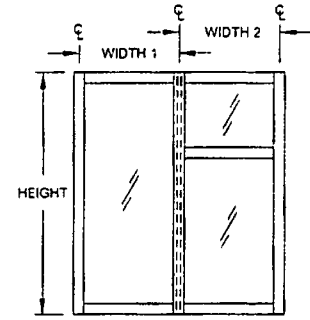
**TABLE 4: Window Wall Mullion Head/Sill Anchor Cluster Load Capacity (psf)**  
(1/2" Maximum Shim Space)

Nominal Dim. Frame Width Frame Height	Anchor Type "A"		Anchor Type "B"		Anchor Type "C"		Anchor Type "D"		Anchor Type "E"	
	A2	A3	B2	B3	C2	C3	D2	D3	E2	E3
24 in	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
36 in	112.9	120.0	120.0	112.9	120.0	120.0	120.0	120.0	120.0	120.0
42 in	102.5	120.0	120.0	102.5	120.0	120.0	120.0	120.0	120.0	120.0
48 in	95.3	120.0	120.0	95.3	120.0	120.0	120.0	120.0	120.0	120.0
54 in	90.4	120.0	120.0	90.4	120.0	120.0	120.0	120.0	120.0	120.0
60 in	87.1	120.0	120.0	87.1	120.0	120.0	120.0	120.0	120.0	120.0
66 in	85.3	120.0	120.0	85.3	120.0	120.0	120.0	120.0	120.0	120.0
72 in	84.7	120.0	120.0	84.7	120.0	120.0	120.0	120.0	120.0	120.0
78 in	84.7	120.0	120.0	84.7	120.0	120.0	120.0	120.0	120.0	120.0
84 in	84.7	120.0	120.0	84.7	120.0	120.0	120.0	120.0	120.0	120.0
90 in	84.7	120.0	120.0	84.7	120.0	120.0	120.0	120.0	120.0	120.0
96 in	84.7	120.0	120.0	84.7	120.0	120.0	120.0	120.0	120.0	120.0
102 in	84.7	120.0	120.0	84.7	120.0	120.0	120.0	120.0	120.0	120.0

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.

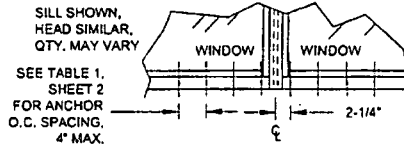
**Window Wall Mullion Head/Sill Anchor Cluster Load Capacity (psf)**  
(1/2" Maximum Shim Space)

Nominal Dim. Frame Width Frame Height	Anchor Type "A"		Anchor Type "B"		Anchor Type "C"		Anchor Type "D"		Anchor Type "E"	
	A2	A3	B2	B3	C2	C3	D2	D3	E2	E3
24 in	95.3	120.0	120.0	95.3	120.0	120.0	120.0	120.0	120.0	120.0
30 in	78.7	118.0	120.0	78.7	118.0	120.0	107.6	120.0	120.0	120.0
36 in	67.8	101.7	120.0	67.8	101.7	120.0	92.7	120.0	120.0	120.0
42 in	60.1	90.1	120.0	60.1	90.1	120.0	82.2	120.0	104.7	120.0
48 in	54.5	81.7	108.9	54.5	81.7	108.9	74.5	111.7	120.0	96.9
54 in	50.2	75.3	100.4	50.2	75.3	100.4	68.7	103.0	120.0	87.5
60 in	46.9	70.4	93.8	46.9	70.4	93.8	64.2	96.2	120.0	81.8
66 in	44.4	66.5	88.7	44.4	66.5	88.7	60.7	91.0	120.0	77.3
72 in	89.7	120.0	120.0	89.7	120.0	120.0	120.0	120.0	120.0	120.0
78 in	73.9	110.9	120.0	73.9	110.9	120.0	101.1	120.0	120.0	120.0
84 in	63.5	95.3	120.0	63.5	95.3	120.0	86.9	120.0	110.7	120.0
90 in	56.2	84.3	112.4	56.2	84.3	112.4	76.9	115.3	120.0	96.0
96 in	50.8	78.2	101.7	50.8	78.2	101.7	69.5	104.3	120.0	86.6
102 in	46.7	70.1	93.5	46.7	70.1	93.5	63.9	95.9	120.0	81.5
108 in	43.6	65.3	87.1	43.6	65.3	87.1	59.6	89.4	119.7	75.9
114 in	84.7	120.0	120.0	84.7	120.0	120.0	113.9	120.0	120.0	120.0
120 in	69.7	104.6	120.0	69.7	104.6	120.0	95.3	120.0	120.0	120.0
126 in	59.8	89.7	119.6	59.8	89.7	119.6	81.8	120.0	104.2	120.0
132 in	52.8	79.2	105.6	52.8	79.2	105.6	72.2	108.3	120.0	92.0
138 in	47.7	71.5	95.3	47.7	71.5	95.3	65.2	97.8	120.0	83.1
144 in	43.7	65.6	87.4	43.7	65.6	87.4	59.8	89.7	119.6	76.2
150 in	40.7	61.0	81.3	40.7	61.0	81.3	55.6	83.4	111.2	70.9
156 in	38.1	57.2	76.2	38.1	57.2	76.2	52.1	78.2	104.3	66.4



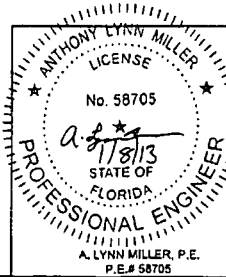
FRAME WIDTH = WIDTH 1 + WIDTH 2

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	A3	3	A4	4
B2	2	B3	3	B4	4
C2	2	C3	3	C4	4
D2	2	D3	3	D4	4
E2	2	E3	3	E4	4



SEE TABLE 1, SHEET 2 FOR ANCHOR O.C. SPACING, 4" MAX.

Approved as complying with the Florida Building Code  
Date: 12/16/2013  
NOA# 12-1665  
Miami Design Product Control  
By: [Signature]



1070 TECHNOLOGY DRIVE  
N. VENICE, FL 34275  
P.O. BOX 1529  
NOKOMIS, FL 34274

A. LYNN MILLER, P.E.  
P.E.# 58705

Revised By:	Date:	Revision:
Revised By:	Date:	Revision:

Description: ANCHOR TABLES @ 1/2" SHIM SPACE  
Drawn By: J ROSOWSKI

Title: STOREFRONT SYSTEM DETAILS - LM  
Date: 10/05/12

Series/Model: SS-3500	Scale: NTS	Sheet: 6 OF 10	Drawing No. MD-3500-LM	Rev: R0
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CERT. OF AUTH. #29295









**ASSEMBLY DETAILS**

ALL DETAILS SHOWN FROM THE EXTERIOR

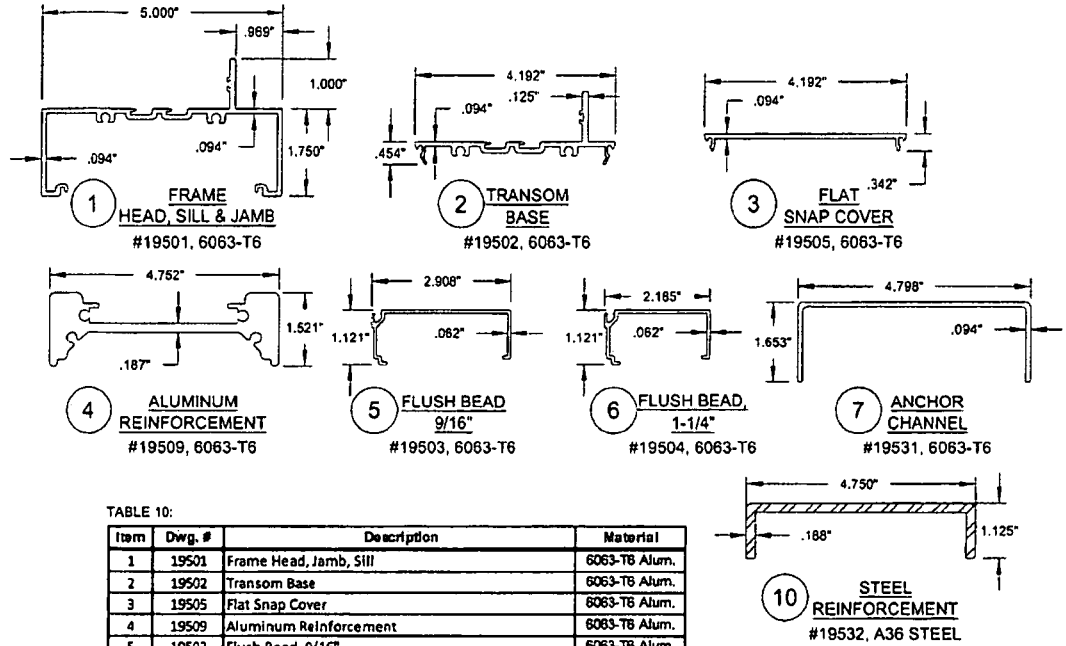
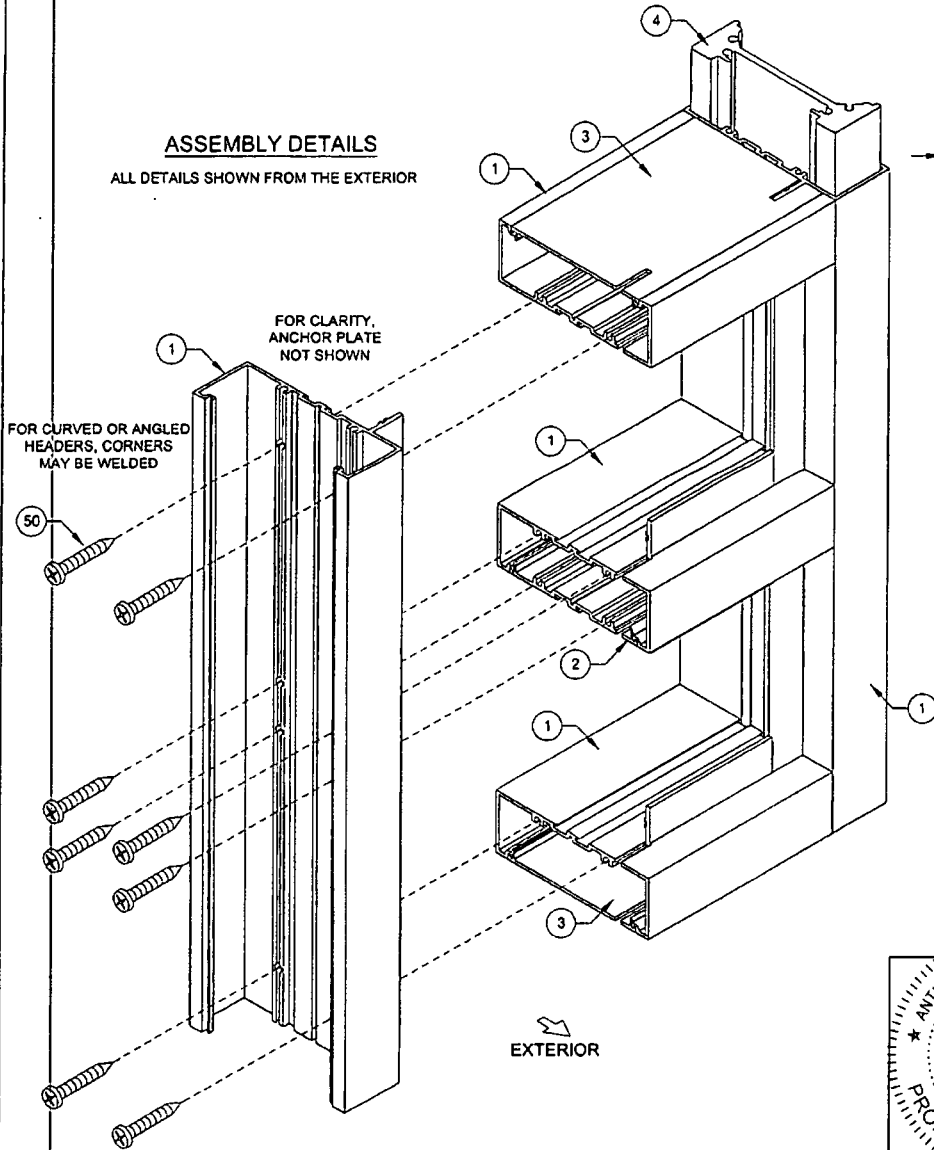
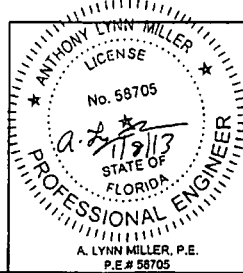


TABLE 10:

Item	Dwg. #	Description	Material
1	19501	Frame Head, Jamb, Sill	6063-T6 Alum.
2	19502	Transom Base	6063-T6 Alum.
3	19505	Flat Snap Cover	6063-T6 Alum.
4	19509	Aluminum Reinforcement	6063-T6 Alum.
5	19503	Flush Bead, 9/16"	6063-T6 Alum.
6	19504	Flush Bead, 1-1/4"	6063-T6 Alum.
7	19531	Anchor Channel, 4"	6063-T6 Alum.
10	19532	Steel Reinforcement	A36 Steel
30	1652	Setting Block 3/16" x 7/16" x 4", Duro = 85 +/-5	EPDM
31	1704	IG Setting Block 3/16" x 1-3/32" x 4", Duro = 85 +/-5	EPDM
40	13144	Glazing Gasket, Bead, Duro = 65 +/-5	EPDM
41	19543	Glazing Gasket, Glazing Leg, Duro = 80 +/-5	Santoprene
42		Silicone Backbedding: Dow 791, 795, GE7700	
47	2870	Edgetech I.G. 7/16" Super-Spacer	
50	712X112	#12 x 1-1/2" Hex Washer Screw, Assembly	Stainless Steel
53	76858	#6 x 1-5/8" Bugle Head Ph. Screw, for Curved Bead.	Stainless Steel



1070 TECHNOLOGY DRIVE  
N. VENICE, FL 34275  
P.O. BOX 1529  
NOKOMIS, FL 34274

CERT. OF AUTH. #29296

Revised By:	Date:	Revision:
Revised By:	Date:	Revision:
Description: <b>MATERIAL/CORNER DETAILS</b>		Drawn By: <b>J ROSOWSKI</b>
Title: <b>STOREFRONT SYSTEM DETAILS - LM</b>		Date: <b>10/05/12</b>
Series/Model: <b>SS-3500</b>	Scale: <b>NTS</b>	Sheet: <b>10 OF 10</b>
Drawing No. <b>MD-3500-LM</b>		Rev: <b>R0</b>

Approved as complying with the Florida Building Code  
Date: **12-16-2013**  
NOA#:  
Miami Dade Product Control  
By: *[Signature]*

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 5/6 - 14 Page 14 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stably 114 Hillcrest Tr Glenmark Homes	Roof Metal Underlay	Pass	341-2750  INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10843</del>	<del>CASH</del>	<del>WOODEN DOOR</del>		
1:00	7 MIDDLE RD R A Conso	ATTACHMENT	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10777</del> 10778	NEKME 49 S. Seumas Pt Rd Oceanfront Bldg	TENNIS POLE	Pass	READY FOR FPL  INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	TANDY 10 OAKHILL WAY	TREE	NG.	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	HERITAGE POND	IRRIGATION		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

5/7

-14

Page

of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10847	6 Delano Ln Kongew Mary Kaxgo	Final ROOF	PASS	871-2489 CLOSE INSPECTOR <i>A</i>
10822	MARRONE 53 N. SEWALLS Pt RD ON SHORE	ROOF FINAL	PASS	CLOSE INSPECTOR <i>A</i>
10831	BLOSSOM 158 S. River Rd AMERICAN GARAGE DOOR	GARAGE DOOR FINAL	PASS	CLOSE INSPECTOR <i>A</i>
10710	DANAROW 7 OAKHILL WAY JMC CONT.	U.G PLUMB U.G. ELECT	PASS PASS	INSPECTOR <i>A</i>
10837	BABBITT 76 S. Sewalls Pt. Rd INDEPENDANT CONST.	DRUM IN METAL	PASS	#0911 INSPECTOR <i>A</i>
10843	<del>CRIST</del> 7 Middle Rd R A CONST	<del>DRUM DOOR</del> FINAL	PASS	CLOSE INSPECTOR <i>A</i>
		TREE - NO PERMIT		
	97 S. SPYRD			INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri  **6/11 - 14** Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10870	Williams 24 Cattle Hill Way Marres	Fence (Pool Safety)	Pass	Allen Marres CLOSE INSPECTOR <i>A</i>
10776	Sharfi 73 N River Rd Warrell Bldgs	Partial Steel Susp. GUNITE WALL	Pass	INSPECTOR <i>A</i>
10843	<del>                    </del> 7 M. ODILE RD	<del>                    </del> Door Frame	Pass	<del>                    </del> CLOSE INSPECTOR <i>A</i>
10829	Ihle 121 Hill Crest Dr. GLG Homes	Garage Door Final	Pass	Jefford CLOSE INSPECTOR <i>A</i>
10866	Ihle 121 Hill Crest Dr.	Plumbing, Electrical Handyman Fences	Pass	INSPECTOR <i>A</i>
10717	Adrian 86 N Sewalls Pt Rd. Mr Cool A/C	A/C Final Preset for 6/12	Fail	286-2164 NEED CONT. WORK INSPECTOR <i>A</i>
10680	WINSLOW 10 S SPR RD 613 C	Window Columns	Pass	24. N. River INSPECTOR <i>A</i> 10800 19 W. H.P. 1/END

**11194**

**PAVER DRIVEWAY**

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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:	11194	DATE ISSUED:	March 4, 2015
SCOPE OF WORK:	Driveway (Replacing existing concrete with Pavers)		
CONTRACTOR:	Reefline Contracting		
PARCEL CONTROL NUMBER:	13-38-41-000-00350-1	SUBDIVISION:	High Point Lot 35
CONSTRUCTION ADDRESS:	7 Middle Road		
OWNER NAME:	Cash		
QUALIFIER:	Mitch Saccaveccia	CONTACT PHONE 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 – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM**

**INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

### INSPECTIONS

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

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



Driveway Only

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 2/21/15
OWNER/LESSEE NAME: Elizabeth Cash
Job Site Address: 7 Middle Rd
Legal Description: Lot 35 Sp-06
Fee Simple Holder Name: Elizabeth Cash
City: Sewalls Pt State: FL Zip: 32091

\*SCOPE OF WORK (PLEASE BE SPECIFIC):

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 6,000
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Reefline Contracting Corp Phone: 772 678 9109
Qualifiers name: Mitch Saccareccia Street: 359 Cypress Drive City: Tavares State: FL Zip: 32919
LOCAL CONTACT: Mitch Phone Number: 772 678 9109
DESIGN PROFESSIONAL: N.A. Fla. License#

AREAS SQUARE FOOTAGE: Living: NA. Garage: Covered Patios/ Porches: Enclosed Storage:
Carport: Total under Roof Elevated Deck: Enclosed area below BFE\*
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 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. A 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. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007/SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of: Martin
On This the 23rd day of February, 2015
by Elizabeth Natronalesto who is personally known to me or produced
As identification.
Notary Public
My Commission Expires: 4/20/18

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X [Signature]
State of Florida, County of: Martin
On This the 23rd day of February, 2015
by Mitch Saccareccia who is personally known to me or produced
As identification.
Notary Public
My Commission Expires: 4/20/2018

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



NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF086562
Expires 4/20/2018



NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF086562
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

<b>PERMIT NUMBER:</b>	11194		
<b>ADDRESS:</b>	7 Middle Road		
<b>DATE ISSUED:</b>	3/4/2015	<b>SCOPE OF WORK:</b>	Driveway (Replacing existing concrete with Pavers)

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		Declared Value	\$	\$	-
---	--	----------------	----	----	---

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)			\$		
(No plan submittal fee when value is less than \$100,000)					
Total square feet air-conditioned spa	@ \$ 121.75 per sq. ft.	s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:	@ \$ 59.81 per sq. ft.	s.f.		\$	-
Total square feet remodel with new trusses:	\$ 90.78 per sq. ft.	s.f.		\$	-
Total Construction Value:			\$	\$	-
Building fee: (2% of construction value SFR or >\$200K)			\$		n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)				\$	-
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp			n/a
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
Road impact assessment: (.04% of construction value - \$5 min.)					n/a
Martin County Impact Fee:			\$		
<b>TOTAL BUILDING PERMIT FEE:</b>			\$	\$	-

<b>ACCESSORY PERMIT</b>	Declared Value:		\$	\$	6,000.00
Total number of inspections:	@ \$ 100.00 per insp.	# insp	2	\$	200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			\$	\$	3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			\$	\$	3.00
Road impact assessment: (.04% of construction value - \$5 min.)				\$	5.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>				\$	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

PERMIT NUMBER:	11194		
ADDRESS:	7 Middle Road		
DATE ISSUED:	3/4/2015	SCOPE OF WORK:	Driveway (Replacing existing concrete with Pavers)

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ -
------------------------------------	----------------	----	------

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)	\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.	\$	-
Total square feet non-conditioned space, or interior remodel:	\$	-

**CONSTRUCTION CONSULTING AND INSPECTIONS LLC**  
 5448 SE ORANGE ST  
 STUART, FL 34997

TOWN OF SEWALL'S POINT 3/4/15 Date

1317  
 63-1482/670  
 225

Pay to the Order of: Two Hundred & Eleven Dollars \$ 211.00 Dollars

**TD Bank**  
 America's Most Convenient Bank\*

For: [Redacted]

\$	-
\$	-
\$	-
\$	n/a
\$	-
\$	n/a
\$	n/a
\$	n/a
\$	n/a
\$	n/a
\$	n/a

Marion County Impact Fee:	\$	
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	\$ -

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$ 6,000.00
Total number of inspections:	@ \$ 100.00 per insp. # insp	2	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00

<b>TOTAL ACCESSORY PERMIT FEE:</b>	\$	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

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

STATE OF FLORIDA PERMIT NUMBER \_\_\_\_\_  
 COUNTY OF MARTIN

THIS COVENANT, made by Reefline Contracting Corp and legal owners (hereinafter "The Owners") of the property described as: Lot 35, Block \_\_\_\_\_, according to the Plat of Highpoint, as recorded in Plat Book \_\_\_\_\_, Page \_\_\_\_\_, of the Public Records of Martin County, Florida, also known as 1 Middle St.  
 (Street address)

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

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

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

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

[Signature]  
 OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23<sup>rd</sup> DAY OF February 2015

BY Elizabeth Naton-Cash

PERSONALLY KNOWN  OR PRODUCED ID \_\_\_\_\_

TYPE OF ID \_\_\_\_\_  
[Signature]  
 NOTARY SIGNATURE

CYNTHIA MARIE BEAN  
 NOTARY PUBLIC  
 STATE OF FLORIDA  
 Comm# FF088562  
 Expires 4/20/2018



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

STATE OF FLORIDA  
 MARTIN COUNTY  
 THIS IS TO CERTIFY THAT THE  
 FOREGOING 1 PAGE(S) IS A TRUE  
 AND CORRECT COPY OF THE ORIGINAL  
 DOCUMENT AS FILED IN THIS OFFICE  
 BY [Signature] CYNTHIA TIMMANN, CLERK



Page 1 of 1  
 BY [Signature] D.C  
 DATE [Signature]

INSTR # 2502300 OR BK 2769 PG 2512 RECD 03/04/2015 12:51:19 PM  
 (1 Page)  
 CAROLYN TIMMANN MARTIN COUNTY CLERK  
 DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00



# 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).


<b>PRODUCER</b> Collinsworth, Alter, Lambert, LLC 23 Eganfuskee Street Suite 102 Jupiter, FL 33477	<b>CONTACT NAME:</b> Diane Traynor		
	<b>PHONE (A/C, No, Ext):</b> (561) 776-9001	<b>FAX (A/C, No):</b> (561) 427-6730	
	<b>E-MAIL ADDRESS:</b> Dtraynor@callic.com		
<b>INSURED</b> Reefline Contracting Corporation 354 Cypress Drive Suite 4 Tequesta, FL 33469	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Vinings Insurance Company		11240
	<b>INSURER B:</b> Association Insurance Co		11240
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES      CERTIFICATE NUMBER:      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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GLP014673301	04/09/2014	04/09/2015	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV014601201	03/28/2014	03/28/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is named as additional insured for general liability when required by written contract. General Liability is primary and non-contributory when required by written contract. Waiver of subrogation applies in favor of the certificate holders for general liability, and Workers Comp when required by written contract. Cancellation applies as per policy terms, conditions and exclusions.

<b>CERTIFICATE HOLDER</b> Sewalls Point Building Dept. 1 South Sewalls Point Rd. Sewalls Point, FL 34996	<b>CANCELLATION</b> 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 



**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](http://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.  
Expiration date : AUG 31, 2015 L1407200001844**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

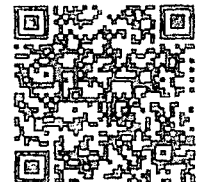
**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

<b>LICENSE NUMBER</b>	
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**





**ANNE M. GANNON**  
 CONSTITUTIONAL TAX COLLECTOR  
*Serving Palm Beach County*  
**Serving you.**

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

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0051 GENERAL CONTRACTOR	SACCARECCIA MITCHELL LEE	CGC1520876	B14.1418469 - 08/21/14	\$27.50	B40184387

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

**STATE OF FLORIDA**  
**PALM BEACH COUNTY**  
**2014/2015 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 201256496**  
**EXPIRES: SEPTEMBER 30, 2015**

B2 - 673

REEFLINE CONTRACTING CORPORATION  
 REEFLINE CONTRACTING CORPORATION  
 354 CYPRESS DR STE 4  
 TEQUESTA, FL 33469



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

**Owner Information**

<b>Owner(Current)</b>	CASH JILL ELIZABETH
<b>Owner/Mail Address</b>	7 MIDDLE RD STUART FL 34996
<b>Sale Date</b>	12/10/2008
<b>Document Book/Page</b>	<u>2364 0972</u>
<b>Document No.</b>	2120669
<b>Sale Price</b>	795000

**Location/Description**

<b>Account #</b>	27723	<b>Map Page No.</b>	SP-06
<b>Tax District</b>	2200	<b>Legal Description</b>	HIGH POINT LOT 35
<b>Parcel Address</b>	7 MIDDLE RD, SEWALL'S POINT		
<b>Acres</b>	.3440		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120000 HighPoint - Sewall's Point

**Assessment Information**

<b>Market Land Value</b>	\$200,000
<b>Market Improvement Value</b>	\$240,220
<b>Market Total Value</b>	\$440,220



**NOTICE OF COMMENCEMENT** INSTR # 2500450  
 TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00  
 REC BY 2767 PG 2342  
 (1 Fee)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_ RECORDED 02/23/2015 10:41:16 AM  
 STATE OF FLORIDA COUNTY OF MARTIN CAROLYN TIMMANN  
 MARTIN COUNTY CLERK

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):  
7 Middle Street Seiwalls Point FL

*Sp-06 Highway Lot 35*

GENERAL DESCRIPTION OF IMPROVEMENT: PAVER DRIVEWAY

OWNER NAME: ELIZABETH NADON-CASH  
 ADDRESS: 7 Middle St  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

CONTRACTOR: Reefline Contracting Corp  
 ADDRESS: 254 Coverts Drive, Fequetta FL  
 PHONE NUMBER: 561 262 2418 FAX NUMBER: \_\_\_\_\_

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

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES:  
 NAME: N/A  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

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

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

\* Elizabeth Nadon-Cash  
 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER  
 SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BY Elizabeth Nadon-Cash AS \_\_\_\_\_ FOR \_\_\_\_\_  
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN  OR PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

Cynthia Marie Bean  
 NOTARY SIGNATURE/ SEAL

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

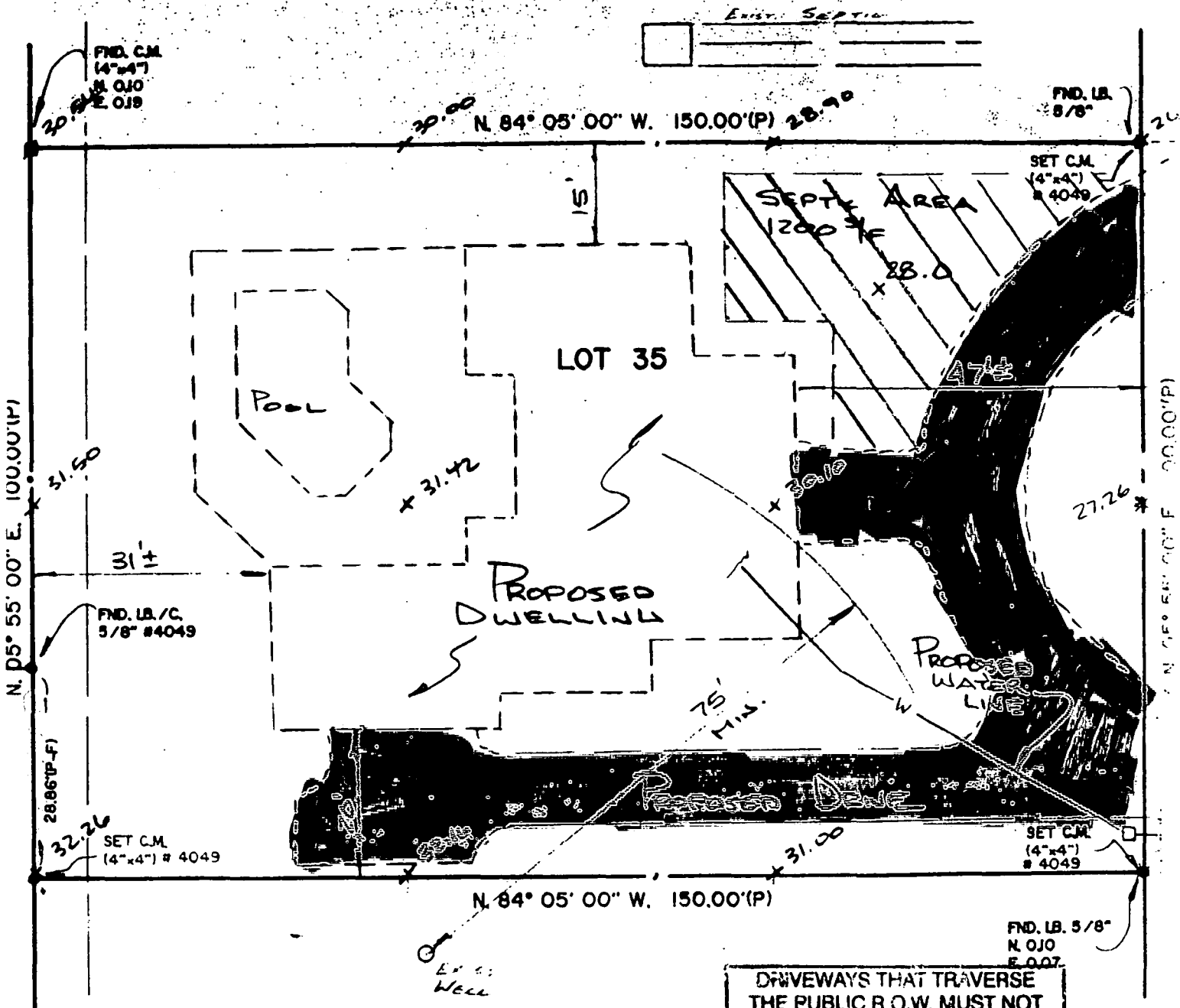
Elizabeth Nadon-Cash  
 (Signature of Natural Person Signing Above)

**CYNTHIA MARIE BEAN**  
 NOTARY PUBLIC  
 STATE OF FLORIDA  
 Comm# FF086562  
 Expires 4/20/2018

STATE OF FLORIDA  
 MARTIN COUNTY  
 THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE  
 CAROLYN TIMMANN, CLERK  
 DATE \_\_\_\_\_  
 D.C.



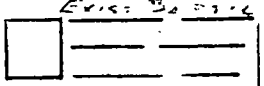
LOT 34



LOT 36

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

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



NOTES:

LOCATED WITHIN FLOOD ZONE: "C"

1 Survey of description as furnished b.



# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3/19/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11136	Gervato	Pool		most protect flex, transit
	104 Sewalls Pt Rd	Electrical	Fail	from rigid to non-rigid needs to bring toward
	DVR, Inc	Final		INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11207	Winslow	Rough		Need to expose line and
	10 S Sewalls Pt Rd	Underground	Fail	provide approved plans
	Paulie Propane	gas lines		INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11173	Harrington	Remodel		must add smoke detectors
	5 S Via Lucindia	Final	Fail	
	Adam Peters Carpentry			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10999	Antonucci	Final		
	9 Simara Street	Seawall	Pass	Close
	Wilco Construction			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11111	McKinney	Door		
	24 Simara Street	Final	Pass	Close
	J+G Construction			INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11194</del>	Cash	Final		
	<del>7 Middle Road</del>	Paver	<del>Pass</del>	<del>Close</del>
	Reefline Contracting	Driveway		INSPECTOR S. Bruhn
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10982	Thompson	A/C		No One
	179 S River Road	Final	Fail	Home
	Elite A/C			INSPECTOR S. Bruhn

**11254**

**REPLACE GARAGE DOOR**

---



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:	11254	DATE ISSUED:	April 23, 2015
SCOPE OF WORK:	Replacing Garage Door		
CONTRACTOR:	Treasure Coast Garage Doors		
PARCEL CONTROL NUMBER:	13-38-41-002-000-00350-1	SUBDIVISION:	High Point Lot 35
CONSTRUCTION ADDRESS:	7 Middle Road		
OWNER NAME:	Cash		
QUALIFIER:	Mark Wagner	CONTACT PHONE 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 – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY

### INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 11254

Date: 4-20-15

OWNER/LESSEE NAME: CASH, ELIZABETH

Phone (Day) 341-3163

(Fax) NA

Job Site Address: 7 MIDDLE ROAD

City: STUART

State: FL

Zip: 34996

Legal Description High Point Lot 35

Parcel Control Number: 13-8841-002-000-00350-1

Fee Simple Holder Name:

Address:

City:

State:

Zip:

Telephone:

\*SCOPE OF WORK (PLEASE BE SPECIFIC): REPLACING 18X7 GARAGE DOOR.

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES [ ]

NO [X]

Has a Zoning Variance ever been granted on this property?

YES [ ] (YEAR)

NO [ ]

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

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 2,100.00

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8 X

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$

(Fair Market Value of the Primary Structure only, Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: TREASURE COAST GARAGE DOORS Phone: 879-0487 Fax: 879 0261

Qualifiers name: MARK WAGNER

Street: 966 SW BILT MORE ST City: PSL

State: FL Zip: 34983

State License Number: NA

OR: Municipality: NA

License Number: MCGD 02444

LOCAL CONTACT: SAME AS ABOVE

Phone Number:

DESIGN PROFESSIONAL: NA

Fla. License#

Street:

City:

State:

Zip:

Phone Number:

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

Carport: Total under Roof Elevated Deck: Enclosed area below BFE\*

\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

- 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. A 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. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

X

State of Florida, County of:

On This the day of , 20

by who is personally

known to me or produced

As identification.

Notary Public

My Commission Expires:

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X Mark Wagner

State of Florida, County of: Martin

On This the 21 day of April

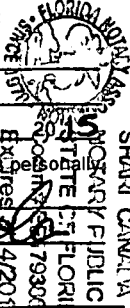
by Mark Wagner who is personally

known to me or produced FL PL

As identification. Shaw Canada

Notary Public

My Commission Expires: 03/14/2016



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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	11254		
<b>ADDRESS:</b>	7 Middle Road		
<b>DATE ISSUED:</b>	4/23/2015	<b>SCOPE OF WORK:</b>	Replacing Garage Door

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, Remodel >\$200K)		\$	
Plan Submittal Fee (175.00 Remodel <\$200K, Tennant Improvement)		\$	
Plan Submittal Fee (100.00 Remodel <\$100k)		\$	
Total square feet air-conditioned spa @ per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: @ per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Total number of inspections (Value < \$200K) \$ 150.00 per insp. # insp		\$	-
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
Technology Fee: (0.04% of Construction Value - \$5 min)			n/a
Road impact assessment: (0.4% of construction value - \$20 min.)			n/a
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 150.00 per insp. # insp		\$	\$ 2,100.00
		\$	\$ 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 Construction Value - \$5 min.)		\$	\$ 5.00
Road impact assessment: (0.4% of construction value - \$20 min.)		\$	\$ 20.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 179.50





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:	11254		
ADDRESS:	7 Middle Road		
DATE ISSUED:	4/23/2015	SCOPE OF WORK:	Replacing Garage Door
SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$

1892

**TREASURE COAST GARAGE DOORS, INC.**

966 SW BILTMORE ST.  
 PORT ST. LUCIE, FL 34983-1857  
 772-879-0487

Wells Fargo, N.A.

63-751-631

**TOWN OF SEWALL'S POINT**

PAY TO THE ORDER OF

*One Hundred Seventy Nine & 50/100* **\$ 1795<sup>00</sup>** DOLLARS

*Mark Wagner*  
 AUTHORIZED SIGNATURE

MEMO

Security features. Details on back.

Road impact assessment: (0.4% of construction value - \$20 min.)			n/a
Martin County Impact Fee:	\$		
<b>TOTAL BUILDING PERMIT FEE:</b>	\$	\$	-

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	\$	2,100.00
Total number of inspections:	@ \$ 150.00 per insp. # insp	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 Construction Value - \$5 min.)			\$	5.00
Road impact assessment: (0.4% of construction value - \$20 min.)			\$	20.00
<b>TOTAL ACCESSORY PERMIT FEE:</b>			\$	<b>179.50</b>



## Martin County Building Department

900 SE Ruhnke Street  
Stuart, FL 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

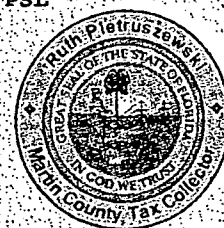
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5604

ACCOUNT 1997-500-0046 CERT SPO2444 PHONE (772) 879-0487 SIC NO 235510

LOCATION: 966 SW BILTMORE ST PSL

CHARACTER COUNTS IN MARTIN COUNTY

Table with columns: PREV YR, LIC. FEE, PENALTY, COL FEE, TRANSFER, TOTAL. Values: 00, 26.25, 00, 00, 00, 26.25



HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF GARAGE DOOR INSTALLATION

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE 21 DAY OF APRIL 2015 AND ENDING SEPTEMBER 30, 2015

11 2013 43045.0001 PAID

2014-2015 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

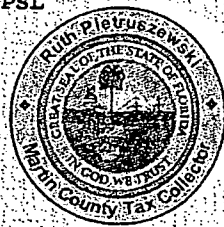
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CHARACTER COUNTS IN MARTIN COUNTY

Table with columns: PREV YR, LIC. FEE, PENALTY, COL FEE, TRANSFER, TOTAL. Values: 00, 26.25, 00, 00, 00, 26.25



HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF GARAGE DOOR INSTALLATION

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE 21 DAY OF APRIL 2015 AND ENDING SEPTEMBER 30, 2015

11 2013 43045.0001 PAID

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.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

2/20/2015

PRODUCER <b>KRETSCHMER INSURANCE AGENCY INC</b> 3109 Oleander Ave Fort Pierce, FL 34982 (772) 467-6656	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED <b>Treasure Coast Garage Doors, Inc.</b>  966 SW Biltmore Street Port St. Lucie, FL 34983 (772) 879-0487	INSURER A: <b>LLOUDS OF LONDON</b>	
	INSURER B: <b>BUSINESS FIRST</b>	
	INSURER C: <b>MT HAWLEY</b>	
	INSURER D:	
	INSURER E:	

## COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CIBFL0012013	2/21/15	2/21/16	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$
C		EXCESS/UMBRELLA LIABILITY	EMX0320057	02/21/15	2/21/16	EACH OCCURRENCE \$ 2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE \$ 2,000,000
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0521-00808	07/09/13 07/09/14	07/09/14 07/09/15	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
A		OTHER				E.L. DISEASE - POLICY LIMIT \$ 500,000
A		EQUIPMENT	CIBFL0012013	2/21/15	2/21/16	17,500 TOTAL EQUIP

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

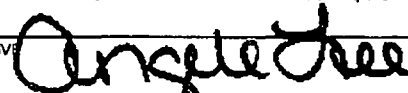
## CERTIFICATE HOLDER

SEWALLS POINT  
 1 SOUTH SEWALLS POINT ROAD  
 SEWALLS POINT, FL 34996

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE



# PROPOSAL



## 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 <i>CASH Elizabeth</i>		PHONE <i>772-341-3123</i>	DATE <i>4-12-15</i>
STREET <i>1771 W. ...</i>		JOB NAME <i>H-200-11145</i>	
CITY, STATE and ZIP CODE <i>Sebastian, FL 32976</i>		JOB LOCATION	
ARCHITECT	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for:  
*1 - 18x7 white raised panel steel door*

*FURNISH AND INSTALL*  
*1 - 18x7 #324 - WHITE - RAISED PANEL STEEL DOOR.*

*SLIDE LOCK BOTTOM RUBBER, VINYL WEATHERSEAL TRIM, 1 1/2" R. TRACK, PERMITS CODE CERTIFIED, +40 / 44 PSF. HAIL IMPACT*

*REMOVE AND HAUL AWAY OLD DOOR, RECONNECT MOTOR GENIE PROMAX.*  
*1 - PERMIT PER CODE.*

<i>INSTALLED TAX INCLUDED \$ 2100<sup>00</sup></i>
<i>DEPOSIT #6572</i> <span style="float:right"><i>500 -</i></span>
<i>BALANCE</i> <span style="float:right"><i>\$ 1,600 -</i></span>

*Wood 2x6 @ 20 170B*

Proper preparation of openings by others. No painting, caulking, electrical wiring or hook-up by Treasure Coast Garage Doors, Inc.

**We Propose** hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Payment to be made as follows: *\$500<sup>00</sup>* *DEPOSIT BALANCE* dollars (\$ *2100 -* )

Any costs incurred as a result of non-payment of invoice, including court costs and attorney fees, will be sustained by customer. 1 1/2% per month service charge on all past due accounts.

All material is guaranteed to be specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature: *Mark ...*  
 Note: This proposal may be withdrawn by us if not accepted within *30* days.

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature: *[Signature]*

Date of Acceptance: *4/12/15*

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

**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 application*

- 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 NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	144" X 80"		SL	X		REPLACE EXISTING NON-IMPACT SGD
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: 81 S.F.

\*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.

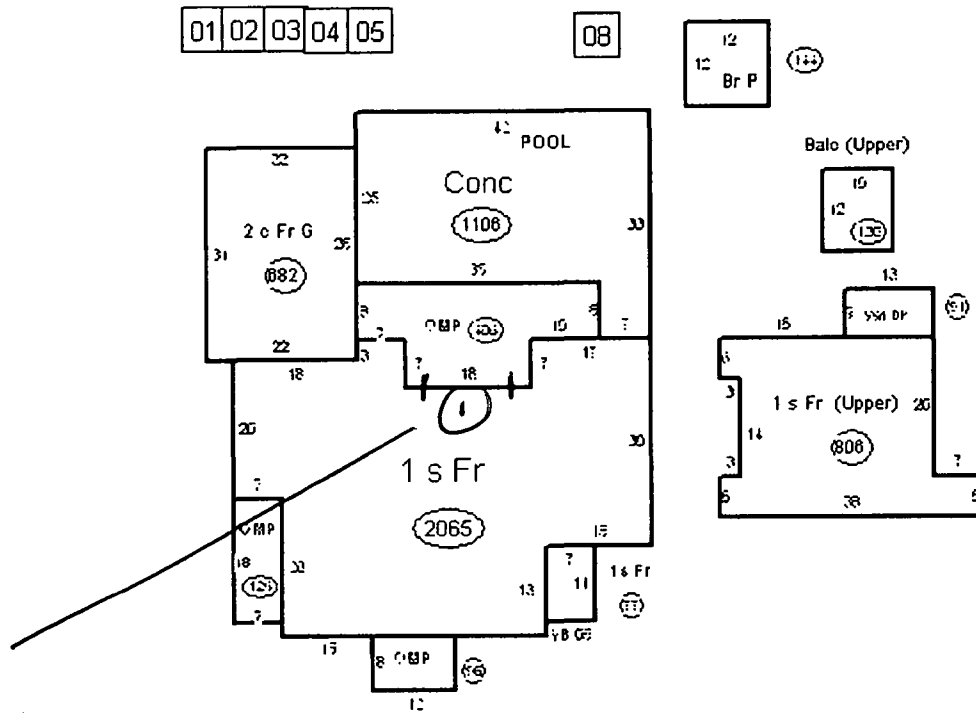
**\* TYPE WINDOWS**

SH - SINGLE HUNG  
DH - DOUBLE HUNG

AWN - AWNING  
CAS - CASEMENT

SL - SLIDING  
FIX - FIXED

SHUTTERA - Shutters - Accordion	1	0	0	0
SHUTTERP - Shutters - Panel	1	0	0	0
WDDK - Wood Deck	91			



① 144" x 80" SGD

Click to enlarge

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

[Print](#) [Back to List](#) [First](#) [Previous](#) [Next](#) [Last](#)

[Legal Disclaimer](#) / [Privacy Statement](#)

Powered by  
**MANATRON**





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

**FORMULA FOR DESIGN PRESSURES**

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

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

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

Pressure	Exposure C multiplier	Req. Design Pressure
+29.7	X 1.29	= 38.31 (+)
-33.1	X 1.29	= 42.7 (-)

OUR DOOR IS +40/-44 PSF.

TABLE 1609.3.1  
 EQUIVALENT BASIC WIND SPEEDS<sub>a,b,c</sub>

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 1609.6(2)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	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.

TABLE 1609.6(1)

Effective Wind Area		Basic Wind Speed V (mph - 3 second gust)															
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150	160	170	180	190	200			
<b>Roof Angle 0 - 10 degrees</b>																	
8	8	10.5	-11.9	11.7	-13.3	14.5	-16.4	17.5	-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
<b>Roof Angle &gt; 10</b>																	
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	7	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

- For SI: 1 Square foot = 0.929 m<sup>2</sup>, 1 mph = 0.447 m/s, 1 psf = 47.88 N/m<sup>2</sup>
- 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)**

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599  
[www.miamidade.gov/economy](http://www.miamidade.gov/economy)

**DAB Door Company, Inc.**  
12195 NW 98<sup>th</sup> 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 PSE)**

**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.



*[Signature]*  
01/26/2015

NOA No. 14-0814.03  
Expiration Date: March 29, 2017  
Approval Date: February 5, 2015  
Page 1

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 sealed by Candido F. Font, PE.

**"Submitted under NOA # 06-0817.07"**

3. 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"**

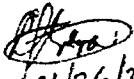
5. Test report on Salt Spray (Corrosion) Test per ASTM B 117 of a painted G-40 steel panels, prepared by Celotex Corporation, Test Report No. 258592, dated 08/17/1998, signed by W. A. Jackson, P.E.

**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 # 09-0128.06"**

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.

  
01/26/2015

Carlos M. Utrera, P.E.  
Product Control Examiner  
NOA No. 14-0814.03  
Expiration Date: March 29, 2017  
Approval Date: February 5, 2015

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

**D. QUALITY ASSURANCE**

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

**E. MATERIAL CERTIFICATIONS**

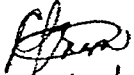
1. Notice of Acceptance No. 13-0717.01, issued to SABIC Innovative Plastics, for their Lexan Sheet Products, approved on 11/28/2013 and expiring on 07/17/2018.
2. Notice of Acceptance No. 14-0311.08, issued to Insulfoam, LLC, for their Insulfoam Expanded Polystyrene Insulation, approved on 08/14/2014 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"*

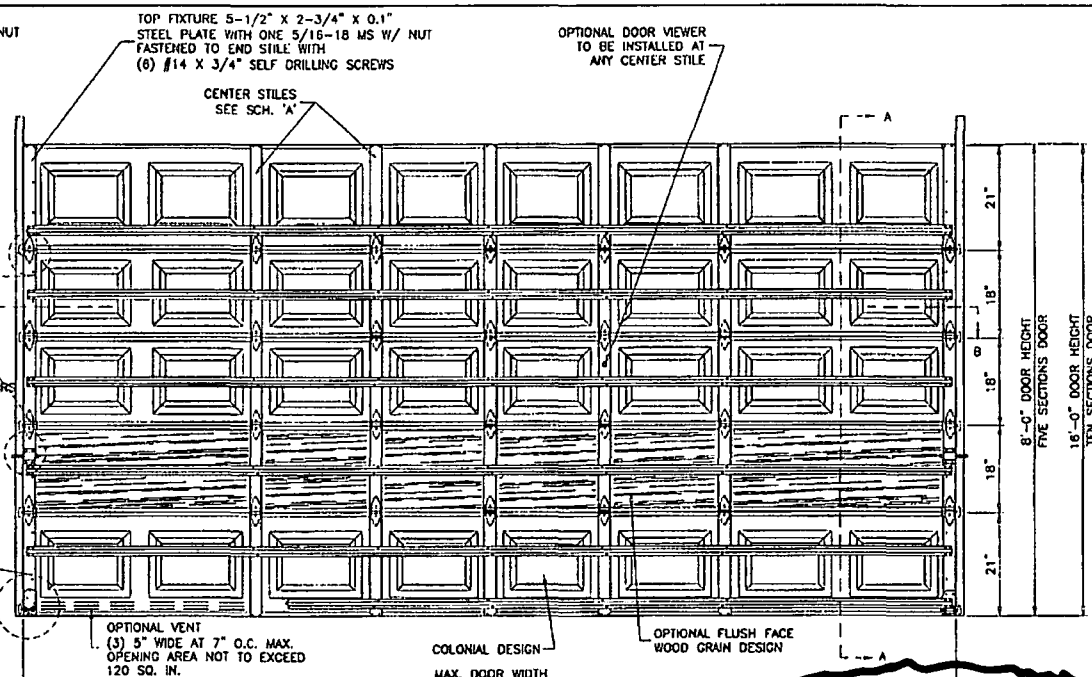
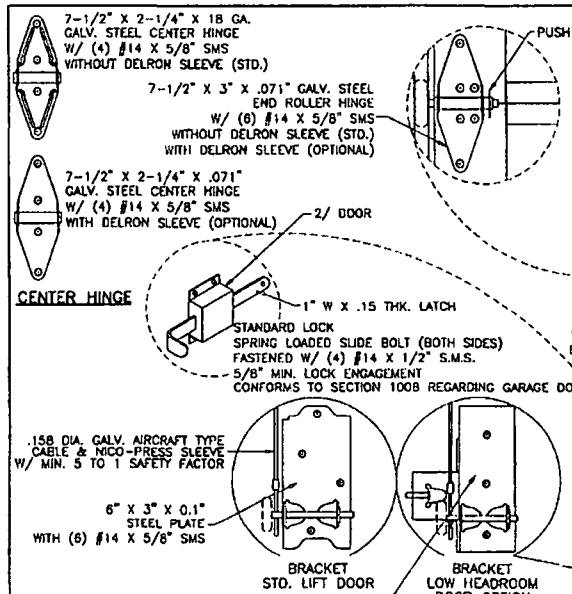
6. Test Report on Accelerated Weathering Using Xenon Arc Light Apparatus Test per ASTM G155 of "PVC Extrusion Material", prepared by Hurricane Engineering & Testing, Inc., Report No. HETI 04-A002, dated 09/27/2004, signed and sealed by Rafael E. Droz-Seda, P.E.
7. Test Reports on Tensile Test per ASTM 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**

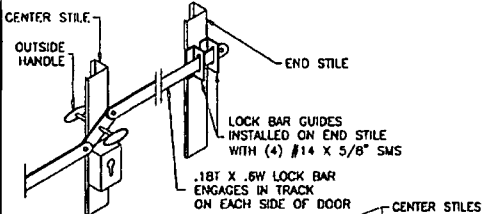
1. Statement letter of code conformance to the 5<sup>th</sup> edition (2014) FBC and of no financial interest issued by Al-Farooq Corporation, dated 05/13/2014, signed and sealed by Javad Ahmad, P.E.

  
10/26/2015

Carlos M. Utrera, P.E.  
Product Control Examiner  
NOA No. 14-0814.03  
Expiration Date: March 29, 2017  
Approval Date: February 5, 2015

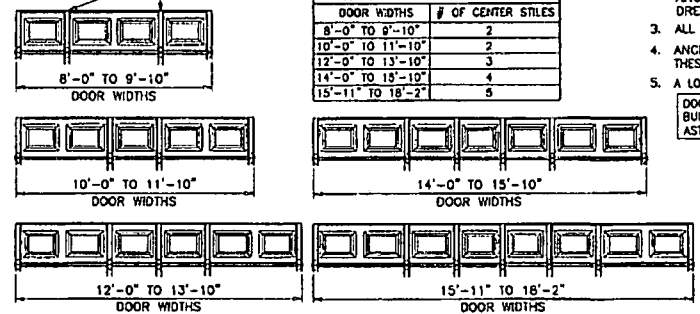


DOOR HEIGHT	CONSISTS OF	TOTAL # OF 1/2" BARS AT EACH DOOR
6'-6"	2 SECTIONS 18" 2 SECTIONS 21"	5
6'-9"	1 SECTION 18" 3 SECTIONS 21"	5
7'	4 SECTIONS 21"	5
7'-6"	5 SECTIONS 18"	5
7'-9"	4 SECTIONS 18" 1 SECTION 21"	6
8'	3 SECTIONS 18" 2 SECTIONS 21"	6
8'-3"	2 SECTIONS 18" 3 SECTIONS 21"	6
8'-6"	1 SECTION 18" 4 SECTIONS 21"	6
8'-9"	5 SECTIONS 18"	6
9'	6 SECTIONS 18"	6
9'-3"	3 SECTIONS 18" 1 SECTION 21"	7
9'-6"	4 SECTIONS 18" 2 SECTIONS 21"	7
9'-9"	3 SECTIONS 18" 3 SECTIONS 21"	7
10'	2 SECTIONS 18" 4 SECTIONS 21"	7
10'-3"	1 SECTION 18" 5 SECTIONS 21"	7
10'-6"	6 SECTIONS 18"	7
10'-9"	6 SECTIONS 18" 1 SECTION 21"	8
11'	5 SECTIONS 18" 2 SECTIONS 21"	8
11'-3"	4 SECTIONS 18" 3 SECTIONS 21"	8
11'-6"	3 SECTIONS 18" 4 SECTIONS 21"	8
11'-9"	2 SECTIONS 18" 5 SECTIONS 21"	8
12'	1 SECTION 18" 6 SECTIONS 21"	8
12'-3"	7 SECTIONS 18"	8
12'-6"	6 SECTIONS 18" 2 SECTIONS 21"	9
12'-9"	5 SECTIONS 18" 3 SECTIONS 21"	9
13'	4 SECTIONS 18" 4 SECTIONS 21"	9
13'-3"	3 SECTIONS 18" 5 SECTIONS 21"	9
13'-6"	2 SECTIONS 18" 6 SECTIONS 21"	9
13'-9"	1 SECTION 18" 7 SECTIONS 21"	9
14'	8 SECTIONS 18"	9
14'-3"	6 SECTIONS 18" 3 SECTIONS 21"	10
14'-6"	5 SECTIONS 18" 4 SECTIONS 21"	10
14'-9"	4 SECTIONS 18" 5 SECTIONS 21"	10
15'	3 SECTIONS 18" 6 SECTIONS 21"	10
15'-3"	2 SECTIONS 18" 7 SECTIONS 21"	10
15'-6"	1 SECTION 18" 8 SECTIONS 21"	10
15'-9"	8 SECTIONS 18"	10
16'	6 SECTIONS 18" 4 SECTIONS 21"	11



**OUTSIDE KEYED LOCK OPTIONAL**

LOCK BAR LOCKING SHOWN ALTERNATE TO SPRING LOADED SLIDE BOLT LOCKS SHOWN ABOVE



**INSIDE ELEVATION**  
RAISED PANEL EMBOSSED DOOR

#14 X 3/4" SELF DRILLING SCREWS MAY BE USED IN LIEU OF #14 X 5/8" SMS

**THIS PRODUCT IS RATED FOR LARGE MISSILE IMPACT**

DAB DOORS INC.  
Hurricane Master® Model 824/B11  
Max. Size 18'-2" X 16'-0" High  
With Window Lite Option

DESIGN PRESSURE RATING = + 40.0 PSF - 44.0 PSF

**GENERAL NOTES**

THIS PRODUCT HAS BEEN DESIGNED AND TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE (FBC) FIFTH EDITION (2014) INCLUDING HIGH VELOCITY HURRICANE ZONE (HVHZ).

- ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
- ALL BOLTS, NUTS AND WASHERS SHALL BE ZINC PLATED CARBON STEEL.
- ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.
- A LOAD DURATION INCREASE IS USED IN DESIGN OF ANCHORS INTO WOOD ONLY.

DOOR TESTED IN ACCORDANCE WITH THE REQUIREMENTS OF FLORIDA BUILDING CODE, TAS-202, TAS-201 & TAS-203 FOR HVHZ AND ASTM E1886-05/ASTM E1998-09.

Engr. JAVAD AHMAD  
CIVIL  
FLA. PE # 70592  
C.A.N. 3538

NOV 14 2014

**PRODUCT REVISED**  
in compliance with the Florida Building Code  
Acceptance No. 18-0014-03  
Expiration Date 03/29/2017

By: *[Signature]*  
Miami Product Control

**afC**

**AL-FAROOQ CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
1225 S.W. 87 AVE  
MIAMI, FLORIDA 33174  
TEL: (305) 264-6100 FAX: (305) 262-6975  
GARAGE (05-03)DAB

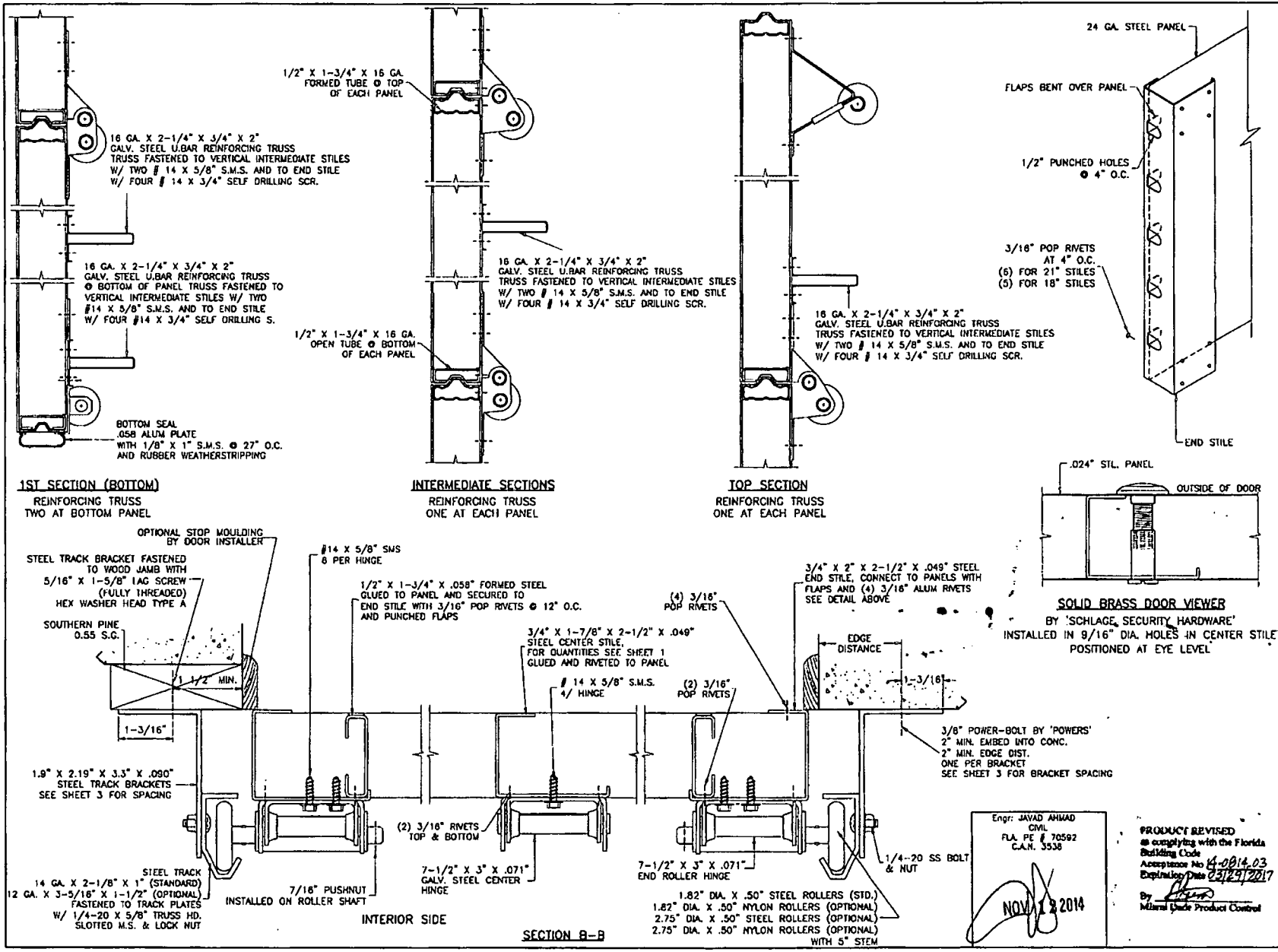
SECTIONAL GARAGE DOOR

**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE  
HIALEAH GARDENS, FL 33018  
TEL: (305) 556 - 6624

REVISIONS:	DATE	BY	DESCRIPTION
1	05-15-03	AF	ISSUED
2	05-13-11	AF	UPDATED TO 2010 FBC
3	07-21-14	AF	GENERAL REVISION
4	09-15-14	AF	NO CHANGE THIS SHEET
5	11-03-14	AF	NO CHANGE THIS SHEET

drawing no. **05-03**

sheet 1 of 5



**af c**

**AL-FAROOQ CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
3235 S.W. 87 AVE  
MIAMI, FLORIDA 33174  
TEL. (305) 264-6100 FAX (305) 269-6978  
GARAGE05-03DAB

**SECTIONAL GARAGE DOOR**  
**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HIALEAH GARDENS, FL 33018  
TEL (305) 596 - 8824

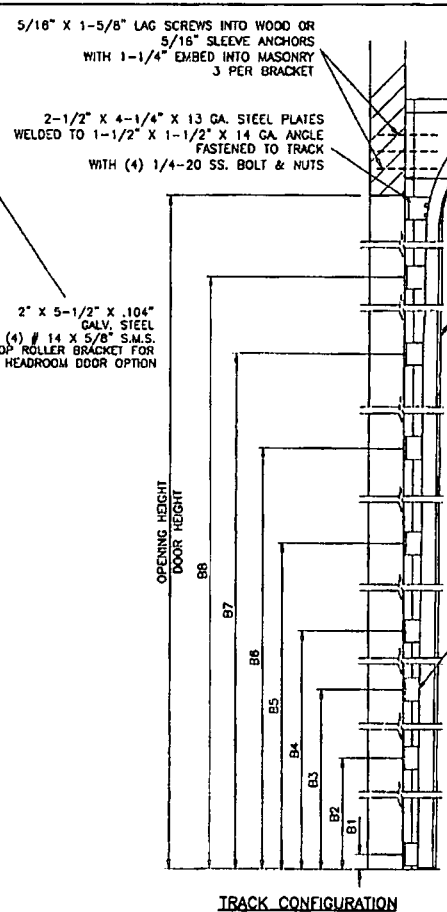
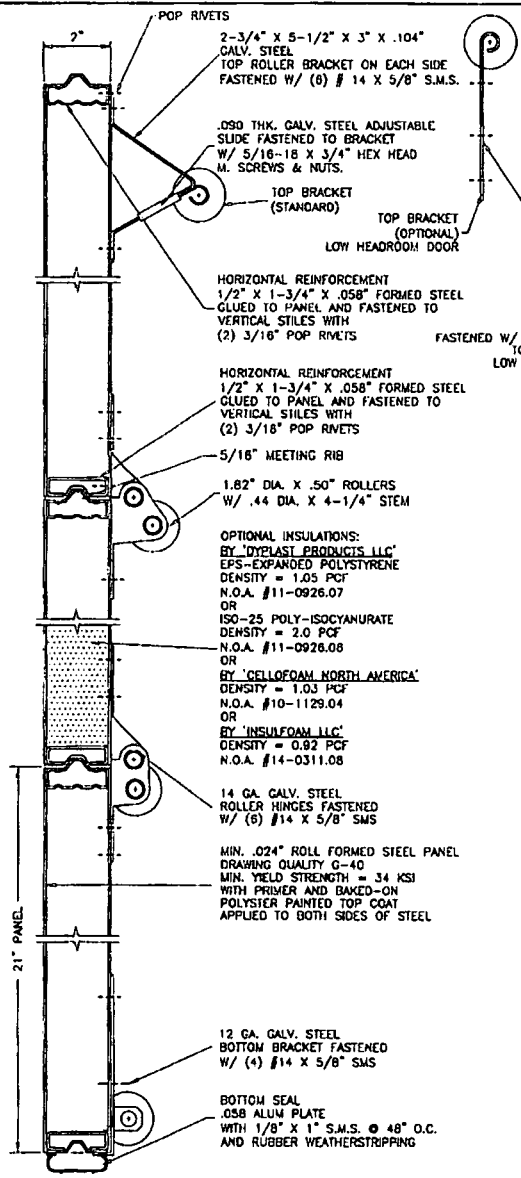
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D	07.21.14		GENERAL REVISION
E	08.18.14		NO CHANGE THIS SHEET
F	11.03.14		NO CHANGE THIS SHEET

date: 05-16-05  
wch: [Signature]  
dr. by: HAMD  
chk. by: [Signature]

drawing no. **05-03**  
sheet 2 of 5

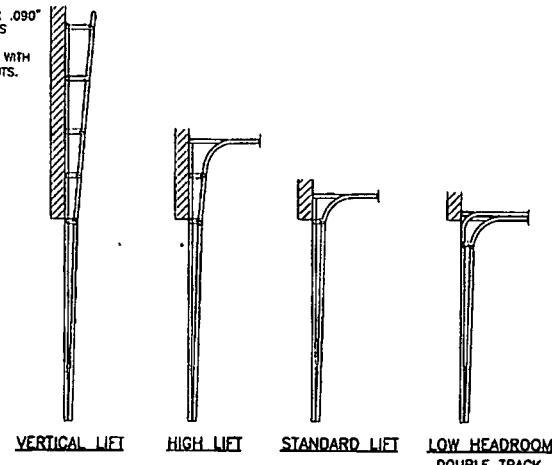
Engr: JAVAD AHMAD  
CIVIL  
FLA. PE # 70592  
C.A.N. 3536  
NOV 18 2014

PRODUCT REVISSED  
in compliance with the Florida  
Building Code  
Acceptance No 14-0014.03  
Expiration Date 03/29/2017  
By: [Signature]  
Miami Trade Product Control



DOOR HEIGHT	SECTION HEIGHTS					BRACKET PLACEMENTS							
	1ST	2ND	3RD	4TH	5TH	B1	B2	B3	B4	B5	B6	B7	B8
6'-0"	18"	18"	18"	18"	N/A	1" TO 2"	11-3/4"	23"	34"	45"	56"	67"	-
6'-6"	21"	18"	18"	21"	N/A	1" TO 2"	11-3/4"	23"	34"	45"	56"	67"	-
7'-0"	21"	21"	21"	21"	N/A	1" TO 2"	11-3/4"	23"	34"	45"	56"	67"	-
7'-6"	18"	18"	18"	18"	18"	1" TO 2"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
8'-0"	21"	18"	18"	21"	1" TO 2"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"	

\*-SECTIONS ARE NUMBERED STARTING AT THE BOTTOM FOR DOORS MORE THAN 8 FT. HIGH, USE ADDITIONAL TRACK BRACKETS AT 10" O.C.



AVAILABLE TRACK OPTIONS

Eng: JAVAD AHMAD CIVIL  
 FLA. PE # 70592  
 C.A.N. 3538

NOV 12 2014

PRODUCT REVISED as complying with the Florida Building Code  
 Acceptance No 14-0814.03  
 Expiration Date 2/29/2017

By: [Signature]  
 Miami Dade Product Control

**af c**

**AL-FAROQI CORPORATION**  
 ENGINEERS & PRODUCT DEVELOPMENT  
 12355 S.W. 87 AVE.  
 MIAMI, FLORIDA 33174  
 TEL: (305) 264-8600 FAX: (305) 263-8878

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SECTIONAL GARAGE DOOR

**DAB DOORS INC.**  
 12195 N.W. 98 TH. AVE.  
 HIALEAH GARDENS, FL 33018  
 TEL: (305) 558 - 6824

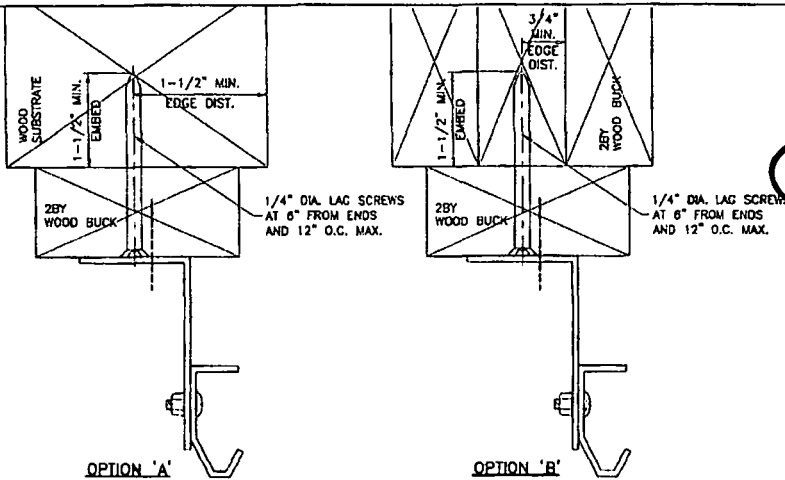
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NO	DATE	BY	DESCRIPTION
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1	07.21.14		GENERAL REVISION FROM MGR. REV.
2	09.18.14		NO CHANGE THIS SHEET
3	11.03.14		NO CHANGE THIS SHEET

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order: 05-16-05  
 date: 05-16-05  
 by: JAVAD  
 checked: [Signature]

drawing no. **05-03**  
 sheet 3 of 5



WE USE 5/16" X 4" LAGS

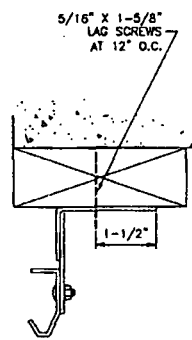
**WOOD BUCK CONNECTION TO WOOD SUBSTRATE (WOOD SPECIFIC GRAVITY SG=0.55 MIN.)**

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

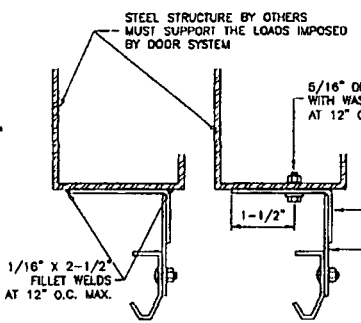
**WOOD BUCK CONNECTION TO MASONRY**

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

- 1/4" ULTRACON BY 'ELCO' WITH SPACING OF 10" O.C. INTO GROUT 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" CONFLX BY 'ELCO' OR 3/8" LDT BY 'ITW' 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



CONTINUOUS ANGLE TRACK TO WOOD BUCK

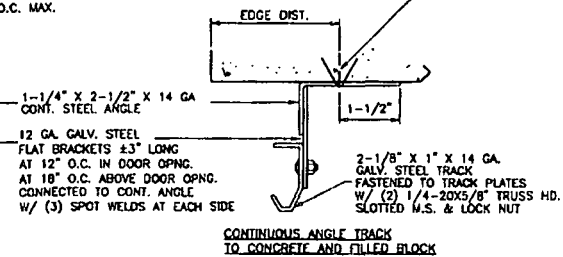


REVERSE TRACK TO STEEL

ANCHOR SPACING				
ANCHORS	STRUCTURE	EMBED	SPACING	EDGE DIST.
3/8" HLC SLEEVE BY 'HILTI'	CONC.	1-1/4"	8"	2"
3/8" CONFLX BY 'ELCO'	FILLED BLOCK	2"	8"	3-3/4"
3/8" DYNABOLT BY 'ITW'	CONC.	1-1/2"	8"	2-3/4"
3/8" POWER-BOLT BY 'POWERS'	CONC.	2"	8"	2"
3/8" SLEEVE-ALL BY 'SIMPSONS'	CONC.	1-1/2"	8"	3"

CONCRETE f'c = 3000 PSI MIN.  
C-80 GROUT FILLED BLOCK f'm = 2000 PSI MIN.

**ALTERNATE TRACK INSTALLATION**



**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 UPON 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.

Engr: JAVAD AHMAD  
CIVIL  
FLA. PE # 70592  
C.A.N. 3538  
NOV 14 2014

PRODUCT REVISED  
as complying with the Florida  
Building Code  
Acceptance No. 14-0814-03  
Expiration Date 2/25/2017  
By: [Signature]  
Miami JSC Product Control

afc

**AL-FAROOQ CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
1235 S.W. 87 AVE.  
MIAMI, FLORIDA 33174  
TEL: (305) 264-6500 FAX: (305) 262-6978

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SECTIONAL GARAGE DOOR  
**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HIALEAH GARDENS, FL 33018  
TEL: (305) 856 - 8624

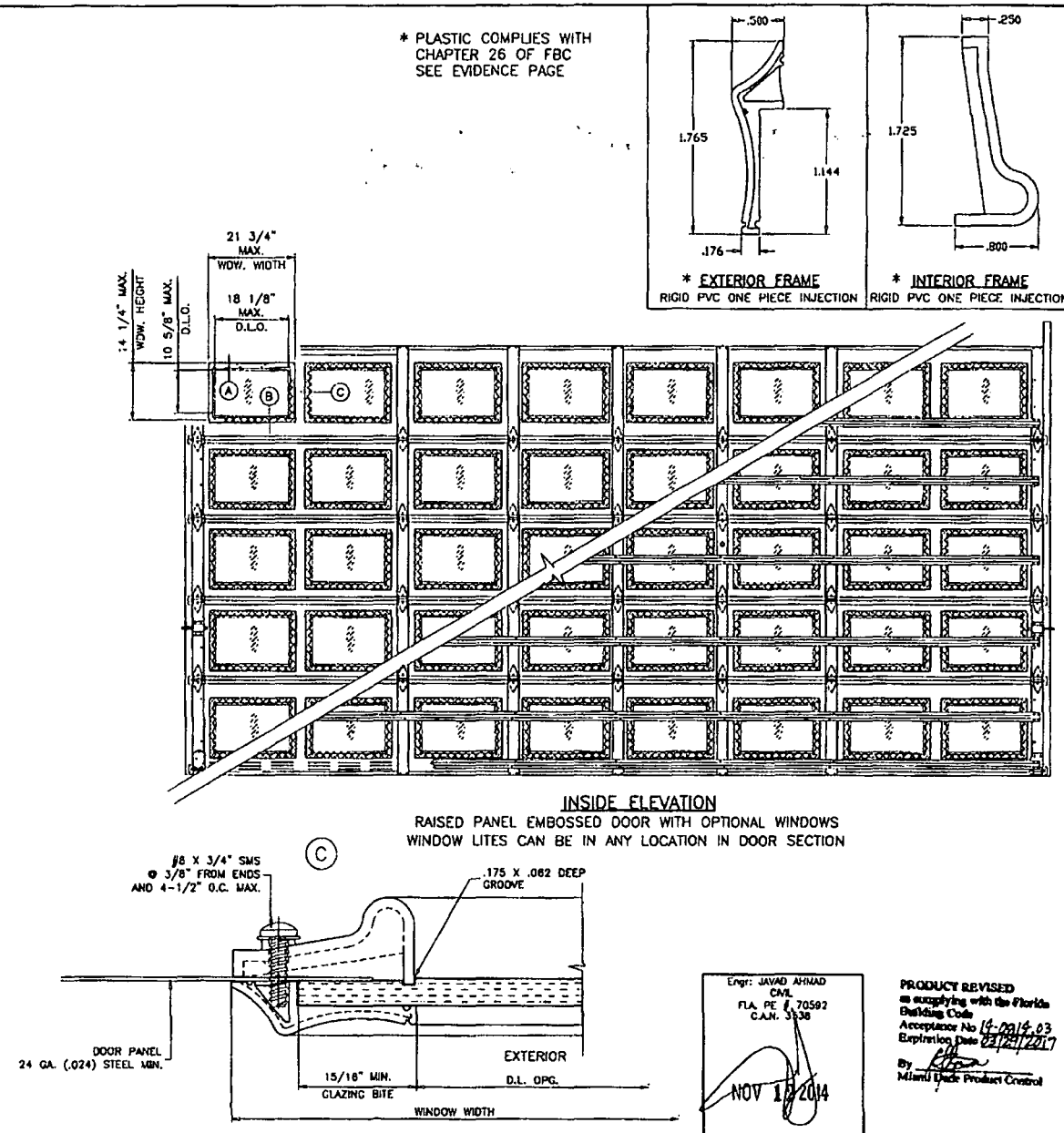
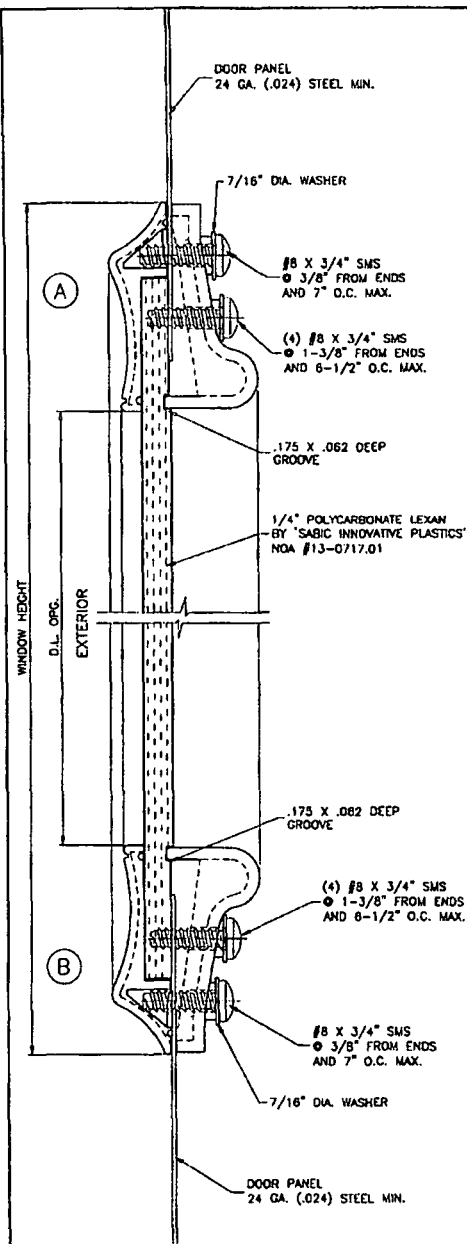
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NO.	DATE	DESCRIPTION	BY
C	10.11.11	NO CHANGE THIS SHEET	
D	07.21.14	GENERAL REVISION	
E	09.16.14	ANCHORS REVISED	
F	11.03.14	REV. PER REV COMMENTS	

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Series: 05-16-05  
Drawing No. **05-03**  
sheet 4 of 5





Engr: JAVAD AHMAD  
CIVIL  
FLA. PE # 70582  
C.A.N. 3338

NOV 17 2014

PRODUCT REVISED  
as supplying with the Florida  
Building Code  
Acceptance No 14-0914-03  
Expiration Date 03/24/2017

By: *[Signature]*  
Miami Truck Product Control

**a f c**

**AL-FAROQI CORPORATION**  
ENGINEERS & PRODUCT DEVELOPMENT  
12335 S.W. 87 AVE  
MIAMI, FLORIDA 33174  
TEL: (305) 264-6200 FAX: (305) 264-6278  
GARAGE 05-03DAB

**SECTIONAL GARAGE DOOR**

**DAB DOORS INC.**  
12195 N.W. 98 TH. AVE.  
HIALEAH GARDENS, FL 33018  
TEL: (305) 556 - 6824

NO	DATE	DESCRIPTION
1	10.13.11	NO CHANGE THIS SHEET
2	07.21.14	GENERAL REVISION
3	08.16.14	NO CHANGE THIS SHEET
4	11.03.14	REV FOR REVISIONS

order: 05-16-05  
sheet:  
or. by: HAUID  
chk. by:

drawing no.  
**05-03**

sheet 5 of 5

**11259**

**A/C CHANGEOUT**

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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:	11259	DATE ISSUED:	April 28, 2015
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Grateful Air Conditioning & Heating, Inc		
PARCEL CONTROL NUMBER:	13-38-41-002-000-00350-1	SUBDIVISION:	High Point Lot 35
CONSTRUCTION ADDRESS:	7 Middle Road		
OWNER NAME:	Cash		
QUALIFIER:	Timothy Hessing	CONTACT PHONE NUMBER:	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 - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

### INSPECTIONS

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

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

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

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

Date: \_\_\_\_\_

OWNER/LESSEE NAME: Elizabeth Cash Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Job Site Address: 7 Middle Rd City: Stuart State: FL Zip: 34990  
Legal Description: High Point Lot 35 Parcel Control Number: 13-38-41-002-000-00350-1  
Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** A/C Change Out

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

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 5693  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10  AE9  AE8  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Grateful Ave Conditioning & Heating Inc Phone: 772 283 7222 Fax: 772 288 4412  
Qualifiers name: Timothy Hessing Street: 4932 SE Pompano Ter City: Stuart State: FL Zip: 34997  
State License Number: CAC1814711 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

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

DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

### WARNINGS TO OWNERS AND CONTRACTORS:

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. A 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. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

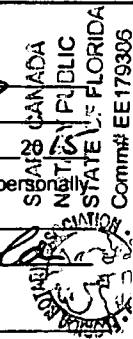
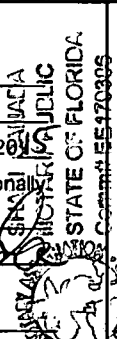
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

x Elizabeth Cash  
State of Florida, County of: Martin  
On This the 27 day of April, 2016  
by Elizabeth Cash who is personally known to me or produced FL DJ  
As identification: How Canada  
Notary Public  
My Commission Expires: 3/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

x Timothy Hessing  
State of Florida, County of: Martin  
On This the 27 day of April, 2016  
by Timothy Hessing who is personally known to me or produced FL DJ  
As identification: How Canada  
Notary Public  
My Commission Expires: 3/14/2016

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



Expires 3/14/2016



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	11259		
<b>ADDRESS:</b>	7 Middle Road		
<b>DATE ISSUED:</b>	4/28/2015	<b>SCOPE OF WORK:</b>	A/C Change Out

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, Remodel >\$200K)		\$	
Plan Submittal Fee (175.00 Remodel <\$200K, Tennant Improvement)		\$	
Plan Submittal Fee (100.00 Remodel <\$100k)		\$	
Total square feet air-conditioned spa @ per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: @ per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Total number of inspections (Value < \$200K) \$ 150.00 per insp. # insp		\$	-
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
Technology Fee: (0.04% of Construction Value - \$5 min)			n/a
Road impact assessment: (0.4% of construction value - \$20 min.)			n/a
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 150.00 per insp. # insp	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 Construction Value - \$5 min.)		\$	\$ 5.00
Road impact assessment: (0.4% of construction value - \$20 min.)		\$	\$ 22.77
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 182.27

ordered 4/17

# GRATEFUL AIR CONDITIONING & Heating Inc.

Deliver 4/29

CAC 1814711

283-7222

288-4412 (Fax)

260-4247 (Cell)

4932 SE Pompano Terr.  
Stuart, FL 34997

## Proposal and Agreement

Customer Name Elizabeth Cash Date 4-15-15

Address 7 middle Road

City, State, Zip STUART FLA. 34996 Phone 770-7945

We will furnish, install and service the equipment listed below at the price, terms and conditions outlined on both sides of this proposal.

### EQUIPMENT SPECIFICATIONS

Make American Standard Model Number (s) 4A7A6049H1000A Condenser

GAM5BOC42M3ISB Air Handler w/ 10kw heater -

Installation shall include: Remove + Replace said equipment -

Flush existing copper line set w/ R-11 for new 410A gas -

Extend concrete slab to Fender - New Elect. Disc +

whip - custom em. Draw Pan w/ Floats - ALL

Needed Permits - Full clean P10 JOB -

X in boxes = Yes

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Amp disconnect <u>heat</u> | <input checked="" type="checkbox"/> Remove existing equipment from premises          | <input type="checkbox"/> New condensate drain system                  |
| <input checked="" type="checkbox"/> Reclaim refrigerant  | <input checked="" type="checkbox"/> New copper wire from <u>Disc</u> to <u>COND.</u> | <input checked="" type="checkbox"/> Install aux. condensate drain pan |
| <input type="checkbox"/> New low voltage wiring  | <input checked="" type="checkbox"/> Make air tight plenum transition                 | <input type="checkbox"/> New high efficiency air filter               |
| <input checked="" type="checkbox"/> New reinforced equipment pad <u>ADD</u>                            | <input type="checkbox"/> _____ new supply diffuser(s)                                | <input type="checkbox"/> New return air filter grill                  |
| <input type="checkbox"/> New properly sized refrigerant lines  | <input type="checkbox"/> New duct run from _____ to _____                            | <input checked="" type="checkbox"/> Meet all code requirements        |
| <input type="checkbox"/> New clean, dry ACR copper tubing  | <input type="checkbox"/> Balance for uniform supply air distribution                 | <input checked="" type="checkbox"/> Complete system start up          |
| <input checked="" type="checkbox"/> Insulate refrigerant suction line(s) <u>w/N</u>                    | <input type="checkbox"/> New humidistat  | <input type="checkbox"/> <u>10</u> year parts warranty                |
| <input checked="" type="checkbox"/> Install refrigerant drier(s)                                       | <input checked="" type="checkbox"/> New time delay relay                             | <input type="checkbox"/> <u>1</u> year labor warranty                 |
| <input checked="" type="checkbox"/> Charge to manufacturer's specs                                     | <input checked="" type="checkbox"/> New digital thermostat                           | <input type="checkbox"/> <u>10</u> year compressor warranty           |
| <input checked="" type="checkbox"/> Evacuate refrigerant system  | <input checked="" type="checkbox"/> Clean work area to customer's satisfaction       | <input type="checkbox"/> _____ year service agreement                 |
| <input checked="" type="checkbox"/> <u>180 MPH Hurr STRAP</u>  | <input checked="" type="checkbox"/> <u>2 FLOAT SWITCHES</u>                          | <input type="checkbox"/> _____  |

Option (below)  Alternative (below)  Is ( Is Not) included in price)

AM. STAND Rebate Till 5/31/15

Installed price \$ 6460 -  
 FPL Rebate \$ - 267 -  
AM. STAND - 500 -

Total Amount \$ 5693 -  
 Down Payment \$ \_\_\_\_\_  
 BALANCE DUE \$ \_\_\_\_\_

Terms: 50% upon order - 50% upon completion

Acceptance (Customer) \_\_\_\_\_ Approval (Company) [Signature]  
By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date 4-15-15



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

Residential  Commercial \_\_\_\_\_

Package Unit  Yes  No (Use Condenser side of form below for equipment listing)

Duct Replacement  Yes  No - Refrigerant line replacement  Yes  No

Flushing Existing Refrigerant lines  Yes  No - Adding Refrigerant Drier  Yes  No

Rooftop A/C Stand Installation  Yes  No - Curb Installation  Yes  No

Smoke Detector in Supply (over 2000 CFM)  Yes  No

IN EQ.

**One form required for each A/C system installed**

**REPLACEMENT SYSTEM COMPONENTS**

**Air handler:** Mfg: Am. Standard Model# GAM5004M35B **Condenser:** Mfg: Am. Standard Model# 4A7A1049H1000A

Volts 240 CFM's 1600 Heat Strip 10 Kw Volts 240 SEER/EER 16.5 BTU's 45,500

Min. Circuit Amps 54? Wire gauge #6 Min. Circuit Amps 29? Wire gauge #8

Max. Breaker size 60 Min. Breaker size 54 Max. Breaker size 40 Min. Breaker size 29?

Ref. line size: Liquid 3/8 Suction 7/8 Ref. line size: Liquid 3/8 Suction 7/8

Refrigerant type 410-A Refrigerant type 410-A

Location: Existing  New \_\_\_\_\_ Location: Existing  New \_\_\_\_\_

Attic/Garage Closest (specify) Horiz. indoor closet Left/Right/Rear/Front/Roof Left Home center

Access: EASY! upstairs Condensate Location Left Home

**NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION**

**EXISTING SYSTEM COMPONENTS**

→ **Air handler:** Mfg: Rheem Model# RBHA 21J11SFG **Condenser:** Mfg: Rheem Model# RAMC048JA Z

Volts 240 CFM's 1600 Heat Strip 10 Kw Volts 240 SEER/EER 12ish BTU's 48,000 ish

Min. Circuit Amps 50 Wire gauge #6 Min. Circuit Amps 35 Wire gauge #8

Max. Breaker size 60 Min. Breaker size 50 Max. Breaker size 45 Min. Breaker size 35

Ref. line size: Liquid 3/8 Suction 7/8 Ref. line size: Liquid 3/8 Suction 7/8

Refrigerant type R-22 Refrigerant type R-22

Location: Ext.  New \_\_\_\_\_ Location: Ext.  New \_\_\_\_\_

Attic/Garage Closest (specify) Horiz. upstairs Left/Right/Rear/Front/Roof Left Home center

Access: Nice + Easy! Closest Condensate Location Left Home

has 40 in found

HAS 300 FT Panel

**Certification:**

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

Signature [Signature]

Date 4-26-15



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

**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)

Owner: Elizabeth CASH Contractor name: Timothy Hessing  
 Street address: 7 Middle Rd Jurisdiction: \_\_\_\_\_  
 City: Stuart Permit No.: \_\_\_\_\_  
 Zip: 34996 Final inspection date: \_\_\_\_\_

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

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

Signature: [Signature] Date: 4-26-15

Printed Name: Timothy Hessing

Contractor License #: CAC 1814711

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



BACK TO MENU		AIR SYSTEMS DISTRIBUTORS										NOTE: ALL YELLOW HIGHLIGHTED MATCH UPS WILL BE PHASED OUT							
PERFORMANCE						CONDENSING UNIT					AIR HANDLER					ELECTRIC HEATER		FPL REBATE	SYSTEM PRICE
SIZE	SEER	EER	HSPF	COOLING CAP.	ARI NO.	208/230V - 1 PHASE, 60Hz					208/230V - 1 PHASE, 60Hz					208/230V - 1 PHASE, 60Hz			
						MODEL NO.	UNIT PRICE	HEIGHT	WIDTH	DEPTH	MODEL NO.	UNIT PRICE	HEIGHT	WIDTH	DEPTH	MODEL NO.	UNIT PRICE		
PLEASE SEE LIMITED WARRANTY PAGE FOR ADDITIONAL WARRANTY INFORMATION																			
PLATINUM 20 - (VS COMPRESSOR) CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 12 YRS., COIL & PARTS 10 YRS.) TSTAT (AZONE850) ADDED TO SYSTEM PRICE																			
4.0	20.00	13.00	0.00	45500	6751160	4A7V0048A1000A	\$3,667.00	41.0	37.0	34.0	TAM8C0C42V31CB	\$1,232.00	56.9	23.5	21.8	BAYEVAC10BK1AB			
4.0	20.00	13.00	0.00	47000	6743103	4A7V0048A1000A	\$3,667.00	41.0	37.0	34.0	TAM8C0C48V41CB	\$1,319.00	61.7	23.5	21.8	BAYEVAC10BK1AB			
PLATINUM 18 - (VS COMPRESSOR) CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 12 YRS., COIL & PARTS 10 YRS.) TSTAT (AZONE850) ADDED TO SYSTEM PRICE																			
4.0	18.00	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			
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			
PLATINUM ZM - (DUAL COMPRESSOR) CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 12 YRS., COIL & PARTS 10 YRS.) TSTAT (ACONT900) ADDED TO SYSTEM PRICE																			
4.0	18.00	12.00	0.00	45500	6570545	4A7Z0048B1000A	\$2,752.00	45.0	37.0	34.0	TAM8C0C48V41CB	\$1,319.00	61.7	23.5	21.8	BAYEVAC10BK1AB			
CONDENSING UNIT - MODEL PHASE OUT																			
GOLD 17 - (2 STAGE COMPRESSOR) CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 12 YRS., COIL & PARTS 10 YRS.) TSTAT (ACONT624) ADDED TO SYSTEM PRICE																			
4.0	16.00	13.00	0.00	48500	7567584	4A7A7048A1000A	\$1,541.00	45.0	37.0	34.0	TEM6A0D48H41SA	\$1,013.00	54.0	26.5	21.1	BAYHTR1510PDCA			
SILVER 16 - CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 10 YRS., COIL & PARTS 10 YRS.)																			
4.0	16.00	13.00	0.00	46500	6674040	4A7A6049H1000A	\$1,332.00	45.0	37.0	34.0	GAM5B0C2M31SB	\$1,023.00	56.9	23.5	21.8	BAYEAAC10BK1AB			
4.0	16.00	13.00	0.00	46500	7424861	4A7A6049H1000A	\$1,332.00	45.0	37.0	34.0	TEM4A0C48S41SA	\$679.00	51.5	23.5	21.1	BAYHTR1510PDCA			
4.0	16.00	13.00	0.00	46500	6492121	4A7A6049H1000A	\$1,332.00	45.0	37.0	34.0	GAM2A0C60S51SE	\$728.00	61.7	23.5	21.8	BAYEAAC10BK1AB			
4.0	16.00	13.00	0.00	44500	7567578	4A7A6049H1000A	\$1,332.00	45.0	37.0	34.0	TEM8A0C42H41SA	\$910.00	51.5	23.5	21.1	BAYHTR1510PDCA			
4.0	16.00	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			
SILVER 14 - CONDENSING UNITS WITH FURNACE & COIL - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 10 YRS., COIL & PARTS 10 YRS.)																			
4.0	15.00	12.20	0.00	47500	7502922	4A7A4048L1000A	\$1,106.00	29.0	37.0	34.0	GAM2A0C60S51SE	\$728.00	61.7	23.5	21.8	BAYEAAC10BK1AB			
4.0	15.00	12.50	0.00	47500	7567573	4A7A4048L1000A	\$1,106.00	29.0	37.0	34.0	TEM6A0D48H41SA	\$1,013.00	54.0	26.5	21.1	BAYHTR1510PDCA			
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	12.00	0.00	47500	7502926	4A7A4048L1000A	\$1,106.00	29.0	37.0	34.0	TEM4A0C48S41SA	\$679.00	51.5	23.5	21.1	BAYHTR1510PDCA			
4.0	14.50	12.00	0.00	46500	7792043	4A7A4048L1000A	\$1,106.00	29.0	37.0	34.0	TEM6A0C42H41SA	\$910.00	51.5	23.5	21.1	BAYHTR1510PDCA			
4.0	14.00	11.70	0.00	45000	7502921	4A7A4048L1000A	\$1,106.00	29.0	37.0	34.0	GAM2A0B42S31SE	\$562.00	55.7	21.3	21.8	BAYEAAC10BK1AB			
SILVER 13 - CONDENSING UNITS WITH AIR HANDLERS - CONDENSER WARRANTY (REGISTERED: COMPRESSOR 10 YRS., COIL & PARTS 10 YRS.)																			
4.0	14.50	12.00	0.00	47000	7819204	4TTB3048D1000C	\$928.00	29.0	37.0	34.0	TEM6A0D48H41SA	\$1,013.00	54.0	26.5	21.1	BAYHTR1510PDCA			
4.0	14.25	11.00	0.00	46500	6687849	4TTB3048D1000C	\$928.00	29.0	37.0	34.0	GAM5B0B36M31SB	\$963.00	55.7	21.3	21.8	BAYEAAC10BK1AB			
4.0	14.00	11.50	0.00	48000	7424834	4TTB3048D1000C	\$928.00	29.0	37.0	34.0	TEM4A0C48S41SA	\$679.00	51.5	23.5	21.1	BAYHTR1510PDCA			
4.0	14.00	11.00	0.00	49500	5918893	4TTB3048D1000C	\$928.00	29.0	37.0	34.0	TEM3A0C60S51SA	\$708.00	51.5	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			
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			
CONDENSING UNIT - MODEL PHASE OUT																			
4WHC30 OVER-UNDER SERIES HEAT PUMP PACKAGE UNITS																			
4.0	13.50	11.00	0.00	47000	3636343	4WHC3048A1000B	\$2,869.00	33.0	45.0	58.0									
PACKAGE UNIT - MODEL PHASE OUT																			
PLEASE SEE UNIT PAGE FOR ADDITIONAL UNIT SPECIFICATIONS																			
PRICES, SPECIFICATIONS & ARI NUMBERS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE																			



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

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

#### 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](http://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](http://www.ahridirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130251983511832869

# Installer's Guide

## Extreme Condition Mounting Kit

BAYECMT023

BAYECMT004

**⚠ WARNING: 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" versus 54".

**Base Tab Bracket - Qty 40 (Height 2.5" for Base 4)**

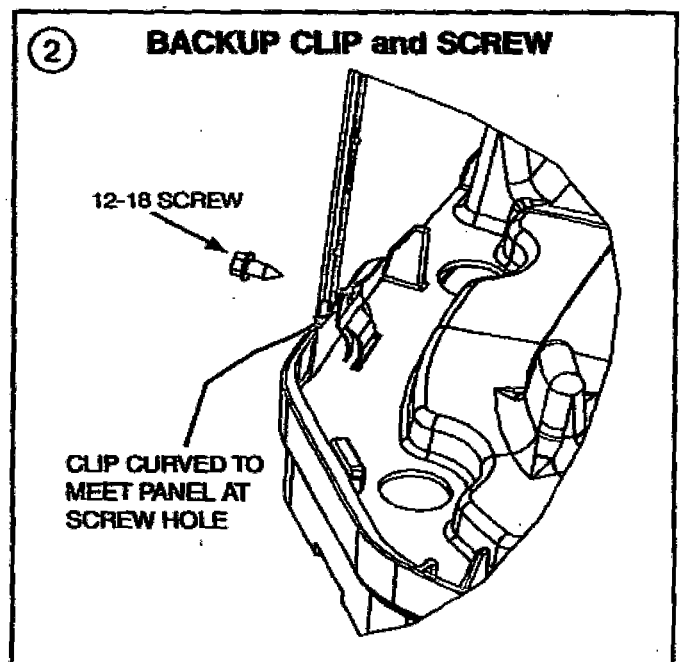
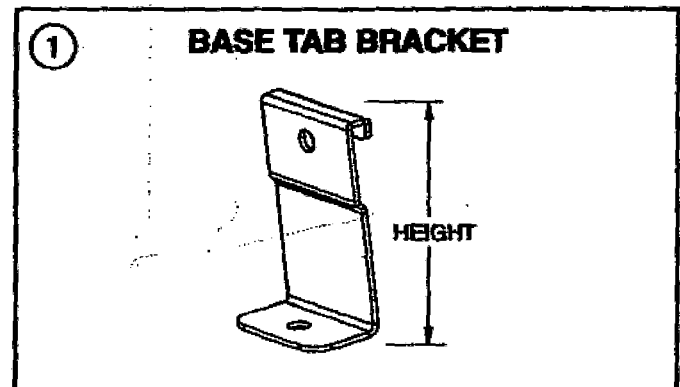
**Backup Clip - Qty 40**

**Self 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.



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.
7. After ductwork connections are made, seal airtight and per local codes.

## HORIZONTAL RIGHT

1. *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.**
2. 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.
5. 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.
6. Isolate the auxiliary drain pan from the unit or from the structure.
7. 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.
10. After ductwork connections are made, seal airtight and per local codes.

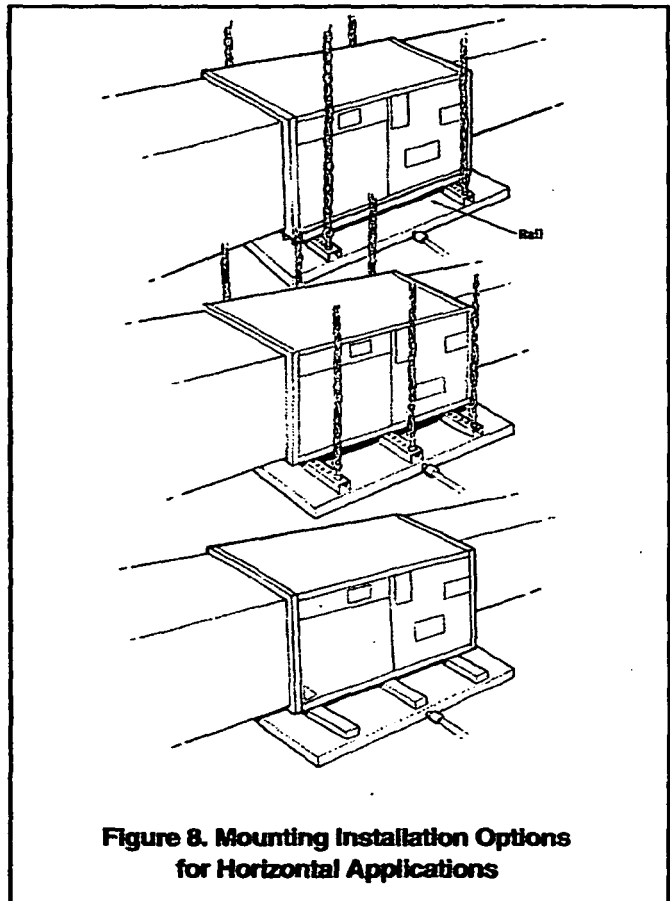


Figure 8. Mounting Installation Options for Horizontal Applications

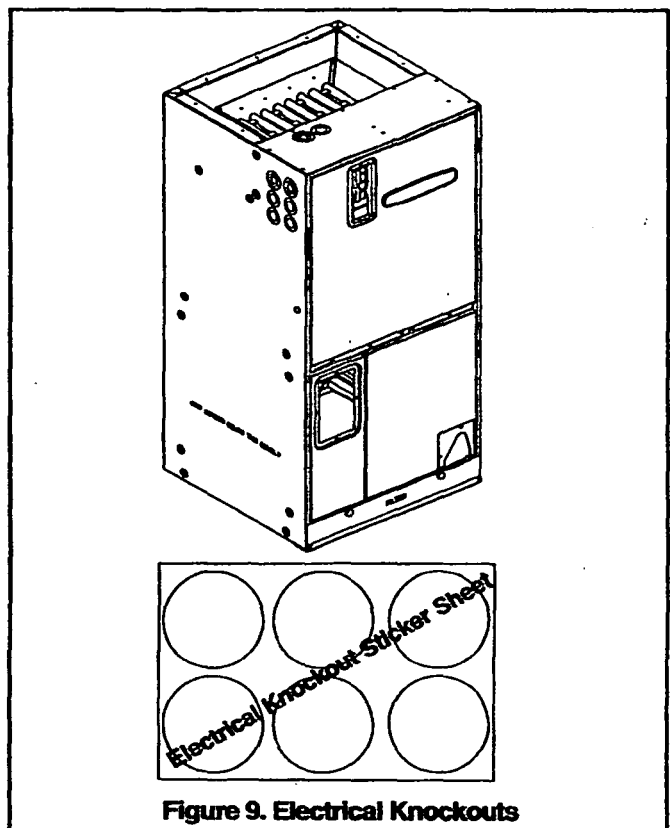


Figure 9. Electrical Knockouts



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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).**

<b>PRODUCER</b> HSBR Insurance, Inc. 9055 SE Bridge Rd  Hobe Sound FL 33455  <b>INSURED</b> Grateful Air Conditioning 4932 SE Pompano Terrace  Stuart FL 34997	<b>CONTACT NAME:</b> Employee DEFREP <b>PHONE (A/C No. Ext):</b> (772) 546-7292 <b>FAX (A/C No.):</b> (772) 546-6628 <b>E-MAIL ADDRESS:</b> _____ <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: American Vehicle INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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**COVERAGES      CERTIFICATE NUMBER: CL1542700098      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.**

INSR LTR	TYPE OF INSURANCE	ADDSUBR (INSR) Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		GL000000874103	9/18/2014	9/18/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 _____ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Town of Sewalls Point One South Sewalls Point Road Sewalls Point, FL 34996	<b>CANCELLATION</b>  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  K Mosenthin/FULLER
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (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.**

**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).**

<b>PRODUCER</b> AMAC Insurance Agency 8965 SE Bridge Road Ste 210 Hobe Sound, FL 33455 Phone (772)875-7000 Fax (772)875-7200	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> CAROLYN MCINTOSH</td> </tr> <tr> <td><b>PHONE (A/C No. Ext):</b> (772)875-7000</td> <td><b>FAX (A/C No.):</b> (772)875-7200</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> carolyn@amacins.com</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b></td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b> MARKEL INS CO</td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> CAROLYN MCINTOSH		<b>PHONE (A/C No. Ext):</b> (772)875-7000	<b>FAX (A/C No.):</b> (772)875-7200	<b>E-MAIL ADDRESS:</b> carolyn@amacins.com		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b>		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b> MARKEL INS CO		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>CONTACT NAME:</b> CAROLYN MCINTOSH																					
<b>PHONE (A/C No. Ext):</b> (772)875-7000	<b>FAX (A/C No.):</b> (772)875-7200																				
<b>E-MAIL ADDRESS:</b> carolyn@amacins.com																					
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>																				
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<b>INSURER C:</b>																					
<b>INSURER D:</b> MARKEL INS CO																					
<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b> GRATEFUL AIR CONDITIONING & HEATING INC 4932 SE Pompano Terrace Stuart FL 34997-6934																					

**COVERAGES**

**CERTIFICATE NUMBER:**

**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.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	MWC0032291-03	05/08/2014	05/08/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 500,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

**CERTIFICATE HOLDER**

**CANCELLATION**

TOWN OF SEWALL'S POINT  FAX: 772-220-4765	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE  </p>
---	--

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 2006-520-0017 CERT CAC 1814711

PHONE (772) 283-7222 SIC NO 235110

LOCATION:  
4932 SE POMPANO TERR STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. S	<u>.00</u>	LIC. FEE S	<u>26.25</u>
S	<u>.00</u>	PENALTY S	<u>.00</u>
S	<u>.00</u>	COL. FEE S	<u>.00</u>
S	<u>.00</u>	TRANSFER S	<u>.00</u>
TOTAL			<u>26.25</u>

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

OF

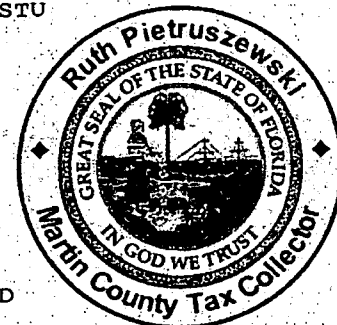
CERTED AIR CONDITIONING CONTRACTHEATING, INC.

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

22 DAY OF JULY 2014

AND ENDING SEPTEMBER 30, 2015

HESSING, TIMOTHY ROSS  
GRATEFUL AIR CONDITIONING AND  
4932 SE POMPANO TERRACE  
STUART, FL 34997



11 2013 41032.0001 26.25 PAID



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

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

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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](http://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

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 B AIR 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 POMPAÑO TERR  
STUART FL 34997





# **TREE PERMITS**

TOWN OF SEWALL'S POINT, FLORIDA

Date 11/15/04 19     TREE REMOVAL PERMIT No 2355

APPLIED FOR BY TOPPING (Contractor or Owner)

Owner 7 MIDDLE RD.

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 6 1-NORFOLK PINE - 5 LOGUAT

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

No. Of Trees: REPLACE 5 WITHIN 30 DAYS EUGENIA HEDGE

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed, Mene Simmons Inle  
Town Clerk  
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**No permit required for:**

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

Cell: 285-9430

Owner TOPPING DAN Address 7 MIDDLE RD Phone 223-544

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 6 Type: 1 NORFOLK PINE 5 LOGUAT

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: REPLACE WITH EUGENIA HEDGE

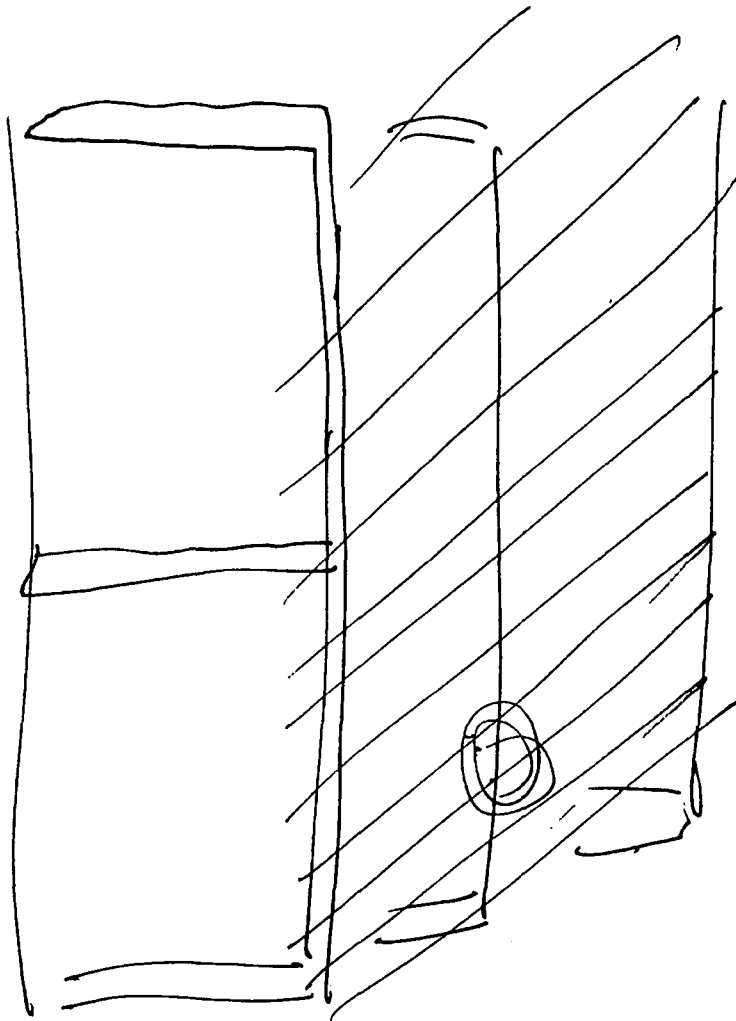
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: HURRICANE

Signature of Property Owner Dan Topping Date 11-10-04

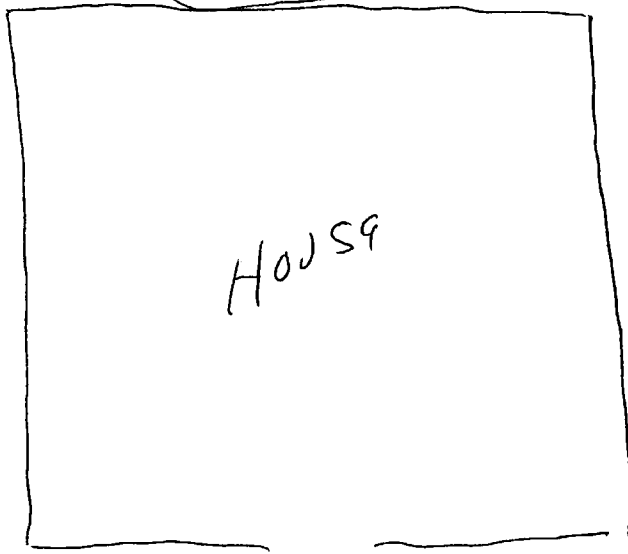
Approved by Building Inspector: [Signature] Date 11/12 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

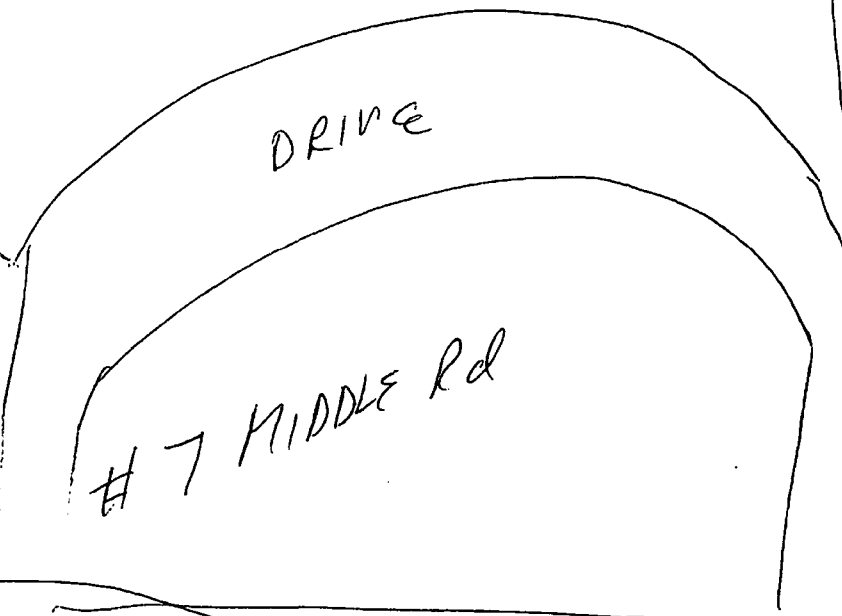


X      XXXXX  
N. PINE      LOGUE

POOL



DRIVEWAY



# 7 MIDDLE Rd

STREET

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 11/12, 2004 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>1</del>	<del>TOPPING</del>	<del>TREES</del>	<del>PASS</del>	
1	7 MIDDLE RD			INSPECTOR: <i>OW</i>
6977	FRIBORE	DEM LN	PASS	
8	9 COPAIRE DVD DEVELOPMENT (FIRST PHASE)			INSPECTOR: <i>OW</i>
<del>7</del>	<del>SCHER</del>	<del>TREE (line)</del>	<del>FAIL</del>	
7	2 COPAIRE RD			INSPECTOR: <i>OW</i>
6917	SEYMOUR	PRE DEM WALL	FAIL	
6	73 S. SEWALLS Pt O/B	(house open)		INSPECTOR: <i>OW</i>
6544	LANCASTER	LATH	PASS	
3	8 PINEAPPLE LA MASTERPIECE BLDG			INSPECTOR: <i>OW</i>
6883	VALLIERE	DRIP EDGE	PASS	
2	79 S. RIVER RD O/B			INSPECTOR: <i>OW</i>
6232	MOORE	FINAL HVAC	PASS	
10	5 OAK HILL WAY	ROOF		INSPECTOR: <i>OW</i>
OTHER: _____				

TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 2 16 2005 TREE REMOVAL PERMIT No 2428

APPLIED FOR BY TOPPING (Contractor or Owner)

Owner 7 MIDDLE ROAD

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1 COCONUT PALM

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed Gene Simmons (GTS) Town Clerk

BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**No permit required for:**

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
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**Permit Fee:**

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**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:**

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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 TAPPING Address 7 MIDDLE ROAD Phone 223-5444

Contractor ALPHA-ZETA Address \_\_\_\_\_ Phone 528-9007

No. of Trees: REMOVE \_\_\_\_\_ Type: COCONUT PALM (DEAD)

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

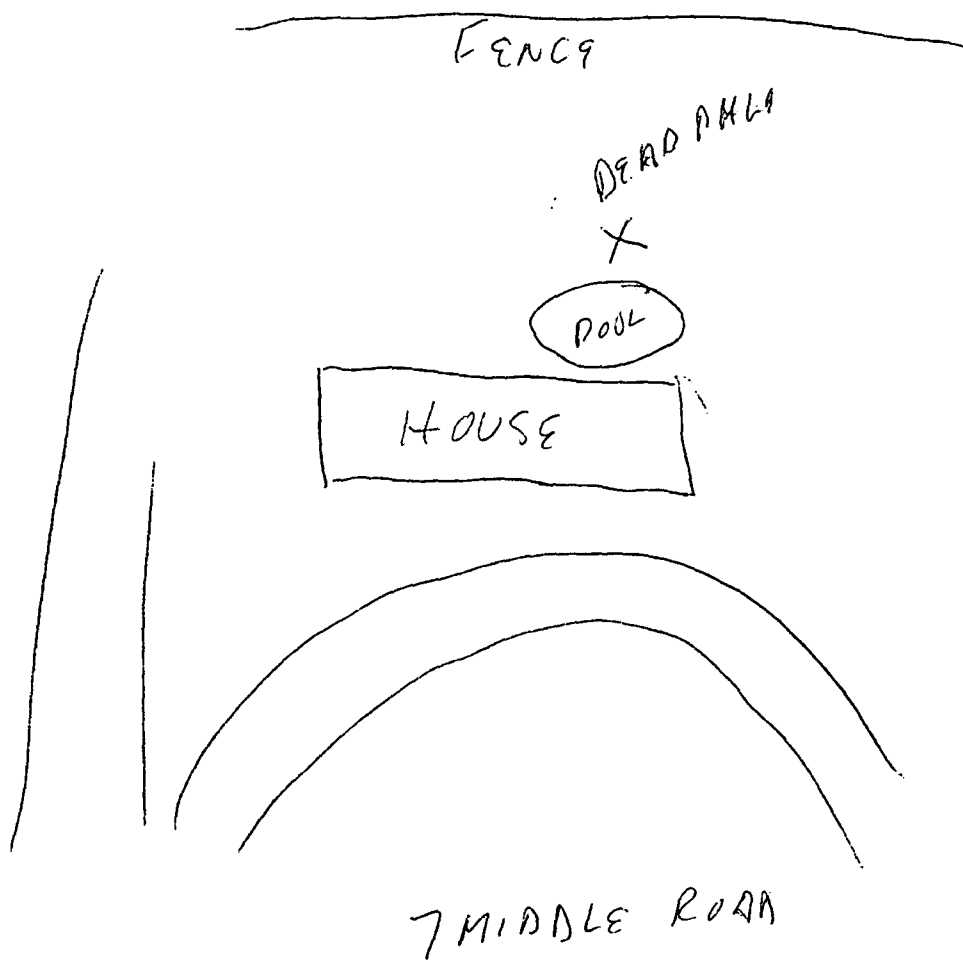
Written statement giving reasons: TREE IS DEAD

Signature of Property Owner Dan Tapping Date 3-1-05

Approved by Building Inspector: [Signature] Date 3/2 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_





TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 23 6 2005 TREE REMOVAL PERMIT No 2491

APPLIED FOR BY TOPPING (Contractor or Owner)

Owner 7 MIDDLE ROAD

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 5 2 NORFOLK PINE, 1 Palm, 2 WASH PALM

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed, Gene Simmons (Att) Town Clerk  
**BUILDING OFFICIAL**

TOWN OF SEWALL'S POINT

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

**TREE REMOVAL PERMIT**

RE: ORDINANCE 103

Blank lined area for drawing or site plan.

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Owner Dan Topping Address 7 MIDDLE ROAD Phone 223-5441

Contractor ALPHA ZETA Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 5 Type: 2 NORFOLK PINE - 1 PALM

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: WASHINGTON PALM

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: Damaged ROOK & EAVES GETTING TOO TALL

Signature of Property Owner Dan Topping Date 5-20-05

Approved by Building Inspector: [Signature] Date 5/23 Fee: 0

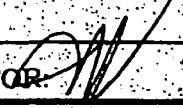


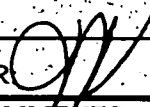


Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5/23, 20015 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7509</del>	<del>DE SANTIS</del>	<del>WINDOW BUCK</del>	<del>CXL</del>	<del>CLOSED FRIDAY</del>
	73 S. RIVER RD SPECIAL FORCES			INSPECTOR:
7549	EARSELY	FINAC DOOR ERE	PASS	CLOSE
4	3 LAGOON (SLG) RIVERSIDE ERE	REAR		INSPECTOR: 
TREE	DUNLAP	TREE	PASS	
3	115 HILLCREST DR			INSPECTOR: 
<del>TREE</del>	<del>TOPPING</del>	<del>TREE</del>	<del>PASS</del>	
2	7 MIDDLE RD			INSPECTOR: 
7297	MARTIN	TIN TAG	PASS	
1	23 ISLAND RD PACIFIC ROOFING			INSPECTOR: 
TREE	MELOSH	TREE	PASS	
	132 S. SEWALL ST			INSPECTOR: 
TREE	ARMSTRONG	TREE	PASS	
	41 W. HIGH POINT			INSPECTOR: 

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