

9 Middle Road

492

SFR

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 492
Date 9-13-74

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

Owner JOHN NAIRN Present Address MIAMI FLA Ph _____

General Contractor LOWERY CONST Address PO Box 101 Palm City Ph 287-4076

Where licensed MARTIN CO License No. 102

Plumbing Contractor DAVES PLUMB. License No. _____
Electrical Contractor BENNEDETTI ELEC. License No. _____

Street building will front on MIDDLE RD

Subdivision High Point Lot No. 30 Area 15000 SA FT.

Building area, inside walls (excluding garage, carport, porches) Sq ft 3004

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 94,000.00

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

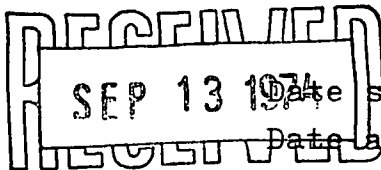
I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

James Lowery
Signed by General Contractor

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

Signed by Owner

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



TOWN RECORD

Date submitted _____
Date approved 9/20/74 Shala & Dungee

-----Certificate of Occupancy issued 4/17/75 Date _____

9 MIDDLE RD

#492

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

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) PLAT BOOK 3, PAGE 108 (MARTIN)
Lot 36 Block - Subdivision HIGH POINT, SEWALLS PT.
Date Recorded 12/9/58 Directions to Job _____
2. Owner or Builder BOO LOWERY
P.O. Address BOX 101 City PALM CITY
3. Specifications

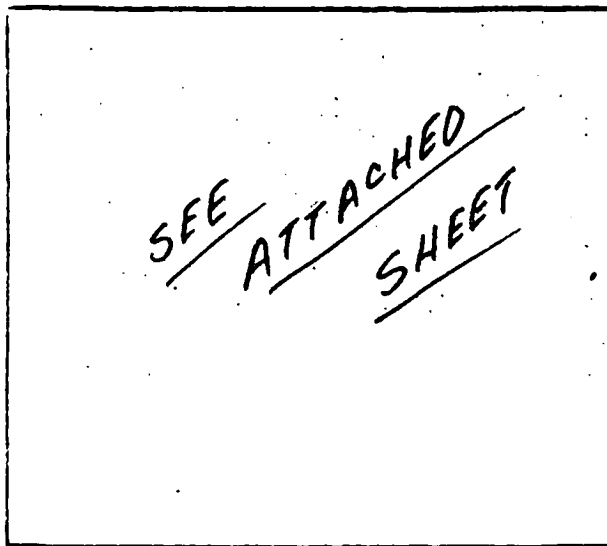
Tank 1050 Gals. 2809 Drainfield ft. of 6" clay tile or 5" perforated plastic drain in a 3' trench or _____ Gals. _____ ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench

Scale 1" = 50'

(Rear)

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

(Name of Street or State Rd.) (Side)



(Name of Street or State Rd.) (Side)

(Front)

(Name of Street or State Road)

Applicant: BOO LOWERY
Please Print

Signature: Will L. Coody

Date: 9-3-74

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: J. B. Barstow County Health Dept. Martin Date 9/4/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

FLORIDA DEPARTMENT OF POLLUTION CONTROL

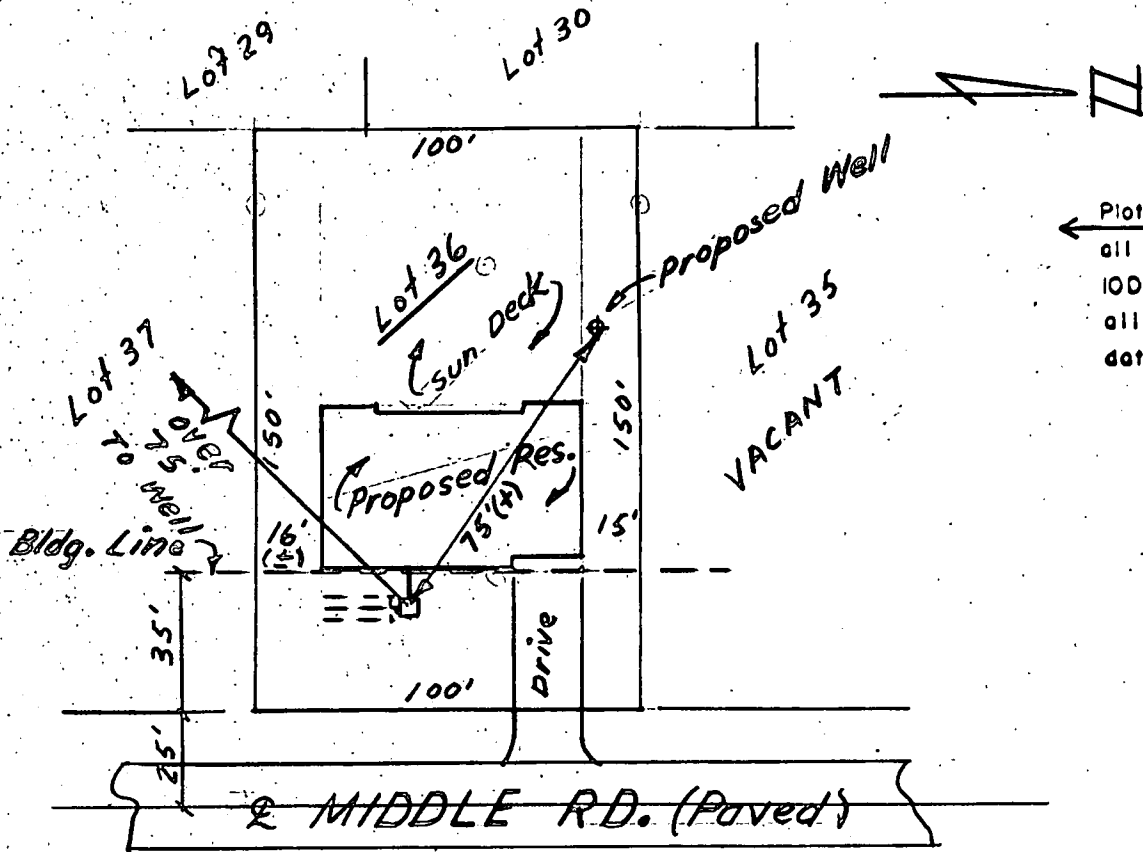
74-132

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: LOT 36, HIGH POINT Applicant: BOO LOWERY
PLAT BK 3, PAGE 108 County: MARTIN, COUNTY

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

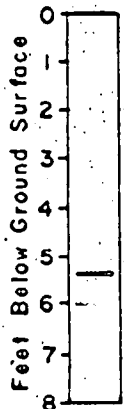


Plot plan must show all data required in 10D-6.03 2(a) and all other pertinent data.

PLAN
Scale: 1" = 50'

SOIL DATA

LEGEND



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

NOTE: ALL DISTANCES BETWEEN SEPTIC TANKS AND WELLS MUST BE CHECKED AND VERIFIED IN THE FIELD BY THE CONTRACTOR.

SOIL BORING LOG

Soil Identification: CLASS I GROUP S.W.
Soil Characteristics White Sand

Percolation Rate 1/1 min/inch
Water Table Depth 6' (+)
Water Table Depth During Wet Season 6'
Compacted Fill Of Req'd
Compacted Fill Checked By:
Date

CERTIFIED BY: Willie L. Cook
FLORIDA PROFESSIONAL No. 2370
Date Sept 2, 74 Job No. 74-132

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date April 17, 1975

This is to request that a Certificate of Approval for Occupancy be issued to John Nairn, 9 Middle Road - High Point
For property built under Permit No. 492 Dated Sept. 30, 1974
when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	10/2/74	Charles A. Duryea
Rough plumbing	10/11/74	"
Perimeter beam	10/25/74 11/8/74	"
Rough electric	1/8/75	
Close in	1/8/75	
Final plumbing	4/16/75	
Final electric	4/16/75	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles A. Duryea date 4/17/75

Approved by Town Commission John Nairn date 4/17/75

Utilities notified April 17, 1975 date

Original Copy sent to Lowery Construction

(Keep carbon copy for Town files)

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Apr 30/74

This is to request that a Certificate of Approval for Occupancy be issued to J. MAINAL HIGBT POINT 36

For property built under Permit No. 492 Dated _____

when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	10/2/74	by
Rough plumbing	10/11/74	by
Perimeter beam	10/25/74	by 11/8/74 LM
Rough electric		
Close in	1/8/75	1/8/75 by
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

869

PIER & STAIRWAY

TOWN OF
SEWALL'S POINT
FLORIDA

Permit No. 869

Date 8/31/78

APPLICATION FOR BUILDING PERMIT

APPROVED
AUG 31 1978
ST. LUCIE COUNTY

This application must be accompanied by three sets of complete plans, to scale (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner JOHN B. NAIRN Present address 9 MIDDLE RD

Phone 283-8921

-General contractor SELF address ABOVE

Phone _____

Where licensed _____ License No. _____

-Plumbing contractor _____ License No. _____

-Electrical contractor _____ License No. _____

-Name the street on which the building, its front building line and its front yard will face _____

Subdivision HIGH POINT Lot No. 10 Area _____

-Building area, inside walls (excluding garage, carport, porches, etc.)..square feet _____

-Other construction (pools, additions, etc.) STAIRWAY ON ST. LUCIE RIVER BANK

-Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ _____

-Total cost of permit \$ 500 ESTIMATED COST \$300.00

-Plans approved as submitted Plans approved as marked _____

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

General Contractor

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

John B. Nairn
Owner

Note: speculation builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted _____

Approved: Andy A. Myers 8/31/78
Building Inspector Date

Approved: Paul [Signature] 31 Aug '78
Commissioner Date

Certificate of Occupancy issued 10/30/78 Date

VINCENT J. RUSSO
45 W. RIVER ROAD
RUMSON, NEW JERSEY 07760
PHONE 201 842-0732

October 23, 1978

Mr. John B. Nairn
9 Middle Road
Jensen Beach, Fla. 33457


Dear Mr. Nairn:

Thank you for sending me a copy of the location of your new dock on lot #10.

I see no objection or reason why you should not receive permission to build the dock. It does not interfere with my property at all. I am very happy to hear a home has been built on the adjacent lot.

Looking forward to meeting you this winter.

Sincerely yours,


Vincent J. Russo

To: Commissioners, Town of Sewall's Point
From: John B. Nairn
9 Middle Road
Sewall's Point
Subject: Request for letter of "no objection" for proposed dock

Gentlemen:

Please review the attached sketches of a proposed dock at 21 West High Point Road.

If you approve, will you please issue a letter of "no objection" so that I may apply to the Corps of Engineers for a permit.

Yours truly,

John B. Nairn
John B. Nairn

November 6, 1978

ENC. 3 SETS OF DRAWINGS
2 LTR OF "NO OBJECTION"
John

John
EC

TOWN of SEWALL'S POINT

One Sewall's Point Road South, Jensen Beach, Florida 33457 Telephone 287-2455

COMMISSIONERS

EDWARD H. GLUCKLER, Mayor
ROBERT C. RUSSELL, Vice Mayor
EARL R. CRAWFORD
E. CLINTON TOWL
JOHN C. GUENTHER

JOAN H. BECKLEY
Town Clerk
Telephone 287-2455

November 9, 1978

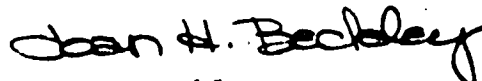
Mr. John B. Nairn
9 Middle Road
Sewall's Point
Jensen Beach, Florida 33457

Dear Mr. Nairn:

This is to inform you that at the Regular Meeting of the Sewall's Point Town Commission, on November 8, 1978, the Commissioners unanimously voted "no objection" to a dock being built from your property at 21 West High Point Road (Lot 10 High Point) into the waters of the St. Lucie River. This is in regard to the plans submitted with your letter of November 6, 1978.

Sincerely,

TOWN OF SEWALL'S POINT



Joan H. Beckley
Town Clerk

JB



283-8921

DEPARTMENT OF THE ARMY
JACKSONVILLE DISTRICT, CORPS OF ENGINEERS
MIAMI BEACH AREA OFFICE
P. O. DRAWER 390059, MIAMI BEACH, FLORIDA 33139

SAJMB
SAJ-17 & 20

8 December 1978

Mr. John B. Nairn
c/o Doss Marine Construction
P.O. Box 138
Stuart, Florida 33494

Dear Mr. Nairn:

Reference your permit application concerning a permit to construct a private pier with mooring pilings, in the St. Lucie River, at 21 West High Point Road, Section Hanson Grant, Township 38S, Range 41E, Sewall's Point, Martin County, Florida.

Your proposed dock and mooring pilings are authorized by General Permit SAJ-17 and SAJ-20, copies of which are attached for your information and use. You are authorized to proceed with construction in accordance with the attached drawing, subject to all conditions of the permit.

This letter of authorization does not obviate the necessity for you to obtain any other Federal, State or local permits which may be required.

Thank you for your cooperation with the permit program.

Sincerely,

Inclosures
As stated

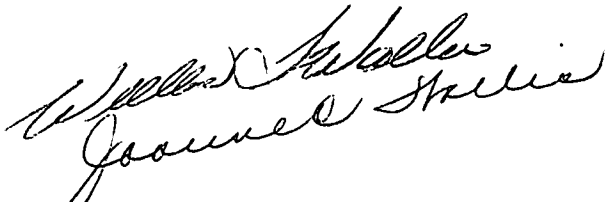
CF
Ch, Field Monitoring
Jacksonville, Fl
DER, Ft. Pierce, Fl

for Sylvan Burtman
JAMES W.R. ADAMS
Colonel, Corps of Engineers
District Engineer

October 31, 1978

TO WHOM IT MAY CONCERN:

I have no objection to Mr. and Mrs. J.B. Nairn erecting a dock extending from their property Lot 10, High Point Subdivision which adjoins my property.

A handwritten signature in cursive script, appearing to read "William T. Wallis". The signature is written in dark ink and is positioned above the printed name.

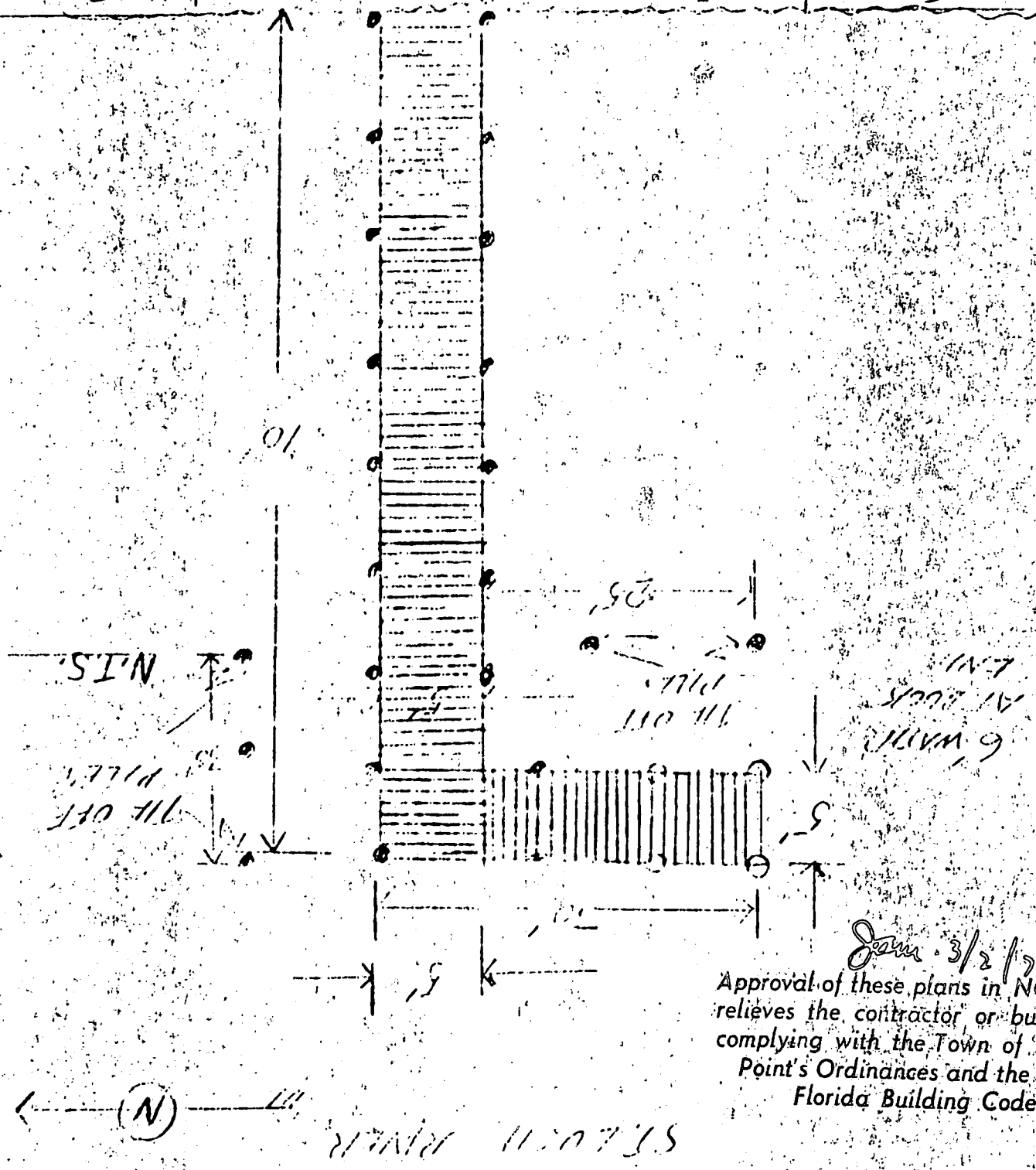
William T. Wallis

951

107

107

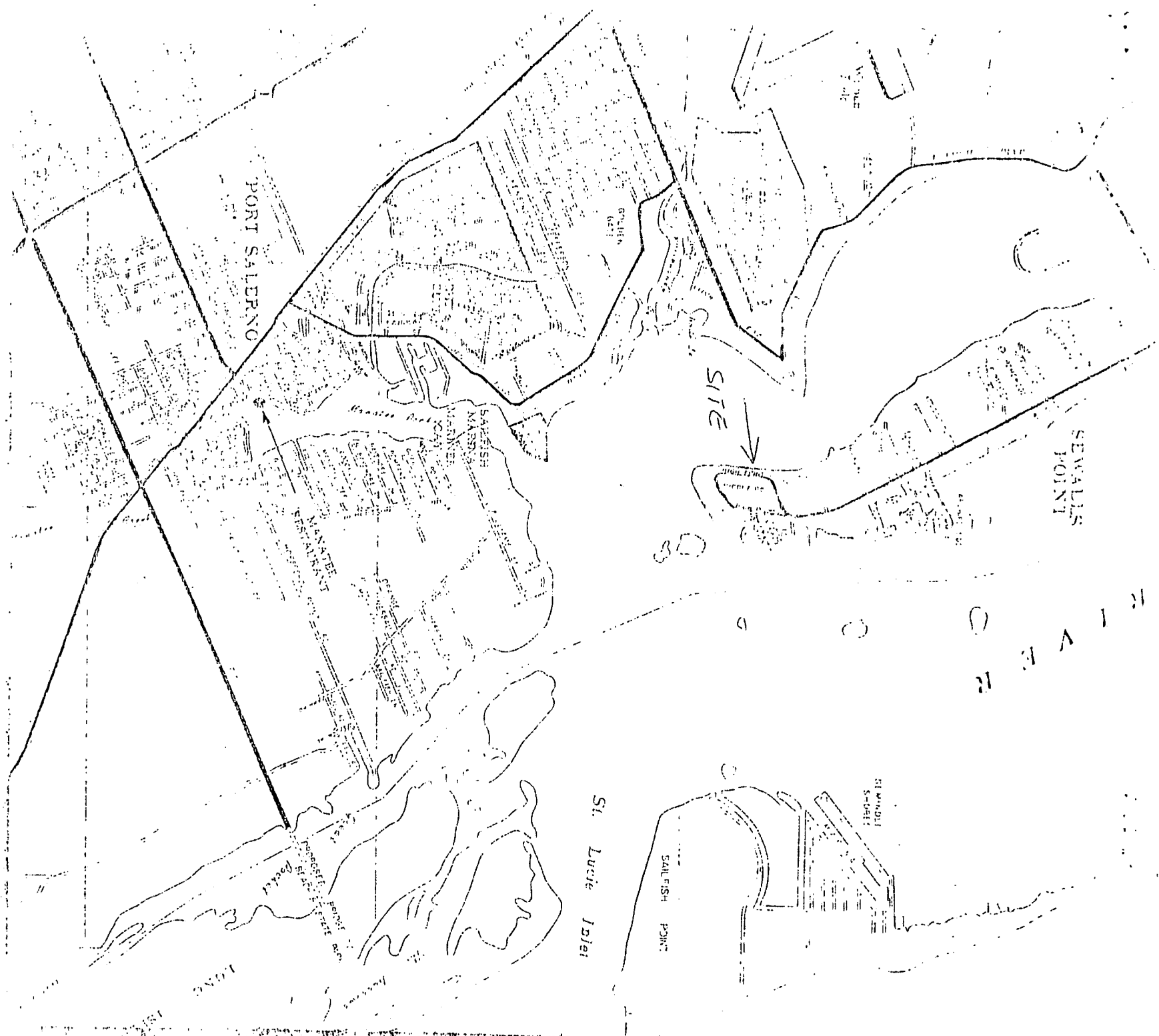
107



Jan 3/2/79
 Approval of these plans in NO WAY
 relieves the contractor or builder
 complying with the Town of Sewall
 Point's Ordinances and the South
 Florida Building Code.

Approval of these plans in NO WAY
 relieves the contractor or builder of
 complying with the Town of Sewall's
 Point's Ordinances and the
 Florida Building Code.

RECEIVED SEP 19 1978
John G. Guenther
 5 Mar 79



PORT SALEPNO

SEWALLS POINT

RIVER

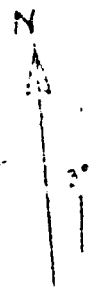
SITE

St. Lucie Islet

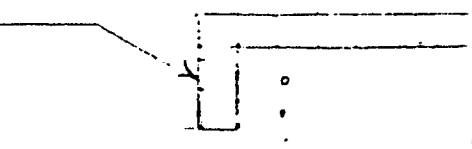
SALT FISH POINT

SEWALLS POINT

ST. LUCIE RIVER

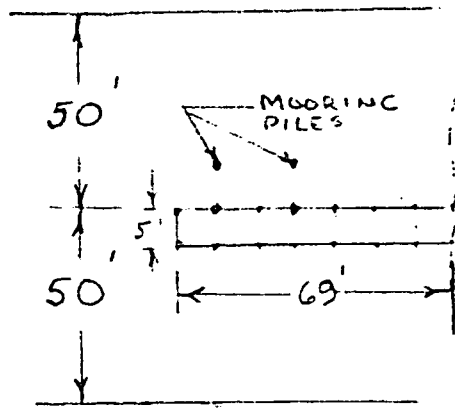


EXISTING DOCK



LOT N
19 WE

LONGITUDE: 80° 11' 30" W
LATITUDE: 27° 10' 36" N



LOT N
21 WE
HIGH
TOWN

PLAT B
MARTIN COU

LOT N
23 WE

DOCK AREA: 344 SQ.FT.

BANK STOP

LOT N

8x20
160 S.F.

LOT NO. 8

7E

9
T HIGHPOINT RD.

0. 10
T HIGHPOINT RD
POINT SUBDIVISION
SEWALL'S POINT
FLORIDA
BOOK 5 - PAGE 108
FLA. PUBLIC RECORDS

11
ST HIGH POINT RD

12

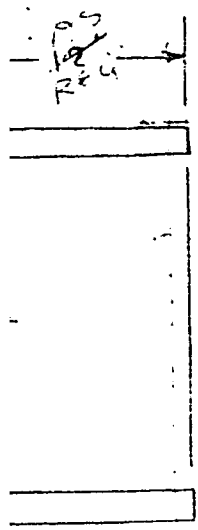
WEST HIGH POINT ROAD

SKETCH: PROPOSED DOCK AT
21 WEST HIGH POINT RD
SEWALL'S POINT, FLORIDA

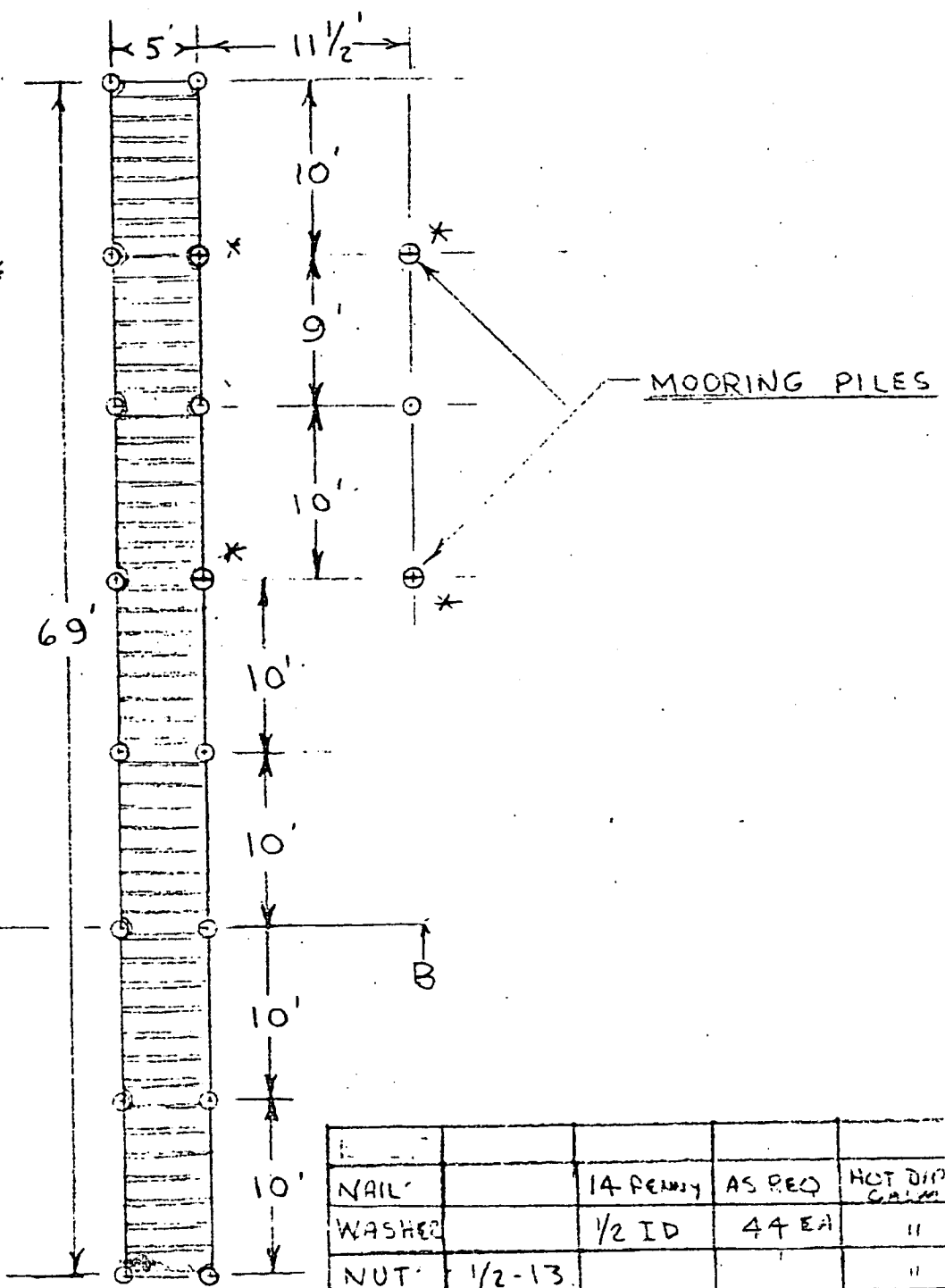
SUBMITTED BY: JOHN B NAIRN
9 MIDDLE ROAD
SEWALL'S POINT
JENSEN BEACH,
FLORIDA 33457

DRAWN BY: JBN 11/4/78

Handwritten signature



PILE
9" DIA
4 PLACES *
(-2)



TO
EXISTING
RAMP.

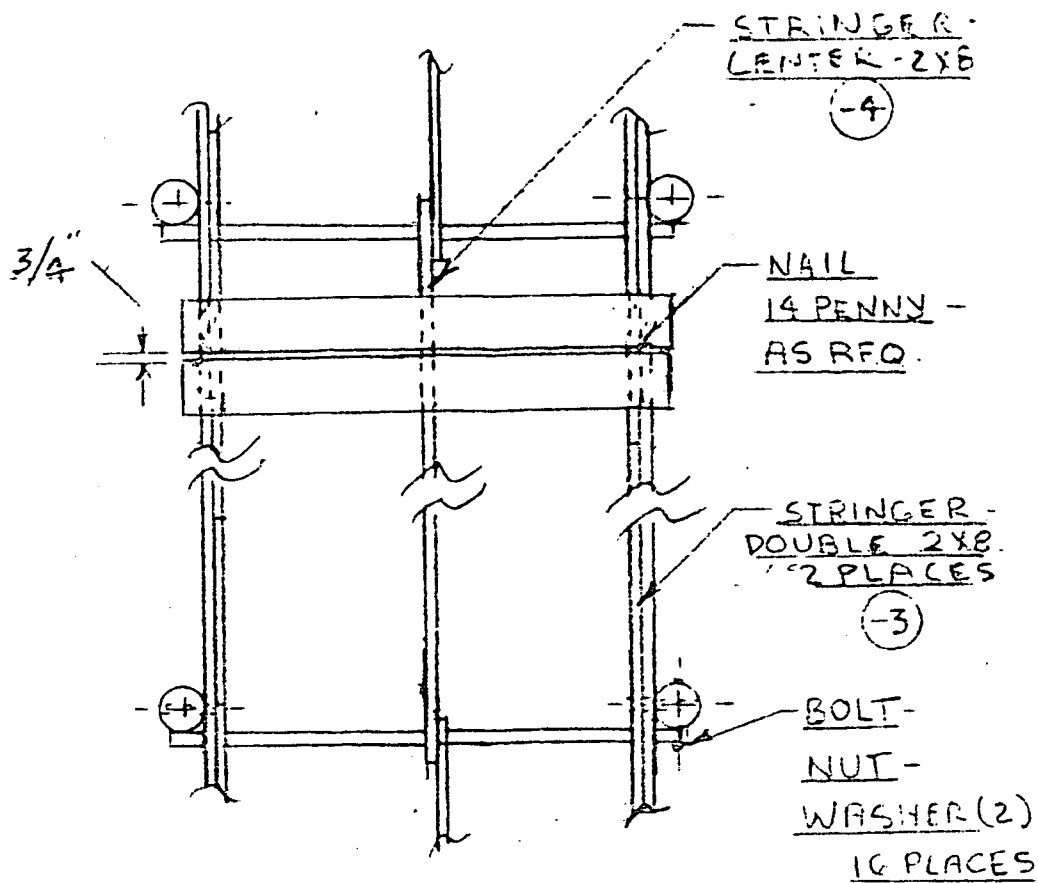
* 9" PILES
TOP 12'
ABOVE DECK

NAIL		14 PENNY	AS REQ	HOT DIP GALV.
WASHER		1/2 ID	44 EA	"
NUT	1/2-13			"
BOLT	1/2-13	1/2 D X 16	32 EA	"
-6	DECK PLANK	2 X 8 X 5	500 FT	PRESSURE TREATED
-5	CROSS PIECE	2 X 8 Δ	48 FT	4
-4	STRINGER	2 X 8 Δ	75 FT	"
-3	STRINGER DOUBLE	2 X 8 Δ	280 FT	"
-2	PILE	9" D X Δ	15	"
-1	PILE	8" D X Δ	15	"
ITEM	DESC.	SIZE	QTY	SPEC.

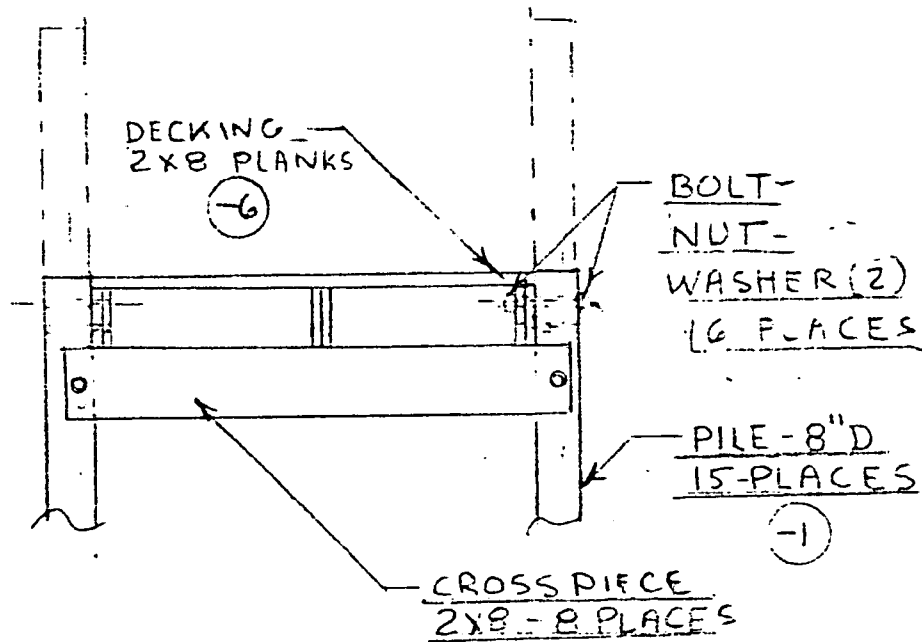
DOCK - ST. LUCIE RIVER
FROM LOT NO. 10, HIGH POINT
SEWALL'S POINT, FLORIDA

DRAWN BY J.B. NAIRN DATE 11/17/57
A LENGTH AS REQ'D

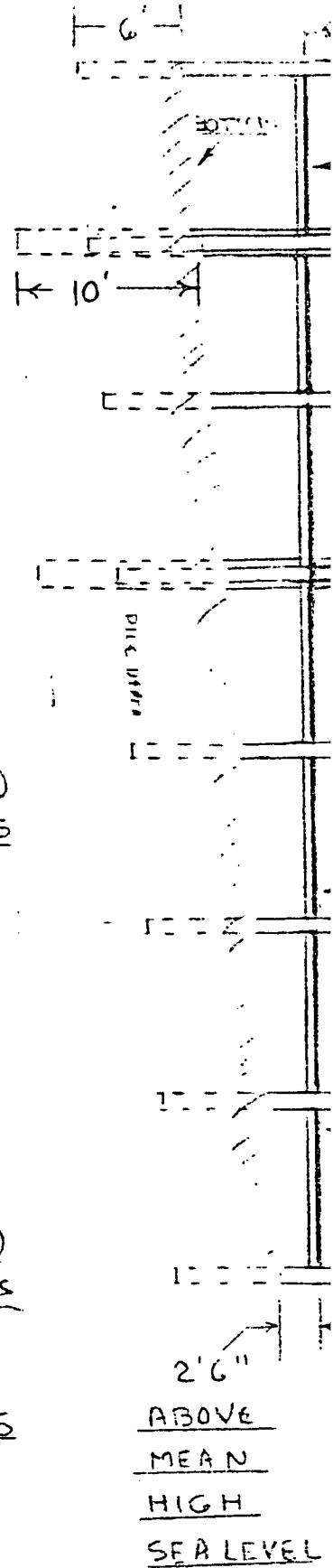
* 9-IN PILES - EQUAL

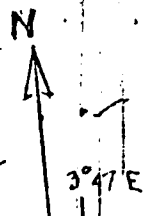


TOP SECTION - A-A
SCALE 1" = 2 FT



CROSS SECTION
B-B
SCALE 1" = 2 FT





LOT NO. 8

EXISTING DOCK

LOT NO. 9
19 WEST HIGHPOINT RD.

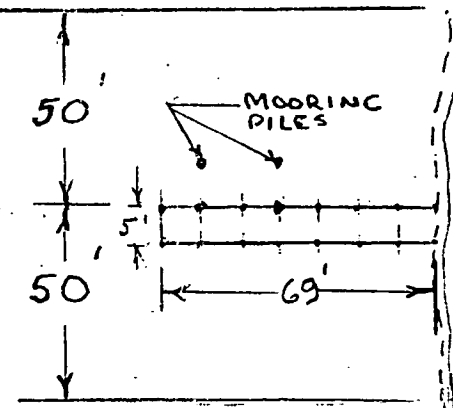
LOT NO. 10
21 WEST HIGHPOINT RD.
HIGH POINT SUBDIVISION
TOWN OF SEWALL'S POINT
FLORIDA

PLAT BOOK 5 - PAGE 108
MARTIN COUNTY, FLA. PUBLIC RECORDS

LOT NO. 11
23 WEST HIGHPOINT RD.

LOT NO. 12

LONGITUDE: 80°11'30" W
LATITUDE: 27°10'36" N



DOCK AREA: 344 SQ. FT.

BANK TOP

WEST HIGHPOINT ROAD

RECORDED
DEC 20 1978
SUBSTITUTED

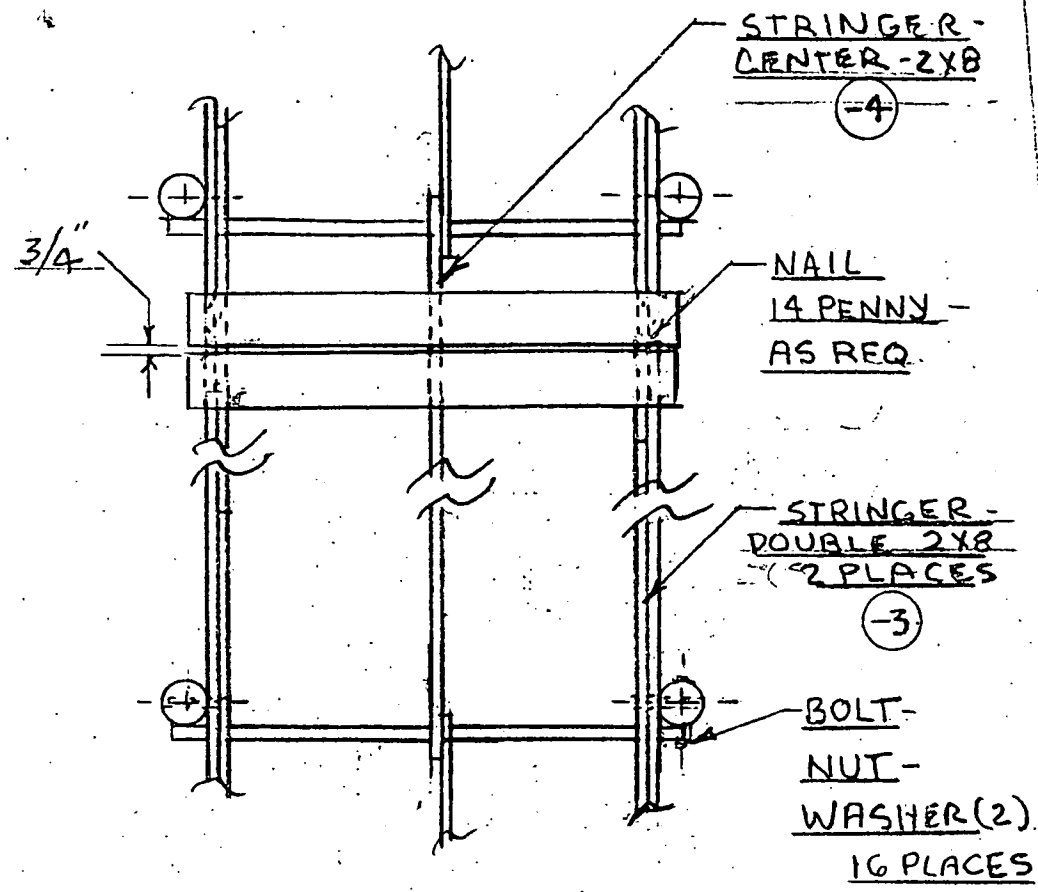
John B. Nairn
28 Dec '78
Approval of these plans in NO WAY
relieves the contractor or builder of
complying with the Town of Sewall's
Point's Ordinances and the South
Florida Building Code.

SKETCH: PROPOSED DOCK AT
21 WEST HIGH POINT RD
SEWALL'S POINT, FLORIDA

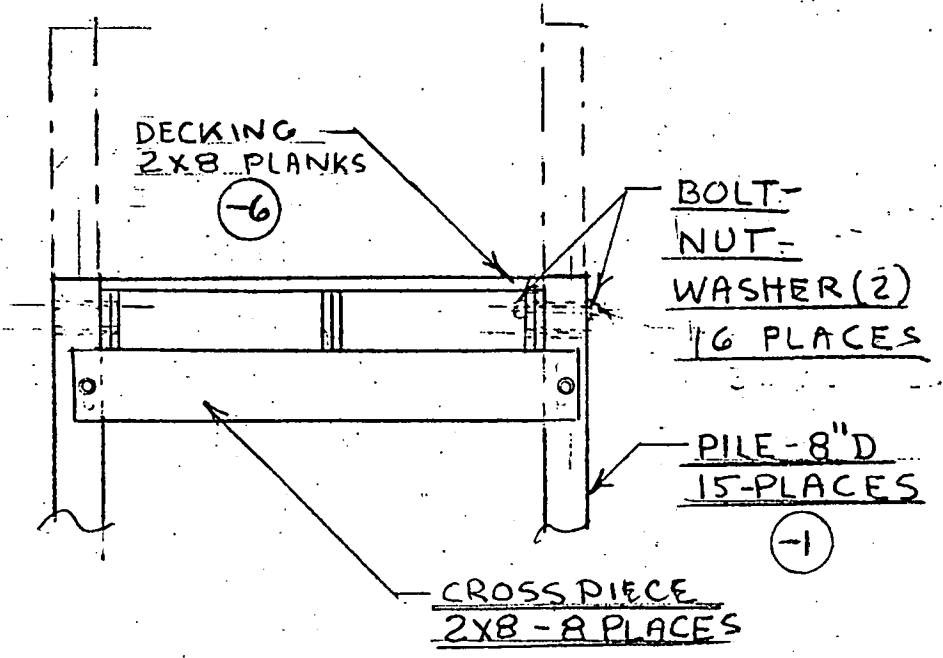
SUBMITTED BY: JOHN B NAIRN
9 MIDDLE ROAD
SEWALL'S POINT
JENSEN BEACH,
FLORIDA 33457

DRAWN BY: JBN 11/4/78

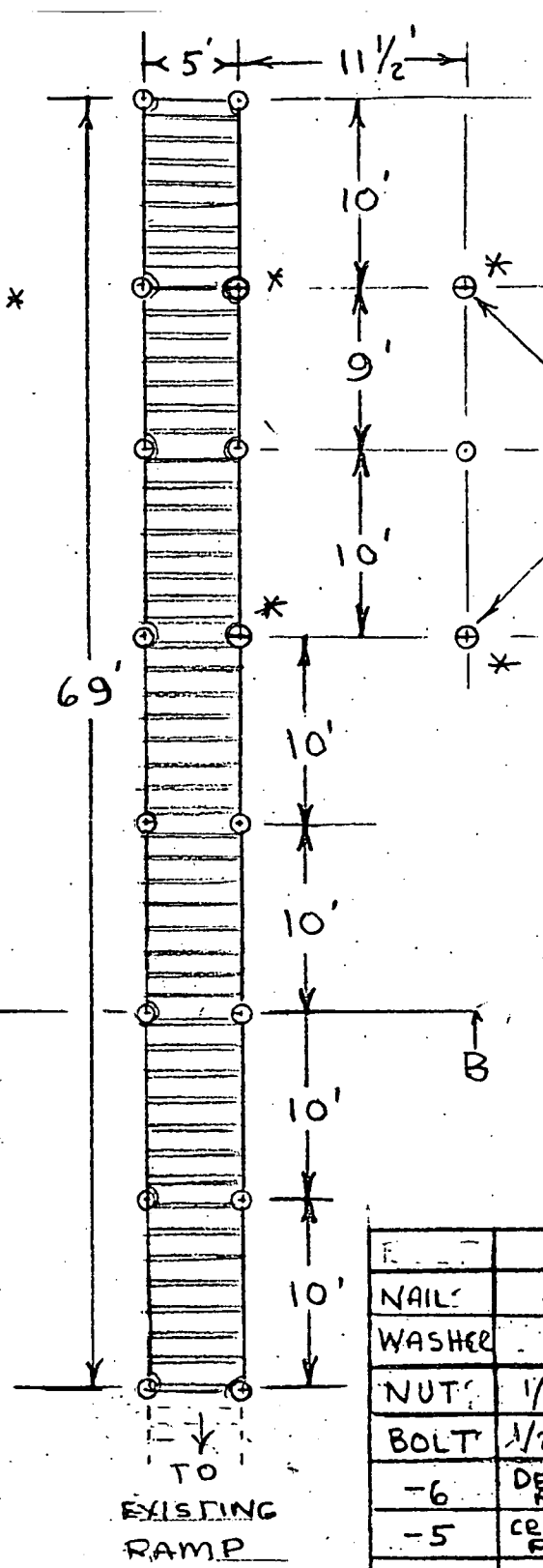
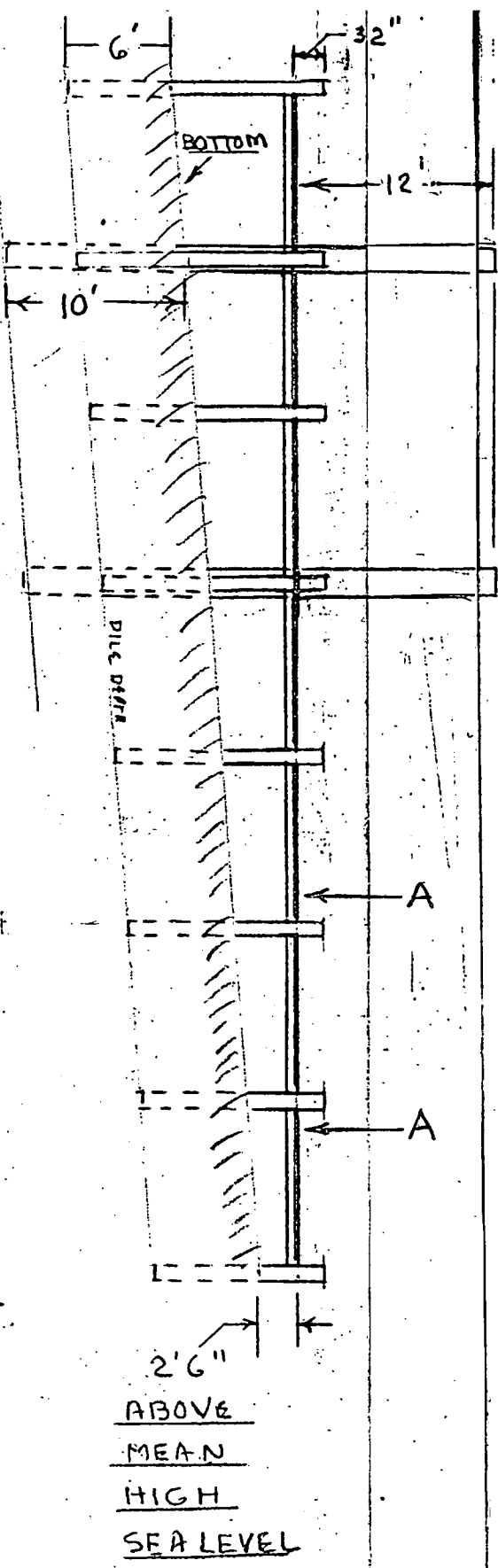
JOHN B. NAIRN
9 MIDDLE ROAD
JENSEN BEACH, FLA. 33457



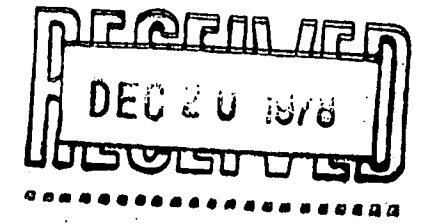
TOP SECTION -A-A
SCALE 1"=2FT



CROSS SECTION B-B
SCALE 1"=2FT



* 9" PILES TOP 12' ABOVE DECK



Approval of these plans in NO WAY relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances and the South Florida Building Code.

John B. Nairn
28 Dec 1978

ITEM	DESC.	SIZE	QTY	SPEC.
	NAIL	14 PENNY AS REQ.		HOT DIPPED GALVANIZED
	WASHER	1/2 ID	44 EA	"
	NUT	1/2-13		"
	BOLT	1/2-13 1/2 D X 16	32 EA	"
-6	DECK PLANK	2x8x5	500 FT	PRESURE TREATED
-5	CROSS PIECE	2x8 A	48 FT	"
-4	STRINGER	2x8 A	75 FT	"
-3	STRINGER DOUBLE	2x8 A	280 FT	"
-2	PILE	9"D x A	15	"
-1	PILE	8"D x A	15	"
ITEM	DESC.	SIZE	QTY	SPEC.

DOCK - ST. LUCIE RIVER FROM LOT NO. 10, HIGH POINT SEWALL'S POINT, FLORIDA

DRAWN BY J.B. NAIRN DATE: 11/4/78

JOHN B. NAIRN
9 MIDDLE ROAD
JENSEN BEACH, FLA. 33457

* 9-IN. PILES - EQUAL LENGTHS

A LENGTH AS REQ'D

1125

POOL

RECEIVED MAR 21 1980

TOWN OF SEWALL'S POINT FLORIDA

Permit No. 1125

pool

Date March 21, 80

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

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

Owner Mr & Mrs Robert Coleman Present address #9 Middle Road

Phone 334-5565

Contractor Louden Bonded Pools Address 4306 S. US #1, Ft Pierce, Fla.

Phone 283-4040

Where licensed State Certified & Martin Co. License number CP 00010400

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: 16x32' Pool 3' to 10' deep with Spa and patio
(Screen permit on seperate application later)

#9 Middle Road

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

Subdivision Highpoint Lot No. 36

Contract price \$ 14,500.00 Cost of Permit \$ 72.50

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Robert S. Hawley

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 Robert Coleman

TOWN RECORD

Date submitted _____

Approved: J. Mazzucca Building Inspector Date 3/27/80

Approved: G. E. Strubell Commissioner Date 3/28/80

Final Approval given: 9/24/80 Date _____

Certificate of Occupancy issued _____ Date _____

SP/1-79

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

1125
Steel Grounding 6/30/80
Pat's Steel 8/27/80

1197

ENCLOSE & PANEL SCREEN

PORCH

Remodeled

~~388~~

1197

TOWN OF SEWALL'S POINT, FLORIDA

RECEIVED
Date 8/19/80

Permit No. _____

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

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

Owner MRS. ROBERT COLEMAN Present address _____

Phone _____

Contractor SCHENANDON BLDGS INC Address 3802 OLEANDER AVE

Phone 287-2620

Where licensed MARTIN COUNTY License number #46

Electrical contractor Specialty Electric License number M MARTIN COUNTY 287-9088

Plumbing contractor NOT REQUIRED License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: ADD A ROOM OVER EXISTING SLAB

ENCLOSE A PRESENT SCREEN ROOM TO A FAMILY ROOM PANEL & AIR CONDITION.
State the street address at which the proposed structure will be built:

Subdivision HIGH POINT Lot No. 36

Contract price \$ 20,000 Cost of Permit \$ 100+20 = 120

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor David Schenandon, Pres.

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 Mrs. Robert Coleman

TOWN RECORD

Date submitted 8/19/80

Approved: J. Mazzuca
Building Inspector

Date 8/22/80

Approved: BC Stuber
Commissioner

Date 8/26/80

Final Approval given: _____
Date

Certificate of Occupancy issued _____
Date

1197

1256

**SCREEN ENCLOSURE W/
MANSSARD ROOF**

1256

TOWN OF SEWALL'S POINT FLORIDA

SCREEN ENC. 1 MANSION ROOF

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.

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

Owner ROBERT COLEMAN Present address # 9 Middle Rd

Phone _____

Contractor LOWEN POOLS Address 4306 S. US # 1

Phone 283-4040 FT PIERCE

Where licensed MARTIN CO. & STATE License number CPC 010900

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: SCREEN ENC 55' X 30' - MANSION ROOF

APPROX 6' high 2 DOORS

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

9 MIDDLE ROAD.

Subdivision _____ Lot No. a DOUBLE

Contract price \$ 5,800⁰⁰ Cost of Permit \$ 30⁰⁰ + 30 FREE

Plans approved as submitted Plans approved as marked _____

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

Contractor Robert S. Harvey

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 Robert Coleman

Approved: J. Mazzucca Building Inspector Date 5/20/80

Approved: R.C. Strubell Commissioner Date 6/2

Final Approval given: 12/28/80 Date JRM

Certificate of Occupancy issued _____ Date _____

1256

2924

REROOF

Permit No.

2924

Date 2-12-91

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 Mrs. Robert Coleman Present Address #9 SE Middle Rd

Phone 286-5558

Contractor J. A. Taylor & Assoc. INC. Address 302 Melton Dr.

Phone 466-4040

Where licensed St. Lucie County License number CCC 035624

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Re-roof flat deck on rear.

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

Subdivision _____ Lot number 36 Block number _____

Contract price \$ 1900.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted _____ Approved: [Signature] 3/24/91
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. 2924

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.

3068

CONCRETE DRIVEWAY

Onade Driveway

Date

3068

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 Rachael Coleman Present Address 9 middle Rd.

Phone 286-5558

Contractor Property Improvements Address 1634 Fallon Dr.

Phone 407 878-5156

Where licensed Martin County, St. Lucie County License number MC 15318 ^{audit} cert. MC 00182

Electrical contractor License number st. Lucie 002449

Plumbing contractor License number _____

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

remove some redo in concrete

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

Subdivision High Point Lot number 36 Block number _____

Contract price \$ 1932.00 Cost of permit \$ 16.75

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 Martin D. P. [Signature]

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

Owner Rachael Coleman

TOWN RECORD

Date submitted _____ Approved: [Signature] Building Inspector Date _____

Approved: _____ Commissioner Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. 3068

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.

3547

FOLDING SHUTTERS

APPLICATION FOR A PERMIT TO BUILD A DECK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOME 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 Mrs Rachel Coleman Present Address 9 Middle Road, Stuart, 34996

Phone 407- 286-5558

Contractor Wrono entrep corp. Address 211 NW 5th Avenue, Hallandale fla 33009

Phone 305- 456-6979

Where licensed Stata of florida License Number CGC056663

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: installation of 7 folding shutters.

9 Middle road, Stuart fla 34996

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

Subdivision High point Lot Number Block Number

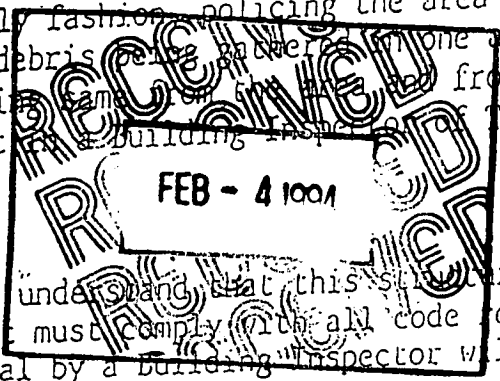
Contract Price \$ 3468.00

Cost of Permit \$ 3200

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 Town of Sewall's Point. Failure to comply may result in a Building Inspector of Town Commissioner "Red-Tagging" the construction project.



Contractor [Signature]

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

Owner Rachel Coleman [Signature]

TOWN RECORD

Date submitted

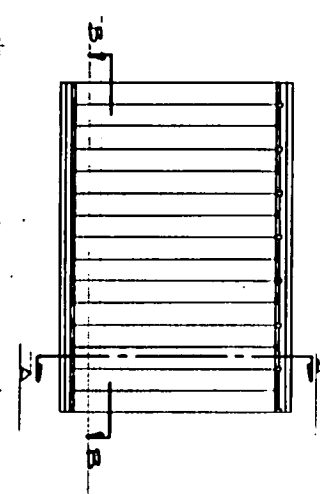
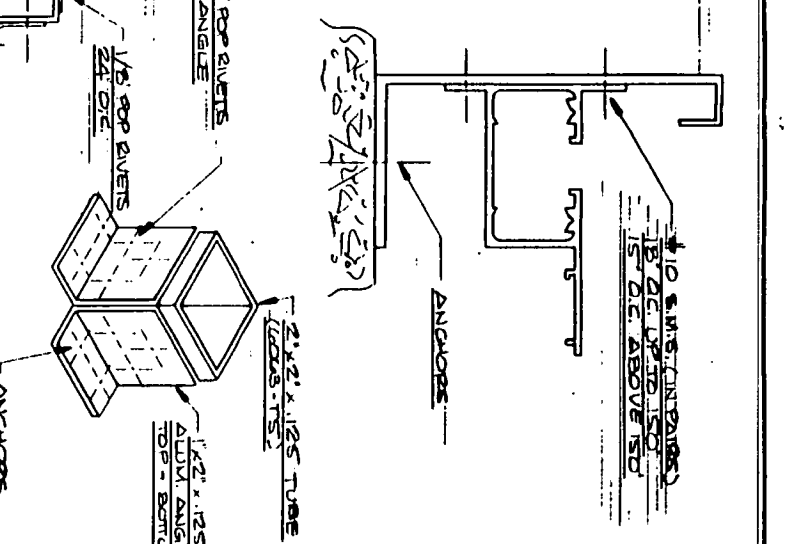
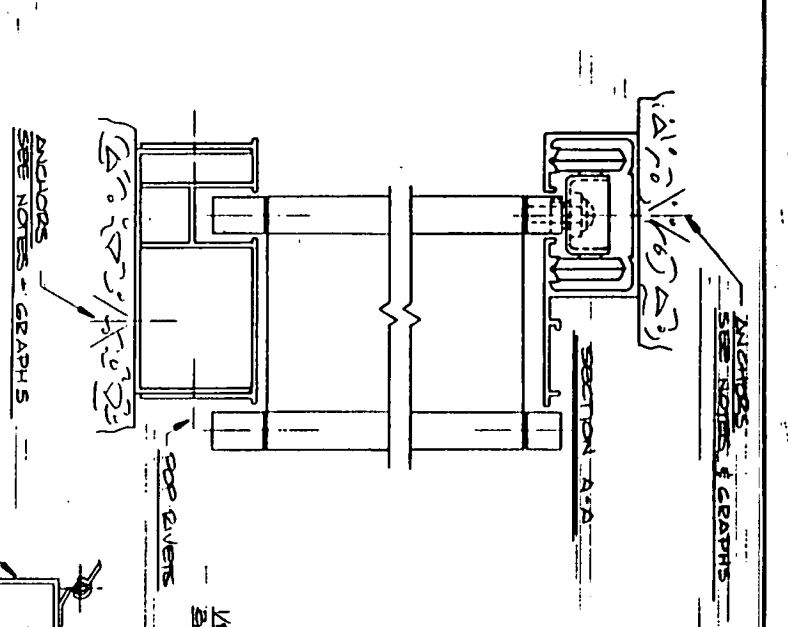
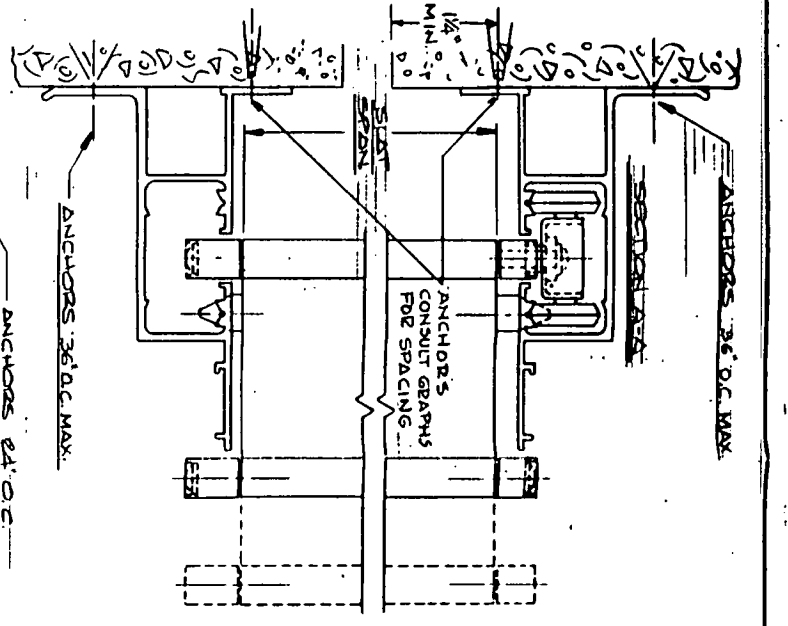
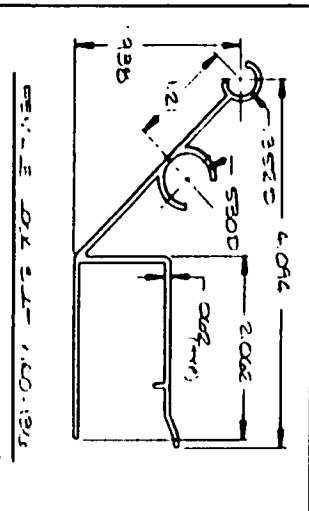
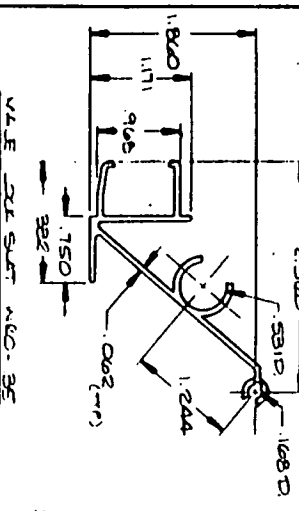
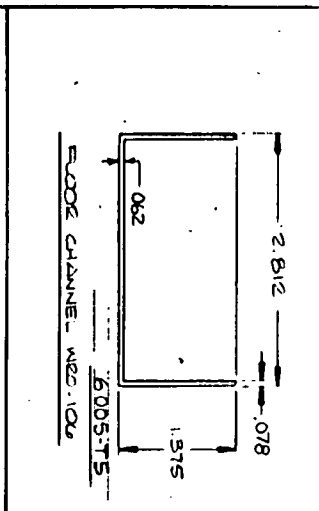
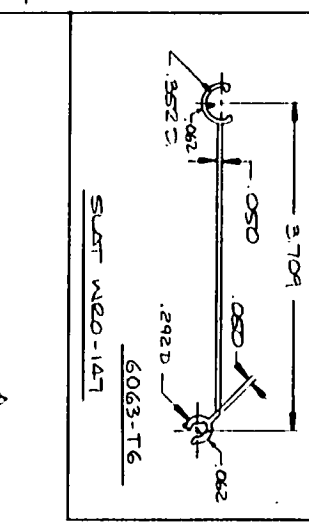
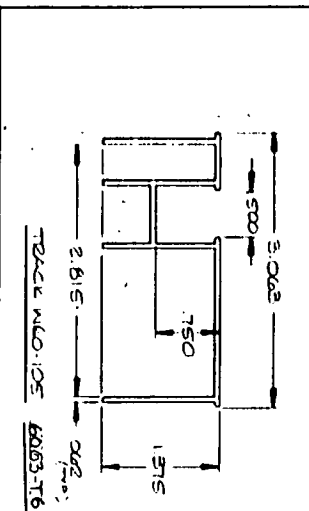
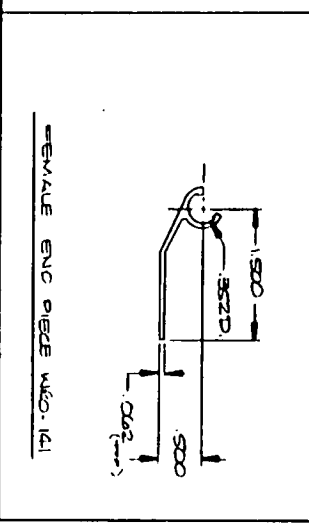
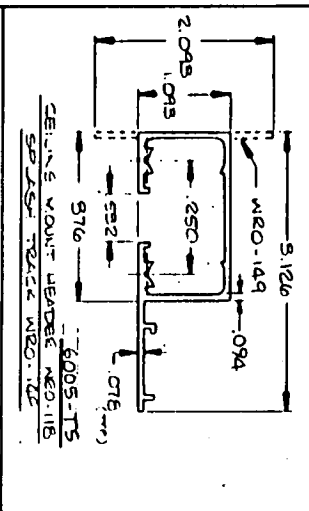
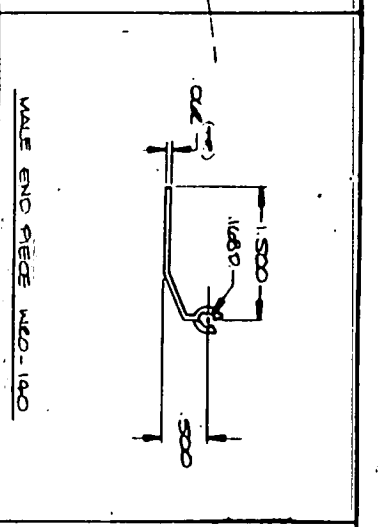
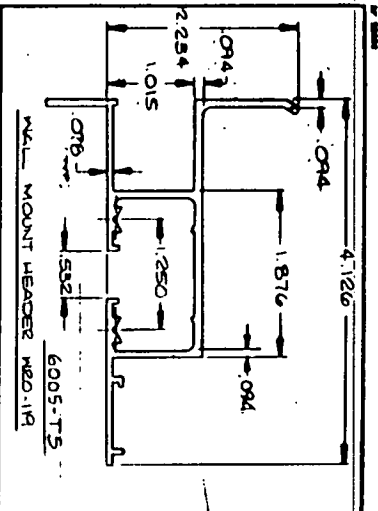
Approved: Dale Brown 2/4/94 Building Inspector Date

Approved: Commissioner Date

Final Approval given: Date

Certificate of Occupancy issued(if applicable) Date

Permit No. 3547



TYPICAL ELEVATION

GENERAL NOTES:

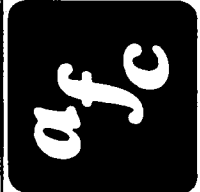
1. THIS SHUTTER HAS BEEN DESIGNED IN ACCORDANCE WITH THE STANDARD BUILDING CODE AS AMENDED BY THE BUILDING CODE ADOPTED FOR PALM BEACH COUNTY (1991 EDITION).
 2. EXTERIORS TO BE OF ALUM 6063-T5 EXCEPT WHERE NOTED OTHERWISE ON DETAILS.
 3. ALL TUBES PER TABS ON SHEET 2.
 4. ANCHORS TO BE #4 HULTI KWIK-GOV II OR #4 SWS WITH 4\"/>

DESIGN CRITERIA
 MAX. DEPLETION = 30\"/>

LOCKING HANDLE DECO & TOP/LO OR EQUAL INSTALLATION TO BE EITHER EXTERIOR OR INTERIOR.

DEC 22 1993

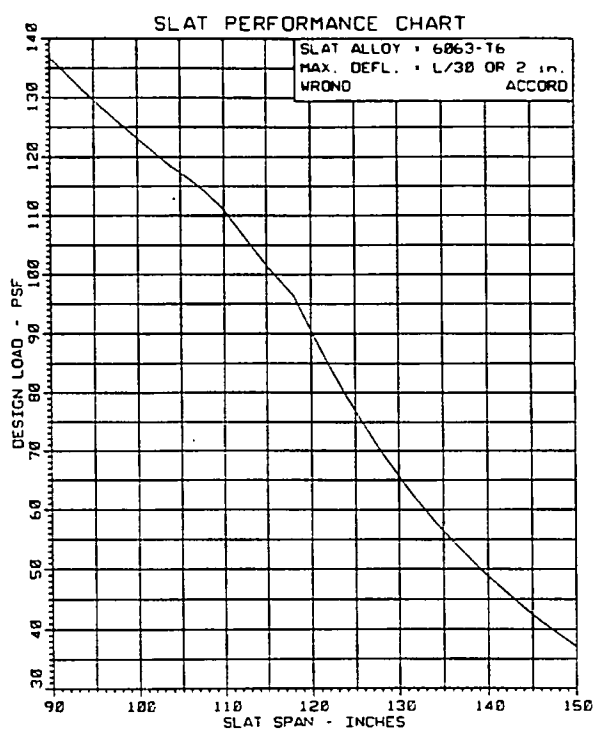
drawing 93-43 no sheet 1 of 2	11-5-93 date NO scale	revisions no date by description A 7-3-87 E NOTE ADDED	WRONO ENTERPRISE CORPORATION HALLANDALE, FLORIDA	AL - FAROOQ CORPORATION ENGINEERS, PLANNERS & PRODUCT TESTING 1235 S.W. 87th Ave. MIAMI, FLORIDA 33174 PHONE: (305) 264-8100	
	design by H.A.C. drawn by checked by		ACCORDION SHUTTER		



AL - FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT TESTING
 1295 SW 87 AVE.
 MIAMI, FLORIDA 33174
 PHONE: (305) 264-8100

ACCORDION SHUTTER DETAILS
 WRONO ENTERPRISE CORPORATION
 214 N.W. 54th AVENUE
 HALLANDALE, FL 33009
 PH. 305.944.6979

revision	no	date	description
date	10-2-93	scale	
design by		drawn by	
checked by			
drawing no	93-43		
sheet	2 of 2		



DESIGN LOADS (PSF)		
BUILDINGS LESS THAN 60 FT. HIGH		
BUILDING HEIGHT	INTERIOR ZONE	END ZONE
0 - 15	32.5	37.5
16 - 20	36.4	42.0
21 - 40	44.2	51.0
41 - 60	49.4	57.0

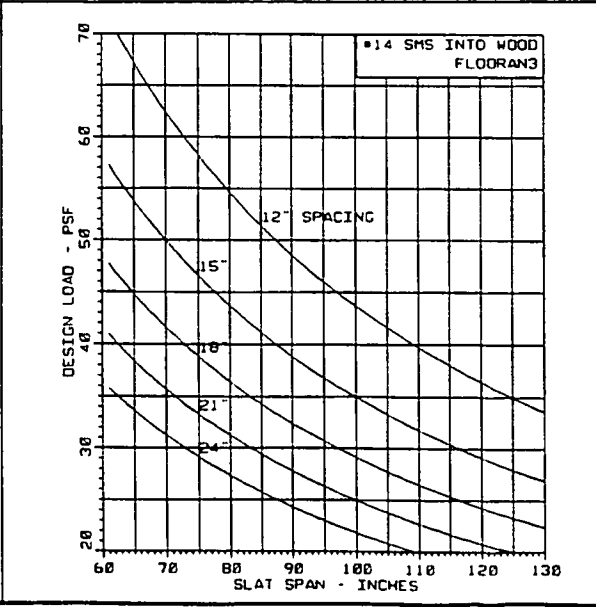
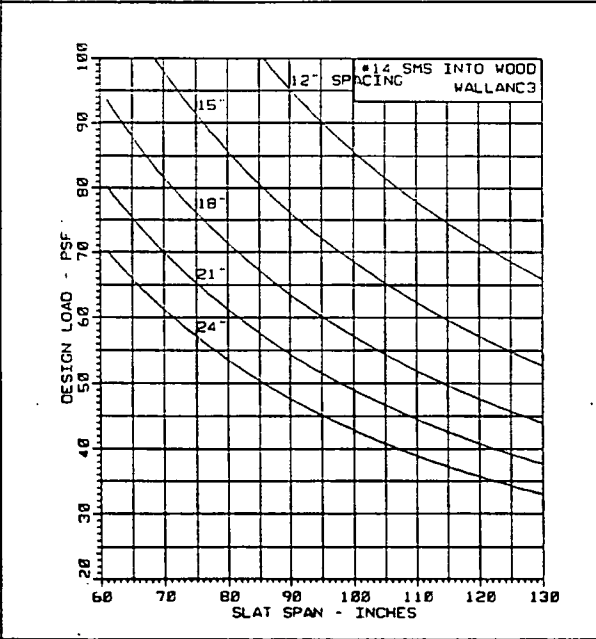
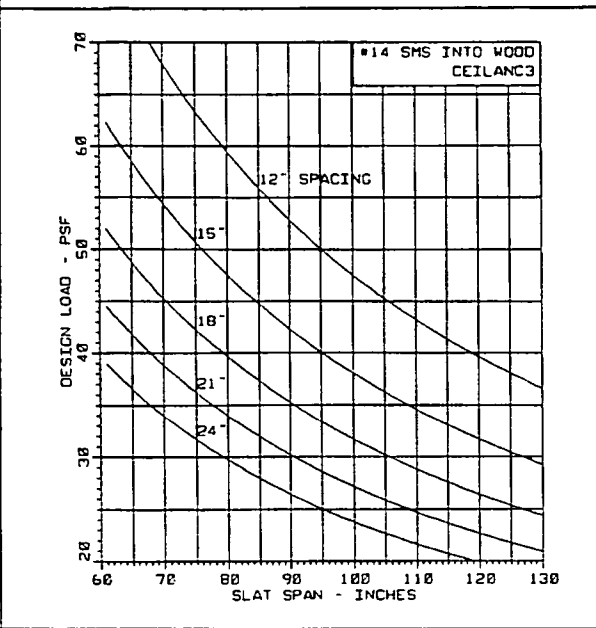
DESIGN LOADS (PSF)		
COASTAL EXPOSURE BUILDINGS MORE THAN 60 FT. HIGH		
ELEVATION FEET	INTERIOR ZONE	END ZONE
0 - 30	42.0	46.5
31 - 50	48.0	54.0
51 - 100	56.4	63.3
101 - 200	64.8	72.6
201 - 300	73.2	81.9
301 - 400	79.2	87.4

DESIGN LOADS (PSF)		
STANDARD EXPOSURE BUILDINGS MORE THAN 60 FT. HIGH		
ELEVATION FEET	INTERIOR ZONE	END ZONE
0 - 30	25.2	29.9
31 - 50	31.2	37.4
51 - 100	38.4	46.8
101 - 200	46.8	57.1
201 - 300	56.4	68.3
301 - 400	63.6	77.7

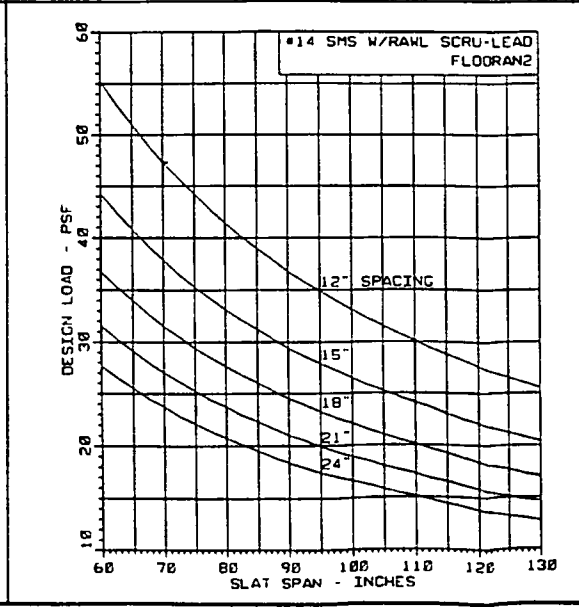
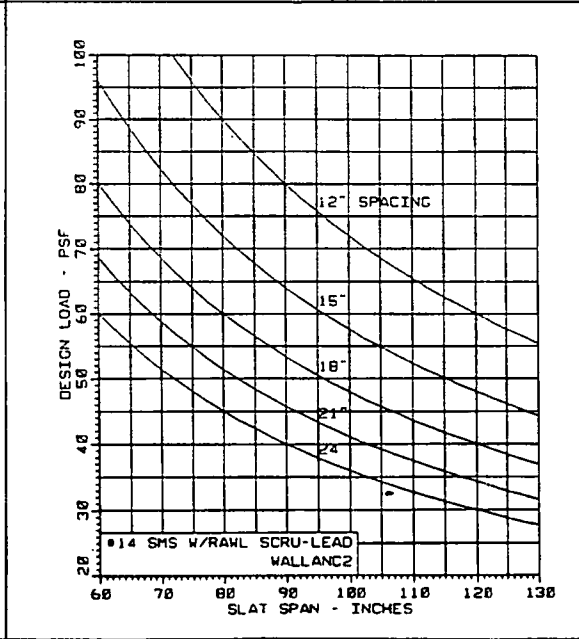
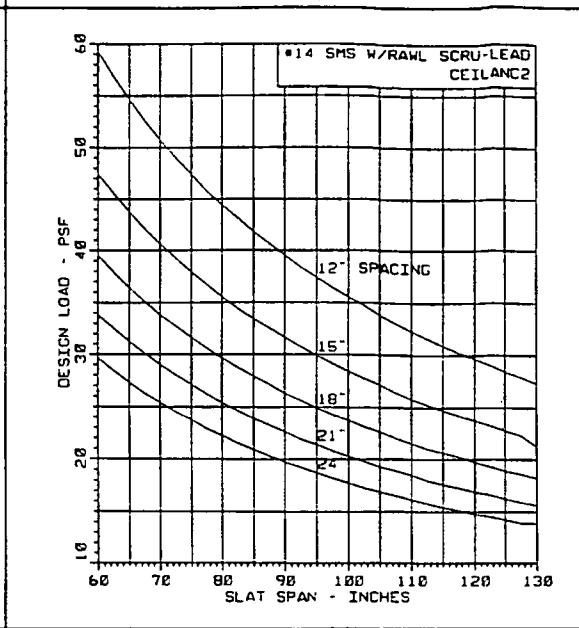
- FROM LOAD TABLES OBTAIN THE APPROPRIATE DESIGN LOAD BEFORE CONSULTING THE GRAPHS.
- ANY SHUTTER MUST COMPLY WITH THE GRAPH FOR SLAT AND THE CORRESPONDING GRAPH FOR ANCHOR CONDITION.

DEC 22 1993

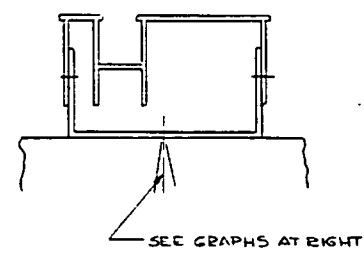
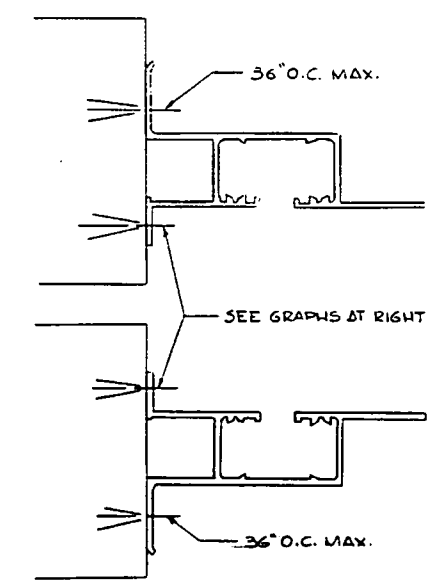
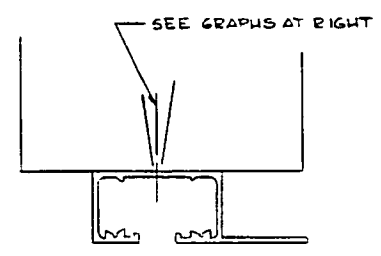
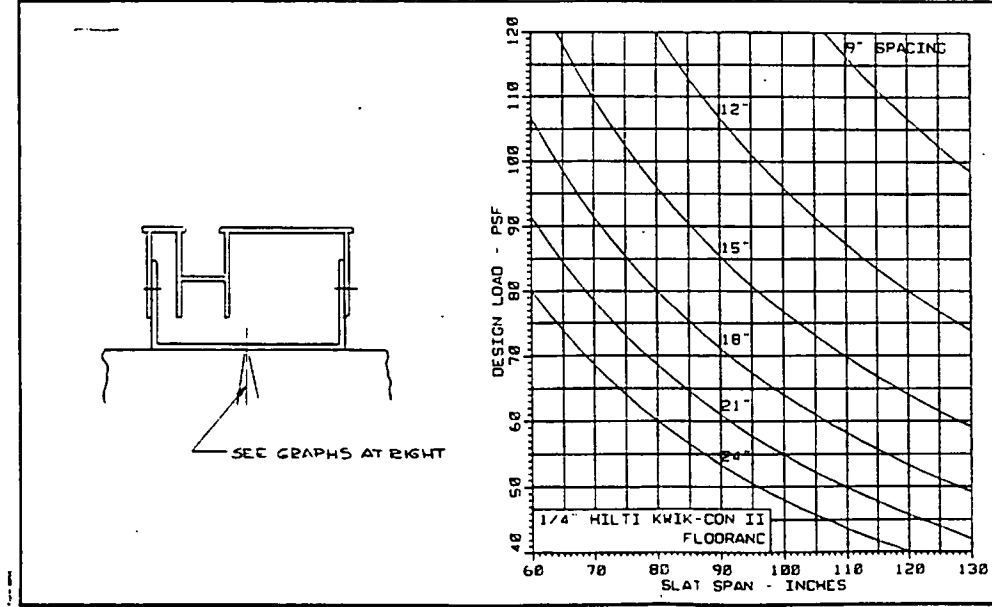
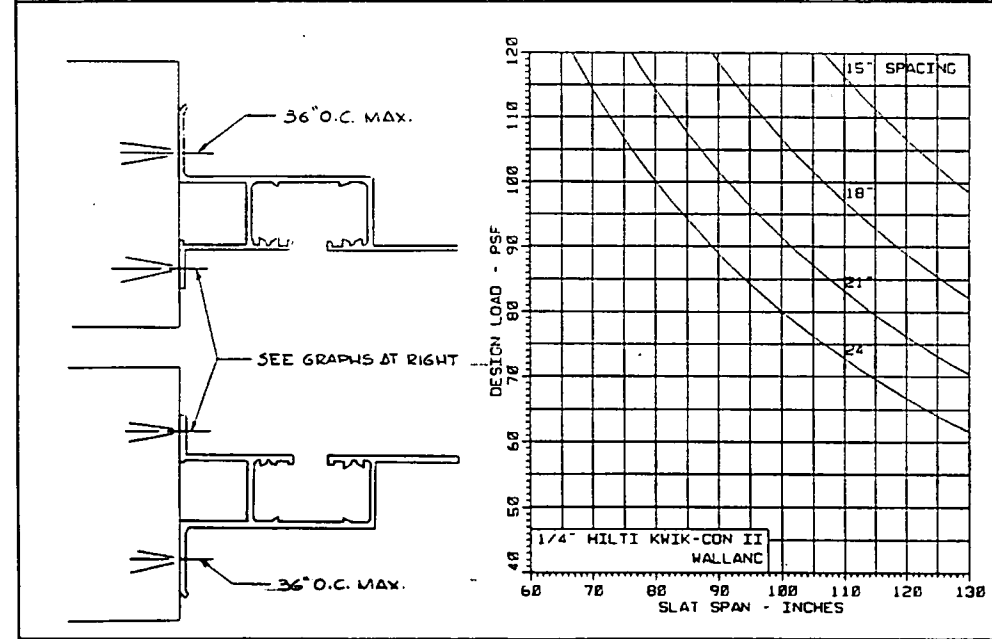
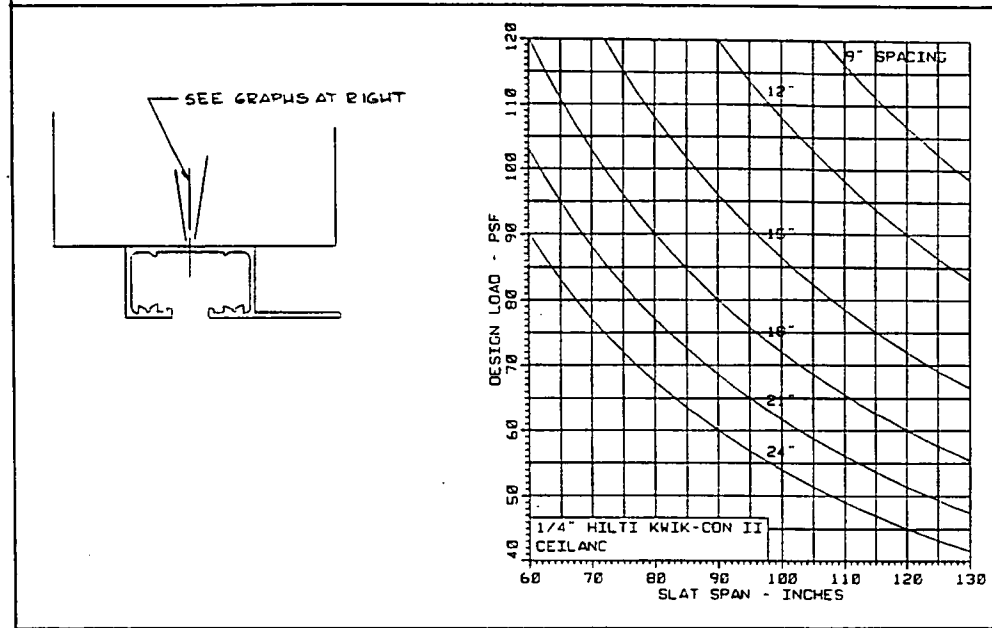
14 SMS W/ 1-1/2" MIN. WOOD EMBEDMENT

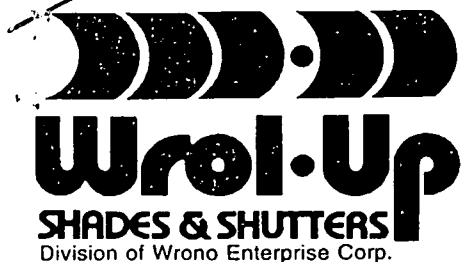


#14 SMS WITH RAWL SCRU-LEAD



1/4" HILTI KWIK-CON II OR EQUIVALENT 1-3/4" MINIMUM CONCRETE EMBEDMENT.





FOR OFFICE USE ONLY
 HALLANDALE, FL 33009 • 211 N.W. 5TH AVE.
HOLLYWOOD • 456-6979 • MIAMI • 944-6979 • POMPANO • 463-6979
 LANTANA, FL 33462 • 1422 HYPOLUXO ROAD
WEST PALM BEACH • 588-0703 • DELRAY • 272-0703 • 1-800-432-1242
 FT. MYERS, FL 33912 • LEE COUNTY INDUSTRIAL PARK • 16101 OLD U.S. 41
FT. MYERS • 481-2288 • NAPLES • 597-2877 • PORT CHARLOTTE • 639-7770

- THERMO-WROL HD THERMO-WROL
- WROL-LEX HURRICANE PANELS
- WRONO-FOLD OTHER _____

ORDER # L-3468 MAR 3

DATE 1-20-93 APPROX. 8 WEEK DELIVERY PHONE 407-286-5558

NAME MRS RACHEL COLEMAN ALT. PHONE _____

AREA _____ BLDG. _____ APT. NO. _____

ADDRESS 9 MIDDLE RD CITY STUART ZIP 34996

UNIT NO.	SHUTTER		VIEW	COLOR			YEAR* PARTS WARRANTY:	YEAR LABOR WARRANTY	OPTIONS
	WIDTH	HEIGHT		SLAT	BOX	TRACK			
1	85	82	0	B	B	B			
2	214	85	0	B	B	B	RT		
3	38	39	0	B	B	B			
4	38	39	0	B	B	B	#5+6 RT		
5	77	86	0	B	B	B	TO BE INSTALLED BY MAR 15 1994		
6	48	86	0	B	B	B	OR DEPOSIT TO BE RETURNED.		
7	26	18	0	B	B	B			
8									
9									
10									

Contract Total 3468.00
1/3 Deposit 1206.00
Balance Due 2268.00
Full balance due, to be paid to installer, at completion of installation and/or delivery.

WHITE (W) CREAM (CR) IVORY (I) GRAY (G)
SAND (S) FAWN (FA) CHOCOLATE (CH) BRONZE (B)

TERMS AND CONDITIONS OF SALE

1. WRONO ENTERPRISE CORP. (SELLER) AND THE PURCHASER AGREE TO THE SALE AND INSTALLATION AND/OR DELIVERY OF THE ABOVE SPECIFIED ITEMS FOR THE ABOVE SPECIFIED PRICE UPON THE TERMS AND CONDITIONS HEREINAFTER SET FORTH AND CONTINUED ON THE REVERSE SIDE OF THIS CONTRACT. THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS CONTRACT, INCLUDING THE DESCRIPTION AND LIMITATIONS OF ALL WARRANTIES AND GUARANTEES ARE INCORPORATED INTO THIS CONTRACT AS IF FULLY SET FORTH ON THIS PAGE.

2. Full payment due at completion of installation and/or delivery in cash or, if approved by management, local bank cheque drawn for U.S. funds, unless other arrangements are specified on the face of the contract and approved by management.

3. THIS AGREEMENT SHALL BE BINDING UPON THE PARTIES HERETO, THEIR HEIRS, SUCCESSORS, AND ASSIGNS, WHERE SIGNED BY THE PARTIES HERETO OR THEIR OFFICERS OR AGENTS, EXCEPT AS OTHERWISE PROVIDED. EXECUTION BY ANY PERSON AS PURCHASER SHALL BIND THE PERSON SO EXECUTING THIS AGREEMENT AND THE OWNER AS SAID PERSON REPRESENTS THAT HE IS THE OWNER OR HIS LAWFUL AGENT WITH ACTUAL AUTHORITY TO BIND THE OWNER.

4. The PURCHASER acknowledges receipt of a true copy of the contract, acknowledges that he has read both sides and knows the contents thereof, and understands that no other agreement, verbal or otherwise, is binding upon the parties, and that this contract front and back, constitutes the entire agreement between the parties.

5. BUYER'S (PURCHASER'S) RIGHT TO CANCEL:

***THIS IS A HOME SOLICITATION SALE AND IF YOU DO NOT WANT THE GOODS AND SERVICES, YOU MAY CANCEL THIS AGREEMENT BY MAILING A NOTICE TO THE SELLER, THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE POSTMARKED WITHIN SEVENTY-TWO HOURS AFTER YOU SIGN THIS AGREEMENT. IF YOU TIMELY CANCEL THIS AGREEMENT, YOUR DEPOSIT WILL BE REFUNDED.

I HAVE READ THE FOREGOING TERMS AND CONDITIONS OF SALE SET FORTH ON BOTH SIDES HEREIN AND AGREE TO THEM.

*Electric Motors are warranted by the motor manufacturer for two (2) years following installation.

SALESPERSON [Signature] DATE 1-20-94 PURCHASER [Signature] DATE 1/19/94

ENT Door GARAGE Door

2

407 286-5558

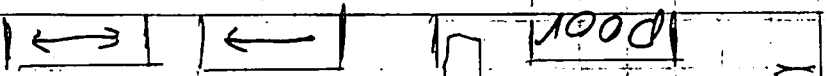
STUART F/A

9MIDDLE DR

MR + MRS JOBLEMAN

UPSTAIRS #9

3 4



Door

Door

5

Post

6

ADMIN VARIANCE

OR BK 01540 PG 0894


LETTER OF NO OBJECTION

September 25, 2000

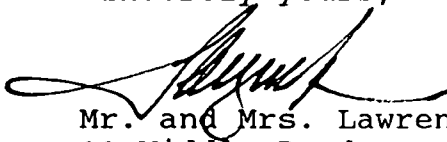
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

Re: Application for Administrative Variance Pursuant to Appendix B
- Zoning, Section VIII.F, Town of Sewall's Point Code of
Ordinances Filed by Rachel Coleman

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Rachel Coleman with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and ~~I~~ have no objection to the Town of Sewall's Point granting the Administrative Variance, 



Sincerely yours,

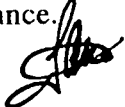


W. J. Winzurk

Mr. and Mrs. Lawrence Winzurk
11 Middle Road
Stuart, FL 34996

Dated this 25 day of September, 2000.

 based on the single encroachment of the fireplace on the West side setback. Current measurement is 14.27' with an encroachment of approximately 3.24" by the residential structure of the following described real property: Lot 36, HIGHPOINT, as recorded in Plat Book 3, page 108, public records of Martin County, Florida. 

It is also noted, that the chain-link fence running along the west property line is skewed to the property line in a counterclockwise direction with the center point on the property line and the south end in Lot 36 and the north end in Lot 37 an equal, but unknown distance. 

LETTER OF NO OBJECTION

September 25, 2000

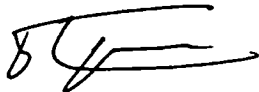
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

Re: Application for Administrative Variance Pursuant to Appendix B
- Zoning, Section VIII.F, Town of Sewall's Point Code of
Ordinances Filed by Rachel Coleman

Dear Town of Sewall's Point:

I have reviewed the Administrative Variance Application filed by Rachel Coleman with the Town of Sewall's Point. I am an adjacent property owner to the property which is the subject of the Administrative Variance and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,



Mr. Beauvais LaGuerre
26 W. High Point Road
Stuart, FL 34996

Dated this 26th day of September, 2000.

LETTER OF NO OBJECTION

September 25, 2000

The Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

Re: Application for Administrative Variance Pursuant to Appendix B
- Zoning, Section VIII.F, Town of Sewall's Point Code of
Ordinances Filed by Rachel Coleman

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Sincerely yours,

Daniel R. Topping
Daniel R. Topping
7 Middle Road
Stuart, FL 34996
Denise M. Topping
September, 26, 2000.

Dated this 26th day of Sept., 2000.

LETTER OF NO OBJECTION

September 25, 2000

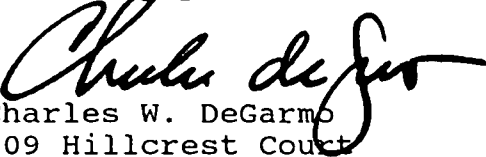
The Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

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- Zoning, Section VIII.F, Town of Sewall's Point Code of
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Sincerely yours,



Charles W. DeGarmo
109 Hillcrest Court
Stuart, FL 34996

Dated this 25 day of September, 2000.

RECEIVED SEP 28 2000

KRAMER, SEWELL, SOPKO & LEVENSTEIN, P.A.

ATTORNEYS AT LAW

ROBERT S. KRAMER
LAURIE RUSK SEWELL
JAMES SOPKO
Board Certified Tax Lawyer
Board Certified Wills, Trusts
and Estates Lawyer
RICHARD H. LEVENSTEIN

853 S.E. MONTEREY COMMONS BLVD.
POST OFFICE BOX 2421
STUART, FLORIDA 34995

(561) 288-0048
FAX (561) 288-0049
BOCA RATON: (561) 392-7887
e-mail KRASEWSO@gate.Net

September 28, 2000

Tim B. Wright, Esq.

Re: Rachel Coleman sale to John and Kathy Sue Tranter
Administrative Variance

MASTER CALENDAR
Activity review/reply
Calendar for JBW
Routing JBW
Date Calendar 9-28-00
By Whom me
Client (s) copied _____


Dear Mr. Wright:

Enclosed are copies of the Variance Application, letters of non-objection from the four adjacent property owners, Town of Sewall's Point Approval form and a copy of the pertinent section of the survey. (Please note with regard to the Winzurk letter of non-objection that his limitation of the variance fortunately encompasses the only area we are concerned with.)

We are also delivering the original of the above documents, including the check for the fees and an original certified copy of the survey, to the Town of Sewall's Point. It would truly be greatly appreciated if you could review this this afternoon. If there is anything further that is required from us or the applicant, please don't hesitate to call.

Thank you for the assistance you are extending to us.

Sincerely,


Kacy P. DelBene
Real Estate Assistant

/kpdb
Enc.
Via Hand Delivery
cc. Town of Sewall's Point

**TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPLICATION FORM**


1. Owner of Property: RACHEL COLEMAN
2. Address of Property: 9 MIDDLE ROAD, STUART, FL 34996
3. Address of Applicant: Same
4. Phone No. of Applicant: c/o 561-283-9322
5. Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):

Encroachment on West side setback. Current measurement is 14.27' with an encroachment of approximately 3.24" by the residential structure of the following described real property: Lot 36, HIGHPOINT, as recorded in Plat Book 3, page 108, public records of Martin County, Florida.

6. Have you included the following materials with your application? Yes
 - A. \$250.00 Filing Fee
 - B. \$250.00 Costs Deposit
 - C. Certificate of Ownership
 - D. Certificate of Adjacent Owners
 - E. Survey
 - F. Letters of No Objection or Proof of Mailing Notice
7. Does the encroachment result from development under a permit for which a certificate of occupancy was issued prior to March 11, 1992? Yes

I/we hereby certify that all of the information above and the application materials I have provided are true and correct.

KRAMER, SEWELL, SOPKO
& LEVENSTEIN, P.A.
853 SE Monterey Commons Blvd.
Stuart, FL 34996

By 
Robert S. Kramer
Attorney for Applicant

DATED: This 26th day of September, 2000

Prepared by and return to:
Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPROVAL

1. Owner of Property: RACHEL COLEMAN
2. Legal Description of Property:

Lot 36, HIGHPOINT, as recorded in Plat Book 3, page 108, public records of Martin County, Florida.
3. Date of Administrative Variance Application: September 26, 2000

Whereas, the Town of Sewall's Point Building Commissioner (the "Building Commissioner") has authority under the Town of Sewall's Point Code of Ordinances to grant administrative variances upon making certain findings of fact; and

Whereas, the Building Commissioner has reviewed an Administrative Variance Application (the "Application") for the Property described above and determined that the Application is complete; and

Whereas, the Building Commissioner has made the appropriate finds of fact and finds that:

(1) The setback violation for the encroachment shown on the survey attached as Exhibit "A" (the "survey") was a good faith error and was not intentional; and

(2) The encroachment is less than or equal to five percent (5%) of the setback requirement in effect on the date that

the encroachment was first created, or twenty inches (20"), whichever is less; and

(3) No letters of objection to the administrative variance application have been filed by adjacent owners with the Town Clerk; and

(4) the application meets the conditions of the Town of Sewall's Point Code of Ordinances for an administrative variance.

NOW THEREFORE, the Town of Sewall's Point hereby grants and approves the Application for an administrative variance for the encroachments shown on the survey.

Dated this 19th day of March, 2001.

THE TOWN OF SEWALL'S POINT,
a Florida Municipal Corporation

By: Thomas P. Bausch
Building Commissioner

STATE OF FLORIDA
COUNTY OF MARTIN

SWORN to and subscribed before me this 19th day of March 2001 by Thomas P. Bausch, as Building Commissioner of the Town of Sewall's Point, a Florida municipal corporation, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Joan H. Barrow
NOTARY PUBLIC



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

Prepared by and return to:
Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPROVAL

1. Owner of Property: RACHEL COLEMAN
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NOW THEREFORE, the Town of Sewall's Point hereby grants and approves the Application for an administrative variance for the encroachments shown on the survey.

Dated this _____ day of _____, 2000.

THE TOWN OF SEWELL'S POINT,
a Florida Municipal Corporation

By:
Building Commissioner

STATE OF FLORIDA
COUNTY OF MARTIN

SWORN to and subscribed before me this _____ day of September, 2000 by _____, as Building Commissioner of the Town of Sewall's Point, a Florida municipal corporation, who is personally known to me or who has produced _____ as identification and who did not take an oath.

NOTARY PUBLIC


LETTER OF NO OBJECTION

September 25, 2000

The Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

Re: Application for Administrative Variance Pursuant to Appendix B
- Zoning, Section VIII.F, Town of Sewall's Point Code of
Ordinances Filed by Rachel Coleman

Dear Town of Sewall's Point:

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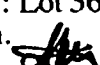
Sincerely yours,

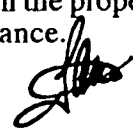


Mr. and Mrs. Lawrence Winzurk
11 Middle Road
Stuart, FL 34996



Dated this 25 day of September, 2000.

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September 25, 2000

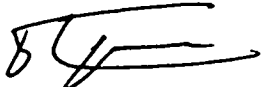
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Sincerely yours,



Mr. Beauvais LaGuerre
26 W. High Point Road
Stuart, FL 34996

Dated this 26th day of September, 2000.

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One South Sewall's Point Road
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Sincerely yours,

Daniel R. Topping
Daniel R. Topping
7 Middle Road
Stuart, FL 34996

Daniel R. Topping
September 26, 2000

Dated this 26th day of Sept., 2000.

LETTER OF NO OBJECTION

September 25, 2000


The Town of Sewall's Point
One South Sewall's Point Road
Stuart, FL 34996

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- Zoning, Section VIII.F, Town of Sewall's Point Code of
Ordinances Filed by Rachel Coleman

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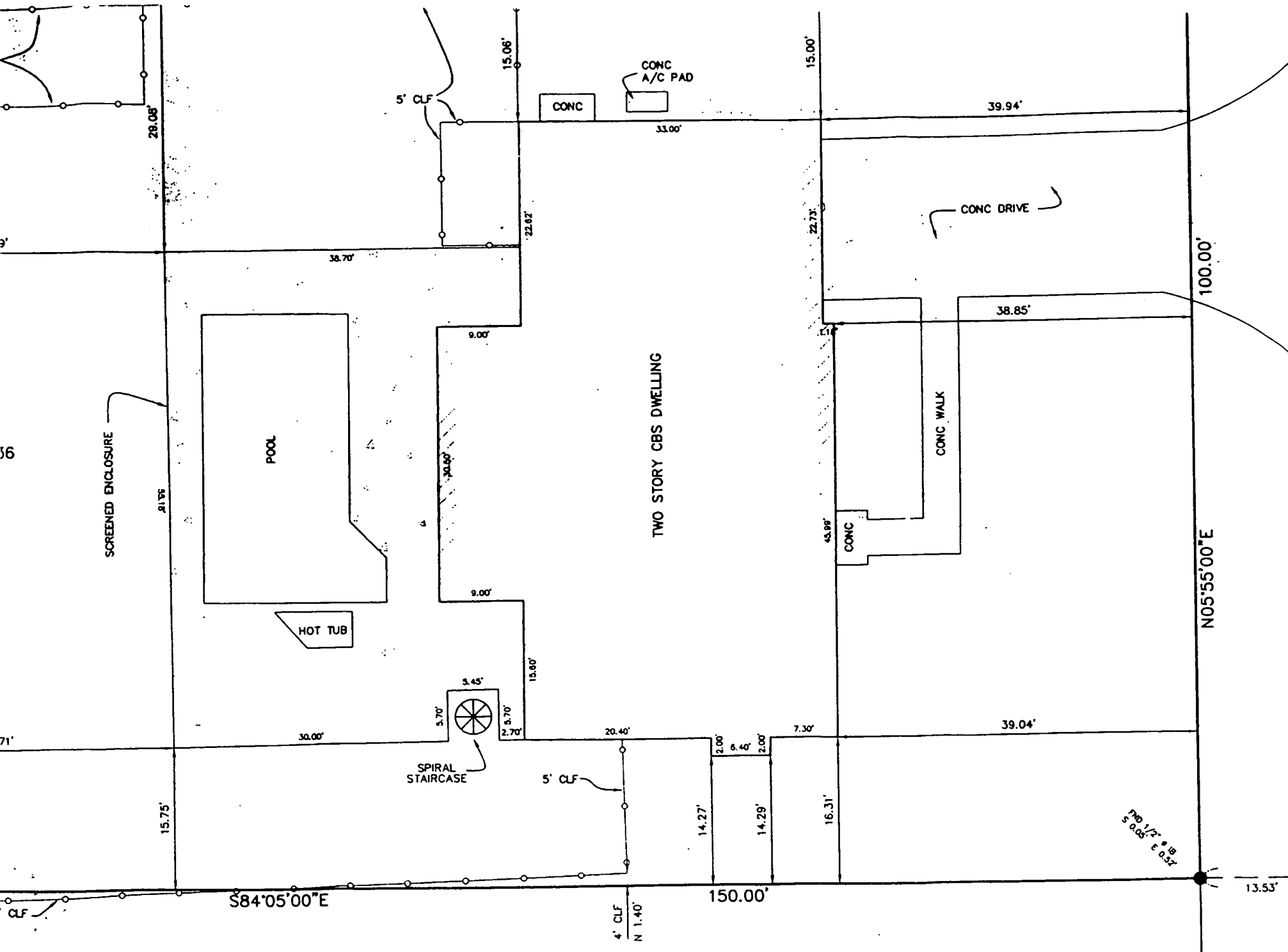
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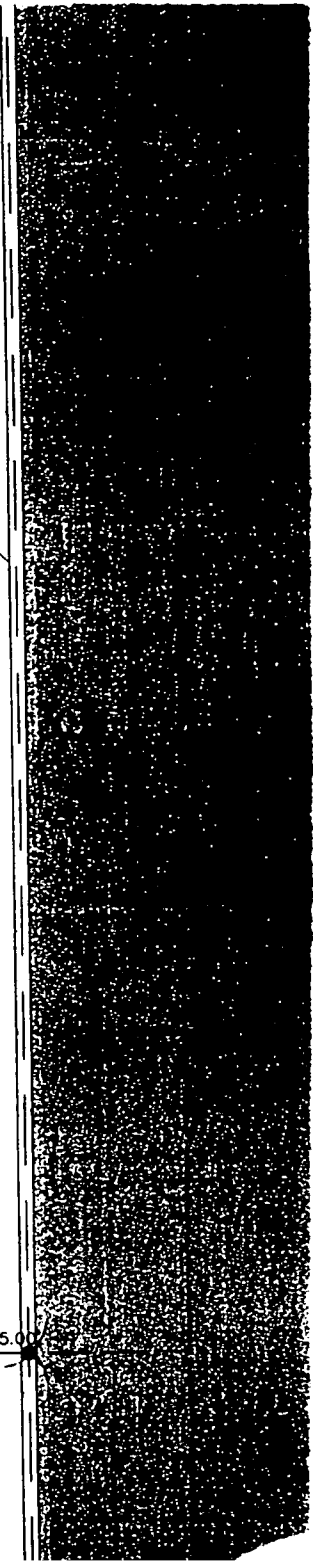

Charles W. DeGarmo
109 Hillcrest Court
Stuart, FL 34996

Dated this 25 day of September, 2000.

56



LOT 37



FAX
TOWN OF SEWALL'S POINT, FLORIDA

DATE: 3/12/01

FAX: 220-1489

TO: Tim Wright, Town Attorney

FROM: Joan Barrow, Town Clerk

RE: Tranter

REMARKS: What ever happened with the Tranter administrative variance?

TOTAL NUMBER OF PAGES INCLUDING THIS ONE: 1

TOWN OF SEWALL'S POINT
1 SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996
FAX : 561-220-4765
TELEPHONE: 561-287-2455

**WARNER, FOX, WACKEEN, DUNGEY
SEELEY, SWEET, WRIGHT & BEARD, L.L.P.**

DEBORAH B. BEARD
RICHARD J. DUNGEY*
M. LANNING FOX*
LOUIS E. LOZEAU, JR.
MICHAEL J. McCLUSKEY
WILLIAM R. PONSOLDT, JR.
GARY L. SWEET
W. THOMAS WACKEEN**
THOMAS E. WARNER**
TIM B. WRIGHT

1100 S. FEDERAL HIGHWAY
P.O. DRAWER 6
STUART, FLORIDA 34995-0006
(561) 287-4444
TELEFAX (561) 220-1489
JUPITER (561) 744-6499
WWW.WARNERFOX.COM

FERNANDO M. GIACHINO
ROBERT A. GOLDMAN
SUSANN B. WARD

AARON A. FOOSANER
ROBERT L. SEELEY
OF COUNSEL

* BOARD CERTIFIED REAL ESTATE LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER

*3-19-01
to be recorded*

March 15, 2001

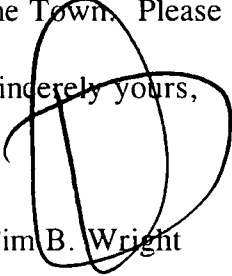
Commissioner Thomas P. Bausch
Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

Re: Administrative Variance Application of John and Kathy Sue Trantner

Dear Commissioner Bausch:

Enclosed are the original administrative variance application and the form variance approval for your execution. I have reviewed the application and find that it meets the legal standards of the Town. Please contact me if you have any questions.

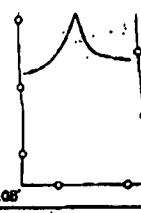
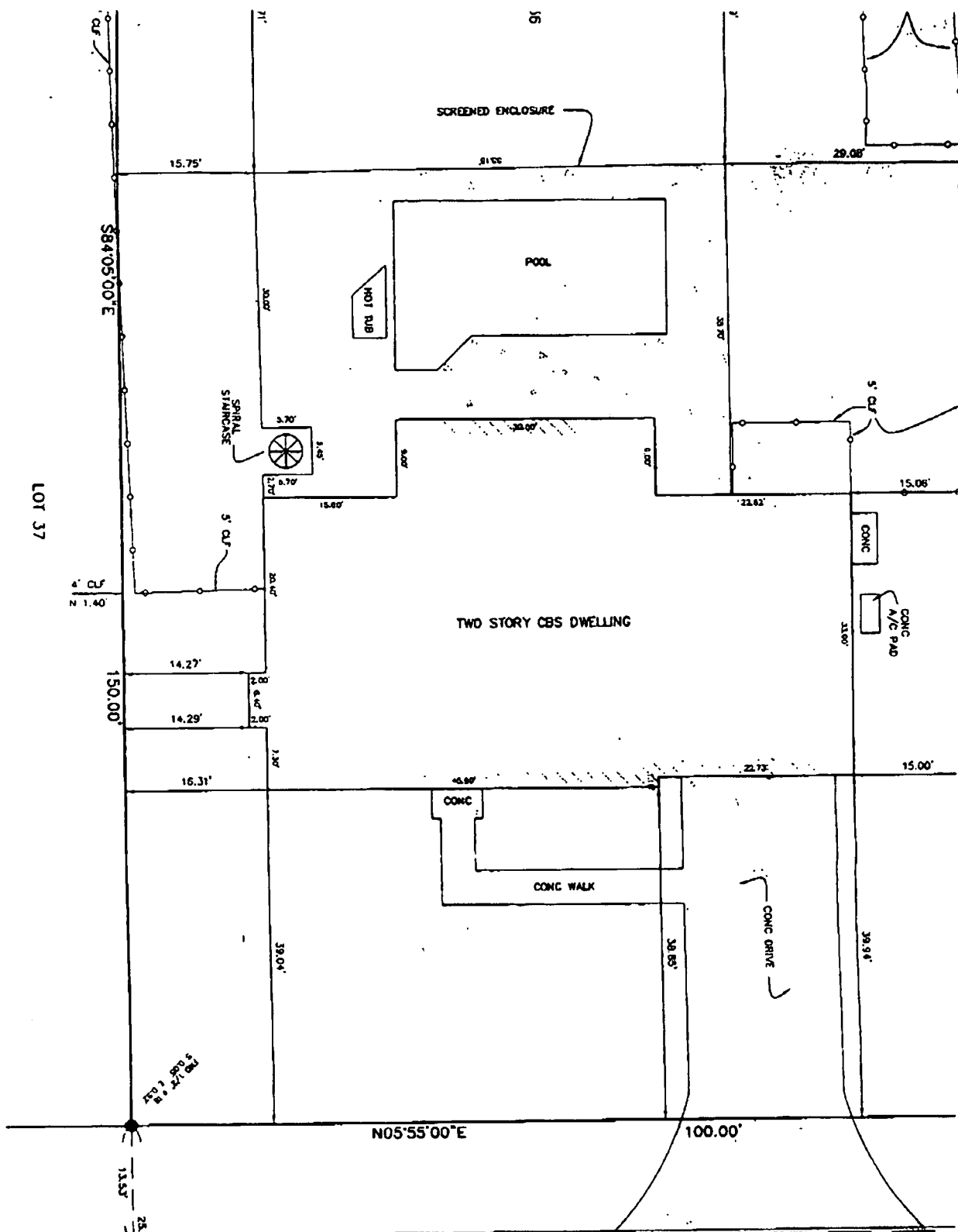
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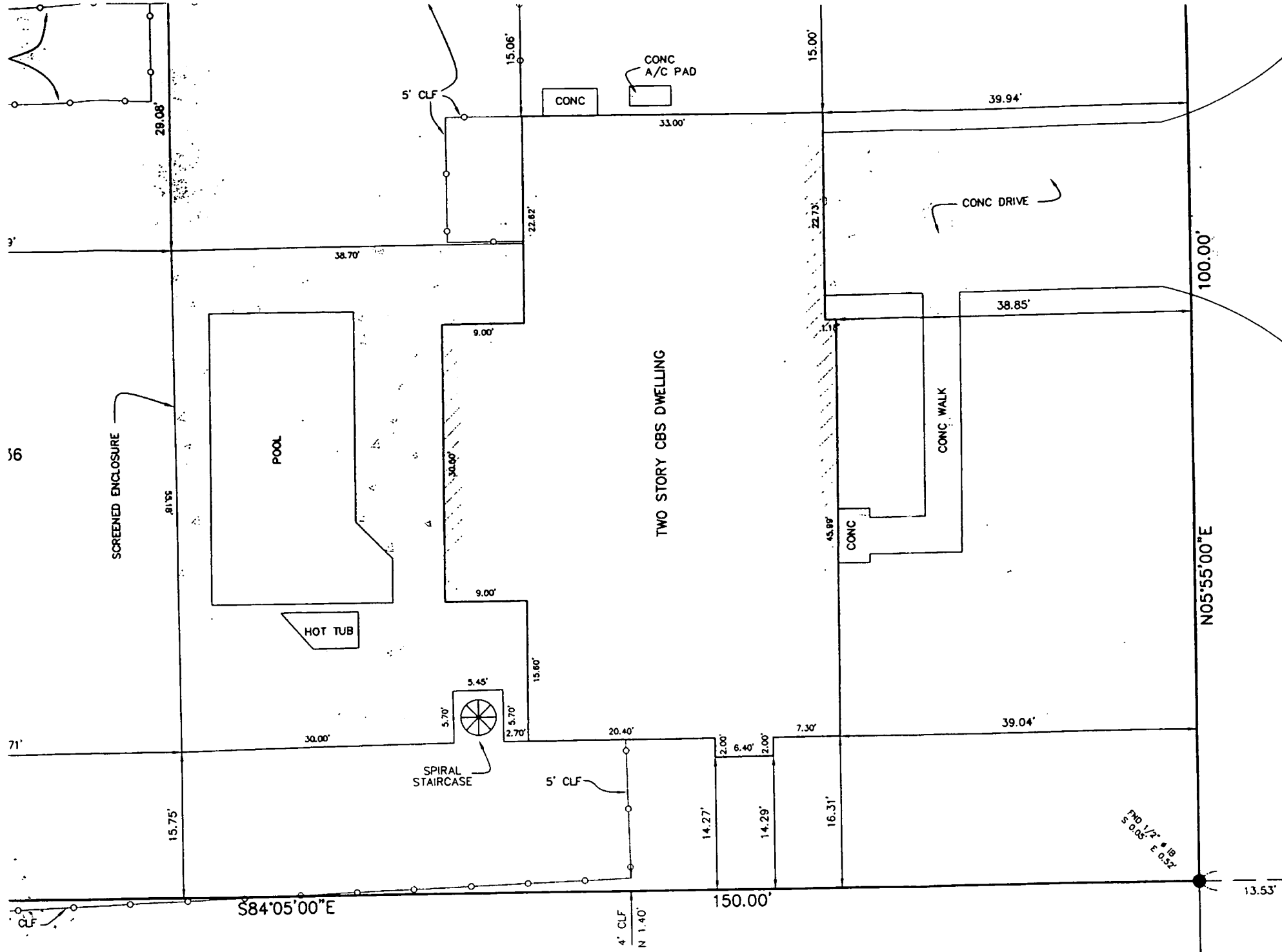

Tim B. Wright

TBW/mcf

Enclosures

cc: Mr. Robert S. Kramer
Mrs. Joan H. Barrow





PRO 1/2" = 10'
5 0.05' = 1.00'

ROBERT M. WIENKE
Mayor

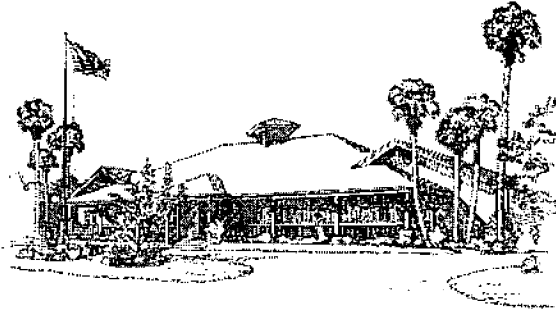
THOMAS P. BAUSCH
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

MARC S. TEPLITZ
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

April 30, 2001

Mr. and Mrs. John Tranter
9 Middle Road
Sewall's Point, Florida 34996

Re: Administrative Variance, Lot 36 High Point

Dear Mr. and Mrs. Tranter:

This is the final accounting regarding the above-referenced variance:

9-00	Received check from John Tranter	+ 500.00
9-00	Town of Sewall's Point - filing fee	- 250.00
9-00	Warner Fox - legal fees	- 276.00
10-00	Warner Fox - legal fees	- 80.50
3-01	Clerk of Court - recording fees	- <u>37.50</u>
	BALANCE DUE	144.00

PAID

Please make your check payable to the "Town of Sewall's Point." Thank you.

Sincerely,

TOWN OF SEWALL'S POINT

Joan Barrow, Town Clerk/Treasurer



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

Sec. 82-116. Conditions.

In granting any variance, the board of zoning adjustment may prescribe appropriate conditions and safeguards in conformance with this chapter. Violation of such conditions and safeguards, when made part of the terms under which a variance is granted, shall be deemed a violation of the chapter and punishable according to law. The board of adjustment shall prescribe a time limit within which the action for which the variance is required shall be begun or completed, or both. Failure to begin or complete, or both, such action within the time limits set shall void the variance.

(Ord. No. 95, § XV.B.2.h, 11-17-1976; Ord. No. 111, pt. 1, § 18, 9-13-1978)

Secs. 82-117—82-140. Reserved.

DIVISION 5. ADMINISTRATIVE VARIANCES FOR SETBACKS*

Sec. 82-141. Authorized.

If the applicant meets the requirements set forth in this division, the building official shall grant an administrative variance to the setback requirements provided in section 82-242, 82-261, 82-274 or 82-423.

(Ord. No. 95, § VIII.F, 11-17-1976; Ord. No. 225, § 2, 1-12-1994)

Sec. 82-142. Procedure; criteria for granting.

An administrative variance from the terms of this chapter shall be granted by the building official if the following requirements and conditions are fulfilled:

- (1) *Application; fees.* The applicant shall submit a written application for an administrative variance to the building official in a form prescribed by the building official, together with a filing fee of \$250.00 (for each encroachment) plus a \$250.00 deposit for costs and expenses (for each encroachment) for engineering and legal fees and any other expenses that may be incurred by the town in connection with the application. The town shall be reimbursed by the applicant for all costs and expenses incurred in connection with any application for an administrative variance as a condition of the variance.
- (2) *Certification of ownership of property; submission of information regarding owners of adjacent property.* The applicant shall provide the building official with a certificate from an attorney or a title insurance company certifying ownership of the property which is the subject of the administrative variance, and certifying the name and address shown in the official records of the county tax collector's office of all owners of property located adjacent to the property which is the subject of the administrative variance.

*Cross reference—Administration, ch. 2.

- (3) *As-built survey.* The applicant shall provide the building official with an as-built survey. The as-built survey shall:
- a. Be prepared by a licensed surveyor registered in the state in accordance with the minimum technical standards established by the state board of professional land surveyors.
 - b. Be dated not more than 30 days prior to the application.
 - c. Contain the address of the property, including the street name and number, and show the proximity of all boundary streets.
 - d. Show the location of all buildings, structures, and aboveground encroachments and improvements.
 - e. Show all setback requirements under this Code.
 - f. Show the location and identification of all encroachments into setbacks under this Code, including the type of improvement comprising the encroachment and specifically identifying any encroachment which is the subject of the application.
 - g. Contain a certification to the town.
 - h. Contain any other information the building official may require to show whether the setback encroachment is entitled to an administrative variance.
 - i. Be prepared in accordance with chapter 80 of this Code titled "Surveys and drawings".
- (4) *Proof of notice to adjacent property owners.* The applicant shall provide the building official with either:
- a. Letters of no objection from all adjacent property owners; or
 - b. Proof that a copy of the administrative variance application has been sent to all adjacent property owners by certified mail with a written notice informing them that any objections to the requested administrative variance must be filed with the town clerk within 15 days from the date that the notice was mailed.
- (5) *Criteria for granting.* The building official must find that:
- a. The setback violation was a good faith error and was not intentional;
 - b. The encroachment is less than or equal to five percent of the setback requirement in effect on the date that the encroachment was first created, or 20 inches, whichever is less;
 - c. No Code violations exist on the property other than violations entitled to an administrative variance pursuant to an application pending under this division; and
 - d. No letters of objection to the administrative variance application have been filed by adjacent owners with the town clerk.
- (Ord. No. 95, § XIII.F.1, 11-17-1976; Ord. No. 225, § 2, 1-12-1994; Ord. No. 263, 8-17-1999)

Sec. 82-143. Recording of approval and survey.

Upon approval of the administrative variance by the building official, the applicant shall record, in the county public records, at the applicant's expense, a copy of the administrative variance approval along with a legible copy of the survey required in this division.

(Ord. No. 95, § XIII.F.2, 11-17-1976; Ord. No. 225, § 2, 1-12-1994)

Sec. 82-144. Authority of mayor when building official is unavailable.

Administrative variances may be granted by the mayor if the building official is absent or otherwise unavailable for longer than one week.

(Ord. No. 95, § XIII.F.3, 11-17-1976; Ord. No. 225, § 2, 1-12-1994)

Sec. 82-145. Development not eligible for variance.

Administrative variances shall not be granted for any encroachment resulting from development under a permit for which a certificate of occupancy was issued after March 11, 1992, when Ordinance No. 216 of the town became effective.

(Ord. No. 95, § XIII.F.4, 11-17-1976; Ord. No. 225, § 2, 1-12-1994)

Sec. 82-146. Appeals.

An administrative appeal from a decision of the building official or the mayor under this division may be taken by the applicant under section 82-101. The administrative appeal may proceed concurrently with an application for a variance before the board of zoning adjustment, at the election of the applicant.

(Ord. No. 95, § XIII.F.5, 11-17-1976; Ord. No. 225, § 2, 1-12-1994)

Secs. 82-147—82-170. Reserved.**ARTICLE III. NONCONFORMITIES****Sec. 82-171. Nonconforming lots of record.**

(a) *Metes and bounds descriptions.* Where the owner of a lot of record in any residential district at the time of the adoption of Ordinance No. 65 (May 13, 1970) or his successor in title thereto does not own sufficient contiguous land to enable him to conform to the width, area or other dimensional requirements of this chapter, such lot may be used as a building site for a single-family residence provided that a variance therefrom is granted by the board of zoning adjustment and construction is in compliance with other town ordinances. For purposes of this subsection, a lot of record is a lot having a legal description set forth in a deed of conveyance recorded in the public records of the county prior to May 13, 1970.

(b) *Subdivision parcels.* Notwithstanding the limitations imposed by any other provisions of this chapter, the town building department shall issue building permits to owners of any lot in a subdivision approved by the town prior to the date of the adoption of Ordinance No. 95,

5179

INTERIOR DEMOLITION

(NON- STRUCTURAL)

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 11/30/00 BUILDING PERMIT NO. 5179
 Building to be erected for JOHN TRANTER Type of Permit DEMOLITION - INT. (NOV STRUCTURE)
 Applied for by BAMMICK CONST. INC. (Contractor) Building Fee \$33.60
 Subdivision HIGH POINT Lot 36 Block _____ Radon Fee _____
 Address 9 MIDDLE ROAD Impact Fee _____
 Type of structure S.P.R. A/C Fee _____
 Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____
13-38-41-002-000-00360-90000 Roofing Fee _____

Amount Paid \$33.60 Check # 1002 Cash _____ Other Fees (_____)
 Total Construction Cost \$ 3,500.00 TOTAL Fees \$33.60

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

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

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

New Construction Remodel Addition Demolition

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



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

RECEIVED

Bldg. Permit Number: 5179

NOV 28 2000

Owner or Titleholder's Name MR. & MRS. John Tranter Phone No. (904) 283-8573
 Street: 9 MIDDLE Rd. City SEWALL'S Pt. State: FLA Zip _____
 Legal Description of Property: LOT 36 HIGH POINT

Parcel Number: 13-38-41-002-000-00360-90000

Location of Job Site: 9 MIDDLE Rd.

TYPE OF WORK TO BE DONE: INTERIOR DEMOLITION (NOT STRUCTURAL)

CONTRACTOR/Company Name: EMMICK CONST. INC Phone No. (904) 334-0440
 Street: P.O. Box 1968 City JENSEN BCH State: FLA Zip 34957
 State Registration: _____ State License: CRCO17291

ARCHITECT: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 3,500.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

CONTRACTOR SIGNATURE (Required)

John E. Tranter
 Owner
 State of Florida, County of: Martin On this the 27th day of November, 2000, by John E. Tranter who is personally known to me or produced _____ as identification.

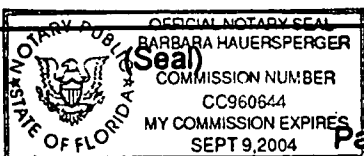
John R. Emmick
 Contractor
 State of Florida, County of: Martin On this the 27th day of November, 2000, by J. Emmick who is personally known to me or produced _____ as identification.

Barbara Hauersperger
 Notary Public

Joan H. (Seal)
 Notary Public

My Commission Expires: _____

My Commission Expires: _____



Joan H. (Seal)
 MY COMMISSION # CC763645 EXPIRES
 November 30, 2002
 BONDED THRU TROY FAIN INSURANCE INC
 Form revised: 20 April 2000

PRODUCER

Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 561-286-4334 Fax: 561-286-9389

FILE PERMIT

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

COPY INSURERS AFFORDING COVERAGE

INSURED

Joseph P. Emmick Emmick Construction, Inc. PO Box 1968 Jensen Beach FL 34958

FILE

h/c/w

INSURER A: Southern Owners INSURER B: INSURER C: INSURER D: INSURER E:

RECEIVED SEP 13 2000 BY: [Signature]

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess Liability, Workers Compensation, and Other.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Residential Carpentry - State of Florida

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

TOWNS-1

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

Cabot W. Lord, CIC.

NOTICE OF ELECTION TO BE EXEMPT

PAID

FILE *lee/ris*

STATE USE ONLY

Effective/Issue Date: **RECEIVED**

Expiration Date: **NOV 16 2000**

Control Number: **BY: [Signature]**

Postmark Date: **NPD**

Received Date:

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

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

2000-1980 512 420

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

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

Sole Proprietor Partner Corporate Officer (your corp. title: PRESIDENT)

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

Corporate Officer (your corp. title: _____)

RECEIVED

-OR-
SEP 22 2000

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one, if your partnership does not have one, state "N/A"): H 96028

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

Business Name: <u>Joseph P. Emmick PBA</u>		Trade Name; d/b/a; or a/k/a: <u>EMMICK CONST. INC.</u>	
Business Mailing Address: <u>P.O. BOX 1968</u>		City: <u>JENSEN BCH.</u>	State: <u>FLORIDA</u>
County: <u>MARTIN</u>	Phone No.: <u>(561) 334-0440</u>	Zip: <u>34958</u>	Nature of Business: <u>RESIDENTIAL CONST.</u>
Unemployment Compensation Tax No: <u>1063960</u>	Date Business Established: <u>1/24/86</u>	FEIN: <u>59-2641855</u>	
No. of Employees: <u>1</u>			

Are you required to be registered or certified pursuant to Chapter 489, F. S.? No Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes RESIDENTIAL CONTRACTOR CA0017291

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? No Yes:
YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? NO YES list the name of all other businesses in which you are employed: _____

Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? No Yes, You must attach tax records. See instruction sheet for details.

FFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Joseph P. Emmick

PRINT NAME OF PERSON APPLYING FOR EXEMPTION

266 1 04 19930 SOCIAL SECURITY NO.

12 1 26 1 51 mo. day yr. DATE OF BIRTH

[Signature] APPLICANT'S SIGNATURE

9 1 22 1 00 DATE SIGNED

STATE OF FLORIDA, COUNTY OF Martin

Witnessed and subscribed before me this 22 day of Sept, 2000, by Joseph P Emmick

Not Publicly Known OR Produced Identification _____ Type of Identification Produced _____

WITNESS SIGNATURE Nancy Speedy My Commission Expires 06/15/2001

FORM BCM-250 Revised February 2000 (SEE REVERSE FOR ADDITIONAL INFORMATION)

NANCY SPEEDY
COMMISSION # CC 640580
EXPIRES 06/15/2001

RECEIVED
OCT 3 X 2000
BY: *GA*

FILE
Mc/uo

STATE OF FLORIDA AC# 5900755
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CR# C017291-07765/2000-00900016
CERTIFIED RESIDENTIAL CONTRACTOR
ENMICK, JOSEPH E. JR.
ENMICK CONSTRUCTION, INC.
IN GOD WE TRUST
under the provisions of Ch. 489 FS.
IS CERTIFIED
Expiration Date: AUG 31, 2002

Robert S. Kramer, Esq.
Kramer, Sewell, Sopko & Levenstein, P.A.
853 SE Monterey Commons Blvd.
Stuart, Florida 34996
561-288-0048
File Number: 4195.05
Will Call No.:

[Space Above This Line For Recording Data]

Warranty Deed

This Warranty Deed made this 29th day of September, 2000 between RACHAEL COLEMAN, joined by her husband ROBERT E. COLEMAN whose post office address is [redacted] grantor, and JOHN E. TRANTER and KATHY SUE J. TRANTER, husband and wife whose post office address is 32 Fieldway Drive, Stuart, Florida 34996, grantees

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

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

Lot 36, HIGH POINT, according to the map or plat thereof, as recorded in Plat Book 3, page 108, of the public records of Martin County, Florida.

Parcel Identification Number: 13-38-41-002-000-00360-90000.

Subject to taxes for 2000 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

State of Florida

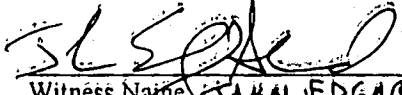
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

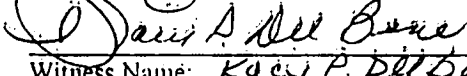
To Have and to Hold, the same in fee simple forever, to the said grantees, their heirs and assigns forever, by RACHAEL COLEMAN, who produced a driver's license, on September 29, 2000.

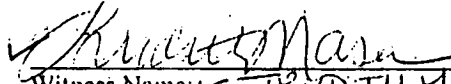
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple, that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1999.

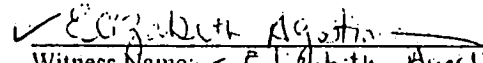
In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

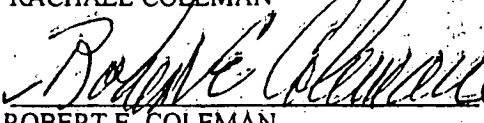

Witness Name: JOHN EDGAR SHERRARD


Witness Name: KACY P. DEBORE


Witness Name: TRUDITH MASON


Witness Name: ELIZABETH AGOSTINO


RACHAEL COLEMAN (Seal)


ROBERT E. COLEMAN (Seal)

5209

2ND FLOOR ADDITION

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 1/9/01

BUILDING PERMIT NO. 5209

Building to be erected for JOHN & KATHY TRAUTER

Type of Permit 2ND FL. ADD'N.

Applied for by EMMICK CONST. INC.

(Contractor)

Building Fee \$816.00

Subdivision HIGH POINT Lot 36 Block _____

Radon Fee N/A

Address 9 MIDDLE ROAD

Impact Fee N/A

Type of structure S.F.R.

A/C Fee 120.00

Parcel Control Number: _____

Electrical Fee 120.00

Amount Paid _____ Check # 1021 Cash _____

Plumbing Fee 120.00

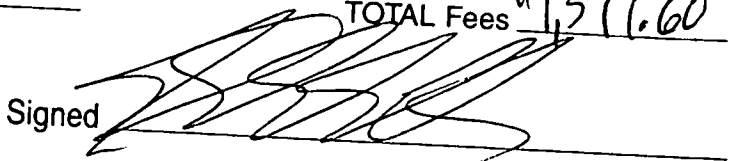
Total Construction Cost \$ 85,000.00

Roofing Fee 120.00

Other Fees (PLAS KEV) 81.60

TOTAL Fees 1,377.60

Signed 
Applicant

Signed 
Town Building Inspector OPPELME

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

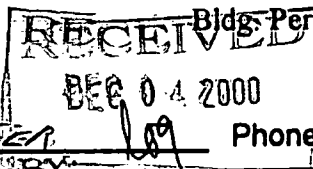
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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



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



Bldg. Permit Number: _____

Owner or Titleholder's Name John & Kathy Tranter Phone No. (561) 283-8573
 Street: 32 FIELDWAY DR. City: STUART State: FLA Zip: _____
 Legal Description of Property: LOT 36 HIGH POINT

Parcel Number: 13-38-41-002-000-00360-9000

Location of Job Site: 9 MIDDLE RD. HIGH POINT
 TYPE OF WORK TO BE DONE: 2ND STORY BATH BATH ADDITION

CONTRACTOR/Company Name: EMMICK CONST. INC. Phone No. (561) 334-0440
 Street: P.O. BOX 1968 City: TENSEN RCH State: FLA Zip: 34957
 State Registration: _____ State License: CACO17291

ARCHITECT: JOSEPH P. McCARTY Phone No. (561) 287-6735
 Street: 900 E. OSEOLA ST City: STUART State: FLA Zip: _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: SEPTIC TANK Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 85,000.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: COOK ELECTRIC State: _____ License # FC0002265
 Mechanical: NISAIR A/C State: _____ License # CACO41199
 Plumbing: SNEED PLUMBING INC State: CERTIFIED License # CF-C043026
 Roofing: PACIFIC ROOFING State: _____ License # 056793

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

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

OWNER or AGENT SIGNATURE (Required)

[Signature]
 Owner
 State of Florida, County of: Martin On this the 27th day of November, 2000, by John E. Tranter who is personally known to me or produced _____ as identification.

CONTRACTOR SIGNATURE (Required)

[Signature]
 Contractor
 State of Florida, County of: Martin On this the 4th day of December, 2000, by J. Emmick who is personally known to me or produced F.I.D.I. as identification.

[Signature]
 Notary Public

[Signature]
 Notary Public

My Commission Expires: _____
 OFFICIAL NOTARY SEAL
 BARBARA HAUERSPERGER
 (Seal)
 COMMISSION NUMBER
 CC960644
 MY COMMISSION EXPIRES
 SEPT 9, 2004

My Commission Expires: _____
 Joan H. Barrow
 MY COMMISSION # CC705045 EXPIRES
 (Seal) per 30, 2002
 BONDED THRU TROY FAIR INSURANCE, INC.

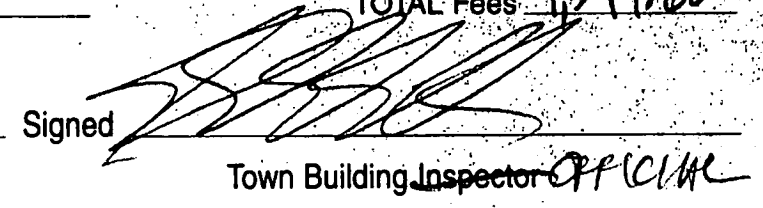
5/15/01 ADD. BLDG FEE PER OWNER AFFID PD. 5/15/01
CONST COST: \$108,750 = 1,044.00 }
PD. \$816.00 BAL. = 228.00 } CK # 1103

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

1 Date 1/9/01 BUILDING PERMIT NO. 5209
2 Building to be erected for JOHN & KATHY TRAUTER Type of Permit 2ND FL. ADD'N.
3 Applied for by EMMICK CONST. INC. (Contractor) Building Fee \$816.00
4 Subdivision HIGH POINT Lot 36 Block _____ Radon Fee N/A
5 Address 9 MIDDLE ROAD Impact Fee N/A
6 Type of structure S.F.R. A/C Fee 120.00
Electrical Fee 120.00
7 Parcel Control Number: Plumbing Fee 120.00
Roofing Fee 120.00
8 Amount Paid \$1,377.60 Check # 1021 Cash _____ Other Fees (PLAN REV) 81.60
9 Total Construction Cost \$ 85,000.00 TOTAL Fees \$1,377.60

Signed  Applicant

Signed  Town Building Inspector OFFICIAL

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. That Affiant 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 Affiant'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 \$ 108,750.00.
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.

FURTHER Affiant sayeth not.

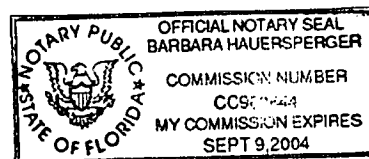
Affiant's Signature:

J. E. Trant
Property Address:
9 Middle Rd.

SWORN TO and subscribed before me
this 7th day of MAY, 2004 by John
E. TRANTER, who is personally known to
~~me or produced~~ _____ as identification.

Barbara Hauerperger
Notary Public
My commission expires: 9-9-04

(Notary Seal)

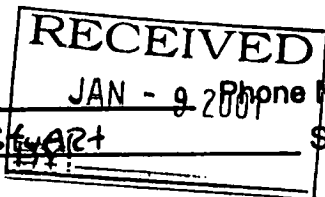




**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Bldg. Permit Number: _____

Owner or Titleholder's Name KATHY TRANTER Phone No. () _____
 Street: 9 MIDDLE ROAD City STUART State: FL Zip 34996
 Legal Description of Property: HIGH POINT Lot 36



Parcel Number: 13-38-41-002-000-00360-90000

Location of Job Site: 9 MIDDLE ROAD

TYPE OF WORK TO BE DONE: REMOVE EXISTING ASPHALT SHINGLE ROOF. INSTALL S-V GIMP

CONTRACTOR/Company Name: PACIFIC ROOFING Phone No. (561) 283-7663
 Street: P.O. BOX 2697 City STUART State: FL Zip 34995
 State Registration: _____ State License: CC 056793

ARCHITECT: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: 380 Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

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

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 10,000
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: PACIFIC ROOFING State: FL License # CC 056793

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

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

OWNER or AGENT SIGNATURE (Required)
Kathy Tranter
 State of Florida, County of: Stuart On this the 5th day of January, 2001, by _____ who is personally known to me or produced as identification.
James Nickerson
 Notary Public

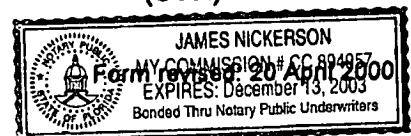
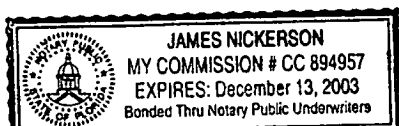
CONTRACTOR SIGNATURE (Required)
[Signature]
 Contractor
 State of Florida, County of: Stuart On this the 5th day of January, 2001, by _____ who is personally known to me or produced as identification.
James Nickerson
 Notary Public

My Commission Expires: _____

My Commission Expires: _____

(Seal)

(Seal)



TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 561-286-4334 Fax: 561-286-9389

Permit
FILE

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.

COPY

INSURERS AFFORDING COVERAGE

INSURED

Joseph P. Emmick
Emmick Construction, Inc.
PO Box 1968
Jensen Beach FL 34958

FILE

hcf/us

INSURER A: Southern Owners

INSURER B:

INSURER C:

INSURER D:

INSURER E:

RECEIVED
SEP 13 2000
BY: *[Signature]*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20552563	09/20/00	09/20/01	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 300,000
					GENERAL AGGREGATE \$ 300,000
					PRODUCTS - COM/OP AGG \$ 300,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Residential Carpentry - State of Florida

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNS-1

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

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

[Signature]

Cabot-W.-Lord, CIC.

NOTICE OF ELECTION TO BE EXEMPT

PAID

FILE *lee/nis*

STATE USE ONLY

Effective/Issue Date: **RECEIVED**

Expiration Date: **NOV 16 2000**

Control Number: **BY: [Signature]**

Postmark Date: **NPD**

Received Date:

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

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

2000-1980 512 420

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

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

Sole Proprietor Partner Corporate Officer (your corp. title: *PRESIDENT*)

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

Corporate Officer (your corp. title: _____)

RECEIVED
-OR-
SEP 22 2000

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership does not have one, state "N/A"): *H 96028*

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

Business Name: <i>Joseph P. Emmick PBA</i>		Trade Name; d/b/a; or a/k/a: <i>EMMICK CONST. INC.</i>	
Business Mailing Address: <i>P.O. BOX 1968</i>		City: <i>JENSEN Bch.</i>	State: <i>FLORIDA</i>
County: <i>MARTIN</i>	Phone No.: <i>(561) 334-0440</i>	Nature of Business: <i>RESIDENTIAL CONST.</i>	FEIN: <i>59-2641855</i>
Unemployment Compensation Tax No: <i>1063960</i>	Date Business Established: <i>1/24/86</i>	No. of Employees: <i>1</i>	

Are you required to be registered or certified pursuant to Chapter 489, F. S.? No Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes *RESIDENTIAL CONTRACTOR CA C017291*

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? No Yes:
YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? NO YES list the name of all other businesses in which you are employed: _____

Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? No Yes, You must attach tax records. See instruction sheet for details.

FFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

Joseph P. Emmick
PRINT NAME OF PERSON APPLYING FOR EXEMPTION
Joseph P. Emmick
APPLICANT'S SIGNATURE
STATE OF FLORIDA, COUNTY OF *Martin*

266 1 04 19930 *12 1 26 151*
SOCIAL SECURITY NO. mo. day yr.
9 1 22 1 00
DATE SIGNED

Witnessed and subscribed before me this *22* day of *Sept*, 2000, by *Joseph P Emmick*

Personally Known OR Produced Identification _____ Type of Identification Produced _____

WITNESS SIGNATURE *Nancy Speedy* My Commission Expires *06/15/2001*

NANCY SPEEDY
COMMISSION # CC 640580
DATE 09/22/00

RECEIVED
OCT 3 X 2000
BY: *GA*

FILE
He/Us

STATE OF FLORIDA AC# 5900756
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CR - C017291 - 07/07/2000 - 00900016
CERTIFIED RESIDENTIAL CONTRACTOR
ENMICK, JOSEPH E. JR.
ENMICK CONSTRUCTION, INC.
IN GOD WE TRUST
under the provisions of Ch. 489 FS.
IS CERTIFIED
Expiration Date: AUG 31 2002

MASTER PERMIT NO. 5209

TOWN OF SEWALL'S POINT

Date 1/31/01

BUILDING PERMIT NO. 5211

Building to be erected for JOHN & KATHY TRANTER Type of Permit ELECT. - SUB.

Applied for by COOK ELECTRIC INC (Contractor) Building Fee _____

Subdivision HIGH POINT Lot 36 Block _____ Radon Fee _____

Address 9 MIDDLE ROAD Impact Fee _____

Type of structure SPR A/C Fee _____

QUALIFIED: MATTHEW COOK
LIC/CERT: EC-0002265

Electrical Fee SEE PN 5209

Parcel Control Number: _____ Plumbing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature] Applicant AUTH. OFF. ON FILE Signed _____ Town Building Inspector

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

PRODUCER
Plastridge Agency, Inc.
811 S. E. Ocean Blvd.
Stuart FL 34994-2427
Phone: 561-287-5532 Fax: 561-287-5572

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

INSURERS AFFORDING COVERAGE

INSURED
Cook Electric, Inc.
PO Box 1104
Pt. Salerno FL 34992

FILE
licins.

INSURER A: Old Dominion Ins.
INSURER B: FCCI Insurance Co.
INSURER C:
INSURER D:
INSURER E:

RECEIVED
MAR 26 2001

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	MPG26908	12/01/00	12/01/01	EACH OCCURRENCE \$ 500000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 500000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 500000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000
A	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	B2G26908	11/30/00	11/30/01	COMBINED SINGLE LIMIT (Ea accident) \$ 500000
					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 \$
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	CUG26908	12/01/00	12/01/01	EACH OCCURRENCE \$ 1000000
					AGGREGATE \$ 1000000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC01A48580	03/01/01	03/01/02	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$ 500000
					E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

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

Electrical contractors

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNSE1
Town of Sewall's Point
Dale Brown
Building Inspector
1 S Sewall's Point Road
Stuart FL 34996

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

COOK ELECTRIC INC

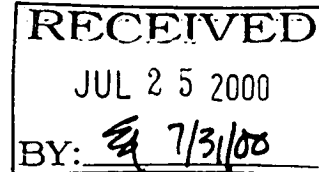
(561) 287-0938

ELECTRICAL CONTRACTORS
Lic.# ER0008060

FAX 287-9084

4250 S.E. COMMERCE AVE.
P.O. Box 1104
PORT SALERNO, FL 34992

FILE
lic/ios



07-24-00

Town of Sewalls Point
1 Sewalls Point Road
Sewalls Point, Fl. 34996

To Whom It May Concern,

Per our telephone conversation I am sending you a copy of Matthew A. Cook's State Certified License. (EC0002265) He is the primary qualifier for Cook Electric, Inc. and Robert C. Cook (ER0008060) will now be the secondary qualifier for Cook Electric, Inc.

If you have any questions please call.

Your attention to this matter is greatly appreciated.

Sincerely,
Cook Electric, Inc.
by

Linda Stapleton

Linda Stapleton
Office Manager



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECT CONTRACTORS LICENSING BD
1940 N MONROE ST
TALLAHASSEE FL 32399-0771

(850) 488-3109

RECEIVED
JUL 25 2000
BY: EA 7/31/00

COOK, MATTHEW ALLEN
COOK ELECTRIC INC.
4333 SE BAYSHORE TERRACE
STUART FL 34997

STATE OF FLORIDA AC# 587E
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
EC #0002265 06/13/2000 9903
CERTIFIED ELECTRICAL CONTRACTOR
COOK, MATTHEW ALLEN
COOK ELECTRIC INC.

IS CERTIFIED under the provisions of Ch. 48
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5878420

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/13/2000	99033056	EG -0002265

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

COOK, MATTHEW ALLEN
COOK ELECTRIC INC.
4250 SE COMMERCE AVE
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDER
SECRETARY

FILE

MASTER PERMIT NO. 5209

TOWN OF SEWALL'S POINT

Date 1/31/01

Building to be erected for JOHN & KATHY TRAMER

BUILDING PERMIT NO. 5210

Applied for by NISAR A/C

Type of Permit A/C SUB

Subdivision HIGH POINT Lot 36

(Contractor)

Building Fee

Address 9 MIDDLE ROAD

Radon Fee

Type of structure S.P.R.

Impact Fee

QUALIFIER: PHC NISA
LIC# 041199

A/C Fee SEE PN 5209

Parcel Control Number:

Electrical Fee

Amount Paid

Check #

Cash

Other Fees ()

Total Construction Cost \$

Plumbing Fee

Roofing Fee

TOTAL Fees

Signed

[Signature]

Applicant

Signed

[Signature]

Town Building Inspector OF HCLM

A/C SUB

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE _____

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID C2
NISAI-1

DATE (MM/DD/YY)
01/04/01

PRODUCER

Plastridge Agency, Inc.
811 S. E. Ocean Blvd.
Stuart FL 34994-2427
Phone: 561-287-5532 Fax: 561-287-5572

FILE *per*
FILE

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INSURERS AFFORDING COVERAGE

INSURED

Nisair Air Conditioning
Personalized Services Inc. dba
1501 Decker Avenue, #D404
Stuart FL 34994-3964

COPY

INSURER A: FCCI Insurance Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED

JAN - 9 2001

BY:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	44571	01/01/01	01/01/02	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 100000
					E.L. DISEASE - EA EMPLOYEE	\$ 100000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER					

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

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNSE1

Town of Sewall's Point
Dale Brown
Building Inspector
1 S Sewall's Point Road
Stuart FL 34996

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AUTHORIZED REPRESENTATIVE

Jean Reed Parks

CERTIFICATE OF LIABILITY INSURANCE

PP ID SB
NISAI-1

DATE (MM/DD/YY)
12/20/00

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 561-286-4334 Fax: 561-286-9389

FILE

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

INSURERS AFFORDING COVERAGE

INSURED

Nisair Air Conditioning
Personalized Services Inc dba
1501 Decker Ave, Suite D404
Stuart FL 34994

INSURER A:	Hanover Insurance Company
INSURER B:	Auto Owners Insurance Co
INSURER C:	RESERVED
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	VDJ5520388	12/20/00	12/20/01	EACH OCCURRENCE	\$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 500,000
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	96-826-376	12/20/00	12/20/01	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$	
	EXCESS LIABILITY				AUTO ONLY: AGG \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$	
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$	
	RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT \$	
					E.L. DISEASE - EA EMPLOYEE \$	
					E.L. DISEASE - POLICY LIMIT \$	
	OTHER					

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

Air Conditioner Contractor - Florida Employees Only

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNS-1

Town of Sewalls Point
fax 220-4765
1 S Sewalls Point Road
Stuart FL 34996

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

Joseph E. Coons, CPCU. CIC.



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD (904) 727-6530
 7960 ARLINGTON EXPRESSWAY
 STE 330
 JACKSONVILLE FL 32211-7467

NISA, PHILIP ANTHONY JR
 NISAIR AIRCONDITIONING
 1501 DECKER AVE
 80-404
 STUART FL 34994

STATE OF FLORIDA ACA 588551
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CA -C041199-04016/2000 990333
 CLASS 8 CERTIFIED AIR COND COM
 NISA, PHILIP ANTHONY JR
 NISAIR AIRCONDITIONING
 IS CERTIFIED under the provisions of Ch. 409
 Expiration Date: AUG 31, 2002

DETACH HERE

ACA 588551
 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NO
05/16/2000	15750175	CA -C041199

The CLASS 8 AIR CONDITIONING CONTRACTOR
 License Number: CA-C041199-04016/2000
 Expiration date: AUG 31, 2002

NISA, PHILIP ANTHONY JR
 NISAIR AIRCONDITIONING
 1501 DECKER AVE
 80-404
 STUART FL 34994

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSO
 SECRETARY

MARTIN COUNTY ORIGINAL

1999 COUNTY OCCUPATIONAL LICENSE 2000

Larry C. Orshan, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(888) 289-4604

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR:	0.00	LIQ. FEE:	0.00
	0.00	PENALTY:	0.00
	0.00	COL. FEE:	25.00
TOTAL		25.00	

IS MEMBER IN THE BUSINESS PROFESSION OR OCCUPATION

AT ABOVE ADDRESS FOR THE PERIOD ENDING ON THE

1 OCTOBER 99
AND EXPIRES SEPTEMBER 30 2000 999081302 1620 PAID

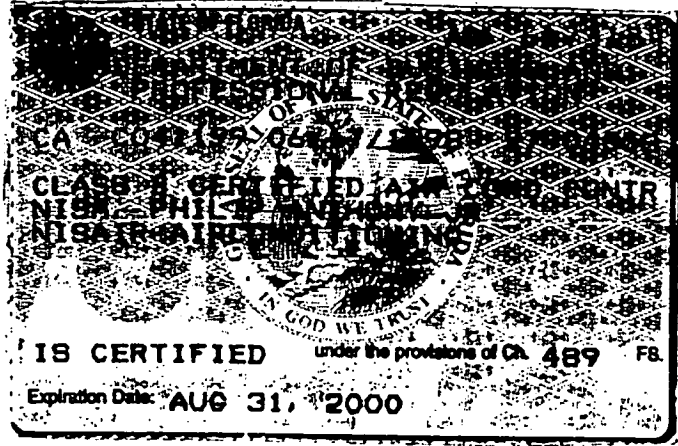
LICENSE: 1986 518 989 CERT: RA0018072
PHONE: 561 283 0904 SEC NO: 0900

LOCATION: 1501 DECKER AVE
STUART FL 34994



MEMBER AIR/CONDITIONING
1501 DECKER AVENUE D-404
STUART FL 34994

MEMBER AIR/CONDITIONING INC



CLASSIFIED
NIAIR AIR

IS CERTIFIED under the provisions of CA 489 FS.

Expiration Date: AUG 31, 2000

COPY

MASTER PERMIT NO. 5209

TOWN OF SEWALL'S POINT

Date 2/15/01

BUILDING PERMIT NO. 5212

Building to be erected for JOHN & KATHY FRANTER Type of Permit PLMBG - SUB

Applied for by SNEED PLUMBING INC (Contractor) Building Fee _____

Subdivision HIGH POINT Lot 36 Block _____ Radon Fee _____

Address 9 MIDDLE ROAD Impact Fee _____

Type of structure S.P.R. A/C Fee _____

QUALIFIED: GLENN SNEED
LIC/PERT: CF-C043026

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee SBE PN 5209

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees? _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

PLMBG
SUB

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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

PRODUCER

HARBOR INSURANCE AGENCY
2222 Colonial Road, Suite 100
Fort Pierce FL 34950-5309
Phone: 561-461-6040 Fax: 561-460-2315

FILE LICENS.

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

INSURERS AFFORDING COVERAGE

INSURED

Sneed Plumbing Inc
911 Osceola Drive
Fort Pierce FL 34982

INSURER A: Hartford Ins Co Southeast

INSURER B:

INSURER C:

INSURER D:

INSURER E:

RECEIVED
DEC 1 2 2000
BY: [Signature]

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess Liability, and Workers Compensation and Employers' Liability.

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewalls Point
1 South Sewalls Point Road
Stuart FL 34996

SEWAL-1

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.

Cindy McCall

[Signature of Cindy McCall]

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CF 0043026-08/08/2000 00900641
 CERTIFIED PLUMBING CONTRACTOR
 SNEED, GLENN/MORGAN
 SNEED PLUMBING INC
 IN GOD WE TRUST

IS CERTIFIED under the provisions of Ch. 489
 Expiration Date: **AUG 31, 2002**

DETACH HERE

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONS. INDUSTRY LICENSING BOARD

DATE: 08/08/2000 BATCH NUMBER: 00900641 LICENSE #NBR: 0043026

The PLUMBING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489
 Expiration date: AUG 31, 2002

SNEED, GLENN MORGAN
 SNEED PLUMBING INC
 911 OSCEOLA DR
 FT PIERCE FL 34982-7682

JEB BUSH
 GOVERNOR

CYNTHIA A. HENDERSON
 SECRETARY

IN GOD WE TRUST

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONS. INDUSTRY LICENSING BOARD

STATE SEAL OF THE STATE OF FLORIDA
 IN GOD WE TRUST

DISPLAY AS REQUIRED BY LAW

FILE

MASTER PERMIT NO. 5209

TOWN OF SEWALL'S POINT

Date 1/10/01

BUILDING PERMIT NO. 5213

Building to be erected for JOHN & KATHY TRAUTER Type of Permit RFG - SUB

Applied for by PACIFIC ROOFING (Contractor) Building Fee

Subdivision HIGH POINT Lot 36 Block Radon Fee

Address 9 MIDDLE ROAD Impact Fee

Type of structure SPR (UNDER CONST.) A/C Fee

QUALIFIER RICHARD GOMES LIC/CERT: CC-C 056793

Parcel Control Number: Electrical Fee Plumbing Fee

Amount Paid Check # Cash Other Fees ()

Total Construction Cost \$ TOTAL Fees

Signed Rob Curtis Applicant Signed [Signature] Town Building Inspector OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS
DRY IN PROGRESS DATE PROGRESS FINAL DATE
24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

- New Construction Remodel Addition Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/27/2000

(561)746-4546 FAX (561)746-9499
 Tequesta Agency, Inc.
 93 Tequesta Drive
 Tequesta, FL 33469

 Attn: Debra Hicks
 INSURED Pacific Roofing Corp., Inc.
 PO Box 2697
 Stuart, FL 34994

permit
FILE
 FILE
 FILE
 16
 he/us
COPY

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 Transcontinental Insurance co.
 COMPANY B
 COMPANY C
 COMPANY D

RECEIVED
 NOV - 7 2000
 BY: *[Signature]*

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. TR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	C2020206931	10/28/2000	10/28/2001	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
A	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	C2020206945	10/28/2000	10/28/2001	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS: OTHER \$
					EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER / **CANCELLATION**

TOWN OF SEWALLS POINT
 1 SOUTH SEWALLS POINT ROAD
 STUART, FL 34996

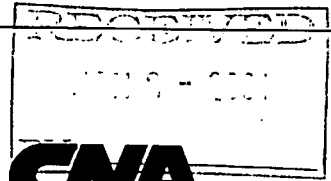
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY,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

AUTHORIZED REPRESENTATIVE
 Charles Martyn III/DEBBIE *[Signature]*

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, alter, or alter the coverage afforded by the policies listed below.

FILE



Named Insured(s):

Staff Leasing, LP, By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the Insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employer's Liability
			Bodily Injury By Accident \$1,000,000 Each Accident
			Bodily Injury By Disease \$1,000,000 Policy Limit
			Bodily Injury By Disease \$1,000,000 Each Person

Other:

Employees Leased To:
16459 Pacific Roofing Corp Inc Office

Effective Date: 1/1/01

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Town of Sewall Point
1 S Sewalls Point Rd
Stuart, FL 34996-6736



Martin Oosterbaan

Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO 12/15/00

Phone: (877) 427-5567 Date Issued _____

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE

BATCH NUMBER

LICENSE NUMBER

THE ABOVE NAMED CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 689
Expiration date: AUG 31 2002



GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

RECEIVED
BY: *[Signature]*

keep us

PRODUCT CONTROL DIVISION
(305) 375-2902
FAX (305) 372-8339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc.
11301 Industry Drive
Jacksonville, FL 32226


Your application for Product Approval of:
"S-V Crimp" Metal Roofing Panels

under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc. has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

This approval shall not be valid after the expiration date stated below. The Building Code Compliance Office 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, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office 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.: 28-0129-09 Renewals & Revises: 97-0104-05
EXPIRES: 06/23/01


Paul Rodriguez
Product Control Supervisor

THIS IS THE COVER SHEET. SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS BUILDING CODE COMMITTEE

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

1/18/01 TOWN OF DADE'S REVIEW: 
Charles Danger, P.E.
Director
Building Code Compliance Dept.
Miami-Dade County

APPROVED: 06/23/01
FILE TOWN COPY
7 MIRRIE ROAD

PV 5213 (MPN 5209)

**PRODUCT CONTROL NOTICE OF ACCEPTANCE
ROOFING SYSTEM APPROVAL**

Applicant:
Southeaster Metal Manufacturing Co. Inc.
11801 Industry Drive
Jacksonville, FL 32218

Product Control No.: 98-0429.09
Approval Date: June 23, 1998

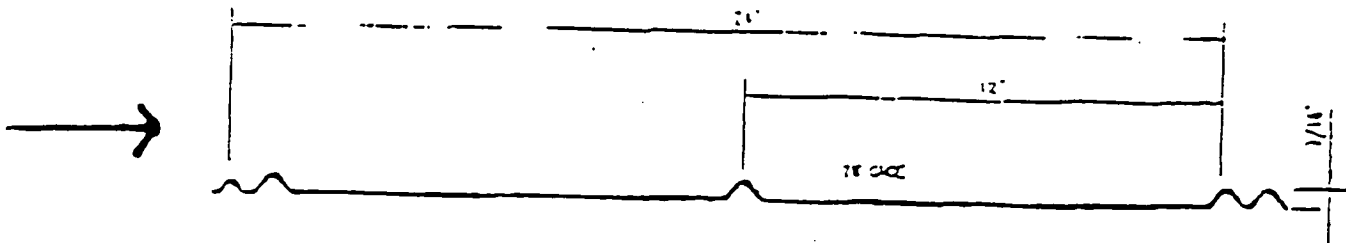
Expiration Date: June 23, 2001

Category: Prepared Roofing
Sub-Category: Panels
Type: Non-Structural
Sub-Type: Metal


Evidence Submitted

Test Agency	Test Identifier	Test Name/Report	Date
Construction Research Laboratory, Inc.	5898A	<u>Direct Deck Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Construction Research Laboratory, Inc.	5898B	<u>Over Battens Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Hurricane Test Laboratories, Inc.	0041-0102-98	UT. -580 test PA 125	Jan. 1998

"S-V CRIMP" METAL ROOF PANELS



Page 2 of 5


 Frank Zuloaga, RRC
 Roofing Product Control Examiner

SYSTEM A-1S:

"SV-Crimp" 26 ga. Metal Panels

Deck Type:

Wood, Non-Insulated

Deck Description:

1 1/2" or greater plywood or wood plank.

Slope Range:

2":12" or greater

Maximum Uplift Pressure:

The maximum allowable design pressure for the 24" wide panel shall be -57.5 psf.

Deck Attachment:

In accordance with chapter 29 of the SFBC, but in no case it shall be less than # 8 x 1 1/2" screws or annular ring shank nails spaced at 5" o.c. In re-roofing, where deck is less than 1 9/32" thick (minimum 1 5/32") the above attachment method must be in addition to existing attachment.

Underlayment:

Minimum underlayment shall be a ASTM D 226 Type II installed with a minimum 4" side-laps and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 1 1/2" annular ring-shank nails, spaced 5" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.

Valleys:

Valley construction shall be in compliance with Miami-Dade County Roofing Application Standard PA 133 and with Southeastern Metal Manufacturing Company's current published installation instructions.

Fire Barrier Board:

For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Partek Insulations, Inc. (with current NOA) "Ructex" or 5/8" water resistant type X gypsum sheathing with treated core and faces, over the deck prior to installing the underlayment in compliance with Miami-Dade County Roofing Application Standard PA 133.

Metal Panels and Accessories:

Install the "SV-Crimp Panels" including flashings penetrations, valleys, and accessories in compliance with Southeastern Metal Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Miami-Dade Roofing Application Standard PA 133.

"SV-Crimp Panels" shall be installed with a minimum #9 corrosion resistant sealing washer fastener of sufficient length (but not less than 2") to penetrate through the sheathing. Fasteners shall be spaced a minimum of 12" o.c. perpendicular to the slope, in rows spaced 16" o.c. running parallel to the slope of the roof.

Fastener shall be spaced a minimum of 3" o.c. from the end of the eaves and rakes. End panel seams shall be a minimum of 6" and sealed with double bead sealant tape. All perimeter attachment shall be in accordance with Miami-Dade County Protocol PA 111.


Page 3 of 5


Mark Pulogga, RRC
Roofing Product Control Examiner

SYSTEM LIMITATIONS

1. Increased design pressures at perimeter and corner areas, in compliance with chapter 23 of the SFBC, may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer proficient in structural design.
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol PA 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved."

Page 4 of 5


FRANK ZULOAGA, RRC
Roofing Product Control Examiner

Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32218

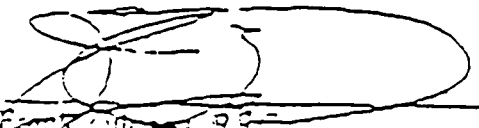
ACCEPTANCE NO: 98-0429
APPROVED : June 23, 1998
EXPIRES : June 23, 2001

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
- 2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
- 3 Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
- 4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
- 5 Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
- 6 The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
- 7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
- 9 This Acceptance contains pages 1 through 5.

END OF THIS ACCEPTANCE

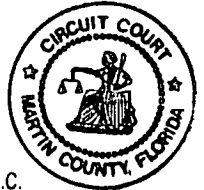
Page 5 of 5


Peter S. Jones
Roofing Product Control Examiner

NOTICE OF COMMENCEMENT
FLORIDA
MARTIN COUNTY

State of FLORIDA
County of MARTIN

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



BY 1 C.P.S. D.C.
DATE 1-10-01

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: HIGH POINT LOT 36
2. General description of improvement: REEROOF
3. Owner information:
 - a. Name & Address: KATHY TRAMER
9 MIDDLE ROAD STUART, FL. 34996
 - b. Interest In Property: _____
 - c. Name & Address of fee simple titleholder (other than owner): _____
4. Contractor's Name & Address: PACIFIC ROOFING
P.O. BOX 2697 STUART, FL. 34995
 - a. Phone number: 285-7663 b. Fax number: 285-9505
5. Surety Information:
 - a. Name & Address: _____
 - b. Phone number: _____ c. Fax number: _____
 - d. Amount of Bond: \$ _____
6. Lender's Name & Address: _____
 - a. Phone number: _____ b. Fax number: _____
7. Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by 713.13 (1) (a), 7 Florida Statutes:
Name & Address: _____
 - a. Phone number: _____ b. Fax number: _____
8. 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.
9. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

(signature of owner)

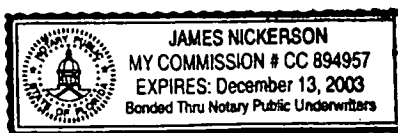
Kathy Tramer

Sworn to and subscribed before me
this 5th day of April, 2000 2001

Notary James Nickerson

Known Personally/ I.D. Shown _____

My commission expires:



PERMIT # _____

TAX FOLIO # 13-38-41-002-000-00360-90000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

RECEIVED
DEC 01 2000
BY: _____

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

LOT 36 High Point 9 MIDDLE RD SEMALS PT

GENERAL DESCRIPTION OF IMPROVEMENT: 2ND STORY ADDITION

OWNER: John + Kathy TRANTER

ADDRESS: 32 FIELDWAY DRIVE STUART, FLA

PHONE #: 283-8573 FAX #: _____

CONTRACTOR: EDMICK COAST, INC.

ADDRESS: P.O. BOX 1968 JENSEN BEACH, FLA 39957

PHONE #: (561) 334-0440 FAX #: _____

SURETY COMPANY (IF ANY) _____ STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____ THIS IS TO CERTIFY THAT THE

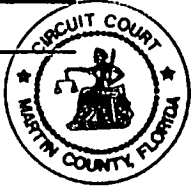
PHONE # _____ FAX #: _____ FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

BOND AMOUNT: _____ BY: [Signature] MARSIA STILLER, CLERK D.C.

LENDER: _____ DATE: 11-29-00

ADDRESS: _____

PHONE #: _____ FAX #: _____



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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

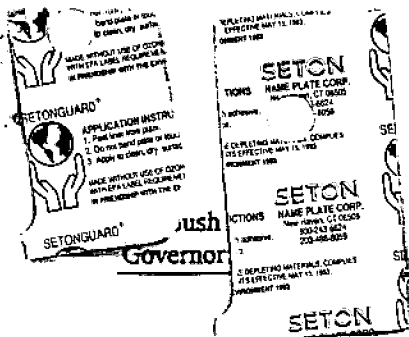
[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th DAY OF November 10 2000 BY John E. Tranter

PERSONALLY KNOWN OR PRODUCED ID _____ TYPE OF ID _____

[Signature]
NOTARY SIGNATURE





RECEIVED

DEC 22 2000

MARTIN COUNTY HEALTH DEPARTMENT

Robert G. Brooks, M.D.
Secretary

Martin County Health Department

43-57-2502 2 wells

WELL CONSTRUCTION PERMIT APPLICATION

MARTIN COUNTY HEALTH DEPARTMENT/
SOUTH FLORIDA WATER MANAGEMENT DISTRICT
For Wells Not Requiring a Consumptive Use Permit

Permit # 43-57-2501
Fee Amount 80
Receipt # 31315
Date Paid 12-22-00

PROPERTY OWNER

NAME John Jochem
ADDRESS 22 Ridgeland
CITY Stuart STATE FL ZIP 34994
PHONE () _____

APPLICATION FOR:

- NEW WELL
- WELL ABANDONMENT
- WELL REPAIR
- REPLACEMENT WELL

WELL LOCATION 22 Ridgeland Sewalls PT
(STREET ADDRESS OR LEGAL DESCRIPTION)

DATE OF PROPOSED WELL CONSTRUCTION: 1/10/01
SEPTIC TANK PERMIT #. (IF NEW HOUSE) _____ SEC 1 TWP 38 S RGE 41 E

FOR NEW OR REPAIRED WELL

- CHECK ONE ONLY
- DOMESTIC POTABLE WELL
 - NON-POTABLE WELL (IRRIGATION)
 - MONITORING WELL
 - OTHER _____

METHOD OF CONSTRUCTION

- CHECK ONE ONLY
- ROTARY
 - CABLE TOOL
 - COMBINATION
 - OTHER _____

ESTIMATED WELL DEPTH 40' SEAL MATERIAL galv
HEIGHT OF CASING ABOVE GRADE 1' CASING MATERIAL galv
GROUT INTERVAL FROM 0' TO 3' CASING DIAMETER 2"

I hereby certify that I will comply with applicable rules of Title 40, Florida Adm. Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to SFWMD as soon as possible or within 30 days after drilling or permit expiration, whichever comes first.

I certify that I am the owner of the property, that the information provided is accurate, and the I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. The owner consents to allow personnel of the M.C.H.D. or W.M.D. access to the well site.

Mal Johnson 12/22/00
Signature of Contractor Date License No.

Chuck Smith 12/22/00
Owner's or Agent Signature Date

Clearwater
Well Contractor Business Name, Address and Phone No.

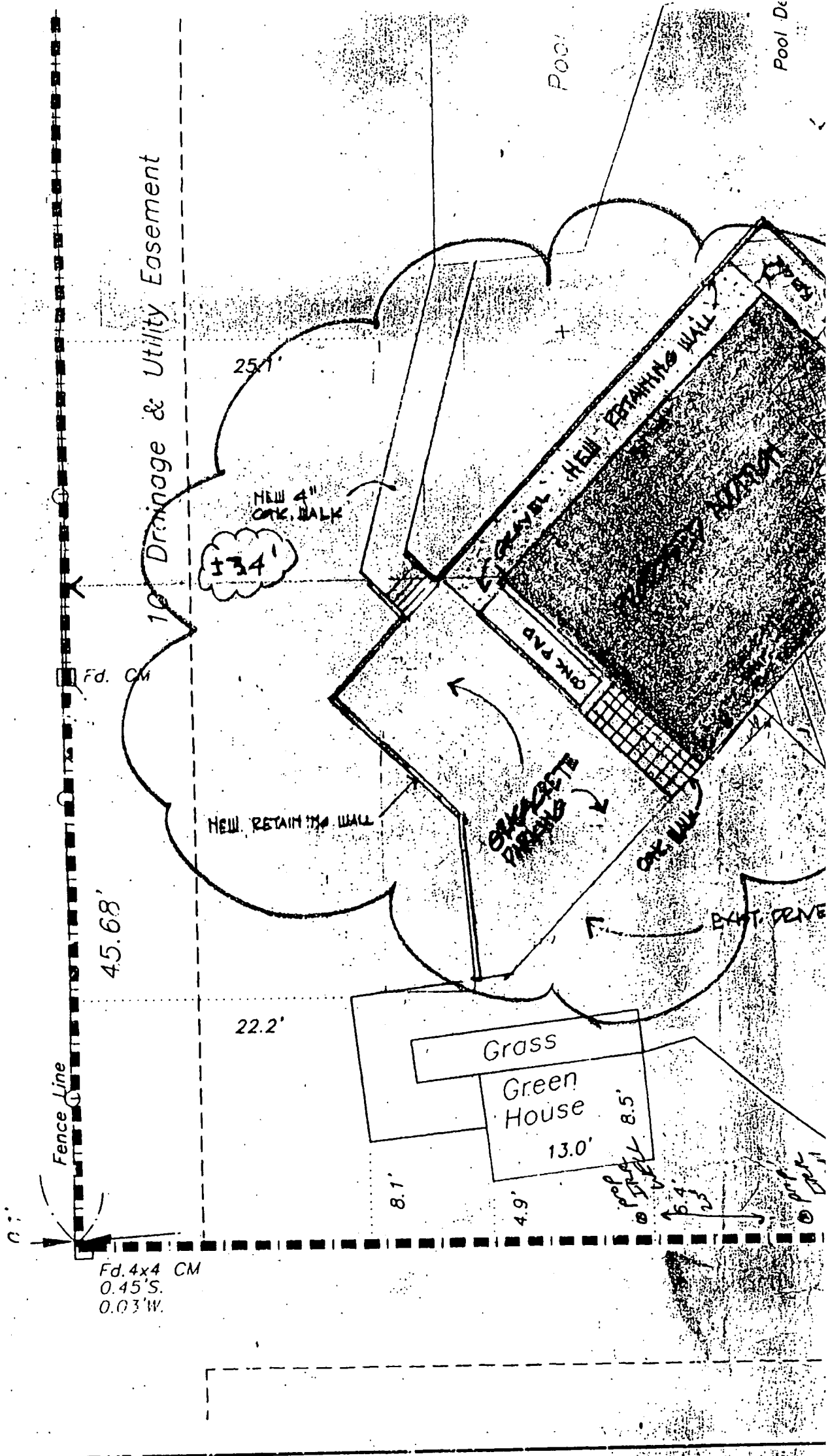
Check to fax permit to Well Driller, Fax No.:

FOR MARTIN COUNTY HEALTH DEPARTMENT USE

Permit Issued By Emily Garrison Date 12/26/00 Permit Expires On 6/26/01
Inspected and Final Approval By _____ Date _____
Inspectors Comments: _____

K:\DOCS\FORMS\WATER\WELLAPPL.DOC 03/08/00

NE



Prepared For:

Mr. & Mrs. John Jocher
Lot 23, Ridgeland

Town of Sewalls Point

Lennox Objective Guide to Installation Comparison

 Nisair Airconditioning Inc.,
 1501 Decker Ave D-404
 Stuart, Fla
 1-407-283-0904

11/21/80

LOGIC 1000 RESIDENTIAL LOADS ANALYSIS

PAGE 1

EMMICK ADDITION

PREPARED FOR: EMMICK CONSTRUCTION

PREPARED BY: JOSE

FILE TITLE: EMMICK
 DESIGN TEMPERATURES (DEGREES F)
 WINTER INSIDE 68 WINTER OUTSIDE 45
 SUMMER INSIDE 75 SUMMER OUTSIDE 91
 DAILY TEMPERATURE RANGE INDICATOR M
 DESIGN GRAINS RELATIVE HUMIDITY 41
 DEGREES NORTH LATITUDE 27
 SUMMER AIR CHANGES PER HOUR 0.4
 WINTER AIR CHANGES PER HOUR 0.7

			AREA SQ FT	BTUH LOSS	BTUH GAIN
ROOM -	1 BDRM #3/BTH IN ZONE 1	14 X 12			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5		84	116	99
WINDOW	1C SNGLE PN, CLR GLASS METAL FRM FACING-N TINT-TINTED SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1		12	319	202
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 1.5		147	203	173
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-W TINT-TINTED SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5		25	664	1,080
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 10.0		24	33	28
CEILING	16D LIGHT R-19 INSULATION		204	249	346
FLOOR	22A NO EDGE INSULATION		17	317	0
WINTER INFILTRATION	27 CFM			671	
SUMMER INFILTRATION	15 CFM				267
					LATENT GAIN 422 L
MECHANICAL VENTILATION	50.0 CFM			1,265	880
PEOPLE	2				600
					LATENT GAIN 460 L
DUCT	LOSS MULT=.20 GAIN MULT=.20			767	735

EMMICK ADDITION

		AREA	BTUH	BTUH
		SO FT	LOSS	GAIN
TOTAL FOR ROOM 1	1,344 CU FT	168		
	SENSIBLE		4,603	4,408
	LATENT			2,276 L
ROOM - 2 HALL IN ZONE 1	14 X 10			
CEILING 160 LIGHT R-19 INSULATION		140	171	237
FLOOR 22A NO EDGE INSULATION		14	261	0
WINTER INFILTRATION 0 CFM			0	
SUMMER INFILTRATION 0 CFM	SENSIBLE GAIN			0
	LATENT GAIN			0 L
PEOPLE 2	SENSIBLE GAIN			600
	LATENT GAIN			460 L
DUCT	LOSS MULT=.20 GAIN MULT=.20		86	167
TOTAL FOR ROOM 2	1,120 CU FT	140		
	SENSIBLE		518	1,005
	LATENT			460 L
ROOM - 3 BRD RM #4 IN ZONE 1	14 X 12			
WALL 12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5		108	149	127
	OVERHANG = 2.0			
WINDOW 1C SNGLE PN CLR GLASS METAL FRM FACING-E		8	213	310
	TINT-TINTED SHADING-DRAPES OR BLINDS			
	SHADING COEFFICIENT = 1 REVEAL = 0.5			
WINDOW 1C SNGLE PN CLR GLASS METAL FRM FACING-E		20	531	812
	TINT-TINTED SHADING-DRAPES OR BLINDS			
	SHADING COEFFICIENT = 1 REVEAL = 0.5			
CEILING 160 LIGHT R-19 INSULATION		168	205	285
FLOOR 22A NO EDGE INSULATION		14	261	0
WINTER INFILTRATION 20 CFM			508	
SUMMER INFILTRATION 11 CFM	SENSIBLE GAIN			202
	LATENT GAIN			320 L
PEOPLE 2	SENSIBLE GAIN			600
	LATENT GAIN			460 L
DUCT	LOSS MULT=.20 GAIN MULT=.20		373	467
TOTAL FOR ROOM 3	1,344 CU FT	168		
	SENSIBLE		2,239	2,804
	LATENT			780 L

EMMICK ADDITION

			AREA SQ FT	BTUH LOSS	BTUH GAIN
ROOM -	4 BTH/W.I.C. IN ZONE 1	20 X 8			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5		142	196	167
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-N TINT-TINTED SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1		6	159	101
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-N TINT-TINTED SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1		12	319	202
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		64	88	75
CEILING	16D LIGHT R-19 INSULATION		160	195	271
FLOOR	22A NO EDGE INSULATION		20	373	0
WINTER INFILTRATION	13 CFM			326	
SUMMER INFILTRATION	7 CFM				
		SENSIBLE GAIN			130
		LATENT GAIN			205 L
MECHANICAL VENTILATION	50.0 CFM			1,265	880
PEOPLE	1				
		SENSIBLE GAIN			300
		LATENT GAIN			230 L
DUCT	LOSS MULT=.20 GAIN MULT=.20			584	425
TOTAL FOR ROOM	4 1,280 CU FT		160		
		SENSIBLE		3,506	2,551
		LATENT			1,829 L

STRUCTURE TOTALS	5,088 CU FT		636		
		SENSIBLE		10,866	10,768
		LATENT			5,346 L

MINIMUM Cooling Capacity needed is 16,113 btu
at 91 degrees outside and 75 degrees inside

Maximum desired Sensible Cooling Capacity is 12,383 btu
(115% of Sensible Load)

***** Version 92.10 *****
 * This Heating and Cooling Load Computation was produced using the procedures *
 * and tables of the Air Conditioning Contractors of America's Manual J, *
 * Seventh Edition. The accuracy of the calculated loads depends upon the *
 * accuracy of the data used and the accuracy of the Manual J load calculation *
 * procedures for the given conditions. No warranty, either expressed or *
 * implied, is given by Lennox Industries Inc. with respect to the accuracy *
 * and/or sufficiency of the information provided by this report. *

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE^a = 86.6

The higher the score, the more efficient the home.

#9 MIDDLE ROAD, SEWALL'S POINT, FL,

1. New construction or existing	Addition	___	12. Cooling systems	
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 18.0 kBtu/hr ___
3. Number of units, if multi-family	1	___		SEER: 10.00 ___
4. Number of Bedrooms	2	___	b. N/A	___
5. Is this a worst case?	No	___		___
6. Conditioned floor area (ft ²)	650 ft ²	___	c. N/A	___
7. Glass area & type		___		___
a. Clear - single pane	0.0 ft ²	___	13. Heating systems	
b. Clear - double pane	0.0 ft ²	___	a. Electric Strip	Cap: 18.0 kBtu/hr ___
c. Tint/other SC/SHGC - single pane	71.0 ft ²	___		COP: 1.00 ___
d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	b. N/A	___
8. Floor types		___		___
a. Raised Wood, Stern Wall	R=19.0, 650.0ft ²	___	c. N/A	___
b. N/A	___	___		___
c. N/A	___	___	14. Hot water systems	
9. Wall types		___	a. Electric Resistance	Cap: 50.0 gallons ___
a. Frame, Wood, Exterior	R=19.0, 628.0 ft ²	___		EF: 0.88 ___
b. N/A	___	___	b. N/A	___
c. N/A	___	___		___
d. N/A	___	___	c. Conservation credits	___
e. N/A	___	___	(HR-Heat recovery, Solar	___
10. Ceiling types		___	DHP-Dedicated heat pump)	___
a. Under Attic	R=19.0, 650.0 ft ²	___	15. HVAC credits	CF, ___
b. N/A	___	___	(CF-Ceiling fan, CV-Cross ventilation,	___
c. N/A	___	___	HF-Whole house fan,	___
11. Ducts		___	PT-Programmable Thermostat,	___
a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.5, 75.0 ft	___	RB-Attic radiant barrier,	___
b. N/A	___	___	MZ-C-Multizone cooling,	___
			MZ-H-Multizone heating)	___

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name: THE #9 ADDITION Address: #9 MIDDLE ROAD City, State: SEWALL'S POINT, FL Owner: Climate Zone: South	Builder: EMMICK Permitting Office: Permit Number: Jurisdiction Number:
--	--

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">1. New construction or existing</td> <td style="width: 10%;">Addition</td> <td style="width: 10%; text-align: center;">___</td> </tr> <tr> <td>2. Single family or multi-family</td> <td>Single family</td> <td style="text-align: center;">___</td> </tr> <tr> <td>3. Number of units, if multi-family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">___</td> </tr> <tr> <td>4. Number of Bedrooms</td> <td style="text-align: center;">2</td> <td style="text-align: center;">___</td> </tr> <tr> <td>5. Is this a worst case?</td> <td style="text-align: center;">No</td> <td style="text-align: center;">___</td> </tr> <tr> <td>6. Conditioned floor area (ft²)</td> <td style="text-align: center;">650 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td>7. Glass area & type</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Clear - single pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. Clear - double pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane</td> <td style="text-align: center;">71.0 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane</td> <td style="text-align: center;">0.0 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td>8. Floor types</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Raised Wood, Stern Wall</td> <td style="text-align: center;">R=19.0, 650.0ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td>9. Wall types</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Frame, Wood, Exterior</td> <td style="text-align: center;">R=19.0, 628.0 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">d. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">e. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td>10. Ceiling types</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Under Attic</td> <td style="text-align: center;">R=19.0, 650.0 ft²</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td>11. Ducts</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Sup: Unc. Ret: Con. AH: Interior</td> <td style="text-align: center;">Sup. R=6.5, 75.0 ft</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> </table>	1. New construction or existing	Addition	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	2	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	650 ft ²	___	7. Glass area & type		___	a. Clear - single pane	0.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	71.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Raised Wood, Stern Wall	R=19.0, 650.0ft ²	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Frame, Wood, Exterior	R=19.0, 628.0 ft ²	___	b. N/A		___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=19.0, 650.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.5, 75.0 ft	___	b. N/A		___	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">12. Cooling systems</td> <td style="width: 20%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding-left: 20px;">a. Central Unit</td> <td style="text-align: center;">Cap: 18.0 kBtu/hr</td> <td style="text-align: center;">___</td> </tr> <tr> <td></td> <td style="text-align: center;">SEER: 10.00</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td>13. Heating systems</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Electric Strip</td> <td style="text-align: center;">Cap: 18.0 kBtu/hr</td> <td style="text-align: center;">___</td> </tr> <tr> <td></td> <td style="text-align: center;">COP: 1.00</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td>14. Hot water systems</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">a. Electric Resistance</td> <td style="text-align: center;">Cap: 50.0 gallons</td> <td style="text-align: center;">___</td> </tr> <tr> <td></td> <td style="text-align: center;">EF: 0.88</td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">b. N/A</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td style="padding-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)</td> <td></td> <td style="text-align: center;">___</td> </tr> <tr> <td>15. HVAC credits</td> <td></td> <td style="text-align: center;">CF, ___</td> </tr> <tr> <td></td> <td>(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</td> <td></td> </tr> </table>	12. Cooling systems			a. Central Unit	Cap: 18.0 kBtu/hr	___		SEER: 10.00	___	b. N/A		___	c. N/A		___	13. Heating systems		___	a. Electric Strip	Cap: 18.0 kBtu/hr	___		COP: 1.00	___	b. N/A		___	c. N/A		___	14. Hot water systems		___	a. Electric Resistance	Cap: 50.0 gallons	___		EF: 0.88	___	b. N/A		___	c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)		___	15. HVAC credits		CF, ___		(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)	
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Glass/Floor Area: 0.11	Total as-built points: 10245.00	PASS
	Total base points: 12092.00	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: _____ **JOSE**


DATE: _____ *11-21-2000*

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: #9 MIDDLE ROAD, SEWALL'S POINT, FL,	PERMIT #:
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BASE	AS-BUILT																																																
GLASS TYPES																																																	
.18 X Conditioned X BSPM = Points Floor Area	Type/SC Ornt Overhang Len Hgt Area X SPM X SOF = Points																																																
.18 650.0 53.20 6224.7	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Single, Tint</td> <td style="width: 5%;">N</td> <td style="width: 5%;">0.1</td> <td style="width: 5%;">4.0</td> <td style="width: 10%;">12.0</td> <td style="width: 10%;">27.68</td> <td style="width: 5%;">1.00</td> <td style="width: 15%;">331.9</td> </tr> <tr> <td>Single, Tint</td> <td>N</td> <td>0.1</td> <td>5.5</td> <td>6.0</td> <td>27.68</td> <td>1.00</td> <td>168.0</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>0.5</td> <td>20.0</td> <td>61.31</td> <td>0.36</td> <td>443.6</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>0.5</td> <td>8.0</td> <td>61.31</td> <td>0.36</td> <td>177.4</td> </tr> <tr> <td>Single, Tint</td> <td>W</td> <td>1.5</td> <td>0.5</td> <td>25.0</td> <td>54.85</td> <td>0.40</td> <td>554.6</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: right;">71.0</td> <td colspan="3"></td> </tr> </table>	Single, Tint	N	0.1	4.0	12.0	27.68	1.00	331.9	Single, Tint	N	0.1	5.5	6.0	27.68	1.00	168.0	Single, Tint	E	2.0	0.5	20.0	61.31	0.36	443.6	Single, Tint	E	2.0	0.5	8.0	61.31	0.36	177.4	Single, Tint	W	1.5	0.5	25.0	54.85	0.40	554.6	As-Built Total:				71.0			
Single, Tint	N	0.1	4.0	12.0	27.68	1.00	331.9																																										
Single, Tint	N	0.1	5.5	6.0	27.68	1.00	168.0																																										
Single, Tint	E	2.0	0.5	20.0	61.31	0.36	443.6																																										
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Single, Tint	W	1.5	0.5	25.0	54.85	0.40	554.6																																										
As-Built Total:				71.0																																													
WALL TYPES Area X BSPM = Points																																																	
Type	R-Value Area X SPM = Points																																																
Adajcent 0.0 0.0 0.0	Frame, Wood, Exterior 19.0 628.0 1.60 1004.8																																																
Exterior 628.0 2.70 1695.6																																																	
Base Total: 628.0 1695.6	As-Built Total: 628.0 1004.8																																																
DOOR TYPES Area X BSPM = Points																																																	
Type	Area X SPM = Points																																																
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Exterior 0.0 0.00 0.0																																																	
Base Total: 0.0 0.0	As-Built Total: 0.0 0.0																																																
CEILING TYPES Area X BSPM = Points																																																	
Type	R-Value Area X SPM = Points																																																
Under Attic 650.0 0.80 520.0	Under Attic 19.0 650.0 1.50 975.0																																																
Base Total: 650.0 520.0	As-Built Total: 650.0 975.0																																																
FLOOR TYPES Area X BSPM = Points																																																	
Type	R-Value Area X SPM = Points																																																
Slab 0.0(p) 0.0 0.0	Raised Wood, Stem Wall 19.0 650.0 -0.40 -260.0																																																
Raised 650.0 -2.16 -1404.0																																																	
Base Total: -1404.0	As-Built Total: -260.0																																																
INFILTRATION Area X BSPM = Points																																																	
Area X SPM = Points																																																	
650.0 18.79 12213.5	650.0 18.79 12213.5																																																
Summer Base Points: 19249.8	Summer As-Built Points: 15606.7																																																
Total Summer X System = Cooling Points Multiplier Points	Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points																																																
19249.8 0.3560 6852.9	15606.7 1.00 0.964 0.341 0.950 4875.9																																																

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: #9 MIDDLE ROAD, SEWALL'S POINT, FL,

PERMIT #:

BASE	AS-BUILT																																																
GLASS TYPES																																																	
.18 X Conditioned X BWPM = Points Floor Area	Overhang Type/SC Ornt Len Hgt Area X WPM X WOF = Points																																																
.18 650.0 2.02 236.9	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Single, Tint</td><td>N</td><td>0.1</td><td>4.0</td><td>12.0</td><td>4.98</td><td>1.00</td><td>59.8</td> </tr> <tr> <td>Single, Tint</td><td>N</td><td>0.1</td><td>5.5</td><td>6.0</td><td>4.98</td><td>1.00</td><td>29.9</td> </tr> <tr> <td>Single, Tint</td><td>E</td><td>2.0</td><td>0.5</td><td>20.0</td><td>3.99</td><td>1.29</td><td>103.1</td> </tr> <tr> <td>Single, Tint</td><td>E</td><td>2.0</td><td>0.5</td><td>8.0</td><td>3.99</td><td>1.29</td><td>41.2</td> </tr> <tr> <td>Single, Tint</td><td>W</td><td>1.5</td><td>0.5</td><td>25.0</td><td>4.60</td><td>1.03</td><td>118.6</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: center;">71.0</td> <td colspan="3"></td> </tr> </table>	Single, Tint	N	0.1	4.0	12.0	4.98	1.00	59.8	Single, Tint	N	0.1	5.5	6.0	4.98	1.00	29.9	Single, Tint	E	2.0	0.5	20.0	3.99	1.29	103.1	Single, Tint	E	2.0	0.5	8.0	3.99	1.29	41.2	Single, Tint	W	1.5	0.5	25.0	4.60	1.03	118.6	As-Built Total:				71.0			
Single, Tint	N	0.1	4.0	12.0	4.98	1.00	59.8																																										
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Single, Tint	E	2.0	0.5	20.0	3.99	1.29	103.1																																										
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Adjacent 0.0 0.0 0.0	Type R-Value Area X WPM = Points																																																
Exterior 628.0 0.60 376.8	Frame, Wood, Exterior 19.0 628.0 0.30 188.4																																																
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FLOOR TYPES Area X BWPM = Points																																																	
Slab 0.0(p) 0.0 0.0	Type R-Value Area X WPM = Points																																																
Raised 650.0 -0.28 -182.0	Raised Wood, Stem Wall 19.0 650.0 -0.10 -65.0																																																
Base Total: -182.0	As-Built Total: -65.0																																																
INFILTRATION Area X BWPM = Points																																																	
650.0 -0.06 -39.0	Area X WPM = Points																																																
	650.0 -0.06 -39.0																																																
Winter Base Points: 457.7	Winter As-Built Points: 632.0																																																
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points																																																
457.7 1.0900 498.8	632.0 1.000 0.998 1.000 1.000 630.9																																																
	632.0 1.00 0.998 1.000 1.000 630.9																																																

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: #9 MIDDLE ROAD, SEWALL'S POINT, FL,	PERMIT #:
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BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total Multiplier		
2		2370.00	4740.0	50.0	0.88	2		1.00	2369.00	1.00	4738.0	
As-Built Total:											4738.0	

CODE COMPLIANCE STATUS													
BASE				AS-BUILT									
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
6852.9		498.8		4740.0		12091.8	4875.9		630.9		4738.0		10244.8

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: #9 MIDDLE ROAD, SEWALL'S POINT, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

Project Name: Addition to 9 Middle Rd Address: 9 Middle Rd. City, State: Sewall's Point, FL Owner: Climate Zone: South	Builder: Permitting Office: Sewall's Point Permit Number: Jurisdiction Number: 531300
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<table style="width: 100%;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">Addition</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">2</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">759 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. 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Glass/Floor Area: 0.08	Total as-built points: 12030.00	PASS
	Total base points: 13061.00	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Miriam Moore


DATE: _____

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
---	-----------

BASE	AS-BUILT									
GLASS TYPES										
.18 X Conditioned X BSPM = Points Floor Area	Type/SC	Ornt	Overhang Len Hgt	Area X	SPM X	SOF =				
.18 759.0 53.20 7268.5	Single, Tint	N	2.0 8.0	8.0	27.68	0.94	208.2			
	Single, Tint	N	2.0 7.0	6.0	27.68	0.92	153.2			
	Single, Tint	W	2.0 6.0	20.0	54.85	0.86	945.1			
	Single, Tint	E	2.0 6.0	20.0	61.31	0.86	1053.8			
	Single, Tint	E	2.0 5.0	8.0	61.31	0.81	396.6			
	As-Built Total:			62.0			2756.9			
WALL TYPES Area X BSPM = Points				Type		R-Value	Area X SPM =		Points	
Adjacent	0.0	0.0	0.0	Frame, Wood, Exterior		19.0	570.0	1.60	912.0	
Exterior	570.0	2.70	1539.0							
Base Total:				570.0			570.0		912.0	
DOOR TYPES Area X BSPM = Points				Type		Area X SPM =		Points		
Adjacent	0.0	0.00	0.0							
Exterior	0.0	0.00	0.0							
Base Total:				0.0		0.0		0.0		
CEILING TYPES Area X BSPM = Points				Type		R-Value	Area X SPM =		Points	
Under Attic	759.0	0.80	607.2	Under Attic		19.0	759.0	1.50	1138.5	
Base Total:				759.0			759.0		1138.5	
FLOOR TYPES Area X BSPM = Points				Type		R-Value	Area X SPM =		Points	
Slab	0.0(p)	0.0	0.0	Raised Wood, Stem Wall		19.0	759.0	-0.40	-303.6	
Raised	759.0	-2.16	-1639.4							
Base Total:				-1639.4					-303.6	
INFILTRATION Area X BSPM = Points						Area X SPM =		Points		
	759.0	18.79	14261.6			759.0	18.79	14261.6		
Summer Base Points: 22036.9				Summer As-Built Points: 18765.4						
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Cooling Points
22036.9	0.3560		7845.1	18765.4	1.00	1.095	0.341	1.000		7007.9

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X WPM X WOF =	Points		
.18	759.0	2.02	276.6	Single, Tint	N	2.0	8.0	8.0	4.98	0.99	39.5
				Single, Tint	N	2.0	7.0	6.0	4.98	0.99	29.6
				Single, Tint	W	2.0	6.0	20.0	4.60	1.00	92.0
				Single, Tint	E	2.0	6.0	20.0	3.99	1.03	82.2
				Single, Tint	E	2.0	5.0	8.0	3.99	1.04	33.1
As-Built Total:				62.0							
WALL TYPES Area X BWPM = Points				Type		R-Value	Area X WPM = Points				
Adajcent	0.0	0.0	0.0	Frame, Wood, Exterior		19.0	570.0 0.30 171.0				
Exterior	570.0	0.60	342.0								
Base Total:				As-Built Total:		570.0		171.0			
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points						
Adjacent	0.0	0.00	0.0								
Exterior	0.0	0.00	0.0								
Base Total:				As-Built Total:		0.0		0.0			
CEILING TYPES Area X BWPM = Points				Type		R-Value	Area X WPM = Points				
Under Attic	759.0	0.10	75.9	Under Attic		19.0	759.0 0.30 227.7				
Base Total:				As-Built Total:		759.0		227.7			
FLOOR TYPES Area X BWPM = Points				Type		R-Value	Area X WPM = Points				
Slab	0.0(p)	0.0	0.0	Raised Wood, Stem Wall		19.0	759.0 -0.10 -75.9				
Raised	759.0	-0.28	-212.5								
Base Total:				As-Built Total:		-212.5		-75.9			
INFILTRATION Area X BWPM = Points				Area X WPM = Points							
759.0 -0.06 -45.5				759.0 -0.06 -45.5							
Winter Base Points:			436.4	Winter As-Built Points:				553.6			
Total Winter Points	X System Multiplier	= Heating Points	Total Component X Cap Ratio X Duct Multiplier X System Multiplier X Credit Multiplier = Heating Points								
436.4	1.0900	475.7	553.6	1.000	1.145	1.000	1.000	1.000	1.000	633.6	
		475.7	553.6	1.00	1.145	1.000	1.000	1.000	1.000	633.6	

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank Ratio	X Multiplier	X Credit Multiplier	= Total	
2		2370.00	4740.0	30.0	0.95	2		1.00	2194.44	1.00	4388.9	
											As-Built Total:	4388.9

CODE COMPLIANCE STATUS														
BASE				AS-BUILT										
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points		Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
7845.1		475.7		4740.0		13060.8		7007.9		633.6		4388.9		12030.4

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.6

The higher the score, the more efficient the home.

, 9 Middle Rd., Sewall's Point, FL,

<p>1. New construction or existing</p> <p>2. Single family or multi-family</p> <p>3. Number of units, if multi-family</p> <p>4. Number of Bedrooms</p> <p>5. Is this a worst case?</p> <p>6. Conditioned floor area (ft²)</p> <p>7. Glass area & type</p> <p style="margin-left: 20px;">a. Clear - single pane</p> <p style="margin-left: 20px;">b. Clear - double pane</p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane</p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane</p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Raised Wood, Stem Wall</p> <p style="margin-left: 20px;">b. N/A</p> <p style="margin-left: 20px;">c. N/A</p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior</p> <p style="margin-left: 20px;">b. N/A</p> <p style="margin-left: 20px;">c. N/A</p> <p style="margin-left: 20px;">d. N/A</p> <p style="margin-left: 20px;">e. N/A</p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic</p> <p style="margin-left: 20px;">b. N/A</p> <p style="margin-left: 20px;">c. N/A</p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic</p> <p style="margin-left: 20px;">b. N/A</p>	<p>Addition ___</p> <p>Single family ___</p> <p>1 ___</p> <p>2 ___</p> <p>No ___</p> <p>759 ft² ___</p> <p>___</p> <p>0.0 ft² ___</p> <p>0.0 ft² ___</p> <p>62.0 ft² ___</p> <p>0.0 ft² ___</p> <p>___</p> <p>R=19.0, 759.0ft² ___</p> <p>___</p> <p>___</p> <p>___</p> <p>R=19.0, 570.0 ft² ___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>R=19.0, 759.0 ft² ___</p> <p>___</p> <p>___</p> <p>Sup. R=6.0, 1.0 ft ___</p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit</p> <p style="margin-left: 20px;">b. N/A</p> <p style="margin-left: 20px;">c. N/A</p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Strip</p> <p style="margin-left: 20px;">b. N/A</p> <p style="margin-left: 20px;">c. N/A</p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance</p> <p style="margin-left: 20px;">b. N/A</p> <p style="margin-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>	<p>Cap: 12.0 kBtu/hr ___</p> <p>SEER: 10.00 ___</p> <p>___</p> <p>___</p> <p>___</p> <p>Cap: 12.0 kBtu/hr ___</p> <p>COP: 1.00 ___</p> <p>___</p> <p>___</p> <p>Cap: 30.0 gallons ___</p> <p>EF: 0.95 ___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p> <p>___</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____

Date: _____

Address of New Home: _____

City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*



Project Summary

Project:	9 Middle Rd.	Company:	Wojcieszak & Associates
Client:		Representative:	
Address:		Address:	
City:		City:	
Phone:		Phone:	
Fax:		Fax:	
		Comment:	

Design Data

Project Name:	9 Middle Rd.
Reference City:	West Palm Beach, Florida
Daily Temperature Range:	Medium
Latitude:	26 Degrees
Elevation:	15 Feet
Elevation Sensible Adj. Factor:	1.000
Elevation Total Adj. Factor:	1.000
Elevation Heating Adj. Factor:	1.000

	<u>Outdoor</u>	<u>Outdoor</u>	<u>Indoor</u>	<u>Indoor</u>	<u>Grains</u>
	<u>Dry Bulb</u>	<u>Wet Bulb</u>	<u>Rel.Hum.</u>	<u>Dry Bulb</u>	<u>Difference</u>
Winter:	45	N/A	N/A	72	N/A
Summer:	91	79	50%	75	66

Check Figures

Total Building Supply CFM:	1000	CFM per square foot:	1.318
Square feet of room area:	759	Square feet per ton:	765.099

Building Loads

Total heating required with outside air:	7,496 Btuh	7.496 MBH
Total sensible gain:	7,896 Btuh	74 %
Total latent gain:	2,738 Btuh	26 %
Total cooling required with outside air:	10,634 Btuh	0.886 Tons (based on sensible + latent)
		0.992 Tons (based on 77% sensible capacity)

Notes

Calculations are based on 7th edition of ACCA Manual J.
All computed results are estimates as building use and weather may vary.
Be sure to select a unit that meets both sensible and latent loads.



Total Building Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	62	1,933	0	2,987	2,987
12H Wall R-19 + 1/2" Gypsum Board(R-0.5)	570	924	0	670	670
16D Ceiling R-19 Insulation	759	1,086	0	1,609	1,609
19I Floor Over Basement/Encl Crawl Carpet + R-19	759	492	0	0	0
Subtotals for structure:	2,150	4,435	0	5,266	5,266
Active People:	4	0	920	1,200	2,120
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	357	0	718	718
Infiltration: Winter CFM: 91.1, Summer CFM: 40.5	62	2,704	1,818	712	2,530
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				7,896	
Temperature Swing Multiplier:				X1.00	
Building Load Totals:		7,496	2,738	7,896	10,634

Check Figures

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FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs

Residential Whole Building Performance Method A

Project Name: Addition to 9 Middle Rd Address: 9 Middle Rd. City, State: Sewall's Point, FL Owner: Climate Zone: South	Builder: Permitting Office: Sewall's Point Permit Number: Jurisdiction Number: 531300
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<table style="width: 100%;"> <tr> <td style="width: 35%;">1. New construction or existing</td> <td style="width: 15%; text-align: center;">Addition</td> <td style="width: 50%;">___</td> </tr> <tr> <td>2. Single family or multi-family</td> <td style="text-align: center;">Single family</td> <td>___</td> </tr> <tr> <td>3. Number of units, if multi-family</td> <td style="text-align: center;">1</td> <td>___</td> </tr> <tr> <td>4. Number of Bedrooms</td> <td style="text-align: center;">2</td> <td>___</td> </tr> <tr> <td>5. Is this a worst case?</td> <td style="text-align: center;">No</td> <td>___</td> </tr> <tr> <td>6. Conditioned floor area (ft²)</td> <td style="text-align: center;">759 ft²</td> <td>___</td> </tr> <tr> <td>7. Glass area & type</td> <td></td> <td>___</td> </tr> <tr> <td style="padding-left: 20px;">a. Clear - single pane</td> <td style="text-align: center;">0.0 ft²</td> <td>___</td> </tr> <tr> <td style="padding-left: 20px;">b. 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Glass/Floor Area: 0.08	Total as-built points: 12030.00	PASS
	Total base points: 13061.00	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Miriam Moore

DATE: _____

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.


OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.

BUILDING OFFICIAL: _____

DATE: _____



SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE	AS-BUILT																																																																		
GLASS TYPES .18 X Conditioned X BSPM = Points Floor Area	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type/SC</th> <th style="width: 5%;">Ornt</th> <th style="width: 5%;">Overhang Len</th> <th style="width: 5%;">Hgt</th> <th style="width: 10%;">Area</th> <th style="width: 5%;">X</th> <th style="width: 5%;">SPM</th> <th style="width: 5%;">X</th> <th style="width: 5%;">SOF</th> <th style="width: 5%;">=</th> <th style="width: 10%;">Points</th> </tr> </thead> </table>	Type/SC	Ornt	Overhang Len	Hgt	Area	X	SPM	X	SOF	=	Points																																																							
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INFILTRATION Area X BSPM = Points	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Area</th> <th style="width: 5%;">X</th> <th style="width: 5%;">SPM</th> <th style="width: 5%;">=</th> <th style="width: 10%;">Points</th> </tr> </thead> </table>	Area	X	SPM	=	Points																																																													
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759.0 18.79 14261.6	<table style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td>759.0</td><td></td><td>18.79</td><td></td><td>14261.6</td></tr> </table>			759.0		18.79		14261.6																																																											
		759.0		18.79		14261.6																																																													
Summer Base Points: 22036.9	Summer As-Built Points: 18765.4																																																																		
Total Summer X System = Cooling Points Multiplier Points	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Total Component</th> <th style="width: 5%;">X</th> <th style="width: 5%;">Cap Ratio</th> <th style="width: 5%;">X</th> <th style="width: 5%;">Duct Multiplier</th> <th style="width: 5%;">X</th> <th style="width: 5%;">System Multiplier</th> <th style="width: 5%;">X</th> <th style="width: 5%;">Credit Multiplier</th> <th style="width: 5%;">=</th> <th style="width: 10%;">Cooling Points</th> </tr> </thead> </table>	Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	=	Cooling Points																																																							
Total Component	X	Cap Ratio	X	Duct Multiplier	X	System Multiplier	X	Credit Multiplier	=	Cooling Points																																																									
22036.9 0.3560 7845.1	<table style="width: 100%; border-collapse: collapse;"> <tr><td>18765.4</td><td></td><td>1.000</td><td></td><td>1.095</td><td></td><td>0.341</td><td></td><td>1.000</td><td></td><td>7007.9</td></tr> <tr><td>18765.4</td><td></td><td>1.00</td><td></td><td>1.095</td><td></td><td>0.341</td><td></td><td>1.000</td><td></td><td>7007.9</td></tr> </table>	18765.4		1.000		1.095		0.341		1.000		7007.9	18765.4		1.00		1.095		0.341		1.000		7007.9																																												
18765.4		1.000		1.095		0.341		1.000		7007.9																																																									
18765.4		1.00		1.095		0.341		1.000		7007.9																																																									

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE	AS-BUILT																																																
GLASS TYPES																																																	
.18 X Conditioned X BWPM = Points Floor Area	Overhang Type/SC Ornt Len Hgt Area X WPM X WOF = Points																																																
.18 759.0 2.02 276.6	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Single, Tint</td> <td style="width: 5%;">N</td> <td style="width: 5%;">2.0</td> <td style="width: 5%;">8.0</td> <td style="width: 10%;">8.0</td> <td style="width: 10%;">4.98</td> <td style="width: 10%;">0.99</td> <td style="width: 10%;">39.5</td> </tr> <tr> <td>Single, Tint</td> <td>N</td> <td>2.0</td> <td>7.0</td> <td>6.0</td> <td>4.98</td> <td>0.99</td> <td>29.6</td> </tr> <tr> <td>Single, Tint</td> <td>W</td> <td>2.0</td> <td>6.0</td> <td>20.0</td> <td>4.60</td> <td>1.00</td> <td>92.0</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>6.0</td> <td>20.0</td> <td>3.99</td> <td>1.03</td> <td>82.2</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>5.0</td> <td>8.0</td> <td>3.99</td> <td>1.04</td> <td>33.1</td> </tr> <tr> <td colspan="7">As-Built Total:</td> <td style="text-align: right;">276.4</td> </tr> </table>	Single, Tint	N	2.0	8.0	8.0	4.98	0.99	39.5	Single, Tint	N	2.0	7.0	6.0	4.98	0.99	29.6	Single, Tint	W	2.0	6.0	20.0	4.60	1.00	92.0	Single, Tint	E	2.0	6.0	20.0	3.99	1.03	82.2	Single, Tint	E	2.0	5.0	8.0	3.99	1.04	33.1	As-Built Total:							276.4
Single, Tint	N	2.0	8.0	8.0	4.98	0.99	39.5																																										
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Single, Tint	E	2.0	5.0	8.0	3.99	1.04	33.1																																										
As-Built Total:							276.4																																										
WALL TYPES Area X BWPM = Points																																																	
Type	R-Value Area X WPM = Points																																																
Adajcent	0.0 0.0 0.0																																																
Exterior	570.0 0.60 342.0																																																
Base Total:	570.0 342.0																																																
As-Built Total: 570.0 171.0																																																	
DOOR TYPES Area X BWPM = Points																																																	
Type	Area X WPM = Points																																																
Adjacent	0.0 0.00 0.0																																																
Exterior	0.0 0.00 0.0																																																
Base Total:	0.0 0.0																																																
As-Built Total: 0.0 0.0																																																	
CEILING TYPES Area X BWPM = Points																																																	
Type	R-Value Area X WPM = Points																																																
Under Attic	19.0 759.0 0.30 227.7																																																
Base Total:	759.0 75.9																																																
As-Built Total: 759.0 227.7																																																	
FLOOR TYPES Area X BWPM = Points																																																	
Type	R-Value Area X WPM = Points																																																
Slab	0.0(p) 0.0 0.0																																																
Raised	759.0 -0.28 -212.5																																																
Base Total:	-212.5																																																
As-Built Total: -75.9																																																	
INFILTRATION Area X BWPM = Points																																																	
Area X WPM = Points	Area X WPM = Points																																																
759.0 -0.06 -45.5	759.0 -0.06 -45.5																																																
Winter Base Points: 436.4	Winter As-Built Points: 553.6																																																
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points																																																
436.4 1.0900 475.7	553.6 1.00 1.145 1.000 1.000 633.6																																																
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WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE				AS-BUILT							
WATER HEATING											
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total	
2		2370.00	4740.0	30.0	0.95	2		1.00	2194.44	1.00	4388.9
				As-Built Total:						4388.9	

CODE COMPLIANCE STATUS														
BASE				AS-BUILT										
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points		Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
7845.1		475.7		4740.0		13060.8		7007.9		633.6		4388.9		12030.4

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.6

The higher the score, the more efficient the home.

, 9 Middle Rd., Sewall's Point, FL,

<p>1. New construction or existing Addition <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 2 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 759 ft² <input type="checkbox"/></p> <p>7. Glass area & type _____</p> <p style="padding-left: 20px;">a. Clear - single pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Tint/other SC/SHGC - single pane 62.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types _____</p> <p style="padding-left: 20px;">a. Raised Wood, Stem Wall R=19.0, 759.0ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A _____</p> <p style="padding-left: 20px;">c. N/A _____</p> <p>9. Wall types _____</p> <p style="padding-left: 20px;">a. Frame, Wood, Exterior R=19.0, 570.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A _____</p> <p style="padding-left: 20px;">c. N/A _____</p> <p style="padding-left: 20px;">d. N/A _____</p> <p style="padding-left: 20px;">e. N/A _____</p> <p>10. Ceiling types _____</p> <p style="padding-left: 20px;">a. Under Attic R=19.0, 759.0 ft² <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A _____</p> <p style="padding-left: 20px;">c. N/A _____</p> <p>11. Ducts _____</p> <p style="padding-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Attic Sup. R=6.0, 1.0 ft <input type="checkbox"/></p> <p style="padding-left: 20px;">b. N/A _____</p>		<p>12. Cooling systems _____</p> <p style="padding-left: 20px;">a. Central Unit Cap: 12.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">SEER: 10.00 _____</p> <p style="padding-left: 20px;">b. N/A _____</p> <p style="padding-left: 20px;">c. N/A _____</p> <p>13. Heating systems _____</p> <p style="padding-left: 20px;">a. Electric Strip Cap: 12.0 kBtu/hr <input type="checkbox"/></p> <p style="padding-left: 40px;">COP: 1.00 _____</p> <p style="padding-left: 20px;">b. N/A _____</p> <p style="padding-left: 20px;">c. N/A _____</p> <p>14. Hot water systems _____</p> <p style="padding-left: 20px;">a. Electric Resistance Cap: 30.0 gallons <input type="checkbox"/></p> <p style="padding-left: 40px;">EF: 0.95 _____</p> <p style="padding-left: 20px;">b. N/A _____</p> <p style="padding-left: 20px;">c. Conservation credits _____</p> <p style="padding-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits _____</p> <p style="padding-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

Project Summary

Project:	9 Middle Rd.	Company:	Wojcieszak & Associates
Client:		Representative:	
Address:		Address:	
City:		City:	
Phone:		Phone:	
Fax:		Fax:	
		Comment:	

Design Data

Project Name:	9 Middle Rd.
Reference City:	West Palm Beach, Florida
Daily Temperature Range:	Medium
Latitude:	26 Degrees
Elevation:	15 Feet
Elevation Sensible Adj. Factor:	1.000
Elevation Total Adj. Factor:	1.000
Elevation Heating Adj. Factor:	1.000

	Outdoor Dry Bulb	Outdoor Wet Bulb	Indoor Rel.Hum.	Indoor Dry Bulb	Grains Difference
Winter:	45	N/A	N/A	72	N/A
Summer:	91	79	50%	75	66

Check Figures

Total Building Supply CFM:	1000	CFM per square foot:	1.318
Square feet of room area:	759	Square feet per ton:	765.099

Building Loads

Total heating required with outside air:	7,496 Btuh	7.496 MBH
Total sensible gain:	7,896 Btuh	74 %
Total latent gain:	2,738 Btuh	26 %
Total cooling required with outside air:	10,63 Btuh	0.886 Tons (based on sensible + latent)
	4	
		0.992 Tons (based on 77% sensible capacity)

Notes

Calculations are based on 7th edition of ACCA Manual J.
All computed results are estimates as building use and weather may vary.
Be sure to select a unit that meets both sensible and latent loads.

Total Building Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	62	1,933	0	2,987	2,987
12H Wall R-19 + 1/2" Gypsum Board(R-0.5)	570	924	0	670	670
16D Ceiling R-19 Insulation	759	1,086	0	1,609	1,609
19I Floor Over Basement/Encl Crawl Carpet + R-19	759	492	0	0	0
Subtotals for structure:	2,150	4,435	0	5,266	5,266
Active People:	4	0	920	1,200	2,120
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	357	0	718	718
Infiltration: Winter CFM: 91.1, Summer CFM: 40.5	62	2,704	1,818	712	2,530
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				7,896	
Temperature Swing Multiplier:				X1.00	
Building Load Totals:		7,496	2,738	7,896	10,634

Check Figures

Total Building Supply CFM:	1000	CFM per square foot:	1.318
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		0.992 Tons (based on 77% sensible capacity)

Notes

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 All computed results are estimates as building use and weather may vary.
 Be sure to select a unit that meets both sensible and latent loads.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: Addition to 9 Middle Rd Address: 9 Middle Rd. City, State: Sewall's Point, FL Owner: Climate Zone: South	Builder: Permitting Office: Sewall's Point Permit Number: Jurisdiction Number: 531300
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<table style="width: 100%;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">Addition</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">2</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">759 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">62.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Raised Wood, Stem Wall</td><td style="text-align: right;">R=19.0, 759.0ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 570.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=19.0, 759.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Attic</td><td style="text-align: right;">Sup. R=6.0, 1.0 ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	Addition	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	2	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	759 ft ²	___	7. Glass area & type		___	a. Clear - single pane	0.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	62.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Raised Wood, Stem Wall	R=19.0, 759.0ft ²	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Frame, Wood, Exterior	R=19.0, 570.0 ft ²	___	b. N/A		___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=19.0, 759.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 1.0 ft	___	b. N/A		___	<table style="width: 100%;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td></td><td style="text-align: right;">Cap: 12.0 kBtu/hr ___ SEER: 10.00 ___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td></td><td style="text-align: right;">Cap: 12.0 kBtu/hr ___ COP: 1.00 ___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. Electric Resistance</td><td></td><td style="text-align: right;">Cap: 30.0 gallons ___ EF: 0.95 ___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. 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Glass/Floor Area: 0.08	Total as-built points: 12030.00	PASS
	Total base points: 13061.00	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Miriam Moore


DATE: _____

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE	AS-BUILT																																																																													
GLASS TYPES .18 X Conditioned X BSPM = Points Floor Area	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type/SC</th> <th>Ornt</th> <th>Overhang Len</th> <th>Hgt</th> <th>Area</th> <th>X</th> <th>SPM</th> <th>X</th> <th>SOF</th> <th>=</th> <th>Points</th> </tr> </thead> </table>	Type/SC	Ornt	Overhang Len	Hgt	Area	X	SPM	X	SOF	=	Points																																																																		
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WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE	AS-BUILT																																																
GLASS TYPES																																																	
.18 X Conditioned X BWPM = Points Floor Area	Overhang Type/SC Ornt Len Hgt Area X WPM X WOF = Points																																																
.18 759.0 2.02 276.6	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Single, Tint</td> <td style="width: 5%;">N</td> <td style="width: 5%;">2.0</td> <td style="width: 5%;">8.0</td> <td style="width: 10%;">8.0</td> <td style="width: 10%;">4.98</td> <td style="width: 10%;">0.99</td> <td style="width: 10%;">39.5</td> </tr> <tr> <td>Single, Tint</td> <td>N</td> <td>2.0</td> <td>7.0</td> <td>6.0</td> <td>4.98</td> <td>0.99</td> <td>29.6</td> </tr> <tr> <td>Single, Tint</td> <td>W</td> <td>2.0</td> <td>6.0</td> <td>20.0</td> <td>4.60</td> <td>1.00</td> <td>92.0</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>6.0</td> <td>20.0</td> <td>3.99</td> <td>1.03</td> <td>82.2</td> </tr> <tr> <td>Single, Tint</td> <td>E</td> <td>2.0</td> <td>5.0</td> <td>8.0</td> <td>3.99</td> <td>1.04</td> <td>33.1</td> </tr> <tr> <td colspan="4">As-Built Total:</td> <td style="text-align: center;">62.0</td> <td></td> <td></td> <td style="text-align: center;">276.4</td> </tr> </table>	Single, Tint	N	2.0	8.0	8.0	4.98	0.99	39.5	Single, Tint	N	2.0	7.0	6.0	4.98	0.99	29.6	Single, Tint	W	2.0	6.0	20.0	4.60	1.00	92.0	Single, Tint	E	2.0	6.0	20.0	3.99	1.03	82.2	Single, Tint	E	2.0	5.0	8.0	3.99	1.04	33.1	As-Built Total:				62.0			276.4
Single, Tint	N	2.0	8.0	8.0	4.98	0.99	39.5																																										
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Single, Tint	E	2.0	5.0	8.0	3.99	1.04	33.1																																										
As-Built Total:				62.0			276.4																																										
WALL TYPES Area X BWPM = Points																																																	
Type	R-Value Area X WPM = Points																																																
Adajcent	0.0 0.0 0.0																																																
Exterior	570.0 0.60 342.0																																																
Base Total:	570.0 342.0																																																
As-Built Total: 570.0 171.0																																																	
DOOR TYPES Area X BWPM = Points																																																	
Type	Area X WPM = Points																																																
Adjacent	0.0 0.00 0.0																																																
Exterior	0.0 0.00 0.0																																																
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CEILING TYPES Area X BWPM = Points																																																	
Type	R-Value Area X WPM = Points																																																
Under Attic	19.0 759.0 0.30 227.7																																																
Base Total:	759.0 227.7																																																
As-Built Total: 759.0 227.7																																																	
FLOOR TYPES Area X BWPM = Points																																																	
Type	R-Value Area X WPM = Points																																																
Slab	0.0(p) 0.0 0.0																																																
Raised	759.0 -0.28 -212.5																																																
Base Total:	-212.5																																																
As-Built Total: -75.9																																																	
INFILTRATION Area X BWPM = Points																																																	
Area X WPM = Points	Area X WPM = Points																																																
759.0 -0.06 -45.5	759.0 -0.06 -45.5																																																
Winter Base Points:	436.4																																																
Winter As-Built Points:	553.6																																																
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points																																																
436.4 1.0900 475.7	553.6 1.000 1.145 1.000 1.000 633.6																																																
	553.6 1.00 1.145 1.000 1.000 633.6																																																

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Total	Volume	Bedrooms		Ratio			Multiplier			
2		2370.00	=	4740.0	30.0	2		1.00		2194.44	1.00			4388.9
													As-Built Total:	4388.9

CODE COMPLIANCE STATUS													
BASE					AS-BUILT								
Cooling	+	Heating	+	Hot Water	=	Total	Cooling	+	Heating	+	Hot Water	=	Total
Points		Points		Points		Points	Points		Points		Points		Points
7845.1		475.7		4740.0		13060.8	7007.9		633.6		4388.9		12030.4

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 9 Middle Rd., Sewall's Point, FL,	PERMIT #:
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6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.6

The higher the score, the more efficient the home.

, 9 Middle Rd., Sewall's Point, FL,

1. New construction or existing	Addition	___	12. Cooling systems		
2. Single family or multi-family	Single family	___	a. Central Unit	Cap: 12.0 kBtu/hr	___
3. Number of units, if multi-family	1	___		SEER: 10.00	___
4. Number of Bedrooms	2	___	b. N/A		___
5. Is this a worst case?	No	___	c. N/A		___
6. Conditioned floor area (ft ²)	759 ft ²	___			___
7. Glass area & type		___	13. Heating systems		___
a. Clear - single pane	0.0 ft ²	___	a. Electric Strip	Cap: 12.0 kBtu/hr	___
b. Clear - double pane	0.0 ft ²	___		COP: 1.00	___
c. Tint/other SC/SHGC - single pane	62.0 ft ²	___	b. N/A		___
d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	c. N/A		___
8. Floor types		___	14. Hot water systems		___
a. Raised Wood, Stem Wall	R=19.0, 759.0ft ²	___	a. Electric Resistance	Cap: 30.0 gallons	___
b. N/A		___		EF: 0.95	___
c. N/A		___	b. N/A		___
9. Wall types		___	c. Conservation credits		___
a. Frame, Wood, Exterior	R=19.0, 570.0 ft ²	___	(HR-Heat recovery, Solar		___
b. N/A		___	DHP-Dedicated heat pump)		___
c. N/A		___	15. HVAC credits		___
d. N/A		___	(CF-Ceiling fan, CV-Cross ventilation,		___
e. N/A		___	HF-Whole house fan,		___
10. Ceiling types		___	PT-Programmable Thermostat,		___
a. Under Attic	R=19.0, 759.0 ft ²	___	RB-Attic radiant barrier,		___
b. N/A		___	MZ-C-Multizone cooling,		___
c. N/A		___	MZ-H-Multizone heating)		___
11. Ducts		___			___
a. Sup: Unc. Ret: Unc. AH: Attic	Sup. R=6.0, 1.0 ft	___			___
b. N/A		___			___

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStarTM designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

Project Summary

Project:	9 Middle Rd.	Company:	Wojcieszak & Associates
Client:		Representative:	
Address:		Address:	
City:		City:	
Phone:		Phone:	
Fax:		Fax:	
		Comment:	

Design Data

Project Name:	9 Middle Rd.
Reference City:	West Palm Beach, Florida
Daily Temperature Range:	Medium
Latitude:	26 Degrees
Elevation:	15 Feet
Elevation Sensible Adj. Factor:	1.000
Elevation Total Adj. Factor:	1.000
Elevation Heating Adj. Factor:	1.000

	Outdoor Dry Bulb	Outdoor Wet Bulb	Indoor Rel.Hum.	Indoor Dry Bulb	Grains Difference
Winter:	45	N/A	N/A	72	N/A
Summer:	91	79	50%	75	66

Check Figures

Total Building Supply CFM:	1000	CFM per square foot:	1.318
Square feet of room area:	759	Square feet per ton:	765.099

Building Loads

Total heating required with outside air:	7,496 Btuh	7.496 MBH
Total sensible gain:	7,896 Btuh	74 %
Total latent gain:	2,738 Btuh	26 %
Total cooling required with outside air:	10,63 Btuh	0.886 Tons (based on sensible + latent)
	4	0.992 Tons (based on 77% sensible capacity)

Notes

Calculations are based on 7th edition of ACCA Manual J.
All computed results are estimates as building use and weather may vary.
Be sure to select a unit that meets both sensible and latent loads.

Total-Building Summary Loads

Component Description	Area Quan	Sen. Loss	Lat. Gain	Sen. Gain	Total Gain
1C Window Tint Glass Metal Frame	62	1,933	0	2,987	2,987
12H Wall R-19 + 1/2" Gypsum Board(R-0.5)	570	924	0	670	670
16D Ceiling R-19 Insulation	759	1,086	0	1,609	1,609
19I Floor Over Basement/Encl Crawl Carpet + R-19	759	492	0	0	0
Subtotals for structure:	2,150	4,435	0	5,266	5,266
Active People:	4	0	920	1,200	2,120
Inactive People:	0	0	0	0	0
Appliances:	0	0	0	0	0
Lighting:	0	0	0	0	0
Ductwork:	0	357	0	718	718
Infiltration: Winter CFM: 91.1, Summer CFM: 40.5	62	2,704	1,818	712	2,530
Ventilation: Winter CFM: 0.0, Summer CFM: 0.0	0	0	0	0	0
Sensible Gain Total:				7,896	
Temperature Swing Multiplier:				X1.00	
Building Load Totals:		7,496	2,738	7,896	10,634

Check Figures

Total Building Supply CFM:	1000	CFM per square foot:	1.318
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 Be sure to select a unit that meets both sensible and latent loads.

Miriam Moore
3013 SW Vittorio St.
Pt. St. Lucie, FL 34953

INVOICE

DATE:11/17/00

Joe McCarthy, Architect
900 East Ocean Blvd
Stuart, FL 34994

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
11/17/00	Residential A/C Sizing Calculation & Energy Code Calculation "9 Middle Rd."	\$50.00

THANK YOU

PAY LAST
AMOUNT IN
THIS COLUMN



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

CENTRAX #: 43-SS-02919
OSTDSNBR: 00-0937-E

PW

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Innovative Other
 Repair Abandonment Temporary

APPLICANT: TRANTOR, JOHN & KATHY AGENT: 96-1296, Hoffpaur Brent

PROPERTY STREET ADDRESS: 9 MIDDLE Rd STUART FL 34994

LOT: _____ BLOCK: _____ SUBDIVISION: _____
[Section/Township/Range/Parcel No.]
PROPERTY ID #: --- [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME PERIOD. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

T 1050 Gallons SEPTIC TANK MULTI-CHAMBERED/IN SERIES:
A 0 Gallons MULTI-CHAMBERED/IN SERIES:
N 0 GALLONS GREASE INTERCEPTOR CAPACITY
K 0 GALLONS DOSING TANK CAPACITY [0] GALLONS @ [0] DOSES PER 24 HRS # PUMPS [0]

D 417 SQUARE FEET PRIMARY DRAINFIELD SYSTEM Trench
R 615 SQUARE FEET BED SYSTEM
A TYPE SYSTEM: STANDARD FILLED MOUND
I CONFIGURATION: TRENCH BED

F LOCATION TO BENCHMARK: Top of Tank
I ELEVATION OF PROPOSED SYSTEM SITE [14.0] [INCHES] [ABOVE] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [22.0] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES
OTHER REMARKS:

Sleeve potable water lines within 10 feet of drainfield. The drainfield aggregate must be at least 5 feet from the property line(s). Install an approved outlet filter device in the septic tank. "See the attached special conditions list." A reinspection fee will be charged for additional inspections. All special conditions and items above must be completed prior to Final Inspection and Approval.

SPECIFICATIONS BY: Black, Angela TITLE: ESI

APPROVED BY: Cross, Ray TITLE: Env. Supervisor II Martin CHD

DATE ISSUED: 11/30/00 EXPIRATION DATE: 5/30/02



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Trantor PERMIT NO.: 43 - SS - 02919

SUBDIVISION: High Point

Permit General Conditions

Finished floor foundation elevation is recommended to be above the drainfield filled elevation of 0 inches above grade 14" A Top of Tank. If the foundation is proposed to be lower than the drainfield filled elevation, please contact this office to determine the foundation setback away from the drainfield (setback is calculated by adding 4:1 slope, 5-foot shoulder and berm. Recommend roof gutters to divert water away from this berm area).

If gravity flow from the building to the septic tank cannot be maintained, this permit must be revised to show an approved drainfield dosing pump system.

If the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.

If fill is required, contact Martin County or your city Building Division for requirements.

Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.

A septic tank outlet filter is required on all septic tanks in unincorporated Martin County.

If any information on this permit changes, an amended application is required to be filed immediately.

Any alteration of the information or conditions of this permit found to be in non-compliance with 64E-6, Florida Administrative Code or Chapter 381, Florida Statute, will be sufficient cause for revocation of this permit.

NOTE Special Condition(s) marked "X" are in effect.

- X 1. Driveway / sidewalk elevation must be 9" higher than the top of the drainfield elevation if they are within 5 feet of each other.
X 2. Septic system must be 75 feet from surface water / wetlands mean high water line.
X 3. Future ponds or surface water created onsite must be greater than 75' from septic system.
X 4. Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches.
5. Excavate one foot beyond drainfield area to a depth of _____

X SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

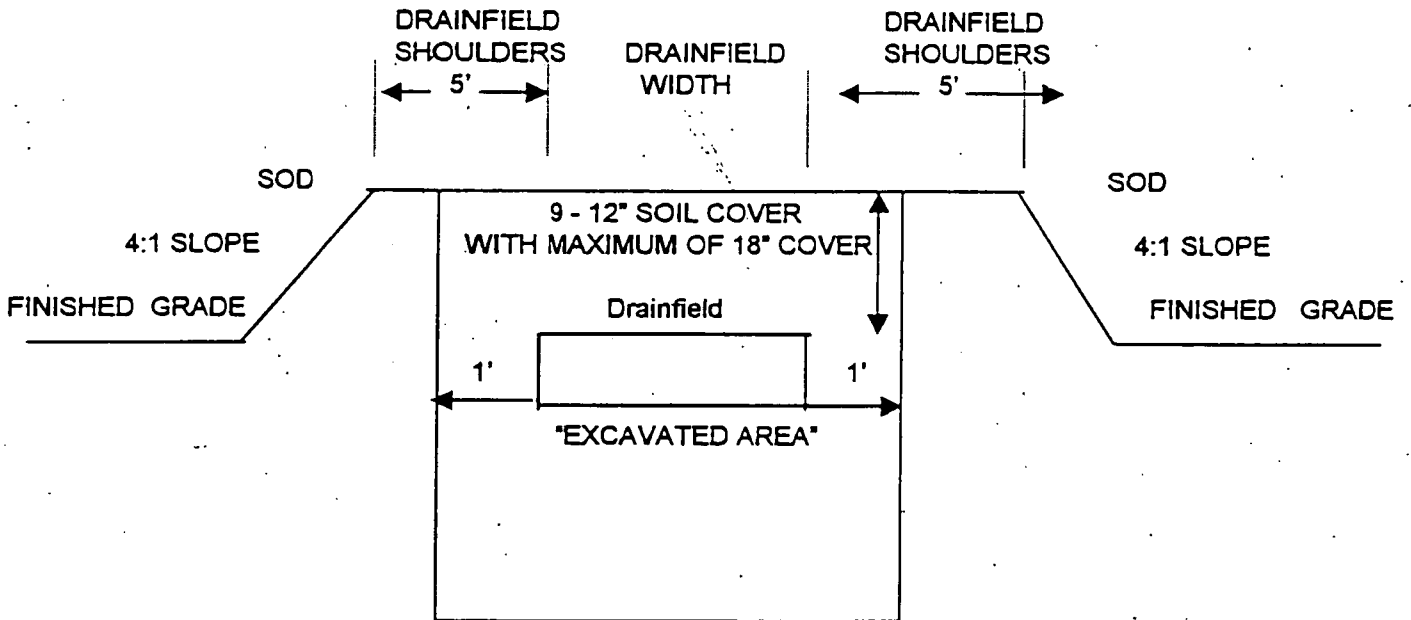
SPECIAL CONDITION REQUIREMENTS (Page 2 of 3)

6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils.
7. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
8. The organic vegetation layer at the existing grade must be removed and slightly limited fill placed between the existing grade and the bottom of the drainfield.
9. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
10. The attached well abandonment form must be completed by a certified well driller and submitted to this office prior to the initial building construction or system inspection.
11. The mound area must be sodded prior to the request for final grade inspection.
12. Drainfield must be protected from vehicular traffic (i.e., traffic barriers).
13. Occupational approval will not be given until all requirements for public water system/ food-service/ institutional/ septic system are met. _____
14. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) manhole cover (s) per tank extending to the surface.
15. _____ to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required.
16. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
17. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart.
18. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed.
19. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield.
20. All new potable wells must be 25' from the building foundation and meet all other setback installation requirements.
21. \$ _____ Re-inspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.
22. A well construction permit is required prior to well installation.

SPECIAL CONDITION REQUIREMENTS (Page 3 of 3)

- ___ 23. The engineer of record must certify that the installed system complies with the approved engineer design and installation requirements.
- ___ 24. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ Annual Permit Fee (For ___ Indust./Manuf. ___ Aerobic System ___ Commercial System ___ Performance Based).
- ___ 25. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system). No boulders or trees are allowed within the drainfield or drainfield shoulder area.

DRAINFIELD MOUND REQUIREMENTS



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL. SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

___ 26. Other: _____

NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling ANGELA BLACK at (561) 221-4090

11/21/00-pd. 115.00
31099

RECEIVED

NOV 17 2000

MARTIN COUNTY
HEALTH DEPARTMENT.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. UB-SS-2919
DATE PAID: 11/17/00
FEE PAID: 25
RECEIPT #: 31084

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary plca reviews

APPLICANT: John + Kathy Trantor

AGENT: CET TELEPHONE: _____

MAILING ADDRESS: 2952 SE Monroe St Stuart FL 34997

===== TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS. =====

PROPERTY INFORMATION

LOT: 36 BLOCK: _____ SUBDIVISION: High Point PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1/3 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: # 9 middle Road

DIRECTIONS TO PROPERTY: East Ocean to South Sawalls Point Road to High Point right to Middle Road

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
Existing				
2	Proposed Addition	760	13	Total 3750
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Butt Appian DATE: 11-17-00



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # _____

APPLICANT: John Trantor AGENT: CFT

LOT: 36 BLOCK: _____ SUBDIVISION: High Point

PROPERTY ID #: _____ [Section/Township/Range/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: 600 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 700 GALLONS PER DAY [1500 GPD/ACRE OR 1500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1300 sq SQFT UNOBSTRUCTED AREA REQUIRED: 1300 sq SQFT

BENCHMARK/REFERENCE POINT LOCATION: Top of tank
ELEVATION OF PROPOSED SYSTEM SITE IS 14 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: NA FT. DITCHES/SWALES: NA FT. NORMALLY WET? YES NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 12+ FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 40 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

Munsell #/Color	Texture	Depth
<u>10YR 7/1</u>	<u>0-2</u>	<u>sand</u> to _____
<u>8/1</u>	<u>2-6</u>	to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
USDA SOIL SERIES: <u>St. Lucie Sand</u>		

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR 7/1</u>		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
		to _____
USDA SOIL SERIES: <u>St. Lucie Sand</u>		

OBSERVED WATER TABLE: No ^{water} INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 72 INCHES [ABOVE / BELOW] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 8 DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: TRENCH BED OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: For inspection purposes

SITE EVALUATED BY: Bret Hoffman DATE: 11-17-00



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: John Tranter
CONTRACTOR / AGENT: CET
LOT: 36 BLOCK: _____ SUBDIV: High Point ID#: _____

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

EXISTING TANK INFORMATION

[1050] GALLONS SEPTIC TANK/GPD ATU LEGEND: NONE FOUND MATERIAL: CONCRETE BAFFLED: [Y / N]
[] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
[] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: []

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON NOV 2000, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR: Burt Hopper BUSINESS NAME: CET DATE: 11-17-00

EXISTING DRAINFIELD INFORMATION

[432] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
[] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []
CONFIGURATION: [] TRENCH [] BED []
DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 36 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[1982] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
[400] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE 1, 64E-6, FAC
SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY []
NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
[] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []
FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
[] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA: Inspection purposes only. Not having problems.

SUBMITTED BY: Burt Hopper TITLE/LICENSE: V.P. DATE: 11-17-00

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

COPY

CERTIFICATE OF OCCUPANCY

2ND FL. ADDITION/ALTERATIONS
 Single Family Residence Other _____

OWNER: JOHN/KATHY TRAUTER ; PROPERTY ADDRESS: 9 MIDDLE ROAD

LEGAL DESCRIPTION: LOT 36 BLOCK _____ SUBDIVISION HIGHPOINT

GENERAL CONTRACTOR: EMMICK CONST., INC. ; Lic/CERT No. CR0017291

ADDRESS: 1909 N.E. ACAPULCO DR., JENSEN BEACH, FL. ; TEL 334-0440, FAX _____

ARCHITECT OR ENGINEER: JOSEPH P. McCARTY ; Lic/REG. No. AR 009639

ADDRESS: 900 E. OSCEOLA, STUART, FL. ; TEL _____ ; FAX _____

PERMIT No: 5209 ; DATE OF ISSUE: 1/9/01 ; RENEWAL PERMIT No: — ; DATE OF ISSUE: N/A

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 11TH day of JUNE, 2001.

Edwin B. Arnold, AIA, CBO
Building Official, Town of Sewall's Point

cc: CHIEF OF POLICE
TOWN CLERK

BUILDING FILE



PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE

One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

STATEMENT OF INSPECTION

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

OWNER: John Tranter; ADDRESS: _____
PROJECT ADDRESS: 9 Middle Road; LEGAL DESCRIPTION: LOT 36 BLK _____ SUB High Point
GENERAL CONTRACTOR: Emmick Constr. Inc; Lic/CERT No. CR0017291
ADDRESS: 1909 NE Acapulco Drive; Lansen Beach; TEL 334 0440; FAX 334 0440
ARCHITECT OR ENGINEER: Joseph P. McCarty; Lic/REG No. FL 9639
ADDRESS: 900 E. Osceola Street; TEL _____; FAX _____
PERMIT No: 5209; DATE OF ISSUE: 20 2001; DATE OF THIS STATEMENT: _____

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

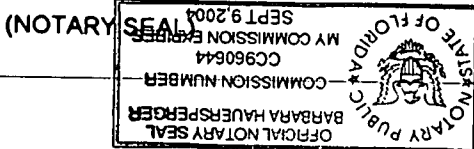
1. I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at GULFSTREAM BUSINESS BANK, this 9th day of MAY, 2001.

NAME: Joseph P. McCarty; SIGNATURE: [Signature]; Lic. No: 9639

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 9th day of MAY, 2001, by Joseph P. McCarty, who is personally known to me or who has produced FL DL# as identification and who did not take an oath.
m263-495-51-301-0



Name Barbara Haverspiger
I am a Notary Public of the State of Florida and my commission expires: 9-9-04

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed 1/26/01, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5214 (3)	ROHLOFF 20 RIVERVIEW DR. ROOF TILE SPECIALISTS	T/T & MTL.	Passed	1/26
✓ S 2299 (4)	TRANTNER EMMICK CONST.	STRUCTURE	Pass	1/26
✓ W 4723 (10)	KOCH 71 N. RIVER RD. W.B. BROWN	FINAL- REINSP. (VERIFY APPLIANCE) INST. FOR C.O.	Appliances, El panel, jacuzzi all OK.	1/26
✓ 5234	McCARTNEY 45 W. HIGHWAY WILSON BROS.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed Fri 1/29/00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5223	ZEIGLER 17 EMARITA ZANGIRE CONST (548-7669)	RGH PLUMB/ELECT (INCL V/A).	Passed	LATE AM 1/29
✓ S 5013	DENNIS 16 RIDGELAND FL. FINEST CONST	RAKE B.M.	Passed	1/29
✓ N 5216	PHINNEY 30 FIELDWAY DR. COASTAL ALUM.	FINAL (POOL ENCL.)	Passed	1/29
✓ S 5075	VASQUEZ 82 S. SEWALL'S POINT RD GROZA	DRYWALL SCREW (PTL.)	Passed Partial Need	EARLY IF POSSIBLE 1/29 (7 screws on edge!)
✓ S 5221	TRANTNER 9 WINDY ROAD EMMICK (PACIFIC RFG)	SWEATING	Passed	WALKER 1/29
✓ N 4895	SEELY 37 N.E. LOFTING WAY GIBBEN (DAN 260-2248)	DRIVEWAY (PTL.)	Passed Partial	EARLY IF POSSIBLE 1/29
✓ S T/R	LIZARS 4 ISLAND ROAD GOOD IMPRESSIONS LANDSCAPE	FIELD VERIFICATION	dead @	Palm to be removed 1/29

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5107	MCCARTNEY	FINAL -	Passed	1/31
④	45 W. HIGHPOINT 01B	CARPORT ROOF		See letter surveyor = O.K.
5123	PICEU	TIE BEAM	Passed	EARLY AS POSSIBLE 1/31
①	65 S. RIVER RD. SEAGATE			
5241	BENIHANA	SHEATHING	Passed	1/31
⑦	3602 SE OCEAN PACIFIC			(soft spot, no roll)
5207	ROBINSON	FENCE - FINAL	Passed	1/31
⑥	2 RIVERVIEW DR BULLDOG FENCE			
4755	CLEMENTS	FINAL - C/O	Passed	1/31
③	6 MIDDLE RD. CAMPBELL			
5201	TRANTER	SHEATHING	Partial Passed	1/31
②	9 MIDDLE RD. PACIFIC	(REROOF)		
5172	ECKNA	temp pole	Passed	1/31
⑤	107 Henry Sewall JMC		Brace pole	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2000

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5172 ①	RCKNA 107 HENRY SEWALL WAY JMC CONST	TIE BMS (REINSP.) - FEE WAIVED	Passed	EARLY IF POSSIBLE 2/7
5155	MIRANDA 34 CASTLE HILL WAY ROBT. DEAN SCHILLER	FINAL - POOL (EBA)		FINAL SURVEY & BARRIER FENCE DOC. RCVD.
5207 ②	TRANER 9 MIDDLE RD. Emmick	UNDERGROUND PLUMBING Ground floor	Passed	2/7
5251 ③	INNES 113 HILLCREST DR. PACIFIC	SHEATHING	Passed partial	LATE AM 10:30 2/7
5243 ④	DIAMOND 4 HERITAGE WAY OIB	DRIVEWAY - FINAL	Passed	2/7
5023 ⑤	PICEV 65 S. RIVER RD SEAGATE BLRS.	FTG	Passed	LATE AS POSSIBLE 10:30 2/7
5068 ⑥	WIKER 19 RIDGEBEND LEAR DEVEL.	V/G PLMBG. (REINSP. - NO FEE)	Passed	2/7

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~2/16/01~~ , 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5009	Tranter	...	...	...
6	9 Middle Rd Pacific			2/16
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5068	Winer (285-4600)	Slab		Call Lcar re time
9	19 Ridgeland Lcar Dev.	rescheduled cancelled		485 3082 11 ⁰⁰ LAST INSP. IF POSSIBLE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5013	DENNIS	RAKE BEAM	Passed	2/16
8	16 RIDGELAND DR. FL. FINEST	+ Header		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5117	BECKHAM	FINAL -	Passed	2/16
3	3 OAKHILL WAY POOLS b Greg	POOL	HG: 2	9 ³⁰ Fence ?? 260 2367 Chip
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
T/R	MUSSO	FIELD VERI.	Passed	PN 5262
4	18 S. RIVER RD. HARRY BLUE		2/16	10 ⁰⁰ 336 2024
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5244	BENZING	COLUMN STL.	Partial	→ Monday 2/19
7	137 S. RIVER RD O/B (GEE & JENSON) "JERRY" 662-3663		2/16	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5214	ROHLOFF	TILE - IN PROGRESS	OK	2/16
5	20 RIVERVIEW DR ROOF TILE SPECIALISTS			

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5123	PICEU 65 S. RIVER ROAD SEAGATE BLVD.	SLAB - GARAGE Slab - Hambro	2/19 2/19	COMP. TEST RCW 2/16/01 Passed both INSPECTOR: 2/19
5244	BENZING 137 S. RIVER ROAD O/B	COLUMNS (CHALK LIFT)		Engineer to sign off! INSPECTOR: 2/19
5269	DANIELSON 161 S. RIVER ROAD PACIFIC REG.	SHEATHING		not ready roll over to 2/21 INSPECTOR:
5068	WINER (285-4600) 19 RIDGELAND LEAR DEVEL. (485-3082)	SLAB	Passed	COMP. TEST/TERMITE SPRAY REQ INSPECTOR: 2/19
5122	KEARNEY 12 N. RIVER ROAD KEN PARKER POOLS → 285-2346 (cell)	POOL DECK		COMP. TEST/TERMITE SPRAY REQ Cancelled INSPECTOR:
5209	TRANTNER XXXXXXXXXX EMMICK CONST.	PLUMBING (ALL)	Passed	INSPECTOR: 2/19
5138	RIBELLINO 18 ISLAND ROAD WILSON BLDGS (288-2000)	SHEATHING (PTL.)	Passed	INSPECTOR: 2/19

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S ✓ 5269	DANIELSON 161 S. RIVER RD. PACIFIC RFG.	SHEATHING (RESCHEDULE 2/19)	Passed	RE ROOF EXST'G. SFR. 2670116 Rob INSPECTOR: [Signature]
S ✓ 5226	GRIFFITH 140 S. SEWALL'S POINT RD. FOLDING SHUTTER	STORM SHUTTER- FINAL INSP.	Passed	(ROLLOVER FROM 2/19) INSPECTOR: [Signature] 2/21/01
S ✓ T/R	NICHOLS 17 PALMETTO DR. MONTE'S TREE SERVICE	FIELD VERIFICATION	Passed	tree affects scr. encl. INSPECTOR: [Signature] 2/21/01
S ✓ 5273	LIBITSKY PN5260 3 RIO VISTA DR. A+W	IN PROGRESS (SIDING REPLACEMENT)	TT+No bal Passed IN PROG. Passed	INSPECTOR: [Signature] 2/21/01
S X 5230	DENNISON 49 W HIGHPOINT 018223-5945X1155	INSULATION CANCEL BY OWNER 2/21 7:20 AM.	X	INSPECTOR:
S ✓ 5063	ROBINSON 173 S. RIVER RD. DRIFTWOOD	TIE BEAM 2nd Floor	Passed	INSPECTOR: [Signature] 2/21/01
S X 5201	TRANTOR 9 MIDDLE RD. PACIFIC	FINAL - ROOF CANCEL SA CONTR. TO OFFICE	Passed	- NO RFG PROP SUBMITTAL - NOT MET WORKING INSPECTOR: [Signature] 2/21/01

OTHER: _____

~~Final Passed~~

~~Not in prog - Friday~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Feb 23, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5154	RIMMER	STL. (Pool)	Passed	SURVEY RCVD 2/22/01
S (4)	29 S. RIVER RD. OLYMPIC POOLS.			INSPECTOR: Jo 2/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5122	KEARNEY	DECK	Passed	- COMP. TEST RCVD 2/22/01
N (3)	12 N. RIVER RD. KEN PARKER POOLS			- TERMITE SPECIFY TAG ON PERMIT INSPECTOR: Jo 2/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5234	MCCARTNEY	STL. COL.	Passed	
S (6)	45 W. HIGHT POINT WILSON BLDGS.	2 ND wall		INSPECTOR: Jo 2/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5161	BRENNAN	FRAMING	will recall	TRUSS ENGR'G KID. TO CONTR.
S	111 HENRY SEWALL WAY GLEN HUTCHINS	Truss dgrs: sort out Submit 2 Framing plans		SORT/ISSUE W/FRAMING PLAN INSPECTOR: Jo 2/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5269	Trantor	insulation	Passed	
S (5)	0 Middle Rd. Ewick Joe			INSPECTOR: Jo 2/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	Sappington	Tree removal	OK to	remove
S (7)	20 W. High Pt. W - Byone			dead tree INSPECTOR: Jo 2/23
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5203	McKELGE	DRAINAGE OUTFALL	ACTIVE	- VERIFIED DRAINAGE FLOW
	31 W. HIGH POINT	VERIFICATION	DRAIN CONTR. WILL	W/TOWN ENGR.
	BK MARINE CONST. INC	(w/BLDG COMM.)	LEAVE CR.	INSPECTOR: [Signature]

OTHER: Pacific: Rob: 29 Fieldway Dr. 1145

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Mon Wed Fri ~~2001~~ , 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5203	Cooper/Mckeige	steel cap	Passed	
5204	³³ 31 W. Hi. Pt.	seawall	(100')	
①	BK Marine			INSPECTOR: J 3/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5230	Dennison	insulation	Passed	
②	49 W. Hi. Pt. o/b			INSPECTOR: J 3/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5271	Gaisinger	sheathing	Passed	
④	8 Castle Hill A & W	Garage roof		INSPECTOR: J 3/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5259	Trantor	D-wall screw	Passed	
③	Middle Rd. Emick			INSPECTOR: J 3/5
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 Sat Sun, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V 5284	ST LUCIE BLVD CONDO	SHEATHING	Not ready	
N ③	3601 E. OCEAN A+W			INSPECTOR: J 3/12
V 4895	SEELY	FTG. -	Passed	48x48x12 6" OC 20x12 2x5
N ②	37 N.E. LOFTING WAY GRIBBEN	ENTRY WALL/GATE		INSPECTOR: J 3/12
V 5261	RAPPAPORT	ROOF - FINAL		
S ④	9 RIVERCREST CT. GARY MARZO, INC.	(871-2489)		INSPECTOR:
V 5192	1200	Shoathing	Passed	718 9191
N ⑦	30 Castle Hill Way AR Martin	(Del. Orgs)		INSPECTOR: J 3/12
V 5219	Tranter	1st Floor	Passed	
S ⑥	9 Middle Rd. Emmick	Roofing/Attic		INSPECTOR: J 3/12
V 5271	Geisinger	Dry In/Metal	Failed	reinspot 11 ³⁰
N ①	S Castle Hill Way A+W			INSPECTOR:
V 5100	McKenzie	Pool Final	Passed	(= Safety fence all ar.)
S ⑤	1 Riverview Dr. Louden			INSPECTOR: J 3/12

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~March 31~~ 3/14, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5261	Rappaport	Roof Final	Passed	Valley repair
(3)	9 Rivercrest Ct Marzo	871 2430		(no permit / no ladder) INSPECTOR: <u>J 3/14</u>
5277	MOSLEY	FENCE-FINAL		
(7)	52 S. SEWALL'S POINT RD BULLDOG FENCE	(JERRY 221-8855)	→	by Ed. A. INSPECTOR:
5233	INGRAM	TIE-BACK	Passed	(check spacing 10')
(4)	101 N. SEWALL'S POINT RD. BLUE WATER MARINE	Seawall (286-5181)		INSPECTOR: <u>J 3/14</u>
TIR	ZOTTA	FIELD VERIF.	OK to remove 1 door	
(5)	23 CASTLE HILL WAY KIMBERSMITH			Pine tree INSPECTOR: <u>J 3/14</u>
TIR	GUNZEL	FIELD VERIF.	to be discussed	
(6)	19 N. VIA LUCINDIA			INSPECTOR: <u>J 3/14</u>
TIR	DYER	FIELD VERIF.		
(8)	9 PINEAPPLE LANE EARNEST CURTIS		→	by Ed. A. INSPECTOR:
5209	TRANTNER	INSULATION	Passed	
(9)	EMMICK ROAD EMMICK CONST.			INSPECTOR: <u>J 3/14</u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/14/09, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5277	MOSLEY	FENCE-FINAL		CORRECTIONS MADE 3/15
S (3)	52 S. SEWALL'S POINT RD	(REINSPECT)		PER CONTR. (SEE 3/14 LOG)
	BULLDOG FENCE	(JERRY: 221-8855)	57/60/72	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5284	ST. LUCIE BLDG. CONDO.	SHEATHING Part	ramped out	roll over
(2)	3601 E. OCEAN BLVD.	T Tag Part		
	A&W RFG. (288-8100)			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5272	VASQUEZ	POOL-PLUMBER	Passed	
S (4)	82 S. SEWALL'S POINT RD		KT Island 1 outlet	
	ROBT. DEAN SCHILLER (287-0768)			INSPECTOR: 3/19
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 4958	BUSHA	DOCK FRAMING		
N (1)	10 PALM COURT	(IN PROGRESS)		
	MAC BUSH, INC.			INSPECTOR: EA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5289	Trantor	Drill screw	Passed	
S (5)	A Middle Pa	W-Lath Nail	Partial	need to nail over staples
	Emmick			INSPECTOR: 3/19
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5001	Bercaw	→ clarify staples/nails		
(6)	11 River Guest		ramped out	call!
	Ronar			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: Check window inst. 3 Rivista deliver field copy
 Check T-tag (west) 3601 E Oceda

(7) = (2) (3)

5368

STORM SHUTTERS

MASTER PERMIT NO. 5209

TOWN OF SEWALL'S POINT

Date 5/10/01 BUILDING PERMIT NO. 5368
 Building to be erected for JOHN TRAUTNER Type of Permit STORM SHUTTERS (PL.)
 Applied for by COASTAL ALUMINUM (Contractor) Building Fee \$30.00
 Subdivision HIGH POINT Lot 36 Block _____ Radon Fee _____
 Address 9 MIDDLE ROAD Impact Fee _____
 Type of structure S.F.R. A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 Other Fees (PLAD REV.) 3.00
 TOTAL Fees \$33.00

Parcel Control Number:
13-38-41-002-000-00360-90000

Amount Paid 33.00 Check # 6647 Cash _____
 Total Construction Cost \$ 2,000.00

Signed [Signature] Applicant
 Signed Edwin B. Arnold/nlc Town Building Inspector

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>6/8/01</u>

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

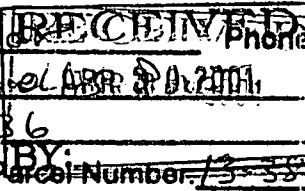
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



TOWN OF SEAWALL FLORIDA
BUILDING PERMIT APPLICATION



Owner or Titleholder's Name: M.M. TRAN Phone No. () 283 8573
 Street: 9 MIDDLE RD City: SEAWALL State: FL Zip: _____
 Legal Description of Property: High Point Lot 36
 Parcel Number: 13-55-41-002-000-0036.0-9000

Location of Job Site: 9 MIDDLE RD

TYPE OF WORK TO BE DONE: Shutters (Panels)

CONTRACTOR/Company Name: COASTAL ALUM Phone No. (561) 4680248
 Street: 4205 Metzger RD City: Pt Pierce State: FL Zip: 34943
 State Registration: _____ State License: JCC 056660

ARCHITECT: _____ Phone No. () _____
 Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patjo: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 2000
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)

 Owner
 State of Florida, County of: _____ On
 this the _____ day of _____, 2000,
 by _____ who is personally
 known to me or produced _____
 as identification.

CONTRACTOR SIGNATURE (Required)

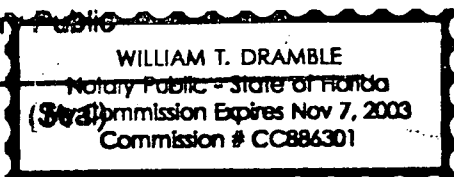
 Contractor
 State of Florida, County of: Martin On
 this the 20 day of APR, 2000,
 by Richard Skarp who is personally
 known to me or produced _____
 as identification.

Notary Public

My Commission Expires: _____
 (Seal)

Notary Public

My Commission Expires: _____



TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  _____ Date: 5/4/01

Approved by Town Engineer (if required) _____ Date: _____



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Madden Manufacturing
1889 NW 22nd Street
Pampano Beach, FL 33069

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

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

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

Your application for Product Approval of:

0.050" Aluminum Storm Panel Shutter

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 approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime 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 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.: 98-1110.03

Expires: 03/13/2003

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

5/4/01 TOWN OF SEWALL'S POINT
REVIEW

Bldg. OFFICIAL

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

FILE TOWN COPY
1 of 3
9 MIDDLE ROAD

Approved: 05/20/1999

PN 5368



Madden Manufacturing Co.

ACCEPTANCE No. : 98-1110.03

APPROVED : MAY 20 1999

EXPIRES : March 13, 2003

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This revises and renews the Notice of Acceptance No. 96-0520.02, which was issued on March 13, 1997. It approves an Aluminum Storm Panel Shutter, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

This Aluminum Storm Panel Shutter and its components shall be constructed in strict compliance with the following documents: Drawing No. 96-110, titled "0.050" Aluminum Storm Panel", prepared by Knezevich & Associates, Inc., dated April 22, 1996, last revision #6 dated March 4, 1999, sheets 1 through 8 of 8, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

All permanent set components, included but not limited to embedded anchor bolts, threaded cones, metal shields, headers and sills, must be protected against corrosion, contamination and damage at all times.

4. INSTALLATION

This Aluminum Storm Panel Shutter and its components shall be installed in strict compliance with the approved drawings.

5. LABELING

Each panel shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved".

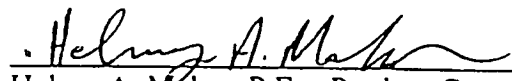
6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.

6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.



Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division

Madden Manufacturing Co.

ACCEPTANCE No. : 98-1110.03

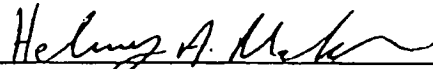
APPROVED : MAY 20 1999

EXPIRES : March 13, 2003

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer, who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer needs not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE



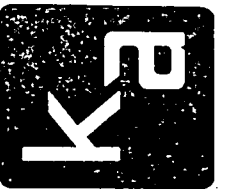
Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division

TABLE 1	STORM PANEL SPAN STORM PANEL SCHEDULE	
	NEGATIVE DESIGN LOAD W (PSF)	FOR ALL MOUNTING CONDITIONS
		L MAX. (FT-IN)
30.0	10 - 6	
35.0	10 - 4	
40.0	10 - 0	
45.0	9 - 8	
50.0	9 - 5	
55.0	9 - 2	
60.0	8 - 9	
62.0	8 - 7	
65.0	8 - 5	
70.0	7 - 10	
72.0	7 - 7	
75.0	7 - 3	
80.0	6 - 10	
90.0	6 - 1	
100.0	5 - 6	
110.0	5 - 0	
120.0	4 - 7	
130.0	4 - 2	
140.0	3 - 11	
150.0	3 - 8	
160.0	3 - 5	
170.0	3 - 2	
180.0	3 - 0	
190.0	2 - 10	
200.0	2 - 9	

TABLE 2	MIN. SEPARATION FROM GLASS SCHEDULE				
	POSITIVE DESIGN LOAD(W) (PSF)	ACTUAL SHUTTER SPAN (FT - IN)	MINIMUM SEPARATION FOR INSTALLATIONS 30' OR LESS ABOVE GRADE (INCHES)		MINIMUM SEPARATION FOR INSTALLATIONS GREATER THAN 30' ABOVE GRADE (INCHES)
			BAR	NO BAR	NO BAR
30.0	3 - 0	2	3	1-1/8	
	4 - 0	2	3	1-1/4	
	5 - 0	2	3	1-1/4	
	7 - 0	2	3	1-1/2	
	8 - 8	2-1/8	3	2-1/8	
	10 - 6	3-3/4	3-3/4	3-3/8	
40.0	3 - 0	2	3	1-1/8	
	4 - 0	2	3	1-1/4	
	5 - 0	2	3	1-3/8	
	7 - 0	2	3	1-5/8	
	8 - 8	2-1/2	3	2-1/2	
	10 - 0	3-3/4	3-3/4	3-1/2	
50.0	3 - 0	2	3	1-1/8	
	4 - 0	2	3	1-1/4	
	5 - 0	2	3	1-3/8	
	7 - 0	2	3	1-3/4	
	8 - 8	2-3/4	3	2-3/4	
	9 - 5	3-3/4	3-3/4	3-5/8	
60.0	3 - 0	2	3	1-1/8	
	4 - 0	2	3	1-1/4	
	5 - 0	2	3	1-3/8	
	7 - 0	2	3	1-7/8	
	8 - 8	3	3	3	
	9 - 0	3-3/4	3-3/4	3-1/4	
70.0	3 - 0	2	3	1-1/8	
	4 - 0	2	3	1-1/4	
	5 - 0	2	3	1-3/8	
	6 - 0	2	3	1-7/8	
	7 - 0	3	3	3	
	8 - 8	3-3/4	3-3/4	3	

NOTES:

1. ENTER TABLE 1 WITH NEGATIVE DESIGN LOAD TO DETERMINE MAX. PANEL SPAN. POSITIVE LOADS LESS THAN OR EQUAL TO THE NEGATIVE LOAD ARE ACCEPTABLE.
2. ENTER TABLE 2 WITH POSITIVE DESIGN LOAD TO DETERMINE MIN. SEPARATION FROM GLASS.
3. FOR DESIGN LOADS BETWEEN TABULATED VALUES, USE NEXT HIGHER LOAD OR LINEAR INTERPOLATION MAY BE USED TO DETERMINE ALLOWABLE SPANS.



KNEZEVICH & ASSOCIATES, INC.
 CONSULTING ENGINEERS - PRODUCT TESTING
 1280 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
 TEL: (954) 382-2600 • FAX: (954) 382-2889
 WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM
 COPYRIGHT © 1998 KNEZEVICH & ASSOCIATES, INC.

**0.050" ALUMINUM
STORM PANEL**
MADDEN 1899 N.W. 22nd Street
 Pompano Beach, FL 33069
 Phone (954) 975-2071
 Manufacturing Fax (954) 960-0567
 STORM PANELS - RAINBOW PRODUCTS

NO.	DATE	BY	DESCRIPTION
1	10/22/76	JVK	GENERAL REVISION
2	07/09/93	JVK	COUNTY COMMENTS
3	07/07/93	JVK	REV ANCHOR SCHEDULE
4	07/26/93	JVK	REV ANCHOR SCHEDULE
5	06/16/98	JVK	REV ANCHOR SCHEDULE
6	07/01/99	JVK	COUNTY COMMENTS
7	12/21/99	JVK	GENERAL NOTES (PAGE 1)

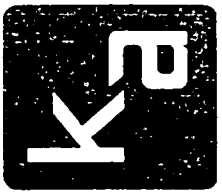
V.J. KNEZEVICH
 PROFESSIONAL ENGINEER
 License No. 12000
 Signature & Impression Seal

FOR ONE PERMIT ONLY
 VALID ONLY WITH ORIGINAL SIGNATURE & IMPRESSION SEAL

JUL 1 8 2000

date: 7/22/96
 scale: AS NOTED
 drawn by: MC
 design by: VJK
 checked by: VJK

drawing no. **96-110**
 sheet 8 of 8



KNEZEVICH & ASSOCIATES, INC.
CONSULTING ENGINEERS • PRODUCT TESTING
1280 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
TEL: (954) 382-2800 • FAX: (954) 382-2899
WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM
COPYRIGHT © 1999 KNEZEVICH & ASSOCIATES, INC.

0.050" ALUMINUM STORM PANEL
1899 N.W. 22nd Street
Pompano Beach, FL 33069
Phone (954) 975-2071
Fax (954) 960-0567
MADDEN MANUFACTURING
STORM PANELS • RAINBOW PRODUCTS

REVISIONS	
NO.	DESCRIPTION
1	10/27/98 JVK GENERAL REVISION
2	10/09/99 JVK COUNTY COMMENTS
3	02/02/99 JVK REV ANCHOR SCHEDULE
4	02/26/99 JVK REV ANCHOR SCHEDULE
5	04/16/99 JVK REV ANCHOR SCHEDULE
6	04/04/99 JVK COUNTY COMMENTS
7	11/21/99 JVK GENERAL NOTES (PAGE 1)

V.J. KNEZEVICH
PROFESSIONAL ENGINEER
FL License No. 353069
PIE 0600083
FOR ONE PERMIT ONLY
VALID ONLY WITH ORIGINAL SIGNATURE & IMPRESSION SEAL
JUL 12 2000
date: 7/12/2000
scale: AS NOTED drawn by: ME
design by: vjk checked by: vjk
drawing no. 96-110
sheet 7 of 8

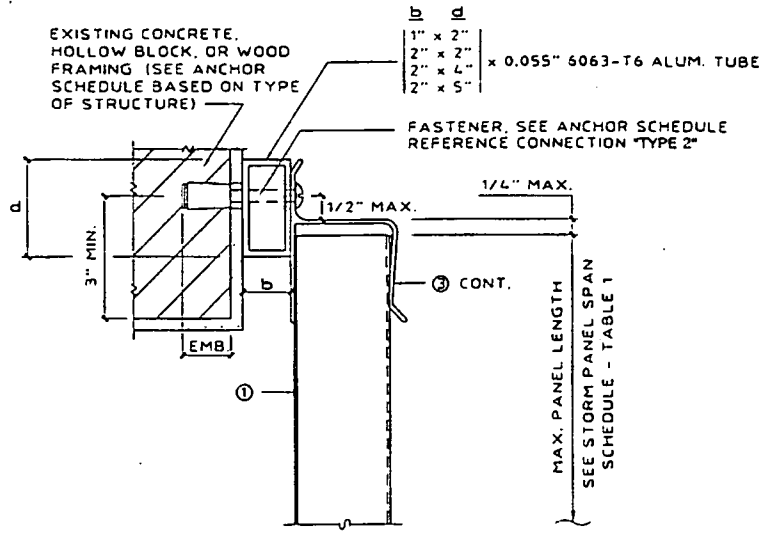
ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

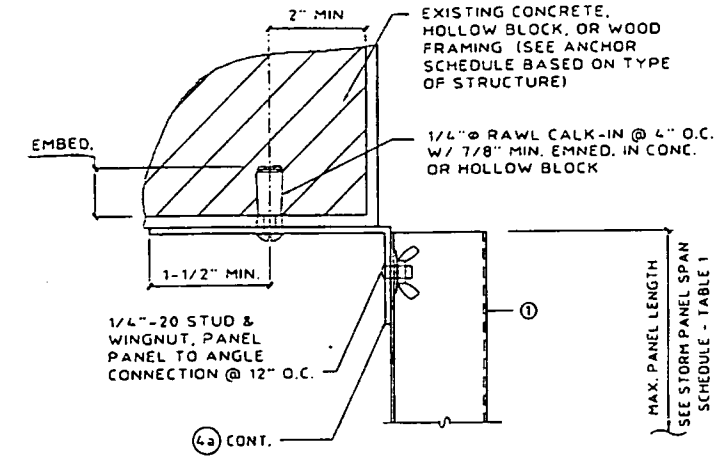
EXISTING STRUCTURE	ANCHOR TYPE	LOAD (W) PSF MAX. (SEE NOTE 1)	MIN. 2" EDGE DISTANCE															MIN. 3" EDGE DISTANCE																			
			SPANS UP TO 5' - 6" (SEE NOTE 1)					SPANS UP TO 7' - 6" (SEE NOTE 1)					SPANS UP TO 10' - 6" (SEE NOTE 1)					SPANS UP TO 5' - 6" (SEE NOTE 1)					SPANS UP TO 7' - 6" (SEE NOTE 1)					SPANS UP TO 10' - 6" (SEE NOTE 1)									
			CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE									
			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
HOLLOW CONCRETE BLOCK		48.0	12	12	9	12	5	12	8	7	12	3	8	3	5	8	12	12	11	12	6	12	9	8	12	4	9	3	6	9	3						
		62.0	12	10	7	12	4	9	3	5	9	3	7	4	7	12	11	9	12	4	10	4	6	10	3	8	3	5	8								
		72.0	11	5	6	11	3	8	4	8	7	4	7	12	6	7	12	4	9	3	5	9	8	3	5	8											
		92.0	8	3	5	8	7	4	7	7	4	7	7	4	7	9	3	6	9	3	8	3	5	8	8	3	5	8									
		200.0	7	4	7	7	4	7	7	4	7	7	4	7	8	3	5	8	8	3	5	8	8	3	5	8											
		48.0	12	12	12	12	7	12	12	8	12	5	12	4	6	12	4	12	12	12	8	12	12	10	12	6	12	4	7	12	4						
		62.0	12	12	9	12	6	12	5	6	12	4	11	4	5	11	3	12	12	10	12	6	12	5	8	12	4	12	4	6	12	3					
		72.0	12	8	8	12	5	11	4	5	11	3	11	4	5	11	3	12	9	9	12	5	12	4	6	12	4	12	4	6	12	3					
		92.0	12	4	6	12	4	11	4	5	11	3	11	4	5	11	3	12	4	7	12	4	12	4	6	12	3	12	4	6	12	3					
		200.0	11	4	5	11	3	11	4	5	11	3	11	4	5	11	3	12	4	6	12	3	12	4	6	12	3	12	4	6	12	3					
		48.0	12	12	10	12	6	12	10	7	12	5	11	4	5	11	3	12	12	12	8	12	12	11	12	6	12	5	8	12	4						
		62.0	12	12	8	12	5	12	5	5	12	3	10	3	4	10	3	12	12	12	6	12	6	9	12	4	12	4	7	12	4						
		72.0	12	7	6	12	4	10	3	5	10	3	10	3	4	10	3	12	9	10	12	5	12	4	7	12	4	12	4	7	12	4					
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ANCHOR NOTES:

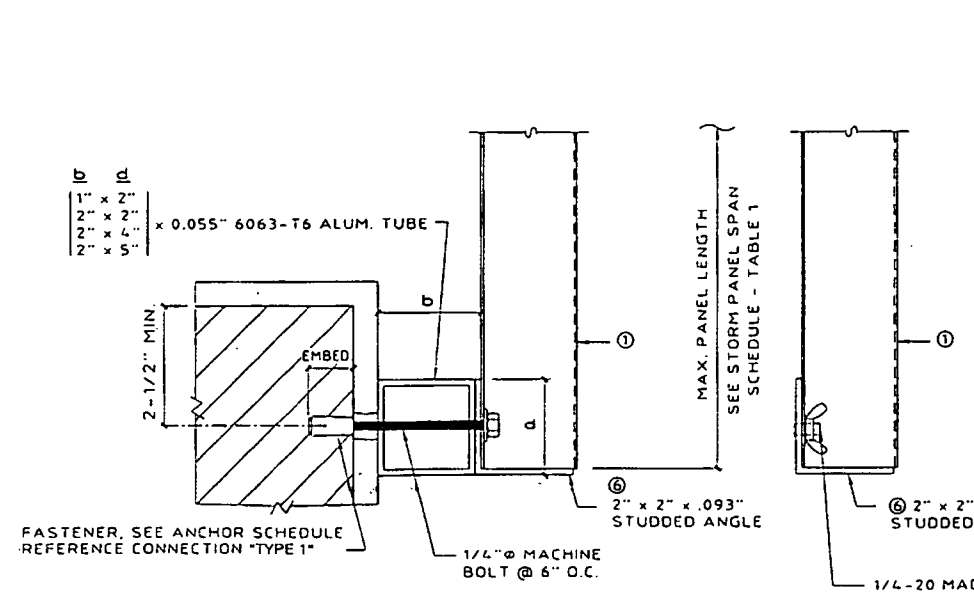
- SPANS AND LOADS SHOWN HERE ARE FOR DETERMINING ANCHOR SPACING ONLY. ALLOWABLE STORM PANEL SPANS FOR SPECIFIC LOADS MUST BE LIMITED TO THOSE SHOWN IN TABLE 1, SHEET 8.
- ENTER ANCHOR SCHEDULE BASED ON THE EXISTING STRUCTURE MATERIAL, ANCHOR TYPE AND EDGE DISTANCE. SELECT DESIGN LOAD GREATER THAN OR EQUAL TO NEGATIVE DESIGN LOAD ON SHUTTER AND SELECT SPAN GREATER THAN OR EQUAL TO SHUTTER SPAN.
- EXISTING STRUCTURE MAY BE CONCRETE, HOLLOW BLOCK OR WOOD FRAMING. REFERENCE ANCHOR SCHEDULE FOR PROPER ANCHOR TYPE BASED ON TYPE OF EXISTING STRUCTURE AND APPROPRIATE CONNECTION TYPE. SEE MOUNTING SECTION DETAILS FOR IDENTIFICATION OF CONNECTION TYPE.
- ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURERS' RECOMMENDATIONS.
- MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDES WALL FINISH OR STUCCO.
- WHERE EXISTING STRUCTURE IS WOOD FRAMING, WOOD FRAMING CONDITIONS VARY. FIELD VERIFY THAT FASTENERS ARE INTO ADEQUATE WOOD FRAMING MEMBERS, NOT PLYWOOD.
- WHERE LAG SCREWS FASTEN TO NARROW FACE OF STUD FRAMING, FASTENER SHALL BE LOCATED IN CENTER OF NOMINAL 2" x 4" (MIN.) WOOD STUD. 3/4" EDGE DISTANCE IS ACCEPTABLE FOR WOOD FRAMING. WOOD STUD SHALL BE "SOUTHERN PINE" G=0.55 OR GREATER DENSITY. LAG SCREWS SHALL HAVE PHILLIPS PAN HEAD OR HEX HEAD.
- MACHINE SCREWS SHALL HAVE MINIMUM OF 1/2" ENGAGEMENT OF THREADS IN BASE ANCHOR AND MAY HAVE EITHER A PAN HEAD, TRUSS HEAD, OR WAFER HEAD (SIDEWALK BOLT), U.O.N.
- DESIGNATES ANCHOR CONDITIONS WHICH ARE NOT ACCEPTABLE USES.
- DESIGNATES ANCHORS WHICH ARE REMOVABLE BY REMOVING MACHINE SCREW, NUT OR WASHERED WINGNUT. REMOVABLE ANCHORS ARE REQUIRED FOR DIRECT MOUNT @ 6" O.C. OR 12" O.C. MAX. SPACING ONLY. SPACINGS SHALL NOT EXCEED VALUE SPECIFIED IN ANCHOR SCHEDULE. LOCATE FASTENER IN NARROW PORTION OF KEYHOLE SLOT OR KEYHOLE WASHER.
- 1/4-20 TRUSS HEAD BOLTS MAY BE USED IN LIEU OF 1/4-20 SIDEWALK BOLT IF KEYHOLE WASHERS ARE USED.



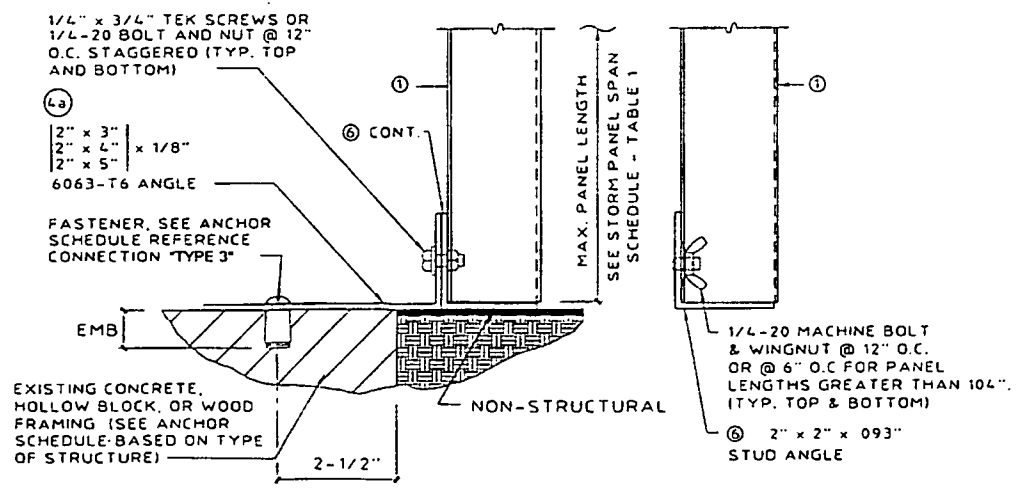
(Y) HEADER MOUNT DETAIL
SCALE: 3" = 1'-0"



(Z) ALT. TRAP MOUNT DETAIL
SCALE: 3" = 1'-0"



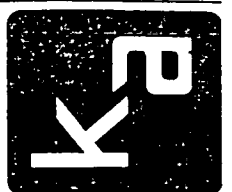
(AB) 2" x 2" ALUM. TUBE BUILD-OUT
SCALE: 3" = 1'-0"



(AC) STORM PANEL BUILD-OUT
SCALE: 3" = 1'-0"

NOTE: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.

NOTE: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.



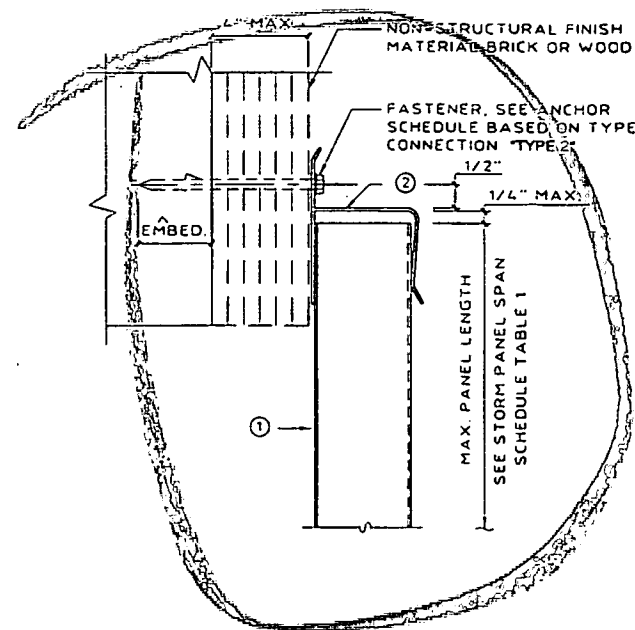
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Fax (954) 960-0567
STORM PANELS - RAINBOW PRODUCTS

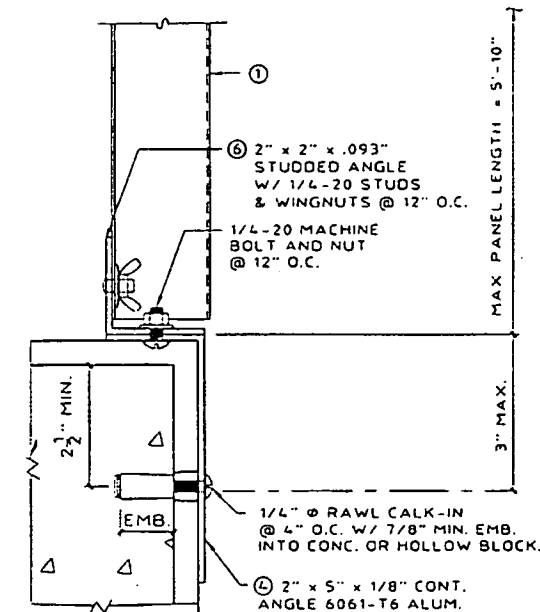
no.	date	by	description
1	10/21/96	JJK	GENERAL REVISION
2	01/09/97	JJK	COUNTY COMMENTS
3	07/02/97	JJK	REV. ANCHOR SCHEDULE
4	07/26/97	JJK	REV. ANCHOR SCHEDULE
5	06/16/98	JJK	REV. ANCHOR SCHEDULE
6	03/02/99	JJK	COUNTY COMMENTS
7	12/21/99	JJK	GENERAL NOTES (PAGE 11)

V.J. KNEZEVICH
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PE No. 10983
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JUL 1 2 2000

date 07/22/96
scale AS NOTED
design by VJK
checked by VJK
drawing no. 96-110
sheet 5 of 8

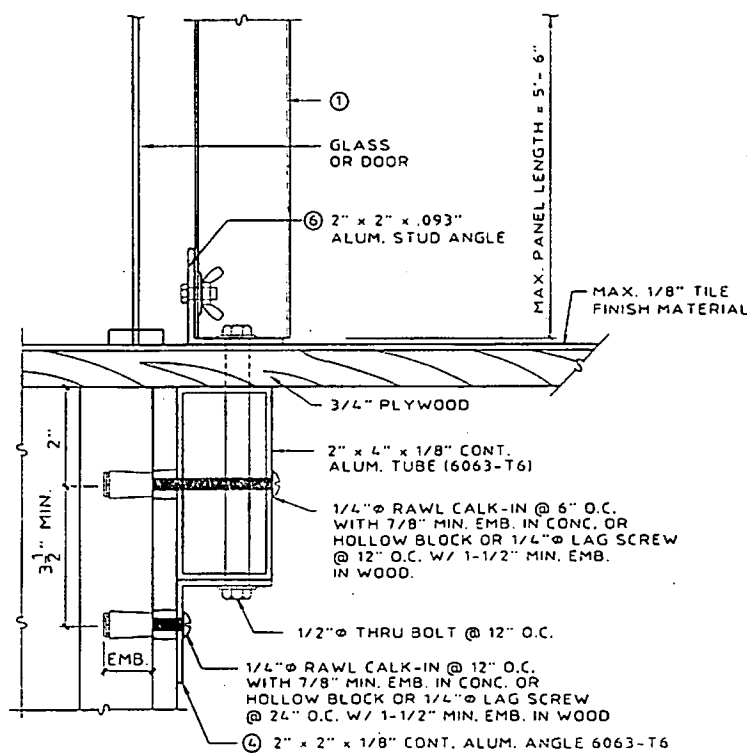


R WALL MOUNT
SCALE: 3" = 1'-0"



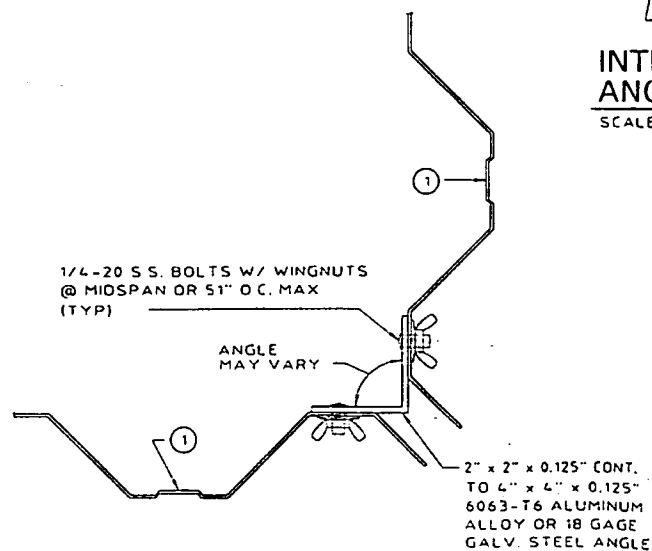
NOTES: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.
(MAX. DESIGN LOAD = 72 PSF)

T EDGE MOUNT DETAIL
SCALE: 3" = 1'-0"

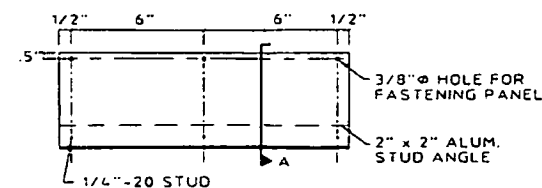


(MAX. DESIGN LOAD = 72 PSF)

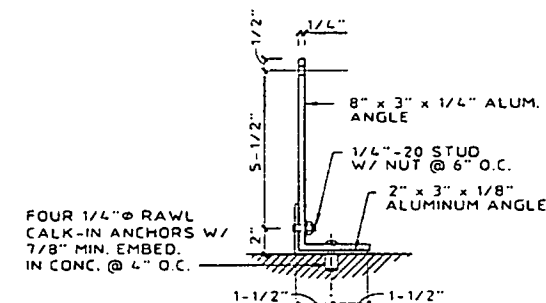
U "PASS THRU" DETAIL
SCALE: 3" = 1'-0"



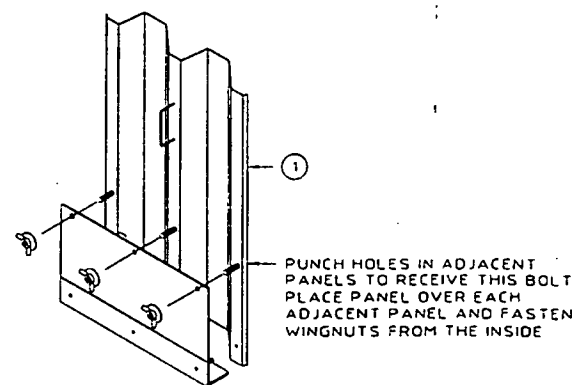
V ALT. CORNER DETAIL
SCALE: 3" = 1'-0"



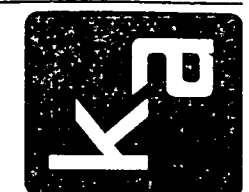
W INTERIOR FASTENING ANGLE ASSEMBLY
SCALE: 1-1/2" = 1'-0"



X INTERIOR FASTENING ANGLE ASSEMBLY
SCALE: N.T.S.



Y STORM PANEL INTERIOR FASTENING (ISOMETRIC)
SCALE: 3" = 1'-0"

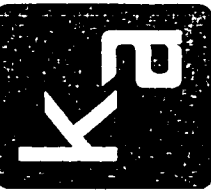


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Fax (954) 960-0567
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NO.	DATE	BY	DESCRIPTION
1	10/22/78	JVK	GENERAL REVISION
2	07/07/91	JVK	COUNTY COMMENTS
3	07/06/93	JVK	REV ANCHOR SCHEDULE
4	07/26/93	JVK	REV ANCHOR SCHEDULE
5	06/16/98	JVK	REV ANCHOR SCHEDULE
6	07/04/99	JVK	COUNTY COMMENTS
7	12/21/99	JVK	GENERAL NOTES (PAGE 1)

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JUL 12 2000
date 06/22/96
scale AS NOTED drawn by MC
design by VJK checked by VJK
drawing no. 96-110
sheet 4 of 8

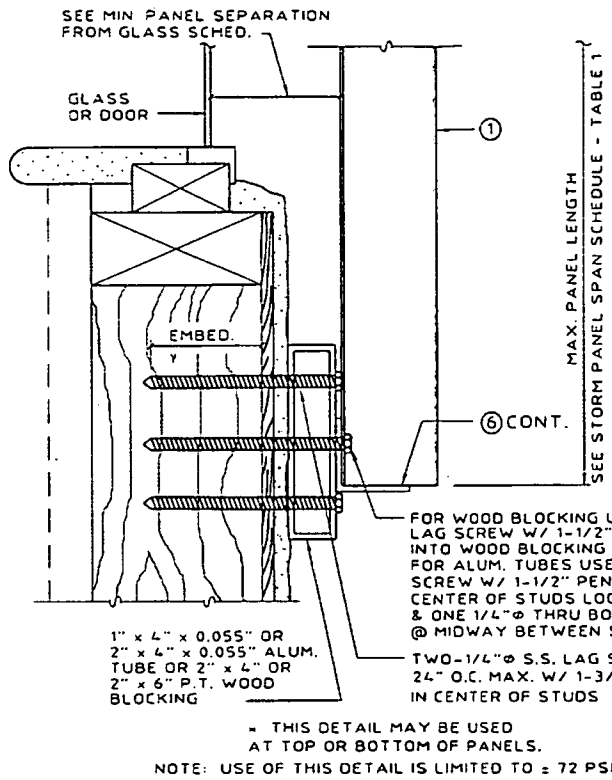


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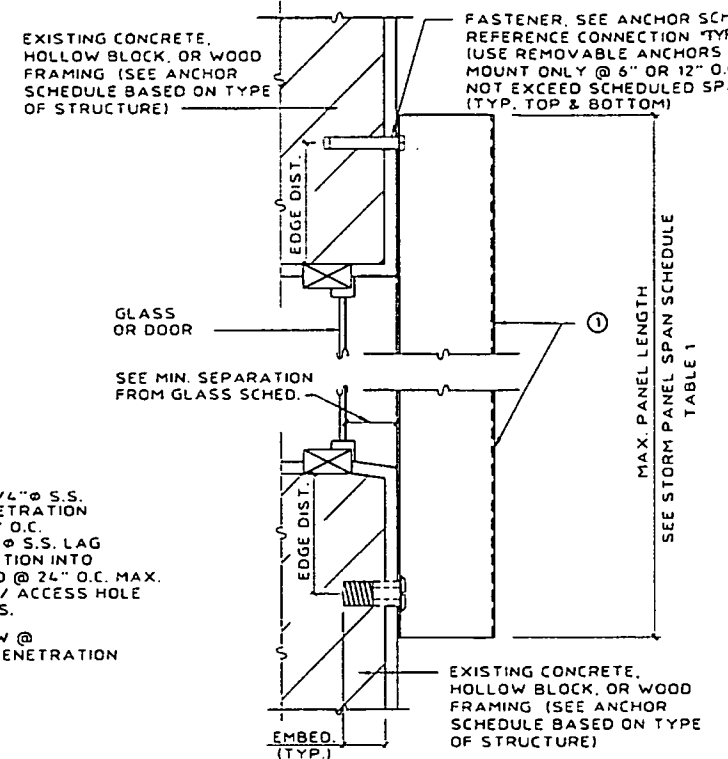
0.050" ALUMINUM STORM PANEL
MADDEN Manufacturing
 1889 N.W. 22nd Street
 Pompano Beach, FL 33069
 Phone (954) 975-2071
 Fax (954) 960-0567
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REVISIONS	
NO.	DESCRIPTION
1	GENERAL REVISION
2	COUNTY COMMENTS
3	REV. ANCHOR SCHEDULE
4	REV. ANCHOR SCHEDULE
5	REV. ANCHOR SCHEDULE
6	COUNTY COMMENTS
7	GENERAL NOTES (PAGE 1)

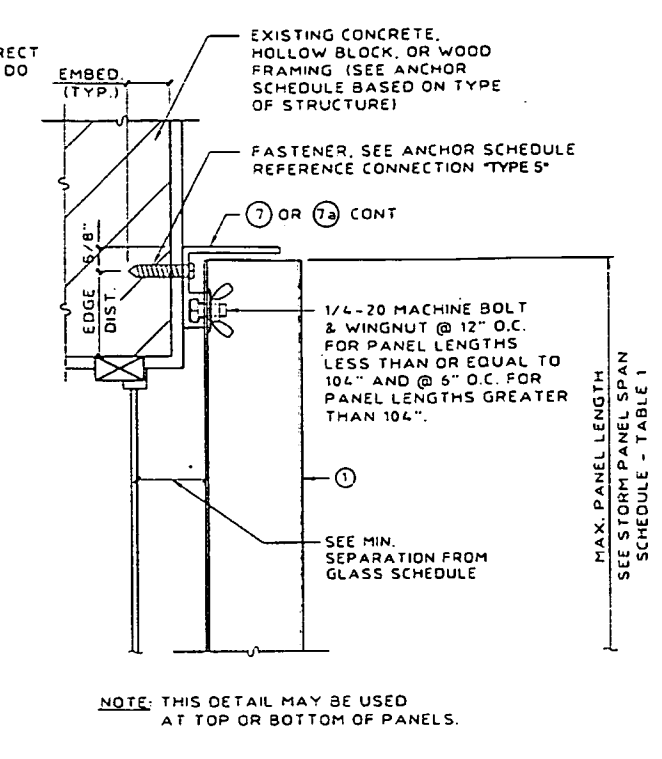
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 JUL 18 2000
 date 07/22/96
 scale AS NOTED drawn by MC
 design by VJK checked by VJK
 drawing no. 96-110
 sheet 3 of 8



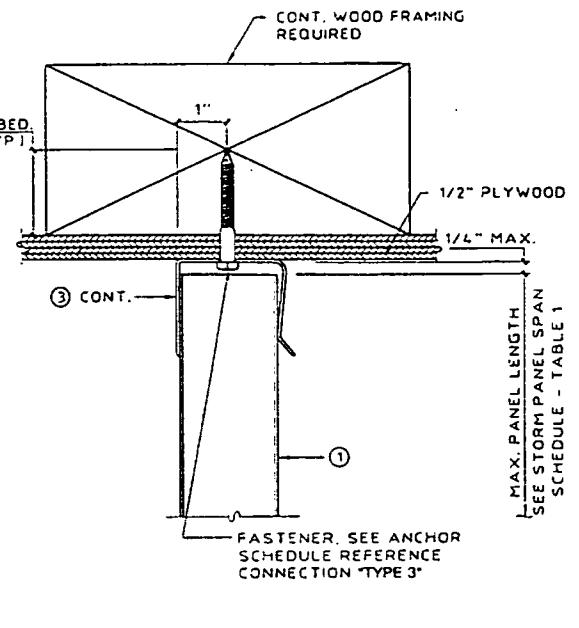
J WALL MOUNT SECTION (BOTTOM)
 SCALE: 3" = 1'-0"



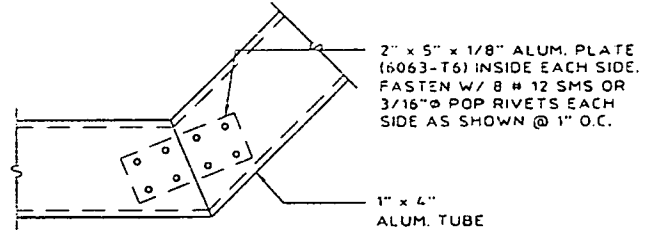
K WALL MOUNT SECTION (DIRECT MOUNT)
 SCALE: 3" = 1'-0"



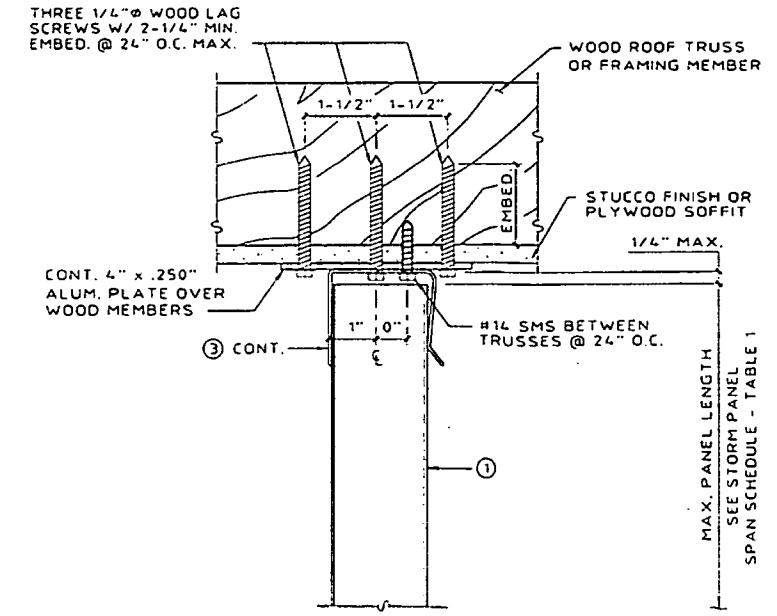
L WALL MOUNT DETAIL
 SCALE: 3" = 1'-0"



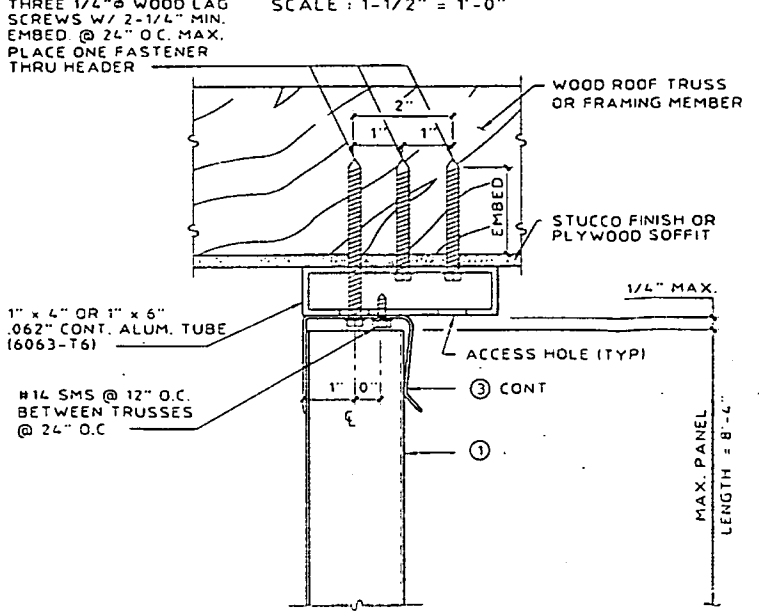
M SOFFIT CONNECTION DETAIL
 SCALE: 3" = 1'-0"



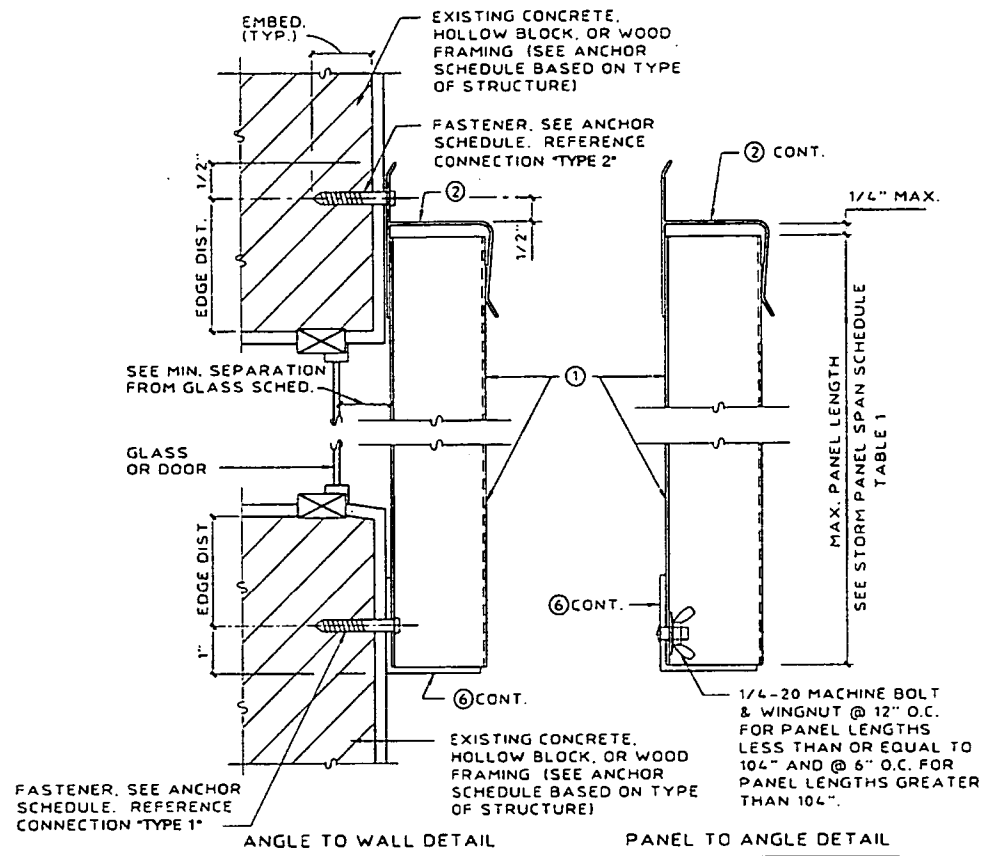
N SPLICE DETAIL FOR BAY WINDOW APPLICATIONS
 SCALE: 1-1/2" = 1'-0"



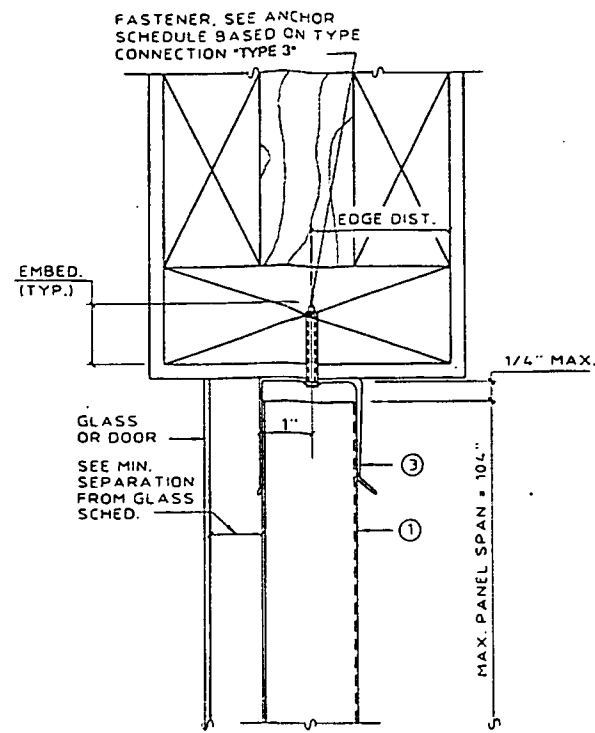
O SOFFIT CONNECTION DETAIL
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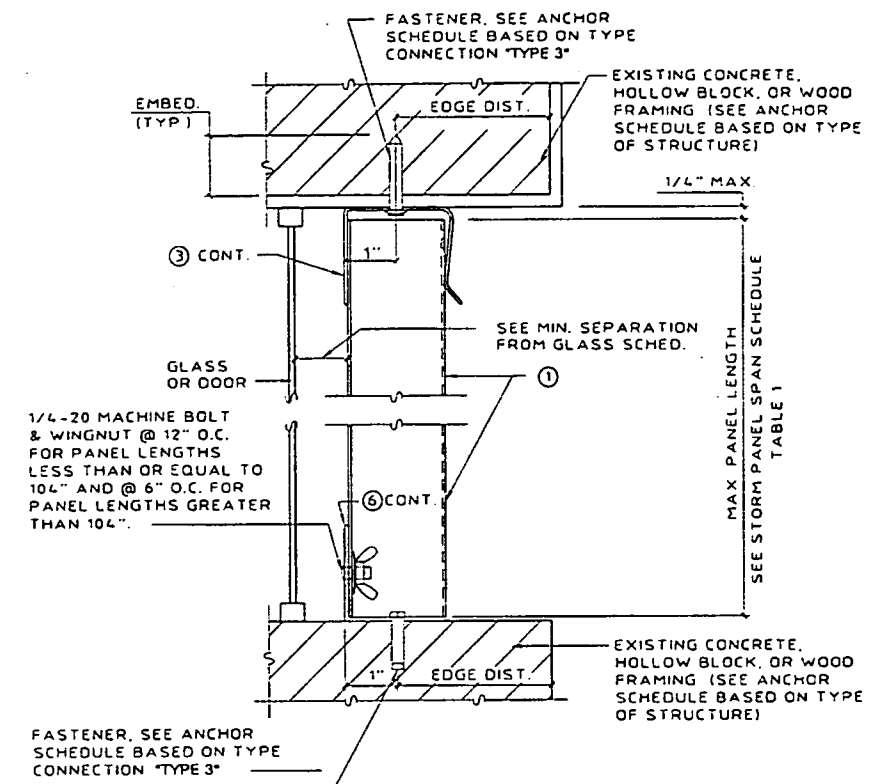
P ALT. SOFFIT CONNECTION DETAIL
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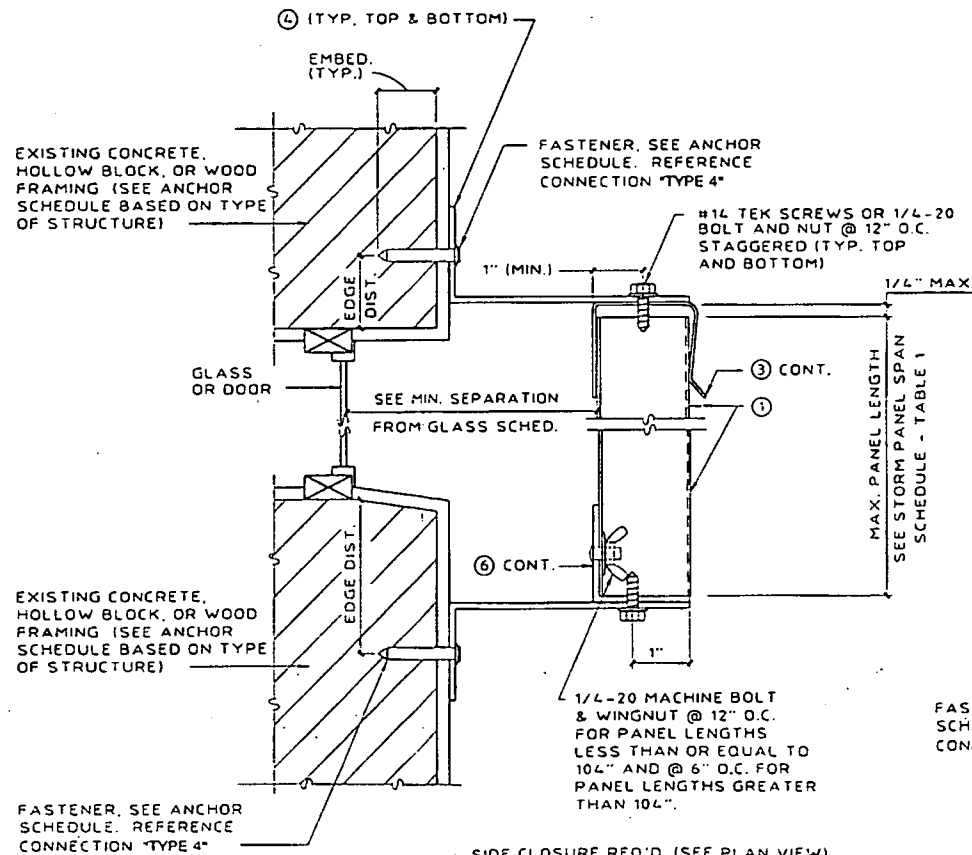
E WALL MOUNT SECTION
SCALE: 3" = 1'-0"



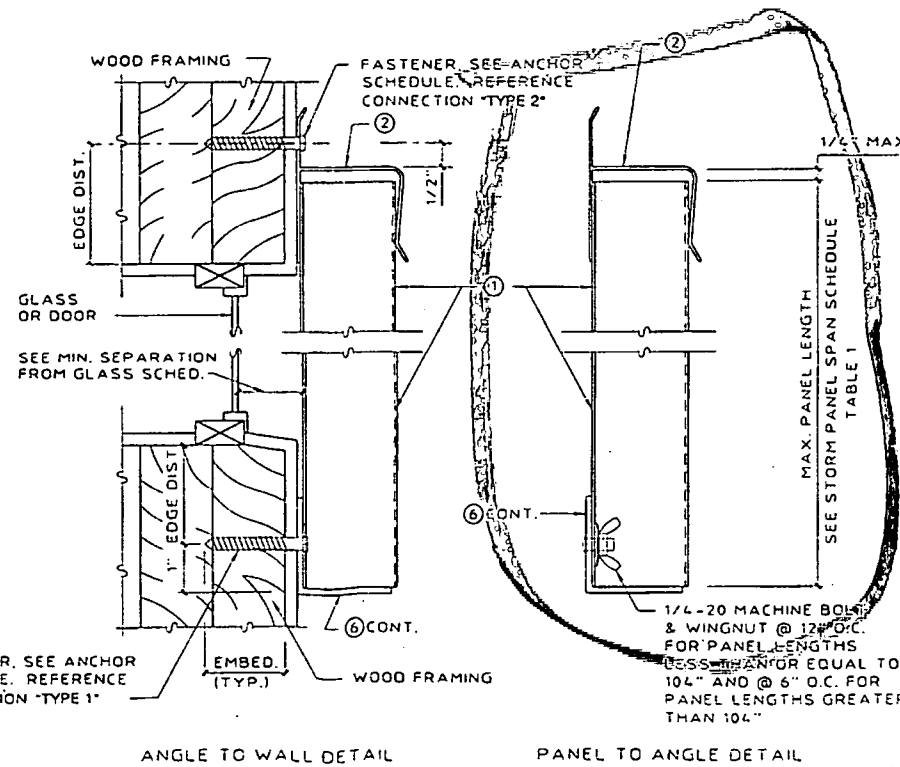
F WOOD CEILING/ INSIDE MOUNT SECTION
SCALE: 3" = 1'-0"



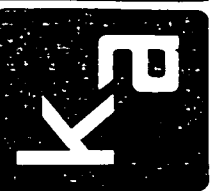
G CEILING/INSIDE MOUNT SECTION
SCALE: 3" = 1'-0"



H BUILD-OUT MOUNT SECTION
SCALE: 3" = 1'-0"



I WALL MOUNT SECTION
SCALE: 3" = 1'-0"

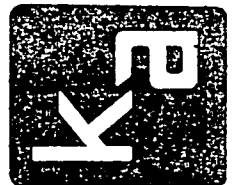


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Phone (954) 975-2071
Fax (954) 960-0567
MADDEN Manufacturing
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NO.	DATE	BY	DESCRIPTION
1	10/21/99	VJK	GENERAL REVISION
2	10/21/99	VJK	COUNTY COMMENTS
3	02/02/00	VJK	REV. ANCHOR SCHEDULE
4	02/26/00	VJK	REV. ANCHOR SCHEDULE
5	06/16/00	VJK	REV. ANCHOR SCHEDULE
6	03/02/00	VJK	COUNTY COMMENTS
7	12/21/99	VJK	GENERAL NOTES (PAGE 1)

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date 07/22/99
scale AS NOTED
drawn by MC
design by VJK
checked by VJK
drawing no. 96-110
sheet 2 of 8

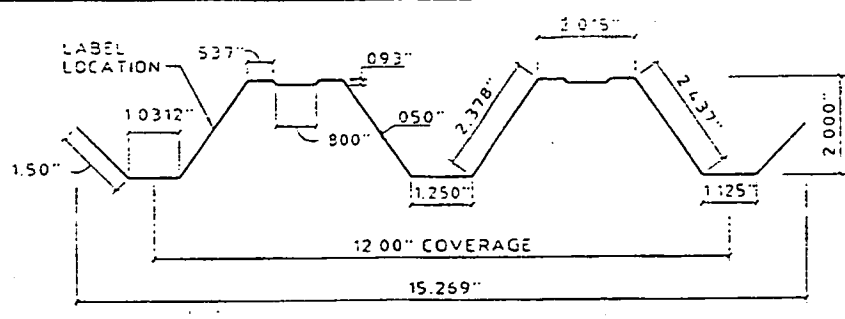


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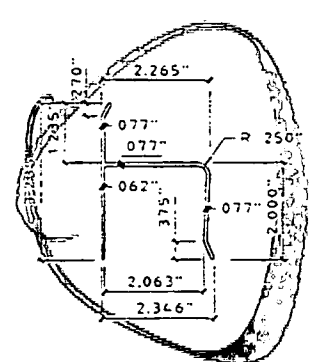
0.050" ALUMINUM STORM PANEL
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 Pompano Beach, FL 33069
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02/12/99	RY	GENERAL REVISION
01/09/97	RY	COUNTY COMMENTS
07/06/97	RY	REV. ANCHOR SCHEDULE
07/31/97	RY	REV. ANCHOR SCHEDULE
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07/07/97	RY	COUNTY COMMENTS
07/27/97	RY	GENERAL NOTES (PAGE 1)

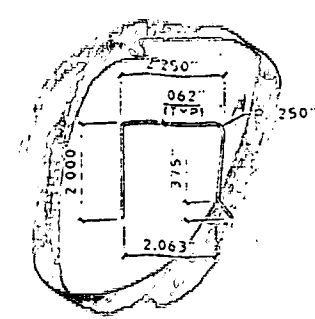
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 date: 7/12/99
 scale: as noted
 drawn by: VJK
 design by: VJK
 checked by: VJK
 drawing no.: 96-110
 sheet 1 of 8



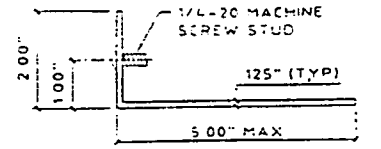
1 STORM PANEL
 SCALE: 1/4" = 0'-1"



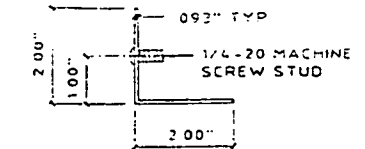
2 "h" HEADER
 SCALE: 1/4" = 0'-1"



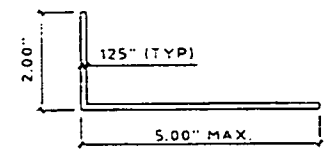
3 "U" HEADER
 SCALE: 1/4" = 0'-1"



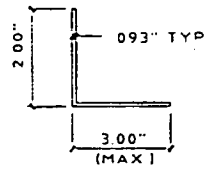
4a STUDED ANGLE
 SCALE: 1/4" = 0'-1"



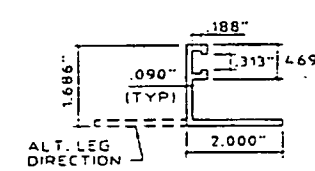
6 STUDED ANGLE
 SCALE: 1/4" = 0'-1"



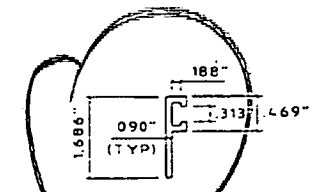
4 ANGLE 6063-T6 TYPICAL
 6061-T6 FOR DETAIL "T"
 SCALE: 1/4" = 0'-1"



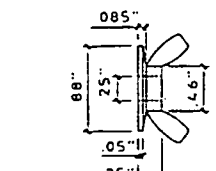
5 ANGLE
 SCALE: 1/4" = 0'-1"



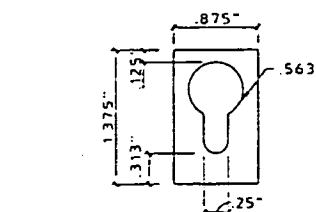
7 "E" TRACK
 SCALE: 1/4" = 0'-1"



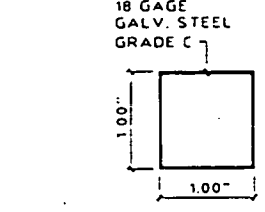
7a "E" TRACK
 SCALE: 1/4" = 0'-1"



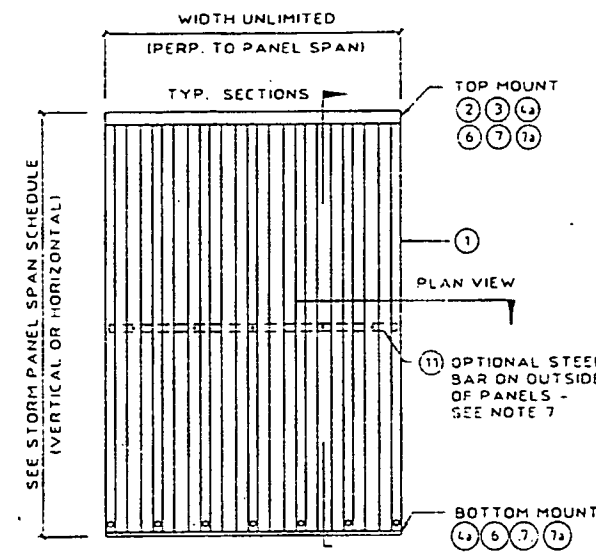
8 WINGNUT
 SCALE: HALF SIZE



10 KEYHOLE WASHER
 SCALE: HALF SIZE
 (20 GA. GALV. STEEL OR 0.050" ALUM)

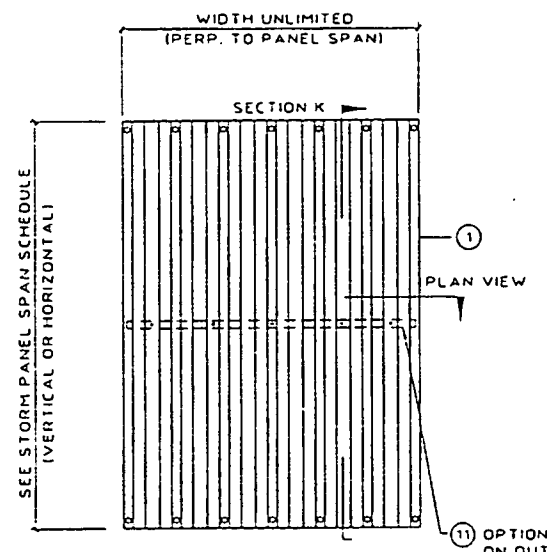


11 STEEL BAR
 SCALE: HALF SIZE



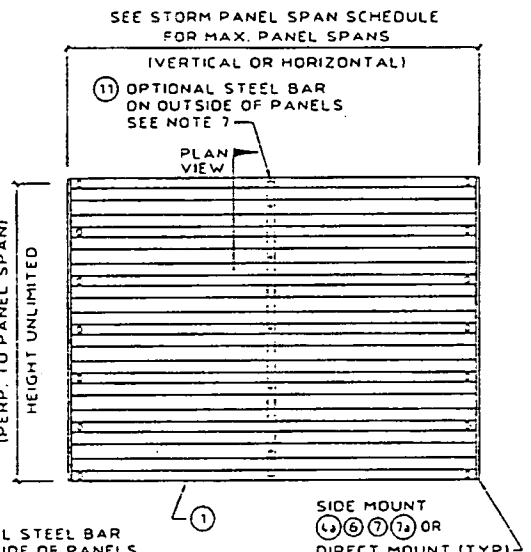
TYPICAL VERTICAL MOUNT ELEVATION

FOR ALL INSTALLATIONS SEE TABLE 2, PAGE 8 OF 8, FOR REQUIRED MIN. PANEL SEPARATION FROM GLASS.



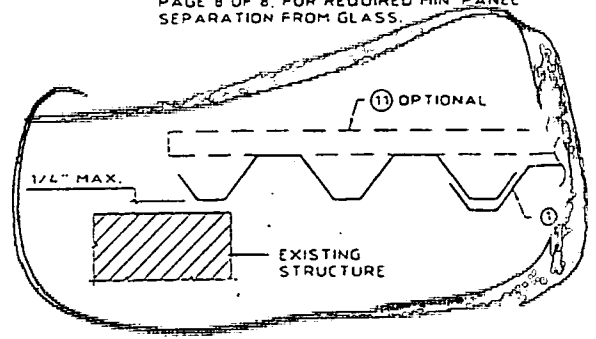
DIRECT MOUNT ELEVATION

FOR ALL INSTALLATIONS SEE TABLE 2, PAGE 8 OF 8, FOR REQUIRED MIN. PANEL SEPARATION FROM GLASS.

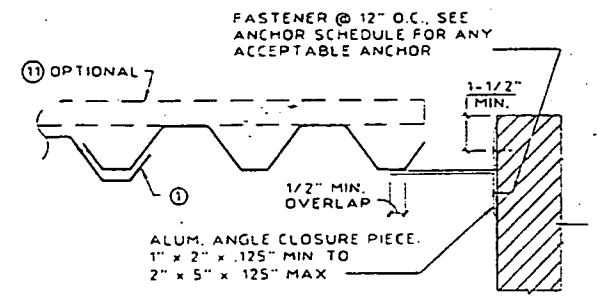


HORIZONTAL MOUNT ELEVATION

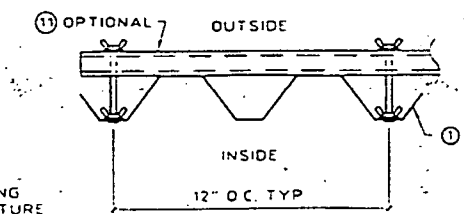
FOR ALL INSTALLATIONS SEE TABLE 2, PAGE 8 OF 8, FOR REQUIRED MIN. PANEL SEPARATION FROM GLASS.



A WALL MOUNT

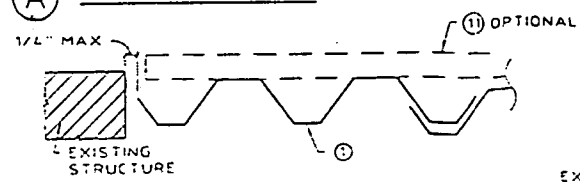


B TRAP MOUNT

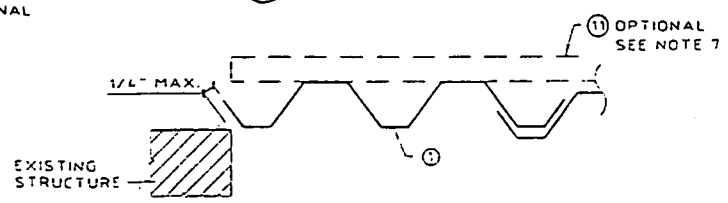


TYPICAL BAR ATTACHMENT

(USE ONLY WHEN IMPROVED DEFLECTION REQUIRED)



C TRAP MOUNT



D FACE MOUNT

TYPICAL CLOSURE DETAILS (PLAN)

SCALE: 1/2" = 0'-0"

GENERAL NOTES:

- THIS STORM PANEL SHUTTER SYSTEM IS DESIGNED AND TESTED IN ACCORDANCE WITH THE SOUTH FLORIDA BUILDING CODE 1994 EDITION.
- POSITIVE AND NEGATIVE DESIGN PRESSURE CALCULATIONS SHALL BE PERFORMED FOR SPECIFIC JOBS IN ACCORDANCE WITH ASCE 7-88 "MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES." TABLES SHALL BE REFERENCED AT APPROPRIATE DESIGN LOADS.
- PRODUCT MARKINGS SHALL BE WITHIN 12" OF ONE END OF THE PANEL WITH A MIN. OF ONE MARKING PER PANEL AND SHALL BE LABELED AS FOLLOWS:
 MADDEN MFG CO.
 POMPANO BEACH, FL
 DADE COUNTY PRODUCT APPROVED
- PANELS HAVE BEEN TESTED IN ACCORDANCE WITH THE DADE COUNTY PROTOCOLS PA 201, PA 202, AND PA 203. DESIGN IS BASED ON CONSTRUCTION TESTING CORPORATION (CTC) TEST REPORT NO. 96-014.
- STORM PANELS SHALL BE 5052-H32 OR 3004-H34 ALUMINUM ALLOY, 0.050" THICKNESS. ALL EXTRUSIONS SHALL BE 6063-T6 ALUMINUM ALLOY, U O N
- ALL SCREWS AND BOLTS TO BE 2024-T4 ALUMINUM ALLOY, STAINLESS STEEL, OR GALVANIZED STEEL WITH A 33 KSI MINIMUM YIELD STRENGTH
- FOR INSTALLATIONS 30 FT. OR LESS ABOVE GRADE, AN OPTIONAL 1" x 1" x 18 GAGE STEEL BAR MAY BE USED TO CONTROL DEFLECTION OF STORM PANEL SYSTEM PROVIDED THAT THE PANEL SPANS USED ARE 10' OR LESS, AND THAT THE SEPARATION FROM THE GLASS IS 2" OR MORE BUT LESS THAN 3-3/4". STEEL BAR MAY BE USED FASTENED AT PANEL OVERLAPS, AT MIDSPAN, W/ 1/4-20 x 4" BOLTS AND DIE CAST ALUMINUM WASHERED WINGNUTS. SEE MINIMUM PANEL SEPARATION FROM GLASS SCHEDULE, PAGE 8 OF 8, FOR REDUCED SEPARATIONS.
- TOP AND BOTTOM DETAILS MAY BE INTERCHANGED AS FIELD CONDITIONS REQUIRE. PANELS MAY ALSO BE MOUNTED WITH STUD ANGLE OR DIRECT MOUNTED HORIZONTALLY
- THE PERMIT HOLDER SHALL VERIFY THE ADEQUACY OF THE EXISTING STRUCTURE TO SUSTAIN THE NEW SUPERIMPOSED LOADS AND TO VERIFY ALL DIMENSIONS AT THE JOB SITE BEFORE COMMENCING WITH THE WORK.
- ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS. EMBEDMENT LENGTHS SHALL BE AS NOTED AND DO NOT INCLUDE STUCCO OR OTHER FINISHES
- AT LEAST ONE WARNING NOTE PER OPENING SHALL BE PLACED IN A CONSPICUOUS LOCATION ON ANY OF THE COMPONENTS OF STORM PANEL SYSTEM ADVISING THE HOME OWNER OR TENANT THAT "STORM PANELS WILL NOT OFFER HURRICANE PROTECTION UNLESS STEEL TUBE & BOLTS ARE PROPERLY INSTALLED WHEN NEEDED."

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/15/00

PRODUCER
JPA Insurance
P.O. Box 857217
10778 S. Federal Hwy.
Port St. Lucie, FL 34985

COPY *per mail*
FILE

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

INSURERS AFFORDING COVERAGE

INSURED Coastal Aluminum Construction Inc
4205 Metzger Road
Ft. Pierce, FL 34947-1769

INSURER A: ZURICH
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
JAN - 9 2001
BY:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CFM24614563	12/27/00	12/27/01	EACH OCCURRENCE \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				FIRE DAMAGE (Any one tire) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

STATE OF FLORIDA

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Town of Sewall's Point
1 S. Sewalls Point Road
Sewalls Point, FL 34994

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 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jim Power

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/23/2000

...IVE BUSINESSES CORP.
...DELTONA BLVD. SUITE # 201
...DELTONA, FLORIDA 32725

Serial # A1531

FILE

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

INSURERS AFFORDING COVERAGE

INSURED COASTAL ALUMINUM CONSTRUCTION, INC. 4205 METZGER RD FORT PIERCE, FL 34947 FAX # 561-468-0287	INSURER A: AMCOMP PREFERRED INSURANCE COMPANY INSURER B: INSURER C: AUG 28 2000 INSURER D: INSURER E: BY: <i>[Signature]</i>
--	--

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$																				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																				
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV 7017451	07/10/2000	07/10/2001	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="font-size: 0.7em;">WC STATU-TORY LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="font-size: 0.7em;">OTH-ER</td> <td></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td>\$</td> <td></td> <td style="text-align: right;">100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> <td></td> <td style="text-align: right;">100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> <td></td> <td style="text-align: right;">500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER			E.L. EACH ACCIDENT	\$		100,000		E.L. DISEASE - EA EMPLOYEE	\$		100,000		E.L. DISEASE - POLICY LIMIT	\$		500,000
<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER																						
	E.L. EACH ACCIDENT	\$		100,000																					
	E.L. DISEASE - EA EMPLOYEE	\$		100,000																					
	E.L. DISEASE - POLICY LIMIT	\$		500,000																					
	OTHER																								

DESCRIPTION OF OPERATIONS/LOCATION/SVEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
FLORIDA OPERATIONS ONLY

CERTIFICATE HOLDER TOWN OF SEWALLS POINT CITY HALL 1 SOUTH SEWALLS POINT RD. SEWALLS POINT, FL 34994	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-size: 1.5em; font-weight: bold;"> </div>
---	--

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(904) 727-6530



FILE
Refer

RECEIVED
BY: *[Signature]*

SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION INC
1156 SW COLEMAN AVE
PORT ST LUCIE FL 34953

STATE OF FLORIDA AC# 59373
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
SC -C056660 08/07/2000 009003
CERT. SPECIALTY STRUCTURE CONT
SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION
IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5937390

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

DATE	BATCH NUMBER	LICENSE NO
8/07/2000	009003	SC - C056660

The **SPECIALTY STRUCTURE CONTRACTOR** named below **IS CERTIFIED** under the provisions of Chapter 489 FS.
Expiration date: **AUG 31, 2002**

SHARP, RICHARD LEE
COASTAL ALUMINUM CONSTRUCTION INC
1156 SW COLEMAN AVE
PORT ST LUCIE FL 34953

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5379	PAGE	PUDU.	not finished	
③	8 ST. LUCIE CT. T-COAST PIVERS		Passed	in progress INSPECTOR: J 6/8 ✓
4903	KOCH	POOL - FINAL	Failed	\$30.00 REINSY. FEE REQ.
⑤	71 N. RIVER ROAD ALMAR/JACKSON POOLS	(REINSPECTION)	alarm not installed	INSPECTOR: J 6/8 ✓
5368	TRANTNER	STAIR SHUTTER	Passed	PRE REQUISITE FOR C.O.
④	9 MIDDLE ROAD COASTAL ALUM.	FINAL	Passed OK	P.N. 5209 - ED MICK CONT. INSPECTOR: J 6/8 ✓
5229	SEELY	POOL - FINAL	Passed	FINAL SURVEY - POOL/DECK REAR (DELUSK FIELD CODE)
⑨	37 N.E. LOFTING WAY HARBOR BAY POOLS ("KAREN" 878-8806)	201 8227 11 ⁰⁰ ÷ 11 ¹⁵		INSPECTOR: J 6/8 ✓
5405	HECKENBERG	FTG.	Passed	
⑩	5 N.E. LAGOON IS. CT (ADJ. VAC.) O/B	(2 ENTRY COLUMNS)		INSPECTOR: J 6/8 ✓
4978	RIMER	T/T & MTL	Failed	CANCEL BY CONTR.
X	29 S. RIVER RD.	(MAIN BLDG)	Failed	(7:40 PM 6/7/01)
X	KEAR DEVELOPMENT	PACIFIC CFG "ROB" 263-916	Failed	INSPECTOR:
5363	JOHNSON	FTG. (STEELWORK)	Passed	LATE AS POSSIBLE
⑪	2 OAK HILL WAY DRIFTWOOD HOMES (ALUM: 529-2577)			INSPECTOR: J 6/8 ✓
OTHER:	107 HENRY SEWALL WAY - APPROVED T/R PN 0386 TO SITE (w/POOL SUBMITTALS) 19 RIDGELAND - ENGR. MEMO (5/30/01) " " "			

7922

DEMO SHEET ROCK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 11-30-05

BUILDING PERMIT NO. 7922

Building to be erected for TRANTER

Type of Permit Shearwall Demo

Applied for by RALPH PARKS CO, INC (Contractor)

Building Fee ~~\$14500~~ 9.60/1000 43.29

Subdivision HIGH POINT Lot 36 Block _____

Radon Fee _____

Address 9 MIDDLE ROAD

Impact Fee _____

Type of structure SEC

A/C Fee _____

Parcel Control Number:
133841002000036090000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 43.29 Check # 5277 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 4500

TOTAL Fees 43.29

Signed Dennis B. Jahn
Applicant

Signed Gene Simmons (RB)
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 checked="" 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
11/21/05

Hurricane

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 11.21.05

Permit Number: _____

OWNER/TITLEHOLDER NAME: John Tranter Phone (Day) _____ (Fax) _____

Job Site Address: 9 Middle Rd. City: Stuart State: Fl. Zip: 34996

Legal Desc. Property (Subd/Lot/Block) High Point lot 36 Parcel Number: 133841002000003609

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

Description of Work To Be Done: Sheet Rock Demo. "Hurricane Damage"

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4500.-
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Parks Company, Inc. Phone: 781-1616 Fax: 781-0620

Street: 2075 S. Kanner Hwy. City: Stuart State: Fl. Zip: 34996

State Registration Number: CBC013350 State Certification Number: CBC013350 Martin County License Number: 1994513011

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT Joe McCarty Lic.#: 9639 Phone Number: 287-6735
Street: 900 EAST OCEAN Blvd. City: Stuart State: Fl. Zip: 34996

ENGINEER Billy Mathers Lic.# _____ Phone Number: 287-0525
Street: 2431 SE. Dixie Hwy. City: Stuart State: Fl. Zip: _____

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

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of 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
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

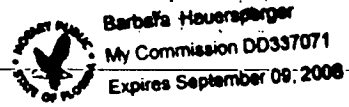
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
John E. Tranter
State of Florida, County of: MARTIN
This the 22 day of November, 2005
by John E. Tranter who is personally
known to me or produced
as identification. Debbie B. Sabin
Notary Public
My Commission Expires: 9-9-08

CONTRACTOR SIGNATURE (required)
Ralph H. Parks
On State of Florida, County of: MARTIN
This the 21st day of November, 2005
by Ralph H. Parks who is personally
known to me or produced
as identification. Debbie B. Sabin
Notary Public, State of Florida
Commission No. DD 435545
My Comm. Exp. May 30, 2009



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



ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/02/2005
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. 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:		

COVERAGES

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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010102	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER Client ID: #4042064				

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

Parks Company Inc
 Qualifiers Name: Ralph and Jean Parks

 Aprox active employee count: 9

CERTIFICATE HOLDER

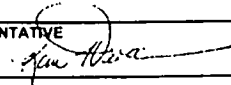
Sewalls Point Building Dept
 1 South Sewells Point

 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID J1
RALPH-4

DATE (MM/DD/YYYY)
07/05/05

PRODUCER The Plastridge Agency-SO 710 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572	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 Parks Company, Inc. 2075 S. Kanner Hwy Stuart FL 34994	INSURER A: Mid-Continent Casualty Company	
	INSURER B: Old Dominion Ins.	40231
	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 LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	04GL000594848	07/01/05	07/01/06	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
					PRODUCTS - COMP/OP AGG	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY	B1G67819	01/21/05	01/21/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<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 AGG	\$
						\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTR-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Fax 772-220-4765

CERTIFICATE HOLDER

TOWNSE1

Town of Sewall's Point
 Dale Brown
 Building Inspector
 1 S Sewall's Point Road
 Stuart FL 34996

CANCELLATION

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



**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

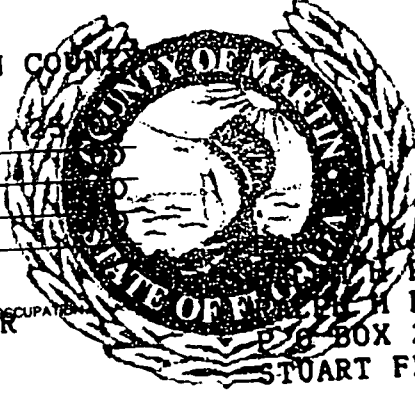
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1994-513-011 CERT 001521
PHONE (772)781-1616 SIC NO 001521

LOCATION: 1100 S FEDERAL HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0</u>
\$	<u>.00</u>	COL. FEE \$	<u>0</u>
\$	<u>.00</u>	TRANSFER \$	<u>0</u>
TOTAL			<u>25.00</u>



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

**RALPH H
PARKS
PARKS INC
P.O. BOX 2654
STUART FL 34995**

19 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006 12 05081902 004766



**City of Stuart
Contractor Licensing**

Expires: September 30, 2003

AP010800519

TYPE: CBC

Contractor: Ralph H.Parks, LLC
Qualifier: Ralph Parks
Address: PO Box 2654
Stuart, FL 34995



STATE OF FLORIDA AC# 1449421
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CBC013350 06/15/04 030709895

CERTIFIED BUILDING CONTRACTOR
PARKS, RALPH H
RALPH H PARKS INC

IS CERTIFIED under the provisions of Ch.489 vs.
Expiration date: AUG 31, 2006 L04061500817

DETACH HERE

AC# 1449421

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ#L04061500817

DATE	BATCH NUMBER	LICENSE NBR
06/15/2004	030709895	CBC013350

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

PARKS, RALPH H
RALPH H PARKS INC
1100 S FEDERAL HWY STE 101
STUART FL 34994

JEB BUSH

DIANE CARR



INSTR # 1891903
 OR BK 02086 PG 2647
 RECORDED 11/29/2005 02:12:09 PM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY T Copus (asst mgr)

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF MARTIN

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

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

High Point lot 36

GENERAL DESCRIPTION OF IMPROVEMENT: Sheet Rock Demo.

OWNER: John Traxler

ADDRESS: 9 Middle Road Stuart, Fl. 34996

PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: owner

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

CONTRACTOR: Park's Company, Inc.

ADDRESS: 2070 S. Kanner Hwy. Stuart Fl. 34994

PHONE #: 781-1616 FAX #: 781-8620

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____

OF _____ TO RECEIVE A COPY OF THE LIENOR'S

NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

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

SIGNATURE OF OWNER [Signature]

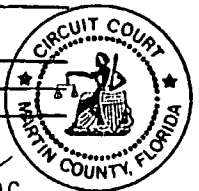
SWORN TO AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF November 2005
 BY John E Traxler

PERSONALLY KNOWN
 OR PRODUCED ID _____
 TYPE OF ID _____

[Signature]
 NOTARY SIGNATURE



Barbara Hauensperger
 My Commission D0337071
 Expires September 08, 2008



THIS IS TO CERTIFY THAT THE
 FOREGOING _____ PAGES IS A TRUE
 AND CORRECT COPY OF THE ORIGINAL
 MARSHA EWING, CLERK

BY: [Signature] D.C.
 DATE: 11-29-05

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/19, 2006 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	TECCA PROPERTIES	Tree	PASS	
2	120 N. Sewallis Pt			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8090	Stanhøj	Dry in	PASS	
12	106 Hillcrest DR JA Taylor	1st Floor		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7689	Harte	Final - removal	PASS	CLOSE
7	3 E. High Point Rd First Fl. Level.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8137	Harte	Final	FAIL	
7	833 3 E. High Pt Rd First Fl Level.	door + window		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7576	SILAS	Pool Deck	PASS	WILL DROP OFF
1	10 CASTLE HILL STATEWIDE	DRE POUR RETEST PLEASE		COMP. TEST TO REPE PERM INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7328	Schmader	Re-Trap meter	PASS	CONTACT FPL
9	102 Henry Sewell way Steve Conway	release		FOR METER INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7922	[Redacted]	Removal Insulation	PASS FAIL	CLOSE
8012?	9 Middle Rd Parks Co.	Trap.		INSPECTOR: <i>[Signature]</i>

OTHER: _____

8012

REPAIR AND REMODEL

ADDITION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/23/06

BUILDING PERMIT NO. 8012

Building to be erected for TRANTER

Type of Permit REPAIR, REMODEL
ADDITION

Applied for by PARKS + CO.

(Contractor) Building Fee \$172,500 @ 9.60/perm = 1,656.00

Subdivision HIGH POINT Lot 36 Block _____

Radon Fee _____

Address 9 MIDDLE ROAD

Impact Fee _____

Type of structure SFR

A/C Fee 120.00

Parcel Control Number:

133841002 00000360900006

Electrical Fee 120.00

Plumbing Fee 120.00

Roofing Fee 120.00

Amount Paid 2349.60 Check # _____ Cash _____

Other Fees (10% PR) 213.60

Total Construction Cost \$ 172,500

TOTAL Fees 2,349.60

Signed Debbie B. Jabin
Applicant

Signed Gene Simmons (RS)
Town Building Official

PERMIT

- BUILDING SFR
- 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 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
12/20/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 12.20.05 Permit Number: _____

OWNER/TITLEHOLDER NAME: John TRANTER Phone (Day) _____ (Fax) _____

Job Site Address: 9 Middle Rd. City: Stuart State: Fl. Zip: 34994

Legal Desc. Property (Subd/Lot/Block) High Pt. lot 36 Parcel Number: 1338410020000036090000

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

Description of Work To Be Done: American Damage Repair / Renovation

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 172,500
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 425,000

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: Parks Company, Inc. Phone: 781-1616 Fax: 781-0620

Street: 2075 S. Kanner Hwy. City: Stuart State: Fl. Zip: 34994

State Registration Number: _____ State Certification Number: C0C013350 Martin County License Number: 199451301

SUBCONTRACTOR INFORMATION:

Electrical: Kevin Hurley State: Fl. License Number: _____

Mechanical: Nis Air State: Fl License Number: _____

Plumbing: Dave's State: Fl License Number: _____

Roofing: All American State: Fl. License Number: _____

ARCHITECT Joe McCarty Lic.#: 9639 Phone Number: 287-6735
Street: 900 EAST Osceola Street City: Stuart State: Fl. Zip: 34994

ENGINEER Billy Mathers Lic# _____ Phone Number: 281-0525
Street: 2431 SE. Dixie Hwy. City: Stuart State: Fl. 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 AND RELOCATIONS.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code National Electrical Code: 2002 Florida Energy Code: 2001

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

OWNER OR AGENT SIGNATURE (required) _____

State of Florida, County of: Martin

This the 21st day of December, 2005

by John E. Tranter who is personally

known to me or produced _____

as identification. _____
Notary Public

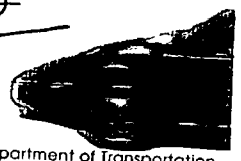
My Commission Expires: _____
Barbara Hauerperger
My Commission D0337071

CONTRACTOR SIGNATURE _____
On State _____
This the _____ day of _____, 2005
by _____
known to me or produced _____
As identification _____

My Commission Expires _____

LET'S ELIMINATE AGGRESSIVE DRIVING.

1656
12035
12035
12035
12035
12035
2349.60
775.60
213.60



Funding provided by the Florida Department of Transportation.

INSTR # 1891903
OR BK 02086 PG 2647
RECORDED 11/29/2005 02:12:09 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY T Copus (asst mgr)

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
High Point lot 36

GENERAL DESCRIPTION OF IMPROVEMENT: Sheet Rock Demo.

OWNER: John Tratter
ADDRESS: 9 Middle Road Street, Ft. 34996
PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: owner

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

CONTRACTOR: Parks Company, Inc.
ADDRESS: 2070 S. Kander Hwy. Street Ft. 34994
PHONE #: 781-1616 FAX #: 781-0620

SURETY COMPANY (IF ANY) _____
ADDRESS: _____
PHONE # _____ FAX #: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

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

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

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

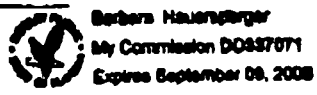
EXPIRATION DATE OF NOTICE OF COMMENCEMENT:
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22nd DAY OF November, 2005
BY John E. Tratter

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



\\data\bls\blog_forms\Current_forms\noc.aw

C2/06/03

MASTER PERMIT NO. 8012

TOWN OF SEWALL'S POINT

Date 1/20/06

BUILDING PERMIT NO. 8013

Building to be erected for TRANTER

Type of Permit SUB-ELECTR

Applied for by HURLEY ELECTRIC (Contractor)

Building Fee /

Subdivision HIGH POINT Lot 36 Block

Radon Fee /

Address 9 MIDDLE ROAD

Impact Fee /

Type of structure SFR

A/C Fee SEE

PRINT QUAL. NAME: HURLEY ELECTRIC

Electrical Fee PN 801

SLIC #: ER0015476

Parcel Control Number: 1338410020000036090000

Plumbing Fee /

Amount Paid X Check # X Cash Other Fees ()

Roofing Fee /

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 _____

CRITIQUE

Owner: John Tranter

Date: December 22, 2005

Contractor: Parks Company

Contractor's Phone Number: 781-1616

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR REPAIR, RENOVATION AND ADDITION TO 9 MIDDLE ROAD

Submittals (2 copies)

- ✓ 1. Plans must be certified for compliance with 2004 building code and 140 mph winds.
 - ✓ 2. Need engineers' report of condition of existing structure and what is to remain will have to be certified to structural integrity by the design architect or design engineer.
 - ✗ 3. Current survey (**within one year**) containing the following information:
 - a. Location of all structures proposed and existing along with dimensions to property lines
 - b. Location of driveway and turnabouts with dimensions
 - c. Walkways and planters
 - d. Location of all fences
 - e. Location of all accessory buildings or structures
 - f. Setback requirements
 - g. Easements
 - h. All encroachments into setbacks
 - i. Location of existing septic, wells, retention areas
 - j. Flood Zone line or lines in relationship to structures proposed or existing
 - k. Flood Zone with base floor elevation with current adoption date
 - l. Computation of pervious and impervious areas
 - m. All encroachments must be abated or variances received prior to issuance of building permit.
 - n. Certification to the Town Of Sewall's Point
 4. Product approvals (**current**) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
 - a. Windows
 - b. Exterior Doors
 - c. Metal Roof System
 - d. Flat Roof System
 - e. Garage Door
 - f. Hurricane Shutters (if windows and doors are not impact resistant)
 5. Energy Calculations
 - ~~6.~~ Copy of Health Department Permit
 7. Proof of Ownership
 8. Notice of Commencement
 9. Copy of State, Martin County Licenses
-

10. Copy of Liability Insurance
11. Copy of Workmen's Compensation

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

1. Floor Plan containing the following information:
 - a. Square footage calculations, a/c and non a/c, porches, entryways, etc. existing and proposed
 - b. Locations of Air Conditioning Air Handlers and Condensers
 - c. Tempered glass locations
 2. Elevation Plan containing the following information:
 - a. Building heights from finish floor to top of roof (maximum 27 feet)
 - b. Height of chimney from top of roof to top of chimney
 3. Electrical Plan containing the following information:
 - a. Smoke detector locations
 - b. Arc-fault locations
 - c. Panel layout with circuits, loads, wire, breaker and conduit sizes
 - 4.
 5. Heating/Air Conditioning Plan containing the following information:
 - a. Air Handler locations showing kw rating
 - b. Condensing unit locations
 - c. Duct layout showing sizes of duct and size of diffusers
 - d. CFM per outlet
 - e. Distribution box locations
 - f. Equipment callouts with name of equipment, model numbers and sizes
 - ✓ 6. Truss Layout containing the following information:
 - a. Connectors schedule for all trusses and girders
 7. Section/Detail Drawings and Schedules showing the following information:
 - a. Garage door buck detail showing type, size, length and spacing of connectors to be used.
 - b. Window buck detail showing type, size, length and spacing of connectors to be used for masonry walls
 - ~~c.~~ Detail of balloon framed gable end with connectors.
-

Joseph P. McCarty, Architect

900 East Osceola Street
Stuart, Florida, 34994
772-287-6735 fax: 772-287-4618

DPR Registration Number 9639

January 4, 2006

Gene Simmons, CBO
Town of Sewall's Point
One South Sewall's Point Road
Sewalls Point, Florida
34996

RE: Renovation to 9 Middle Road

Dear Gene,

In response to your critique of December 22, 2005, I present the following:

Plans as presented are labeled Modifications and Addition. This work was permitted and completed in 2000, and 2001. I reviewed these plans for compliance to Florida Building Code 2004 and revised plans as required to comply with the new code. Revisions were not of a structural nature, but primarily electrical in arc-fault protection and added smoke detectors. Design pressures on windows and doors, and basic uplifts have not changed. Windows in original structure to be replaced with impact windows. Design pressures have been added to the plans for all windows. Windows are to be installed to product approval requirements.

5. Energy Calculations – there are no changes to the air conditioned area. Existing systems to be repaired as required.
 6. No area added to structure.
 1. 2000 plans still apply. The survey would indicate any equipment which may be in setback areas.
 2. Building Height has not changed. The year 2000 addition was truncated to keep it shorter than the main building. I estimate the height of the main roof as a maximum of 24 feet scaling off elevations. I don't see us near to 27 feet. If this remains an issue, a surveyor will have to certify existing height.
 3. Arch fault receptacles and smoke detectors have been added to plans presented.
 - 4.5. There are no changes to heating or air conditioning other than repair of ductwork
-

as required.

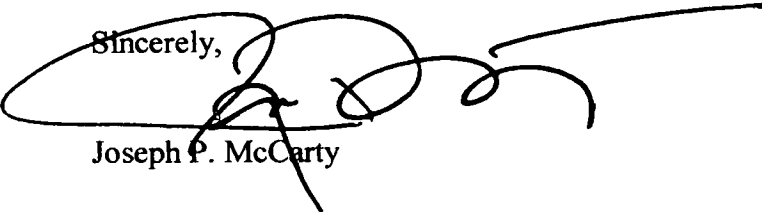
6. The General Contractor will provide truss drawings as required. Anchoring of trusses is as per year 2000 addition.

7. a) Garage Door buck is existing.

b) Window bucks in masonry walls are to be 1x PT lumber set in full bead one part urethane caulk with tapcons through buck into masonry per product approval literature.

c) Balloon framed wall to be 2x6 at 16" on center. Provide Simpson SPH6, with (10) 10d nails at top and bottom plates. Provide 5/8" diameter by 7 1/2 " wedge anchors at 18" on center with 2" x 2" x 1/8" washer at double bottom plate.

Sincerely,



Joseph P. McCarty

PRODUCER
The Plastridge Agency-SO
710 S. E. Ocean Blvd.
Stuart FL 34994-2427
Phone: 772-287-5532 Fax: 772-287-5572

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
Parks Company, Inc.
2075 S. Kanner Hwy
Stuart FL 34994

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent Casualty Company	
INSURER B: Old Dominion Ins.	40231
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 LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	04GL000594848	07/01/05	07/01/06	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
					PRODUCTS - COMP/OP AGG	\$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	B1G67819	01/21/05	01/21/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<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 \$	
					\$	
					\$	
					\$	
	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				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Fax 772-220-4765

CERTIFICATE HOLDER
TOWNSE1
Town of Sewall's Point
Dale Brown
Building Inspector
1 S Sewall's Point Road
Stuart FL 34996

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


© ACORD CORPORATION 1

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2006

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.

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

1401 Manatee Ave W, Suite 600
Bradenton, FL 34205

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010103	01/01/2006	01/01/2007	<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 Client ID: #4042064 Print Ref #: 18501:27289				

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

Parks Company Inc
 Qualifiers Name: Ralph and Jean Parks

Aprox active employee count: 9

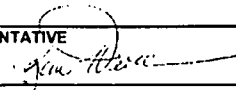
CERTIFICATE HOLDER

Sewells Point
 1 South Sewells Point
 Sewells 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





**City of Stuart
Contractor Licensing**

Expires: September 30, 2003

AP010800519

TYPE: CBC

Contractor: Ralph H Parks, LLC

Qualifier: Ralph Parks

Address: PO Box 2654
Stuart, FL 34995



STATE OF FLORIDA AC# 1449421
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CBC013350 06/15/04 030709895

CERTIFIED BUILDING CONTRACTOR
PARKS, RALPH H
RALPH H PARKS INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04061500817

DETACH HERE

AC# 1449421

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061500817

DATE	BATCH NUMBER	LICENSE NBR
06/15/2004	030709895	CBC013350

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

PARKS, RALPH H
RALPH H PARKS INC
1100 S FEDERAL HWY STE 101
STUART FL 34994

JEB BUSH

DIANE CARR

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

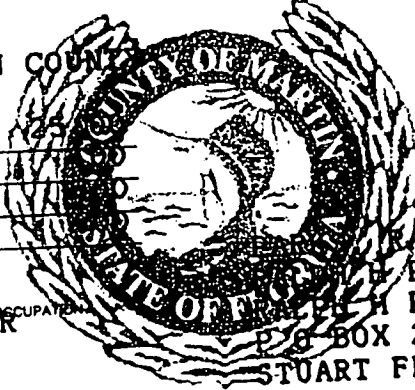
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1994-513-011 CERT 001521
PHONE (772)781-1616 SIC NO

LOCATION: 1100 S FEDERAL HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>0</u>
\$	<u>.00</u>	PENALTY \$	<u>0</u>
\$	<u>.00</u>	COL. FEE \$	<u>0</u>
\$	<u>.00</u>	TRANSFER \$	<u>25.00</u>
TOTAL			<u>25.00</u>



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
CERT BUILDING CONTRACTOR

OF
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

19 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006

12 05081902 004766

RALPH H
PARKS
PARKS INC
P.O. BOX 2654
STUART FL 34995

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/04/2005

PRODUCER (772)546-5600 FAX (772)546-1008
Campbell-Wilson Ins. Agency
12892 SE Suzanne Drive
Hobe Sound, FL 33455 9747

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

INSURERS AFFORDING COVERAGE

INSURED Hurley Electric, Inc.
P.O. Box 6108
Stuart, FL 34997 0108
#59 1830130

INSURER A: Owners Insurance Company
INSURER B: Auto Owners Insurance Company
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.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	882312 20511928 05	05/23/2005	05/23/2006	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Liability plus				PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC			
B	AUTOMOBILE LIABILITY	96 418 377 00	05/23/2005	05/23/2006	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<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 type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY	NONE			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS LIABILITY	NONE			EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			WC STATUTORY LIMITS \$
					OTHR \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATION & LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

State of Florida - Electrical subcontractor

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER

CANCELLATION

Town of Sewall's Point
Laura
1 S 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 COMPANY WILL ENDEAVOR TO MAIL 30 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
Joanne Wilson/JO *Joanne Wilson*



07-08-2005

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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 DATE: 07/26/2005 ** EXPIRATION DATE: 07/26/2007

PERSON: HURLEY KEVIN L

FEIN: 591830130

BUSINESS NAME AND ADDRESS: HURLEY ELECTRIC INC
PO BOX 6108
STUART FL 34997


SCOPE OF BUSINESS OR TRADE: 1 - ELECTRICAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC - 252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 413-1609

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: 07/26/2005 ** EXPIRATION DATE: 07/26/2007</p> <p>PERSON: HURLEY KEVIN L</p> <p>FEIN: 591830130</p> <p>BUSINESS NAME AND ADDRESS: HURLEY ELECTRIC INC PO BOX 6108 STUART FL 34997</p> <p>SCOPE OF BUSINESS OR TRADE: 1- ELECTRICAL CONTRACTOR</p>	<p style="text-align: center;">F O L D H E R E</p> <p style="text-align: center;">IMPORTANT</p> <p>Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p style="text-align: right;">QUESTIONS? (850) 413-1609</p>
--	--

CUT HERE

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



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION

AC# 1547299

ER0015476 08/17/04 040134364

REG ELECTRICAL CONTRACTOR
 HURLEY, KEVIN LEE
 HURLEY ELECTRIC INC
 (INDIVIDUAL MUST MEET ALL LOCAL
 LICENSING REQUIREMENTS PRIOR
 TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 46
 Expiration date: AUG 31, 2006 L04081702006



MARTIN COUNTY, FLORIDA
 Construction Industry Licensing Board
 Certificate of Competency

MASTER ELECTRICIAN

License Number ME00583 Expires: 30-SEP-07

HURLEY, KEVIN L
 HURLEY ELECTRIC INC
 BOX 6108
 STUART, FL 34997

TOWN OF SEWALL'S POINT

Date 1/19/06

BUILDING PERMIT NO. 8014

Building to be erected for TRANTER

Type of Permit SUB-A/C

Applied for by NIS-AIR

(Contractor) Building Fee _____

Subdivision HIGH POINT Lot 3/6 Block _____

Radon Fee _____

Address 9 MIDDLE ROAD

Impact Fee _____

Type of structure SFR

A/C Fee SEE

PRINT QUAL. NAME: Phil NISA, JR.

Electrical Fee PN8012

Parcel Control Number: ST. LIC#: CAC041199

Plumbing Fee _____

1338410020000036090000

Roofing Fee _____

Amount Paid Check # Cash _____

Other Fees (_____)

Total Construction Cost \$ _____

TOTAL Fees _____

Signed Joe Dowling
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	_____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
NISAI-1

DATE (MM/DD/YYYY)
12/19/05

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED
Nisair Air Conditioning
3497 SE Lionel Terrace
Stuart FL 34997

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: Southern Owners	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.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20609891	12/20/05	12/20/06	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000 Emp Ben. 1000000								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	9682637600	12/20/05	12/20/06	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 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 \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</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 STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												

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

Air Conditioner Contractor - Florida Employees Only

CERTIFICATE HOLDER

CANCELLATION

TOWNS-1

Town of Sewalls Point
fax 220-4765
1 S Sewalls Point Road
Stuart FL 34996

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

AUTHORIZED REPRESENTATIVE
Joseph E. Coont

PRODUCER The Plastridge Agency-SO 710 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572	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 Nisair Air Conditioning 3497 SE Lionel Terrace Stuart FL 34997	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: FCCI Insurance Co.</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>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: FCCI Insurance Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: FCCI 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	001WC06A44571	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

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

CERTIFICATE HOLDER 0000000 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 <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
---	--

Lama
Fax: 220-4765

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
(772) 288-8804

LICENSE 1986-518-989 CERT _____
PHONE (772)283-0904 LIC NO 235110

LOCATION:
1501 DECKER AVE 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>



IS HEREBY LICENSED TO EMPLOY IN THE BUSINESS, PROFESSION OR OCCUPATION OF
A/C CONTR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

18 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006

**AIR CONDITIONING
SERVICES INC**

**1501 DECKER AVENUE D-404
STUART FL 34994**

12 05081701 003655

NISAIR

AIR CONDITIONING

3497 SE Lionel Terrace, Stuart 34997
(772) 283-0904 · FAX 283-7229 LIC # CACO-41199

1445650

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEC. 10.0010024

DATE	BATCH NUMBER	LICENSE NBR
06/11/2004	030718685	CAC041199

The CLASS: B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 488
Expiration date: AUG 31, 2006



NYBA, PHILIP ANTHONY JR
AIR AIR CONDITIONING
1501 DECKER AVE
#D-404
STUART

PL 34594

JOE BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

TOWN OF SEWALL'S POINT

Date 1/20/06

BUILDING PERMIT NO. 8015

Building to be erected for TRANTER

Type of Permit SUB-PLUMBING

Applied for by DAVE'S PLUMBING (Contractor)

Building Fee /

Subdivision HIGH POINT Lot 36 Block _____

Radon Fee _____

Address 9 MIDDLE ROAD

Impact Fee _____

Type of structure SFR

A/C Fee _____

PRINT QUAL. NAME: _____

Electrical Fee SEE PN 8012

Parcel Control Number: St. Lic # _____

Plumbing Fee _____

133841002000036090000

Roofing Fee _____

Amount Paid X Check # X Cash _____ Other Fees (_____) _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/25/05

PRODUCER

FEDERATED MUTUAL INSURANCE COMPANY
 302 Perimeter Center North
 Atlanta, GA 30348
 Phone: 770-390-3900
 Home Office: Owatonna, MN 55060

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** FEDERATED MUTUAL INSURANCE COMPANY OR
 FEDERATED SERVICE INSURANCE COMPANY

INSURED 141-263-4
DAVES PLUMBING INC
 499 SE SEVILLE STREET
 STUART FL 34994

COMPANY **B**

COMPANY **C**

COMPANY **D**

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	9040854	04/01/05	04/01/06	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE (Any one fire) \$ 100,000				
	MED EXP (Any one person) \$				
A	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	9040854	04/01/05	04/01/06	COMBINED SINGLE LIMIT \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY: \$				
	EACH ACCIDENT \$				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
	AGGREGATE \$				
	\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	9041337	04/01/05	04/01/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	EL EACH ACCIDENT \$ 500,000				
	EL DISEASE - POLICY LIMIT \$ 500,000				
	EL DISEASE - EA EMPLOYEE \$ 500,000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

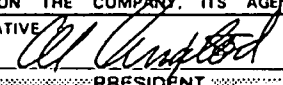
CERTIFICATE HOLDER

CANCELLATION

1412634
TOWN OF SEWALLS POINT 310
 ONE SOUTH SEWALLS POINT DR
 STUART FL 34996

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

AUTHORIZED REPRESENTATIVE



PRESIDENT



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

MASTER PLUMBER

License Number MP00030 Expires: 30-SEP-07

HUSNANDER, DAVE
DAVE'S PLUMBING INC
499 SE SEVILLE ST
STUART, FL 34994

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 1900-524-007 CERT 1
PHONE (561)287-8128 SIC NO 023511
LOCATION: 499 SE SEVILLE ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

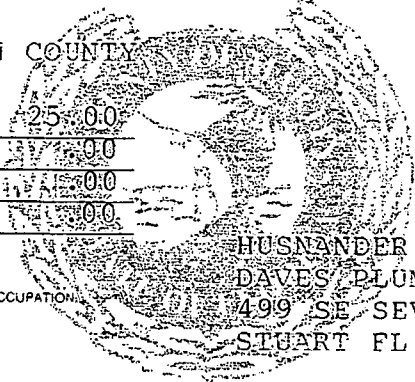
PREV. YR. S	<u>.00</u>	LIC. FEE S	<u>25.00</u>
S	<u>.00</u>	PENALTY S	<u>.00</u>
S	<u>.00</u>	COL. FEE S	<u>.00</u>
S	<u>.00</u>	TRANSFER S	<u>.00</u>
TOTAL			<u>25.00</u>

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

OF PLUMBING

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

12 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006



HUSNANDER, DAVID E
DAVES PLUMBING INC
499 SE SEVILLE ST
STUART FL 34997

RECEIPT of PAYMENT

LARRY C. O'STEEN 6010
99 08/12/2005 OCCI NORMAL
13005240007000
0220050012005639CK \$25.00

AC# 1462733

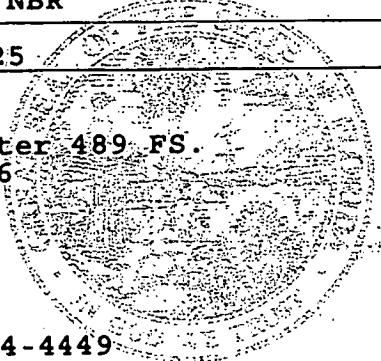
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062400655

DATE	BATCH NUMBER	LICENSE NBR
06/24/2004	030745402	CFC051625

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



HUSNANDER, DAVID E JR
DAVE'S PLUMBING INC
499 SE SEVILLE ST
STUART

FL 34994-4449

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

TOWN OF SEWALL'S POINT

Date 1/19/06

BUILDING PERMIT NO. 8016

Building to be erected for TRANTER

Type of Permit SUB-ROOFING

Applied for by An American Roofing (Contractor)

Building Fee _____

Subdivision HIGH POINT Lot 36 Block _____

Radon Fee _____

Address 9 MIDDLE ROAD

Impact Fee See

Type of structure SFR

AC Fee PN 8016

PRINT QUAL. NAME: AVC. D. WILKINS

Electrical Fee _____

Parcel Control Number: ST Lic #: MC 058118

Plumbing Fee _____

1338410020000036090000

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

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	_____

PRODUCER
J.W. Edens & Company
 Commercial Ins of Brevard, Inc
 325 Fifth Avenue, Suite 108
 Indialantic FL 32903
 Phone: 321-725-7000 Fax: 321-725-7856

INSURED
**All American Roofing of The
 Treasure Coast, Inc.**
 3006 SE Waaler Street
 Stuart FL 34991

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: Canal Indemnity Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR 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	CPF50439	10/16/05	10/16/06	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)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
		OTHER				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

SEWALLS

Town of Sewall's Point
 One South Sewall's Point Rd.
 Stuart FL 33494

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

AUTHORIZED REPRESENTATIVE
 Theresa C. O'Brien *Theresa C. O'Brien*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/25/2005

PRODUCER CONDON MEEK 1211 COURT STREET CLEARWATER, FL 33756	Serial # 071955	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC#</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>		INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: FRANK WINSTON CRUM INSURANCE, INC.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#													
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

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"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																				
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																				
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 6 0000 0000	1/1/2006	1/1/2007	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">X</td> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 10%;"></td> <td style="width: 10%;">OTHER</td> <td style="width: 60%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	X	WC STATUTORY LIMITS		OTHER			E.L. EACH ACCIDENT			\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE			\$ 1,000,000		E.L. DISEASE - POLICY LIMIT			\$ 1,000,000
X	WC STATUTORY LIMITS		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 09/03/2003, APPLIES TO 100% OF THE EMPLOYEES OF CRUM STAFFING II, INC. LEASED TO ALL AMERICAN ROOFING ENTERPRISES, INC. DBA ALL AMERICAN ROOFING ENTER. 727-697-0250

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S. SEWALLS POINT RD 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 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
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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L05080901343

DATE	BATCH NUMBER	LICENSE NBR
08/09/2005	050113188	QB0020109

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2007
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

ALL AMERICAN ROOFING OF THE TREASURE COAST IN
3006 WAALER STREET
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

AC#1479402

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04070800927

DATE	BATCH NUMBER	LICENSE NBR
07/08/2004	040019579	CCC058118

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

WILKINS, PAUL D
ALL AMER ROOF OF THE TREASURE COAST INC
3006 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2002-513-008 CERT CC-C058118
PHONE (772)463-8055 SIC NO 023561
LOCATION:
3006 SE WAALER ST STU

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 CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

WILKINS, PAUL D (QUALIFIER)
ALL AMERICAN ROOFING OF THE
TREASURE COAST, INC.
3006 SE WAALER STREET
STUART, FL 34997

13 DAY OF SEPTEMBER 2005
AND ENDING SEPTEMBER 2006

12 05091303 006395

Tranter

MIAMI-DADE

**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)

**CertainTeed Corporation (PA)
1400 Union Meeting Road, P.O. Box 1100
Blue Bell, PA 19422**

SCOPE:

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

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

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

DESCRIPTION: CertainTeed Modified Bitumen Roofing Systems Over Wood Decks

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 revises NOA #02-1205.02 and consists of pages 1 through 40.
The submitted documentation was reviewed by Frank Zuloaga, RRC.



NOA No.: 03-0827.02
Expiration Date: 06/19/2008
Approval Date: 05/06/04
Page 1 of 40

Membrane Type: APP MODIFIED

Deck Type 1: Wood, Non-Insulated

Deck Description: Minimum ¹⁹/₃₂" thick plywood attached using approved nails spaced 4" o.c. at wood joists spaced maximum 24" o.c.

System Type E (5): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of GlasBase or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8" o.c. in the lap and three rows staggered in the center of the sheet 8" o.c.

Ply Sheet: (Optional) One ply of Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: Flintlastic STA, Flintlastic STA Plus 5.0, Flintlastic Diamond GTA, Flintlastic GTA, or GTA-FR torch adhered to base or ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 1/4 gal. /sq.

Maximum Design Pressure:

-60psf. (See General Limitation #7)



Membrane Type: SBS MODIFIED

Deck Type 1: Wood, Non-Insulated

Deck Description: Minimum $1\frac{9}{32}$ " thick plywood attached using approved nails spaced 4" o.c. at wood joists spaced maximum 24" o. c.

System Type E (6): Base sheet mechanically fastened.

All General and System Limitations apply.

Base Sheet: One ply of Glasbase or Flintglas Premium Ply Sheet (Type VI) mechanically attached as detailed below.

Fastening: Base sheet shall be lapped 4" and fastened with 11 ga. annular ring shank nails and approved tin caps 8" o.c. in the lap and three rows staggered in the center of the sheet 8" o.c.

Ply Sheet: (Optional) One ply of Ultra Poly SMS, Glas Base, Flex-I Glas Base, Flex-I Glas FR Base or Poly SMS or one or more Flintglas Ply Sheet (Type IV) or Flintglas Premium Ply Sheet (Type VI) adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.

Membrane: One ply of Flintlastic GMS, Flintlastic Premium GMS, Flintlastic FR-P, Flintlastic Premium FR-P, Flintlastic FR Cap sheet, Flexiglas Premium Cap 960, Ultra Poly SMS or Flintglas Mineral Surfaced Cap Sheet adhered to base/ply sheet with approved mopping asphalt applied within the EVT range and at a rate of 20 to 40 lbs./sq. or Flintlastic GTS torch adhered to base/ply sheet.

Surfacing: (Optional) Install one of the following:

1. 400-lb./sq. gravel or 300-lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq.
2. Karnak 97, FlintCoat A-150, APOC 212 Fibrated Aluminum, Henry 520 Aluminum or Grundy AL MB at an application rate of 1 $\frac{1}{2}$ gal. /sq.

Maximum Design Pressure: -60psf. (See General Limitation #7)





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MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

J.M. Metals
1505 Cox Road
Cocoa, FL 32926

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

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

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

Your application for Notice of Acceptance (NOA) of:
JM "5V" Crimp Architectural Metal Roof System
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.: 01-0622.02
EXPIRES: 08/16/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 08/16/2001

JM METALS

Acceptance No.: 01-0622.02

ROOFING SYSTEM APPROVAL:

<u>Category:</u>	Roofing	Approval Date: <u>August 16, 2001</u>
<u>Sub-Category:</u>	Metal, Panels (Non-Structural)	Expiration Date: <u>August 16, 2006</u>
<u>Material:</u>	Steel	
<u>Deck Type:</u>	Wood	
<u>Maximum Design Pressure</u>	-85 psf.	

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
5V Steel Roofing Panel	l = varies w = 26" h = 1/2" Min. Thickness 0.019"	PA 110	Metal Roof panel coated with Fluoropon®.

TRADE NAMES OF PRODUCTS MANUFACTURED BY OTHERS:

<u>Product</u>	<u>Dimensions</u>	<u>Product Description</u>	<u>Manufacturer</u>
Fasteners (Panel)	#9-15 HH	Corrosion resistant, sharp point hex-head screws with 1/2" EPDM Bonded Steel sealing washer.	generic

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Valspar Corporation	Lab Test Certification	ASTM B-117 ASTM G-23	
PRI Asphalt Technologies, Inc.	JMM-001-01-01	PA 100	05/10/01
Underwriters Laboratories, Inc.	01NK5594	UL 580	01/15/01

Page 2



Frank Zuloaga, RRC
Roofing Product Control Examiner

JM METALS

Acceptance No.: 01-0622.02

APPROVED SYSTEMS:

- SYSTEM:** 5V Steel Roofing Panel
- Deck Type:** Wood, Non-insulated
- Deck Description:** New Construction or Re-roof
 $1\frac{9}{32}$ " or greater plywood or wood plank.
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable design pressure -85 psf
- Deck Attachment:** In accordance with applicable building code, but in no case shall it be less than 8d ring shank nails spaced 6" o.c. In reroofing, where the deck is less than $1\frac{9}{32}$ " thick (Minimum $1\frac{5}{32}$ ") The above attachment method must be in addition to existing attachment.
- Underlayment:** Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 $\frac{1}{4}$ " annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys:** Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with JM Metals 5V Steel Roofing Panel' current published installation instructions.
- Fire Barrier Board:** For class A or B fire rating, install minimum $\frac{1}{4}$ " thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or $\frac{3}{8}$ " water resistant type X gypsum sheathing with treated core and facer.
- Metal Panels and Accessories:** Install the "5V Steel Roofing Panel" and accessories in compliance with JM Metals' current published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.
- 5V Roofing Panels shall be fastened with a minimum of #9-15 HH corrosion resistant fasteners with sealing washer. Fasteners shall of sufficient length to penetrate through the sheathing a minimum of $\frac{3}{16}$ ". Fasteners shall be place in accordance with fastener detail herein as follows:
- Fasteners shall be installed at a maximum of 12" o.c. at side laps perpendicular to roof slope and at a maximum of 12" o.c. in the center of the panel at the field perpendicular to roof slope. Fastener shall be placed at high points of panel ribs.

Page 3



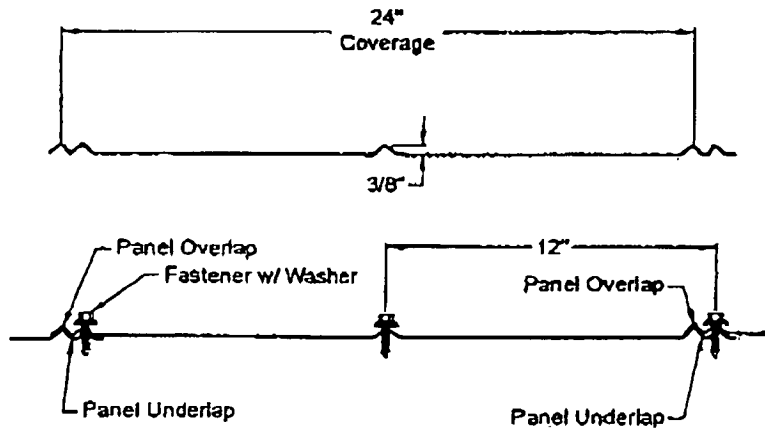
Frank Zuloaga, RRC
 Roofing Product Control Examiner

JM METALS

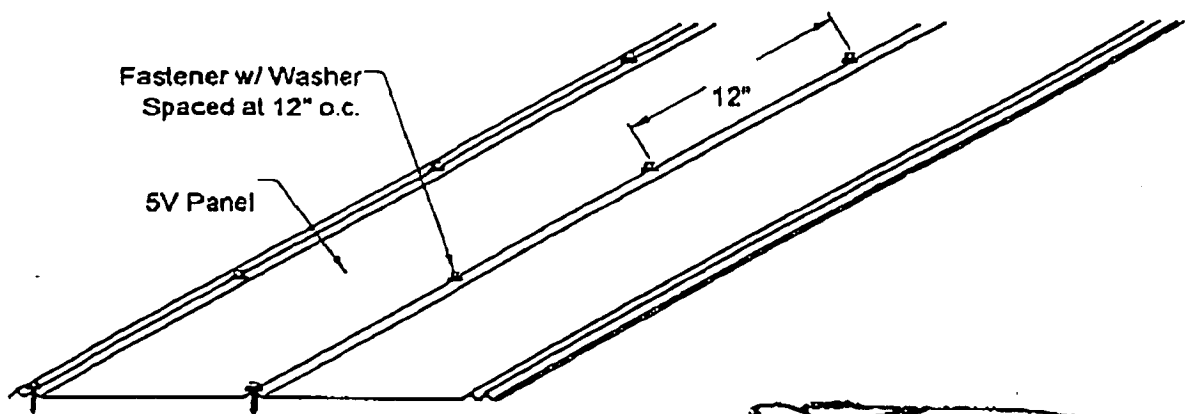
Acceptance No.: 01-0622.02

SYSTEM LIMITATIONS:

1. Increased design pressures at perimeter and corner areas, in compliance with applicable building code may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol RAS 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, and the following statement: "Miami-Dade County Product Control Approved."



5V STEEL ROOFING PANEL



Page 4

Frank Zuloaga, RRC
Roofing Product Control Examiner

JM METALS

Acceptance No.: 01-0622.02

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
- 2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
- 3 Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
- 4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
- 5 Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
- 6 The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
- 7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
- 9 This Acceptance contains pages 1 through 5.

END OF THIS ACCEPTANCE

Page 5



Frank Zuloaga, RRC
Roofing Product Control Examiner



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Lawson Industries, Inc.
8501 NW 90 Street
Medley, FL 33166

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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2358

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

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

Your application for Notice of Acceptance (NOA) of:

Series: Single Hung (SH-7700) Impact Window

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.: 01-1009.01
EXPIRES: 12/27/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 12/27/2001



Lawson Industries, Inc.

ACCEPTANCE No.: 01-1009.01

APPROVED: December 27, 2001

EXPIRES: December 27, 2006

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This is an aluminum single hung window, as described in Section 2 of this NOA, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1 The Series "SH-7700" Aluminum Single Hung Window- Large Missile Impact Resistant and its components shall be constructed in strict compliance with the following document: Drawing No WO1-66, Sheets 1 through 4 of 4, titled "SH-7700 Aluminum Single Hung Window," prepared by Al Farooq Corporation, dated 9/26/01 and revised on 11/29/01, signed sealed by Humayoun Farooq, P.E., bearing the Miami-Dade County Product Control approval stamp with the NOA number and approval date by the Miami-Dade County Product Control Division. This document shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit applications only, as shown in approved drawings.
3.2 For Design Pressure Rating vs. Window Size, see Comparative Analysis Tables in approved drawings.

4. INSTALLATION


- 4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings.
4.2 Hurricane protection system (shutters): the installation of this unit will not require a hurricane protection system.

5. LABELING

- 5.1 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".

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 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.



Raul Rodriguez, Chief
Product Control Division

Lawson Industries, Inc.

ACCEPTANCE No.: 01-1009.01

APPROVED: December 27, 2001

EXPIRES: December 27, 2006

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process.
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purpose.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE



Raul Rodriguez, Chief
Product Control Division

ajc

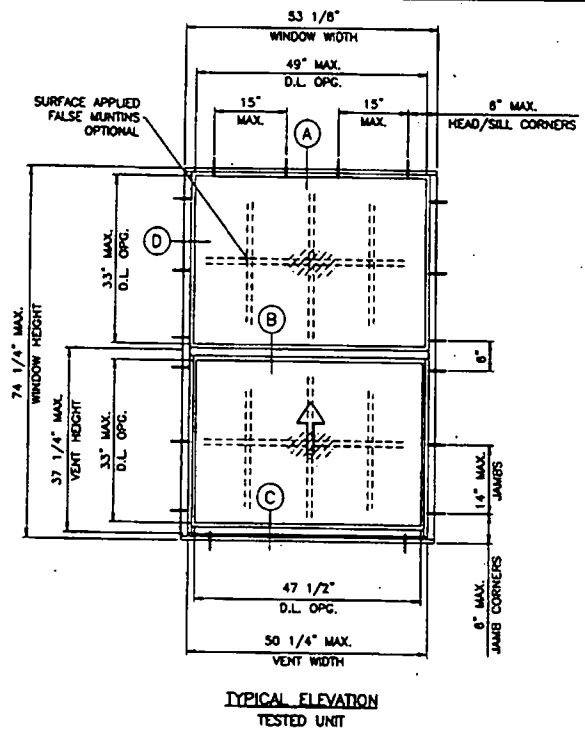
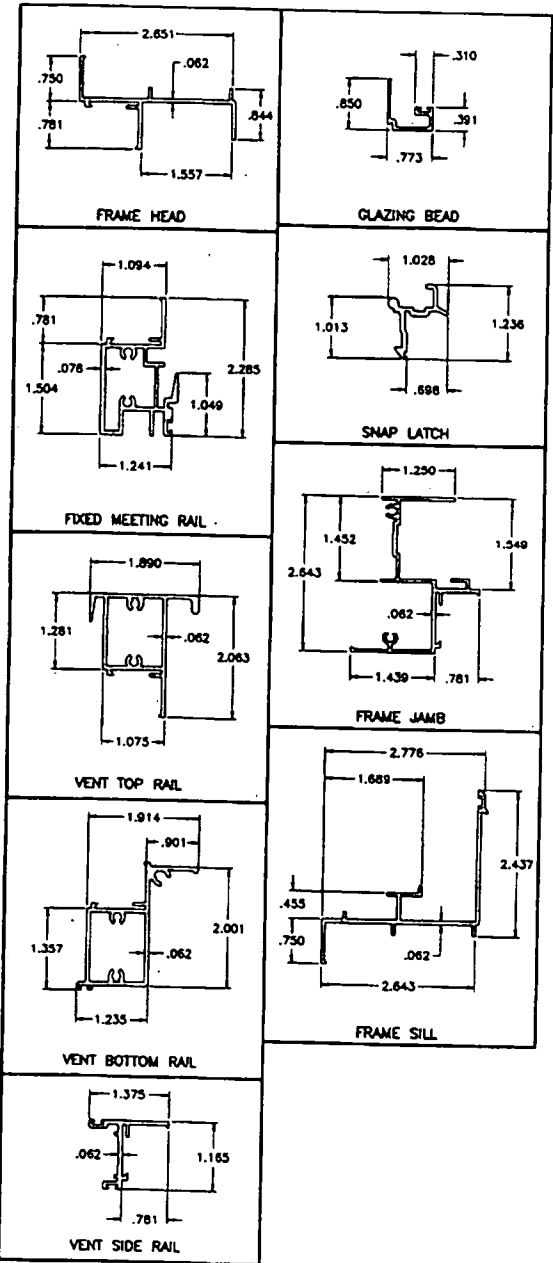
AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL. (305) 284-8100 FAX. (305) 282-8978

SH-7700 ALUMINUM SINGLE HUNG WINDOW
LAWSON INDUSTRIES
 7030 N.W. 37 TH. COURT
 MIAMI, FL. 33147
 TEL. (305) 898-8880 FAX (305) 898-8006

NO.	DATE	BY	DESCRIPTION	REV. PER	ISSUE COMMENTS
A	11.29.01				

DATE: 08-28-01	BY: [Signature]
SCALE: 1/2"=1'-0"	DR. BY: HAWAD
	CHK. BY:

drawing no. **W01-66**
 sheet 1 of 4



TYPICAL ELEVATION
TESTED UNIT

TYPICAL ANCHORS: SEE ELEV. FOR SPACING
A - 3/16" TAPCONS
 INTO 2BY WOOD BUCKS OR WOOD STRUCTURE
 1-3/8" MIN. PENETRATION INTO WOOD
 THRU 1BY BUCKS INTO MASONRY OR DIRECTLY INTO MASONRY
 1-1/4" MIN. EMBED INTO CONC. OR MASONRY

B - 1/4" TAPCONS
 INTO 2BY WOOD BUCKS OR WOOD STRUCTURE
 1-1/2" MIN. PENETRATION INTO WOOD
 THRU 1BY BUCKS INTO MASONRY OR DIRECTLY INTO MASONRY
 1-1/4" MIN. EMBED INTO CONC. OR MASONRY

KWIK PRO SELF DRILLING SCREWS BY MILTI OR EQUIV.
 INTO METAL STRUCTURES (1/8" MIN. THICKNESS)
 (1/4" MAX. SHIM SPACE)

#10 SMS OR SELF DRILLING SCREWS
 INTO DADE COUNTY APPROVED MULLIONS
 (NO SHIM SPACE)

SEALANTS:
 ALL FRAME AND VENT CORNERS AND SILL INSTALLATION SCREWS
 SEALED WITH SEALANT.

WEEPHOLES:
 W1 = 1/2" WEEP NOTCH AT EACH END
 W2 = 3/16" X 1" WEEP HOLE AT 4-1/4" FROM EACH END

- NOTES:**
- THIS STRUCTURE IS DESIGNED AS PER THE SOUTH FLORIDA BUILDING CODE 1994 EDITION FOR DADE COUNTY. ALSO FOR WIND LOADS AS PER ASCE 7 USING CORRESPONDING LOADS.
 - WOOD BUCKS BY OTHERS, MUST BE ANCHORED PROPERLY TO TRANSFER LOADS TO THE STRUCTURE.
 - ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.

Engr: DR. HUMAYOON FAROOQ
 STRUCTURES
 F.L.A. PE # 18557
 NOV 29 2001

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE: December 27, 2001
 BY: [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-1009.01

DESIGN LOAD CAPACITY - PST
ANCHOR TYPE 'A'

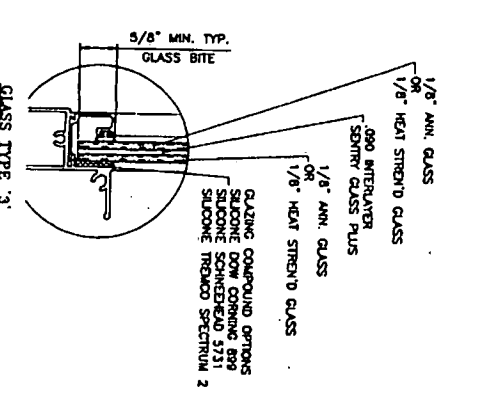
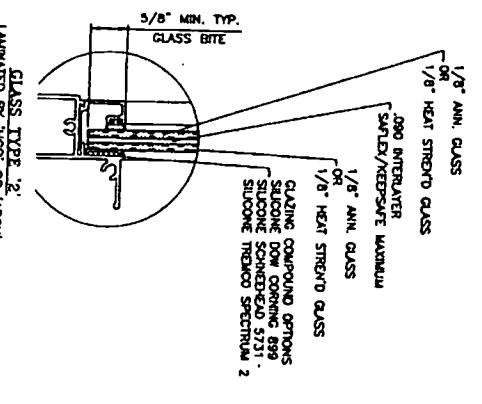
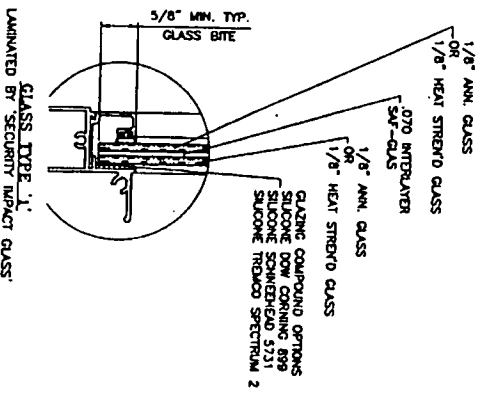
WINDOW DIMS.	GLASS TYPE '1'	ANNHELD GLASS		
		GLASS TYPE '2'	GLASS TYPE '3'	GLASS TYPE '3'
19-1/8" WIDHT	EXT. (+) INT. (-)	EXT. (+) INT. (-)	EXT. (+) INT. (-)	EXT. (+) INT. (-)
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
19-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
26-1/2" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
37" HIGHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0
53-1/8" WIDHT	90.0 90.0	80.0 80.0	80.0 80.0	80.0 80.0

DESIGN LOAD CAPACITY - PST
ANCHOR TYPE 'A'

WINDOW DIMS.	GLASS TYPE '1'	HEAT STRENGTHENED GLASS		
		GLASS TYPE '2'	GLASS TYPE '3'	GLASS TYPE '3'
19-1/8" WIDHT	EXT. (+) INT. (-)	EXT. (+) INT. (-)	EXT. (+) INT. (-)	EXT. (+) INT. (-)
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0

DESIGN LOAD CAPACITY - PST
ANCHOR TYPE 'B'

WINDOW DIMS.	GLASS TYPE '1'	HEAT STRENGTHENED GLASS		
		GLASS TYPE '2'	GLASS TYPE '3'	GLASS TYPE '3'
19-1/8" WIDHT	EXT. (+) INT. (-)	EXT. (+) INT. (-)	EXT. (+) INT. (-)	EXT. (+) INT. (-)
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
19-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
26-1/2" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
37" HIGHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0
53-1/8" WIDHT	90.0 90.0	90.0 90.0	90.0 90.0	90.0 90.0



5/8" MIN. TYP. GLASS BITE

1/8" ANN. GLASS

OR 1/8" HEAT STREND GLASS

070 INTERLAYER SAF-GLAS

1/8" ANN. GLASS

GLAZING COMPOUND OPTIONS SILICONE DOW CORNING 899 SILICONE SCHOTT-BOND 5731 SILICONE TREMCO SPECTRULUM 2

GLASS TYPE '1'

LAMINATED BY SECURITY IMPACT GLASS

5/8" MIN. TYP. GLASS BITE

1/8" ANN. GLASS

OR 1/8" HEAT STREND GLASS

090 INTERLAYER SAFLEX/HECS-STATE MANUFACTURE

1/8" ANN. GLASS

1/8" HEAT STREND GLASS

GLAZING COMPOUND OPTIONS SILICONE DOW CORNING 899 SILICONE SCHOTT-BOND 5731 SILICONE TREMCO SPECTRULUM 2

GLASS TYPE '2'

LAMINATED BY HGP OR ARCH

5/8" MIN. TYP. GLASS BITE

1/8" ANN. GLASS

OR 1/8" HEAT STREND GLASS

090 INTERLAYER SENNOR GLASS PLUS

1/8" ANN. GLASS

1/8" HEAT STREND GLASS

GLAZING COMPOUND OPTIONS SILICONE DOW CORNING 899 SILICONE SCHOTT-BOND 5731 SILICONE TREMCO SPECTRULUM 2

GLASS TYPE '3'

LAMINATED BY CURVINAL

DR: DR. HAWAYOLAN FAROOQ
STRUCTURES
P.A. # 9 716347

NOV 29 2001

APPROVED AS COMPETING WITH THE SOUTH FLORIDA BUILDING CODE

DATE: 10/27/2001

BY: [Signature]

PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 01-1009.01

data: 08-28-01

scale: 1/2"=1'-0"

dr. by: HAMD

chk. by:

drawing no. **W01-66**

sheet 2 of 4

revisions:	no	date	by	description

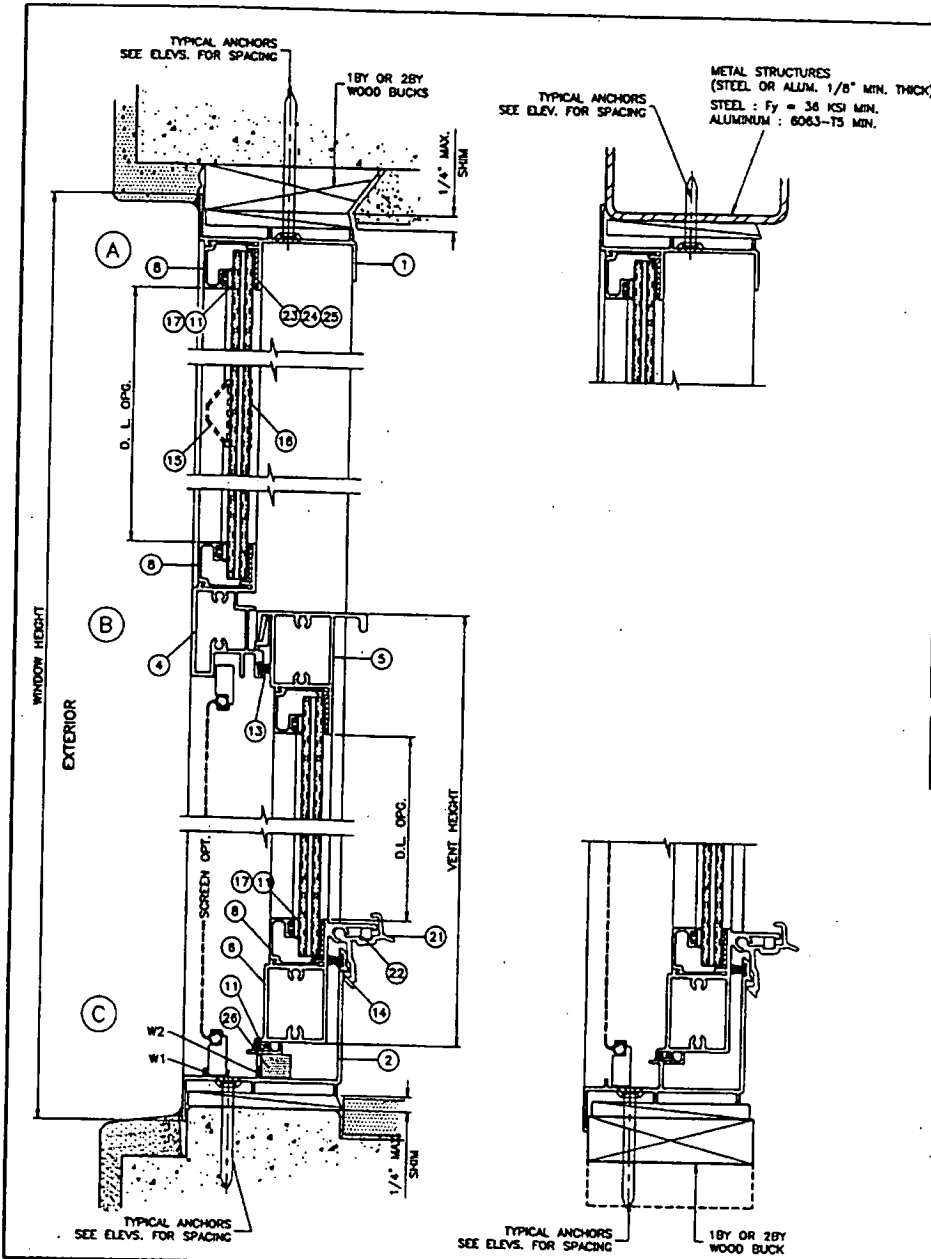
SH-7700 ALUMINUM SINGLE HUNG WINDOW

LAWSON INDUSTRIES
7030 N.W. 37 TH. COURT
MIAMI, FL. 33147
TEL (305) 698-8660 FAX (305) 698-6006

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL (305) 264-8100 FAX (305) 262-6978

a f c

COMP-AML W01-66LU



ITEM NO.	PART #	QUANTITY	DESCRIPTION	MATERIAL	MANF./SUPPLIER/REMARKS
1	L-7701	1	FLANGE FRAME HEAD	6063-T5	-
2	L-7702	1	FLANGE FRAME SILL	6063-T5	-
3	L-7703	2	FLANGE FRAME JAMB	6063-T5	-
4	L-7704	1	FRAME FIXED MEETING RAIL	6063-T6	-
5	L-7705	1	VENT MEETING (TOP) RAIL	6063-T6	-
6	L-7706	1	VENT BOTTOM (LATCH) RAIL	6063-T6	-
7	L-7707	1	VENT JAMB (SIDE) RAIL	6063-T6	-
8	L-7708	AS REQ'D.	GLAZING BEAD (3/8")	6063-T5	-
9	FS-006	AS REQ'D.	FRAME ASSEMBLY SCREWS	-	#8 X 3/4" PH PHILLIPS
10	-	-	-	-	-
11	L-7531	AS REQ'D.	BOTTOM RAIL W/STRIPPING	VINYL	1/4" DIA. BULB #3033
12	PWS-003	AS REQ'D.	FIN SEAL WEATHERSTRIP	-	.187"x.210" (7820-6001-8)
13	PWS-005	AS REQ'D.	FIN SEAL WEATHERSTRIP	-	.187"x.350" (7834-6001-7)
14	PWS-009	AS REQ'D.	FIN SEAL WEATHERSTRIP	-	.187"x.310" (7830-6001-1)
15	L-7512	OPTIONAL	EXTERIOR FALSE MUNTIN	ALUMINUM	
16	L-7513	OPTIONAL	INTERIOR FALSE MUNTIN	ALUMINUM	
17	L-7718	AS REQ'D.	GLAZING BEAD WEDGE	VINYL	WEDGE #GV-010
18	L-7723	1	SASH BALANCE CAM/GUIDE	-	(2 X VENT)
19	L-7725	2	RIGID VINYL SASH STOP	-	(2 X FRAME)
20	L-7727	2	BLOCK & TACKLE BALANCE	-	BSI BALANCE SYSTEMS
21	L-7539	2/ VENT	VENT LATCH	-	AT 6" FROM EACH END
22	L-7523	2/ VENT	VENT LATCH SPRING	-	-
23	-	AS REQ'D.	GLAZING COMPOUND	SILICONE	SCHNEE-MOREHEAD 5731
24	-	AS REQ'D.	GLAZING COMPOUND	SILICONE	DOW CORNING 899
25	-	AS REQ'D.	GLAZING COMPOUND	SILICONE	TROMCO SPECTREM 2
26	-	2	1/2" X 1/2" X 2" LONG PAD	FOAM	AT EACH END

WOOD BUCKS NOT BY LAWSON, MUST SUSTAIN LOADS IMPOSED BY GLAZING SYSTEM AND TRANSFER THEM TO THE BUILDING STRUCTURE.

Engr. DR. HUMAYOON FAROOQ
 STRUCTURES
 F.L.A. PE # 18357
 NOV 29 2001

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE December 27, 2001
 BY [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 01-1609.01

afc

AL-FAROOQ CORPORATION

ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL. (305) 264-8100 FAX. (305) 262-8978
 COMP-ARL W01-66U

SH-7700 ALUMINUM SINGLE HUNG WINDOW

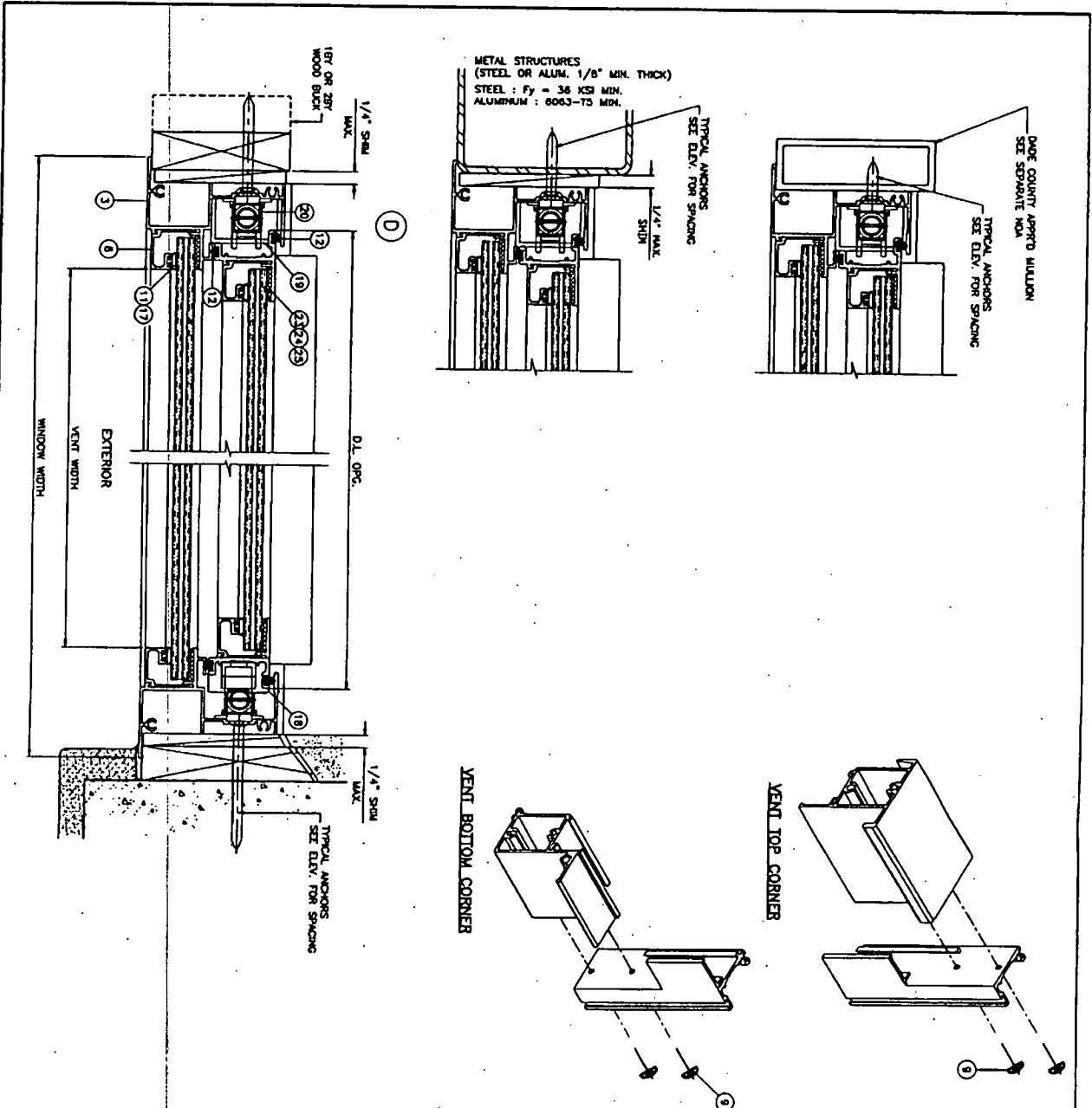
LAWSON INDUSTRIES

7030 N.W. 37 TH. COURT
 MIAMI, FL 33147
 TEL. (305) 896-8888 FAX (305) 898-8006

REVISIONS:	
NO. DATE BY DESCRIPTION	
1 08-28-01	
SCALE: 1/2" = 1"	
DR. BY: HAKED	
CHK. BY:	

drawing no. **W01-66**

Sheet 3 of 4



DR. DE. HANAWALT FAROOQ
 P.L. # 8 (1997)
 APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE *12/20/01*
 BY *[Signature]*
 PRODUCT CONTROL DIVISION
 ACCEPTANCE NO. Q1-1505.01

date: 08-28-01
 scale: 1/2" = 1"
 dr. by: HAMD
 sheet no. **W01-66**
 sheet 4 of 4

revisions:		
no.	date	description

SH-7700 ALUMINUM SINGLE HUNG WINDOW
LAWSON INDUSTRIES
 7030 N.W. 37 TH. COURT
 MIAMI, FL. 33147
 TEL (305) 898-8860 FAX (305) 898-8008

AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL (305) 264-8100 FAX (305) 262-6978

a f c
 COMP-AM W01-66LJ



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Madden Manufacturing

1889 NW 22nd Street
Pampano Beach, FL 33069

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

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

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

Your application for Product Approval of:

0.050" Aluminum Storm Panel Shutter

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 approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime 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 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.: 98-1110.03

Expires: 03/13/2003

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

5/4/01 TOWN OF SEWALL'S POINT
REVIEW:

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

FILE TOWN COPY
1 of 3
9 MIDDLE ROAD

Approved: 05/20/1999

PN 5368



Madden Manufacturing Co.

ACCEPTANCE No. : 98-1110.03

APPROVED : MAY 20 1999

EXPIRES : March 13, 2003

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This revises and renews the Notice of Acceptance No. 96-0520.02, which was issued on March 13, 1997. It approves an Aluminum Storm Panel Shutter, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

This Aluminum Storm Panel Shutter and its components shall be constructed in strict compliance with the following documents: Drawing No. 96-110, titled "0.050" Aluminum Storm Panel", prepared by Knezevich & Associates, Inc., dated April 22, 1996, last revision #6 dated March 4, 1999, sheets 1 through 8 of 8, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

All permanent set components, included but not limited to embedded anchor bolts, threaded cones, metal shields, headers and sills, must be protected against corrosion, contamination and damage at all times.

4. INSTALLATION

This Aluminum Storm Panel Shutter and its components shall be installed in strict compliance with the approved drawings.

5. LABELING

Each panel shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved".

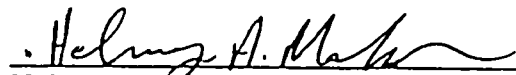
6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.

6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.



Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division

Madden Manufacturing Co.

ACCEPTANCE No. : 98-1110.03

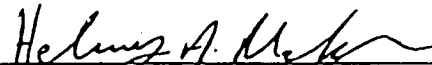
APPROVED : MAY 20 1999

EXPIRES : March 13, 2003

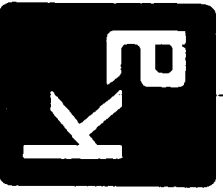
NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer, who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer needs not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE



Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division



T A B L E 1

STORM PANEL SPAN STORM PANEL SCHEDULE	
NEGATIVE DESIGN LOAD W (PSF)	FOR ALL MOUNTING CONDITIONS
	L MAX. (FT-IN)
30.0	10 - 6
35.0	10 - 4
40.0	10 - 0
45.0	9 - 8
50.0	9 - 5
55.0	9 - 2
60.0	8 - 9
62.0	8 - 7
65.0	8 - 5
70.0	7 - 10
72.0	7 - 7
75.0	7 - 3
80.0	6 - 10
90.0	6 - 1
100.0	5 - 6
110.0	5 - 0
120.0	4 - 7
130.0	4 - 2
140.0	3 - 11
150.0	3 - 8
160.0	3 - 5
170.0	3 - 2
180.0	3 - 0
190.0	2 - 10
200.0	2 - 9

T A B L E 2

MIN. SEPARATION FROM GLASS SCHEDULE				
POSITIVE DESIGN LOAD(W) (PSF)	ACTUAL SHUTTER SPAN (FT - IN)	MINIMUM SEPARATION FOR INSTALLATIONS 30' OR LESS ABOVE GRADE (INCHES)		MINIMUM SEPARATION FOR INSTALLATIONS GREATER THAN 30' ABOVE GRADE (INCHES)
		BAR	NO BAR	NO BAR
30.0	3 - 0	2	3	1-1/8
	4 - 0	2	3	1-1/4
	5 - 0	2	3	1-1/4
	7 - 0	2	3	1-1/2
	8 - 8	2-1/8	3	2-1/8
	10 - 6	3-3/4	3-3/4	3-3/8
40.0	3 - 0	2	3	1-1/8
	4 - 0	2	3	1-1/4
	5 - 0	2	3	1-3/8
	7 - 0	2	3	1-5/8
	8 - 8	2-1/2	3	2-1/2
	10 - 0	3-3/4	3-3/4	3-1/2
50.0	3 - 0	2	3	1-1/8
	4 - 0	2	3	1-1/4
	5 - 0	2	3	1-3/8
	7 - 0	2	3	1-3/4
	8 - 8	2-3/4	3	2-3/4
	9 - 5	3-3/4	3-3/4	3-5/8
60.0	3 - 0	2	3	1-1/8
	4 - 0	2	3	1-1/4
	5 - 0	2	3	1-3/8
	7 - 0	2	3	1-7/8
	8 - 8	3	3	3
	9 - 0	3-3/4	3-3/4	3-1/4
70.0	3 - 0	2	3	1-1/8
	4 - 0	2	3	1-1/4
	5 - 0	2	3	1-3/8
	6 - 0	2	3	1-7/8
	7 - 0	3	3	3
	8 - 8	3-3/4	3-3/4	3

NOTES:

1. ENTER TABLE 1 WITH NEGATIVE DESIGN LOAD TO DETERMINE MAX. PANEL SPAN. POSITIVE LOADS LESS THAN OR EQUAL TO THE NEGATIVE LOAD ARE ACCEPTABLE.
2. ENTER TABLE 2 WITH POSITIVE DESIGN LOAD TO DETERMINE MIN. SEPARATION FROM GLASS.
3. FOR DESIGN LOADS BETWEEN TABULATED VALUES, USE NEXT HIGHER LOAD OR LINEAR INTERPOLATION MAY BE USED TO DETERMINE ALLOWABLE SPANS

KNEZEVICH & ASSOCIATES, INC.
 CONSULTING ENGINEERS - PRODUCT TESTING
 1280 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
 TEL: (954) 382-2800 • FAX: (954) 382-2889
 WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM
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**0.050" ALUMINUM
STORM PANEL**

MADDEN
 1889 N.W. 22nd Street
 Pompano Beach, FL 33069
 Phone (954) 975-2071
 Fax (954) 960-0567

Manufacturing
 STORM PANELS • RAINBOW PRODUCTS

REV. NO.		DESCRIPTION	
01	01/21/99	1	GENERAL REVISION
02	01/21/99	2	COUNTY COMMENTS
03	02/08/99	3	REV. ANCHOR SCHEDULE
04	02/28/99	4	REV. ANCHOR SCHEDULE
05	08/16/99	5	REV. ANCHOR SCHEDULE
06	03/04/99	6	COUNTY COMMENTS
07	12/21/99	7	GENERAL NOTES (PAGE 1)

V.J. KNEZEVICH
 PROFESSIONAL ENGINEER
 License No. PE 0000983

FOR ONE PERMIT
 VALID ONLY WITH ORIGINAL SIGNATURE

JUL 18 2000

date 7/22/96
 scale AS SHOWN
 design by VJK
 checked by VJK
 drawing no. 96-110
 sheet 8 of 8



ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

EXISTING STRUCTURE	ANCHOR TYPE	LOAD (W) PSF MAX. (SEE NOTE 1)	MIN. 2" EDGE DISTANCE															MIN. 3" EDGE DISTANCE																			
			SPANS UP TO 5' - 6" (SEE NOTE 1)					SPANS UP TO 7' - 6" (SEE NOTE 1)					SPANS UP TO 10' - 6" (SEE NOTE 1)					SPANS UP TO 5' - 6" (SEE NOTE 1)					SPANS UP TO 7' - 6" (SEE NOTE 1)					SPANS UP TO 10' - 6" (SEE NOTE 1)									
			CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE									
			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
HOLLOW CONCRETE BLOCK		48.0	12	12	9	12	5	12	8	7	12	3	8	3	5	8	12	12	11	12	6	12	9	8	12	4	9	3	6	9	3						
		62.0	12	10	7	12	4	9	3	5	9	3	7	4	7	12	11	9	12	4	10	4	6	10	3	8	3	5	8	12							
		72.0	11	5	6	11	3	8	4	8	7	4	7	12	6	7	12	4	9	3	5	9	8	3	5	8	12										
		92.0	8	3	5	8	7	4	7	12	4	7	12	9	3	6	9	3	8	3	5	8	12	8	3	5	8	12									
		200.0	7	4	7	12	7	4	7	12	7	4	7	12	8	3	5	8	12	8	3	5	8	12	8	3	5	8	12								
		48.0	12	12	12	12	7	12	12	8	12	5	12	4	6	12	4	12	12	12	12	8	12	12	10	12	6	12	4	7	12	4					
		62.0	12	12	9	12	6	12	5	6	12	4	11	4	5	11	3	12	12	10	12	6	12	5	8	12	4	12	4	6	12	3					
		72.0	12	8	8	12	5	11	4	5	11	3	11	4	5	11	3	12	9	9	12	5	12	4	6	12	4	12	4	6	12	3					
		92.0	12	4	6	12	4	11	4	5	11	3	11	4	5	11	3	12	4	7	12	4	12	4	6	12	3	12	4	6	12	3					
		200.0	11	4	5	11	3	11	4	5	11	3	11	4	5	11	3	12	4	6	12	3	12	4	6	12	3	12	4	6	12	3					
		48.0	12	12	10	12	6	12	10	7	12	5	11	4	5	11	3	12	12	12	12	8	12	12	11	12	6	12	5	8	12	4					
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		92.0	8	3	5	8	7	4	7	12	7	4	7	12	9	3	6	9	3	8	5	8	12	8	5	8	12										
		200.0	7	4	7	12	7	4	7	12	7	4	7	12	8	5	8	12	8	5	8	12	8	5	8	12											
	48.0	12	12	8	12	4	9	6	6	9	3	7	4	7	12	12	12	12	5	12	8	8	12	4	8	3	6	9	3								
	62.0	10	8	6	10	3	7	3	4	7	12	6	3	6	12	10	9	12	4	9	3	6	9	3	8	5	8	12									
	72.0	9	4	5	9	6	4	6	12	6	3	6	12	11	6	8	11	3	8	5	8	12	8	5	8	12											
	92.0	7	4	7	12	6	3	6	12	6	3	6	12	8	3	6	8	12	8	5	8	12	8	5	8	12											
	200.0	6	3	6	12	6	3	6	12	6	3	6	12	8	5	8	12	8	5	8	12	8	5	8	12												
	48.0	12	12	12	12	7	12	10	9	12	5	11	4	6	11	3	12	12	12	12	7	12	10	9	12	5	11	4	6	11	3						
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	92.0	11	4	6	11	3	10	3	6	10	3	10	3	6	10	3	11	4	6	11	3	10	3	6	10	3	10	3	6	10	3						
	200.0	10	3	6	10	3	10	3	6	10	3	10	3	6	10	3	10	3	6	10	3	10	3	6	10	3	10	3	6	10	3						

ANCHOR NOTES:

- SPANS AND LOADS SHOWN HERE ARE FOR DETERMINING ANCHOR SPACING ONLY. ALLOWABLE STORM PANEL SPANS FOR SPECIFIC LOADS MUST BE LIMITED TO THOSE SHOWN IN TABLE 1, SHEET 8.
- ENTER ANCHOR SCHEDULE BASED ON THE EXISTING STRUCTURE MATERIAL, ANCHOR TYPE AND EDGE DISTANCE. SELECT DESIGN LOAD GREATER THAN OR EQUAL TO NEGATIVE DESIGN LOAD ON SHUTTER AND SELECT SPAN GREATER THAN OR EQUAL TO SHUTTER SPAN.
- EXISTING STRUCTURE MAY BE CONCRETE, HOLLOW BLOCK OR WOOD FRAMING. REFERENCE ANCHOR SCHEDULE FOR PROPER ANCHOR TYPE BASED ON TYPE OF EXISTING STRUCTURE AND APPROPRIATE CONNECTION TYPE. SEE MOUNTING SECTION DETAILS FOR IDENTIFICATION OF CONNECTION TYPE.
- ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURERS' RECOMMENDATIONS.
- MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDES WALL FINISH OR STUCCO.
- WHERE EXISTING STRUCTURE IS WOOD FRAMING, WOOD FRAMING CONDITIONS VARY. FIELD VERIFY THAT FASTENERS ARE INTO ADEQUATE WOOD FRAMING MEMBERS, NOT PLYWOOD.
- WHERE LAG SCREWS FASTEN TO NARROW FACE OF STUD FRAMING, FASTENER SHALL BE LOCATED IN CENTER OF NOMINAL 2" x 4" (MIN.) WOOD STUD. 3/4" EDGE DISTANCE IS ACCEPTABLE FOR WOOD FRAMING. WOOD STUD SHALL BE "SOUTHERN PINE" G=0.55 OR GREATER DENSITY. LAG SCREWS SHALL HAVE PHILLIPS PAN HEAD OR HEX HEAD.
- MACHINE SCREWS SHALL HAVE MINIMUM OF 1/2" ENGAGEMENT OF THREADS IN BASE ANCHOR AND MAY HAVE EITHER A PAN HEAD, TRUSS HEAD, OR WAFER HEAD (SIDEWALK BOLT), U.O.N.
- DESIGNATES ANCHOR CONDITIONS WHICH ARE NOT ACCEPTABLE USES.
- DESIGNATES ANCHORS WHICH ARE REMOVABLE BY REMOVING MACHINE SCREW, NUT OR WASHERED WINGNUT. REMOVABLE ANCHORS ARE REQUIRED FOR DIRECT MOUNT @ 6" O.C. OR 12" O.C. MAX. SPACING ONLY. SPACINGS SHALL NOT EXCEED VALUE SPECIFIED IN ANCHOR SCHEDULE. LOCATE FASTENER IN NARROW PORTION OF KEYHOLE SLOT OR KEYHOLE WASHER.
- 1/4"-20 TRUSS HEAD BOLTS MAY BE USED IN LIEU OF 1/4"-20 SIDEWALK BOLT IF KEYHOLE WASHERS ARE USED.

KNEZEVICH & ASSOCIATES, INC.
CONSULTING ENGINEERS • PRODUCT TESTING
1280 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
TEL: (954) 382-2800 • FAX: (954) 382-2889
WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: K@KNEZEVICH.COM
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0.050" ALUMINUM STORM PANEL
MADDEN Manufacturing
1809 N.W. 22nd Street
Pompano Beach, FL 33069
Phone (954) 975-2071
Fax (954) 960-0567
STORM PANELS • RAINBOW PRODUCTS

NO.	DATE	BY	DESCRIPTION
1	10/21/98	JVK	GENERAL REVISION
2	07/09/99	JVK	COUNTY COMMENTS
3	07/05/99	JVK	REV ANCHOR SCHEDULE
4	02/22/99	JVK	REV ANCHOR SCHEDULE
5	06/16/98	JVK	REV ANCHOR SCHEDULE
6	03/04/99	JVK	COUNTY COMMENTS
7	12/21/99	JVK	GENERAL NOTES (PAGE 1)

V.J. KNEZEVICH
PROFESSIONAL ENGINEER
FL License No. 10983
JUL 12 2000

FOR ONE PERM
VALID ONLY WITH ORIGINAL SIGNATURE

scale: AS NOTED
design by: JVK
checked by: JVK
drawing no: 96-110
sheet 7 of 9



ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

Table with columns for Existing Structure, Anchor Type, Load (W) PSF Max, and Min. Edge Distance (2" and 3"). Rows include various anchor types like ITW Tapcon, Elco Male/Female, Powers Calk-in, Powers Zamac, ITW Red Head, Ashley Quick-set, and Powers Drop-in.

ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

Table with columns for Existing Structure, Anchor Type, Load (W) PSF Max, and Min. Edge Distance (3/4"). Rows include Wood Lags, Brass Bushing, Elco Male/Female, and ITW Red Head.

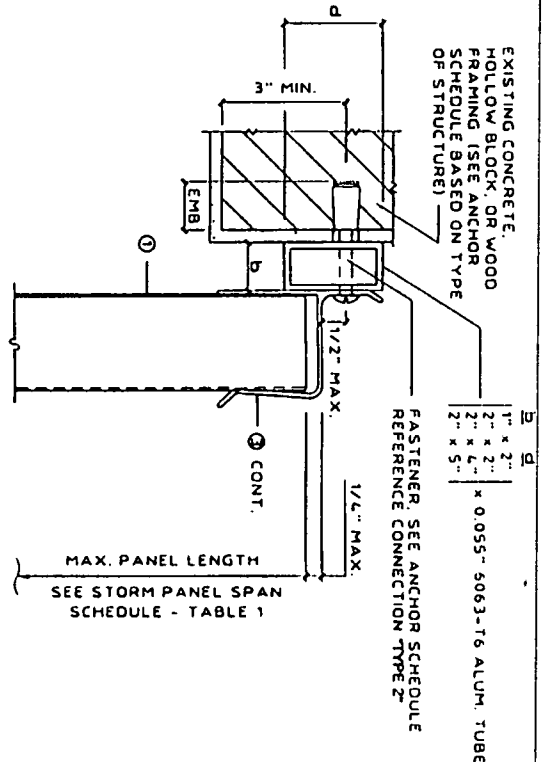
- ANCHOR NOTES: 1. SPANS AND LOADS SHOWN HERE ARE FOR DETERMINING ANCHOR SPACING ONLY. 2. ENTER ANCHOR SCHEDULE BASED ON THE EXISTING STRUCTURE MATERIAL. 3. EXISTING STRUCTURE MAY BE CONCRETE, HOLLOW BLOCK OR WOOD FRAMING. 4. ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURERS' RECOMMENDATIONS. 5. MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDES WALL FINISH OR STUCCO. 6. WHERE EXISTING STRUCTURE IS WOOD FRAMING, WOOD FRAMING CONDITIONS VARY. 7. WHERE LAG SCREWS FASTEN TO NARROW FACE OF STUD FRAMING. 8. MACHINE SCREWS SHALL HAVE MINIMUM OF 1/2" ENGAGEMENT OF THREADS IN BASE ANCHOR. 9. DESIGNATES ANCHOR CONDITIONS WHICH ARE NOT ACCEPTABLE. 10. DESIGNATES ANCHORS WHICH ARE REMOVABLE BY REMOVING MACHINE SCREW, NUT OR WASHERED WINGNUT. 11. 1/4-20 TRUSS HEAD BOLTS MAY BE USED IN LIEU OF 1/4-20 SIDEWALK BOLT IF KEYHOLE WASHERS ARE USED.

KNEZEVICH & ASSOCIATES, INC. CONSULTING ENGINEERS - PRODUCT TESTING 1280 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322 TEL: (954) 382-2800 • FAX: (954) 382-2889 WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM COPYRIGHT © 1999 KNEZEVICH & ASSOCIATES, INC.

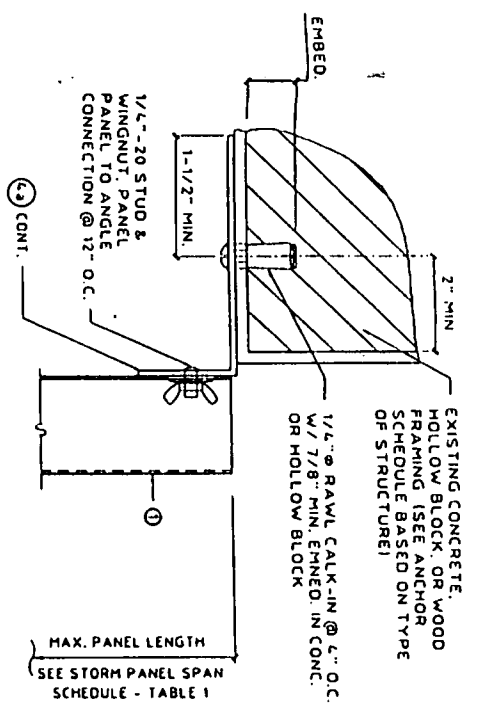
0.050" ALUMINUM STORM PANEL MADDEN Manufacturing RAINBOW PRODUCTS 1809 N.W. 22nd Street Pompano Beach, FL 33069 Phone (954) 975-2071 Fax (954) 960-0567

Table with columns for Date, Description, General Revision, County Comments, Rev Anchor Schedule, Rev Anchor Schedule, County Comments, General Notes Page 11.

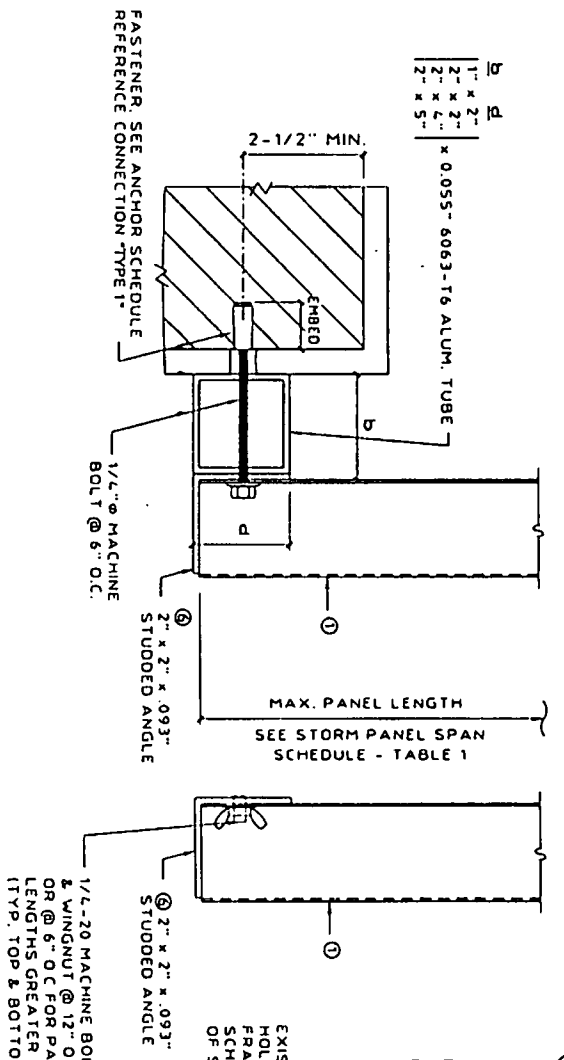
V.J. KNEZEVICH PROFESSIONAL ENGINEER JUL 12 2000 04/22/96 AS NOTED MC design by VJK checked by VJK drawing no 96-110 sheet 6 of 8



(Y) HEADER MOUNT DETAIL
SCALE: 3" = 1'-0"

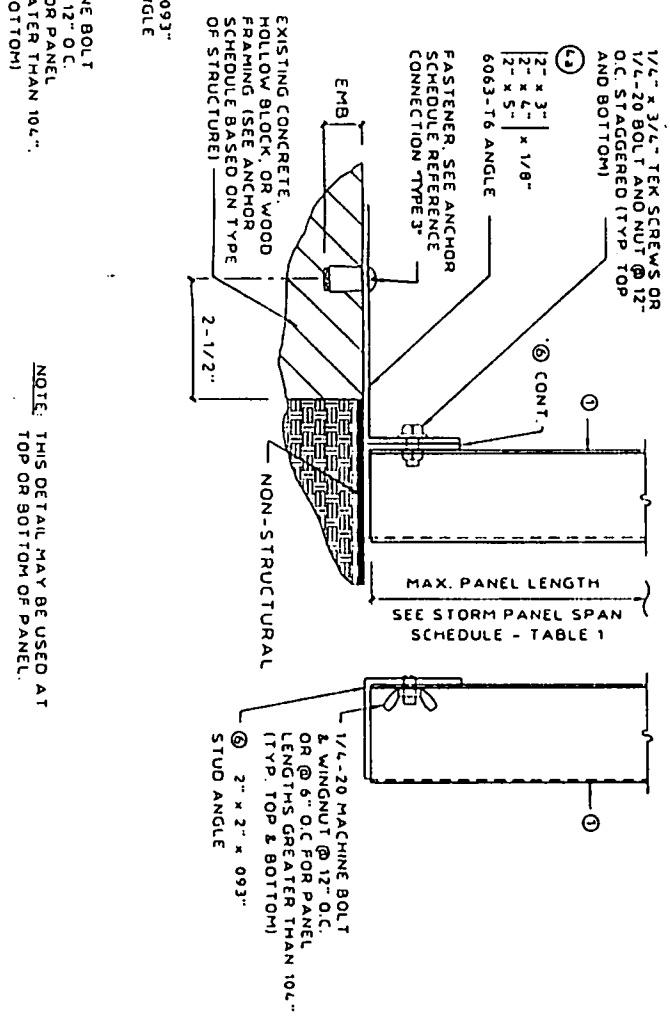


(Z) ALT. TRAP MOUNT DETAIL
SCALE: 3" = 1'-0"



NOTE: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL

(AB) 2\"/>



NOTE: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL

(AC) STORM PANEL BUILD-OUT
SCALE: 3" = 1'-0"

FOR ONE PERM
VALID ONLY WITH ORIGINAL SIGNATURE

JUL 12 2000
V.J. KNEZEVICH
PROFESSIONAL ENGINEER
FL LICENSE NO. 10683
PERIOD OF REG. 12/31/00

NO.	DATE	DESCRIPTION
1	10/21/98	GENERAL REVISION
2	01/09/99	COUNTY COMMENTS
3	02/04/99	REV ANCHOR SCHEDULE
4	02/26/99	REV ANCHOR SCHEDULE
5	06/16/98	REV ANCHOR SCHEDULE
6	03/04/99	COUNTY COMMENTS
7	12/21/99	GENERAL NOTES (PAGE II)

0.050" ALUMINUM STORM PANEL

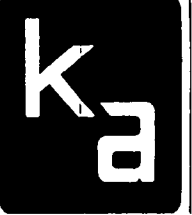
MADDEN Manufacturing 1889 N.W. 22nd Street
Pompano Beach, FL 33069
Phone (954) 975-2071 Fax (954) 960-0567

STORM PANELS • RAINBOW PRODUCTS

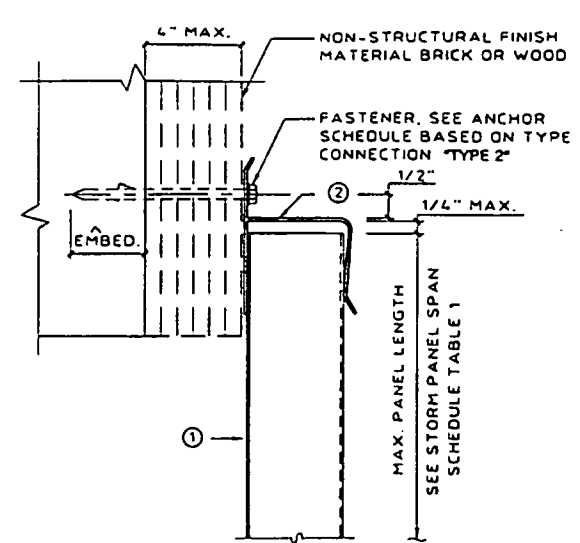
KNEZEVICH & ASSOCIATES, INC.
CONSULTING ENGINEERS • PRODUCT TESTING

1260 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
TEL: (954) 382-2800 • FAX: (954) 382-2888
WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM

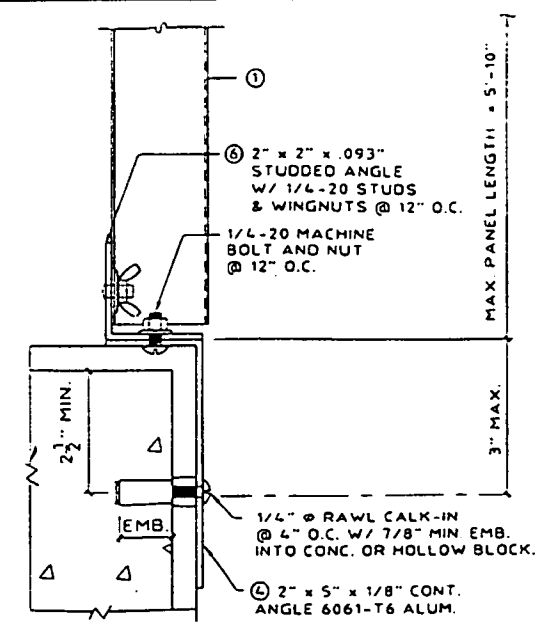
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drawing no. 96-110
sheet 5 of 8

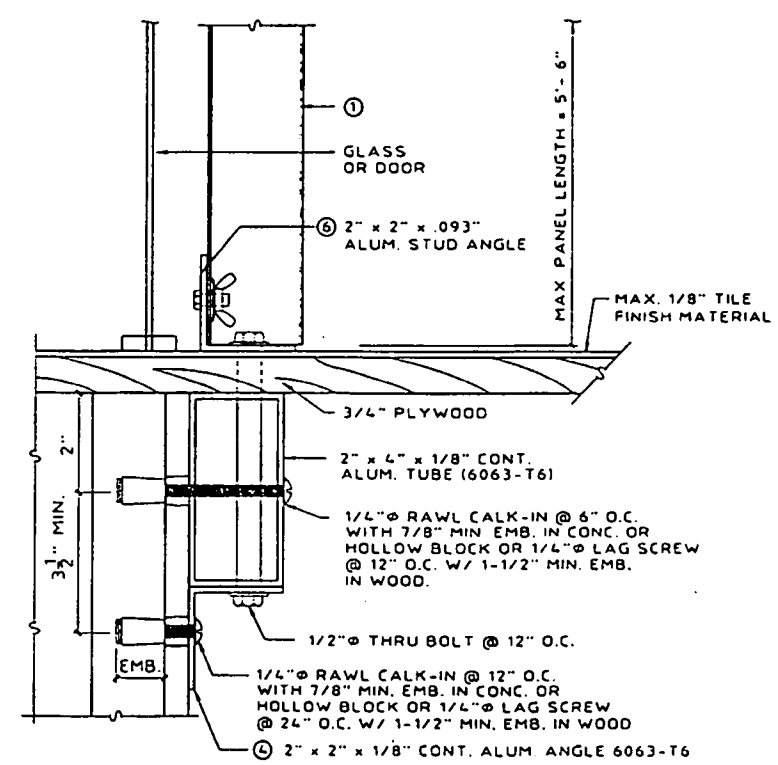


(R) WALL MOUNT
SCALE: 3" = 1'-0"



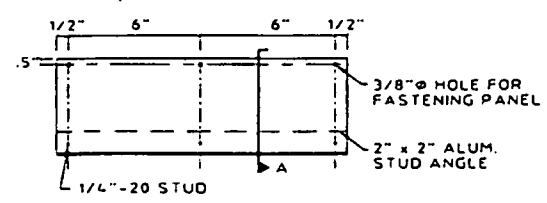
NOTES: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.
(MAX. DESIGN LOAD = 72 PSF)

(T) EDGE MOUNT DETAIL
SCALE: 3" = 1'-0"

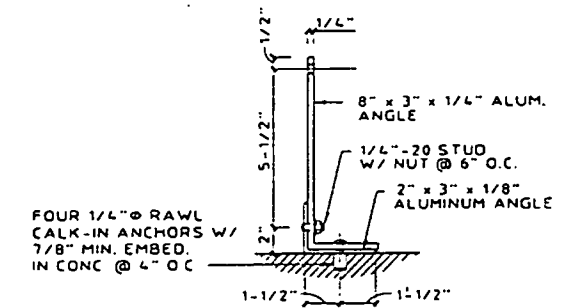


(MAX. DESIGN LOAD = 72 PSF)

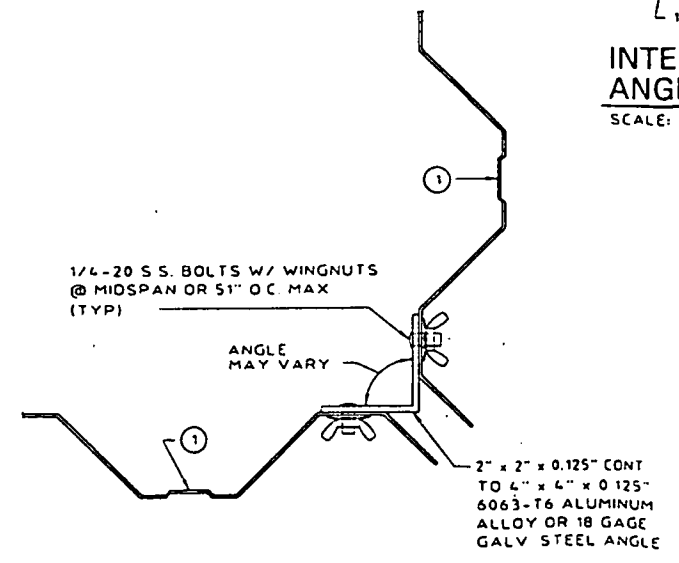
(U) "PASS THRU" DETAIL
SCALE: 3" = 1'-0"



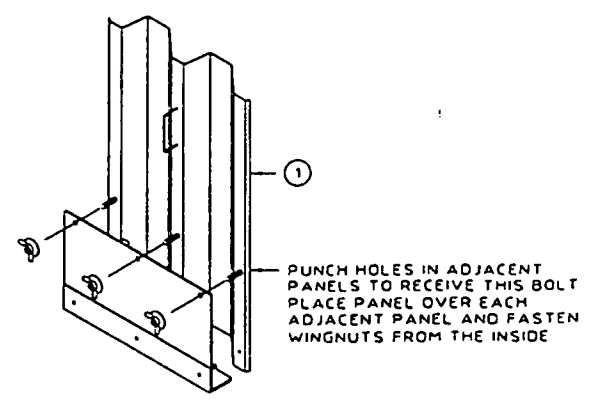
INTERIOR FASTENING ANGLE ASSEMBLY
SCALE: 1-1/2" = 1'-0"



INTERIOR FASTENING ANGLE ASSEMBLY
SCALE: N.T.S.



(V) ALT. CORNER DETAIL
SCALE: 3" = 1'-0"



(W) STORM PANEL INTERIOR FASTENING (ISOMETRIC)
SCALE: 3" = 1'-0"

KNEZEVICH & ASSOCIATES, INC.
CONSULTING ENGINEERS • PRODUCT TESTING
1260 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
TEL: (954) 382-2800 • FAX: (954) 382-2889
WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KAG@KNEZEVICH.COM
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0.050" ALUMINUM STORM PANEL
1099 N.W. 22nd Street
Pompano Beach, FL 33069
Phone (954) 975-2071
Fax (954) 960-0567
MADDEN
Manufacturing
STORM PANELS • RAINBOW PRODUCTS

REVISIONS	
NO.	DESCRIPTION
1	GENERAL REVISION
2	COUNTY COMMENTS
3	REV ANCHOR SCHEDULE
4	REV ANCHOR SCHEDULE
5	REV ANCHOR SCHEDULE
6	COUNTY COMMENTS
7	GENERAL NOTES (PAGE II)

V.J. KNEZEVICH
PROFESSIONAL ENGINEER
FL License No. PE1900983
E.I.M. DESIGN SEAL
JUL 18 2000

FOR ONE PERM
VALID ONLY WITH ORIGINAL SIGNATURE

date	04/22/96
scale	AS NOTED
design by	VJK
checked by	VJK
drawing no.	96-110
sheet	4 of 8

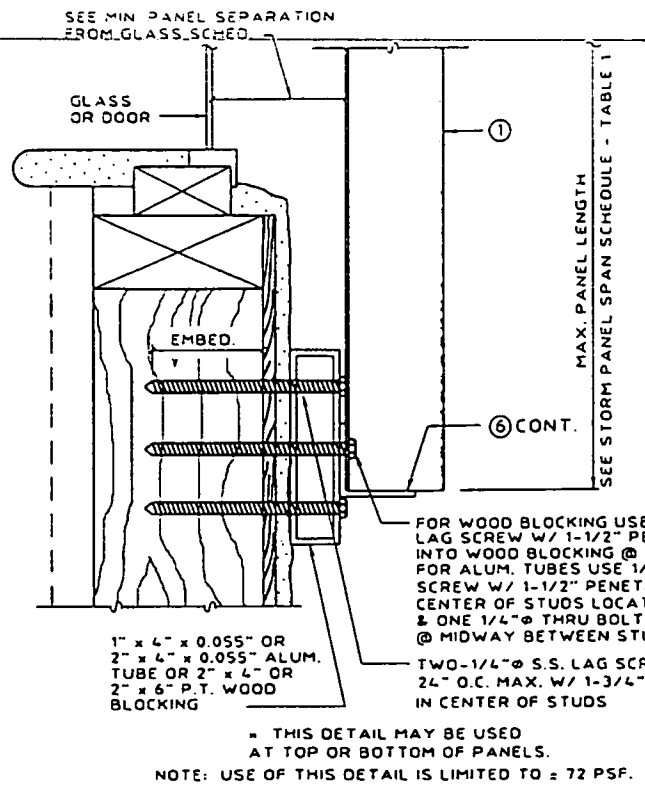


KNEZEVICH & ASSOCIATES, INC.
 CONSULTING ENGINEERS - PRODUCT TESTING
 1260 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
 TEL: (954) 382-2800 • FAX: (954) 382-2888
 WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM
 COPYRIGHT © 1988 KNEZEVICH & ASSOCIATES, INC.

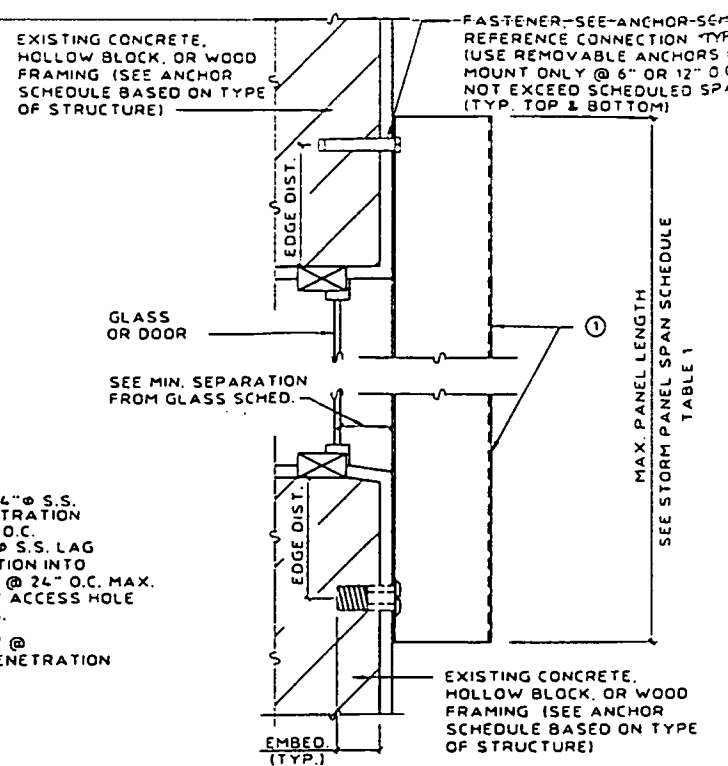
0.050" ALUMINUM STORM PANEL
MADDEN Pompano Beach, FL 33069
 Phone (954) 975-2071
 Fax (954) 960-0567
 Storm Panels - Rubber Products
 Manufacturing

REVISIONS	
NO.	DESCRIPTION
1	DATE: 10/21/99 BY: VJK
2	GENERAL REVISION
3	COUNTY COMMENTS
4	REV. ANCHOR SCHEDULE
5	REV. ANCHOR SCHEDULE
6	COUNTY COMMENTS
7	GENERAL NOTES (PAGE 1)

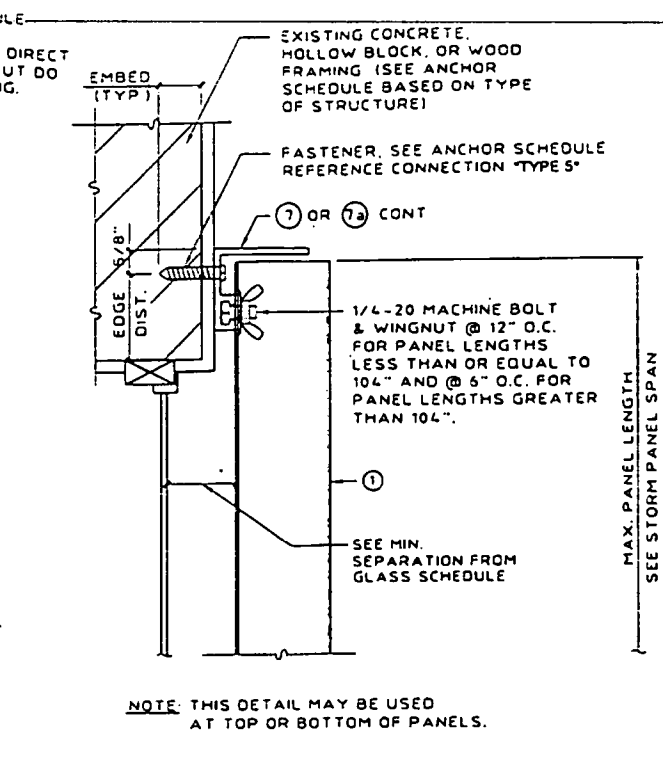
V.J. KNEZEVICH
 PROFESSIONAL ENGINEER
 FL License No. PE 101983
 THIRD CLASSIFICATION SEAL
JUL 18 2000
 DATE: 07/22/99
 AS NOTED DRAWN BY: VJK
 DESIGN BY: VJK CHECKED BY: VJK
 drawing no. **96-110**
 sheet 3 of 8



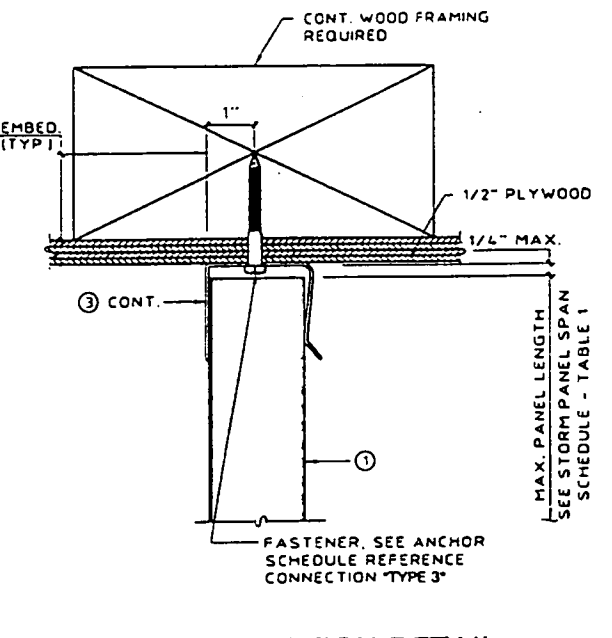
J WALL MOUNT SECTION (BOTTOM)
 SCALE: 3" = 1'-0"



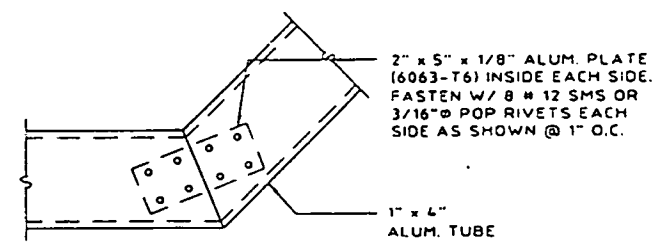
K WALL MOUNT SECTION (DIRECT MOUNT)
 SCALE: 3" = 1'-0"



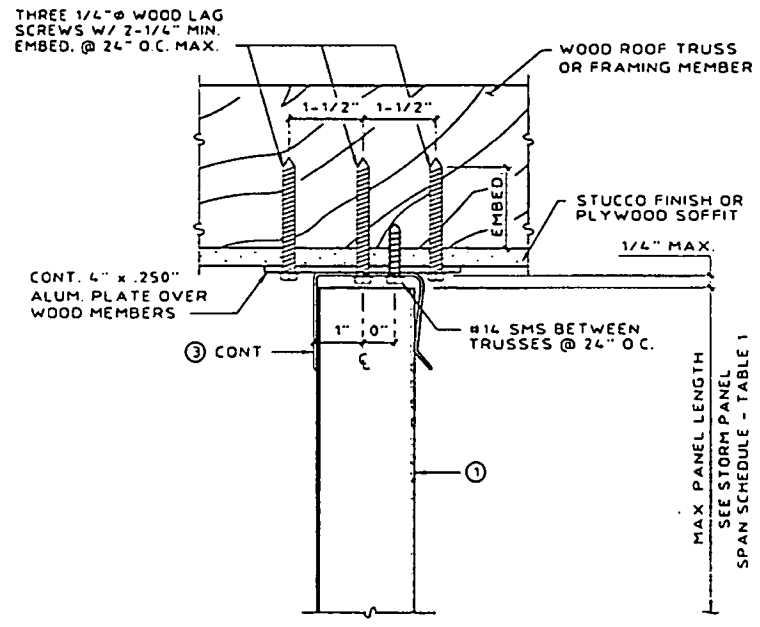
L WALL MOUNT DETAIL
 SCALE: 3" = 1'-0"



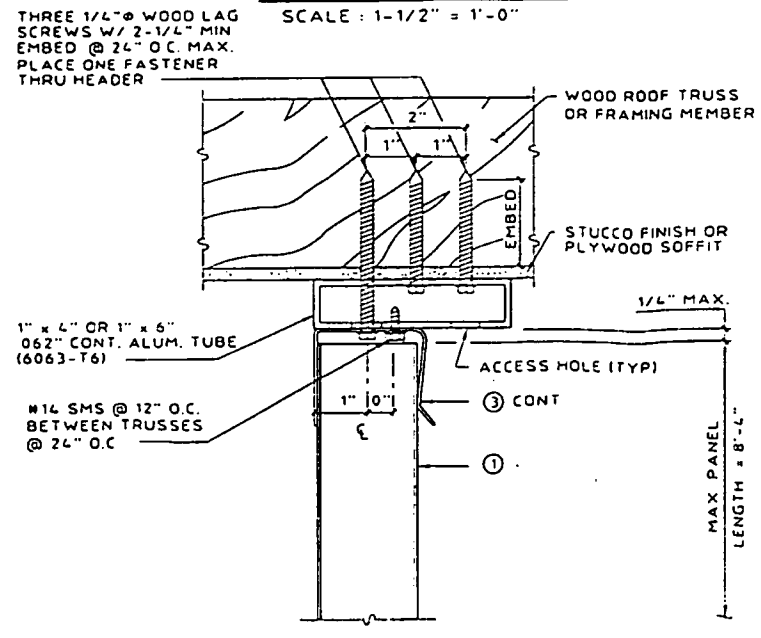
M SOFFIT CONNECTION DETAIL
 SCALE: 3" = 1'-0"



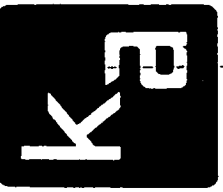
N SPLICE DETAIL FOR BAY WINDOW APPLICATIONS
 SCALE: 1-1/2" = 1'-0"



O SOFFIT CONNECTION DETAIL
 SCALE: 3" = 1'-0"



P ALT. SOFFIT CONNECTION DETAIL
 SCALE: 3" = 1'-0"

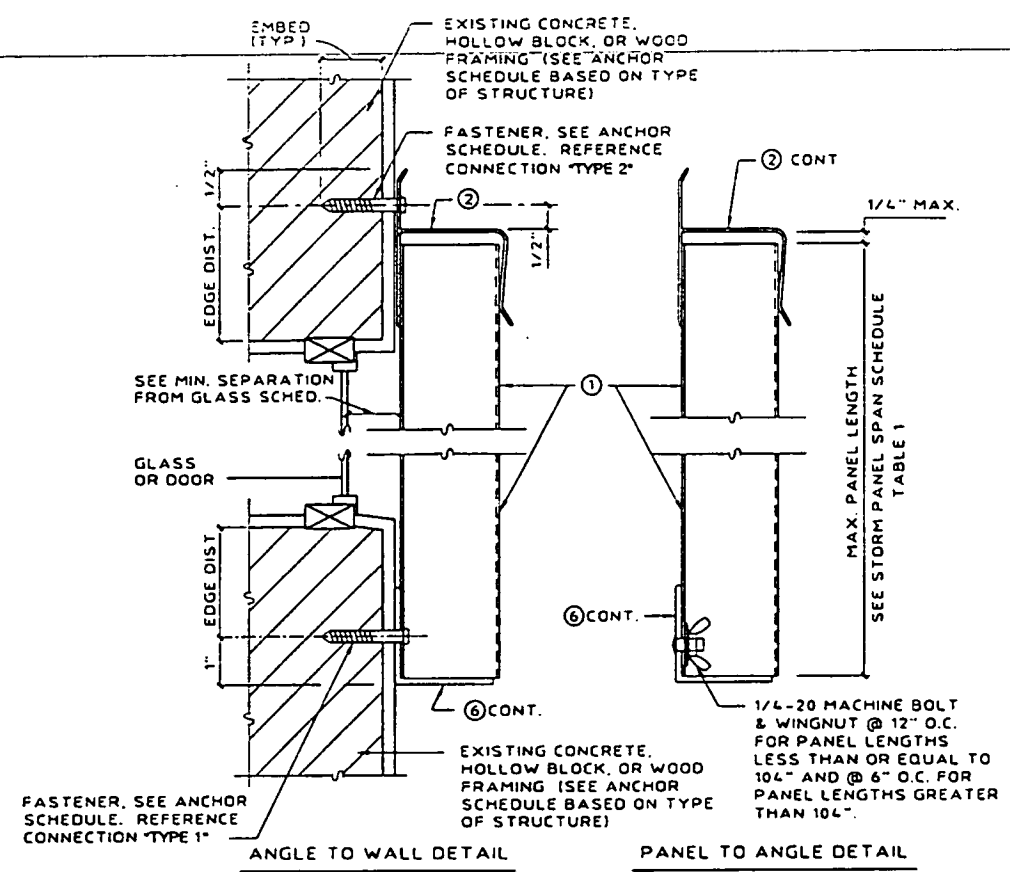


KNEZEVICH & ASSOCIATES, INC.
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 1280 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
 TEL: (954) 382-2800 • FAX: (954) 382-2889
 WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM
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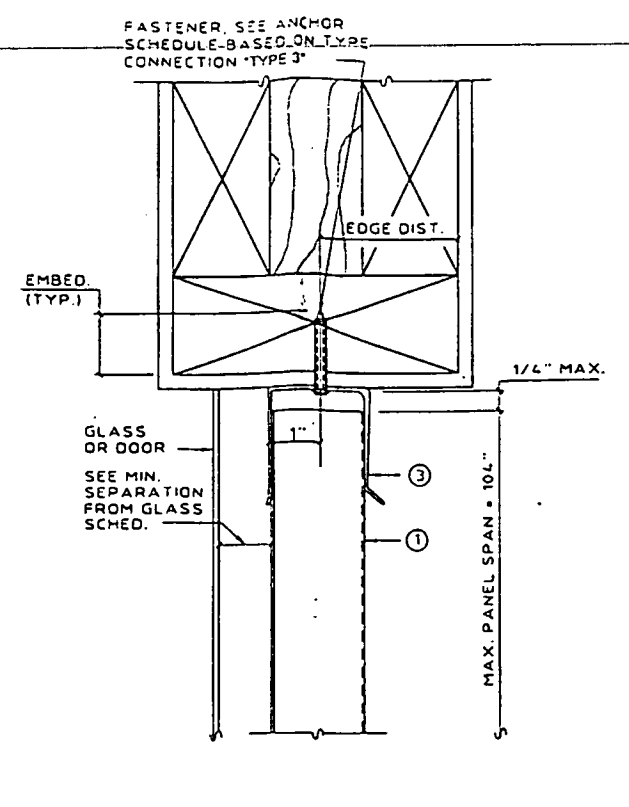
0.050" ALUMINUM STORM PANEL
MADDEN
 Manufacturing
 STORM PANELS • RAMBOY PRODUCTS
 1889 NW 22nd Street
 Pompano Beach, FL 33069
 Phone (954) 975-2071
 Fax (954) 960-0567

REVISIONS	
NO.	DATE
1	10/21/99
2	07/09/99
3	07/02/99
4	07/26/99
5	08/18/99
6	07/08/99
7	12/21/99

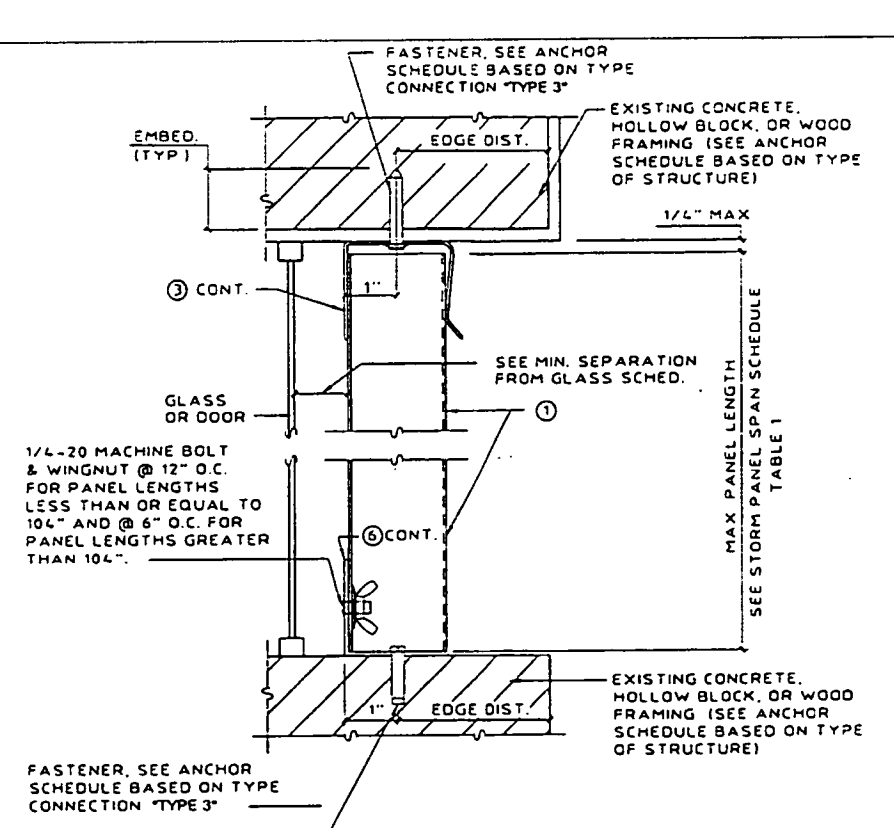
V.J. KNEZEVICH
 PROFESSIONAL ENGINEER
 FL 12122
 000983
 JUR. SESSION S.F.
JUL 12 2000
 date 04/22/96
 scale AS NOTED
 drawing no. **96-110**
 sheet 2 of 8



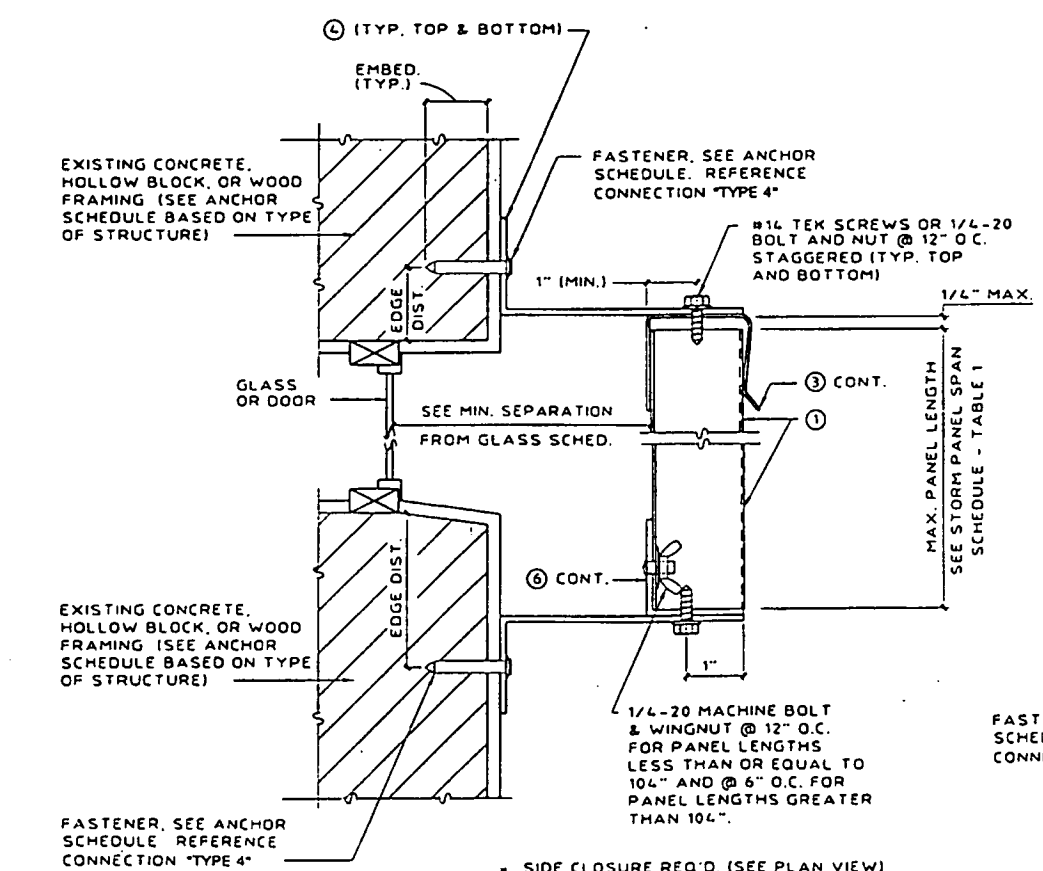
E WALL MOUNT SECTION
 SCALE: 3" = 1'-0"



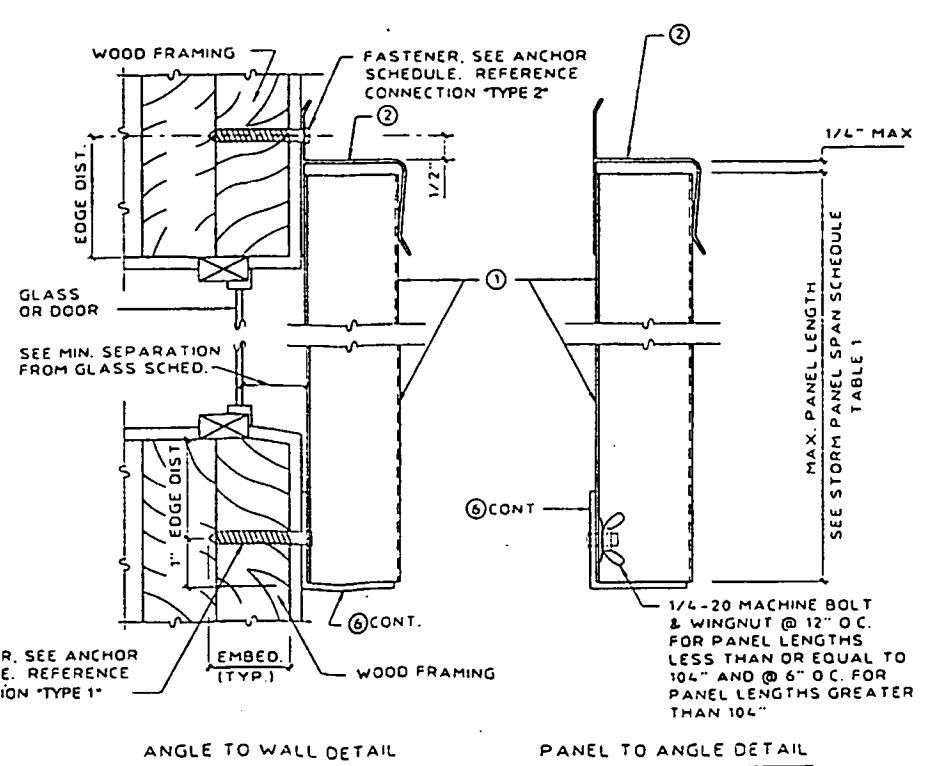
F WOOD CEILING/ INSIDE MOUNT SECTION
 SCALE: 3" = 1'-0"



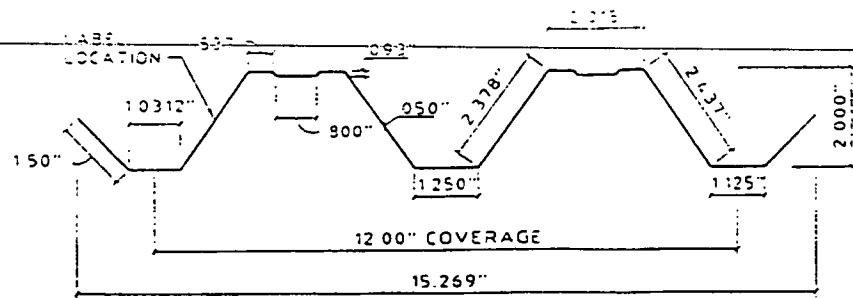
G CEILING/INSIDE MOUNT SECTION
 SCALE: 3" = 1'-0"



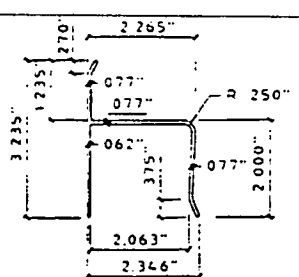
H BUILD-OUT MOUNT SECTION
 SCALE: 3" = 1'-0"



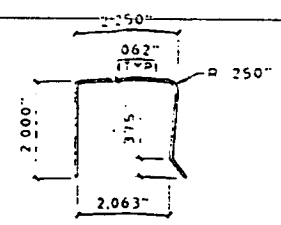
I WALL MOUNT SECTION
 SCALE: 3" = 1'-0"



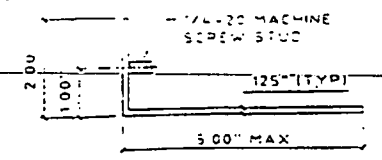
1 STORM PANEL
SCALE: 1/4" = 0'-1"



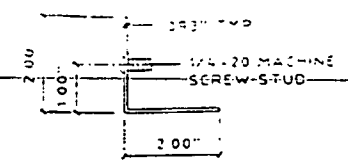
2 "h" HEADER
SCALE: 1/4" = 0'-1"



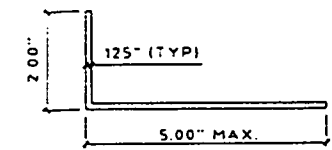
3 "U" HEADER
SCALE: 1/4" = 0'-1"



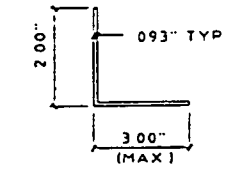
4a STUDDED ANGLE
SCALE: 1/4" = 0'-1"



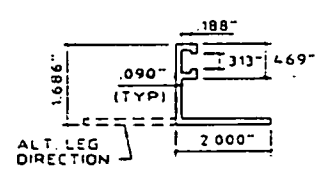
6 STUDDED ANGLE
SCALE: 1/4" = 0'-1"



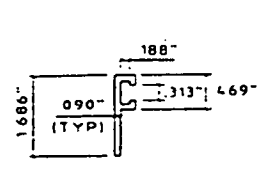
4 ANGLE 6063-T6 TYPICAL
6061-T6 FOR DETAIL "T"
SCALE: 1/4" = 0'-1"



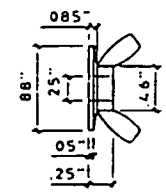
5 ANGLE
SCALE: 1/4" = 0'-1"



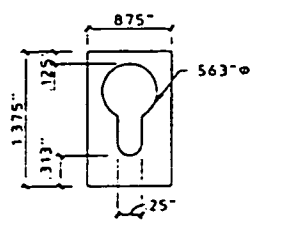
7 "E" TRACK
SCALE: 1/4" = 0'-1"



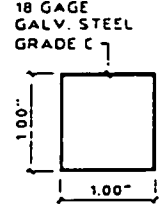
7a "F" TRACK
SCALE: 1/4" = 0'-1"



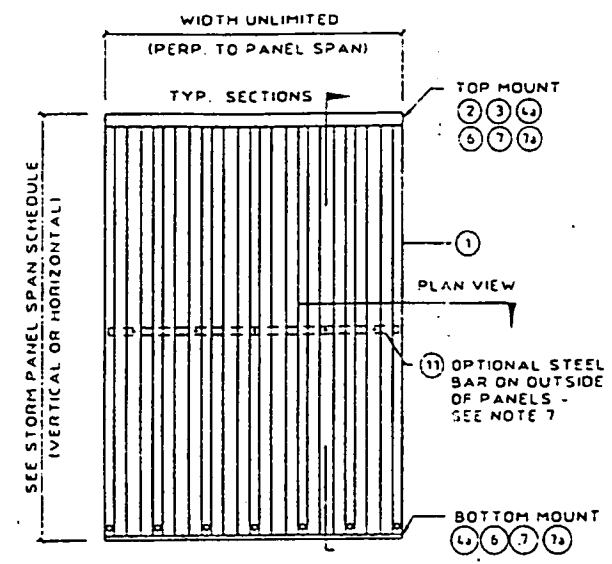
8 WINGNUT
SCALE: HALF SIZE



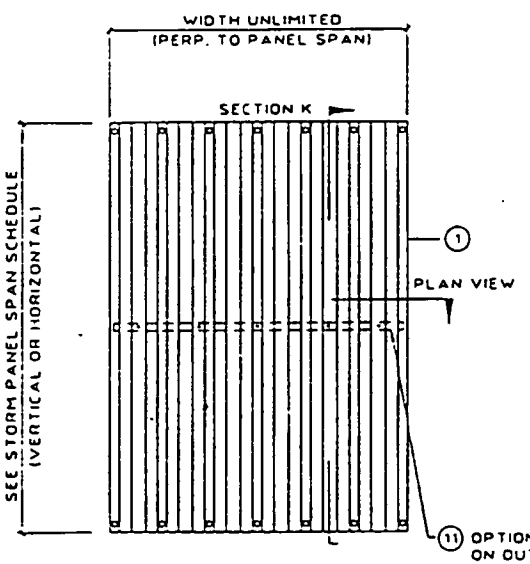
10 KEYHOLE WASHER
SCALE: HALF SIZE



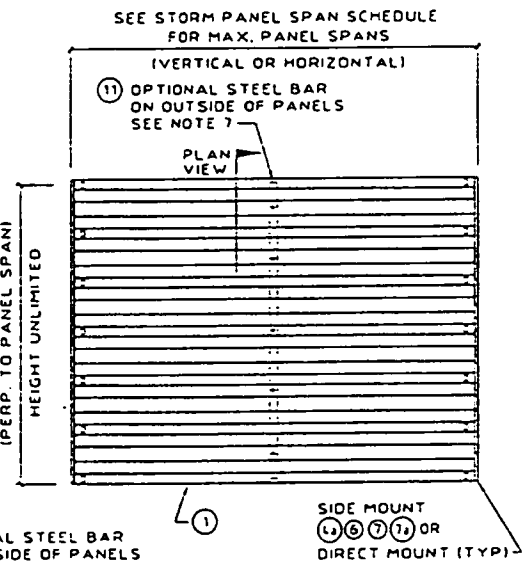
11 STEEL BAR
SCALE: HALF SIZE



TYPICAL VERTICAL MOUNT ELEVATION

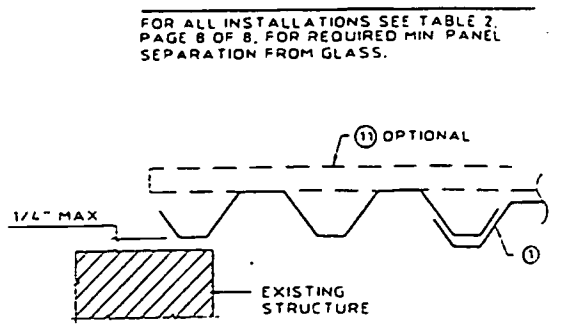


DIRECT MOUNT ELEVATION

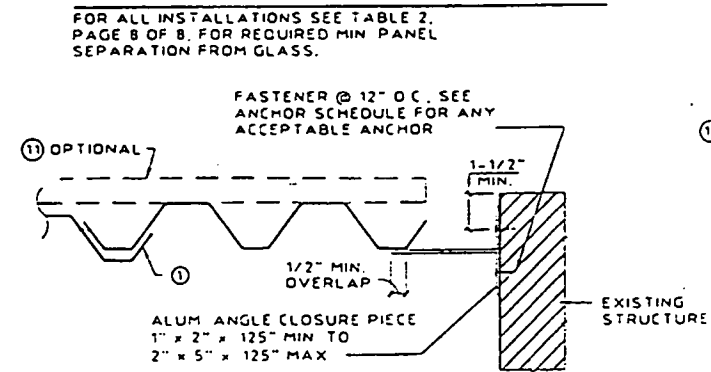


HORIZONTAL MOUNT ELEVATION

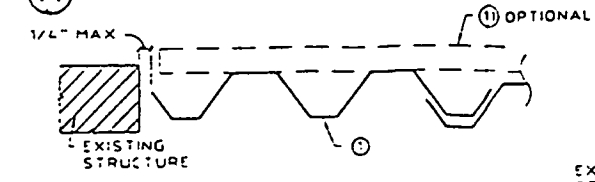
- GENERAL NOTES:**
- THIS STORM PANEL SHUTTER SYSTEM IS DESIGNED AND TESTED IN ACCORDANCE WITH THE SOUTH FLORIDA BUILDING CODE 1994 EDITION.
 - POSITIVE AND NEGATIVE DESIGN PRESSURE CALCULATIONS SHALL BE PERFORMED FOR SPECIFIC JOBS IN ACCORDANCE WITH ASCE 7-88 "MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES." TABLES SHALL BE REFERENCED AT APPROPRIATE DESIGN LOADS.
 - PRODUCT MARKINGS SHALL BE WITHIN 12" OF ONE END OF THE PANEL WITH A MIN. OF ONE MARKING PER PANEL AND SHALL BE LABELED AS FOLLOWS:
MADDEN MFG CO.
POMPANO BEACH, FL
DADE COUNTY PRODUCT APPROVED
 - PANELS HAVE BEEN TESTED IN ACCORDANCE WITH THE DADE COUNTY PROTOCOLS PA 201, PA 202, AND PA 203. DESIGN IS BASED ON CONSTRUCTION TESTING CORPORATION (CTC) TEST REPORT NO. 96-014.
 - STORM PANELS SHALL BE 5052-H32 OR 3004-H34 ALUMINUM ALLOY, 0.050" THICKNESS. ALL EXTRUSIONS SHALL BE 6063-T6 ALUMINUM ALLOY, U O N
 - ALL SCREWS AND BOLTS TO BE 2024-T4 ALUMINUM ALLOY, STAINLESS STEEL, OR GALVANIZED STEEL WITH A 33 KSI MINIMUM YIELD STRENGTH
 - FOR INSTALLATIONS 30 FT. OR LESS ABOVE GRADE, AN OPTIONAL 1" x 1" x 18 GAGE STEEL BAR MAY BE USED TO CONTROL DEFLECTION OF STORM PANEL SYSTEM PROVIDED THAT THE PANEL SPANS USED ARE 104" OR LESS, AND THAT THE SEPARATION FROM THE GLASS IS 2" OR MORE BUT LESS THAN 3-3/4". STEEL BAR MAY BE USED FASTENED AT PANEL OVERLAPS, AT MIDSPAN, W/ 1/4-20 x 4" BOLTS AND DIE CAST ALUMINUM WASHERED WINGNUTS. SEE MINIMUM PANEL SEPARATION FROM GLASS SCHEDULE, PAGE 8 OF 8, FOR REDUCED SEPARATIONS.
 - TOP AND BOTTOM DETAILS MAY BE INTERCHANGED AS FIELD CONDITIONS REQUIRE. PANELS MAY ALSO BE MOUNTED WITH STUD ANGLE OR DIRECT MOUNTED HORIZONTALLY
 - THE PERMIT HOLDER SHALL VERIFY THE ADEQUACY OF THE EXISTING STRUCTURE TO SUSTAIN THE NEW SUPERIMPOSED LOADS AND TO VERIFY ALL DIMENSIONS AT THE JOB SITE BEFORE COMMENCING WITH THE WORK
 - ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS EMBEDMENT LENGTHS SHALL BE AS NOTED AND DO NOT INCLUDE STUCCO OR OTHER FINISHES
 - AT LEAST ONE WARNING NOTE PER OPENING SHALL BE PLACED IN A CONSPICUOUS LOCATION ON ANY OF THE COMPONENTS OF STORM PANEL SYSTEM ADVISING THE HOME OWNER OR TENANT THAT "STORM PANELS WILL NOT OFFER HURRICANE PROTECTION UNLESS STEEL TUBE & BOLTS ARE PROPERLY INSTALLED WHEN NEEDED"



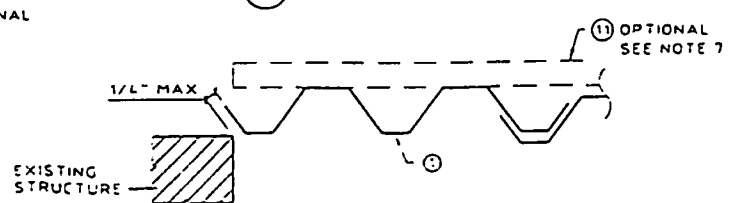
A WALL MOUNT



B TRAP MOUNT



C TRAP MOUNT



D FACE MOUNT

TYPICAL CLOSURE DETAILS (PLAN)
SCALE: 1/4" = 0'-1"



KNEZEVICH & ASSOCIATES, INC.
CONSULTING ENGINEERS - PRODUCT TESTING
1200 N. UNIVERSITY DRIVE, SUITE 180 • FORT LAUDERDALE, FL 33322
TEL: (954) 382-2800 • FAX: (954) 382-2889
WEBSITE: WWW.KNEZEVICH.COM • E-MAIL: KA@KNEZEVICH.COM
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0.050" ALUMINUM STORM PANEL
1009 N.W. 22nd Street
Pompano Beach, FL 33069
Phone (954) 975-2071
Fax (954) 960-0567
MADDEN Manufacturing
STORM PANELS • RAINBOW PRODUCTS

REVISIONS	
NO.	DESCRIPTION
1	GENERAL DIVISION
2	COUNTY COMMENTS
3	REV. ANCHOR SCHEDULE
4	REV. ANCHOR SCHEDULE
5	REV. ANCHOR SCHEDULE
6	REV. ANCHOR SCHEDULE
7	REV. ANCHOR SCHEDULE
8	GENERAL NOTES (PAGE 11)

V.J. KNEZEVICH
PROFESSIONAL ENGINEER
FL License No. PE 0009830
DATE: JUL 1 2000
DRAWING NO. 96-110
SHEET 1 OF 8

TYPICAL BAR ATTACHMENT
(USE ONLY WHEN IMPROVED DEFLECTION REQUIRED)
FOR ONE PERMITS
VALID ONLY WITH ORIGINAL SIGNATURE



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

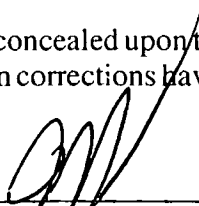
ADDRESS: 9 MIDDLE RD.

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

TRUSS ENDS & CONNECTORS.
• NEED ENDS LTR APPROVING
CONNECTOR CHANGE AT
ALL TRUSS ENDS.

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

DATE: 2/22



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/22, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7873	NOHEJL	TRUSS	FAIL	
1	26 W. High Pt	WINDOW & DOOR BUCKS	FAIL	INSPECTOR: <i>[Signature]</i>
	O/B	MECH ROUGH-IN	FAIL	
7873	NOHEJL	ELEC ROUGH-IN	FAIL	
1	26 W. High Pt			INSPECTOR: <i>[Signature]</i>
	O/B			
8058	BOUCHER	FORMBOARD CONCRETE CURB	PASS	
2	21 MIDDLE ROAD			INSPECTOR: <i>[Signature]</i>
	O/B			
3012	TRANTER	SEATING	PASS	
3	9 MIDDLE RD	WALL SHEATHING	PASS	INSPECTOR: <i>[Signature]</i>
	DARKS	TRUSS ENBR.	FAIL	
7806	SILAS	POOL PUMPING		WILL RESCHEDULE
10	10 CASTLE HILL WAY			INSPECTOR: <i>[Signature]</i>
	MIRAGE POOLS			
7954	KEMP SHOES	MECH ROUGH	PASS	
12	3754 OCEAN BLVD	FRAMING		INSPECTOR: <i>[Signature]</i>
	PINACLE CONST			
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2/27, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8010	FRANTER	STRAPPING	PASS	
3	9 MIDDLE RD PARKS	ROOF SHEATHING	WILL	RESCHEDULE INSPECTOR: <i>OM</i>
7503	LADD	FINAL RENOVATION		CLOSE
5	21 SIMARA ST HARTEN CAUFIELD		PASS	INSPECTOR: <i>OM</i>
7874	SLATER	TIE DOWN	FAIL	
2	4 LAGOON ISLET CONWAY	SUBSIDING		INSPECTOR: <i>OM</i>
7632	GEISINGER	FINAL RENOV. GUEST HOUSE	PASS	CLOSE
1	8 CASTLE HILL WAY O/B	? EARLY PLEASE		INSPECTOR: <i>OM</i>
777	CATHERY	ELECTRICAL	PASS	
6	47 S. SEAWALK HERITAGE ELEC.	ROUGH IN.		INSPECTOR: <i>OM</i>
6772	EDGE	POWER RELEASE	FAIL	
4	4 MARGUERITA WAY O/B	SWALE	PASS	INSPECTOR: <i>OM</i>
TREE	MORALES	TREE	PASS	
8	10 N. RIVERVIEW			INSPECTOR: <i>OM</i>

OTHER: _____

Joseph P. McCarty, Architect
900 East Osceola Street
Stuart, Florida, 34994
772-287-6735 fax: 772-287-4618

DPR Registration Number 9639

February 23, 2006

Gene Simmons, CBO
Town of Sewall's Point
One South Sewall's Point Road
Sewalls Point, Florida
34996

RE: Renovation to 9 Middle Road

*TRANTED RESID.
FILE*

Dear Gene,

Please be advised that I approve of the use of Simpson H10 truss anchors in lieu of Simpson H6 anchors in the above referenced project.

Sincerely,


Joseph P. McCarty

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/1, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8012	TRANFER	ROOF SHEATHING	PASS	INSPECTOR: [Signature]
1	9 MIDDLE ROAD PARKS CO.			INSPECTOR: [Signature]
8052	WULFLEFF	REMOVE TUB INSTALL SHOWER	PASS	CLOSE
3	9 SIMARA GLENMARK HOMES	(Early Please)		INSPECTOR: [Signature]
7706	WULFLEFF	GARAGE DOOR	PASS	CLOSE
3	9 SIMARA OB	(Early Please)		INSPECTOR: [Signature]
8018	BEELITZ	FINAL DOCK	PASS	CLOSE
5	98 N. SEWALLS PT J&B BOATLIFT			INSPECTOR: [Signature]
7718	Schappe	roof nailing	PASS	
2	9 Palm Rd. A & P Construction			INSPECTOR: [Signature]
8076	Clifford	Service Change	PASS	CALL FPL
9	30 N. River Victory			INSPECTOR: [Signature]
7937	KVATIL	LANE	PUT	STOP WORK ORDER ON JOB
6	4 RIO VISTA TONY			INSPECTOR: [Signature]
OTHER: <u>SCOPE OF WORK W/O PERMIT</u>				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/8, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8012	TRANIER	TIN TAG & NAIL	PASS	
2	9 MIDDLE ROAD PARKS & Co/ANIER			INSPECTOR: <i>OM</i>
7813	PARKS	DRY-IN	PASS	
6	3 MINDORO AN AMERICAN PFA			INSPECTOR: <i>OM</i>
7764	ROGGS	SUBSIDING	CANCEL	
15	20 S. SEWALLS Pt MASTER PACE	WINDOW + DOOR BUCKS TRUSSING		INSPECTOR: <i>OM</i>
8082	DESANTIS	FINAL TIE HUR	FAIL	
10	82 S. SEWALLS Pt O/B			\$40 FEE INSPECTOR: <i>OM</i>
TRAC	MURPHY	TREE	PASS	
18	14 KNOWLES			INSPECTOR: <i>OM</i>
6812	MADER	PUMBINA TOP DR	PASS	
5	106 ABBIE COURT MASTER PUMBINA	FRAMING	PASS	INSPECTOR: <i>OM</i>
8042	STEEL	Plumbing	FAIL	
14	32 FIELDWAY De O/B	Elec	FAIL	INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/10, 2006 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8076	MOSCATELLO	FRAMING ^{REAR} PORCH	FAIL	
6	6 PINEAPPLE	BEAMS & COLUMNS		
	FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
8061	CLEMENTS	FINAL DOOR ELECT.	FAIL	CLOSE
1	11 W. High Point Rd		PASS	
	FORWARD ELECTRIC			INSPECTOR: <i>[Signature]</i>
7873	NOHEJL	LATHING	PASS	
2	26 W. High Point			
	O/B			INSPECTOR: <i>[Signature]</i>
Tree	GLOVER	TREE	PASS	
5	16 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
7831	JENKINS	FINAL FENCE	PASS	CLOSE
9A	3 HERITAGE WAY			
	O/B			INSPECTOR: <i>[Signature]</i>
18012	TRANSFER	ELEC		CALL FPL
2A	9 MIDDLE ROAD	TEMP. POWER	PASS	
	HUBBEN ELEC			INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/3, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7801	CUMMINGAS	W/ELECTR	PASS	MAIN HOUSE ONLY
3	83 S. RIVER RD ELIAS MGT			(PARTIAL) INSPECTOR: <i>[Signature]</i>
Tree	Kenso	Tree	PASS	
5	18 RIO VISTA			INSPECTOR: <i>[Signature]</i>
7975	ROBERTSHAW	DEY-IN	PASS	
2	15 ISLAND RD AN AMERICAN CO	SHEATHING	PASS	INSPECTOR: <i>[Signature]</i>
7993	GIACHINO	TIE BEAM		RESCHEDULE
6	11 WENDY LA SEA GATE BROS			4/5/06 INSPECTOR:
8002	TRANTOR	WINDOW BUGS		WILL RESCHEDULE
1	9 MIDDLE ROAD RALPH PARKS	FRAMING		" "
INSPECTOR:				
8012	TRANTOR	ROUGH ELEC	PASS	CALL KPL TO INSTALL METER
1	9 MIDDLE ROAD HUBBARD ELECTRIC			INSPECTOR: <i>[Signature]</i>
7565	KUHNS	FINAL BRQ	PASS	CLOSE
7675	94 S. RIVER RD	FINAL SUNROOM	FAIL	
4	dB			INSPECTOR: <i>[Signature]</i>

OTHER: _____



8012

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 MIDDLE ROAD

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

PLUMBING ROUGH

DOWN VENT HAS BACK PITCH AT UTILITY ROOM CEILING.

LAUNDRY & UTILITY ROOM SINK ARE NOT VENTED AT CONNECTION TO 3" VERTICAL WASTE FROM 2ND FLOOR

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

DATE: 4/5

A handwritten signature in black ink, appearing to be "AM", is written over a horizontal line.

INSPECTOR

DO NOT REMOVE THIS TAG

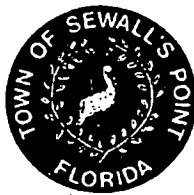
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/5, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
800	Teater	Water Pumping	FAIL	
2	9 MIDDLE ROAD DAVE'S PUMPING			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	WEBB	TREE	PASS	
8	2 ST. LUCIE CT			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7993	GIACHINO	TIE BEAM	FAIL	
1	11 WENDY LN. SEAGATE			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8125	DESANTIS	FINAL DOCK	PASS	NO ACCESS THRU
8029	82 S. SEWALL'S Pt	FINAL DOCK Demo	PASS	SECURITY GATE
12	Q/B			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	FORD	TREE	PASS	
7	5 OAKWOOD DR			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7660	PITSIOKOS	FINAL DRIVE	PASS	CLOSE
4	28 W. HIGH POINT CHITWOOD + CO			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8150	BOUCHER	FINAL HURRICANE SHUTTERS	PASS	CLOSE
3	21 MIDDLE RD GULFSTREAM AWM			INSPECTOR: <i>OM</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

8012

CORRECTION NOTICE

ADDRESS: 2 MIDDLE ROAD

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

WINDOW / BUCKS

ALL PASTERUEL MUST BE SHIMMED.

'T' BAR @ DRL WINDOW IS NOT SECURED AT TOP OR BOTTOM - SCREWS MISSING AT SEVERAL JAMBS & SILLS & HEADS - WINDOW NOA IS MISSING IN PERMIT BOX.

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

DATE: 4/7

A handwritten signature of the inspector, consisting of stylized initials and a long horizontal stroke.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/17, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5080	Slater	rough	PASS	@ BAL-B-Q
11	4 NE Lagoon Isl. Ct.			INSPECTOR: <i>[Signature]</i>
	Prep work Misc.			
7874	SLATER	FRAMING	WILL	RESCHEDULE
11	4 LAGOON ISL.	PUMPING	PASS	INSPECTOR: <i>[Signature]</i>
		TRUSS ENGR	PASS	
7320	SCHMADER	POWER RELEASE	FAIL	
3	102 HENRY SOUND			INSPECTOR: <i>[Signature]</i>
	CONWAY			
8143	CONNOLLY	WALL SHORTENING	FAIL	
10	23 N. RINBEVIEW			INSPECTOR: <i>[Signature]</i>
	CUSTOM CRAFT			
8042	FRANTER	LATH	PASS	
1	9 MIDDLE RD.	WINDOW RUCK	FAIL	INSPECTOR: <i>[Signature]</i>
	PARKS			
7978	Slater	FINAL	PASS	CLOSE
	29 N. RINBEVIEW	PRIVACY WALL		INSPECTOR: <i>[Signature]</i>
	P.B.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



8012

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 MIDDLE ROAD

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

WINDOWS / BUCKS

2ND FLOOR WEST - JAMB SCREW LOOSE
" " NORTH - " " MISSING
(NEED SHIMS @ SCREWS)

2ND FLOOR EAST - AWNING - MISS SILL SCREW

2ND FLOOR EAST - DBL WINDOW -
MISSING SCREWS @ BOTTOM
'T' BAR, (BEDROOM - CENTER)

1 1/2 WOOD BUCKS MUST BE
TAP CON INTO CONCRETE -

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

DATE: 4/10

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department Inspection Log

Date of Inspection: Mon Wed Fri 4/10, 2006 Page ___ of ___

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8154	RUMER	GAS LINES	PASS	
4	29 S. RIVER RD. E+L. DIV.	772 597 1022		INSPECTOR: <i>[Signature]</i>
7501	Cummins	Slab	PASS	
3	83 S River Rd. Alis Mount.			INSPECTOR: <i>[Signature]</i>
7584	SCHECOPNIC	STRAPPING	FAIL	
1	12 S. S. P. ROAD. DRIFTWOOD	TRUSSES		INSPECTOR: <i>[Signature]</i>
6705	ANDERSON	FINAL CANCEL		
5	9 PRODETTO PB CREATIVE	561-827-0605		INSPECTOR:
6705	TRIPNOR	WINDOW SICKS	FAIL	
2	9 MIDDLE RD.			INSPECTOR: <i>[Signature]</i>
6	117 N. S. P. R.	TILL HOT W/O PERMIT	ISSUED STOP WORK ORDER	INSPECTOR: <i>[Signature]</i>
TREE	DUNKER	TREE	PASS	
	19 PERIWINKLE CR.			INSPECTOR: <i>[Signature]</i>
OTHER:	TREE 14 HERON'S	TREE	PASS	<i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/12, 2006

Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	VESTERMAN	TREE	PASS	
6	HERON'S NEST # SSR			INSPECTOR: <i>QW</i>
TREE	PLITT	TREE	PASS	
7	12 HERON'S NEST			INSPECTOR: <i>QW</i>
8012	FRANZ	WINDOWS	PASS	
2	9 MIDDLE ROAD PARKS + Co.	FRAMING MAIA		INSPECTOR: <i>QW</i>
7183	MORAN	FINAL MIRROR	DUPLICATE INSPECTION	
5A	2 DAWN ROAD O/B	PERMANENT		INSPECTOR:
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

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 9 MIDDLE RD.

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

PLUMBING ROUGH
A/C ROUGH - PASSED
FRAMING
STUD GUARD TOP & BOT. 2" VENT FL.
STRAP 3" WASTE IN UTILITY
STUD GUARD AT COPPER PIPE
WITHIN 1/4 OF STUD FACE
SCAB 2x4 WHERE SEVERED IN
UTILITY ROOM
INSTALL BLOCKING TOP OF WALL
IN UTILITY WHERE TOP PLATE
OF 2x4 STUD WALL IS MISSING

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

DATE: 4/13

A handwritten signature of the inspector, written in black ink, is placed over a horizontal line.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ^{THRU} Fri 4-13, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8022	Moran, 32 N.	Interior Remodel	PASS	CLOSE
2	Sewall's Point Rd	Final		
	O/B	GATE CODE =	1007	INSPECTOR: <i>[Signature]</i>
8023	Moran, 32 N.	Fence Repair	PASS	CLOSE
2	Sewall's Point Rd	Final		
	O/B			INSPECTOR: <i>[Signature]</i>
8024	Moran, 32 N.	Dock Electric	PASS	CLOSE
2	Sewall's Point Rd	Final		
	O/B			INSPECTOR: <i>[Signature]</i>
8074	Moran, 32 N	Rock Retaining	PASS	CLOSE
2	Sewall's Point Rd	Wall-Final		
	SHADE TREE			INSPECTOR: <i>[Signature]</i>
7873	NOHEJL	FRAMING		
1	200 High Point	FINAL ROOF	PASS	
	O/B			INSPECTOR: <i>[Signature]</i>
8012	XXXXXXXXXXXXXXXXXXXX	PUMPING	FAIL	
1A	9 MIDDLE RD	HVAC	PASS	
	DARKS + Co	FRAMING	FAIL	INSPECTOR: <i>[Signature]</i>
8129	RADAN	FINAL FENCE	PASS	CLOSE
	5 HERITAGE			INSPECTOR: <i>[Signature]</i>
OTHER:	8104 66 N S. P. D.	TIN-TAG	PASS	
	PACIFIC	DM-11		<i>[Signature]</i>



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 9 MIDDLE RD.

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

INSULATION

BATT INSUL. VAPOR BARRIER SHOULD
FACE LIVING SIDE OF WALL.

IF FOAM TYPE INSUL IS APPLIED
TO UNDER SIDE OF ROOF, GABLE
END MUST BE INSULATED &
DUCTS RELOCATED TO ALLOW
ROOM.

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

DATE: 4/19

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/19, 2006 Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2	TERRA PROPERTIES	TREE	PASS	
	120 N. Sewall's Pt			INSPECTOR: <i>[Signature]</i>
8090 12	Skrohaj	Dry in	PASS	
	106 Hillcrest DR JA Taylor	1st Please		INSPECTOR: <i>[Signature]</i>
7689 7	Harte	Final - removal	PASS	CLOSE
	3 E. High Point Rd First Fl. Level.			INSPECTOR: <i>[Signature]</i>
8137 7	Harte	Final	FAIL	
	8137 3 E. High Pt Rd First Fl Level.	door + window		INSPECTOR: <i>[Signature]</i>
7576 1	SILAS	POOD DECK	PASS	WILL DROP OFF
	10 CASTLE HILL STATEWIDE	DRE POUR 1st 1st PLEASE		COMP. TEST TO BLUE PERM INSPECTOR: <i>[Signature]</i>
7328 9	Schmader	Re-wrap meter	PASS	CONTACT FPL
	102 Henry Sewell Way Steve Conway	release		FOR METER INSPECTOR: <i>[Signature]</i>
7922? 8012? 4	T. [unclear]	DEMOLITION	PASS FAIL	CLOSE
	9 Middle Rd Parks Co.	Insulation Drop		INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/21, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1874	SLATER	Insulation	PASS	
10	4 LAGOON IS. CT.			INSPECTOR:
	Skue Conway			
1837	KVAPIL	SLAB REPAIR	PASS	
7	4 Rio Vista			INSPECTOR:
	Advanced Concepts			
8184	TAPPER	SPA (1st Insp.)	PASS	
4	22 SE Island Rd			INSPECTOR:
	Advantage Pool			
8062	CARTON	Roof FINAL	PASS	CLOSE
12	6 Fernwinkle Cr			INSPECTOR:
	Roof Concepts			
1922	TRANTER	INSULATION	PASS	WALL ONLY
2	9 Middle Rd			INSPECTOR:
	ARKS			
8118	SCHRAMM	Pool DRAIN ^{SPA}	FAIL	
6	109 S Sewall Pt	Steel bond		INSPECTOR:
	Bean's Pool			
1898	Bernston	Dray In	PASS	
3	176 S Sewalls			INSPECTOR:
	Reroof of Am.			

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-28, 2006 Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7576	SILAS	Ratio slab	PASS	
13	10 Cattle Hill Way Statewide Eng.			INSPECTOR: <i>OM</i>
8012	Franklin	ceiling insulation	PASS	
2	9 Middle Rd Bucks Co.			INSPECTOR: <i>OM</i>
8182	B. ZAVATKAY	Final	PASS	CLOSE
10	6 Copaire Rd Senders Screening			INSPECTOR: <i>OM</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/12, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1777	CATHEY 747 S. SPR Driftwood	Driveway	FAIL	INSPECTOR: <i>[Signature]</i>
7837	KUAPIL 4 RID VISTA ADVANCED	PLB. ROUGH	PASS	INSPECTOR: <i>[Signature]</i>
8012	TRAVELER 9 MIDDLE ROAD PARKS CO	ELECTRICAL	PASS	AT PORCH (FRONT) INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____



8012

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 MIDDLE ROAD

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

FINAL

NOT READY FOR INSPECTION

\$40 FEE

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

DATE: 6/21

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-21, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8208	Behring	Final roof	FAIL	\$40 FEE
7	18 Indialucie Hwy			INSPECTOR: <i>OW</i>
	JA Taylor Roof.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7944	Rivera	Final fence	FAIL	\$40 FEE
6	3 Emarita			INSPECTOR: <i>OW</i>
	OB			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7851	Moran	Final addition	PASS	
5	2 Palm Rd			INSPECTOR: <i>OW</i>
	Draftwood			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Kiplinger	Tree	PASS	
3	143 S River			INSPECTOR: <i>OW</i>
	OB			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Winzler	Tree	PASS	
2	11 Middle Rd			INSPECTOR: <i>OW</i>
	OB			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8012	Tranter	Final CO	FAIL	\$40 FEE
14	9 Middle Rd			INSPECTOR: <i>OW</i>
	Parko Co			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Civello	Tree	PASS	
8	31 Fieldway Dr			INSPECTOR: <i>OW</i>
	OB			

OTHER: _____



8012

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 MIDDLE ROAD

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

- FINAL
- NEED SDC COMPLETE
- CRACK LAWS IN 2ND FL. NORTH BATH.
- MISSING FILTER AT A/C RETURN GRILLE
- FAUCET OFF RECEPT IN POWDER ROOM.
- CAULK W/C POWDER R.M.
- CLEAN PAINT FROM GROUNDING ROD.
- ~~SEE~~ COMPLETE LABEL ON SER. PANEL.

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

DATE: 6/28

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-28, 2006 Page 1 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8012	Tranter	Final	FAIL	
3	9 Middle Rd Parko Co			INSPECTOR: <i>OM</i>
1542	Clifford	Final	PASS	CLOSE
1	20 N River Rd Woodward Co. 1st Please			INSPECTOR: <i>OM</i>
8038	Marney	Demopoolend	PASS	CLOSE
12	121 Hillcrest OB			INSPECTOR: <i>OM</i>
2037	Marney	Ac changeout	FAIL	NO ACCESS
12	121 Hillcrest OB			INSPECTOR: <i>OM</i>
8036	Marney	Fence final	PASS	CLOSE
12	121 Hillcrest OB			INSPECTOR: <i>OM</i>
7944	Feveira	Final Fence	PASS	CLOSE
13	3 Emanta OB			INSPECTOR: <i>OM</i>
7754	Coker	Final on clock	PASS	CLOSE
2	16 NSP Rd Junior Powell ELEC			INSPECTOR: <i>OM</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 9 MIDDLE ROAD,

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

FINAL
~~CKT BREAKERS FOR COND.~~
~~UNITS EXCEED MAX ALLOW.~~
~~BY MAINT OK~~
REMOVE ROMEX EXPOSED IN
REAR YARD.
MISSING WEATHER STRIP AT DOOR
TO GAR & DOOR TO POOL,
COFI RECEPT IN POWDER, NOT WORKING

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

DATE: 6/30

CM
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-30, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8159	Luloh	foot steel & main drain	PASS	
2	20 E High Pt Advantage Pool			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3012	Tranter	Final	FAIL	
3	9 Middle Rd Parks		PASS	REINSPECTED INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8088	Mader	tank in line	FAIL	\$40 FEE ✓
4	106 Abbie Ct Fenelgas			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		w/o PERMIT	X	
13	22 SPR	ON ROOF		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC		FINAL ROOF	PASS	C
7	16 N. RIDGEVIEW			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC		SPA STEEL	PASS	
8	85 S. RIVER RD			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC		A/C CHANGEOUT	FAIL	
6	12 RIVERVIEW FLYNS A/C			INSPECTOR: <i>OM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

E. DANIEL MORRIS
Mayor

PAMELA M. BUSHA
Vice Mayor

THOMAS P. BAUSCH
Commissioner

NEIL SUBIN
Commissioner

DON OSTEN
Commissioner



Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: JOHN TRANTER PROPERTY ADDRESS: 9 MIDDLE ROAD

LEGAL DESCRIPTION: LOT 36 BLOCK _____ SUBDIVISION HIGH POINT

GENERAL CONTRACTOR: PARKS COMPANY INC. LIC/CERT NO: CBLO 13350

ARCHITECT OR ENGINEER: JOE McCARTY LIC/CERT NO: 9639

PERMIT NO: B012 ; DATE OF ISSUE: _____ ; RENEWAL PERMIT NO: _____ ; DATE OF ISSUE: _____


CODE ADDITION: 2004 TYPE: RESID USE: N/A OCCUPANCY: N/A

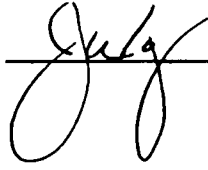
OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 11th day of July, 2006.


_____ mcbso





Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

8241

FENCE

Martin County SPOL-50060012
~~MASTER PERMIT NO~~

TOWN OF SEWALL'S POINT

Date 5-24-06

BUILDING PERMIT NO. 8241

Building to be erected for Tranter Type of Permit Fence

Applied for by Stuart Fence (Contractor) Building Fee _____

Subdivision High Point Lot 36 Block _____ Radon Fee _____

Address 9 Middle Rd Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1338-41-002-0000036-090000 Plumbing Fee _____

Amount Paid \$30 Check # 6404 cash Other Fees (Fence) 30 Roofing Fee _____

Total Construction Cost \$ 4800 TOTAL Fees 30

Signed _____

Applicant

Signed Valerie Dwyer

Town Building ~~Chief~~ Asst Clerk

RECEIVED
15-2010

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5/5/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: KATHY SUE TRANTER Phone (Day) 485-5396 (Fax) _____

Job Site Address: 9 MIDDLE RD City: STUART State: FL Zip: 34990

Legal Desc. Property (Subd/Lot/Block) HIGH POINT Lot 36 Parcel Number: 13-38-41-002-00-00360-9

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

Description of Work To Be Done: INSTALL 107' of CHAIN LINK FENCE & 40' of PVC FENCE & ARBOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4800.⁰⁰
(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: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: PO BOX 2636 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CFE 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)
Kathy Sue Tranter

State of Florida, County of: MARTIN

This the 5 day of MAY, 2006

by KATHY SUE TRANTER 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
Expires: MAY 21, 2010
Bonded Thru Atlantic Bonding Co., Inc.

CONTRACTOR SIGNATURE (required)
Chester Richmond

On State of Florida, County of: MARTIN

This the 5 day of MAY, 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
Expires: MAY 21, 2010
Bonded Thru Atlantic Bonding Co., Inc.



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060012
Permit Type: SEWALLS POINT
Date Issued: 22-MAY-06
Project:
Scope of Work: Install 107' of chain link fence & 40' of PVC fence of arbor

Applicant/Contact:	RICHMOND, CHESTER J III /	
Parcel Control Number:	13-38-41-002-000-0036.0-90000	
Subdivision:	HIGH POINT	
Construction Address:	9 MIDDLE RD	
Location Description:		
Owner Name:	TRANTER, JOHN E	
Prime Contractor:	RICHMOND, CHESTER J III 3307 RAILROAD AVE STUART, FL 34997	STUART FENCE & WIRE 772-288-1151 License No.: CFE3584

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

**MARTIN COUNTY
BUILDING PERMIT CONDITIONS**

Conditions

SP

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-38-41-002-000-

00360-9

NOTICE OF COMMENCEMENT

STATE OF FL

COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 9 Middle Rd
HIGH POINT LOT 36

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL FENCE, GATES & ARBOR

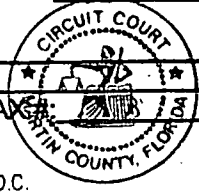
OWNER: KATHY SUE TRANTER
ADDRESS: 9 MIDDLE RD, STUART, FL 34996
PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: STUART FENCE CO
ADDRESS: PO BOX 2636 STUART, FL 34995
PHONE #: 288 1151 STATE OF FLORIDA MARTIN COUNTY FAX #: 288 3035

SURETY COMPANY (IF ANY) _____ THIS IS TO CERTIFY THAT THE
ADDRESS: _____ FOREGOING 1 PAGE IS A TRUE
PHONE # _____ AND CORRECT COPY OF THE ORIGINAL FAX #: _____
BOND AMOUNT: _____ MARSHA EWING, CLERK



LENDER/MORTGAGE COMPANY BY Shoemy D.C.
ADDRESS: _____ DATE 5-12-06
PHONE #: _____ FAX #: _____

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

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

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

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

SIGNATURE OF OWNER Kathy Sue Tranter
T 853-517-60-641-0

SWORN TO AND SUBSCRIBED BEFORE ME THIS 3 DAY OF MAY 2006
BY KATHY SUE TRANTER

NOTARY SIGNATURE Janis L. Loudin

PERSONALLY KNOWN OR PRODUCED ID _____
NOTARY PUBLIC STATE OF FLORIDA
Janis L. Loudin
Commission-# DD538831
Expires: MAY 21, 2010
Bonded Thru Atlantic Bonding Co., Inc.

INSTR # 1932516 OR BK 02142 PG 1406 RECD 05/12/2006 09:46:32 AM
Pg 1406 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

ACORD - CERTIFICATE OF LIABILITY INSURANCE

2/23/2006

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

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

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

INSURERS AFFORDING COVERAGE

INSURER A: **WESTERN WORLD**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

NAIC#

COVERAGES

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

FORM NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
101	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	NPP0835360	8/18/2005	8/18/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 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
102	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
103	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC. \$ AGG \$
104	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
105	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC BY STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

FENCE ERECTION

CERTIFICATE HOLDER

THE TOWN OF SEWELLS POINT
 1 SOUTH SEWELLS POINT RD
 SEWELLS POINT, FL 34996

ATTN: LAURA
 FAX# 772-220-4765

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

M. Howell

© ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE							Date 2/24/2006	
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-838-5562 Fax: 727-837-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.				
Insured: South East Personnel Leasing, 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:								
Coverages								
The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.								
INSR LTR	ADDL NSRD	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 General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$	
						Damage to rented premises (EA occurrence)	\$	
						Med Exp	\$	
						Personal Adv Injury	\$	
						General Aggregate	\$	
						Products - Comp/Op Agg	\$	
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$	
						Bodily Injury (Per Person)	\$	
						Bodily Injury (Per Accident)	\$	
						Property Damage (Per Accident)	\$	
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$	
						Other Than EA Acc.	\$	
						Autos Only. AGG.	\$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence		
						Aggregate		
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	X WC Statutory Limits	OTH-ER	
						E.L. Each Accident	\$1000000	
						E.L. Disease - Ea Employee	\$1000000	
						E.L. Disease - Policy Limits	\$1000000	
		Othe 3485485 Stuart Fence Company, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.					
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 1-18-06 (JLH) REISSUE 2-24-06 (SH)								
Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616								
CERTIFICATE HOLDER				CANCELLATION				
TOWN OF SEWALLS POINT ATTN: LAURA 1 S. SEWALLS POINT RD. SEWALLS POINT FL 34996				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.				

2005-2006 **MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

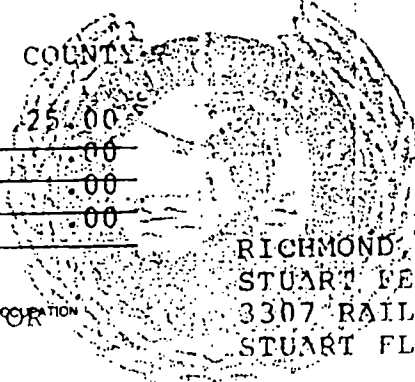
LICENSE 2004-518-003 CERT CFE3584
PHONE (772) 519-6263 SIC NO 235991
LOCATION 3307 RAILROAD AVE STU

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>25.00</u>
TOTAL		<u>25.00</u>	


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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
23 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2005



**RICHMOND, CHESTER - QUALIFIED
STUART FENCE COMPANY INC
3307 RAILROAD AVE
STUART FL 34997 USA**

RECEIPT of PAYMENT
 6818
 LARRY C. O'STEEN
 99 02/23/2005 OCCI NORMAL
 20045180003000
 0220050023906030CK \$25.00

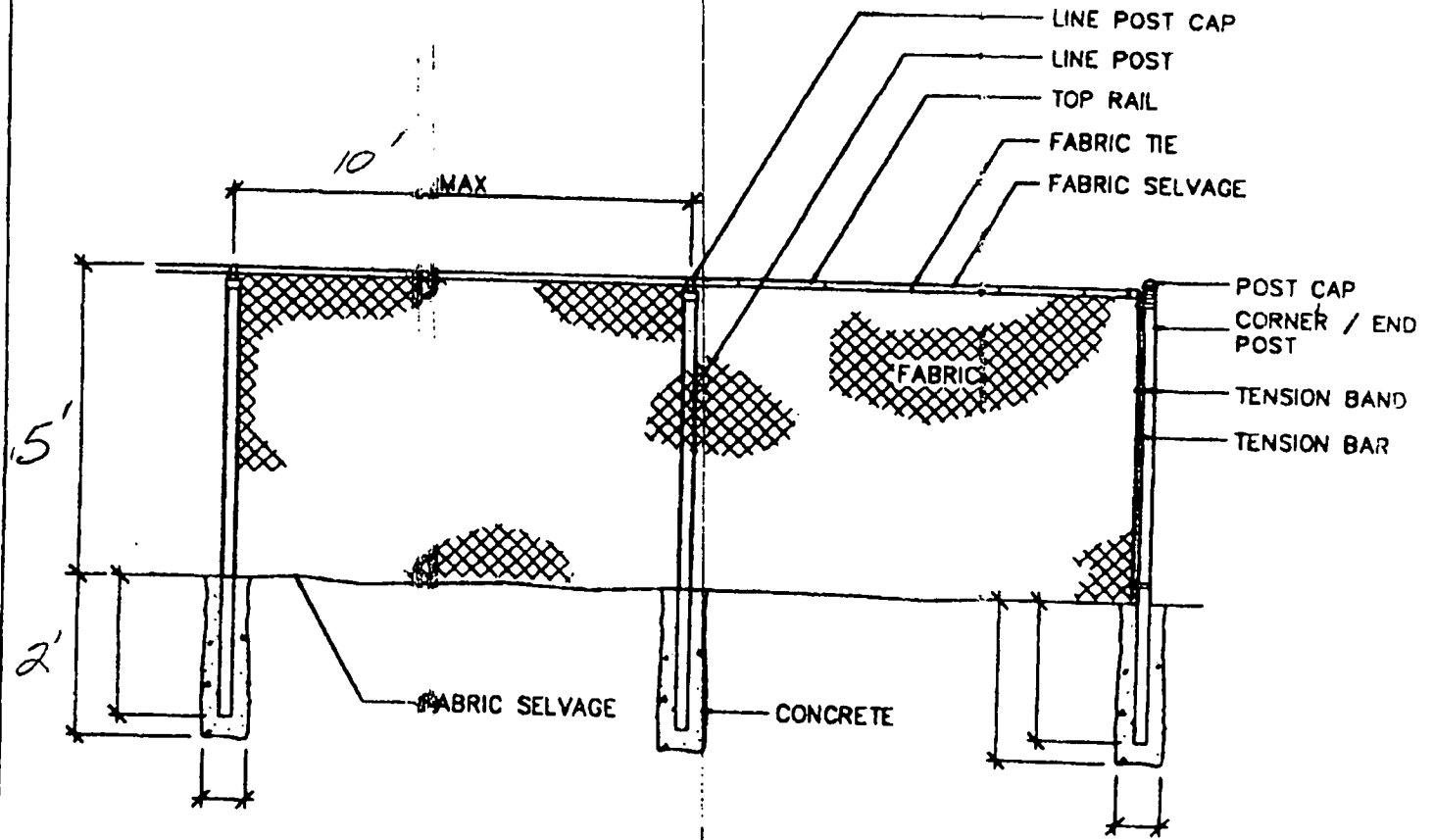


**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

FENCE ERECTION

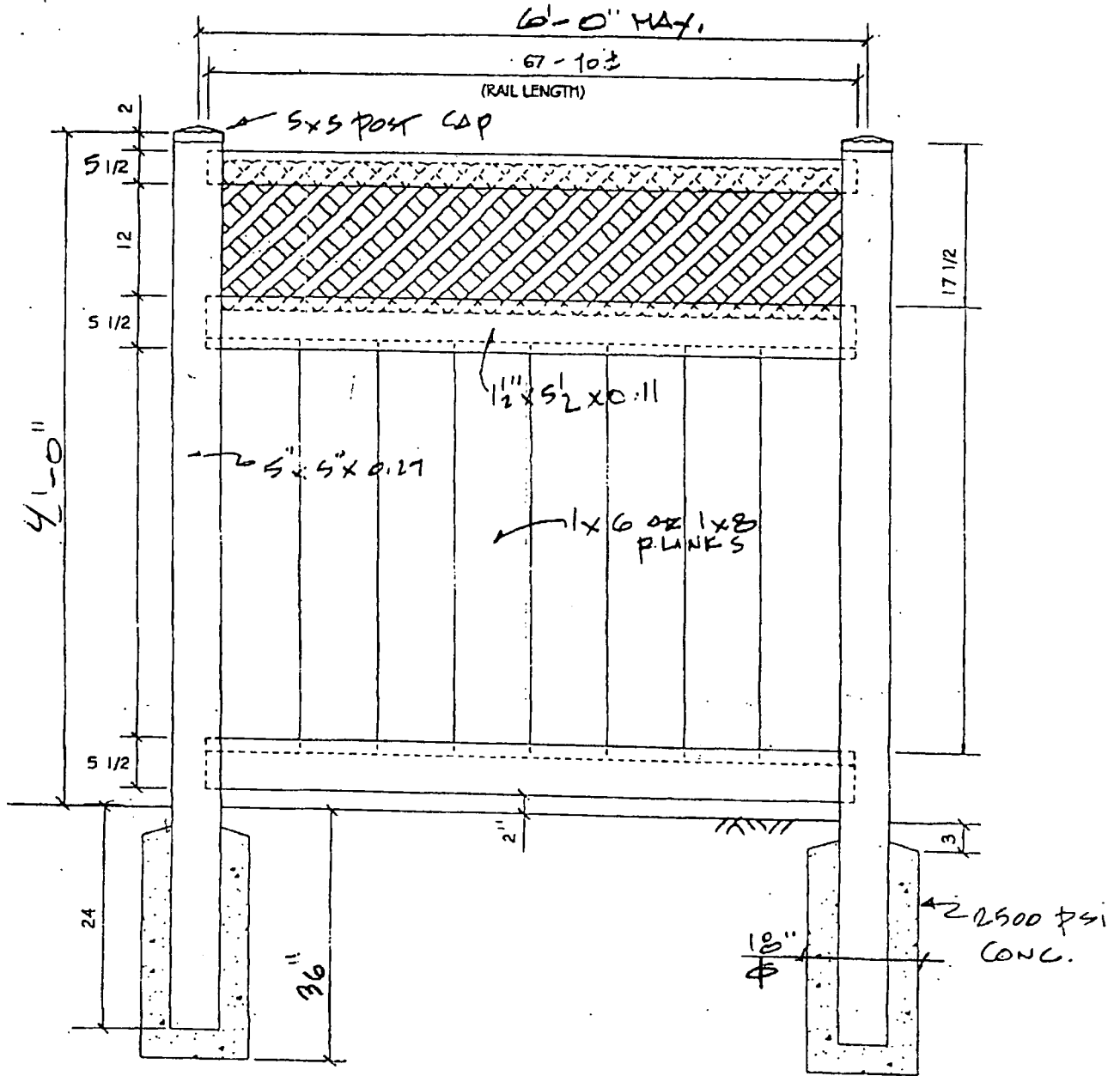
License Number CFE3584 Expires: 30-SEP-06

**RICHMOND, CHESTER J III
STUART FENCE & WIRE
3307 RAILROAD AVE
STUART, FL 34997**



CHAIN LINK FENCING DETAIL
BLACK VINYL

DESIGN WIND = 75 MPH, Exp "C" - 2001 FBC.
 PVC; D638 & EQ.



4'-0" P.V.C.
 PRIVACY FENCE WITH LATTICE

F. KEITH JOLLS, P.E. 0727
 CONSULTING ENGINEERING
 3200 PORT ROYALE DR. N. #712
 FT. LAUDERDALE, FL 33308

[Signature]
 # 40767 3/12/2



FENCE SYSTEMS
 OF FLORIDA, INC.

2251 S.W. 66th Terr.
 Davie, FL 33317

Flaherty and Associates, Inc.

1351 SE 4th Avenue

Pompano Beach, Florida 33060

Phone 954-562-9300

5' Colonial Fence

Required Materials per 6' Section:

Posts: (2) 5" x 5" x 72"

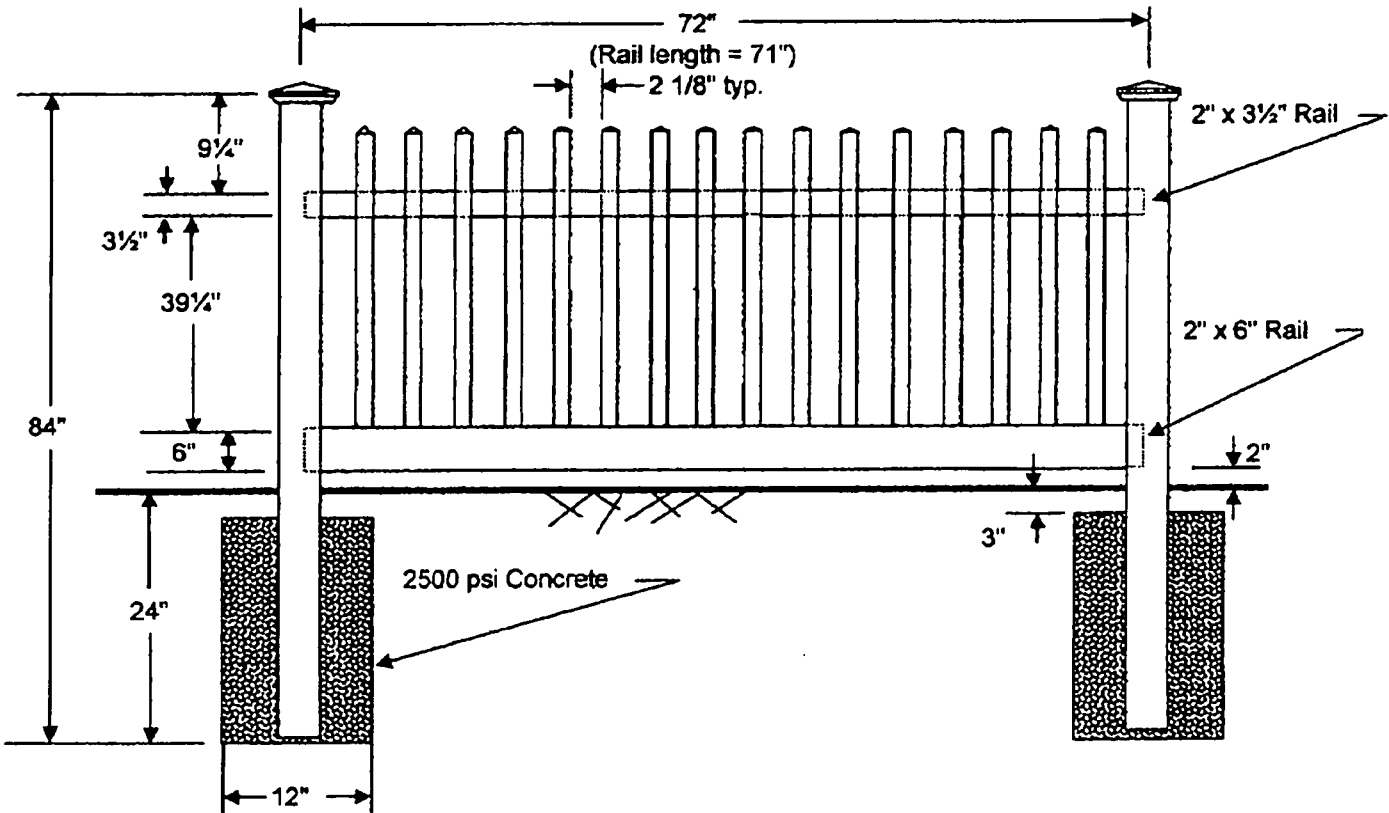
Post Caps: (2) 5" x 5" Classic

Rails: (1) 2" x 3½" x 71"

Picket Caps: 1½" x 1½"

(1) 2" x 6" Ribbed x 71"

Pickets: 1½" x 1½" x 50"



PVC Fence Systems of Florida, Inc.

Fabrication of all PVC Fences, Docks & Signs

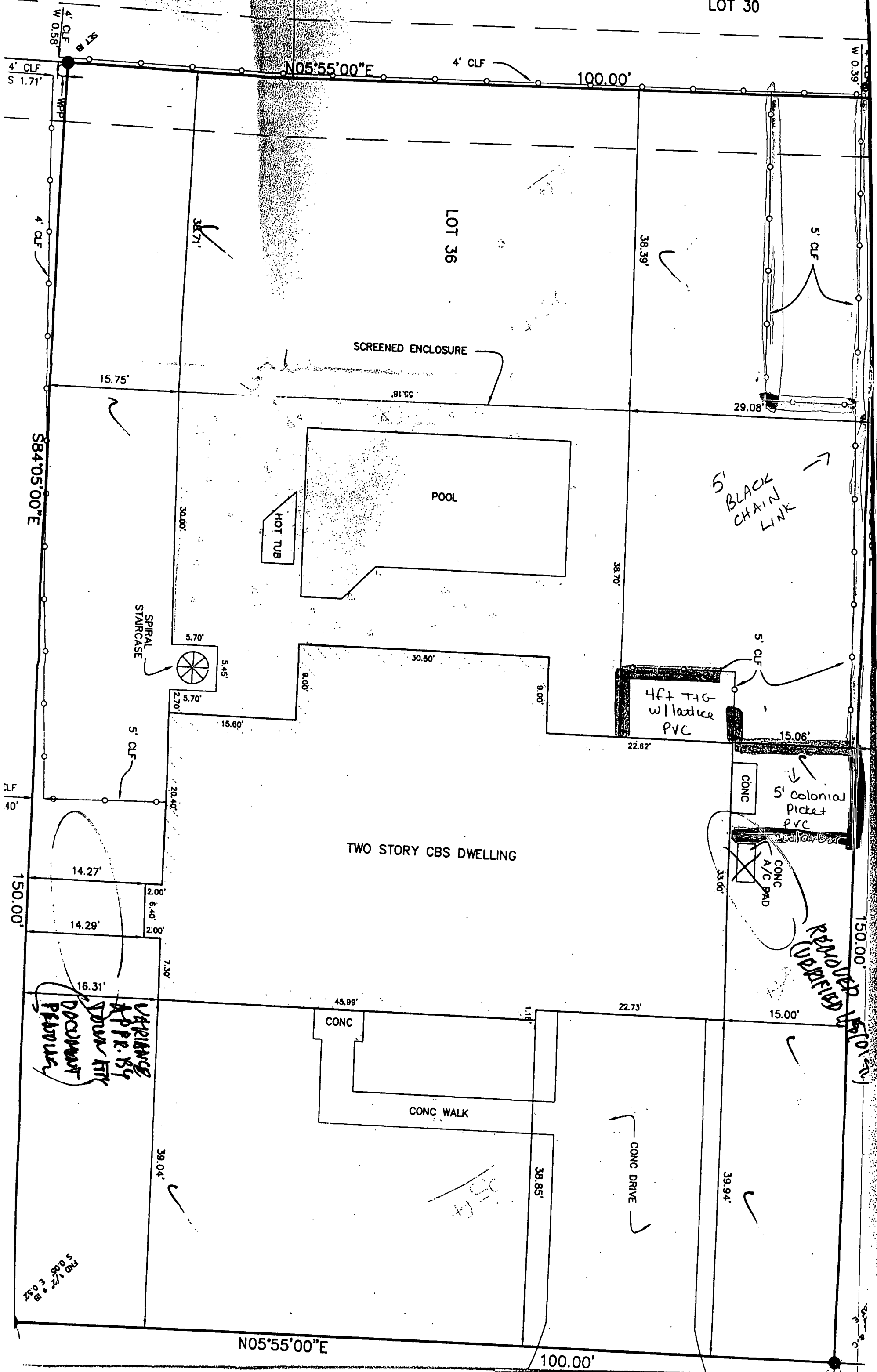
www.pvcfences.com

William Flaherty
4/13/05

Design in accordance with 2001 FBC.
Wind speed 90 mph, Exposure "C"

William F. Flaherty, P.E.
Reg. No. 25221

LOT 30



$N05^{\circ}55'00''E$

100.00'

LOT 36

SCREENED ENCLOSURE

POOL

HOT TUB

SPIRAL STAIRCASE

TWO STORY CBS DWELLING

CONC WALK

CONC DRIVE

5' BLACK CHAIN LINK

4ft T+G w/ lattice PVC

5' Colonial Picket PVC

CONC A/C PAD

REMOVED W/ 10/1/11

$N05^{\circ}55'00''E$

100.00'

VARIANCE APPR. 8/94 DOWN KIT DOCUMENT PREPARED

TRD 1/2" & B 5 0.05 0.052

Permit master

TypeNumber	Ent Dt	Status Project	Name	Decision	Compl Dt	Issue Dt	Expire Dt	Pid
SP01 20060030	02-JUN-06	OPEN				12-JUN-06		245718
SP01 20060035	31-MAY-06	DONE		COMPLETE	24-JUL-06	12-JUN-06		245538
SP01 20060027	30-MAY-06	OPEN				12-JUN-06		245386
SP01 20060033	30-MAY-06	OPEN				12-JUN-06		245374
SP01 20060022	30-MAY-06	DONE		COMPLETE	18-JUL-06	09-JUN-06		245373
SP01 20060023	30-MAY-06	OPEN				09-JUN-06		245372
SP01 20060026	30-MAY-06	DONE		COMPLETE	24-JUL-06	09-JUN-06		245368
SP01 20060025	30-MAY-06	OPEN				09-JUN-06		245367
SP01 20060059	30-MAY-06	DONE		COMPLETE	24-JUL-06	23-JUN-06		245366
SP01 20060024	30-MAY-06	OPEN				09-JUN-06		245365
SP01 20060017	25-MAY-06	OPEN				31-MAY-06		245206
SP01 20060018	24-MAY-06	DONE		COMPLETE	24-JUL-06	02-JUN-06		245111
SP01 20060020	24-MAY-06	OPEN				02-JUN-06		245110
SP01 20060019	24-MAY-06	OPEN				02-JUN-06		245108
SP01 20060042	24-MAY-06	DONE		COMPLETE	24-JUL-06	14-JUN-06		245107
SP01 20060016	22-MAY-06	OPEN				25-MAY-06		244972
SP01 20060015	22-MAY-06	OPEN				25-MAY-06		244969
SP01 20060014	19-MAY-06	DONE		COMPLETE	19-JUN-06	25-MAY-06		244888
SP01 20060007	16-MAY-06	OPEN				17-MAY-06		244660
SP01 20060013	16-MAY-06	OPEN				22-MAY-06		244658
SP01 20060012	15-MAY-06	DONE		COMPLETE	24-JUL-06	22-MAY-06		244532
SP01 20060011	15-MAY-06	OPEN				22-MAY-06		244531
SP01 20060010	15-MAY-06	DONE		COMPLETE	20-JUN-06	22-MAY-06		244530
SP01 20060009	12-MAY-06	OPEN				17-MAY-06		244459
SP01 20060008	12-MAY-06	DONE		COMPLETE	24-JUL-06	17-MAY-06		244457
SP01 20060005	10-MAY-06	DONE		COMPLETE	24-JUL-06	12-MAY-06		244341
SP01 20060003	10-MAY-06	OPEN				12-MAY-06		244339
SP01 20060001	10-MAY-06	OPEN				12-MAY-06		244337
* SP01 20060002	10-MAY-06	DONE		COMPLETE	06-JUN-06	12-MAY-06		244336
SP01 20060021	10-MAY-06	OPEN				05-JUN-06		244332
SP01 20060006	10-MAY-06	DONE		COMPLETE	24-JUL-06	16-MAY-06		244327
SP01 20060004	10-MAY-06	OPEN				12-MAY-06		244325

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~THURS~~ Wed Fri 7/13, 2006 Page 3 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7891	McCormick	FINAL seawall	PASS	CLOSE
16	59 N River Rd Wilco			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Buro	Tree	PASS	
4	101 Henry Sewall OB			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6812	MADER	POWER RELEASE	PASS	CALL FPL
3	106 ABBIE CT. BUTORD			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
M.C		UG. TANK & LINE	FAIL	
0059 13	10 CASTLE HILL DIVERSIFIED SVC.			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
M.C.	Pomaceo	DOOR	FAIL	
0015 19	5 GUMBO LIMBO Harbor Bay			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC 0029	Armstrong	ROOF	FAIL	
2	41 W. HIGH POINT Gold Coast			INSPECTOR: <i>QW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0012	TRAVEL	FENCE	PASS	CLOSE
2	9 MIDDLE ROAD Street Fence			INSPECTOR: <i>QW</i>

OTHER: _____

8300

CONCRETE PAD

Martin County #5P01
MASTER PERMIT NO. 20060059

TOWN OF SEWALL'S POINT

Date 6-29-06
Building to be erected for Tranter
Applied for by Park Co (Contractor)
Subdivision High Point Lot 36 Block _____
Address 9 Middle Rd
Type of structure SFR

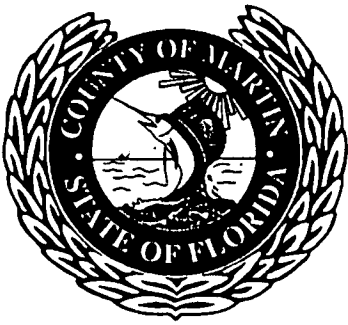
Receipt # _____
BUILDING PERMIT NO. 8300
Type of Permit Concrete Pad
Building Fee 35-
Radon Fee _____
Impact Fee _____
A/C Fee _____
Electrical Fee _____
Plumbing Fee _____
Roofing Fee _____

Parcel Control Number:
✓ 1338-41-002-000-00360-90000

Amount Paid \$35 Check # 6298 Cash _____ Other Fees (_____) _____
Total Construction Cost \$ 1500- TOTAL Fees 3500

Signed Debbie Lubin
Applicant

Signed Valued Meyer
Town Building Official / Dept Clerk



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060059
Permit Type: SEWALLS POINT
Date Issued: 23-JUN-2006
Project:
Scope of Work: 12' X 30' Concrete pad

Applicant/Contact:	PARKS, RALPH H /		
Parcel Control Number:	13-38-41-002-000-0036.0-90000		
Subdivision:	HIGH POINT		
Construction Address:	9 MIDDLE RD		
Location Description:			
Owner Name:	TRANTER, JOHN E		
Prime Contractor:	PARKS, RALPH H BOX 2654 STUART, FL 34995	772-781-1616	PARKS COMPANY INC License No.: CBC013350

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6026 Ftr/Slab _____ 6099 Residential Final _____

MARTIN COUNTY BUILDING PERMIT CONDITIONS

Conditions

1. PLAN REVIEW COMMENTS

Verify intended use of concrete pad.... Is this a patio deck or future slab for structure? If so, need structural details.

RECEIVED
5-19-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 5/18/06

OWNER/TITLEHOLDER NAME: JOHN TRANTER Phone (Day) 426-8100 (Fax) _____

Job Site Address: 9 MIDDLE RD City: STUART State: FL Zip: 34999

Legal Desc. Property (Subd/Lot/Block) LOT 36 HIGH POINT Parcel Number: _____

Owner Address (if different): 9 MIDDLE RD City: STUART State: FL Zip: _____

Description of Work To Be Done: 12' X 30' CONCRETE PAD

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1500
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: PARKS COMPANY, INC. Phone: 781-1616 Fax: 781-0620

Street: 2075 KANDER HWY City: STUART State: FL Zip: 34994

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

SUBCONTRACTOR INFORMATION:

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

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

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

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

ARCHITECT N/A Lic.#: _____ Phone Number: _____

Street: N/A City: _____ State: _____ Zip: _____

ENGINEER N/A Lic# _____ Phone Number: _____

Street: N/A City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: N/A Garage: N/A Covered Patios: N/A Screened Porch: N/A

Carport: N/A Total Under Roof: N/A Wood Deck: N/A Accessory Building: 360 FT

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of 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
National Electrical Code: 2002 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 AGENT SIGNATURE (required)

[Signature]

State of Florida, County of: Martin

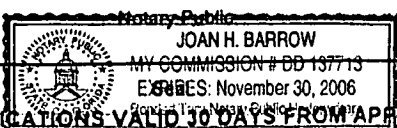
This the 12 day of May, 2006

by John Tranter who is personally

known to me or produced

as identification [Signature]

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: Martin

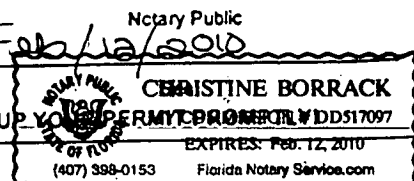
This the 18 day of May, 2006

by Ralph Parks who is personally

known to me or produced _____

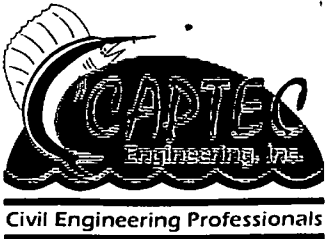
As identification: _____

My Commission Expires: Feb 12/2010



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

[Signature]



May 19, 2006
932.20

Mr. John Tranter
C/O Parks Company, Inc.
9 Middle Road
Sewall's Point, FL 34996

RE: 932.20 - Building Permit Application for a Concrete Pad for a Single Family Residence - 9 Middle Road

Dear Mr. Tranter:

Please be advised that a review has been performed of the materials received in our office on May 19, 2006, for the above referenced project and offer no objection to the request.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

Sincerely,


Monica Graziani,
Project Manager

P:\900932 - TOSP Reviews\932.20 9 Middle Road\1st review.doc

CAPTEC Engineering, Inc.

300 S.W. St. Lucie Avenue, Stuart, FL 34994
772.692.4344 * Fax: 772.692.4341 -
captec1@aol.com

file to MC 5/30

Tranter
Collect \$85



Invoice

Wednesday, May 24, 2006

Invoice Number: 9158

To: Attention: Mr. John Tranter
c/o Parks Company, Inc.

9 Middle Road
Sewall's Point, FL 34996

Project: 932.20 Town of Sewall's Point: Permit Review - concrete pad - 9 Middle Road

Professional Services for the Period: 3/10/2006 to 5/24/2006

Task 2: Plan Review

Professional Services

Task 2: Plan Review

	<u>Bill Hours</u>	<u>Charge</u>
Office Manager	0.25	16.25
Project Coordinator	0.25	13.75
P.E. / Project Manager	0.50	55.00
Task 2: Plan Review Total:	1.00	\$85.00
Professional Services Totals:		\$85.00

***** Total Project Invoice Amount:**

\$ 85.00

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$85.00	\$0.00	\$0.00	\$0.00	\$0.00

CAPTEC Engineering, Inc.
 300 S.W. St. Lucie Avenue, Stuart, FL 34994
 772.692.4344 * Fax: 772.692.4341 -
 captec1@aol.com



Invoice

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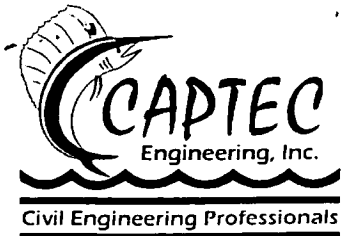
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\$85.00	\$0.00	\$0.00	\$0.00	\$0.00



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Project Manager

P:\900\932 - TOSP Reviews\932.20 9 Middle Road\1st review.doc

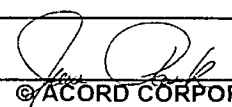
PRODUCER The Plastridge Agency-SO 710 S. E. Ocean Blvd. Stuart FL 34994-2427 Phone: 772-287-5532 Fax: 772-287-5572	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Parks Company, Inc. 2075 S. Kanner Hwy Stuart FL 34994	INSURER A: Mid-Continent Casualty Company	
	INSURER B: Old Dominion Ins.	40231
	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 LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	04GL000594848	07/01/05	07/01/06	EACH OCCURRENCE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
					PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
					PRODUCTS - COMP/OP AGG	\$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	B1G67819	01/21/05	01/21/06	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Fax 772-220-4765

CERTIFICATE HOLDER TOWNSE1 Town of Sewall's Point Dale Brown Building Inspector 1 S Sewall's Point Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <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 
--	---

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2006

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.

INSURERS AFFORDING COVERAGE

NAIC #

1401 Manatee Ave W. Suite 600
Bradenton, FL 34205

INSURER A: Insurance Company of the Americas

33030

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010103	01/01/2006	01/01/2007	<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 Client ID: #4042064 Print Ref #: 18501:27289				

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

Parks Company Inc
 Qualifiers Name: Ralph and Jean Parks

Aprox active employee count: 9

CERTIFICATE HOLDER

Sewells Point
 1 South Sewells Point
 Sewells 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**City of Stuart
Contractor Licensing**

Expires: September 30, 2003

AP010800519

TYPE: CBC

Contractor: Ralph H Parks, LLC
Qualifier: Ralph Parks
Address: PO Box 2654
Stuart, FL 34995



STATE OF FLORIDA

AC# 1449421

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CBC013350

06/15/04 030709895

CERTIFIED BUILDING CONTRACTOR
PARKS, RALPH H
RALPH H PARKS INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04061500817

DETACH HERE

AC# 1449421

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04061500817

DATE	BATCH NUMBER	LICENSE NBR
06/15/2004	030709895	CBC013350

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

PARKS, RALPH H
RALPH H PARKS INC
1100 S FEDERAL HWY STE 101
STUART FL 34994

JEB BUSH

DIANE CARR

**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

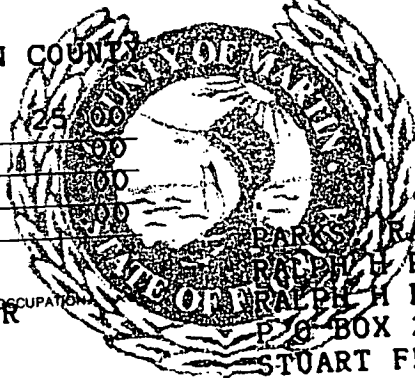
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1994-513-011 CERT 001521
PHONE (772)781-1616 SIC NO

LOCATION: 1100 S FEDERAL HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$.00 LIC. FEE \$ 25.00
\$.00 PENALTY \$ 00.00
\$.00 COL. FEE \$ 00.00
\$.00 TRANSFER \$ 00.00
TOTAL 25.00



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

**RALPH H
PARKS
RALPH H PARKS
RALPH H PARKS INC
P O BOX 2654
STUART FL 34995**

19 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30 2006

12 05081902 004766

T24

Parks Company, Inc.

Contractors
CBC 03350
Post Office Box 2664, Stuart, FL 34995

Telephone 772-781-1616
Fax 772-781-0820

FAX MEMO

No of Pages: 1

Date: 6-23-06

To: Martin County Building Dept. ATTN: Anena

From: Parks Company, Inc.

Fax: 288-5911

Re: Tranter Residence 9 Middle Rd. Sewalls Point

Dear Anena,

This is in responds to the permit request for a slab for a basketball court for 9 Middle Rd. Sewalls Point. The slab will be used for a basketball court. There will not be any type of structure.

If you need any further information please let me know. 772-781-1616

Thank you,

Debble Sabin

MARTIN COUNTY BUILDING DEPARTMENT BUILDING INSPECTION PROGRAM STANDARD PERMIT CONDITIONS

1. Materials and methods of construction shall meet the Florida Building Code 2004.
2. Alternate materials and methods shall comply with 104.11 of the Florida Building Code 2004.
3. The approved plans must be on the job site at time of inspection.

inspection scheduling 288-5489 between
9:00 am and 4:30 pm

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri _____, 2006

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		ROOF SHEATH	—	CANCEL
8	3 EMARITA WAY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0029		ROOF	PASS	
2	41 W. HIGHPOINT RD.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0019		EXT. DOOR	RESCHEDULE	
9	113 SE HILLCREST			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0059	9 MIDDLE RD	CONC. PAD	PASS	CLOSE
3	9 MIDDLE RD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0071		REPLACE A/C.	FAIL	
10	45 S.S.P.R.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0022		HURRICANE SHUT.	PASS	CLOSE
6	8 N. VIA LUCINDA ST.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

Com.P/COND. 30 20

AHV.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Thurs~~ Wed Fri 7/13, 2006 Page 4 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0059	TRANTER	CONC. PAD	PASS	
2	9 MIDDLE ROAD Lawson			INSPECTOR: <i>OM</i>
0031		RET. WALL	PASS	
15	4 PERRIWINKLE			INSPECTOR: <i>OM</i>
0018		POOL FENCE	PASS	
10	34 RIO VISTA			INSPECTOR: <i>OM</i>
0061		UG TANK	PASS	
9	85 S. RIVER CC DIVERIFIED			INSPECTOR: <i>OM</i>
0049		ROOF FINAL	PASS	
14	12 WENDY LN			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

Permit master

Type Number	Ent Dt	Status Project	Name	Decision	Compl Dt	Issue Dt	Expire Dt	Pid
SP01 20060030	02-JUN-06	OPEN				12-JUN-06		245718
SP01 20060035	31-MAY-06	DONE		COMPLETE	24-JUL-06	12-JUN-06		245538
SP01 20060027	30-MAY-06	OPEN				12-JUN-06		245386
SP01 20060033	30-MAY-06	OPEN				12-JUN-06		245374
SP01 20060022	30-MAY-06	DONE		COMPLETE	18-JUL-06	09-JUN-06		245373
SP01 20060023	30-MAY-06	OPEN				09-JUN-06		245372
SP01 20060026	30-MAY-06	DONE		COMPLETE	24-JUL-06	09-JUN-06		245368
SP01 20060025	30-MAY-06	OPEN				09-JUN-06		245367
SP01 20060059	30-MAY-06	DONE		COMPLETE	24-JUL-06	23-JUN-06		245366
SP01 20060024	30-MAY-06	OPEN				09-JUN-06		245365
SP01 20060017	25-MAY-06	OPEN				31-MAY-06		245206
SP01 20060018	24-MAY-06	DONE		COMPLETE	24-JUL-06	02-JUN-06		245111
SP01 20060020	24-MAY-06	OPEN				02-JUN-06		245110
SP01 20060019	24-MAY-06	OPEN				02-JUN-06		245108
SP01 20060042	24-MAY-06	DONE		COMPLETE	24-JUL-06	14-JUN-06		245107
SP01 20060016	22-MAY-06	OPEN				25-MAY-06		244972
SP01 20060015	22-MAY-06	OPEN				25-MAY-06		244969
SP01 20060014	19-MAY-06	DONE		COMPLETE	19-JUN-06	25-MAY-06		244888
SP01 20060007	16-MAY-06	OPEN				17-MAY-06		244660
SP01 20060013	16-MAY-06	OPEN				22-MAY-06		244658
SP01 20060012	15-MAY-06	DONE		COMPLETE	24-JUL-06	22-MAY-06		244532
SP01 20060011	15-MAY-06	OPEN				22-MAY-06		244531
SP01 20060010	15-MAY-06	DONE		COMPLETE	20-JUN-06	22-MAY-06		244530
SP01 20060009	12-MAY-06	OPEN				17-MAY-06		244459
SP01 20060008	12-MAY-06	DONE		COMPLETE	24-JUL-06	17-MAY-06		244457
SP01 20060005	10-MAY-06	DONE		COMPLETE	24-JUL-06	12-MAY-06		244341
SP01 20060003	10-MAY-06	OPEN				12-MAY-06		244339
SP01 20060001	10-MAY-06	OPEN				12-MAY-06		244337
* SP01 20060002	10-MAY-06	DONE		COMPLETE	06-JUN-06	12-MAY-06		244336
SP01 20060021	10-MAY-06	OPEN				05-JUN-06		244332
SP01 20060006	10-MAY-06	DONE		COMPLETE	24-JUL-06	16-MAY-06		244327
SP01 20060004	10-MAY-06	OPEN				12-MAY-06		244325

10186

A/C CHANGEOUT (3)



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:	| 10186 |	DATE ISSUED:	| AUGUST 15, 2012 |
SCOPE OF WORK:	| AC CHANGEOUT - 3 SYSTEMS |		
CONTRACTOR:	| SHARKEY A/C |		
PARCEL CONTROL NUMBER:	| 133841-002-000-003609 |	SUBDIVISION	| HIGH PT - LOT 36 |
CONSTRUCTION ADDRESS:	| 9 MIDDLE RD |		
OWNER NAME:	| TRANTER |		
QUALIFIER:	| KEVIN SHARKEY |	CONTACT PHONE NUMBER:	| 220-2487 |

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

10186

Date: 8/14/12
 OWNER/LESSEE NAME: John E Tranter Phone (Day) 772-285-8961 (Fax) _____
 Job Site Address: 9 Middle Rd City: Stuart State: FL Zip: 34996
 Legal Description High Point Lot 36 Parcel Control Number: 13-38-41-002-000-00360-9
 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: \$ 16,621.00
(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: Sharkey Air, LLC Phone: 772-220-2487 Fax: 772-220-3787
 Qualifiers name: Kevin M. Sharkey Street: 7862 SW Ellipse Way City: Stuart State: FL Zip: 34997
 State License Number: CAC1816853 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Kevin M. Sharkey Phone Number: 772-260-0179
 DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: AUG 10 2012 Enclosed area below BFE: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require Non-Construction 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 TOWN TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

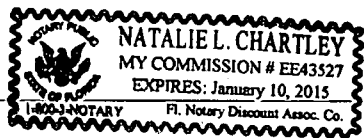
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Martin
 On This the 14 day of August, 2012
 by John Tranter who is personally
 known to me or produced
 As identification: Natalie Chartley
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Martin
 On This the 14th day of August, 2012
 by Kevin M. Sharkey who is personally
 known to me or produced
 As identification: _____
 Notary Public

My Commission Expires: _____
 My Commission Expires: April 14, 2006
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

generated on 8/15/2012 10:20:50 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-002-000-00360-9	27724	9 MIDDLE RD, SEWALL'S POINT	\$349,520	8/11/2012

Owner Information

Owner(Current)	TRANTER JOHN E
Owner/Mail Address	9 MIDDLE RD STUART FL 34996
Sale Date	12/8/2010
Document Book/Page	2492 2091
Document No.	2250351
Sale Price	100

Location/Description

Account #	27724	Map Page No.	SP-06
Tax District	2200	Legal Description	HIGH POINT LOT 36
Parcel Address	9 MIDDLE RD, SEWALL'S POINT		
Acres	.3440		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value	\$180,000
Market Improvement Value	\$169,520
Market Total Value	\$349,520



INSTR # 2346269
 OR BK 02594 PG 2454
 Pg 2454: (1pg)
 RECORDED 08/14/2012 03:42:08 PM
 MARSHA EWING
 CLERK OF MARTIN COUNTY FLORIDA
 RECORDED BY S Phoenix

NOTICE OF COMMENCEMENT
 To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLD # 13-38-41-002-000-00360-9

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):
High Point Lot 36 9 Middle Rd, Stuart, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Install three Rheem Split Systems with Electric Heat

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: John E Tranter
 Address: 9 Middle Rd. Stuart, FL 34996
 Interest in property: _____
 Name and address of fee simple title holder (If different from Owner listed above): _____

CONTRACTOR'S NAME: Sharkey Air, LLC Phone No.: 772-220-2487
 Address: 7862 SW Ellipse Way Stuart, FL 34997

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: _____
 Phone No.: _____ Bond amount: _____

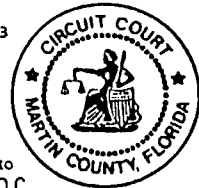
LENDER'S NAME: _____ Phone No.: _____
 Address: _____ STATE OF FLORIDA
 MARTIN COUNTY

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: _____

In addition to himself or herself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 Phone number of person or entity designated by Owner: _____

THIS IS TO CERTIFY THAT THE
 FOREGOING 1 PAGES IS A TRUE
 AND CORRECT COPY OF THE ORIGINAL.
 BY: MARSHA EWING, CLERK
 DATE: 8-14-12



Expiration date of Notice of Commencement:
 (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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.

Under penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

John E Tranter
 Signatory's Title/Office

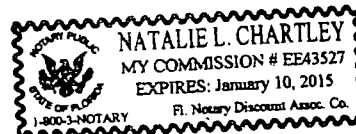
The foregoing instrument was acknowledged before me this 14 day of August, 2012

By: John Tranter as _____ for _____
 Name of person Type of authority arty on behalf of whom instrument was

Natalie L. Chartley
 Notary's Signature

Personally known or produced identification
 Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)





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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit _____ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement _____ Yes No - Refrigerant line replacement _____ Yes No
 Flushing Existing Refrigerant lines Yes _____ No - Adding Refrigerant Drier Yes _____ No
 Rooftop A/C Stand Installation _____ Yes No - Curb Installation _____ Yes No
 Smoke Detector in Supply (over 2000 CFM) _____ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: RHEEM Model# RHLLHM2417
 Volts 208/240 CFM's 800 Heat Strip 5 Kw
 Min. Circuit Amps 20 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 24
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type 410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) CLOSET
 Access: _____

Condenser: Mfg RHEEM Model# 14AJM24
 Volts 208/230 SEER/EER 16/13 BTU's 24400
 Min. Circuit Amps 18 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type 410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof Rear
 Condensate Location Rear

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: LENNOX Model# FA4ANF024
 Volts 208/240 CFM's approx 800 Heat Strip 5 Kw
 Min. Circuit Amps 20 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 24
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Closet
 Access: _____

Condenser: Mfg LENNOX Model# 13ACD02423001
 Volts 208/230 SEER/EER unknown BTU's approx 24000
 Min. Circuit Amps 18 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof Rear
 Condensate Location Rear

Certification:

I hereby 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

8-14-12

 Date



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

Certificate of Product Ratings

AHRI Certified Reference Number: 3412307

Date: 8/14/2012

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

Outdoor Unit Model Number: 14AJM24

Indoor Unit Model Number: RHLL-HM2417+RCSL-H*2417

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

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):	24400
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.

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

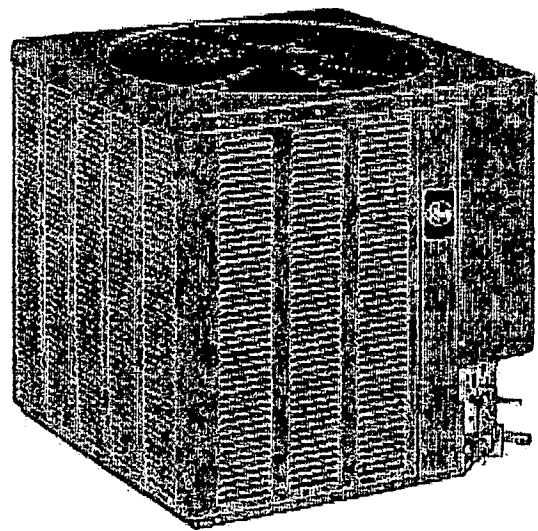
129894280157086085

Rheem SALES FACT SHEET



Featuring
Industry Standard
R-410A Refrigerant

R-410A



14.5 SEER VALUE SERIES CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

14AJM

14.5 SEER Models
Efficiencies up to 17 SEER/13.50 EER
Nominal Sizes 1 1/2 to 5 Tons
[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities
19,600 to 56,500 BTU/HR
[5.74 to 16.56 kW]

GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Conditional Parts* (Registration Required)	.....	Ten (10) Years
Conditional Compressor* (Registration Required)	.....	Ten (10) Years
Any Other Part	.....	Five (5) Years

*See Product Warranty Card for Details.

14	A	J	M	18	A	01
14.5 SEER	A = AIR CONDITIONER	VOLTAGE	DESIGN SERIES	NOMINAL COOLING CAPACITY	CABINET	RHEEM VALUE SERIES
		J = 208-230 SINGLE PHASE	M = 1ST DESIGN R-410A	18 = 18,000 BTU/HR [5.28 kW] 24 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	A = FULL METAL JACKET	

Price	Starting at: \$
-------	--------------------

ISO 9001:2008
Certificate Number: 3004

ENERGY STAR

UL LISTED

AHRI CERTIFIED
AHRI Standard 210/240

ENERGUIDE
Seasonal Energy Efficiency Ratio (SEER)
13.0 — Uses least energy → 21.0

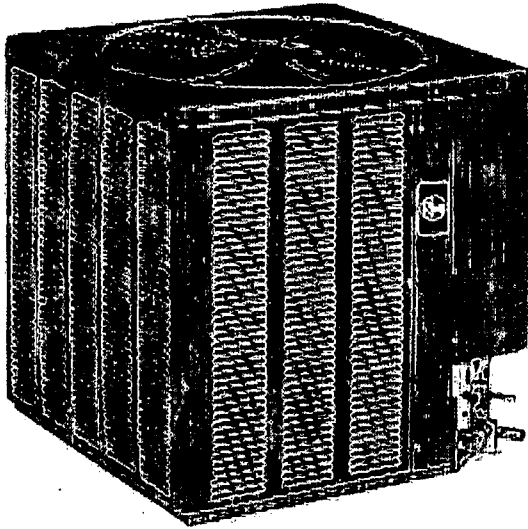
*Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov

Rheem SALES FACT SHEET



Featuring
Industry Standard
R-410A Refrigerant

R-410A



14.5 SEER VALUE SERIES CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

14AJM

14.5 SEER Models
Efficiencies up to 17 SEER/13.50 EER
Nominal Sizes 1 1/2 to 5 Tons
[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities
19,600 to 56,500 BTU/HR
[5.74 to 16.56 kW]

<u>14</u>	<u>A</u>	<u>J</u>	<u>M</u>
14.5 SEER	A = AIR CONDITIONER	VOLTAGE J = 208-230 SINGLE PHASE	DESIGN SERIES M = 1ST DESIGN R-410A

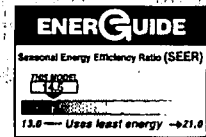
GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Conditional Parts*
(Registration Required) Ten (10) Years
Conditional Compressor*
(Registration Required) Ten (10) Years
Any Other Part Five (5) Years
*See Product Warranty Card for Details.

<u>18</u>	<u>A</u>	<u>01</u>
NOMINAL COOLING CAPACITY	CABINET	RHEEM VALUE SERIES
18 = 18,000 BTU/HR [5.28 kW] 24 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	A = FULL METAL JACKET	

Price	Starting at: \$
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"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov."



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

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>RHEEM</u> Model# <u>RHLLHM3617</u>	<u>Condenser:</u> Mfg <u>RHEEM</u> Model# <u>14AJM30</u>
Volts <u>208/240</u> CFM's <u>1200</u> Heat Strip <u>7</u> Kw	Volts <u>208/230</u> SEER/EER <u>16/13</u> BTU's <u>29200</u>
Min. Circuit Amps <u>38</u> Wire gauge <u>8</u>	Min. Circuit Amps <u>18</u> Wire gauge <u>10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>410A</u>	Refrigerant type <u>410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>Rear</u>
Access: _____	Condensate Location <u>Rear</u>

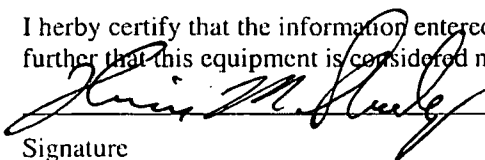
NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>York</u> Model# <u>F10P030A06A</u>	<u>Condenser:</u> Mfg <u>Lennox</u> Model# <u>13ACD03023</u>
Volts <u>208/240</u> CFM's <u>approx 1200</u> Heat Strip <u>7</u> Kw	Volts <u>208/230</u> SEER/EER <u>unknown</u> BTU's <u>approx 29000</u>
Min. Circuit Amps <u>38</u> Wire gauge <u>8</u>	Min. Circuit Amps <u>18</u> Wire gauge <u>10</u>
Max. Breaker size <u>45</u> Min. Breaker size <u>40</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Closet</u>	Left/Right/Rear/Front/Roof <u>Rear</u>
Access: _____	Condensate Location <u>Rear</u>

Certification:

I hereby 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

8-14-12
 Date



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

Certificate of Product Ratings

AHRI Certified Reference Number: 3412355

Date: 8/14/2012

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

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RHLL-HM3617+RCSL-H*3617

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

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):	29200
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

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

DISCLAIMER

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.

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CERTIFICATE VERIFICATION

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



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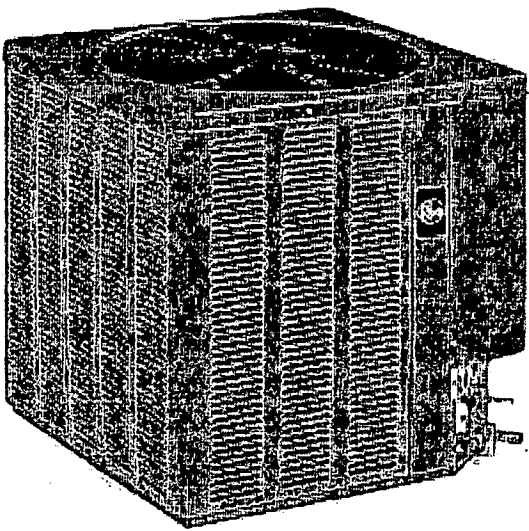
CERTIFICATE NO.: 129894279612540895

Rheem SALES FACT SHEET



Featuring
Industry Standard
R-410A Refrigerant

R-410A



14.5 SEER VALUE SERIES CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

14AJM

14.5 SEER Models
Efficiencies up to 17 SEER/13.50 EER
Nominal Sizes 1 1/2 to 5 Tons
[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities
19,600 to 56,500 BTU/HR
[5.74 to 16.56 kW]

GENERAL TERMS OF LIMITED WARRANTY

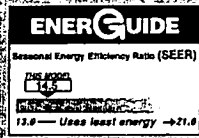
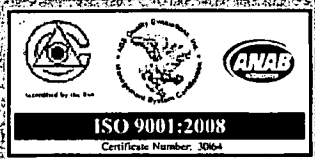
Rheem will furnish a replacement for any part of this product which falls in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Conditional Parts* (Registration Required)	.....	Ten (10) Years
Conditional Compressor* (Registration Required)	.....	Ten (10) Years
Any Other Part	.....	Five (5) Years

*See Product Warranty Card for Details.

<u>14</u>	<u>A</u>	<u>J</u>	<u>M</u>	<u>18</u>	<u>A</u>	<u>01</u>
14.5 SEER	A = AIR CONDITIONER	<u>VOLTAGE</u> J = 208-230 SINGLE PHASE	<u>DESIGN SERIES</u> M = 1ST DESIGN R-410A	<u>NOMINAL COOLING CAPACITY</u> 18 = 18,000 BTU/HR [5.28 kW] 24 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	<u>CABINET</u> A = FULL METAL JACKET	RHEEM VALUE SERIES

Price	Starting at: \$
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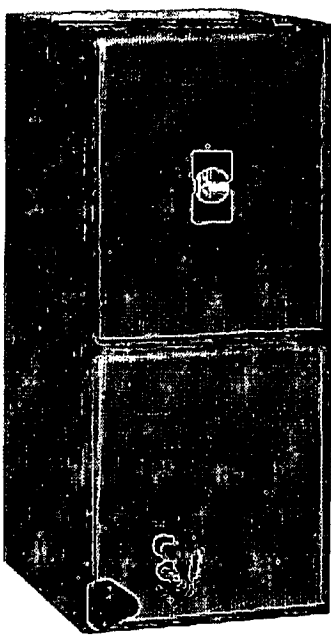


*Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov.

Rheem Heating, Cooling and Water Heating
P.O. Box 17010, Fort Smith, AR 72917

FORM NO. A11-201-SFS REV. 2
PRINTED IN U.S.A. DC 4-10

Rheem SALES FACT SHEET



AIR HANDLERS

RHLA- High Efficiency
featuring R-22 Refrigerant

RHLL- High Efficiency
featuring New Industry Standard
R-410A Refrigerant ~~R-410A~~

Features

- RHLA/RHLL models feature GE's new X-13 (ECM) motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1 1/2 ton [5.3 kW] through 5 ton [17.6 kW] models are between 42 1/2 to 55 1/2 inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.
- The most compact unit design available, all standard heat air handler models only 42 1/2 to 55 1/2 inches [1079 to 1409 mm] high.
- Attractive pre-painted cabinet exterior.
- Rugged wall steel cabinet construction, designed for added strength and versatility.

GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Conditional Parts* (Registration Required) Ten (10) Years
 *For Complete Details of the Limited Warranty, Including Applicable Terms & Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

<u>R</u>	<u>H</u>	<u>L</u>	<u>A</u>	<u>—</u>	<u>HM</u>	<u>24</u>	<u>17</u>	<u>J</u>	<u>A</u>
RHEEM	CLASSIFICATION	L = HI-EFFICIENCY (X-13 (ECM) MOTOR)	REFRIGERANT	A/C OR HP	MULTI-POSITION (VERTICAL UPFLOW/ HORIZONTAL LEFT IS THE FACTORY CONFIGURATION)	CAPACITY	CABINET SIZE	VOLTAGE	DESIGN VARIATION
	H = AIR HANDLER		A = R-22 L = R-410A			24 = 18,000/24,000 BTU/HR [5.277/7.03 kW] 36 = 30,000/36,000 BTU/HR [8.79/10.55 kW] 48 = 42,000/48,000 BTU/HR [12.31/14.07 kW] 60 = 60,000 BTU/HR [17.58 kW]	17 = 17.5" [431.8 mm] (800-1200 CFM) 21 = 21" [533.4 mm] (1400-1600 CFM) 24 = 24.5" [609.6 mm] (1600-1800 CFM)	A = 115/1/60 J = 208/240/1/60	A = 1ST DESIGN

Price	Starting at: \$
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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 772-2204765

Air Conditioning Change out Affidavit

Residential Commercial _____
Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier Yes ___ No
Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>RHEEM</u> Model# <u>RHLLHM4821</u>	<u>Condenser:</u> Mfg <u>RHEEM</u> Model# <u>14AJM49</u>
Volts <u>208/240</u> CFM's <u>1600</u> Heat Strip <u>10</u> Kw	Volts <u>208/230</u> SEER/EER <u>16/13</u> BTU's <u>46000</u>
Min. Circuit Amps <u>49</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>27</u> Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>410A</u>	Refrigerant type <u>410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>Rear</u>
Access: _____	Condensate Location <u>Rear</u>

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

<u>Air handler:</u> Mfg: <u>Lennox</u> Model# <u>CB30M511P</u>	<u>Condenser:</u> Mfg <u>Lennox</u> Model# <u>13ACD04823001</u>
Volts <u>208/240</u> CFM's <u>approx 1600</u> Heat Strip <u>10</u> Kw	Volts <u>208/230</u> SEER/EER <u>unknown</u> BTU's <u>approx 46000</u>
Min. Circuit Amps <u>49</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>25</u> Wire gauge <u>8</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Closet</u>	Left/Right/Rear/Front/Roof <u>Rear</u>
Access: _____	Condensate Location <u>Rear</u>

Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature

8-19-12
Date



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

Certificate of Product Ratings

AHRI Certified Reference Number: 3799429

Date: 8/14/2012

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

Outdoor Unit Model Number: 14AJM49

Indoor Unit Model Number: RHLL-HM4821+RCSL-H*4821

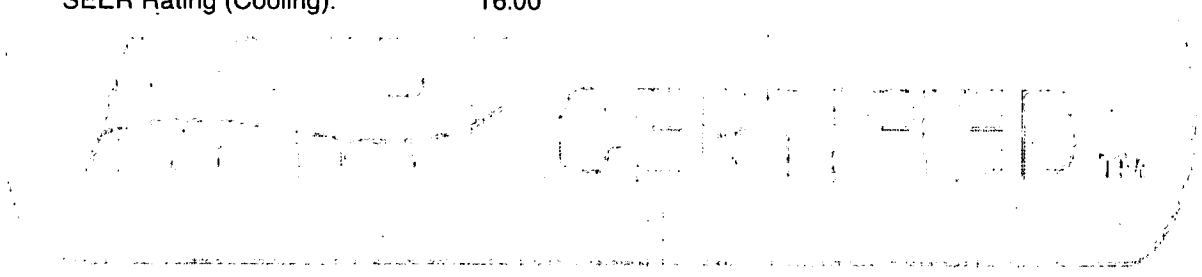
Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

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):	46000*
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00*



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

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CERTIFICATE VERIFICATION

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



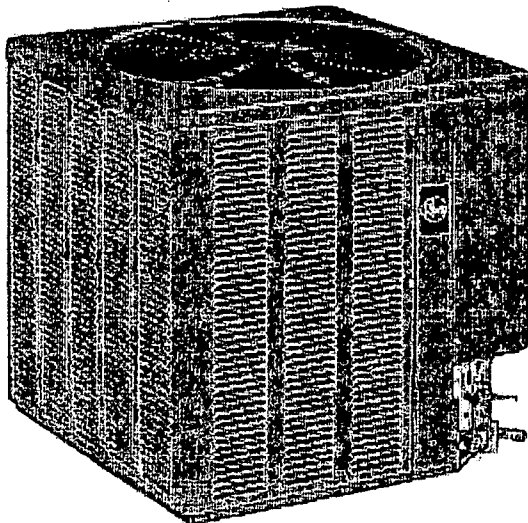
Air-Conditioning, Heating, and Refrigeration Institute

Rheem SALES FACT SHEET



Featuring
Industry Standard
R-410A Refrigerant

R-410A



14.5 SEER VALUE SERIES CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

14AJM

14.5 SEER Models

Efficiencies up to 17 SEER/13.50 EER

Nominal Sizes 1 1/2 to 5 Tons

[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities

19,600 to 56,500 BTU/HR

[5.74 to 16.56 kW]

GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which falls in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Conditional Parts*

(Registration Required) Ten (10) Years

Conditional Compressor* Ten (10) Years

Any Other Part Five (5) Years

*See Product Warranty Card for Details.

14	A	J	M	18	A	01
14.5 SEER	A = AIR CONDITIONER	<u>VOLTAGE</u> J = 208-230 SINGLE PHASE	<u>DESIGN SERIES</u> M = 1ST DESIGN R-410A	<u>NOMINAL COOLING CAPACITY</u> 18 = 18,000 BTU/HR [5.28 kW] 24 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	<u>CABINET</u> A = FULL METAL JACKET	RHEEM VALUE SERIES

Price	Starting at: \$
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ISO 9001:2008
Certificate Number 3064

ENERGY STAR

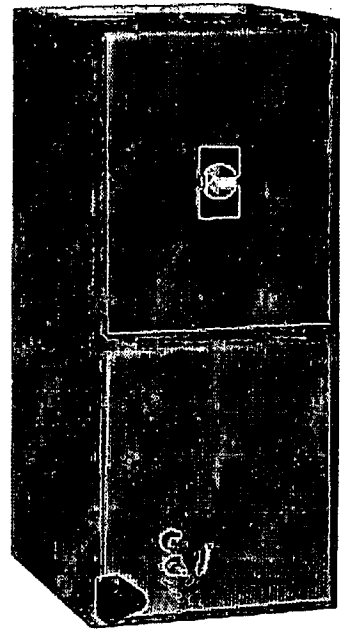
UL LISTED

AHRI CERTIFIED
Utility Std. AC
ANSI Standard 210/240

ENERGUIDE
Seasonal Energy Efficiency Ratio (SEER)
13.8 — Uses least energy → 21.8

Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov

Rheem SALES FACT SHEET



AIR HANDLERS
RHLA- High Efficiency
 featuring R-22 Refrigerant
RHLL- High Efficiency
 featuring New Industry Standard
 R-410A Refrigerant **R-410A**

Features

- RHLA/RHLL models feature GE's new X-13 (ECM) motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1 1/2 ton [5.3 kW] through 5 ton [17.6 kW] models are between 42 1/2 to 55 1/2 inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.
- The most compact unit design available, all standard heat air handler models only 42 1/2 to 55 1/2 inches [1079 to 1409 mm] high.
- Attractive pre-painted cabinet exterior.
- Rugged wall steel cabinet construction, designed for added strength and versatility.

GENERAL TERMS OF LIMITED WARRANTY

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.
 Conditional Parts* (Registration Required) Ten (10) Years
 *For Complete Details of the Limited Warranty, Including Applicable Terms & Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

<u>R</u>	<u>H</u>	<u>L</u>	<u>A</u>	<u>—</u>	<u>HM</u>	<u>24</u>	<u>17</u>	<u>J</u>	<u>A</u>
RHEEM	CLASSIFICATION	L = HI-EFFICIENCY (X-13 (ECM) MOTOR)	REFRIGERANT	A/C OR HP MULTI-POSITION (VERTICAL UPFLOW/HORIZONTAL LEFT IS THE FACTORY CONFIGURATION)	CAPACITY	CABINET SIZE	VOLTAGE	DESIGN VARIATION	
	H = AIR HANDLER		A = R-22 L = R-410A		24 = 18,000/24,000 BTU/HR [5.27/7.03 kW] 36 = 30,000/36,000 BTU/HR [6.79/10.55 kW] 48 = 42,000/48,000 BTU/HR [12.31/14.07 kW] 60 = 60,000 BTU/HR [17.58 kW]	17 = 17.5" [431.8 mm] (800-1200 CFM) 21 = 21" [533.4 mm] (1400-1600 CFM) 24 = 24.5" [609.6 mm] (1600-1800 CFM)	A = 115/1/60 J = 208/240/1/60	A = 1ST DESIGN	

Price	Starting at: \$
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DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems only

The New Degree of Comfort™

Customer Information

Location:

Street Address: 9 Middle Rd, MARTIN, FL 34996

Latitude, Longitude: 26.6726°, -80.0706°

House Square Footage: 3815 sq. ft.

Name: John Tranter

Phone:

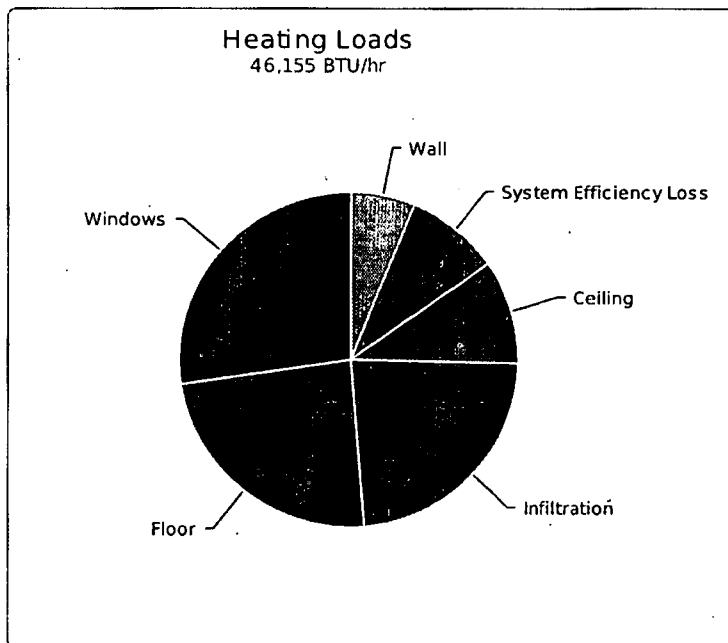
Email:

Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64
Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

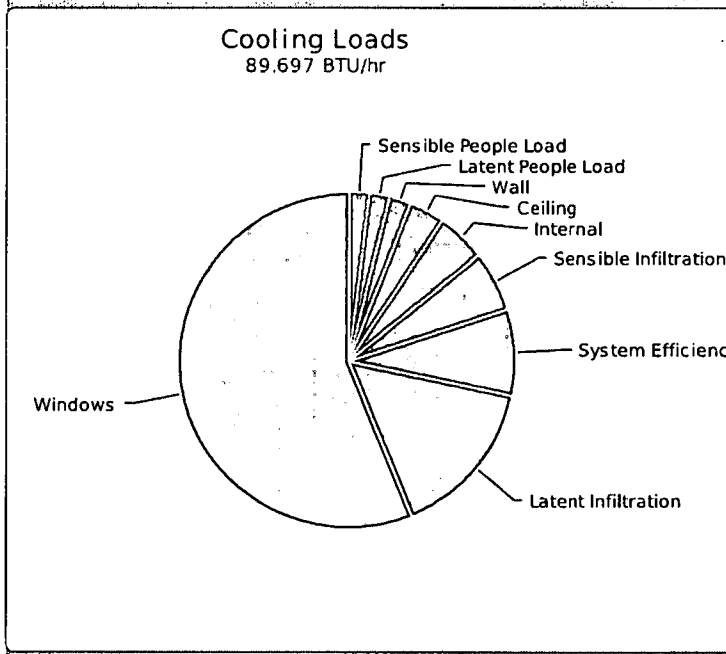
Heating Loads

Area	Btuh	% of load
Wall	2856	6.2
Floor	11054	23.9
Ceiling	4650	10.1
Windows	12627	27.4
Infiltration	10772	23.3
System Efficiency Loss	4196	9.1
Total:	46155	

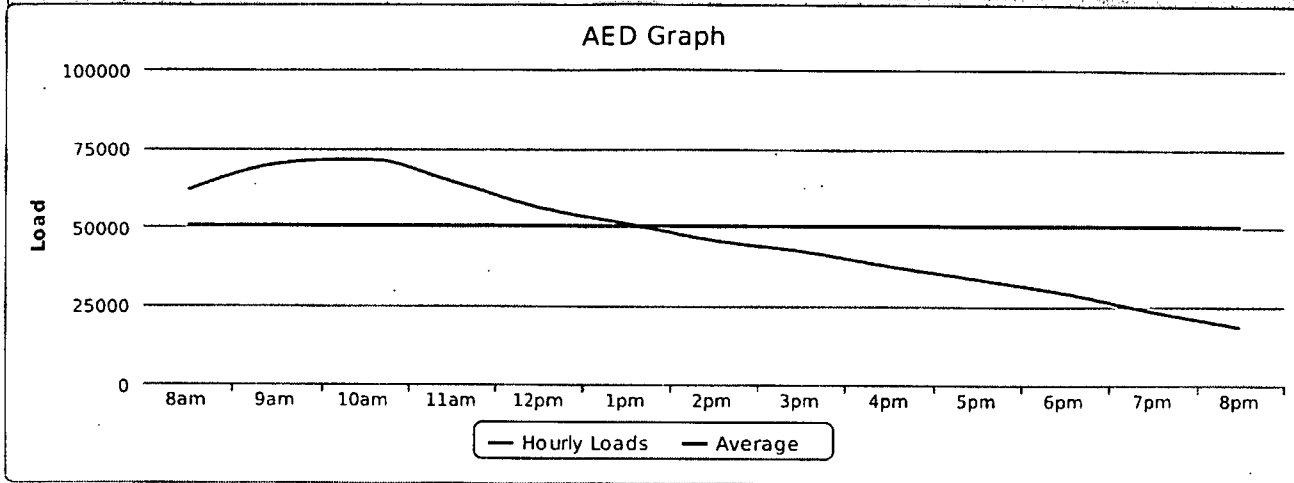


Cooling Loads

Area	Btuh	% of load
Wall	1863	2.1
Ceiling	3033	3.4
Windows	50400	56.2
Sensible Infiltration	5269	5.9
Latent Infiltration	13897	15.5
System Efficiency Gain	7446	8.3
Internal	4280	4.8
Sensible People Load	1755	2
Latent People Load	1755	2
Total:	89697	
Sensible load	74046	
Latent load	15652	
SHR	0.83	
Capacity at .75 SHR	8.23 Tons	



Adequate Exposure Diversity



ACCA Manual S

System equipment selection will be made using the following Manual S derived values.

Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	74,046 Btuh
Latent Cooling	15,652 Btuh
Required Cooling Airflow	3,366 CFM
Sensible Heating	46,155 Btuh
Required Heating Airflow	599 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree

THE METAL SHOP

Custom Metal Manufacturer

ANCHOR CLIPS Installer's Guide

Consulting Engineer:

Douglas W. Lowe, P.E.
FLA# 13355
1206 Millenium Parkway
Brandon, FL. 33511

Douglas W. Lowe
6/19/09

WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

- #771 (4 pk)
- #772 (100 box)
- #770 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

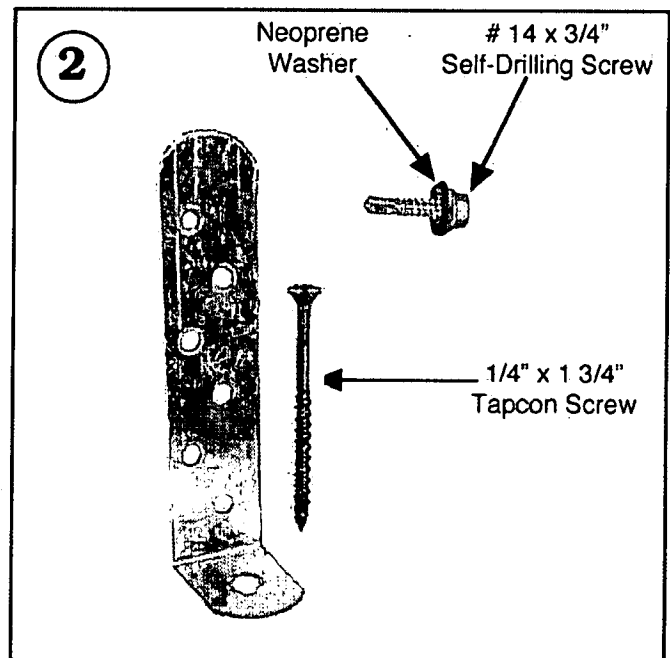
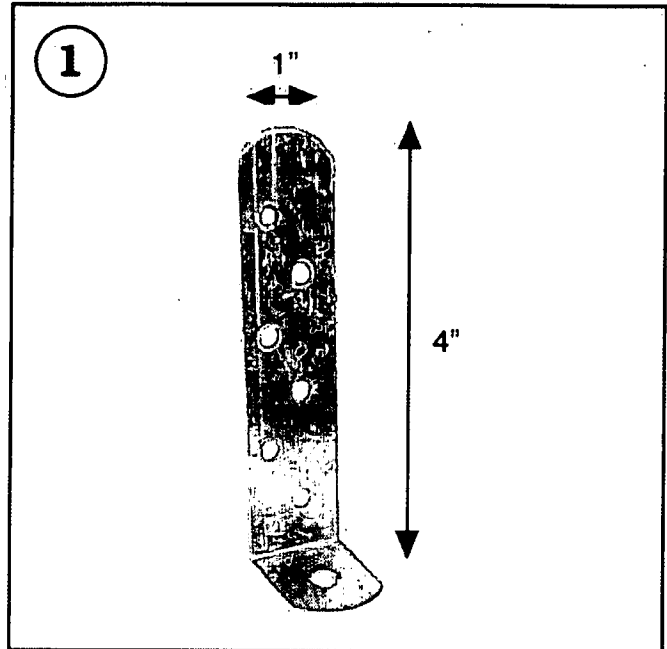
Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.
Locate the anchor clips to fit comfortably between condenser unit and pad.
Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.
All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
Suitable for ground mounted units.
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

FEATURES

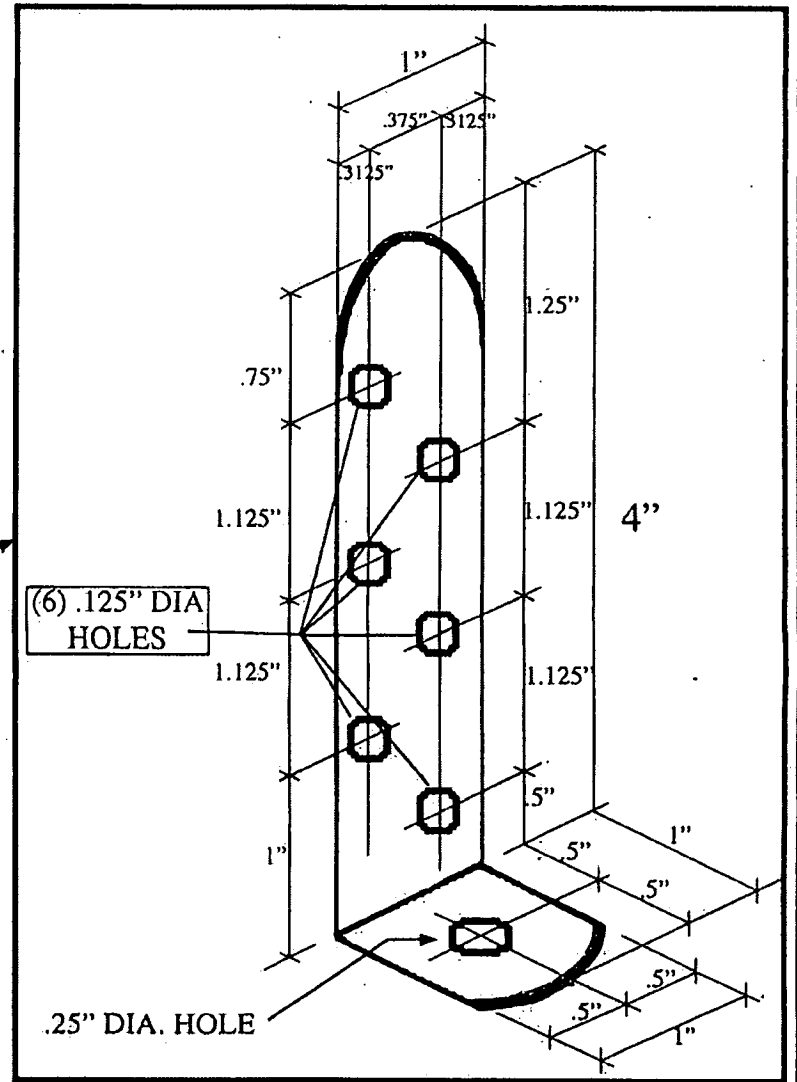
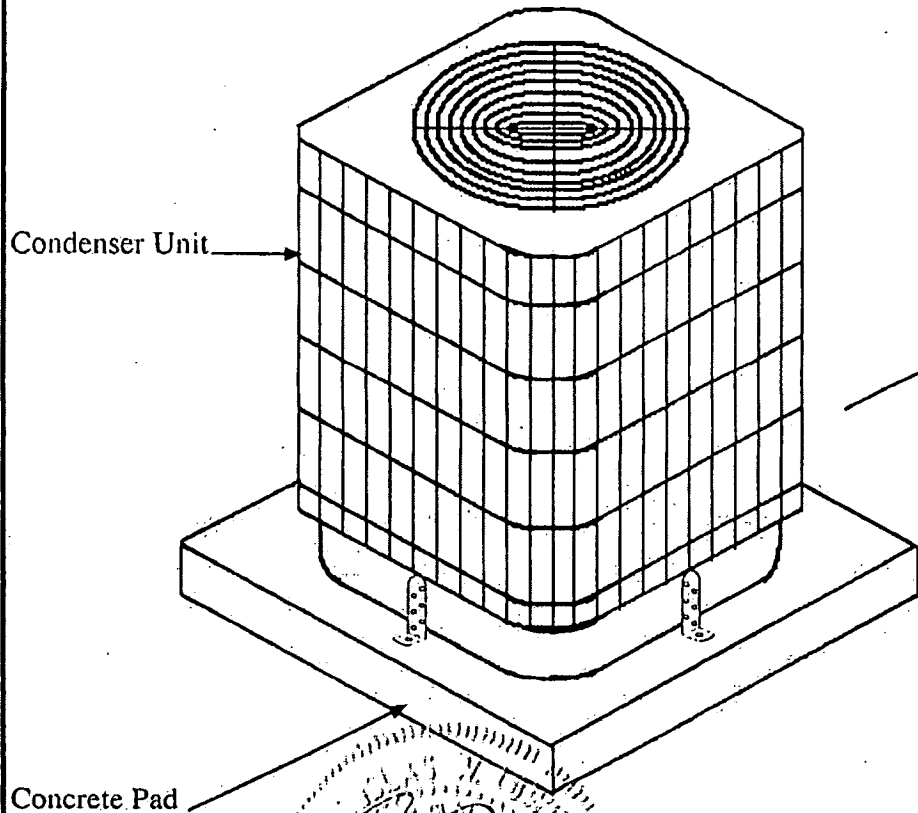
The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

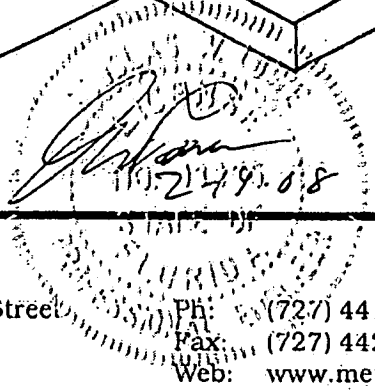
Above installation instruction suitable for up to 5 ton units.



#771 (4 pk.) / #772 (100 box) Anchor Clip



Metal thickness = 16 gauge



<p>The Metal Shop 1139 Eldridge Street Clearwater Fl. 33755</p> <p>PH: (727) 441-2492 FAX: (727) 442-8493 Web: www.metalshop.org</p>	<p>Consulting Engineer: Douglas W. Lowe, P.E. FLA # 13355 1206 Millentium Parkway Brandon, Fl. 33511</p>	<p>Revision Date: 2/14/08</p>	<p>Drawn by: K.P.R.</p> <p>Scale - Not to scale</p>	<p>Page: 1 of 1</p>
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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

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: John E. Tranter Contractor name: Sharkey Air, LLC

Street address: 9 Middle Rd. Jurisdiction: Town of Sewall's Point

City: Stuart, FL 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: *Kevin M. Sharkey* Date: 8-14-12

Printed Name: Kevin M. Sharkey

Contractor License #: CAC1816853

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: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-1-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10106	field	Final		
1ST	14 Redgeland Dr ADT	Final		rescheduled Wed
				INSPECTOR
	BOLAND			
	97 N SPTRD	FINAL A/E		
	AMATEX A/E			INSPECTOR
	10106	INSPECTOR		
AM	9 MIDDLE ST SPARKY AIR	A/E FINAL	Pass	Close
				INSPECTOR
10212	Jones	flat deck		
	48 N River Rd	rebar sheathing	Pass	
	JA Taylor OB			INSPECTOR
10027	Gaudis	slab		
PM	25 Skiver	rebar in block	Pass	
	Team Punks	COLUMNS		INSPECTOR
10233	Clifford	framing		
PM	20 N River Rd		Pass	
	Casco			INSPECTOR
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date August 15 2004 TREE REMOVAL PERMIT No 2331

APPLIED FOR BY TRAMER (Contractor or Owner)

Owner 9 MIDDLE ROAD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 NOFOLK PINE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant FEE \$ 0
Signed, Gene Simmons (GWS) 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 with horizontal lines, likely for a site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner John E. Tranter Address 9 Middle Rd. Phone ~~333~~ 485-5396
 Contractor Kathy Sue Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Norfolk Pine.
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Stripped 3/4 remaining top is (2 branched)
full yet could be a future risk

Signature of Property Owner Katherine Tranter Date 9/15/04

Approved by Building Inspector: [Signature] Date 9/15 Fee: -0-
 Plans approved as submitted _____ Plans approved as revised/marked: _____



TOWN OF SEWALL'S POINT, FLORIDA

Date 5-5-06 19 **TREE REMOVAL PERMIT** No 2677

APPLIED FOR BY Tranter (Contractor or Owner)

Owner ~~Samuel Pol~~

Subdivision McTrees Tree Serv, Lot , Block

Kind of Trees 2 Queens & 2 fruit

No. Of Trees: REMOVE 4

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

No. Of Trees: REPLACE WITHIN 30 DAYS

REMARKS

FEE \$ 0

Signed, Applicant Signed, Phil Wintercom Inspector ~~Town Clerk~~

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

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.

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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.).

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 - b. written statement giving reasons for removal, relocation, or replacement if necessary
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 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Trawter Address 9 Middle Rd. Phone 405-5396

Contractor MCTBERS Address 2302 SR Calwith Cir Phone 201-8787

No. of Trees: REMOVE 4 Type: 2 Queen palms 2 Fruit trees

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

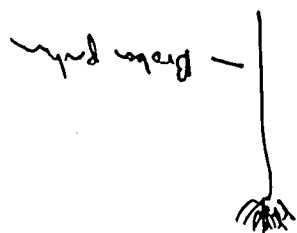
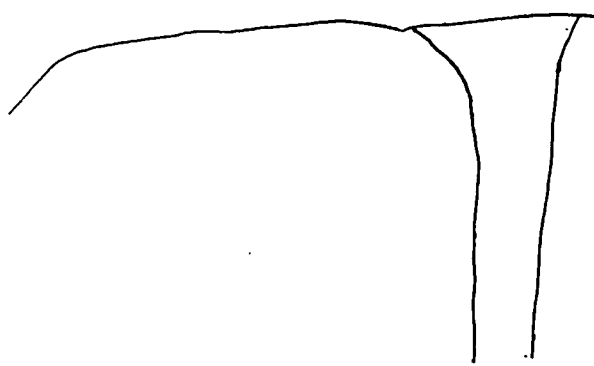
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: 2 Fruit trees diseased & getting ready to

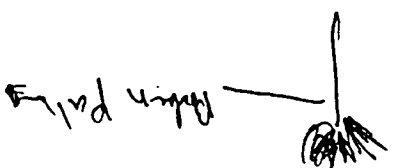
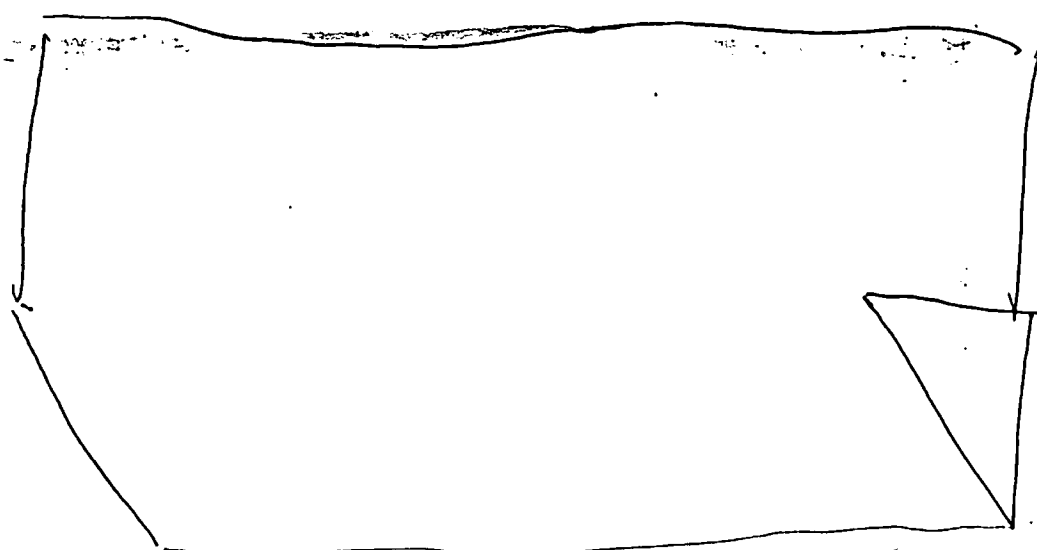
relandscape 2 Broken head palms hazardous for kids in yard
Signature of Property Owner [Signature] Date 5-4-06

Approved by Building Inspector: [Signature] Date 5/5 Fee: 0

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



Broken palm



Broken palm

2 Kind Trees

