

**15 Middle Road**

**4620**

**SFR**

Bldg. Pmt# \_\_\_\_\_

# Town of Sewall's Point

Date 5-17-99

#4620

## BUILDING PERMIT APPLICATION

Owner's Name: Bruce & Susan Laraway Phone No. 221-9258  
Owner's Present Address: 21 LANTANA LANE  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: \_\_\_\_\_  
TYPE OF WORK TO BE DONE: New Home  
CONTRACTOR INFORMATION  
Contractor/Company Name: Comm. Const. Div. Phone No. 220-3488  
COMPLETE MAILING ADDRESS 440 Oseola St.  
State Registration \_\_\_\_\_ State License CBC 052954  
Legal Description of Property Lot 38 High Pt. / PLAT Book 3 Page 108  
Parcel Number Community - Parcel Number - 120164 0002 D

### ARCHITECT/ENGINEER INFORMATION

Architect Joe McCarty Phone No. 281-6735  
Address 850 Oseola  
Engineer Victor Stealey Phone No. \_\_\_\_\_  
Address 3190 NE Maple Ave Jensen Beach  
Area Square Footage: Living Area 3060 Garage Area 460 Carport \_\_\_\_\_  
Accessory Bldg. \_\_\_\_\_ Covered Patio 640 Scr. Porch 230 Wood Deck \_\_\_\_\_  
Type Sewage: Septic Septic Tank Permit # from Health Dept. \_\_\_\_\_  
NEW electrical SERVICE SIZE \_\_\_\_\_ AMPS

### FLOOD HAZARD INFORMATION

flood zone C minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD  
proposed finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement 250,000  
Fair Market Value (FMV) prior to improvement 400,000  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV Appraisal

### SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical Cook Ele State License \_\_\_\_\_  
Mechanical C&R Air State License# \_\_\_\_\_  
Plumbing Tropic Plumbing State License# \_\_\_\_\_  
Roofing Pacific Roof 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, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, 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/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this 19 day of MARCH, 1999 by Bruce D. Laraway who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.  
CONTRACTOR SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

Commission # CC55255  
Notary Public  
My Commission Expires May 19, 2000

*[Signature]*

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed 4 No. to be retained 20 No. to be planted 0

Specimen tree removed Gumbo Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_

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

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
  - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
  - C. Contractor's name, address, phone number & license numbers.
  - D. Name all sub-contractors (properly licensed).
  - E. Current Survey
  - F. 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 architect's seal and the following items:
1. Floor Plan
  2. Foundation Details
  3. Elevation Views - Elevation Certificate due after slab inspection.
  4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
  5. Truss layout
  6. Vertical Wall Sections (one detail for each wall that is different)
  7. 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 (Atlantic Ave. 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.
9. 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 \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_

FAXED  
5/27/99  
12:10

PLAN REVIEW  
SEWALL'S POINT

-287-4618

residential

Town Ordinances

RCVD 6/2 ✓  
RCVD 6/17 ✓  
OP PLANS ✓  
RCVD 6/2 ✓  
RCVD 6/2 ✓  
ADDITIONS SET ✓

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

Plans to include

- Site Plan showing retainage of stormwater and proposed elevations, attach calculations
- Driveway and parking plans
- Exterior elevations
- Foundation Plan, bottom of all footings 12" below finished grade
- Framing plan showing ceiling heights, egress windows, safety glazing
- Typical wall sections
- Roof Plan with truss engineering
- Door and Window engineering
- Electrical Calculations, conformance with 1996 NEC
- Smoke detectors in compliance with NFPA 7A
- Plumbing rise, showing vent, drain sizes
- Conformance with South Florida Code for 140mph. wind exposure D
- Storm protection required for all doors and windows
- Mechanical Plan showing sizes of ducts
- Cross sections, details, elevations
- Specifications on gravity, uplift connections
- Attic access 22" X 36

VERIFY AREA OUTLINED IN SW CORNER

- PROVIDE OUTSIDE MAIN DISCONNECT
- CHECK SPIRAL STAIRWAY FOR PROPER EGRESS & FIRE SEPARATION.
- ENSURE SECOND FLOOR WATER HEATER IS IN APPROVED PAN AND RELIEF VALVE PIPED FULL SIZE TO OUTSIDE BLDG.
- PROVIDE GPP OUTLET ON FRONT OR END OF KITCHEN ISLAND.

**Florida Accessibility Code**

- Stairs risers 7" max. height, 11" min. depth, nosing 1 1/2" max
- Handrail 32" high
- thresholds max. height 1/2"
- 3 or more steps 30"sq. landing at top, doors not to swing over steps.
- 29" clear openings to toilet facilities
- 

**Local Amendments to the South Florida**

**Lintels 4-22**

- filled cells in lieu of poured columns require #5 bars placed in both jambs of all openings and 2 #5 bars at each corner poured solid and lapped properly
- Copper wiring from load side of meter base
- Wood 6" clearance from grade
- Attic ventilation
- Guardrails for decks, balconies etc.
- Toilet room ventilation
- Fireplace details
- Gas plan and permit
- Jacuzzi pump access and shock prevention
- Thickened edges on all concrete slabs, 8" width and depth with 1 #3 continous
- V-Zone requirements
- Stairwell protection if storage under stairs, type X 5/8 drywall

NO  
NO  
NO  
NO  
NO

OK

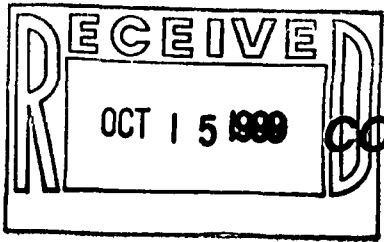
~~Provide smoke detectors at branch of stairs handrails stairs  
Floor and walls in stairwell~~

\_\_\_\_\_  
Plans Examiner

\_\_\_\_\_  
Date 5/27/99

\_\_\_\_\_  
Owner or Builder

\_\_\_\_\_  
Date



# CONSOLIDATED ELECTRIC SUPPLY

A Rexel, Inc. Company

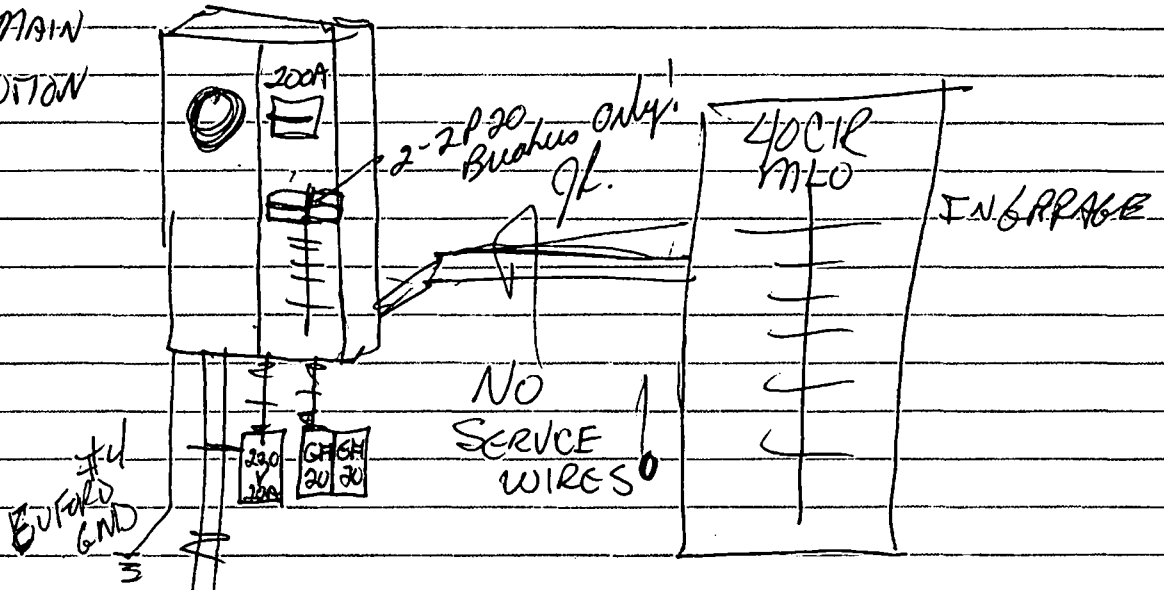
10/19/99 APPROVED &  
TEMP. CONTS. SERVICE PERM  
RELOCATE TO PERMANENT  
TABLE METER SET PER SKETCH

TOWN COPY

LARRAWAY RESIDENCE  
Temporary Power - Request

PERMIT # 4620  
LOT # 38  
#15 MIDDLE ROAD  
SENAUS PT.

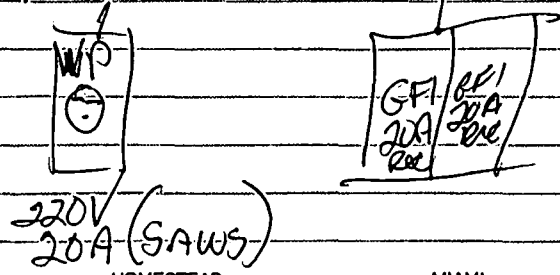
CUTLER HAMMER  
200A  
METER/MAIN  
W/DISTRIBUTION



2" PVC  
30" DEEP MIN  
TO FPL HAND HOLE  
FPL AL.  
FEEDERS

1-2P 20A Breaker SAW  
1-2P 20A Breaker ONLY (PERS) 2 CIRCUITS

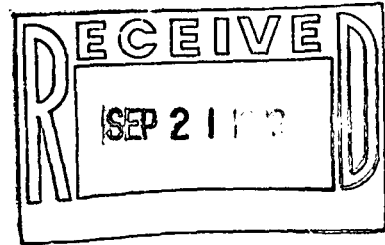
10/15/99  
*James Dean*



BELLE GLADE (561) 996-0515	DELRAY (561) 276-0362	HOMESTEAD (305) 248-0742	MIAMI (305) 633-9565	RIVERA BCH. (561) 845-6110
BRADENTON (941) 748-1912	FT. LAUDERDALE (954) 563-6492	JACKSONVILLE (904) 356-9000	NAPLES (941) 643-3003	SARASOTA (941) 366-9700
BROOKSVILLE (352) 799-3256	FT. MYERS (941) 332-1515	JACKSONVILLE SO. (904) 296-2112	NEW PORT RICHEY (813) 842-8405	STUART (561) 287-2800
CHARLOTTE HARBOR (813) 627-8775	FT. PIERCE (407) 461-7470	KEY WEST (305) 296-6582	ORLANDO (407) 849-7532	TAMPA (813) 238-8854
DAYTONA BCH. (904) 258-1237	HOLLYWOOD (954) 920-6611	MELBOURNE (407) 723-6531	PINELLAS PARK (813) 573-2222	WINTERHAVEN (941) 299-3130
DOVER (302) 674-9010	EASTON (410) 822-4840	GEORGETOWN (302) 856-9575	SALISBURY (410) 749-6151	WILMINGTON (302) 656-6651



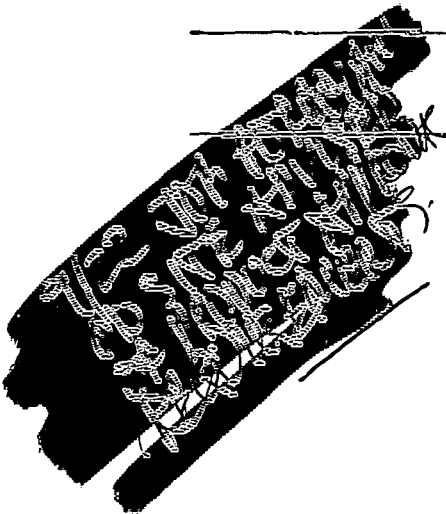
# COMMERCIAL CONSTRUCTION DIVISION, INC.



Date: 9/21/99  
To: Sewalls Point  
Building Inspector  
From: Bruce Laraway

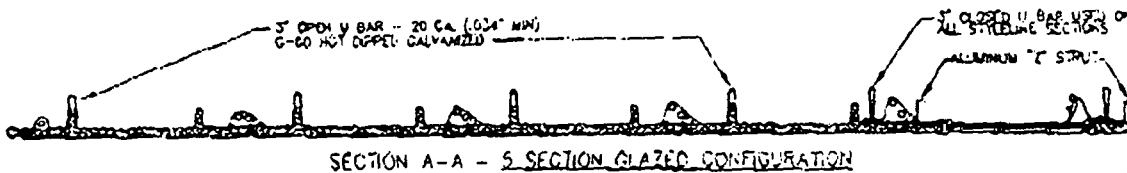
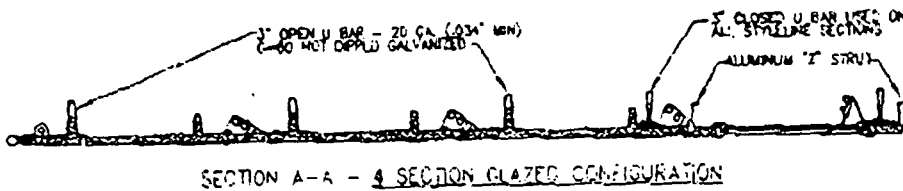
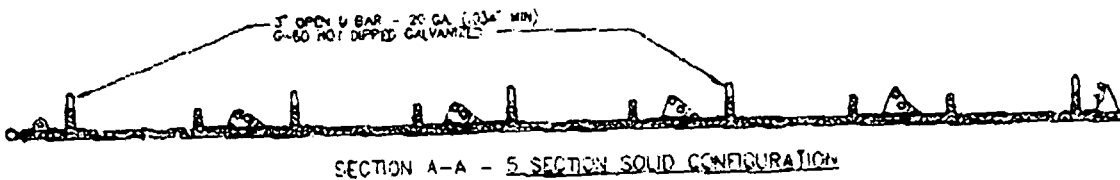
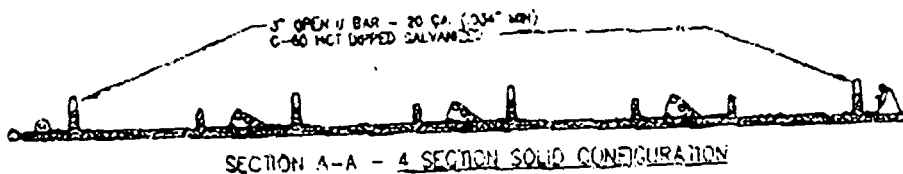
# of Pages: 5  
Fax #: 220-4765  
Fax #: 561-283-2855

Re: Windows for Laraway Residence  
Garage door.  
**DISAPPROVED**



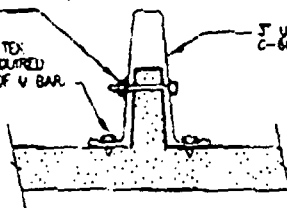
**DOORS MUST HAVE  
MIAMI-DADE COUNTY  
PRODUCT APPROVAL  
w/ PRODUCT CONTROL NOTICE OF ACCEPTANCE  
(COMPLETE PKG. - 2 SETS)  
- CORRECT ACCEPTANCE NUMBER,**



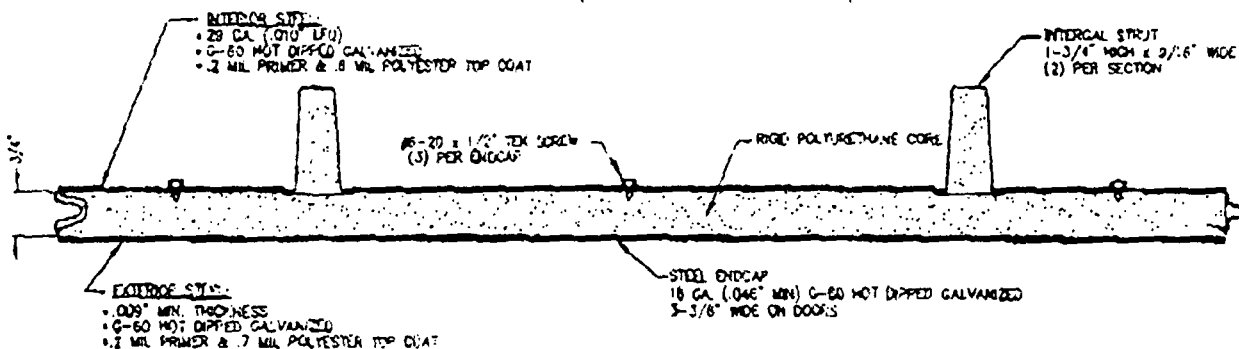


THRU BOLT THE 3" U BAR  
AT PRE-PUNCHED HOLE LOCATIONS  
WITH (1) 1/4" - 20 x 1-1/4" BOLT  
& W42 NUT.

1/4" - 20 x 5/8" TEK  
SCREWS (2) REQUIRED  
AT EACH END OF U BAR.



3" U BAR - 20 GA. (.034" MIN)  
G-60 HOT DIPPED GALVANIZED



EXTERIOR SKIN - 33,000 P.S.I. MIN. YIELD STRENGTH

Approved: *David Mansour*

David Mansour  
CERTIFICATION NO. 0046475

Date: 4-15-97

NOTE:  
DOORS & HARDWARE MEET OR EXCEED  
ANSI #02-1975 SPECIFICATION.

ART NO. 155427

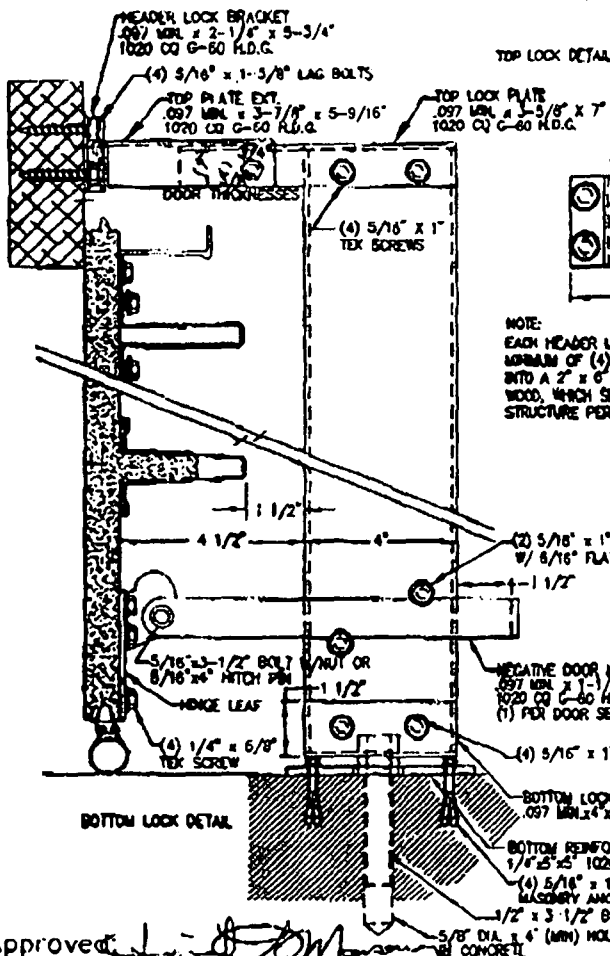
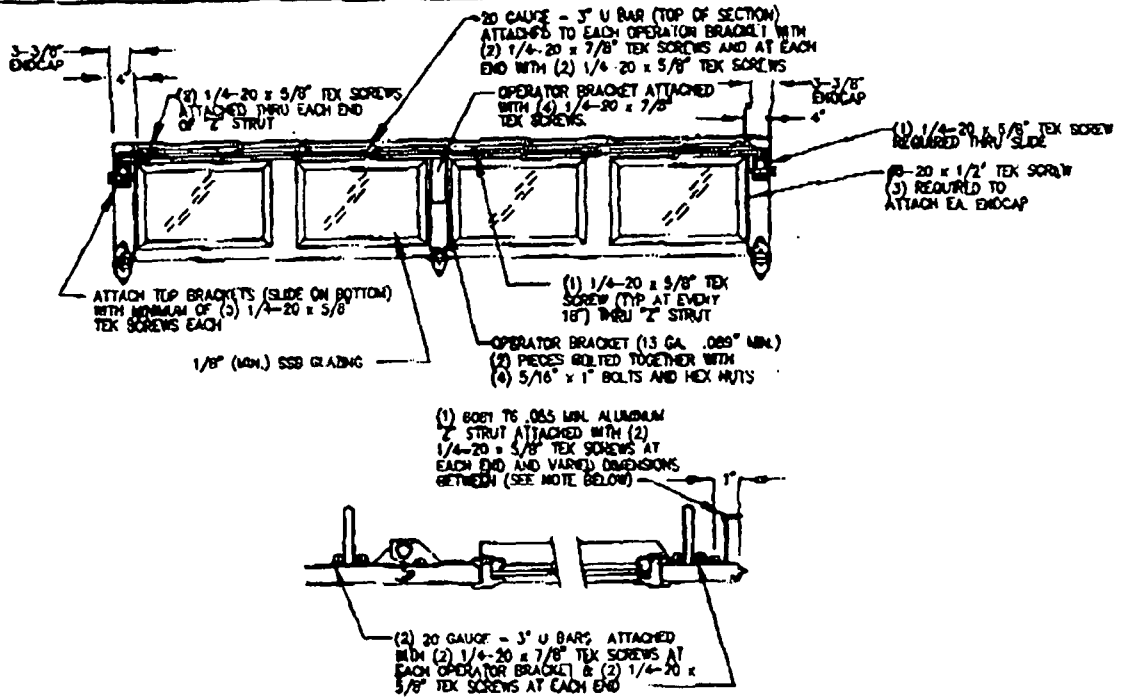


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WD01022				

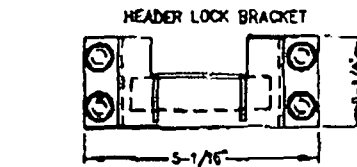
FROM : WAYNE DALTON OF PALM CITY

PHONE NO. : 1 561 220 1757

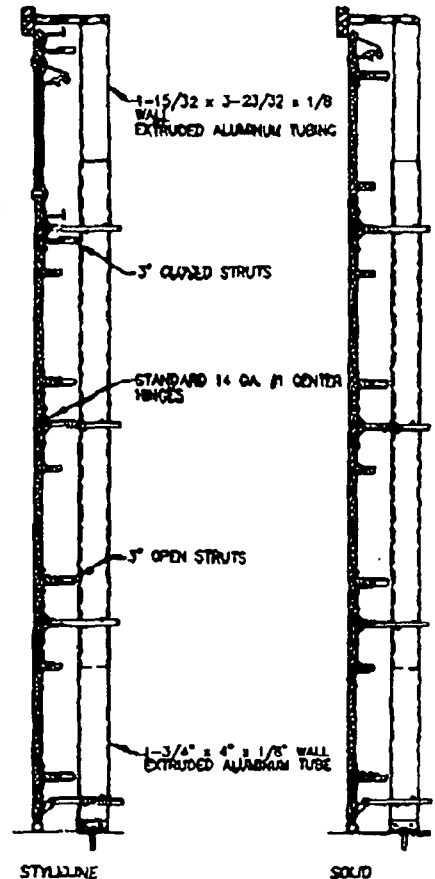
Sep. 21 1999 11:09AM P4



TOP LOCK DETAIL



NOTE:  
EACH HEADER LOCK BRACKET MUST BE SECURED WITH A MINIMUM OF (4) 5/16" x 1-5/8" LAG BOLTS SOWN INTO A 2" x 6" (OR LARGER) YELLOW PINE (OR DENSER) WOOD, WHICH SHALL BE ANCHORED TO THE EXISTING STRUCTURE PER LOCAL AND STATE BUILDING CODES.



NOTE: DISABLE MOTOR OPERATOR BEFORE INSTALLING ABOVE SHOWN POST. DO NOT ENABLE MOTOR OPERATOR UNTIL POST IS REMOVED.

RT NO. J5427

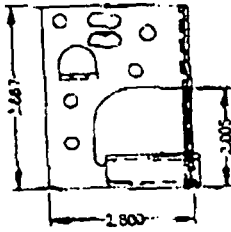
Approved: *[Signature]*  
David Mansour  
CERTIFICATION NO. 0048475  
Date: 4-15-97



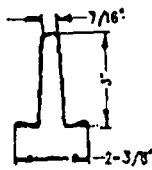
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PHONE NO. : 1 561 220 1757

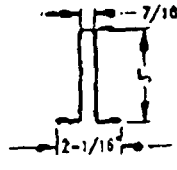
Sep. 21 1999 11:08AM P3



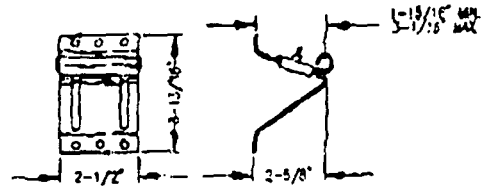
**BOTTOM BRACKET**  
18 GA. (.060 MIN.)  
HOT DIPPED GALVANIZED



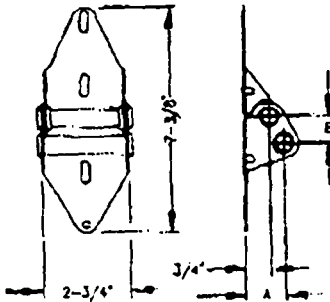
**3" U BAR STRUT-OPEN**  
20 GA. (.034 MIN.)  
HOT DIPPED GALVANIZED



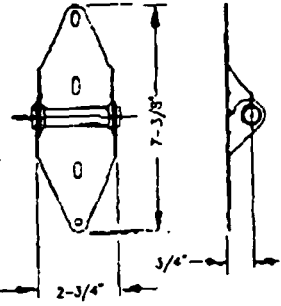
**3" U BAR STRUT-CLOSED**  
20 GA. (.034 MIN.)  
HOT DIPPED GALVANIZED



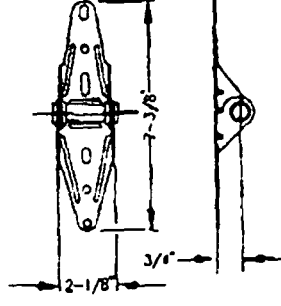
**TOP BRACKET**  
18 GA. (.060 MIN.)  
HOT DIPPED GALVANIZED



**WIDE BODY END HINGE**  
14 GA. (.071 MIN.)  
HOT DIPPED GALVANIZED

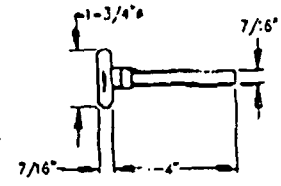


**WIDE BODY CENTER HINGE**  
14 GA. (.071 MIN.)  
HOT DIPPED GALVANIZED



**NARROW BODY CENTER HINGE**  
18 GA. (.045 MIN.)  
HOT DIPPED GALVANIZED

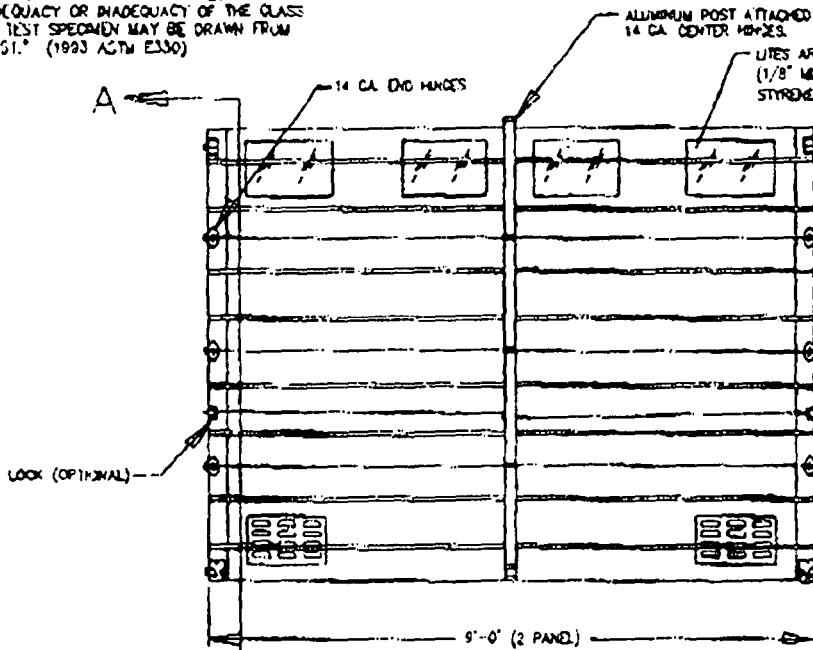
A	B
A = 1"	B = 13/16"
B = 1-1/8"	B = 3/4"
A = 1-1/2"	A = 11/16"
B = 1-3/4"	B = 5/8"



**NYLON SHORT ROLLER**  
OR 7 BALL STEEL ROLLER

**GLASS DISCLAIMER:**

NO CONCLUSIONS OF ANY KIND REGARDING THE ADEQUACY OR INADEQUACY OF THE GLASS IN THE TEST SPECIMEN MAY BE DRAWN FROM THE TEST. (1993 ASTM E330)



**SECTION MAKE-UP (STYLELINE):**  
8'-0" HIGH - (5) 19.1" SECTIONS  
7'-6" HIGH - (2) 24" & (2) 20.8" SECTIONS  
7'-0" HIGH - (4) 20.8" SECTIONS  
6'-6" HIGH - (4) 12.1" SECTIONS

**SECTION MAKE-UP (SOLID):**  
8'-0" HIGH - (5) 19.1" SECTIONS or (4) 24" SECTIONS  
7'-6" HIGH - (2) 24" & (2) 20.8" SECTIONS  
7'-0" HIGH - (4) 20.8" SECTIONS  
6'-6" HIGH - (4) 12.1" SECTIONS

*With Glass 430*  
*No Glass 610*  
*+ Door Opener 239*  
*Individual Top Sect.*

Approved: *[Signature]*

David Monseur  
CERTIFICATION NO. 0046475

Date: *4-15-97*



NOTE: (OPTIONAL)  
LOWERS TO BE LOCATED IN THE END PANELS  
OF THE BOTTOM SECTION. (.080" ALUMINUM)

ART NO. 155427



DRAWING NO.	REV	OPTION CODE	THERMOWAYNE 36 & 38	PAGE
WP04 022	B	0100		

FROM : WAYNE DALTON OF PALM CITY

PHONE NO. : 1 561 220 1757

Sep. 21 1999 11:08AM P2

# WIND LOAD SPECIFICATION

Model: Thermowayne Model 36 & Model 38

Style: Raised Panel and Flush

Size: 8' & 9' Wide

Test Pressure: Pos./Neg. 83 PSF

Test Sample: (4) Section - 9' x 7'-9" (Glazed)

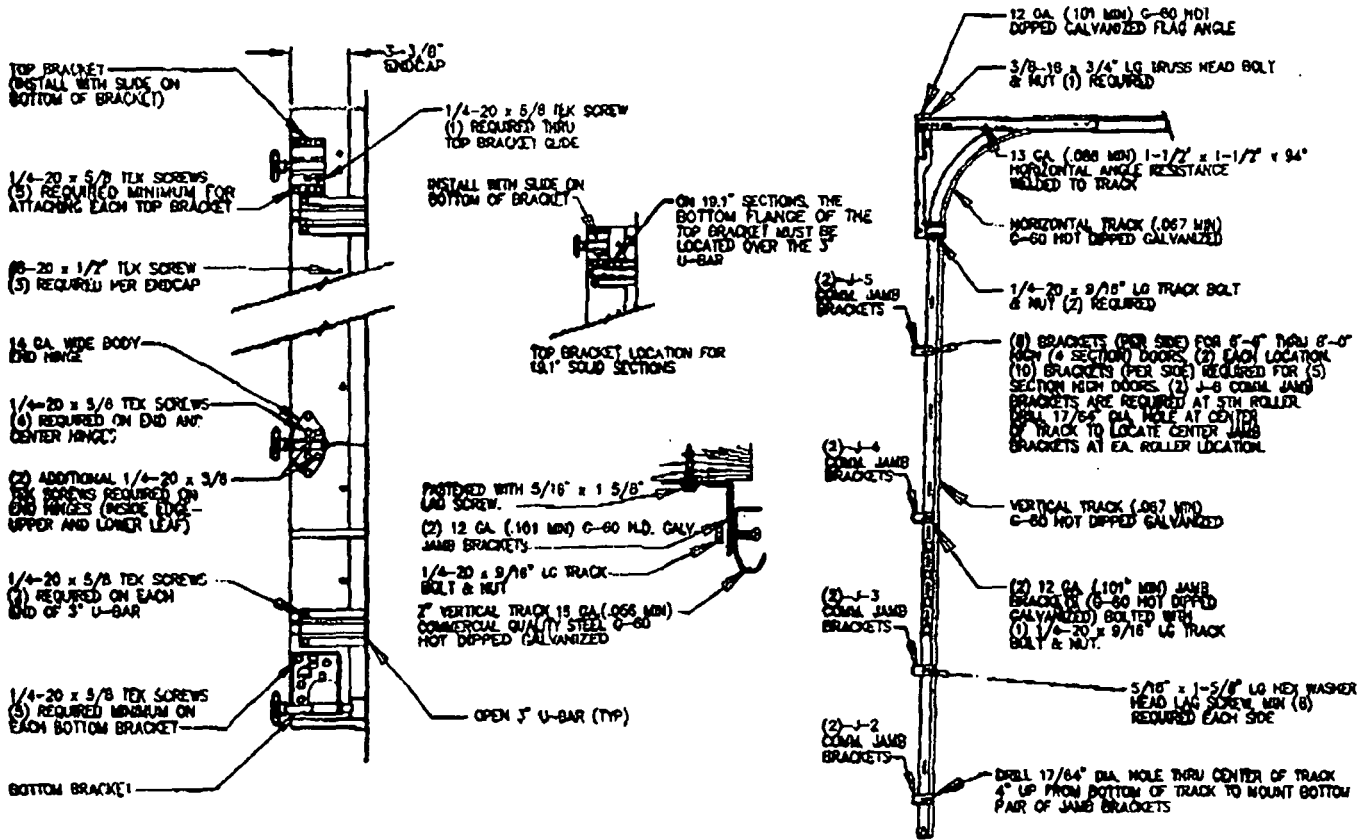
### NOTES:

1. Struts, track, and door steel to have a minimum yield of 33,000 PSI.

### Approved Door Sizes:

- 8'x6'6", 8'x7', 8'x7'6", 8'x8'  
9'x6'6", 9'x7', 9'x7'6", 9'x8'

## TRACK



Approved: *David Monsour*

David Monsour  
CERTIFICATION NO. 0046475

Date: 4.15.97

RESIDENTIAL TRACK DETAIL (BMW)

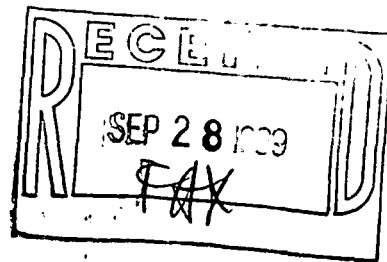
REPORT # WC94.022

427  
:T NO.





# COMMERCIAL CONSTRUCTION DIVISION, INC.



RE: 15 MIDDLE ROAD

Date: 9/28/99  
 To: Calvin Arnold  
Sewards Pt. Bldg Dept  
 From: Bruce Laway

# of Pages: 5

Fax #: 220-4765

Fax #: 561-283-2855

Re:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9/28/99 CALLED SUPPLIER - BRIAN SCHMIDT  
 - SUBMIT THE ENCOMPASS  
 (2 SETS OF FULL PROJ. APP.  
 PKG. REQUIRED)  
 - HE WILL COMPLY

Palm City Millwork

Fax:+561-288-4841

Sep 25 '99

9:34

P.01



**Facsimile Transmittal**

***Palm City Millwork, Inc.***

3313 SW 42ND AVE.  
P.O. BOX 1661  
PALM CITY, FL 34990

(Main Office)  
Phone: (561)-288-7086  
Fax: (561)-288-7440  
Toll Free: 1-(800)-273-5598

(Window & Shutter Department)  
Phone: (561)-288-7086  
Fax: (561)-288-4841  
Toll Free: 1-(800)-273-5598

Date: 9/25/99 From: BEAN SCHMIDT

Company: COMM. CONST. P.A.# 220-34883

Fax #: 283-2855 Number of pages (including this cover): 4

Attention: BRUCE LARAWAY

Comments: WEATHER SHIELD PRODUCTS

HERE ARE THE UP DATED NOA'S  
FOR DADE COUNTY.

THIS SEEMS WEIRD - SOMEONE  
WONT ACCEPT THE ACTUAL TEST RESULTS

BUT WILL ACCEPT SOMETHING SAYING

WEATHER SHIELD IS UP TO DATE PAYING

THEIR FEES TO DADE COUNTY.

IF YOU NEED ANYTHING ELSE - CALL

THANKS  
BEAN

Palm City Millwork

Fax: +561-288-4841

Sep 25 '99

9:36

P. 04



METROPOLITAN DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
SUITE 1603

METRO DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET  
MIAMI, FLORIDA 33130-1568  
(305) 375-2901

FAX (305) 375-2908

INTERNET: mdcc01@shadow.net

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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

**Weather Shield Manufacturing, Inc.**  
**1 Weather Shield Plaza**  
**Medford WI 54451**

Your application for Product Approval of:

*"Contempra TFT Picture" Aluminum Clad Wood Fixed Window*

under Chapter 8 of the Metropolitan 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: *Applicant, along with Drawing No. W96-08, Sheets 1 and 2 of 2. (For listing, see Section 8 of this Notice of Acceptance.)*

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance 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, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. 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.: 95-0927-03

Expires: 11/21/99

Raul Rodriguez  
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**

**BUILDING CODE COMMITTEE**

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

Charles Danger, P.E.  
Director  
Building Code Compliance Dept.  
Metropolitan Dade County

Approved: 11/21/96

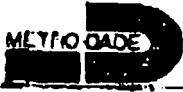
Palm City Millwork

Fax: +561-288-4641

Sep 25 '99

9:35

P. 03



METROPOLITAN DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1803  
MIAMI, FLORIDA 33130-1563  
(305) 375-2901  
FAX (305) 375-2908

## PRODUCT CONTROL NOTICE OF ACCEPTANCE

Weather Shield Manufacturing, Inc.  
1 Weather Shield Plaza  
Medford WI 54451

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

Your application for Product Approval of:

**"Contempra" Aluminum Clad Outswing Wood French Door**

under Chapter 8 of the Metropolitan 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: **Applicant, along with Drawing No. W96-34, Sheets 1 thru 3 of 3. (For listing, see Section 8 of this Notice of Acceptance).**

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 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance 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, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the 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.: 96-0930.02

Expires: 09/11/00

Raul Rodriguez  
Product Control Supervisor

### THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

#### BUILDING CODE COMMITTEE

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

Charles Danger, P.E.

Director  
Building Code Compliance Dept.  
Metropolitan Dade County

Approved: 09/11/97

-1-





Palm City Millwork

Fax: +561-288-4841

Sep 25 '99

9:35

P. 02



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

**Weather Shield Manufacturing, Inc.**

**1 Weather Shield Plaza**

**Medford**

**WI 54451**

**CONTRACTOR LICENSING SECTION**  
(305) 375-2327 FAX (305) 375-2338

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

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

Your application for Product Approval of:

*Contempra TFT Outswing Alum. Clad Wood Casement Window - Impact Resistant*

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.: 98-1110.12

Expires: 04/15/2002

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.

Francisco J. Quintana, R.A.

Director

Miami-Dade County

Building Code Compliance Office

Approved: 04/15/1999

1 of 3



# FRASER ENGINEERING AND TESTING, INC.

VERO BEACH (561) 567-6167      3504 INDUSTRIAL 33rd STREET      FORT PIERCE FLORIDA 34946  
 FORT PIERCE (561) 461-7508      STUART (561) 283-7711      FT. PIERCE 1-800-233-9011

## Report of DENSITY OF SOIL IN PLACE ASTM D2922

CLIENT: Commercial Construction

DATE: 6/1/99

CONTRACTOR: Client

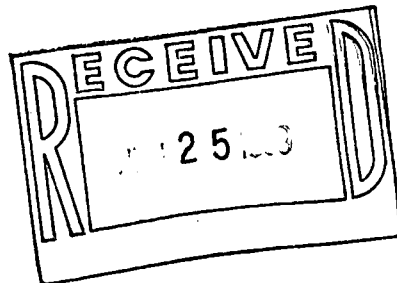
PERMIT #: 4620

SITE: Lot 38, Middle Rd., High Point  
Foundation Fill

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX. DRY WT.		
9842	6/1/99	S.E. Corner	0 - 1'	9842	115.1	110.6	96.1
		S.E. Corner	1 - 2'			113.2	98.3
		Center	0 - 1'			111.9	97.2
		Center	1 - 2'			113.5	98.6
		N.W. Corner	0 - 1'			109.8	95.4
		N.W. Corner	1 - 2'			112.9	98.1
ALL ELEVATIONS BELOW SLAB GRADE.							

Copies: Client - 2

Respectfully submitted,



FRASER ENGINEERING AND TESTING, INC

Alexander H. Fraser, P.E. Fla. Reg. No. 16178

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET

FORT PIERCE, FLORIDA 34946

VERO BEACH (561) 567-6167

FORT PIERCE (561) 461-7598

STUART (561) 283-7711

FT PIERCE 1-800-233-9011

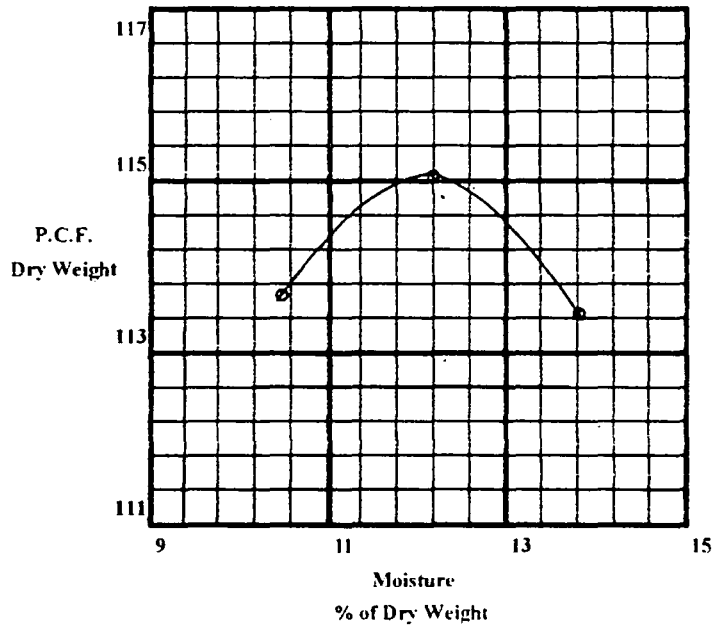
## Report of MOISTURE DENSITY RELATIONSHIP ASTM D-1557

CLIENT: Commercial Construction

DATE: 6/1/99

CONTRACTOR: Client

SITE: Lot 38, Middle Rd., High Point  
Foundation Fill



Test No.	Test Method	Sample Location	Optimum Moisture %	Max. Dry Density- P.C.F.	Soil Description
9842	B	Composite	12.2	115.1	Gray, ss, fine sand with trace of hardpan.

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC.

Alexander H. Fraser, P.E., Florida Reg. No. 16178

**Joseph P. McCarty, Architect**

900 East Osceola Street  
Stuart, Florida, 34994  
561-287-6735 fax: 561-287-4618

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DPR Registration Number 9639

May 26, 1999

Sewall's Point Building Department  
One South Sewall's Point Road  
Sewall's Point, Florida  
34996

sent via fax: 220-4765

RE: Laraway Residence, Lot 38, High Point

To whom it may concern:

Please be advised of the following on the above referenced project:

- 1) Combustion air kit is to be provided for Superior pre-engineered fireplace.
- 2) Smoke detectors are to be provided in accordance with NFPA 74, all detectors to be interconnected. There is currently a detector indicated at bottom of stair.
- 3) Outside main disconnect to be provided on electrical service.
- 4) Spiral stair provides minimum 7 1/2" tread depth at point 12" measured from narrow edge. Riser height is 8".
- 5) Second floor water heater to be placed in an approved overflow pan with relief valve piped to the exterior of the building.
- 6) Two electrical outlets are indicated on front of kitchen island. (Sheet A5)

Please call or fax if additional information is required.

Sincerely,



Joseph P. McCarty

## PLAN REVIEW SEWALL'S POINT

### residential

#### *Town Ordinances*

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

#### *Plans to include*

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

**Florida Accessibility Code**

- Stairs risers 7" max. height, 11" min. depth, nosing 1 1/2" max
- Handrail 32" high
- thresholds max. height 1/2"
- 3 or more steps 30"sq. landing at top, doors not to swing over steps.
- 29" clear openings to toilet facilities

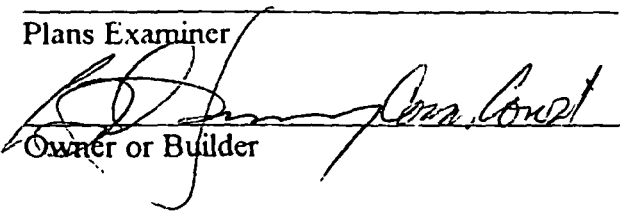
**Local Amendments to the South Florida**

**Lintels 4-22**

- filled cells in lieu of poured columns require #5 bars placed in both jambs of all openings and 2 #5 bars at each corner poured solid and lapped properly
- Copper wiring from load side of meter base
- Wood 6" clearance from grade
- Attic ventillation
- Guardrails for decks, balaconies etc.
- Toilet room ventilation
- Fireplace details
- Gas plan and permit
- Jacuzzi pump access and shock prevention
- Thickened edges on all concrete slabs, 8" width and depth with 1 #3 continous
- V-Zone requirements
- Stairwell protection if storage under stairs, type X 5/8 drywall

Plans Examiner

Owner or Builder



Date

Date

5-26-99

SEWALL'S POINT  
BUILDING DEPARTMENT  
PLAN REVIEW FEE

DATE: 5-19-99

NAME: LARAWAY Bruce

ADDRESS: 15 Middle Rd

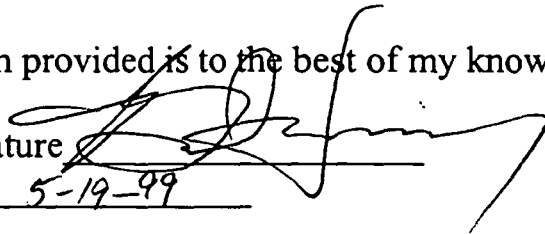
PHONE NUMBER: 220-3488

ESTIMATED COST OF PROJECT BEING REVIEWED 250,000

PROJECT COST 250,000

X \$9.60/m =	<u>2400.00</u>	ESTIMATED
		BLDG.PERMIT FEE
X 10% =	<u>240.00</u>	PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and accurate.

Signature 

Date 5-19-99

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

## Residential Whole Building Performance Method A

<b>Project Name:</b> Laraway Residence <b>Address:</b> <b>City, State:</b> <b>Owner:</b> Bruce and Susan Laraway <b>Climate Zone:</b> South	<b>Builder:</b> Commercial Const. <b>Permitting Office:</b> <b>Permit Number:</b> <b>Jurisdiction Number:</b>
---	--

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</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. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>5. Conditioned floor area (ft<sup>2</sup>)</td><td style="text-align: right;">3060 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>6. Glass area &amp; type</td><td></td><td></td></tr> <tr><td>    a. Clear - single pane</td><td style="text-align: right;">0.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>    b. Clear - double pane</td><td style="text-align: right;">0.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>    c. Tint/other SC - single pane</td><td style="text-align: right;">521.4 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>    d. Tint/other SC - double pane</td><td style="text-align: right;">216.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>7. Floor types</td><td></td><td></td></tr> <tr><td>    a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 280.0(p) ft</td><td style="text-align: right;">___</td></tr> <tr><td>    b. Raised Concrete</td><td style="text-align: right;">R=0.0, 244.0ft<sup>2</sup></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>8. Wall types</td><td></td><td></td></tr> <tr><td>    a. Concrete, Int Insul, Adjacent</td><td style="text-align: right;">R=4.2, 240.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>    b. Frame, Wood, Adjacent</td><td style="text-align: right;">R=19.0, 360.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>    c. Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=4.2, 2880.0 ft<sup>2</sup></td><td style="text-align: right;">___</td></tr> <tr><td>    d. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 240.0 ft<sup>2</sup></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>9. Ceiling types</td><td></td><td></td></tr> <tr><td>    a. Under Attic</td><td style="text-align: right;">R=30.0, 1980.0 ft<sup>2</sup></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>10. Ducts</td><td></td><td></td></tr> <tr><td>    a. Sup: Uncond. Ret: Cond.</td><td style="text-align: right;">Sup. R=6.2, 80.0 ft</td><td style="text-align: right;">___</td></tr> <tr><td>    b. Sup: Cond. Ret: Cond.</td><td style="text-align: right;">Sup. R=6.2, 120.0 ft</td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Is this a worst case?	No	___	5. Conditioned floor area (ft <sup>2</sup> )	3060 ft <sup>2</sup>	___	6. Glass area & type			a. Clear - single pane	0.0 ft <sup>2</sup>	___	b. Clear - double pane	0.0 ft <sup>2</sup>	___	c. Tint/other SC - single pane	521.4 ft <sup>2</sup>	___	d. Tint/other SC - double pane	216.0 ft <sup>2</sup>	___	7. Floor types			a. Slab-On-Grade Edge Insulation	R=0.0, 280.0(p) ft	___	b. Raised Concrete	R=0.0, 244.0ft <sup>2</sup>	___	c. N/A		___	8. Wall types			a. Concrete, Int Insul, Adjacent	R=4.2, 240.0 ft <sup>2</sup>	___	b. Frame, Wood, Adjacent	R=19.0, 360.0 ft <sup>2</sup>	___	c. Concrete, Int Insul, Exterior	R=4.2, 2880.0 ft <sup>2</sup>	___	d. Frame, Wood, Exterior	R=19.0, 240.0 ft <sup>2</sup>	___	e. N/A		___	9. Ceiling types			a. Under Attic	R=30.0, 1980.0 ft <sup>2</sup>	___	b. N/A		___	c. N/A		___	10. Ducts			a. Sup: Uncond. Ret: Cond.	Sup. R=6.2, 80.0 ft	___	b. Sup: Cond. Ret: Cond.	Sup. R=6.2, 120.0 ft	___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>11. Cooling systems</td><td></td><td></td></tr> <tr><td>    a. Central Unit</td><td></td><td style="text-align: right;">Cap: 24.0 kBtu/hr ___ SEER: 10.00 ___</td></tr> <tr><td>    b. Central Unit</td><td></td><td style="text-align: right;">Cap: 36.0 kBtu/hr ___ SEER: 10.00 ___</td></tr> <tr><td>    c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>12. Heating systems</td><td></td><td></td></tr> <tr><td>    a. Electric Strip</td><td></td><td style="text-align: right;">Cap: 24.0 kBtu/hr ___ COP: 1.00 ___</td></tr> <tr><td>    b. Electric Strip</td><td></td><td style="text-align: right;">Cap: 36.0 kBtu/hr ___ COP: 1.00 ___</td></tr> <tr><td>    c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>13. Hot water systems</td><td></td><td></td></tr> <tr><td>    a. Electric Resistance</td><td></td><td style="text-align: right;">Cap: 50.0 gallons ___ EF: 0.88 ___</td></tr> <tr><td>    b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>14. Hot water conservation credits (HR-Heat recovery, solar DHP-Dedicated heat pump)</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>15. Infiltration practice (1, 2, or 3)</td><td></td><td style="text-align: right;">2 ___</td></tr> <tr><td>16. HVAC credits (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</td><td></td><td style="text-align: right;">MZ-C, CF, MZ-H ___</td></tr> </table>	11. Cooling systems			a. Central Unit		Cap: 24.0 kBtu/hr ___ SEER: 10.00 ___	b. Central Unit		Cap: 36.0 kBtu/hr ___ SEER: 10.00 ___	c. N/A		___	12. Heating systems			a. Electric Strip		Cap: 24.0 kBtu/hr ___ COP: 1.00 ___	b. Electric Strip		Cap: 36.0 kBtu/hr ___ COP: 1.00 ___	c. N/A		___	13. Hot water systems			a. Electric Resistance		Cap: 50.0 gallons ___ EF: 0.88 ___	b. N/A		___	14. Hot water conservation credits (HR-Heat recovery, solar DHP-Dedicated heat pump)		___	15. Infiltration practice (1, 2, or 3)		2 ___	16. HVAC credits (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)		MZ-C, CF, MZ-H ___
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c. N/A		___																																																																																																																										
13. Hot water systems																																																																																																																												
a. Electric Resistance		Cap: 50.0 gallons ___ EF: 0.88 ___																																																																																																																										
b. N/A		___																																																																																																																										
14. Hot water conservation credits (HR-Heat recovery, solar DHP-Dedicated heat pump)		___																																																																																																																										
15. Infiltration practice (1, 2, or 3)		2 ___																																																																																																																										
16. HVAC credits (CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)		MZ-C, CF, MZ-H ___																																																																																																																										

Glass/Floor Area: 0.24	Total as-built points: 46173.00	EPI = 91.4
	Total base points: 50520.00	

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

**PREPARED BY:** \_\_\_\_\_


**DATE:** \_\_\_\_\_

I hereby certify that this building 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:** \_\_\_\_\_



**WINTER CALCULATIONS****Residential Whole Building Performance Method A - Details**

ADDRESS: , , ,

PERMIT #:

<b>BASE</b>				<b>AS-BUILT</b>								
<b>GLASS TYPES</b>												
.15 X Conditioned X BWPM = Points Floor Area				Type/SC	Overhang Omt Len Hgt		Area X WPM X WOF	=	Points			
.15	3060.0	-0.40	-183.6	Single, Tint	W	16.0	10.0	70.5	0.20	17.23	242.9	
				Single, Tint	W	3.0	8.0	60.4	0.20	5.24	63.4	
				Single, Tint	W	19.0	10.0	135.0	0.20	18.78	507.1	
				Single, Tint	S	23.0	10.0	43.2	-1.80	-1.82	141.2	
				Single, Tint	S	3.0	6.0	28.5	-1.80	0.42	-21.5	
				Single, Tint	E	3.0	8.0	35.9	0.20	5.24	37.7	
				Single, Tint	E	9.0	10.0	83.2	0.20	11.62	193.3	
				Single, Tint	E	0.8	18.0	10.8	0.20	1.40	3.0	
				Single, Tint	SW	0.8	15.0	10.8	-2.00	0.96	-20.7	
				Single, Tint	NW	0.8	12.0	10.8	2.90	1.03	32.2	
				Single, Tint	N	3.0	8.0	32.3	3.70	1.07	128.2	
				Double, Tint	N	3.0	8.0	216.0	2.40	1.10	571.7	
				<b>As-Built Total:</b>					<b>737.4</b>			<b>1878.5</b>
<b>WALL TYPES</b>				Type	R-Value		Area X WPM	=	Points			
Adjacent	600.0	0.5	300.0	Concrete, Int Insul, Adjacent	4.2		240.0	0.44	105.6			
Exterior	3120.0	0.30	936.0	Frame, Wood, Adjacent	19.0		360.0	0.30	108.0			
				Concrete, Int Insul, Exterior	4.2		2880.0	1.02	2937.6			
				Frame, Wood, Exterior	19.0		240.0	0.30	72.0			
<b>Base Total:</b>	<b>3720.0</b>		<b>1236.0</b>	<b>As-Built Total:</b>			<b>3720.0</b>		<b>3223.2</b>			
<b>DOOR TYPES</b>				Type	R-Value		Area X WPM	=	Points			
Adjacent	18.0	1.30	23.4	Adjacent Wood	1.90		18.0	1.90	34.2			
Exterior	38.0	1.80	68.4	Exterior Wood	2.80		38.0	2.80	106.4			
<b>Base Total:</b>	<b>56.0</b>		<b>91.8</b>	<b>As-Built Total:</b>			<b>56.0</b>		<b>140.6</b>			
<b>CEILING TYPES</b>				Type	R-Value		Area X WPM	=	Points			
Under Attic	1980.0	0.10	198.0	Under Attic	30.0		1980.0	0.10	198.0			
<b>Base Total:</b>	<b>1980.0</b>		<b>198.0</b>	<b>As-Built Total:</b>			<b>1980.0</b>		<b>198.0</b>			
<b>FLOOR TYPES</b>				Type	R-Value		Area X WPM	=	Points			
Slab	280.0(p)	-2.1	-588.0	Slab-On-Grade Edge Insulation	0.0		280.0(p)	-2.10	-588.0			
Raised	244.0	-0.28	-68.3	Raised Concrete	0.0		244.0	1.00	244.0			
<b>Base Total:</b>			<b>-656.3</b>	<b>As-Built Total:</b>					<b>-344.0</b>			

# WINTER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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<b>BASE</b>				<b>AS-BUILT</b>				
<b>INFILTRATION</b>	Area X	BWPM =	Points	Type	Area X	WPM =	Points	
3060.0	1.20	3672.0		Practice #2	3060.0	1.20	3672.0	
<b>Winter Base Points:</b>			<b>4357.9</b>	<b>Winter As-Built Points:</b>			<b>8768.3</b>	
Total Winter Points	X System Multiplier	=	Heating Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier = Heating Points
<b>4357.9</b>	<b>1.10</b>	<b>=</b>	<b>4793.7</b>	<b>8768.3</b>	<b>1.00</b>	<b>1.03</b>	<b>1.00</b>	<b>0.95 8553.6</b>

**SUMMER CALCULATIONS****Residential Whole Building Performance Method A - Details**

ADDRESS: , , ,

PERMIT #:

<b>BASE</b>				<b>AS-BUILT</b>									
<b>GLASS TYPES</b>													
.15	X	Conditioned	X	BSPM =	Points								
		Floor Area											
.15	3060.0	109.70	50352.3	Type/SC	Omt	Overhang Len Hgt	Area	X	SPM	X	SOF	=	Points
				Single, Tint	W	16.0 10.0	70.5		133.90		0.42		3984.0
				Single, Tint	W	3.0 8.0	60.4		133.90		0.80		6484.8
				Single, Tint	W	19.0 10.0	135.0		133.90		0.40		7198.4
				Single, Tint	S	23.0 10.0	43.2		132.50		0.31		1792.0
				Single, Tint	S	3.0 6.0	28.5		132.50		0.65		2458.0
				Single, Tint	E	3.0 8.0	35.9		133.90		0.80		3854.3
				Single, Tint	E	9.0 10.0	83.2		133.90		0.57		6324.6
				Single, Tint	E	0.8 18.0	10.8		133.90		0.98		1418.3
				Single, Tint	SW	0.8 15.0	10.8		143.00		0.98		1508.8
				Single, Tint	NW	0.8 12.0	10.8		94.50		0.97		991.2
				Single, Tint	N	3.0 8.0	32.3		65.20		0.83		1757.5
				Double, Tint	N	3.0 8.0	216.0		54.90		0.83		9896.4
				<b>As-Built Total:</b>			<b>737.4</b>						<b>47668.3</b>
<b>WALL TYPES</b>				Area X BSPM =		Points							
				Type	R-Value		Area X SPM		= Points				
Adajcent	600.0	1.0	600.0	Concrete, Int Insul, Adajcent	4.2		240.0		1.18		283.2		
Exterior	3120.0	1.60	4992.0	Frame, Wood, Adajcent	19.0		360.0		0.60		216.0		
				Concrete, Int Insul, Exterior	4.2		2880.0		2.28		6566.4		
				Frame, Wood, Exterior	19.0		240.0		1.60		384.0		
<b>Base Total:</b>	<b>3720.0</b>		<b>5592.0</b>	<b>As-Built Total:</b>			<b>3720.0</b>			<b>7449.6</b>			
<b>DOOR TYPES</b>				Area X BSPM =		Points							
				Type	R-Value		Area X SPM		= Points				
Adajcent	18.0	2.60	46.8	Adajcent Wood			18.0		3.80		68.4		
Exterior	38.0	6.40	243.2	Exterior Wood			38.0		9.40		357.2		
<b>Base Total:</b>	<b>56.0</b>		<b>290.0</b>	<b>As-Built Total:</b>			<b>56.0</b>			<b>425.6</b>			
<b>CEILING TYPES</b>				Area X BSPM =		Points							
				Type	R-Value		Area X SPM		= Points				
Under Attic	1980.0	0.80	1584.0	Under Attic	30.0		1980.0		0.80		1584.0		
<b>Base Total:</b>	<b>1980.0</b>		<b>1584.0</b>	<b>As-Built Total:</b>			<b>1980.0</b>			<b>1584.0</b>			
<b>FLOOR TYPES</b>				Area X BSPM =		Points							
				Type	R-Value		Area X SPM		= Points				
Slab	280.0(p)	-20.0	-5600.0	Slab-On-Grade Edge Insulation	0.0		280.0(p)		-20.00		-5600.0		
Raised	244.0	-2.16	-527.0	Raised Concrete	0.0		244.0		0.80		195.2		
<b>Base Total:</b>			<b>-6127.0</b>	<b>As-Built Total:</b>						<b>-5404.8</b>			

# SUMMER CALCULATIONS

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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<b>BASE</b>				<b>AS-BUILT</b>											
<b>INFILTRATION</b>	Area	X	BSPM = Points	Type	Area	X	SPM	=	Points						
	3060.0		14.70 44982.0	Practice #2	3060.0		14.70		44982.0						
<b>Summer Base Points: 96673.3</b>				<b>Summer As-Built Points: 96704.7</b>											
Total Summer	X	System	=	Cooling	Total	X	Cap	X	Duct	X	System	X	Credit	=	Cooling
Points		Multiplier		Points	Component		Ratio		Multiplier		Multiplier		Multiplier		Points
<b>96673.3</b>		<b>0.37</b>		<b>35769.1</b>	<b>96704.7</b>		<b>1.00</b>		<b>1.03</b>		<b>0.34</b>		<b>0.82</b>		<b>27665.2</b>

# WATER HEATING AND EPI SUMMARY

## Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT								
<b>WATER HEATING</b>												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total Multiplier		
3		3319.00	9957.0	50.0	0.88	3		1.00	3318.00	1.00	9954.0	
											<b>As-Built Total:</b>	<b>9954.0</b>

EPI SUMMARY										
BASE					AS-BUILT					
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+ Hot Water Points	= Total Points
35769.1		4793.7		9957.0	50519.8	27665.2		8553.6	9954.0	46172.8

EPI: 91.4



**Joseph P. McCarty, Architect**

900 East Osceola Street

Stuart, Florida, 34994

561-287-6735 fax: 561-287-4618

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DPR Registration Number 9639

June 2, 1999

Sewall's Point Building Department

One South Sewall's Point Road

Sewall's Point, Florida

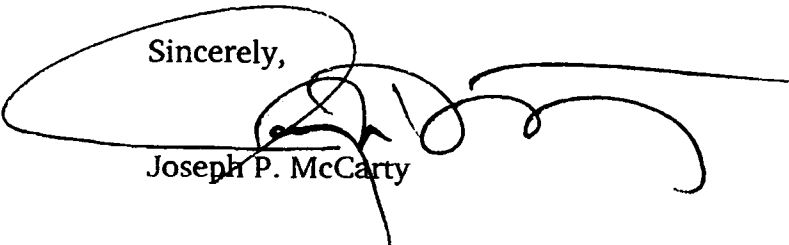
34996

RE: Laraway Residence, Lot 38 High Point

To whom it may concern:

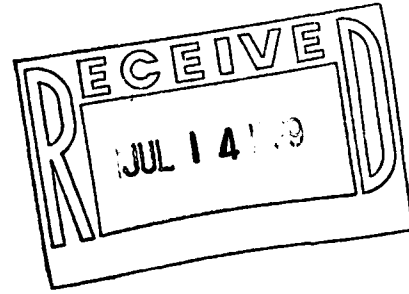
Please be advised that Dade county product approval for all windows and doors on the above referenced project will be supplied before framing inspection.

Sincerely,

  
Joseph P. McCarty



# COMMERCIAL CONSTRUCTION DIVISION, INC.



TRANSMITTAL LETTER

TO: Sewells Pt. B. Dept. DATE: 7-14-99  
Att: Edwin B. Arnold Bkg. Off.

JOB: LARAWAY Res.

WE TRANSMIT HEREWITH FOR YOUR: INFORMATION Window info requested  
APPROVAL \_\_\_\_\_  
CORRECTION \_\_\_\_\_  
RETURN \_\_\_\_\_

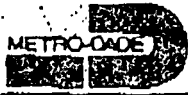
~~COPIES OF~~ \_\_\_\_\_  
Info.: Weather Shield

Pella  
Hurd

SHEET NOS. \_\_\_\_\_  
Garage Doors to follow!

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

Sincerely,  
By: Bruce D. Laraway



METROPOLITAN DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1803  
MIAMI, FLORIDA 33130-1563  
(305) 375-2901  
FAX (305) 375-2908

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

Weather Shield Manufacturing, Inc.  
1 Weather Shield Plaza  
Medford WI 54451

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

Your application for Product Approval of:

*"Contempra" TFT Outswing Aluminum Clad Wood Casement Window*


under Chapter 8 of the Metropolitan 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: *Applicant, along with Drawing No. W97-44, Sheets 1 thru 3 of 3. (For listing, see Section 8 of this Notice of Acceptance)*

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 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance 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, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the 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.: 96-0708.02 (Revises No.: 95-0130.07)


Expires: 10/26/98

  
Raul Rodriguez  
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**

**BUILDING CODE COMMITTEE**

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

  
Charles Danger, P.E.  
Director  
Building Code Compliance Dept.  
Metropolitan Dade County

Approved: 03/12/98





Weather Shield Manufacturing, Inc.ACCEPTANCE No.: 96-0708.02APPROVED : MAR 12 1998EXPIRES : October 26, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. DESCRIPTION OF UNIT**

- 1.1 This approves an aluminum clad wood casement window 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 in Section 7 and within the limitations contained in Section 3.
- 1.2 Model Designation "Contempra" TFT Outswing Aluminum Clad Wood Casement Window
- 1.3 No. & Size of Vents: One vent panel, 2' 6-1/2" wide by 5' 10-5/8" high.

**2. MATERIAL CHARACTERISTICS**

- 2.1 See Al-Farooq Corporation's Drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 1 thru 3 of 3, bearing the Miami-Dade County Product Control approval stamp.
- 2.2 Frame and Sash Material: Ponderosa pine wood frame with 6063-T5 aluminum exterior cladding.
- 2.3 Glazing:
- 2.3.1 Glazing Method: Interior glazed against adhesive backed foam tape on the exterior aluminum cladding members. Wood glazing beads with silicone are used on the interior side.
- 2.3.2 Davlight Opening: 26-7/8" wide by 67" high.
- 2.4 Sash Construction:
- 2.4.1 Stiles: 0.688" face by 1.672" deep wood profile (Part # 311369) with 1.803" face by 1.625" deep by 0.050" wall thickness exterior aluminum cladding (Part # 969381).
- 2.4.2 Rails: 0.688" face by 1.422" deep wood profile (Part # 311368) with 1.803" face by 1.625" deep by 0.050" wall thickness exterior aluminum cladding (Part # 969378).
- 2.4.4 Corner Construction: Mitered aluminum corners fastened with two screws per corner. Wood sections are tongue and groove fit to aluminum and have butted and overlapped corners.
- 2.5 Frame Construction:
- 2.5.1 Head: 1.250" by 4.563" deep rabbeted wood profile (Part # 310003) with a 0.509" face by 2.186" deep by 0.045" thick aluminum extrusion exterior cladding (Part # 900508).
- 2.5.2 Jamb: 1.250" by 4.563" deep rabbeted wood profile (Part # 310005) with a 0.509" face by 2.186" deep by 0.045" thick aluminum extrusion exterior cladding (Part # 780002) with a T.50" nailing fin.
- 2.5.3 Sill: 0.984" by 4.531" deep rabbeted wood profile (Part # 310004) with a 0.509" face by 2.186" deep by 0.045" thick aluminum extrusion exterior cladding (Part # 900508).
- 2.5.4 Mullion: Mullions shall consist two wood profiles, joined together back-to-back with no reinforcement. Either head/sill or jamb/jamb, attached together as shown in Section "E", Sheet 2 of 3.
- 2.5.5 Corner Construction: Wood frame members are coped, butted and sealed corner construction secured with three, 1-1/2" long by 1/2" wide staples per corner. Aluminum sections are mitered and fastened with one screw per corner.

  
 Manuel Perez, P.E. Product Control Examiner  
 Product Control Division

Weather Shield Manufacturing, Inc.ACCEPTANCE No.: 96-0708.02APPROVED : MAR 12 1998EXPIRES : October 26, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**6. USE**

6.1 Application for building permit shall be accompanied by two copies of the following:

6.1.1 This Notice of Acceptance

6.1.2 Duplicate prints drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 1 thru 3 of 3, prepared by Al-Farooq Corporation, 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 plans are herein refer to as the approved plans, clearly marked to show the components selected for the proposed installation.

6.2 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.

6.3 This document revises Notice of Acceptance No. 95-0130.07 dated October 26, 1995.

6.4 Note: The installation of this unit will require a hurricane protective system.**7. TESTS PERFORMED****7.1 TEST:****RESULTS:**

TEST	TEST LOADS	DESIGN LOADS
<b>SINGLE UNIT TEST</b>		
AIR INFILTRATION @ 1.37 PSF SFBC PA 202-94	0.01 CFM/FT <sup>2</sup>	-----
AIR INFILTRATION @ 6.24 PSF SFBC PA 202-94	0.04 CFM/FT <sup>2</sup>	-----
UNIFORM STATIC PRESSURE @ DESIGN LOAD SFBC PA 202-94 POSITIVE	+80.0 PSF	+80.0 PSF
UNIFORM STATIC PRESSURE @ DESIGN LOAD SFBC PA 202-94 NEGATIVE	-70.0 PSF	-70.0 PSF
WATER RESISTANCE (PSF) SFBC PA 202-94	+12.0 PSF	+80.0 PSF
UNIFORM STATIC AIR PRESSURE @ FULL TEST LOAD SFBC PA 202-94 POSITIVE	+120.0 PSF	+80.0 PSF
UNIFORM STATIC AIR PRESSURE @ FULL TEST LOAD SFBC PA 202-94 NEGATIVE	-105.0 PSF	-70.0 PSF
FORCED-ENTRY RESISTANCE (FER) ASTM F585 and SFBC PA 202-94	SATISFACTORY	-----
Design Pressure Rating (Positive)		+80.0 PSF
Design Pressure Rating (Negative)		-70.0 PSF
For Design Pressure Rating vs. Window Size, see "Design Load Capacity Table" on Sheet 1 of 3, of Drawing No. W97-44, bearing the Dade County Product Control approval stamp.		

*Manuel Perez*  
 Manuel Perez, P.E. Product Control Examiner  
 Product Control Division

Weather Shield Manufacturing, Inc.

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 12 1998

EXPIRES : October 26, 1998

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

**2.6 Hardware:**

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.6.1	One	Metal roto-operator	At sill of the window.
2.6.2	Two	Metal lever lock with keepers	Locking jamb, at 14 3/4" from each end.
2.6.3	Two	Metal two bar hinge with guide	One per vent, at top and bottom rail.
2.6.4	Two	Metal vent glide track	At head and sill.
2.6.5	Three pair	Metal snubber	At hinge jamb, 17 1/2" from ends and midspan.
2.6.6	One	External metal snubber	At midspan of hinge jamb.

**3. LIMITATIONS**

3.1 This approval applies to single unit applications, side-by-side applications and top-and-bottom applications, as shown in Section 10.

3.2 Single unit applications: For Design Pressure Rating of single unit applications, using "Design Load Capacity - PSF," see Al-Farooq Corporation's Drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 1 of 3, bearing the Miami-Dade County Product Control approval stamp.

3.3 Side-by-side applications and top-and-bottom : For Design Pressure Rating of multiple unit applications, see Al-Farooq Corporation's Drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 3 of 3, bearing the Miami-Dade County Product Control approval stamp.

**4. INSTALLATION:**

4.1 See Al-Farooq Corporation's Drawing No. W97-44, titled "Direct Set Aluminum Windows," Sheet 1 thru 4 of 4, bearing the Miami-Dade County Product Control approval stamp.

Note: Please see note #11, Page 3

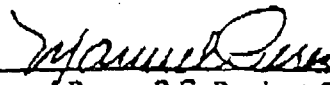
Note: Please see note #11, Page 3

4.2 Attachments of sub-bucks shall be designed by the Architect or Engineer of Records and must be in compliance with the South Florida Building Code.

4.3 Fasteners must be made of stainless steel or have adequate protection against corrosion, per DIN 50018. Aluminum contacting metals not considered compatible shall be properly protected.

**5. IDENTIFICATION**

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".

  
Manuel Perez, P.E. Product Control Examiner  
Product Control Division

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 1 2 1998

EXPIRES : October 26, 1998

**NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**

**7.2 TEST:**

**RESULTS:**

TEST	TEST LOADS	DESIGN LOADS
<b>SIDE-BY-SIDE UNITS TEST</b>		
UNIFORM STATIC PRESSURE AT DESIGN LOADS SFBC PA 202-94 POSITIVE	+40.0 PSF ATI-20304-N	+40.0 PSF ATI-20304-N
UNIFORM STATIC PRESSURE AT FULL TEST LOAD ASTM E330 PA 202-94 POSITIVE	+60.0 PSF ATI-20304-N	+40.0 PSF ATI-20304-N
This is a verification test only. For Design Pressure Rating vs. Mullion length, see "Mullion Load Curves" and for Design Pressure Rating vs. Anchor types "A" or "B", see corresponding "Anchor Load Chart", on Sheet 3 of 3, of Drawing No: W97-44, bearing the Dade County Product Control approval stamp.		

**8. EVIDENCE SUBMITTED**

**8.1 Tests:**

8.1.1 Test Report No. ATI-16232-N, prepared by Architectural Testing, Inc., August 23, 1995, signed and sealed by Allen N. Reeves, P.E. for the following tests:

- 1) Air Infiltration Test, per PA 202-94.
- 2) Uniform Load Static Air Pressure Test, per PA 202-94.
- 3) Water Resistance Test, per PA 202-94.

along with the manufacturer's parts and section drawings marked Architectural Testing, Inc.,

8.1.2 Test Report No. ATI-20304-N, prepared by Architectural Testing, Inc., dated 06/19/97, signed and sealed by Allen N. Reeves, P.E. for the following tests:

- 1) Uniform Load Static Air Pressure Test, per PA 202-94.

along with the manufacturer's parts and section drawings marked Architectural Testing, Inc.,

**8.2 Drawing:**

8.2.1 Manufacturer's die drawings and sections.

8.2.2 Drawing No. W97-44, Weather Shield Windows & Doors, titled "Casement/Outswing Windows" Sheets 1 thru 3 of 3, prepared by Al-Farooq Corporation, dated 12/09/97, revised on 02/04/98, signed and sealed by Humayoun Farooq, P.E.

**8.3 Calculations:**

8.3.1 Structural mullion and anchor calculations prepared by Al-Farooq Corporation, dated June, 1996, revised on Feb, 8, 1998, signed and sealed by Humayoun Farooq, P.E.

**9. COMPARATIVE ANALYSIS:** See Al-Farooq Corporation's Dwg No. W97-44, titled "Casement/Outswing Windows," Sheet 1 thru 3 of 3, bearing the Miami-Dade County Product Control approval stamp.

**10. TYPICAL ELEVATION:** For typical window elevation and cross sections and for anchoring details, see Drawing No. W97-44, Sheets 1 thru 3 of 3, bearing the Dade County Product Control approval stamp.

*Manuel Perez*  
Manuel Perez, P.E. Product Control Examiner  
Product Control Division

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 12 1998

EXPIRES : October 16, 1998

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: "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 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, 2, 2(a) through 2(c) and this last page 3.

Items 10, 11 & 12 listed below only apply to glazed products and doors

10. Unless specifically indicated in the Acceptance (approval), this unit is approved as a single unit installation. For multiple installation of this unit, a separate Acceptance for mullions is required from the Product Control Section.
11. The spacing of fasteners at window sills shall be as indicated in Section 4 of this Notice of Acceptance. The spacing of fasteners in all other parts of the frame, shall be as indicated in Section 4 of this Notice of Acceptance, but in no case shall exceed 24" on center. The first fastener shall be located at a maximum of 6" from each corner and mullion or stile. Fastener shall fully penetrate the buck, which shall be the same size as the one tested with the unit. No wood or plastic shields or pins shall be used for anchoring.
12. Hardware for all windows and doors shall conform to Security and Forced Entry Prevention, Chapter 36 of the South Florida Building Code.

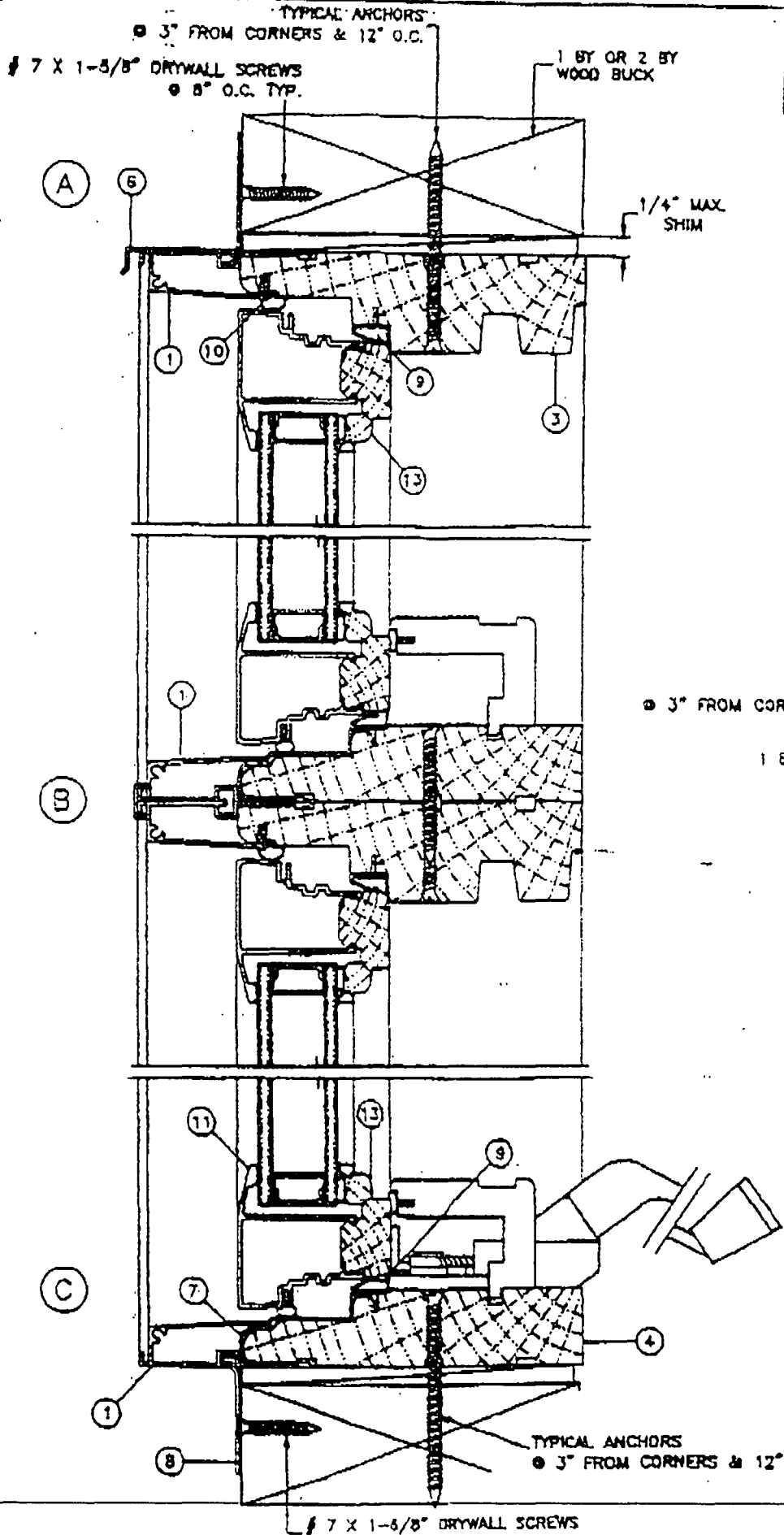
  
Manuel Perez, P. E., Product Control Examiner  
Product Control Division

END OF THIS ACCEPTANCE

WOOD BUCKS NOT BY WEATHER SHIELD.  
IMPOSED BY GLAZING SYSTEM AND TRANS  
TO THE BUILDING STRUCTURE.

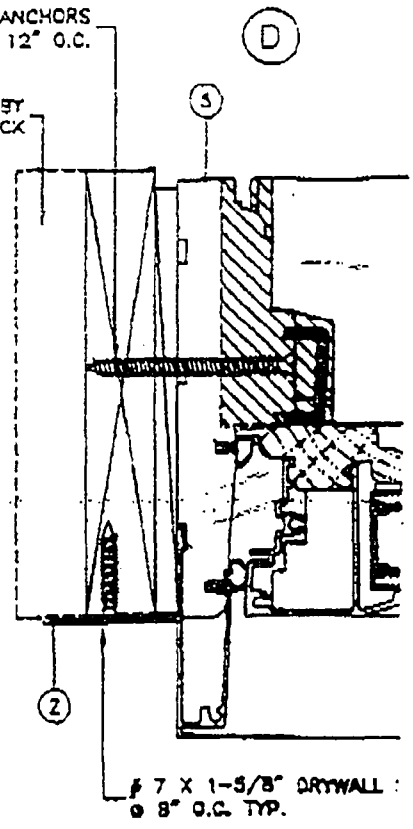
**TYPICAL ANCHORS:**

- A. INTO 2" BY WOOD BUCKS  
# 10 SMS OR 3/16" DIA. TAPCON:  
WITH 1-3/8" MIN. PENETRATION IN
- B. INTO 1" BY WOOD BUCKS OR INTO  
3/16" DIA. TAPCONS  
WITH 1-1/4" MIN. EMBED INTO MA



TYPICAL ANCHORS  
 ○ 3" FROM CORNERS & 12" O.C.

1 BY OR 2 BY WOOD BUCK

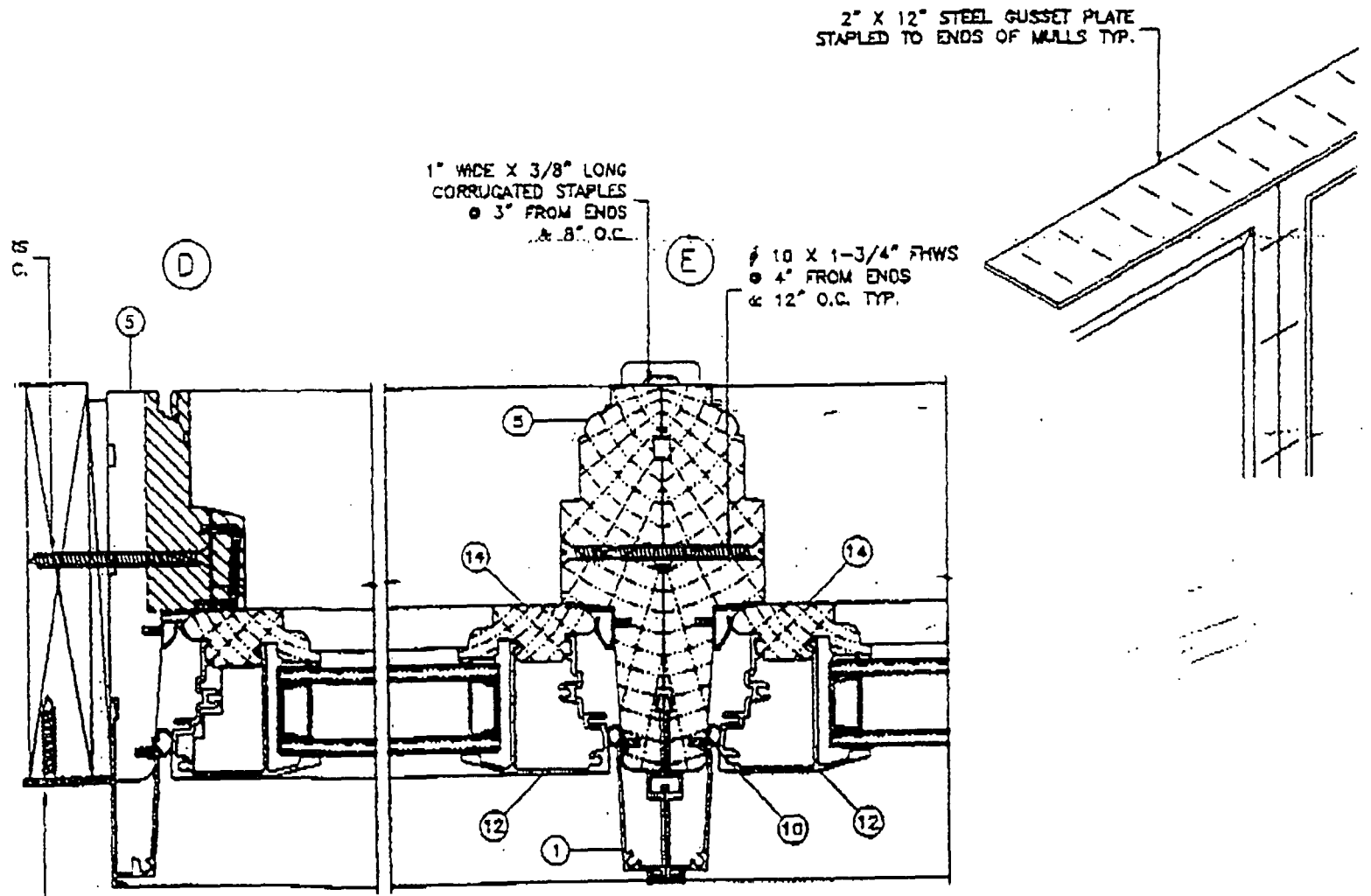


IS NOT BY WEATHER SHIELD. MUST SUSTAIN LOADS / GLAZING SYSTEM AND TRANSFER THEM TO BUILDING STRUCTURE.

**CALL ANCHORS:**

- 2" BY WOOD BUCKS
- SMS OR 3/16" DIA. TAPCONS
- 1-3/8" MIN. PENETRATION INTO WOOD
- 1" BY WOOD BUCKS OR INTO MASONRY
- DIA. TAPCONS
- 1-1/4" MIN. EMBED INTO MASONRY

ITEM #	PART #	REQD.	DESCRIPTION	REMARK
1	900308	2	HEAD & SILL TPT	ALUMI
2	780002	2	SIDE TRIM WITH NAILING FIN	ALUMI
3	310003	1	HEAD JAMB	WOOD
4	310004	1	SILL	WOOD
5	310005	2	SIDE JAMBS	WOOD
6	780011	1	DRIP CAP	ALUMI
7	969911	1	SILL CLAD	ALUMI
8	760103	1	SILL NAILING FIN	ALUMI
9	760611	4	WEATHERSTRIP	-
10	760013	3	HEAD & SIDE JAMB WEATHERSTRIP	-
11	969378	2	SASH RAIL COVER	ALUMI
12	969381	2	SASH STILE COVER	ALUMI
13	311368	2	RAIL	WOOD
14	311369	2	STILE	WOOD



2" X 12" STEEL GUSSET PLATE  
STAPLED TO ENDS OF MULLS TYP.

1" WIDE X 3/8" LONG  
CORRUGATED STAPLES  
● 3" FROM ENDS  
& 8" O.C.

φ 10 X 1-3/4" FRWS  
● 4" FROM ENDS  
& 12" O.C. TYP.

φ 7 X 1-5/8" DRYWALL SCREWS  
● 8" O.C. TYP.

Engr. DR. HUMAYUN FAROOQ  
STRUCTURES  
FLA. PE # 18557

APPROVED AS COV  
SOUTH FLORIDA BLDG  
DATE: MARCH  
BY: Wall  
PROJECT CONTROL  
BUILDING CODE  
ACCEPTANCE NO. 9

FEB 06 1998

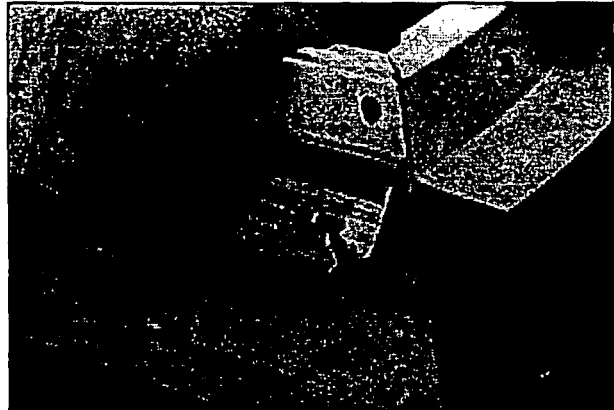


## Circlehead Window Installation Instructions

**Important:** Read thoroughly before beginning. Failure to install as recommended will void any warranty, written or implied.

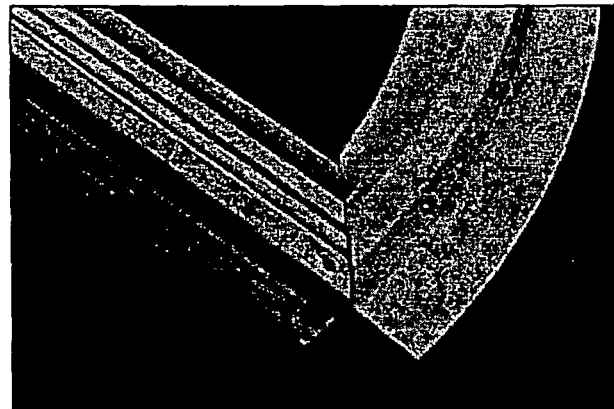
**General information:** These instructions describe the procedure for installing ProLine® circlehead windows individually. If you are joining this window to other Pella windows or doors, please follow the "[Mullion Kit Assembly Instructions](#)".

1. Bend out the installation fin at the sill.

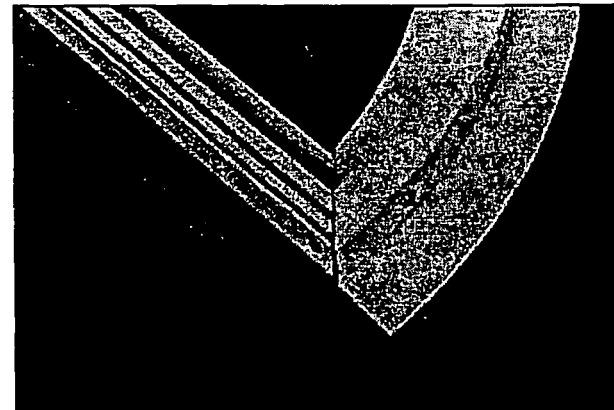


Fin must be bent out to at least 90°. Do not underbend.

2. Follow the instructions on the window label. (Step 3 thru Step 11).

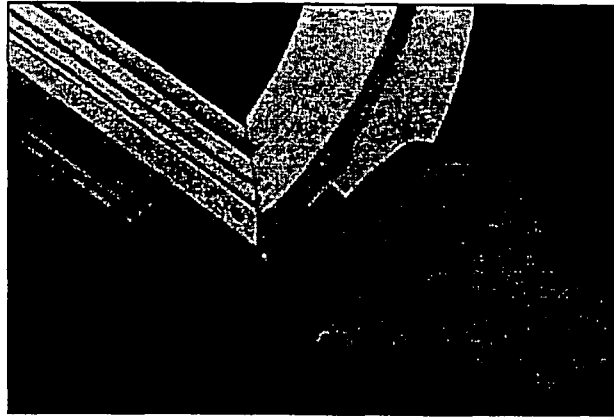


3. Seal each end of the sill installation fin to the wall sheathing with a piece of waterproof tape (provided).

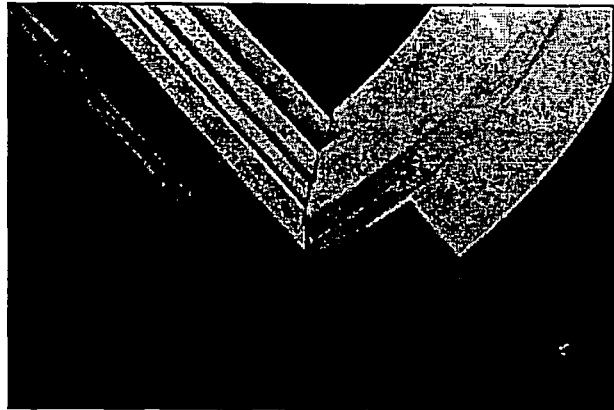




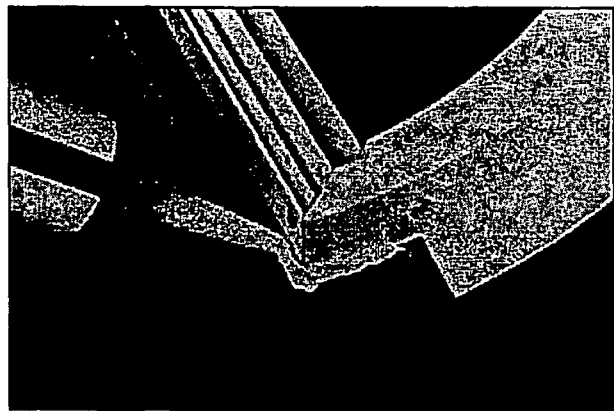
4. Apply another piece of waterproof tape from the head drip fin to overlap the tape on the sill.



5. Press firmly to make certain that the two pieces are sealed together.

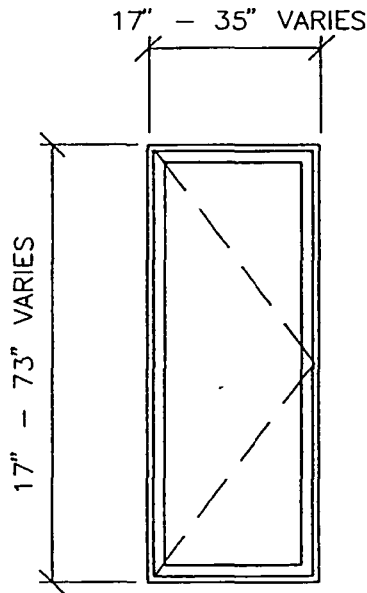


6. Apply a quality sealant to the joint between the waterproof tape and the window.
7. Install flashings, siding or brick veneer per normal practices. Apply quality sealant to perimeter of window.





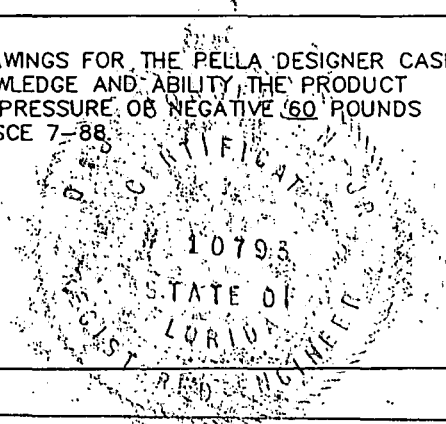
PELLA DESIGNER CASEMENT - VENTING



PELLA DESIGNER CASEMENT - REFERENCE THE PELLA ARCHITECTURAL DESIGN MANUAL - VOLUME 2 / SECTION 1  
-STANDARD UNITS AVAILABLE.  
-MAXIMUM SIZE 15 SQ. FT.

WE HAVE REVIEWED THE PRODUCT DRAWINGS FOR THE PELLA DESIGNER CASEMENT AND TO THE BEST OF OUR KNOWLEDGE AND ABILITY THE PRODUCT SHOWN WILL MEET A MINIMUM DESIGN PRESSURE OF NEGATIVE 60 POUNDS PER SQUARE FOOT AS OUTLINED IN ASCE 7-88.

O.J. JORGENSEN, P.E.  
Fla. Reg. #10793



GLASS =

$A = 4.9 \times 2.9 = 14.2 \text{ SF}$

GLASS REQ'D (TABLE E, ASCE 7-88) = 1/8" F-T.

JAMBS =

$M = (60 \times 1.50) \times 1.67^2 \times \frac{12}{8} = 377 \text{ "}\#$

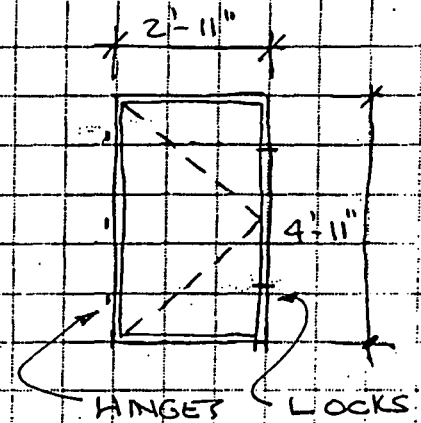
$S_{\text{JAMBS}} = \frac{1.5 \times 1.75^2}{6} = .765 \text{ "}\#$

$f = \frac{377}{.765} = 492 \text{ psi. } \underline{\underline{OK}}$

FRAMES REQUIRE 3 TAPCONS EACH JAMB,  
 2 TAPCONS EACH SILL.

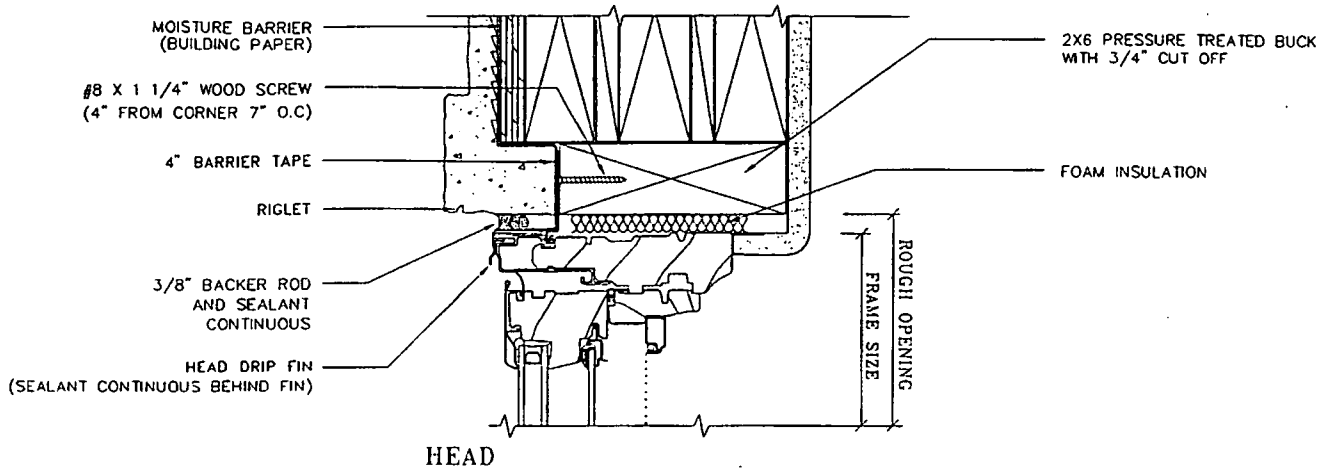
ALL 1/4"  $\phi$  @ 600# = 6,000# TOTAL

MAX. WIND LOAD =  $60 \times 5 \times 3 = 900 \# \underline{\underline{OK}}$

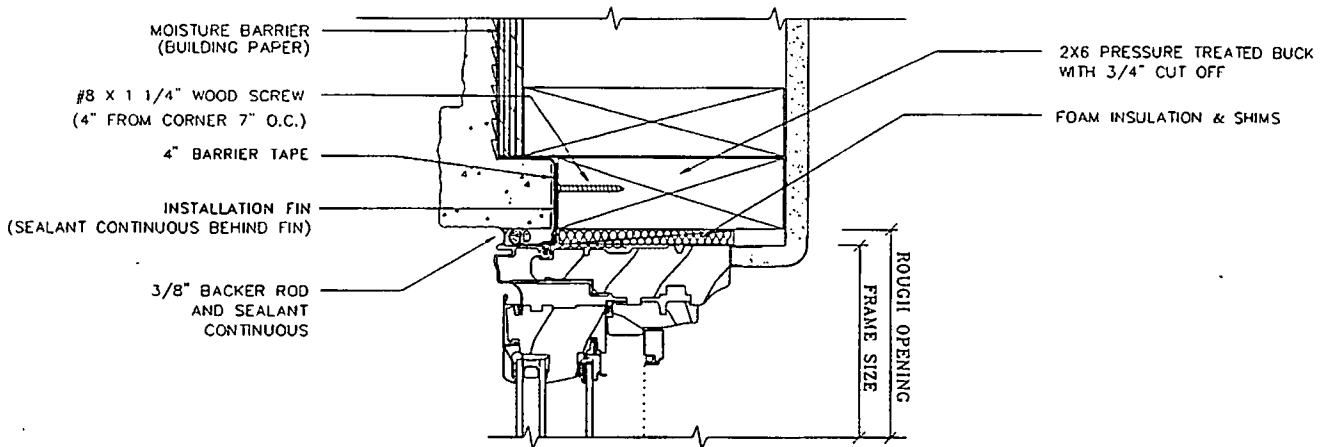


WINDOW MEETS SFBC  
 UP TO 60 PSF

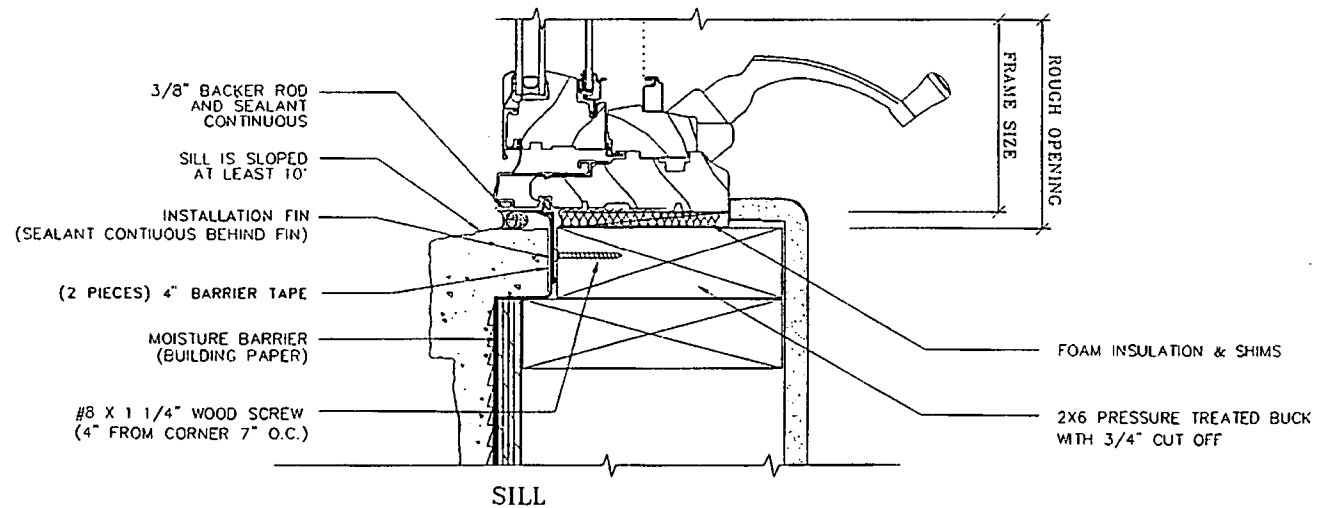
*[Faint circular stamp and handwritten notes, including the name 'JORGENSEN']*



HEAD



JAMB



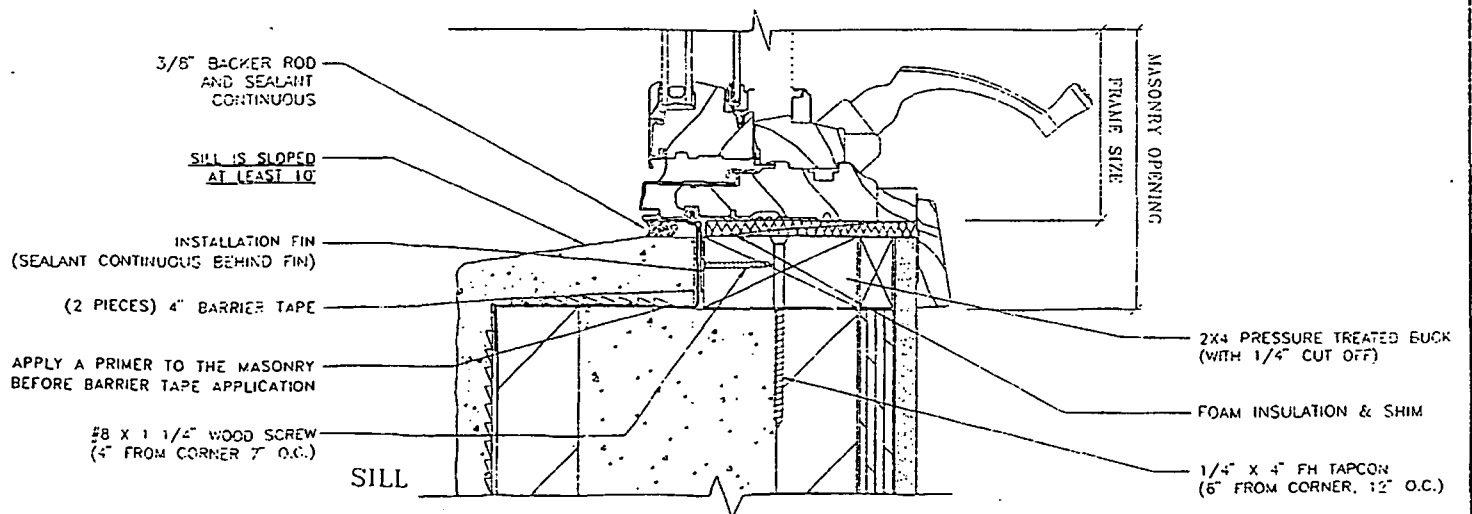
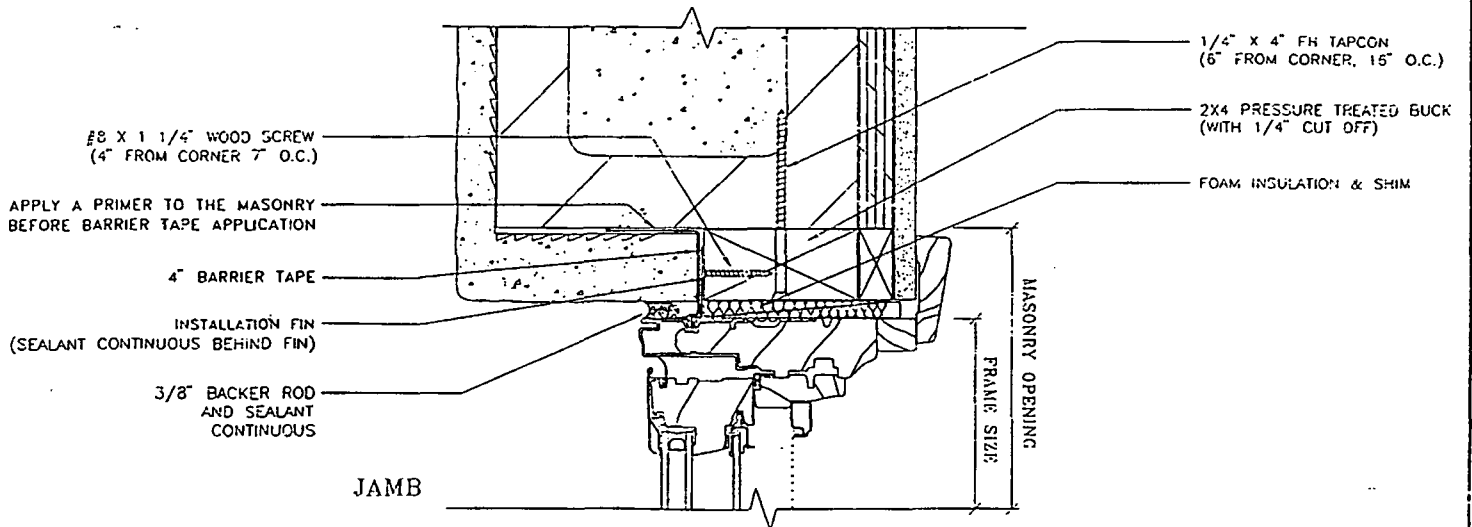
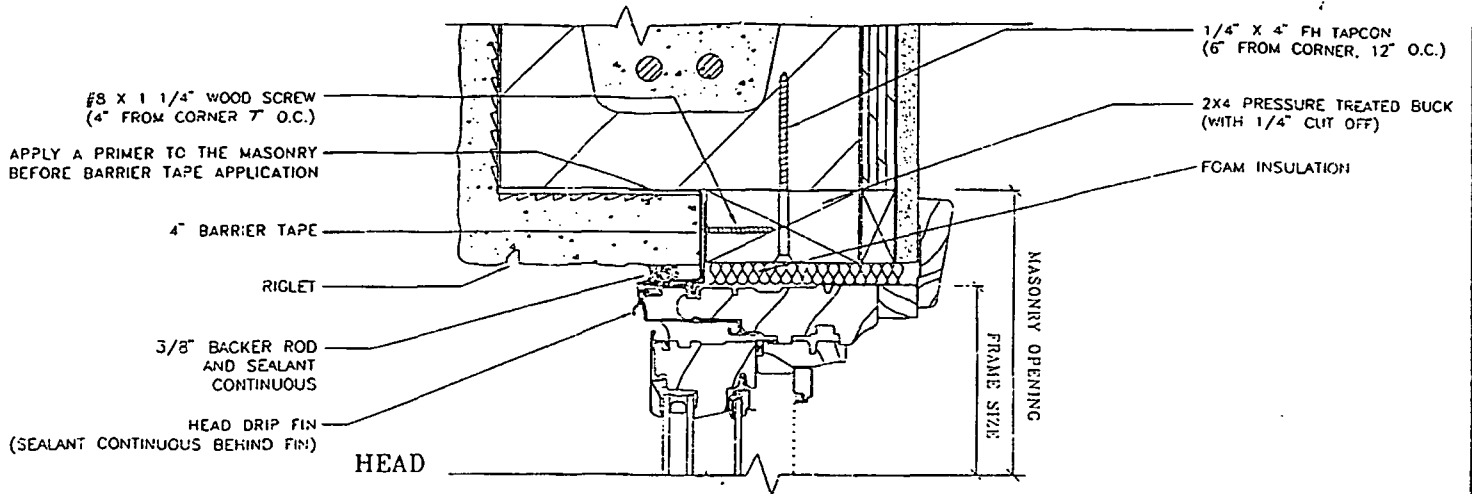
SILL

3 11/16 JAMB



**Pella Windows & Doors**  
 ROBERT HUNT CORPORATION *Distributing Pella Products Since 1962*

JOB NAME: 2X6 FRAME WALL W/ STUCCO	LOCATION: LONGWOOD, FL
ARCHITECT: N/A	BUILDER: N/A
DRAWN BY: TIMOTHY A. BELINGER	DATE: AUGUST 19, 1997
CHECKED BY: DAN HUNT	SCALE: 3" = 1'-0"
DESCRIPTION: CLAD WINDOW INSTALLATION	DRAWING NO. DET-6F



4 9/16 JAMB



**Pella Windows & Doors®**  
 ROBERT HUNT CORPORATION *Distributing Pella Products Since 1962*

JOB NAME: 2X4 MASONRY WALL W/ SILCO	LOCATION: LONGWOOD, FL
ARCHITECT: N/A	BUILDER: N/A
DRAWN BY: TIMOTHY A. BELINGER	DATE: AUG 19, 1997
CHECKED BY: RAN HUNT	SCALE: 3/8" = 1'-0"
DESCRIPTION: CLAD WINDOW INSTALLATION	DRAWING NO. DET-1A



**CERTIFIED TESTING LABORATORIES**  
 Architectural Division  
 7252 Narcoossee Road • Orlando, Florida 32822  
 Phone (407) 384-7744 • Fax (407) 384-7751

**ENGINEERS NOTICE OF PRODUCT EVALUATION**

Mr. Tracy Califar  
 Hurd Millwork Co., Inc.  
 575 South Whelen Ave.  
 Milford, WI 54451

Date: 9 Sept 1996  
 Report: CTLA-134W-2

**Description of Unit Series Number:**

Model Designation: Identified by the manufacturer as "Wood Double Hung Tilt Window with Clad Frame and Prefinished Sash"

**Maximum Overall Size:**

37.5" x 64.5"

**General Description:**

Unit tested with .750" insulated glass, set on foam glazing tape interior and exterior. Weatherstripping consisted of bulb vinyl on rail and also on the head and sill stops. Hardware included one (1) cam lock and two (2) deadbolts on the check rail as well as vinyl jamb liners housing sash balances.

**Evidence Submitted:**

Twin City Testing Corporation, Project No. 4143 88-306 Signed by Al M. Mazig Fenestration Engineer 4/3/89.

**Tests Performed:**

	Test Load Passed	Design Load Passed
Air Infiltration @ 1.56 paf (25 mph) ASTM 283-84 .06 cfm/ft		
Water Resistance @ 4.43 paf (42.1 mph) 5.0 gph/ft <sup>2</sup> Per ASTM 331-86 15 min.	4.43 paf	29.5
Uniform Static Air Pressure (165 mph) Per ASTM 330-84 Ten Second Load	Positive 68 paf Negative 68 paf	45.3 paf 45.3 paf

**Design Pressure Rating:** -45.3- For use in locations adhering to the S.B.C.C.I., S.F.B.C., S.F.B.C. Broward Edition, and where the pressure requirements as determined by ASCE 7 Minimum Design Loads for Buildings and Other Structures does not exceed design pressure rating listed above.

This engineers notice of product evaluation prepared by Certified Testing Laboratories under the direction of Ramesh Patel P.E reflect the results obtained by Twin City Testing Corporation in the specimen as tested. This report does not imply product certification.

James Blakely  
 Vice President Architectural

Ramesh Patel P.E.

cc: Hurd (2)  
 Patel P.E.

File

**MAXIM**

TECHNOLOGIES, INC.

PROJECT NUMBER: 9754612B

PAGE: 3 of 5

DATE: December 30, 1997

TEST RESULTS (Continued):

	<u>ACTUAL</u>	<u>C-55 PERFORMANCE REQUIREMENTS</u>
<u>Structural Load Test</u>		
Chamber Pressure, psf	+82.50	+82.50
Duration, sec	10.00	10.00
Permanent Set, in.	Negligible	0.240 maximum
Chamber Pressure, psf	-82.50	-82.50
Duration, sec	10.00	10.00
Permanent Set, in.	Negligible	0.240 maximum

Forced Entry Resistance

<u>Test</u>	<u>Load (lbs)</u>	<u>Duration (min)</u>	<u>Performance</u>
Hand Manipulation	---	5	Satisfactory
Tool Manipulation	---	5	Satisfactory
11	150	2	Satisfactory
12	150, 75	2	Satisfactory
Hand Manipulation	---	5	Satisfactory
Tool Manipulation	---	5	Satisfactory

Casement Specific Tests

	<u>Results</u>	<u>Allowed</u>
Vertical Deflection @ 60 lbs	0.063"	0.720"
Hardware Load Test @ 6.24 lb/ft <sup>2</sup>	No Damage	No Damage

SAMPLE DESCRIPTION:

Overall Size: 36 3/16" x 60 3/16"  
 Sash Size: 34 1/2" wide by 58 1/2" high  
 Finish: Interior wood with white cladding

Austin Research Engineers • Chen-Northern • Empire Safe Investigations  
 Kansas City Testing • Southwestern Laboratories • Twin City Testing

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**MAXIM**  
TECHNOLOGIES, INC.

PROJECT NUMBER: 9754612B

PAGE: 2 of 5

DATE: December 30, 1997

**IN-PLANT WITNESS TESTING OF 3155 CLAD CASEMENT WINDOW**  
*"Performance Plus" Option***INTRODUCTION:**

This report presents the results of in-plant testing conducted on a casement window manufactured by Hurd Millwork Company. This work was requested and authorized by Mr. John Antross of Hurd Millwork with testing conducted on December 23, 1997.

The purpose of the testing was to determine the performance of the window for air infiltration, water resistance, and structural integrity when tested in accordance with ASTM procedures included in AAMA/NWWDA 101/I.S.2-97 "Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors".

**TEST RESULTS SUMMARY:**

The window described herein meets or exceeds specifications for AAMA/NWWDA 101/I.S.2-97 C-C55 36x60 requirements. The unit also meets C-C90 requirements for water penetration.

**TEST RESULTS:**

	<b><u>ACTUAL</u></b>	<b><u>C-C55 PERFORMANCE REQUIREMENTS</u></b>
<b><u>Air Infiltration</u></b>		
Chamber Pressure, psf	1.57	1.57
Unit Area, ft <sup>2</sup>	15.13	
Air Infiltration, cfm	0.50	
cfm/ft <sup>2</sup>	0.03	0.30 maximum
<b><u>Static Water Penetration</u></b>		
Chamber Pressure, psf	12.00	8.25
Water Flow Rate, gal/hr/ft <sup>2</sup>	5.00	5.00 minimum
Pressurized Duration, min.	5.0	5.0
Unpressurized Duration, min	1.0	1.0
Cycles	4	4
Water Penetration	NONE	No water shall flow over the interior face.

Austin Research Engineers • Cham-Northern • Empire Soil Investigations  
Kansas City Testing • Southwestern Laboratories • Twin City Testing

AS A MUTUAL PROTECTION TO CLIENTS THE PUBLIC AND OURSELVES ALL MAXIM TECHNOLOGIES, INC. REPORTS ARE IDENTIFIED AS THE CONFIDENTIAL INFORMATION OF CLIENTS AND AUTHORIZATION FOR PUBLICATION OF STATEMENT, CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED. PLEASE OBTAIN OUR PRIOR WRITTEN APPROVAL.





## Installation Instructions: ProLine® Double-Hung DP Rating Kit Enhancement

For Pella® Double-Hung DP Enhancement Kit Part Numbers PTDDPKIT120 and PTDDPKIT11

**Important:** Read thoroughly before beginning. Failure to install as recommended will void any warranty, express or implied.

**Application:** The ProLine® double-hung window may be field modified to enhance the DP rating, generally to meet more stringent building code requirements. With the three modifications described below, the ProLine double-hung window meets or exceeds the DP ratings published by Pella Corporation for PTDDPKIT120 or PTDDPKIT11. ProLine double-hung windows, without the modifications described in these instructions, meet or exceed DP30 requirements. See your Pella representative for details. **Note:** Optional sash lift cannot be used with this kit in place.

### Materials Included

- Sill Stop (3/8" x 1.75" x 41" Pine)
- Head Bracket ( 3/4" x 3/4" x 1/16" x 6" aluminum angle)
- 3 #10 x 5/8" FH screws

### Materials Required

- High quality sealant (caulk)
- 3/4" Finish nails

### Tools Required

- Tape measure
- Wood saw (hand or powered miter box )
- Hammer
- Phillips screwdriver
- Drill and drill bits
- Caulking gun
- Pencil

### Part 1, Sill Sealant

Before the window unit is installed in the opening or milled into a composite, apply a good quality sealant to the exterior sides of the window at the joint where the window sill meets the window jambs.

1. Apply sealant continuously along the sill-jamb joint from the folded out installation fin to the interior edge of the jamb. (Figure 1)
2. Seal the small openings where the aluminum sill and wood sill are joined. (Figure 2)
3. Repeat for the other side of the window.

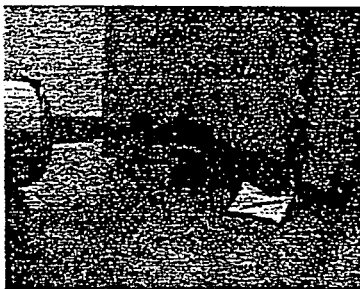


Figure 1.



Figure 2

### Part 2, Sill Stop

The Sill Stop can be applied to the window either before or after the window is installed in the opening.

1. Measure the distance between the wood jamb extensions and cut the Sill Stop so that it fits snugly between the jamb extensions. (Figure 3)
2. The Sill Stop should rest against the interior surface of the window frame on the sill extension and between the jamb extensions. There should be a 3/8" space between the Sill Stop and the lower sash. The rounded edge of the Sill Stop should be located on the interior at the top.
3. Test fit the Sill Stop. Very lightly mark the interior edge of the window frame at the top of the Sill Stop on each end. (Figure 4)

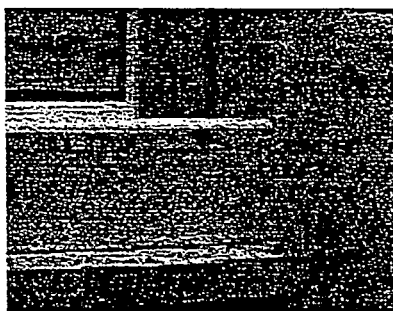


Figure 3

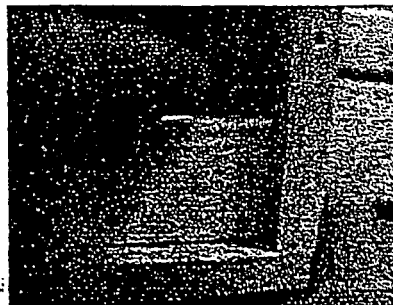


Figure 4

4. To seal the Sill Stop to the window frame, apply a continuous 1/8" bead of sealant along the entire sill of the window and up both jambs to the marks made in Step 3. (Figure 5)
5. Place the Sill Stop in place, carefully compressing the sealant.

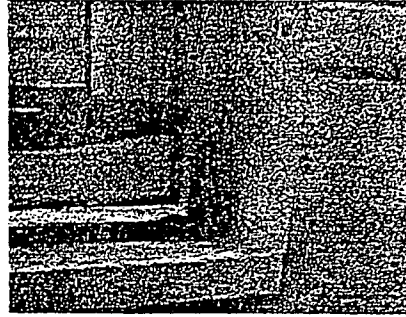


Figure 5

6. Drill the appropriate pilot holes and nail the Sill Stop to the window using two finish nails at each end and finish nails spaced 8 inches apart on the sill. (Figure 6)

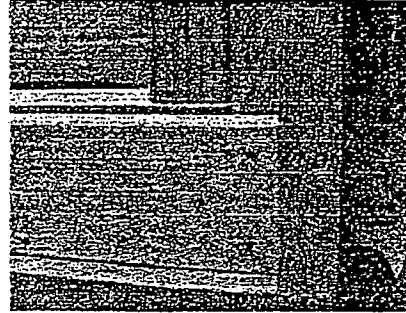


Figure 6

### **Part 3, Head Bracket**

The Head Bracket can be applied to the window after the window is installed in the opening.

1. Open the window by fully lowering the upper sash. At the head of window, in the space above the upper sash and just behind the exterior aluminum trim, measure and lightly mark the center of the window from side to side.
2. Place the Head Bracket so the center screw hole is aligned with the center of the window. The corner of the Head Bracket should be against the vertical leg of the aluminum trim. (Figure 7)
3. Mark and drill pilot holes for the 3 screws. Use a 1/8" drill bit being careful to drill just deep enough for the screws, #10 x 5/8".
4. Install the Head Bracket with three #10 x 5/8" screws. (Figure 8)
5. Raise the upper sash to its closed position to make sure the Head Bracket does not interfere with the sash. If there is interference, recheck your installation.



Figure 7

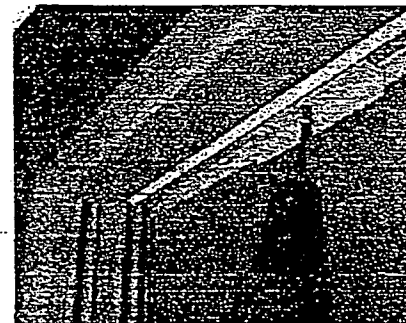


Figure 8

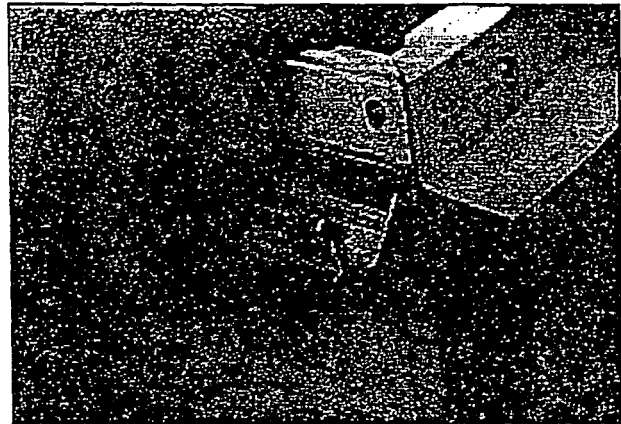


## Circlehead Window Installation Instructions

**Important:** Read thoroughly before beginning. Failure to install as recommended will void any warranty, written or implied.

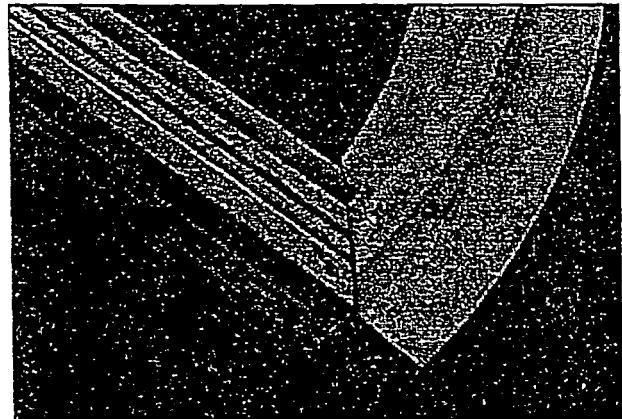
**General information:** These instructions describe the procedure for installing ProLine® circlehead windows individually. If you are joining this window to other Pella windows or doors, please follow the "Mullion Kit Assembly Instructions".

1. Bend out the installation fin at the sill.

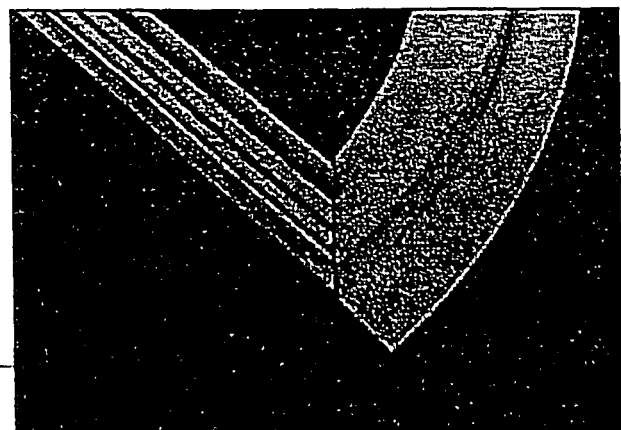


Fin must be bent out to at least 90°. Do not underbend.

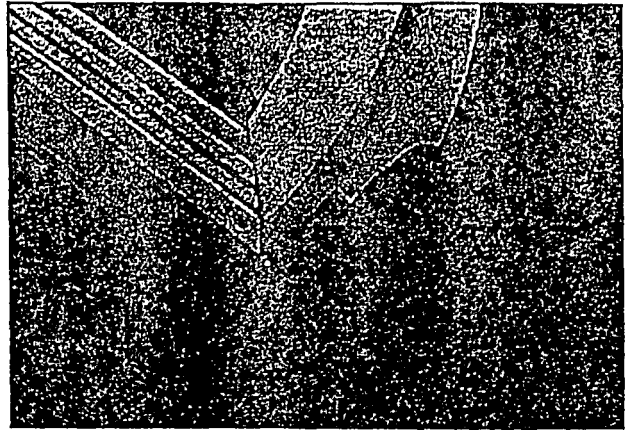
2. Follow the instructions on the window label. (Step 3 thru Step 11).



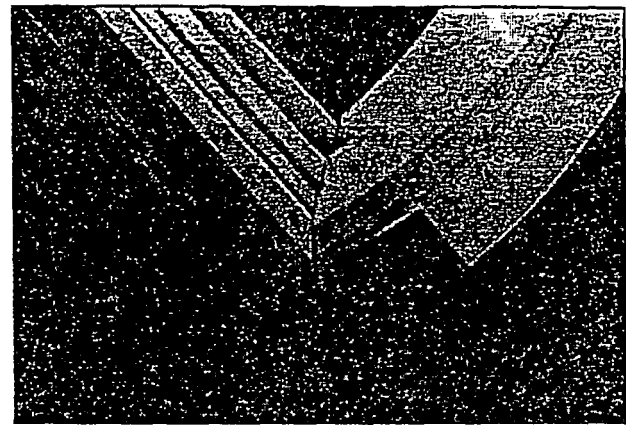
3. Seal each end of the sill installation fin to the wall sheathing with a piece of waterproof tape (provided).



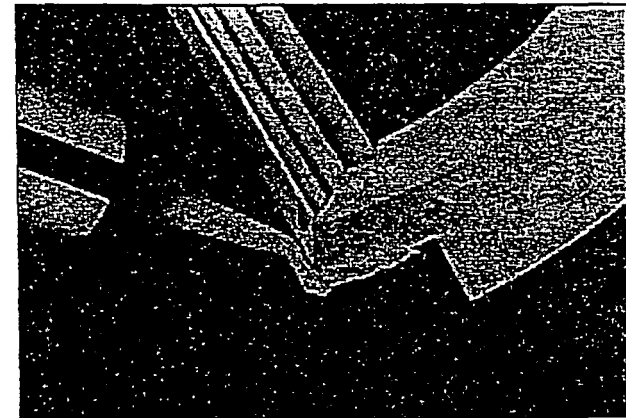
4. Apply another piece of waterproof tape from the head drip fin to overlap the tape on the sill.



5. Press firmly to make certain that the two pieces are sealed together.



6. Apply a quality sealant to the joint between the waterproof tape and the window.
7. Install flashings, siding or brick veneer per normal practices. Apply quality sealant to perimeter of window.



OCAG-0000



## Double-Hung Instructions –

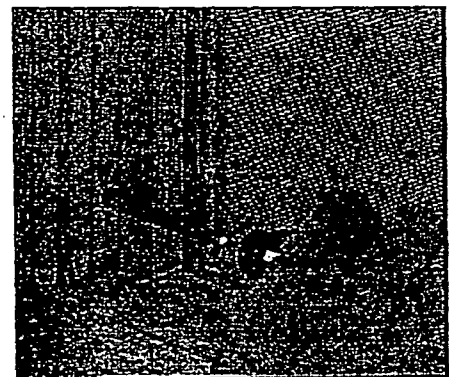
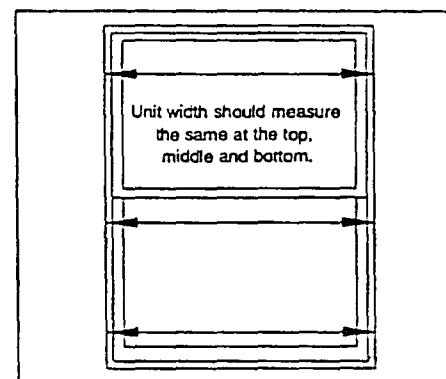
Jamb Adjustment, Screen Installation, Stool Attachment,  
Wash Feature and Sash Removal

**Note:** Before beginning any adjustments, maintenance, etc. on your window, read and understand these instructions. Call your local Pella Window Store® with any questions about these instructions.

### Jamb Adjustment Screw

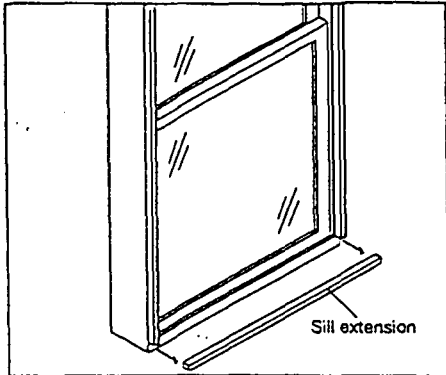
**Important:** This procedure needs to be completed before installing the interior trim.

1. Unit should be installed per the installation instructions (i.e., plumb, level, square).
2. Measure unit width across the interior top, middle and bottom.
3. If measurement across the middle is less than the top or bottom measurements, the window is over-shimmed. This can cause difficult operation and tilting. Remove shim material to make jambs straight (+/-1/16").
4. If measurement across the middle is more than the top or bottom measurements, the window is under-shimmed. Straighten jambs (+/-1/16") by shimming and/or adjusting the jamb adjustment screws. The jamb adjustment screws are located above the lower checkrails behind the two holes in the jamb liners.
5. To move the jambs toward the sash, use a small flat-blade screwdriver and turn the jamb adjustment screws in a clockwise direction. Adjust both jambs until the measurement across the middle is the same as the top and bottom of the unit.
6. Install the plugs provided to cover the holes in the jamb liner.

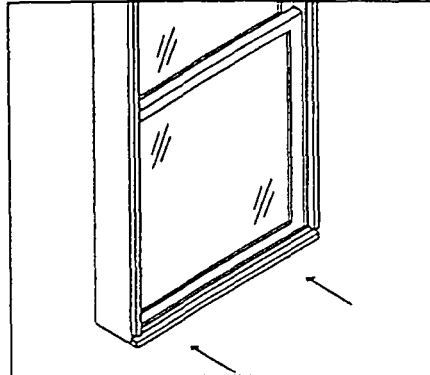


## Stool Attachment

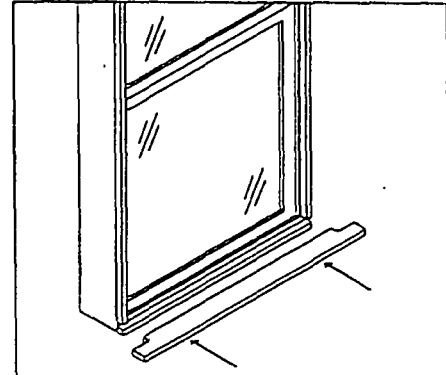
Stool (optional) is available separately at additional cost.



1. After unit is installed in opening, carefully remove the sill extension attached to the sill filler on the unit.



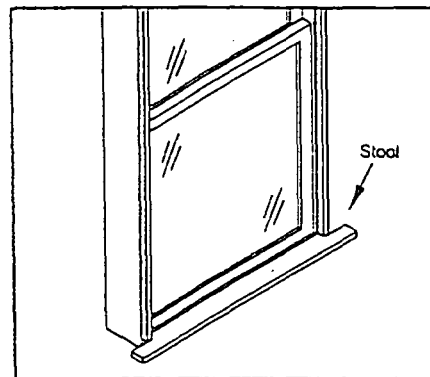
2. Reattach the sill extension to the bottom of the frame (flush). The sill extension creates a shelf for support of the stool. Use stool as spacer between jamb extension and sill extension for a proper fit. Attach sill extension with glue and nails.



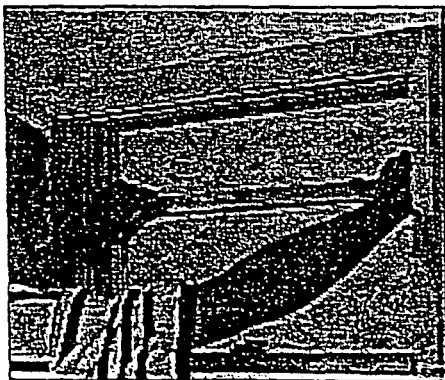
3. Prench stool as required for drywall, etc.

4. Set the stool into position between the sill extension and the extension on the jambs. Nail and glue the stool in place.

5. Trim the window.



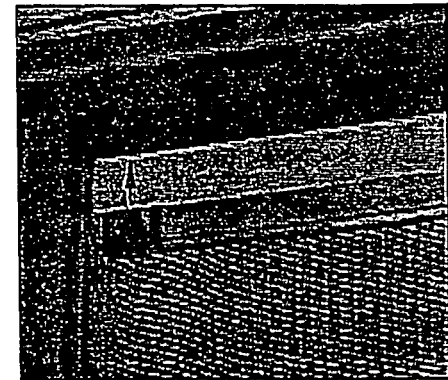
## Screen Installation



1. Lower top sash approximately 6" and raise lower sash.



2. Carefully pass screen through the lower sash opening and position with the handle on the bottom and screen clips facing the interior.



3. Hook tabs on screen at top, onto the vertical leg on the head cover (check that the screen is engaged at the top).

4. With handle, pull bottom of screen into frame. Secure with clips. Screen does not need to be removed to clean the window sashes.

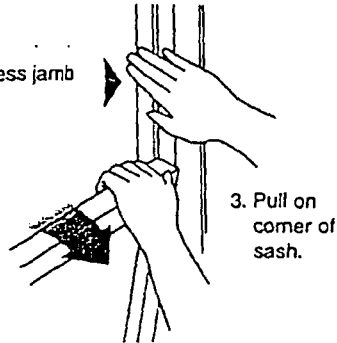
## Washing the Window

### Warning!

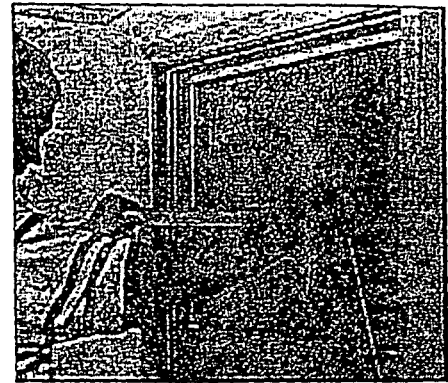
Be careful not to lose your balance if standing on a ladder or step stool to return the sash to an upright position. Do not use excessive force to return it to operating position. It is possible for the sash to rotate toward the exterior of the window if forced.

1. Unlock and open bottom sash slightly. Screen does not need to be removed to clean the window sashes.

2. Depress jamb liner.



3. Pull on corner of sash.



4. Carefully rotate sash down until it rests against the trim.



5. Lower top sash by pulling down until hands can be placed comfortably and safely on the top rail. Be extremely careful not to lose your balance if standing on a ladder or step stool to tilt sash.

6. Place hands on top of sash and depress jamb liner while pulling sash towards the interior. (This sash will be slightly harder to tilt than the lower sash. If necessary to release sash, depress jamb liner at one side of sash and then alternate from side to side to bring sash forward past both ridges of the jamb liner.)



7. With care, rotate upper sash down to rest against the lower sash.

8. Clean exterior glass surface of upper sash.

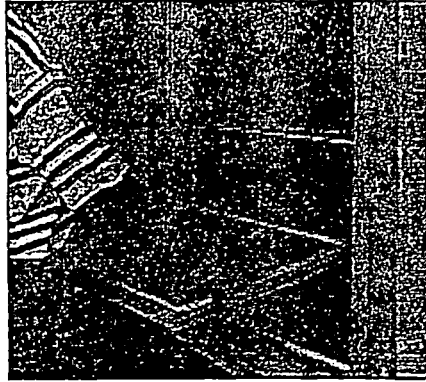


9. Lift and rotate upper sash to the upright position. Push the sash back in its normal position, taking care not to force it past the operating position.
10. Wash the exterior glass surface of the lower sash.
11. Carefully lift and rotate lower sash to the upright position. Push the sash back in its normal position, being careful not to force it too far.
12. Close and lock the window.

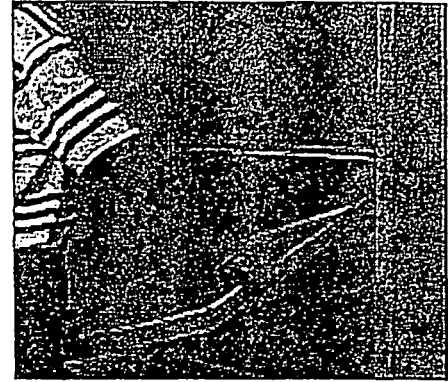
**Sash Removal** – Sashes can be removed to facilitate easier painting and staining.

**Warning!**

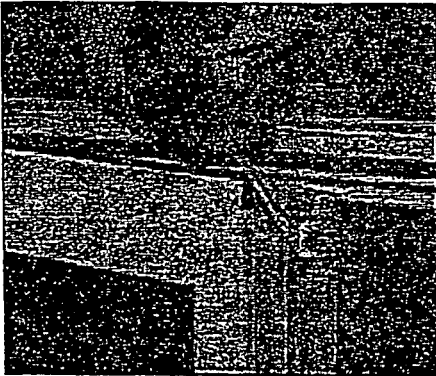
Use of gloves and eye protection is recommended when removing and installing the sash to prevent injury from sash and retraction.



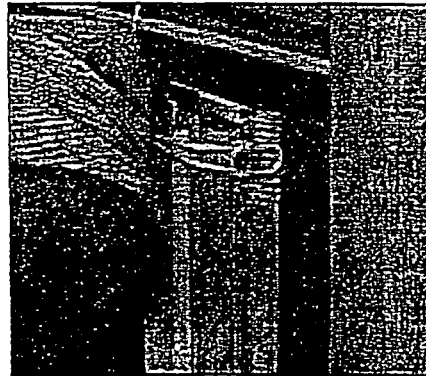
1. Handle the balance cords with care. Tilt sash to the interior, similar to preparing to wash the window, but tilt to a horizontal position.



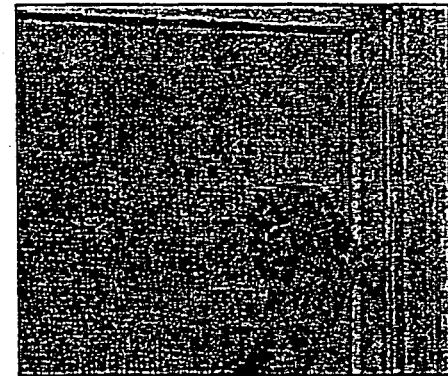
2. Place hands on sides of sash and rotate sash out of jamb liner.



3. Take note of the position of the cords on the sash cord terminals.



3a. Carefully pull cords off the terminal and past the flexible legs on the terminals. Do not allow the cords to freely retract into the unit to avoid damaging the balances.

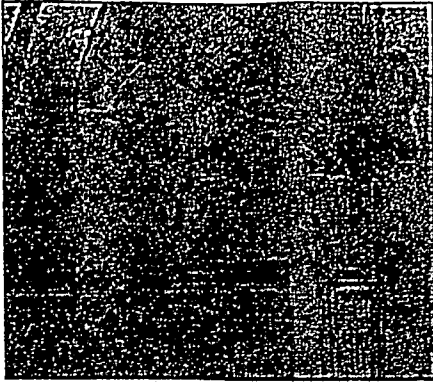


3b. Allow the cords to slowly retract into the balances (Cords do not completely retract into the balance. There will be 6 to 18 inches of cord exposed). Remove window sash from frame.

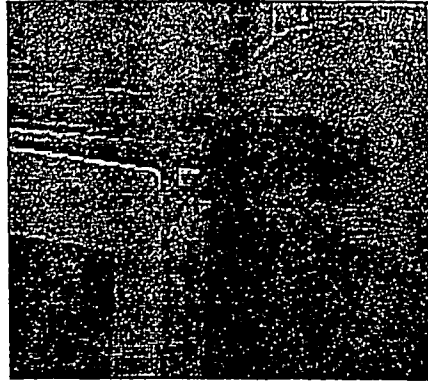
4. Use the same procedure for the upper and lower sashes.



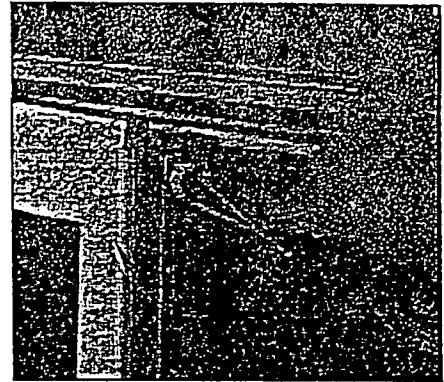
## Reinstalling the Sash



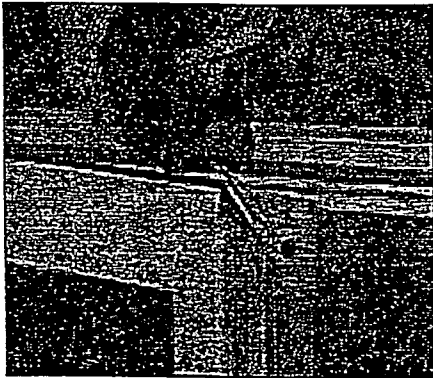
1. Position the sash with exterior cladding facing the interior and with the bottom up. Slowly pull the balance cords down to the terminals.



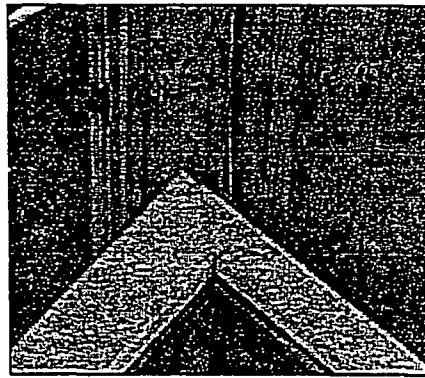
2. Loop cord over terminal.



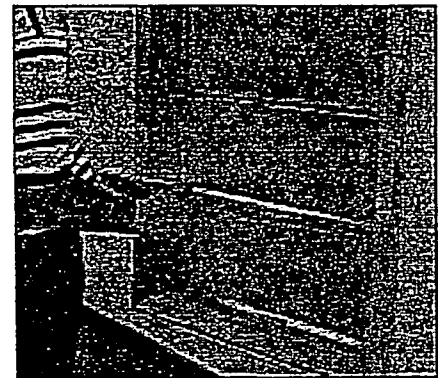
3. Pull cord past catch on terminal and rotate in direction of arrow.



4. Final position of cord is shown in this photo. Repeat steps for other cord on opposite side.



5. Slide terminals into jamb liner grooves as shown in photo.



6. Rotate the sash back into the closed position.

7. Check operation and tilt of window. Use precaution when tilting upper sash back into position; do not tilt to the exterior past operating position.



**CERTIFIED TESTING LABORATORIES**

Architectural Division  
7252 Narcoossee Road Orlando, Florida 32822  
Phone (407) 384-7744 Fax (407) 384-7751

**ENGINEERS NOTICE OF PRODUCT EVALUATION**

Mr. Tracy Califar  
Hurd Millwork Co., Inc.  
575 South Whelen Ave.  
Milford, WI 54451

Date: 9 Sept 1996  
Report: CTLA-134W-2

Description of Unit Series Number:

Model Designation: Identified by the manufacturer as "Wood Double Hung Tilt Window with Clad Frame and Prefinished Sash"

Maximum Overall Size:

37.5" x 64.3"

General Description:

Unit tested with .750" insulated glass, set on foam glazing tape interior and exterior. Weatherstripping consisted of bulb vinyl on rail and also on the head and sill stops. Hardware included one (1) cam lock and two (2) deadbolts on the check rail as well as vinyl jamb liners housing sash balances.

Evidence Submitted:

Twin City Testing Corporation, Project No. 4143 88-306 Signed by Al M. Mazig Fenestration Engineer 4/3/89.

Tests Performed:

Test Load	Design Load
Air Infiltration @ 1.56 psf (25 mph) ASTM 283-84 .06 cfm/ft	Passed
Water Resistance @ 4.43 psf (42.1 mph) 5.0 gph/ft <sup>2</sup> Per ASTM 331-86 15 min.	4.43 psf 29.5
Uniform Static Air Pressure (165 mph) Per ASTM 330-84 Ten Second Load	Positive 68 psf Negative 68 psf 45.3 psf

Design Pressure Rating: -45.3- For use in locations adhering to the S.B.C.I., S.F.B.C., S.F.B.C. Broward Edition, and where the pressure requirements as determined by ASCE 7 Minimum Design Loads for Buildings and Other Structures does not exceed design pressure rating listed above.

This engineers notice of product evaluation prepared by Certified Testing Laboratories under the direction of Ramesh Patel P.E reflect the results obtained by Twin City Testing Corporation in the specimen as tested. This report does not imply product certification.

James Blakely  
Vice President Architectural

Ramesh Patel P.E.

cc: Hurd (2)  
Patel P.E.

File

# MAXIM TECHNOLOGIES, INC.

PROJECT NUMBER: 9754612B

PAGE: 3 of 5

DATE: December 30, 1997

## TEST RESULTS (Continued):

	<u>ACTUAL</u>	<u>C-CSS PERFORMANCE REQUIREMENTS</u>
<u>Structural Load Test</u>		
Chamber Pressure, psf	+82.50	+82.50
Duration, sec	10.00	10.00
Permanent Set, in.	Negligible	0.240 maximum
Chamber Pressure, psf	-82.50	-82.50
Duration, sec	10.00	10.00
Permanent Set, in.	Negligible	0.240 maximum

## Forced Entry Resistance

<u>Test</u>	<u>Load (lbs)</u>	<u>Duration (min)</u>	<u>Performance</u>
Hand Manipulation	---	5	Satisfactory
Tool Manipulation	---	5	Satisfactory
11	150	2	Satisfactory
12	150, 75	2	Satisfactory
Hand Manipulation	---	5	Satisfactory
Tool Manipulation	---	5	Satisfactory

## Casement Specific Tests

	<u>Results</u>	<u>Allowed</u>
Vertical Deflection @ 60 lbs	0.063"	0.720"
Hardware Load Test @ 6.24 lb/ft <sup>2</sup>	No Damage	No Damage

## SAMPLE DESCRIPTION:

Overall Size: 36 3/16" x 60 3/16"

Sash Size: 34 1/2" wide by 58 1/2" hgh

Finish: Interior wood with white cladding

Austin Research Engineers • Chem-Northern • Empire Soils Investigations  
 Kansas City Testing • Southwestern Laboratories • Twin City Testing

AS A MUTUAL PROTECTION TO CLIENTS, THE FIRM AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC. REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS AND AUTHORIZATION FOR PUBLICATION OF STATEMENT, CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RELIED UPON OUR PRIOR WRITTEN APPROVAL.

**MAXIM**  
TECHNOLOGIES, INC.

PROJECT NUMBER: 9754612B

PAGE: 2 of 5

DATE: December 30, 1997

**IN-PLANT WITNESS TESTING OF 3155 CLAD CASEMENT WINDOW**  
*"Performance Plus" Option*

INTRODUCTION:

This report presents the results of in-plant testing conducted on a casement window manufactured by Hurd Millwork Company. This work was requested and authorized by Mr. John Antross of Hurd Millwork with testing conducted on December 23, 1997.

The purpose of the testing was to determine the performance of the window for air infiltration, water resistance, and structural integrity when tested in accordance with ASTM procedures included in AAMA/NWDA 101/I.S.2-97 "Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors".

TEST RESULTS SUMMARY:

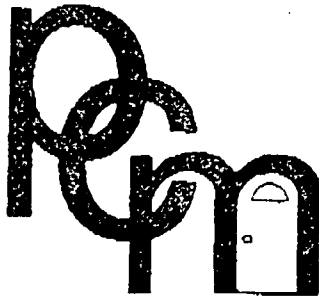
The window described herein meets or exceeds specifications for AAMA/NWDA 101/I.S.2-97 C-C55 36x60 requirements. The unit also meets C-C90 requirements for water penetration.

TEST RESULTS:

	<u>ACTUAL</u>	<u>C-C55 PERFORMANCE REQUIREMENTS</u>
<u>Air Infiltration</u>		
Chamber Pressure, psf	1.57	1.57
Unit Area, ft <sup>2</sup>	15.13	
Air Infiltration, cfm	0.50	
cfm/ft <sup>2</sup>	0.03	0.30 maximum
<u>Static Water Penetration</u>		
Chamber Pressure, psf	12.00	8.25
Water Flow Rate, gal/hr/ft <sup>2</sup>	5.00	5.00 minimum
Pressurized Duration, min.	5.0	5.0
Unpressurized Duration, min	1.0	1.0
Cycles	4	4
Water Penetration	NONE	No water shall flow over the interior face.

Austin Research Engineers • Chert-Northern • Empire Soil Investigations  
Kansas City Testing • Southwestern Laboratories • Twin City Testing

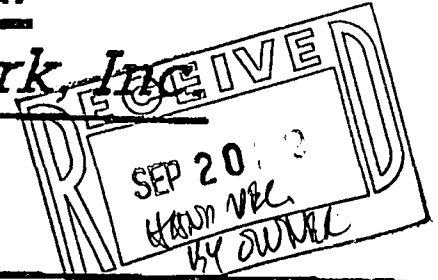
AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC. REPORTS ARE IDENTIFIED AS THE CONFIDENTIAL INFORMATION OF CLIENTS AND AUTHORIZATION FOR PUBLICATION OF STATEMENTS, CONCLUSIONS OR EXTRACTS FROM OR REBROADCAST OUR REPORTS IS ESSENTIAL HAVING OUR PRIOR WRITTEN APPROVAL.



# Facsimile Transmittal

## Palm City Millwork, Inc.

3313 SW 42ND AVE.  
P.O. BOX 1661  
PALM CITY, FL 34990



(Main Office)  
Phone: (561)-288-7086  
Fax: (561)-288-7440  
Toll Free: 1-(800)-273-5598

(Window & Shutter Department)  
Phone: (561)-288-7086  
Fax: (561)-288-4841  
Toll Free: 1-(800)-273-5598  
*15 MINUTE RD*

Date: 7/13/99 From: BRIAN SCHMIDT

Company: COMMERCIAL CONST. PH. -220-3488

Fax #: 283-2855 Number of pages (including this cover): (19)

Attention: BRUCE

Comments: WEATHER SHIELD TEST DATA

CASHEMENT WINDOW - 8 PGS.

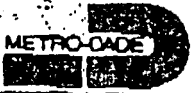
FRENCH DOORS - 10 PGS.

IF YOU NEED ANY ADDITIONAL INFORMATION  
LET ME KNOW - THIS SHOULD BE ADEQUATE.

THANKS  
BRIAN

AN ADDITIONAL 10% DEDUCT WILL BE APPLIED  
IF PAID WITHIN (10) DAYS OF INVOICING - THIS IS  
IN PLACE OF THE STANDARD 2% CASH DISCOUNT

BRIAN



METROPOLITAN 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**

Weather Shield Manufacturing, Inc.  
1 Weather Shield Plaza  
Medford WI 54451

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

Your application for Product Approval of:

*"Contempra" TFT Outswing Aluminum Clad Wood Casement Window*

under Chapter 8 of the Metropolitan 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: *Applicant, along with Drawing No. W97-44, Sheets 1 thru 3 of 3. (For listing, see Section 8 of this Notice of Acceptance)*

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 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance 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, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the 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.: 96-0708.02 (Revises No.: 95-0130.07)

Expires: 10/26/98

Raul Rodriguez  
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**

**BUILDING CODE COMMITTEE**

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

Charles Dinger, P.E.  
Director  
Building Code Compliance Dept.  
Metropolitan Dade County

Approved: 03/12/98

-|-



Weather Shield Manufacturing, Inc.ACCEPTANCE No.: 96-0708.02APPROVED : MAR 12 1998EXPIRES : October 26, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. DESCRIPTION OF UNIT**

- 1.1 This approves an aluminum clad wood casement window 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 in Section 7 and within the limitations contained in Section 3.
- 1.2 Model Designation "Contempra" TFT Outswing Aluminum Clad Wood Casement Window
- 1.3 No. & Size of Vents: One vent panel, 2' 6-1/2" wide by 5' 10-5/8" high.

**2. MATERIAL CHARACTERISTICS**

- 2.1 See Al-Farooq Corporation's Drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 1 thru 3 of 3, bearing the Miami-Dade County Product Control approval stamp.
- 2.2 Frame and Sash Material: Ponderosa pine wood frame with 6063-T5 aluminum exterior cladding.
- 2.3 Glazing:
- 2.3.1 Glazing Method: Interior glazed against adhesive backed foam tape on the exterior aluminum cladding members. Wood glazing beads with silicone are used on the interior side.
- 2.3.2 Davlight Opening: 26-7/8" wide by 67" high.
- 2.4 Sash Construction:
- 2.4.1 Stiles: 0.688" face by 1.672" deep wood profile (Part # 311369) with 1.803" face by 1.625" deep by 0.050" wall thickness exterior aluminum cladding (Part # 969381).
- 2.4.2 Rails: 0.688" face by 1.422" deep wood profile (Part # 311368) with 1.803" face by 1.625" deep by 0.050" wall thickness exterior aluminum cladding (Part # 969378).
- 2.4.4 Corner Construction: Mitered aluminum corners fastened with two screws per corner. Wood sections are tongue and groove fit to aluminum and have butted and overlapped corners.
- 2.5 Frame Construction:
- 2.5.1 Head: 1.250" by 4.563" deep rabbeted wood profile (Part # 310003) with a 0.509" face by 2.186" deep by 0.045" thick aluminum extrusion exterior cladding (Part # 900508).
- 2.5.2 Jamb: 1.250" by 4.563" deep rabbeted wood profile (Part # 310005) with a 0.509" face by 2.186" deep by 0.045" thick aluminum extrusion exterior cladding (Part # 780002) with a 1.50" nailing fin.
- 2.5.3 Sill: 0.984" by 4.531" deep rabbeted wood profile (Part # 310004) with a 0.509" face by 2.186" deep by 0.045" thick aluminum extrusion exterior cladding (Part # 900508).
- 2.5.4 Mullion: Mullions shall consist two wood profiles, joined together back-to-back with no reinforcement. Either head/sill or jamb/jamb, attached together as shown in Section "E", Sheet 2 of 3.
- 2.5.5 Corner Construction: Wood frame members are coped, butted and sealed corner construction secured with three, 1-1/2" long by 1/2" wide staples per corner. Aluminum sections are mitered and fastened with one screw per corner.

  
 Manuel Perez, P.E. Product Control Examiner  
 Product Control Division

**Weather Shield Manufacturing, Inc.**

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 12 1998

EXPIRES : October 26, 1998

**NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**

**6. USE**

6.1 Application for building permit shall be accompanied by two copies of the following:

6.1.1 This Notice of Acceptance

6.1.2 Duplicate prints drawing No.W97-44, titled "Casement/Outswing Windows," Sheet 1 thru 3 of 3, prepared by Al-Farooq Corporation, 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 plans are herein refer to as the approved plans, clearly marked to show the components selected for the proposed installation.

6.2 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.

6.3 This document revises Notice of Acceptance No. 95-0130.07 dated October 26,1995.

6.4 Note: The installation of this unit will require a hurricane protective system.

**7. TESTS PERFORMED**

**7.1 TEST:**

**RESULTS:**

TEST	TEST LOADS	DESIGN LOADS
<b>SINGLE UNIT TEST</b>		
AIR INFILTRATION @ 1.57 PSF SFBC PA 202-94	0.01 CFM/FT <sup>2</sup>	-----
AIR INFILTRATION @ 6.24 PSF SFBC PA 202-94	0.04 CFM/FT <sup>2</sup>	-----
UNIFORM STATIC PRESSURE @ DESIGN LOAD SFBC PA 202-94 POSITIVE	+80.0 PSF	+80.0 PSF
UNIFORM STATIC PRESSURE @ DESIGN LOAD SFBC PA 202-94 NEGATIVE	-70.0 PSF	-70.0 PSF
WATER RESISTANCE (PSF) SFBC PA 202-94	+12.0 PSF	+80.0 PSF
UNIFORM STATIC AIR PRESSURE @ FULL TEST LOAD SFBC PA 202-94 POSITIVE	+120.0 PSF	+80.0 PSF
UNIFORM STATIC AIR PRESSURE @ FULL TEST LOAD SFBC PA 202-94 NEGATIVE	-105.0 PSF	-70.0 PSF
FORCED-ENTRY RESISTANCE (FER) ASTM F588 and SFBC PA 202-94	SATISFACTORY	-----
Design Pressure Rating (Positive)		+80.0 PSF
Design Pressure Rating (Negative)		-70.0 PSF
For Design Pressure Rating vs. Window Size, see "Design Load Capacity Table" on Sheet 1 of 3, of Drawing No. W97-44, bearing the Dade County Product Control approval stamp.		

*Manuel Perez*  
 Manuel Perez, P.E. Product Control Examiner  
 Product Control Division



Weather Shield Manufacturing, Inc.

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 12 1998

EXPIRES : October 26, 1998

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

**2.6 Hardware:**

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.6.1	One	Metal roto-operator	At sill of the window.
2.6.2	Two	Metal lever lock with keepers	Locking jamb, at 14 3/4" from each end.
2.6.3	Two	Metal two bar hinge with guide	One per vent, at top and bottom rail.
2.6.4	Two	Metal vent glide track	At head and sill.
2.6.5	Three pair	Metal snubber	At hinge jamb, 17 1/2" from ends and midspan.
2.6.6	One	External metal snubber	At midspan of hinge jamb.

**3. LIMITATIONS**

3.1 This approval applies to single unit applications, side-by-side applications and top-and-bottom applications, as shown in Section 10.

3.2 Single unit applications: For Design Pressure Rating of single unit applications, using "Design Load Capacity - PSF," see Al-Farooq Corporation's Drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 1 of 3, bearing the Miami-Dade County Product Control approval stamp.

3.3 Side-by-side applications and top-and-bottom : For Design Pressure Rating of multiple unit applications, see Al-Farooq Corporation's Drawing No. W97-44, titled "Casement/Outswing Windows," Sheet 3 of 3, bearing the Miami-Dade County Product Control approval stamp.

**4. INSTALLATION:**

4.1 See Al-Farooq Corporation's Drawing No. W97-44, titled "Direct Set Aluminum Windows," Sheet 1 thru 4 of 4, bearing the Miami-Dade County Product Control approval stamp.

Note: Please see note #11, Page 3

Note: Please see note #11, Page 3

4.2 Attachments of sub-bucks shall be designed by the Architect or Engineer of Records and must be in compliance with the South Florida Building Code.

4.3 Fasteners must be made of stainless steel or have adequate protection against corrosion, per DIN 50018. Aluminum contacting metals not considered compatible shall be properly protected.

**5. IDENTIFICATION**

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".

  
 Manuel Perez, P.E. Product Control Examiner  
 Product Control Division

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 1 2 1998

EXPIRES : October 26, 1998

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

**7.2 TEST:**

**RESULTS:**

TEST		TEST LOADS	DESIGN LOADS
<b>SIDE-BY-SIDE UNITS TEST</b>			
UNIFORM STATIC PRESSURE SFBC PA 202-94 POSITIVE	AT DESIGN LOADS	+40.0 PSF ATI-20304-N	+40.0 PSF ATI-20304-N
UNIFORM STATIC PRESSURE ASTM E330 PA 202-94 POSITIVE	AT FULL TEST LOAD	+60.0 PSF ATI-20304-N	+40.0 PSF ATI-20304-N
This is a verification test only. For Design Pressure Rating vs. Mullion length, see "Mullion Load Curves" and for Design Pressure Rating vs. Anchor types "A" or "B", see corresponding "Anchor Load Chart", on Sheet 3 of 3, of Drawing No: W97-44, bearing the Dade County Product Control approval stamp.			

**8. EVIDENCE SUBMITTED**

**8.1 Tests:**

8.1.1 Test Report No. ATI-16232-N, prepared by Architectural Testing, Inc., August 23, 1995, signed and sealed by Allen N. Reeves, P.E. for the following tests:

- 1) Air Infiltration Test, per PA 202-94.
- 2) Uniform Load Static Air Pressure Test, per PA 202-94.
- 3) Water Resistance Test, per PA 202-94.

along with the manufacturer's parts and section drawings marked Architectural Testing, Inc.,

8.1.2 Test Report No. ATI-20304-N, prepared by Architectural Testing, Inc., dated 06/19/97, signed and sealed by Allen N. Reeves, P.E. for the following tests:

- 1) Uniform Load Static Air Pressure Test, per PA 202-94.

along with the manufacturer's parts and section drawings marked Architectural Testing, Inc.,

**8.2 Drawing:**

8.2.1 Manufacturer's die drawings and sections.

8.2.2 Drawing No. W97-44, Weather Shield Windows & Doors, titled "Casement/Outswing Windows" Sheets 1 thru 3 of 3, prepared by Al-Farooq Corporation, dated 12/09/97, revised on 02/04/98, signed and sealed by Humayoun Farooq, P.E.

**8.3 Calculations:**

8.3.1 Structural mullion and anchor calculations prepared by Al-Farooq Corporation, dated June, 1996, revised on Feb, 8, 1998, signed and sealed by Humayoun Farooq, P.E.

**9. COMPARATIVE ANALYSIS:** See Al-Farooq Corporation's Dwg No. W97-44, titled "Casement/Outswing Windows," Sheet 1 thru 3 of 3, bearing the Miami-Dade County Product Control approval stamp.

**10. TYPICAL ELEVATION:** For typical window elevation and cross sections and for anchoring details, see Drawing No. W97-44, Sheets 1 thru 3 of 3, bearing the Dade County Product Control approval stamp.

*Manuel Perez*  
Manuel Perez, P.E. Product Control Examiner  
Product Control Division

ACCEPTANCE No.: 96-0708.02

APPROVED : MAR 12 1998

EXPIRES : October 16, 1998

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: "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 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, 2, 2(a) through 2(c) and this last page 3.

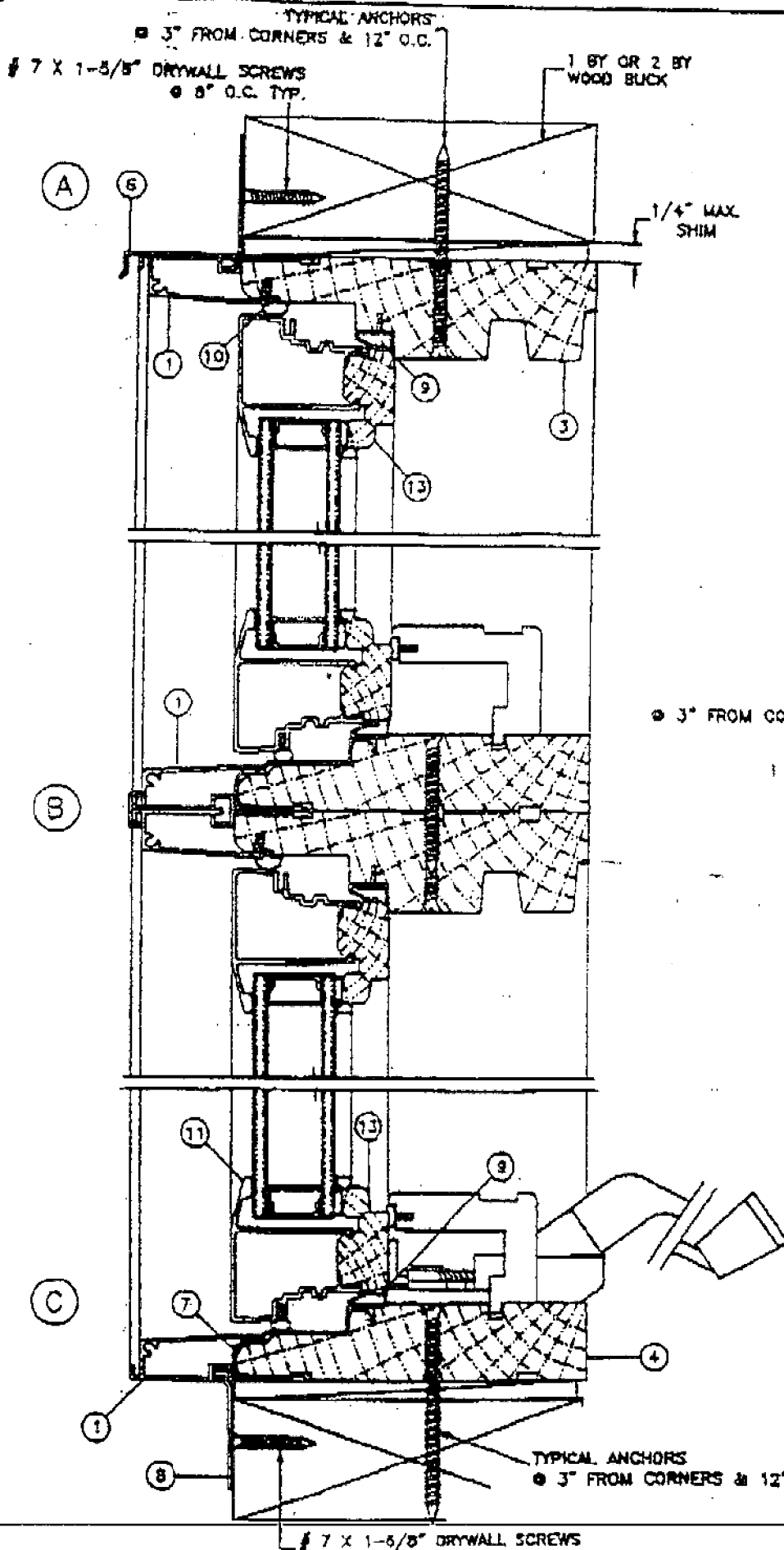
Items 10, 11 & 12 listed below only apply to glazed products and doors

10. Unless specifically indicated in the Acceptance (approval), this unit is approved as a single unit installation. For multiple installation of this unit, a separate Acceptance for mullions is required from the Product Control Section.
11. The spacing of fasteners at window sills shall be as indicated in Section 4 of this Notice of Acceptance. The spacing of fasteners in all other parts of the frame, shall be as indicated in Section 4 of this Notice of Acceptance, but in no case shall exceed 24" on center. The first fastener shall be located at a maximum of 6" from each corner and mullion or stile. Fastener shall fully penetrate the buck, which shall be the same size as the one tested with the unit. No wood or plastic shields or pins shall be used for anchoring.
12. Hardware for all windows and doors shall conform to Security and Forced Entry Prevention, Chapter 36 of the South Florida Building Code.

  
Manuel Perez, P. E., Product Control Examiner  
Product Control Division

END OF THIS ACCEPTANCE

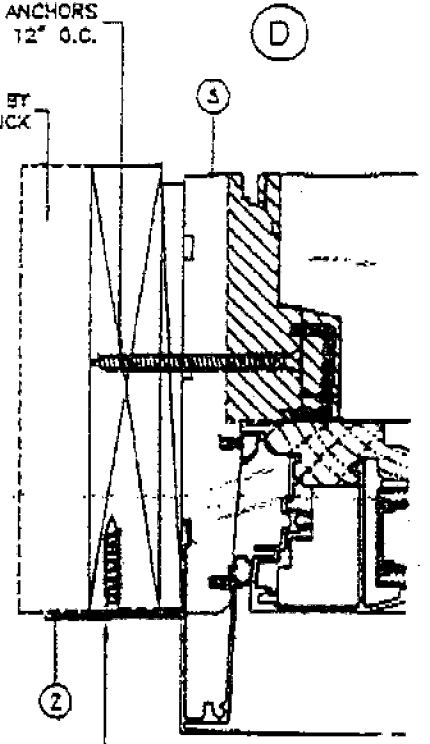
WOOD BUCKS NOT BY WEATHER SHIELD.  
IMPOSED BY GLAZING SYSTEM AND TRANS  
TO THE BUILDING STRUCTURE.



**TYPICAL ANCHORS:**

- A. INTO 2" BY WOOD BUCKS  
# 10 SMS OR 3/16" DIA. TAPCONS  
WITH 1-3/8" MIN. PENETRATION IN
- B. INTO 1" BY WOOD BUCKS OR INTO  
3/16" DIA. TAPCONS  
WITH 1-1/4" MIN. EMBED INTO MA

TYPICAL ANCHORS  
 ● 3" FROM CORNERS & 12" O.C.  
 1 BY OR 2 BY  
 WOOD BUCK



# 7 X 1-5/8" DRYWALL  
 ● 8" O.C. TYP.

TYPICAL ANCHORS  
 ● 3" FROM CORNERS & 12" O.C.

# 7 X 1-5/8" DRYWALL SCREWS

IS NOT BY WEATHER SHIELD. MUST SUSTAIN LOADS  
/ GLAZING SYSTEM AND TRANSFER THEM  
/ LDING STRUCTURE.

ITEM #	PART #	REQD.	DESCRIPTION	BRAND
1	900508	2	HEAD & SILL TYP	ALUMI
2	780002	2	SIDE TRIM WITH NAILING FIN	ALUMI
3	310003	1	HEAD JAMB	WOOD
4	310004	1	SILL	WOOD
5	310005	2	SIDE JAMBS	WOOD
6	780011	1	DRIP CAP	ALUMI
7	969911	1	SILL CLAD	ALUMI
8	760103	1	SILL NAILING FIN	ALUMI
9	760611	4	WEATHERSTRIP	-
10	760013	3	HEAD & SIDE JAMB WEATHERSTRIP	-
11	969378	2	SASH RAIL COVER	ALUMI
12	969381	2	SASH STILE COVER	ALUMI
13	311368	2	RAIL	WOOD
14	311369	2	STILE	WOOD

**ANCHORS:**

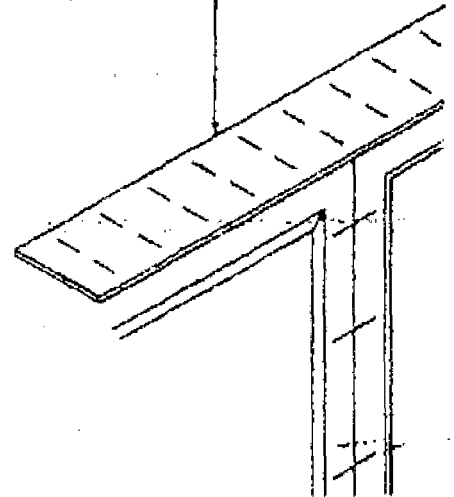
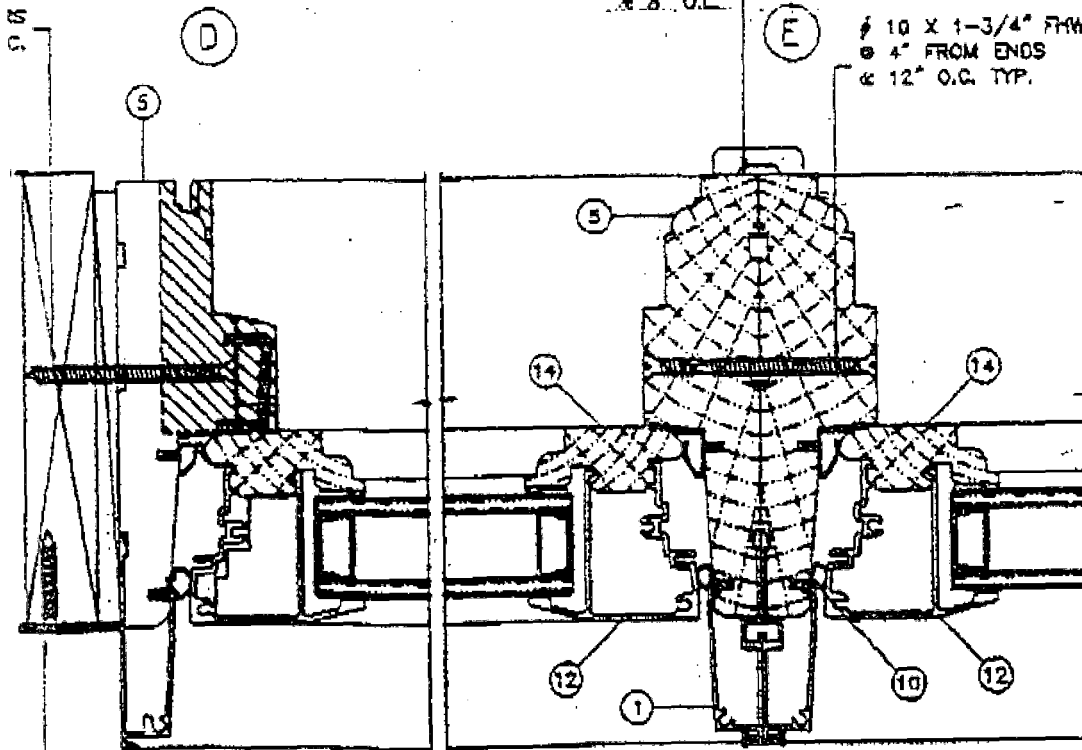
2" BY WOOD BUCKS  
SMS OR 3/16" DIA TAPCONS  
1-3/8" MIN. PENETRATION INTO WOOD  
1" BY WOOD BUCKS OR INTO MASONRY  
DIA. TAPCONS  
1-1/4" MIN. EMBED INTO MASONRY

2" X 12" STEEL GUSSET PLATE  
STAPLED TO ENDS OF WALLS TYP.

1" WIDE X 3/8" LONG  
CORRUGATED STAPLES  
@ 3" FROM ENDS  
& 8" O.C.

φ 10 X 1-3/4" FHWS  
@ 4" FROM ENDS  
& 12" O.C. TYP.

φ 7 X 1-5/8" DRYWALL SCREWS  
@ 8" O.C. TYP.



Engrt DR. HUMAYUN FAROOQ  
STRUCTURES  
FLA. PE # 18857

APPROVED AS COY  
SOUTH FLORIDA BLDG  
DATE MARCH  
BY [Signature]  
PRESIDENT CONTROL  
BUILDING CODE  
ACCEPTANCE NO. 9

FEB 06 1998

*Additional Review ↑*

# DADE COUNTY STRUCTURAL TEST REPORT

**Weather Shield Outswing French Door  
Contempra Aluminum TFT (XX)**

Rendered to:

**WEATHER SHIELD MANUFACTURING, INC.**  
One Weather Shield Plaza  
P.O. Box 309  
Medford, Wisconsin 54451

Prepared by:

**ARCHITECTURAL TESTING, INC.**  
587 First Street S.W.  
New Brighton, Minnesota 55112

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# ARCHITECTURAL TESTING INC.

587 First Street SW • New Brighton, MN 55112 • Facsimile 612-636-3843 • Telephone 612-636-3835

## DADE COUNTY STRUCTURAL TEST REPORT

Rendered to:

WEATHER SHIELD MANUFACTURING, INC.  
One Weather Shield Plaza  
P.O. Box 309  
Medford, Wisconsin 54451

Report No: ATI-17380-N  
Test Dates: 04/09/1996  
and: 04/10/1996  
Report Date: 04/12/1996  
Expiration Date: 04/09/2000  
Certification No.: 94-0428.01  
Dade County Notification No.: ATI 96037

**Project Summary:** Architectural Testing, Inc. (ATI) was contracted by Weather Shield Manufacturing, Inc. to perform testing in accordance with Metro Dade County Protocol PA 202-94. The tests were performed on four Weather Shield Outswing French Door Contempra Aluminum TFT (XX) with two different glazing techniques, both of which are explained in detail later in this report.

### Test Procedure:

The test specimens were evaluated in accordance with Dade County Building Code Compliance Office Protocols PA 202-94, "Criteria For Testing Impact and Non Impact Resistant Building Envelope Components Using Uniform Static Air Pressure." The performance levels attained are as follows.

<u>Title of Test</u>	<u>Results</u>
Air Infiltration	Pass
Water Penetration	9.75 psf
Structural Overload (Exterior)	Design pressure of + 65.0 psf
Structural Overload (Interior)	Design pressure of - 65.0 psf
Forced Entry Resistance	Pass

### Test Method:

NWWDA I.S. 8-95, "Industry Standard for Wood Swinging Patio Doors."

### Test Specimen Description:

**Series/Model:** Weather Shield Outswing French Door Contempra Aluminum TFT (XX)

### Type:

Units #1, #3 and #4 - Aluminum clad outswing french wood patio doors with insulating glass.

Unit #2 - Aluminum clad outswing french wood patio door with mono glass.

**Overall Size:** 6' 2" wide by 7' 11-1/4" high.

**Active Panel Size:** 3' 0" wide by 7' 9-1/2" high.

**Passive Panel Size:** 3' 0-3/4' wide by 7' 9-1/2" high.

**Test Specimen Description (Continued)**

Overall Area: 49 ft<sup>2</sup>

**Finish:**

Units #1, #3 and #4 - The doors utilized nominal 1" thick insulating glass fabricated from two nominal 1/8" thick tempered sheets separated by a desiccant-filled metal spacer system. The glass was set from the interior against a silicone backbedding. Wood glazing beads with silicone secured with 1-1/4" brad nails spaced 8" on center were used on the interior.

Unit #2 - The door utilized nominal 1/4" mono tempered glass set from the interior against a silicone backbedding. Wood glazing beads with silicone secured with 1-1/4" brad nails spaced 8" on center were used on the interior.

**Weatherstripping:**

<u>Description</u>	<u>Quantity</u>	<u>Location</u>
Arloc bulb	1 row	Sill
Arloc leaf and bulb	1 row	Jambs, head and center astragal
Wool pile pad	2	Top and bottom of center astragal
Foam-filled leaf	1 row	Exterior, center astragal cover
Vinyl leaf and bulb sweep	1 row	Bottom of each panel
Wool pile with fin pad	2	One per sill/jamb corner

The corners of the frame weatherstrip were sealed with silicone.

**Frame Construction:** The frame jambs and head consisted of wood and the sill consisted of a wood subsill with a two-part aluminum/vinyl covering. Head corners were dado cut, sealed with silicone and secured with three 2-1/2" drywall screws per corner. The sill frame corners were square-cut, sealed with a gasket on the interior and silicone on the exterior, and secured with three 2-1/2" drywall screws per corner. A 3/4" high oak threshold was sealed to the sill with a silicone backbedding and secured with five screws to the wood subsill. Aluminum cladding was applied to the exterior of the frame members and was secured with staples spaced approximately 8" on center.

**Panel Construction:** The panel corners were square-cut and secured with two 3/4" by 3" wood dowels per corner. Aluminum cladding was slip-fit over the exterior of all panel members with silicone used to seal the interior joint. A 2-1/2" by 2-1/2" wood astragal was secured to the passive panel meeting stile with silicone and five #10 by 4" screws spaced 7-1/2" and 40" from each end and at midspan.



### Test Specimen Description (Continued)

#### Hardware:

<u>Description</u>	<u>Quantity</u>	<u>Location</u>
3-point lock with top and bottom flush bolts	1	Locking stile of active panel with keepers on the astragal of the passive panel. The 3-point locks were located 7" from each end and 37" from sill, with the actuating handle 37-1/2" from the sill. The flush bolts protruded out of the top and bottom, and engaged keepers in the head and sill.
Dead bolt	1	Locking stile of active panel with keeper on the astragal of the passive panel, located 32-1/2" from the sill.
Metal hinges	8	Four per jamb, located 11" and 35" from each end.
Center activated flush bolt	1	Passive panel astragal with flush bolts protruding out of each end, with the actuating handle located 38" from the bottom rail.
5/8" high metal keeper	1	Sill below flush bolts, with keeper secured with three #8 by 2" screws.
Metal keeper with metal reinforcement plate	1	Head above flush bolts with keeper secured with three #8 by 2-1/2" screws. Metal reinforcement plate was located on top of the frame head at the center astragal location secured with eight #8 by 3/4" screws.

#### Drainage:

<u>Description</u>	<u>Quantity</u>	<u>Location</u>
1/4" by 1/8" weep hole	4	Top of vinyl sill cover to channel below, located at each corner and 32-1/2" from each jamb.
3/8" wide by 1/16" high weep slot	4	Bottom of sill channel to exterior, located 6-1/4" and 28-1/2" from each jamb.

**Installation:** The doors were installed in a nominal 2" by 10" test frame to facilitate testing. The doors were anchored to the wood frame in the following manner.

- Two #10 by 2-1/2" screws were used at each hinge location (total of sixteen).
- Three #8 by 2-1/2" screws were used through the flush bolt keeper at the head and into the buck.
- Sill was set in silicone backbedding.
- 1-5/8" roofing nails were used through the door nailing flange located 6" from each corner and 12" on center.

**Test Results:** The results are tabulated as follows:

**Test Unit #1**

<u>Title of Test</u>	<u>Results</u>	<u>Allowed</u>
Air Infiltration		
@ 1.57 psf	0.01 cfm/ft <sup>2</sup>	0.15 cfm/ft <sup>2</sup>
@ 6.24 psf	0.05 cfm/ft <sup>2</sup>	0.37 cfm/ft <sup>2</sup>
<b>Structural Preload @ One-half Test Pressure (Positive)</b>		
Deflection*		
@ 48.75 psf (positive)	0.310"	--
Permanent Deformation*		
@ 48.75 psf (positive)	Negligible	0.4% L = 0.374"
<b>Structural Preload @ Design Pressure (Positive)</b>		
Deflection*		
@ 65.0 psf (positive)	0.450"	--
Permanent Deformation*		
@ 65.0 psf (positive)	Negligible	0.4% L = 0.374"
<b>Structural Preload @ One-half Test Pressure (Negative)</b>		
Deflection*		
@ 48.75 psf (negative)	0.355"	--
Permanent Deformation*		
@ 48.75 psf (negative)	0.008"	0.4% L = 0.374"
<b>Structural Preload @ Design Pressure (Negative)</b>		
Deflection*		
@ 65.0 psf (negative)	0.465"	--
Permanent Deformation*		
@ 65.0 psf (negative)	0.010"	0.4% L = 0.374"
<b>Water Infiltration (15% Design Pressure)</b>		
@ 9.75 psf	No leakage	No leakage
<b>Structural Load @ Test Pressure</b>		
Deflection*		
@ 97.5 psf (positive)	0.665"	--
@ 97.5 psf (negative)	Failure	--

At approximately - 90.0 psf, the active panel flush bolt slipped out of the bottom keeper and broke the wood of the astragal at the bottom lock location.

## Test Results (Continued)

Test Unit #2

<u>Title of Test</u>	<u>Results</u>	<u>Allowed</u>
Air Infiltration @ 1.57 psf @ 6.24 psf	0.03 cfm/ft <sup>2</sup> 0.08 cfm/ft <sup>2</sup>	0.15 cfm/ft <sup>2</sup> 0.37 cfm/ft <sup>2</sup>
Structural Preload @ One-half Test Pressure (Positive)		
Deflection* @ 48.75 psf (positive)	0.320"	-
Permanent Deformation* @ 48.75 psf (positive)	0.008"	0.4% L = 0.374"
Structural Preload @ Design Pressure (Positive)		
Deflection* @ 65.0 psf (positive)	0.440"	-
Permanent Deformation* @ 65.0 psf (positive)	0.010"	0.4% L = 0.374"
Structural Preload @ One-half Test Pressure (Negative)		
Deflection* @ 48.75 psf (negative)	0.415"	--
Permanent Deformation* @ 48.75 psf (negative)	0.010"	0.4% L = 0.374"
Structural Preload @ Design Pressure (Negative)		
Deflection* @ 65.0 psf (negative)	0.525"	-
Permanent Deformation* @ 65.0 psf (negative)	0.013"	0.4% L = 0.374"
Water Infiltration (15% Design Pressure) @ 9.75 psf	No leakage	No leakage
Structural Load @ Test Pressure		
Deflection* @ 97.5 psf (positive)	0.730"	-
@ 97.5 psf (negative)	0.610"	-
Permanent Deformation* @ 97.5 psf (positive)	0.010"	0.4% L = 0.374"
@ 97.5 psf (negative)	0.030"	0.4% L = 0.374"
Forced Entry Resistance 300 lbs perpendicular	No entry	No entry
300 lbs perpendicular + 300 lbs parallel	No entry	No entry

Allen M. Rouse

## Test Results (Continued)

Test Unit #3

<u>Title of Test</u>	<u>Results</u>	<u>Allowed</u>
Air Infiltration		
@ 1.57 psf	0.02 cfm/ft <sup>2</sup>	0.15 cfm/ft <sup>2</sup>
@ 6.24 psf	0.05 cfm/ft <sup>2</sup>	0.37 cfm/ft <sup>2</sup>
Structural Preload @ One-half Test Pressure (Positive)		
Deflection*		
@ 48.75 psf (positive)	0.320"	-
Permanent Deformation*		
@ 48.75 psf (positive)	Negligible	0.4% L = 0.374"
Structural Preload @ Design Pressure (Positive)		
Deflection*		
@ 65.0 psf (positive)	0.260"	--
Permanent Deformation*		
@ 65.0 psf (positive)	0.009"	0.4% L = 0.374"
Structural Preload @ One-half Test Pressure (Negative)		
Deflection*		
@ 48.75 psf (negative)	0.305"	--
Permanent Deformation*		
@ 48.75 psf (negative)	0.010"	0.4% L = 0.374"
Structural Preload @ Design Pressure (Negative)		
Deflection*		
@ 65.0 psf (negative)	0.415"	-
Permanent Deformation*		
@ 65.0 psf (negative)	0.010"	0.4% L = 0.374"
Water Infiltration (15% Design Pressure)		
@ 9.75 psf	No leakage	No leakage
Structural Load @ Test Pressure		
Deflection*		
@ 97.5 psf (positive)	0.690"	--
@ 97.5 psf (negative)	0.755"	--
Permanent Deformation*		
@ 97.5 psf (positive)	0.005"	0.4% L = 0.374"
@ 97.5 psf (negative)	0.005"	0.4% L = 0.374"
Forced Entry Resistance		
300 lbs perpendicular	No entry	No entry
300 lbs perpendicular + 300 lbs parallel	No entry	No entry

*Allen W. Reese*

## Test Results (Continued)

Test Unit #4\*\*

<u>Title of Test</u>	<u>Results</u>	<u>Allowed</u>
Air Infiltration @ 1.57 psf	0.02 cfm/ft <sup>2</sup>	0.15 cfm/ft <sup>2</sup>
@ 6.24 psf	0.05 cfm/ft <sup>2</sup>	0.37 cfm/ft <sup>2</sup>
Structural Preload @ One-half Test Pressure (Positive)		
Deflection*		
@ 48.75 psf (positive)	0.290"	--
Permanent Deformation*		
@ 48.75 psf (positive)	Negligible	0.4% L = 0.374"
Structural Preload @ Design Pressure (Positive)		
Deflection*		
@ 65.0 psf (positive)	0.380"	--
Permanent Deformation*		
@ 65.0 psf (positive)	0.005"	0.4% L = 0.374"
Structural Preload @ One-half Test Pressure (Negative)		
Deflection*		
@ 48.75 psf (negative)	0.260"	--
Permanent Deformation*		
@ 48.75 psf (negative)	Negligible	0.4% L = 0.374"
Structural Preload @ Design Pressure (Negative)		
Deflection*		
@ 65.0 psf (negative)	0.435"	--
Permanent Deformation*		
@ 65.0 psf (negative)	Negligible	0.4% L = 0.374"
Water Infiltration (15% Design Pressure)		
@ 9.75 psf	No leakage	No leakage
Structural Load @ Test Pressure		
Deflection*		
@ 97.5 psf (positive)	0.645"	--
@ 97.5 psf (negative)	0.650"	--
Permanent Deformation*		
@ 97.5 psf (positive)	0.005"	0.4% L = 0.374"
@ 97.5 psf (negative)	0.005"	0.4% L = 0.374"
Forced Entry Resistance		
300 lbs perpendicular	No entry	No entry
300 lbs perpendicular + 300 lbs parallel	No entry	No entry

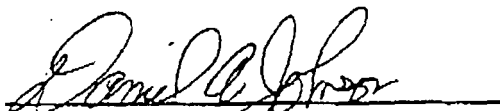
\*Deflection and permanent deformation readings were taken at the midspan on the passive panel meeting stile.

\*\*Test Unit 4 was tested to substitute for the unsatisfactory performance of Unit 1.

Detailed drawings, representative samples of the test specimen, and a copy of this report will be retained by ATI for a period of four years. The above results were secured by using the designated test methods and they indicate compliance with the performance requirements of the above referenced specification. This report does not constitute certification of this product which may only be granted by the certification program administrator.

ARCHITECTURAL TESTING, INC.

ARCHITECTURAL TESTING, INC.



Daniel A. Johnson  
Laboratory Manager

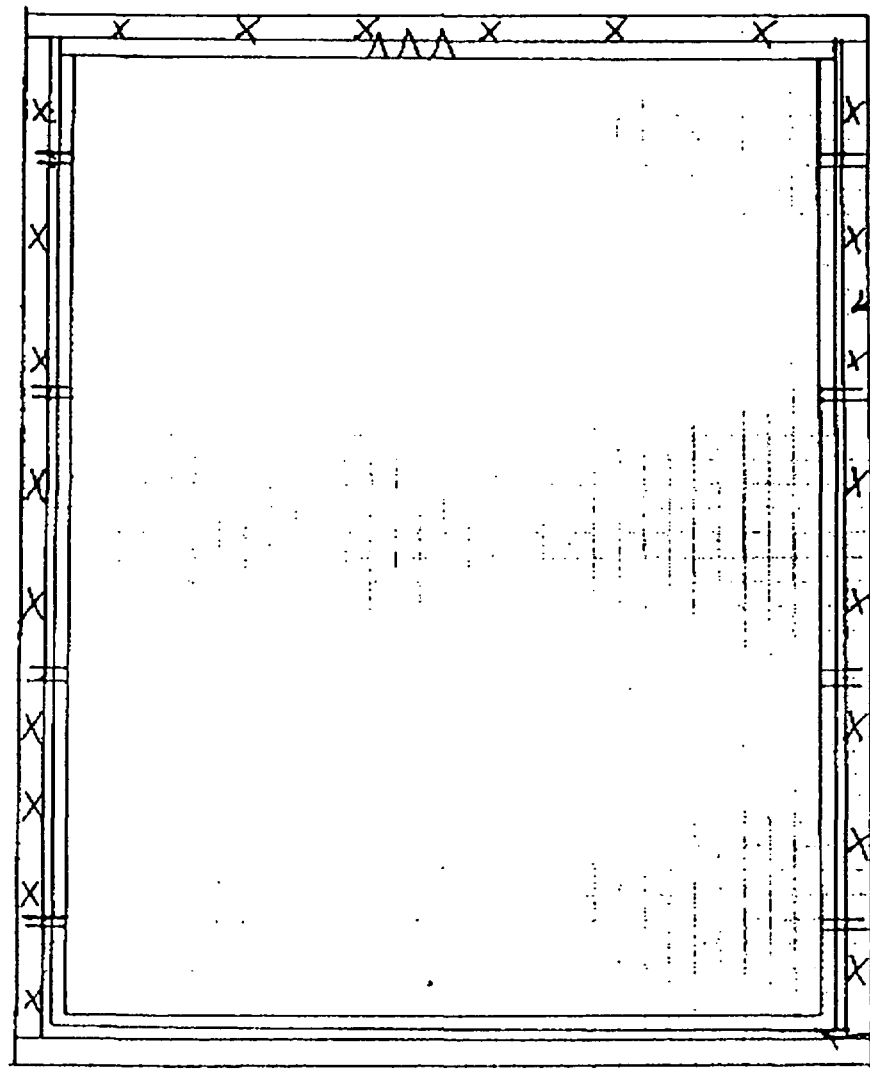


Allen N. Reeves, P.E.

11 MAY 1996

DAJ/jb  
17380-N

Palm City Millwork Fax: +561-288-4841 Jul 13 '99 13:02 P.19



DOOR NAILING FLANGE SECURED TO WOOD BUCK

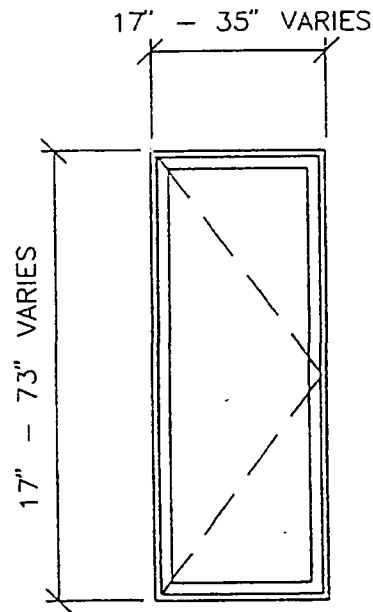
SILL SET IN SILICONE BACKBEDDING

- | - #10 BY 2 1/2" SCREWS, TWO THROUGH EACH HINGE INTO WOOD BUCK
- ^ - #8 BY 2-1/2" SCREWS, THROUGH FLUSH BOLT KEEPER INTO WOOD BUCK
- X - 1-5/8" ROOFING NAILS THROUGH NAILING FLANGE INTO WOOD BUCK

NUMBER: 17380-N	PROJECT NAME: OUTSWING FRENCH DOOR CONTEMPRA	ARCHITECTURAL TESTING INC.	NOTES: PERIMETER ANCHOR DETAIL	DRAWN BY: DAJ	SHEET 1/1
	CLIENT NAME: WEATHER SHIELD MANUFACTURING			DATE 4/12/96	



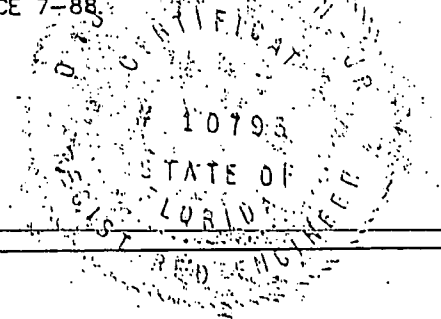
# PELLA DESIGNER CASEMENT - VENTING



PELLA DESIGNER CASEMENT - REFERENCE THE PELLA ARCHITECTURAL DESIGN MANUAL - VOLUME 2 / SECTION 1  
-STANDARD UNITS AVAILABLE.  
-MAXIMUM SIZE 15 SQ. FT.

WE HAVE REVIEWED THE PRODUCT DRAWINGS FOR THE PELLA DESIGNER CASEMENT AND TO THE BEST OF OUR KNOWLEDGE AND ABILITY THE PRODUCT SHOWN WILL MEET A MINIMUM DESIGN PRESSURE OF NEGATIVE 60 POUNDS PER SQUARE FOOT AS OUTLINED IN ASCE 7-88

O.J. JORGENSEN, P.E.  
Fla. Reg. #10793





CASEMENT WINDOW 3054 R PCA

GLASS =

$A = 4.9 \times 2.9 = 14.2 \text{ SF}$

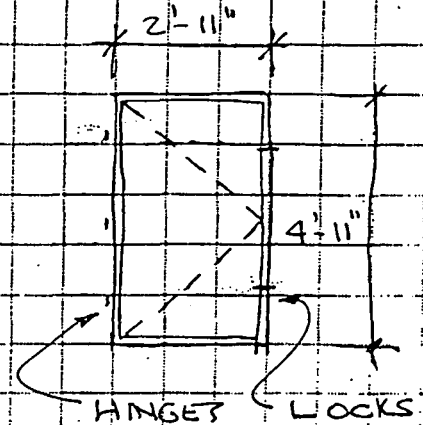
GLASS REQ'D (TABLE E, ASCE 7-88) = 1/8" F.T.

JAMBS =

$M = (60 \times 1.50) \times 1.67 \times \frac{12}{8} = 377 \text{ "#}$

$S_{\text{JAMBS}} = \frac{1.5 \times 1.75^2}{6} = .765 \text{ "#}$

$f = \frac{377}{.765} = 492 \text{ psi. } \underline{\text{OK}}$



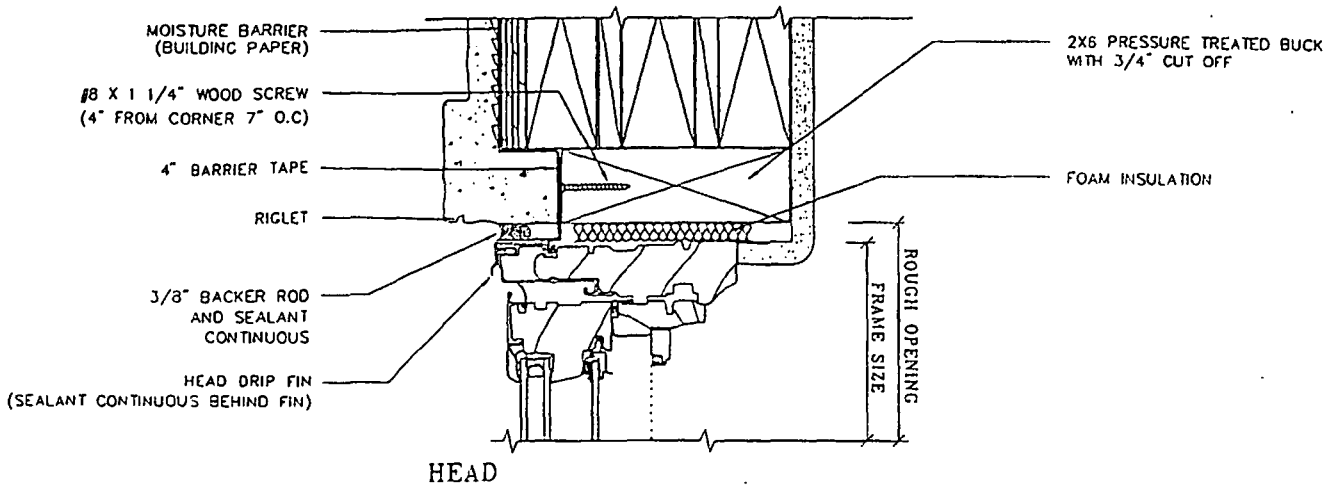
FRAMES REQUIRE 3 TAPCONS EACH JAMB,  
 2 TAPCONS EACH SILL.

ALL 1/4"  $\phi$  @ 600# = 6,000# TOTAL

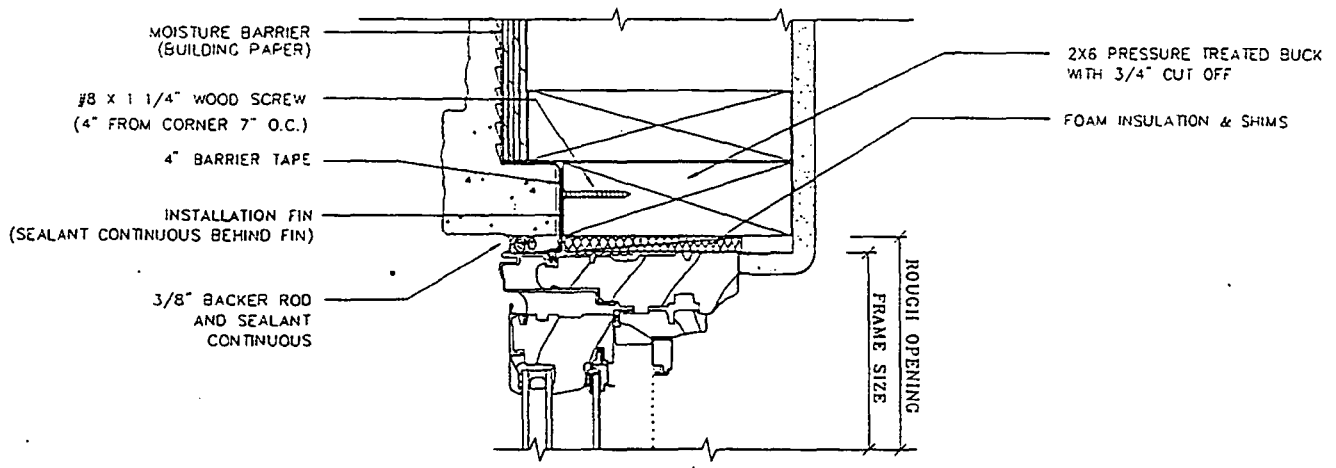
MAX. WIND LOAD =  $60 \times 5 \times 3 = 900 \text{ # } \underline{\text{OK}}$

WINDOW METERS SFBC  
 UP TO 60 PER

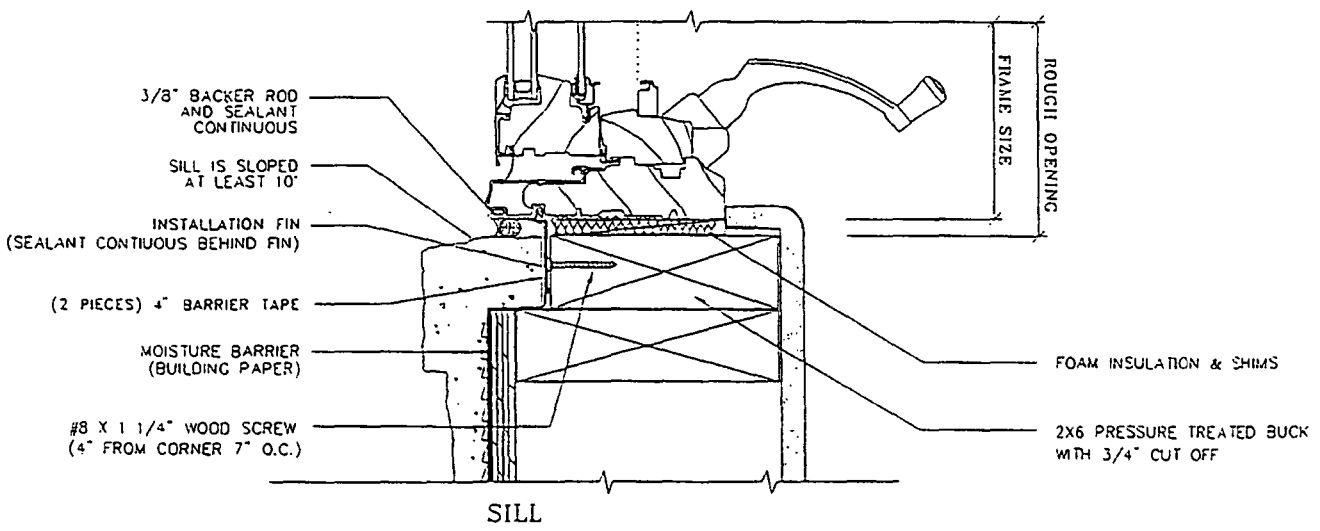
JORGENSEN  
 O. J. JORGENSEN, P.E.  
 [Signature]  
 [Signature]



HEAD



JAMB



SILL

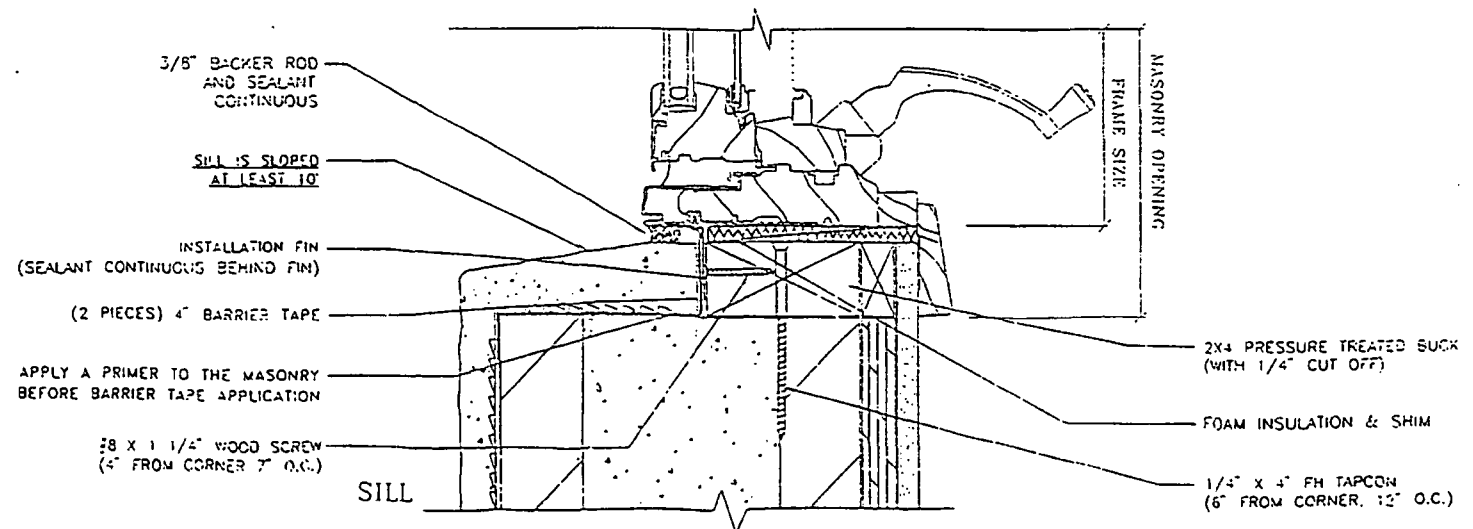
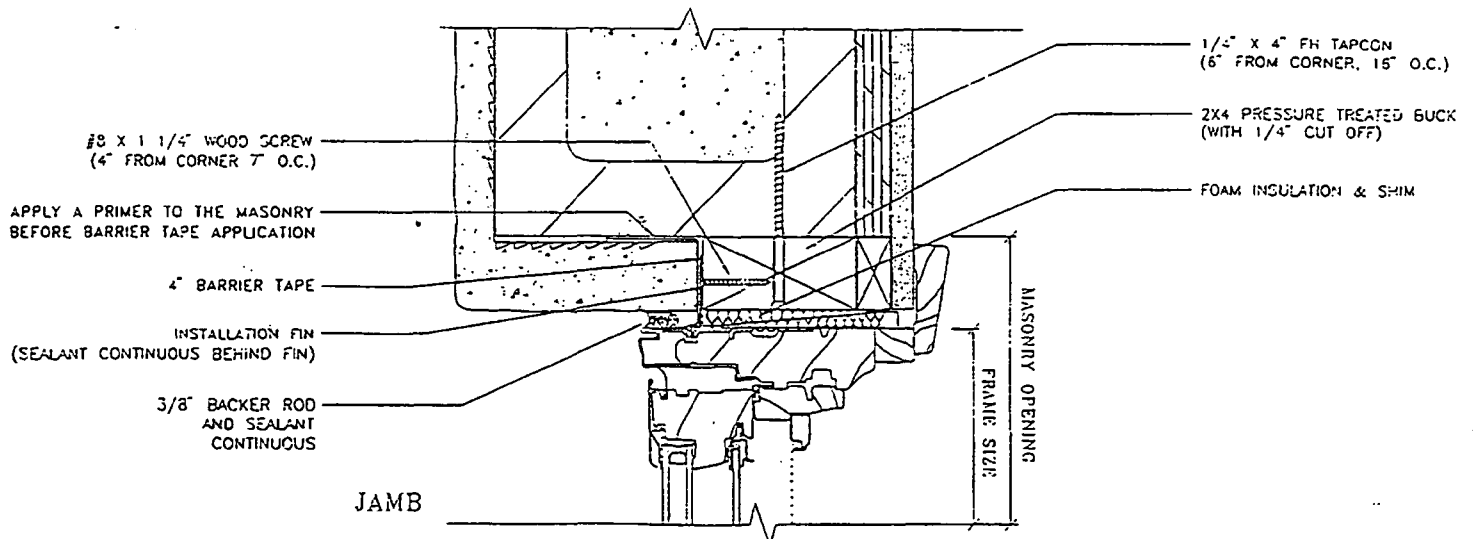
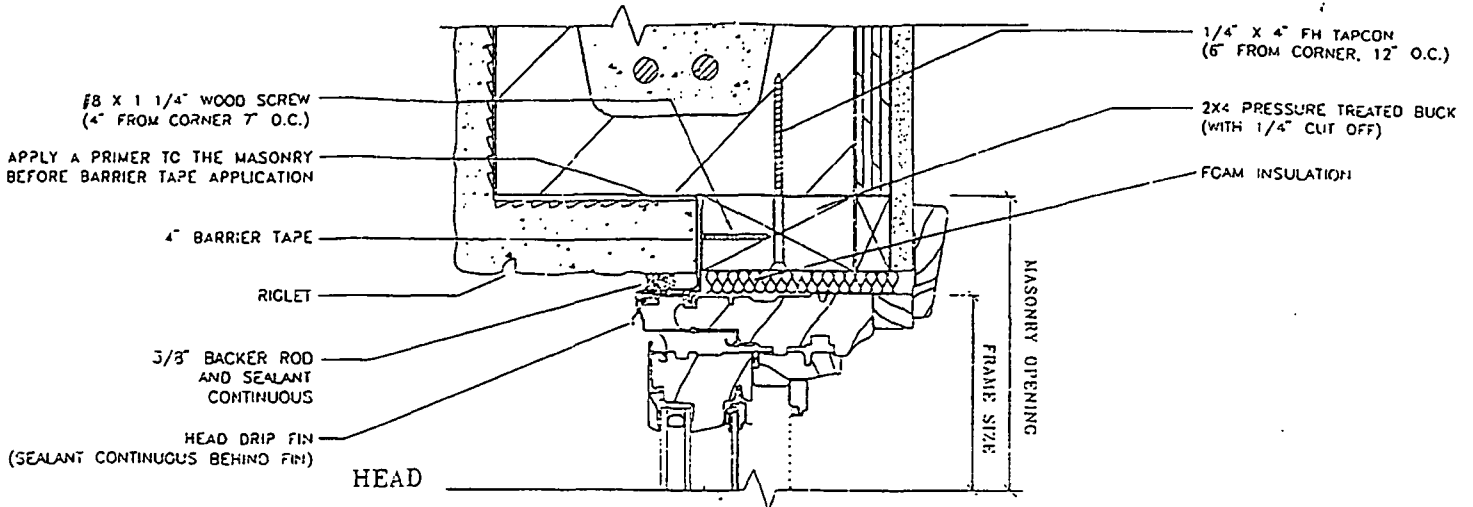
3 11/16 JAMB



**Pella Windows & Doors**  
 ROBERT HUNT CORPORATION *Distributing Pella Products Since 1962*

JOB NAME: 2X6 FRAME WALL W/ STUCCO  
 ARCHITECT: N/A  
 DRAWN BY: TIMOTHY A. BELINGER  
 CHECKED BY: DAN HUNT  
 DESCRIPTION: CLAD WINDOW INSTALLATION

LOCATION: LONGWOOD, FL  
 BUILDER: N/A  
 DATE: AUGUST 19, 1997  
 SCALE: 3/4" = 1'-0"  
 DRAWING NO. DET-6F



4 9/16 JAMB



**Pella Windows & Doors**  
ROBERT HUNT CORPORATION *Distributing Pella Products Since 1962*

JOB NAME: 2X4 MASONRY WALL W/ STUCCO

ARCHITECT: N/A

DRAWN BY: TIMOTHY BELNICK

CHECKED BY: JAHUNT

DESCRIPTION: CLAD WINDOW INSTALLATION

LOCATION: LONGWOOD, FL

BUILDER: N/A

DATE: AUGUST 19, 1997

SCALE: 3/4" = 1'-0"

DRAWING NO. DET-1A

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

Tax Folio No. \_\_\_\_\_

# 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.

1. Description of property: LOT 38, HIGH POINT, ACCORDING TO THE PLAT THEREOF ON FILE IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR MARTIN COUNTY, FLORIDA RECORDED IN PLAT BOOK 3, PAGE 108; SAID LANDS SITUATE, LYING AND BEING IN MARTIN COUNTY, FLORIDA.

2. General description of improvements: SINGLE FAMILY RESIDENCE

3. Owner Information:

a. Name and address: BRUCE LARAWAY  
SUSAN LARAWAY  
21 LANTANA LANE, STUART, FL 34997

b. Interest in property: FEE SIMPLE

c. Name and address of fee simple titleholder (if other than owner):

4. Contractor: COMMERCIAL CONSTRUCTION DIVISION, INC.  
440 EAST OSCEOLA STREET, SUITE 2  
STUART, FLORIDA 34994

5. Surety:

a. Name and Address:

b. Amount of bond: \$

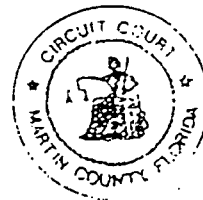
STATE OF FLORIDA  
MARTIN COUNTY

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

MARSHA STILLER, CLERK

*Charlott B. Stiller* D.C.

DATE 5-24-99





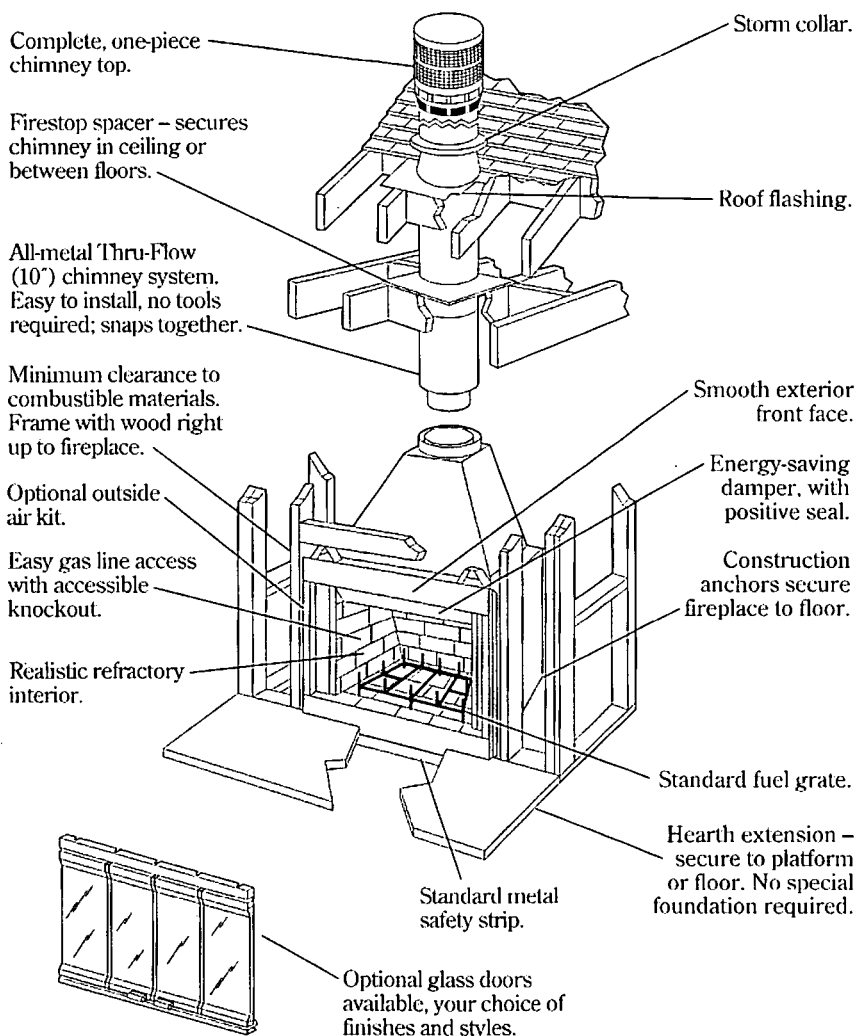
You won't find a more realistic looking, large sized factory-built fireplace than our Traditional Masonry (TM-4500) fireplace. In fact, Superior's TM is one of the biggest zero clearance fireplaces in the industry. With its rugged refractory interior, massive screen opening and stylish design, our TM easily provides the custom-built masonry look that most homeowners desire.

Superior's TM gives builders what they want, too. Including all the cost-saving advantages of factory-built zero clearance construction.

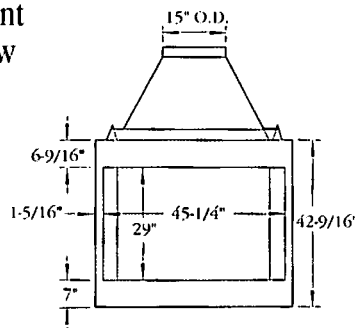
Available in one large size, the TM has a screen opening width of 45", an opening height of 29" and an opening depth of 24". With big, beautiful features like these, the Traditional Masonry fireplace makes a grand opening in every home.

### Optional Accessories

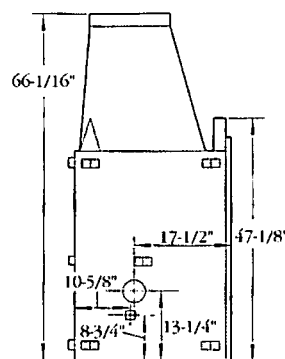
- Outside Combustion Air Kit
- Glass Doors



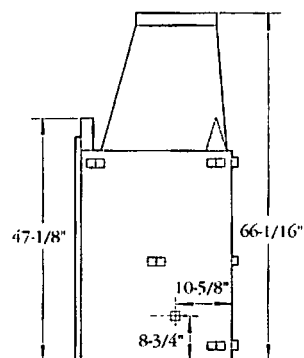
Front View



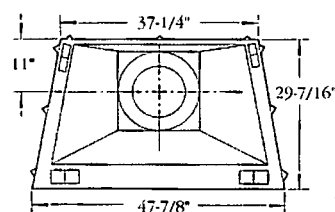
Left Side View



Right Side View



Top View



Framing Dimensions

Model	Width	Height	Depth
TM-4500	48"	*66 1/2"	29"

\*False Header is 47 1/2"

Distributed by:

**INTERNATIONAL STONE & MARBLE**  
4304 SOUTH U.S. #1  
FORT PIERCE, FL 34982-6906

(561) 465-8233 / FL 800-433-0313

NOTE: Diagrams and illustrations are not to scale and should not be used for framing purposes – consult installation instructions. Product designs, materials, dimensions, specifications, colors and prices subject to change or discontinuance without notice. Approved by UL (report# MH 8988) and WHI (report# 620-1058)

Consult your distributor for local fireplace code information.



4325 Artesia Ave., Fullerton, CA 92833, (714) 521-7302



**TM** The First Large Factory-Built  
Traditional Masonry Fireplace.

- Large 29" x 45" Opening
- Full-Size Hearth with Two-Foot Fire Chamber Depth
- Surround Material Can Be Brought Up to the Opening
- Heavy-Duty Grate Included
- Optional Glass Doors Available

 **SUPERIOR**  
*The Fireplace Company*



# COMMERCIAL CONSTRUCTION DIVISION, INC.

1/22/00  
PLEASE RESP.  
OK

December 10, 1999

TO WHOM IT MAY CONCERN:

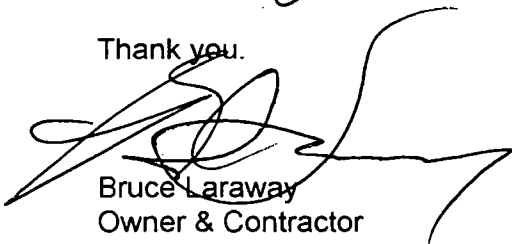
*bl.* **IN THE AMOUNT OF FOUR THOUSAND TWO HUNDRED FORTY NINE (\$4,249.00) DOLLARS**

This check is a forfeited bond to insure the completion of the shutters at 15 Middle Road, Sewalls Point.

**AND SATISFACTORILY PASS FINAL INSPECTION.**

At the end of <sup>60</sup>45 days, if shutters are not installed the check is forfeited. **THE CERTIFICATE OF OCCUPANCY WILL BE REVOKED.**

Thank you.

  
Bruce Laraway  
Owner & Contractor

file:shuttersbond

100

100

THESE SONT LES SEULES RECHERCHES FAITES PAR LE BUREAU DE LA SURETE NATIONALE

LE 15 JANVIER 1964

LE DIRECTEUR  
LE CHEF DU BUREAU  
LE CHEF DU SERVICE

100



RIGHT-J LOAD AND EQUIPMENT SUMMARY

File name: BRUCEL~1.RTR Zone: Entire House  
 For: BRUCE LARAWAY  
 LOT 38 HIGHPOINT  
 STUART FL 34777  
 Phone: Fax:  
 By: C&R AIR CONDITIONING  
 3102 SE JAY ST  
 STUART FL 34997  
 Phone: 2920550 Fax: 283 0098  
 Job #: West Palm Beach AP FL  
 Wthr :  
 Notes:

WINTER DESIGN CONDITIONS

Outside db: 45 °F  
 Inside db: 70 °F  
 Design TD: 25 °F

SUMMER DESIGN CONDITIONS

Outside db: 91 °F  
 Inside db: 71 °F  
 Design TD: 20 °F  
 Daily Range M  
 Rel. Hum. : 50 %  
 Grains Water 60 gr

HEATING SUMMARY

Bldg. Heat Loss 45970 Btuh  
 Ventilation Air 0 CFM  
 Vent Air Loss 0 Btuh  
 Design Heat Load 45970 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 60087 Btuh  
 Ventilation 0 Btuh  
 Design Temp. Swing 3.0 °F  
 Use Mfg. Data n  
 Rate/Swing Mult. 0.96  
 Total Sens Equip Load 57683 Btuh

INFILTRATION

Method Simplified  
 Construction Quality Average  
 Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	3060	3060
Volume (cu.ft.)	30600	30600
Air Changes/Hour	0.7	0.4
Equivalent CFM	358	204

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 1840 Btuh  
 Ventilation 0 Btuh  
 Infiltration 8340 Btuh  
 Tot Latent Equip Load 10180 Btuh  
 Total Equip Load 67863 Btuh

HEATING EQUIPMENT SUMMARY

Make n/a  
 Trade n/a  
 n/a

Efficiency n/a  
 Heating Input 0 Btuh  
 Heating Output 0 Btuh  
 Heating Temp Rise 0 °F  
 Actual Heating Fan 3213 CFM  
 Htg Air Flow Factor 0.070 CFM/Btuh

COOLING EQUIPMENT SUMMARY

Make n/a  
 Trade n/a  
 n/a  
 n/a

Efficiency n/a  
 Sensible Cooling 0 Btuh  
 Latent Cooling 0 Btuh  
 Total Cooling 0 Btuh  
 Actual Cooling Fan 3213 CFM  
 Clg Air Flow Factor 0.053 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 86

MANUAL J: 7th Ed. Right-Suite: Ver 4.1.27 S/N RSR23565

RIGHT-J WINDOW DATA

Job #	File name BRUCEL~1.RTR																	
W	S	D	W	G	L	S	S	O	N	A	S	O	O	W	C	W	S	
N	K	I	A	L	O	T	H	V	G	N	H	V	V	H	H	N	H	
D	Y	R	L	A	W	R	A	H	L	G	C	R	R	G	T	A	A	
W			L	Z	E	M	D	G	Z	L	O	X	Y	T	M	R	R	

GROUND FLOOR

a	n	w	a	c	y	n	n	y	1	90	1.0	2.0	12.0	4.0	72.0	36.0	0.0
a	n	n	a	c	y	n	n	y	1	90	1.0	2.0	12.0	4.0	23.0	20.0	0.0
b	n	e	a	c	y	n	n	y	1	90	1.0	6.0	2.0	8.0	72.0	48.0	17.9
c	n	w	a	c	y	n	n	y	1	90	1.0	2.0	12.0	8.0	72.0	56.0	0.0

KIT\LIV\DIN

a	n	s	a	c	y	n	n	y	1	90	1.0	2.0	2.0	6.0	38.0	52.0	52.0
a	n	e	a	c	y	n	n	y	1	90	1.0	2.0	2.0	6.0	72.0	104	0.0
a	n	n	a	c	y	n	n	y	1	90	1.0	2.0	2.0	6.0	23.0	20.0	0.0
a	n	w	a	c	y	n	n	y	1	90	1.0	2.0	2.0	6.0	72.0	30.0	0.0
b	n	e	a	c	y	n	n	y	1	90	1.0	2.0	2.0	8.0	72.0	48.0	0.0
b	n	w	a	c	y	n	n	y	1	90	1.0	2.0	2.0	8.0	72.0	48.0	0.0

MASTER\BED

a	n	w	a	c	y	n	n	y	1	90	1.0	2.0	2.0	6.0	72.0	64.0	0.0
a	n	n	a	c	y	n	n	y	1	90	1.0	2.0	2.0	6.0	23.0	16.0	0.0
b	n	s	a	c	y	n	n	y	1	90	1.0	10.0	2.0	8.0	38.0	48.0	48.0

1		Name of Room			Entire House			GROUND FLOOR			KIT\LIV\DIN			MASTER\BED			
2		Running Ft. Exposed Wall			354.0 Ft.			140.0 Ft.			140.0 Ft.			74.0 Ft.			
3		Room Dimensions, Ft.			1080 x 1.0 ft			1140 x 1.0 ft			840.0 x 1.0 ft						
4		Ceilings, Ft			10.0			10.0			10.0			10.0			
		Condit. Option			heat/cool d			heat/cool			heat/cool			heat/cool			
TYPE OF EXPOSURE		CST NO.	HTM		Area Length	Btuh		Area Length	Btuh		Area Length	Btuh		Area Length	Btuh		
			Htg	Clg		Htg	Clg		Htg	Clg		Htg	Clg		Htg	Clg	
5	Gross Exposed	a	14B	3.6	2.3	3540	****	****	1400	****	****	1400	****	****	740	****	****
	Walls and Partitions	b		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and Glass Doors	a	1F	26.8	**	342	9157	****	56	1499	****	206	5516	****	80	2142	****
	Heating	b	9F	25.0	**	192	4805	****	48	1201	****	96	2402	****	48	1201	****
		c	8D	20.5	**	56	1147	****	56	1147	****	0	0	****	0	0	****
		d		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and Glass Doors	North		23.0	174	****	3999	38	****	871	72	****	1656	64	****	1472	
	Cooling	NE/NW		0.0	0	****	0	0	****	0	0	****	0	0	****	0	
		E/W		72.0	416	****	29961	122	****	8793	230	****	16560	64	****	4608	
		SE/SW		0.0	0	****	0	0	****	0	0	****	0	0	****	0	
		South		0.0	0	****	0	0	****	0	0	****	0	0	****	0	
	Horz		0.0	0	****	0	0	****	0	0	****	0	0	****	0		
8	Other doors	a		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
		b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
9	Net Exposed	a	14B	3.6	2.3	2950	10620	6924	1240	4464	2911	1098	3953	2577	612	2203	1436
	Walls and Partitions	b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
		c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
		d		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
		e		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
		f		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
10	Ceilings	a	16G	0.8	1.5	3060	2525	4443	1080	891	1568	1140	941	1655	840	693	1220
		b		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
		c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
11	Floors	a	22A	20.3	0.0	140	2835	0	140	2835	0	0	0	0	0	0	
		b	19J	0.4	0.0	1980	866	0	0	0	0	1140	499	0	840	368	
		c		0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	
12	Infiltration	a		16.7	7.6	590	9837	4497	160	2668	1220	302	5035	2302	128	2134	976
13	Subtot Btuh Loss=6+8..+11+12					****	41791	****	****	14705	****	****	18345	****	****	8741	****
14	Duct Btuh Loss					10%	4179	****	10%	1470	****	10%	1835	****	10%	874	****
15	Total Btuh Loss = 13+14					****	45970	****	****	16175	****	****	20180	****	****	9615	****
16	Int. Gains:	People @	300	8	****	2400	2	****	500	4	****	1200	2	****	600		
		Appl. @	1200	2	****	2400	1	****	1200	1	****	1200	0	****	0		
17	Subtot RSH Gain=7+8..+12+16					****	54624	****	****	17162	****	****	27150	****	****	10312	
18	Duct Btuh Gain					10%	5462	10%	****	1716	10%	****	2715	10%	****	1031	
19	Total RSH Gain=(17+18)*PLF					1.00	****	60087	1.00	****	18878	1.00	****	29865	1.00	****	11343
20	CFM Air Required					****	3213	3213	****	1131	1010	****	1411	1597	****	672	607

RIGHT-J CALCULATION PROCEDURES A, B, C, D

Job #:

Zone: Entire House

File name:

BRUCEL~1.RTR

Procedure A - Winter Infiltration HTM Calculation\*

1. Winter Infiltration CFM	0.7 AC/HR x	30600 Cu.Ft. x 0.0167 =	358 CFM
2. Winter Infiltration Btuh	1.1 x	358 CFM x 25 Winter TD =	9837 Btuh
3. Winter Infiltration HTM	9837 Btuh /	590 Total Window = and Door Area	16.7 HTM

Procedure B - Summer Infiltration HTM Calculation\*

1. Summer Infiltration CFM	0.4 AC/HR x	30600 Cu.Ft. x 0.0167 =	204 CFM
2. Summer Infiltration Btuh	1.1 x	204 CFM x 20 Summer TD =	4497 Btuh
3. Summer Infiltration HTM	4497 Btuh /	590 Total Window = and Door Area	7.6 HTM

Procedure C - Latent Infiltration Gain

0.68 x	60 gr.diff. x	204 CFM =	8340 Btuh
--------	---------------	-----------	-----------

Procedure D - Equipment Sizing Loads

1. Sensible Sizing Load			
Sensible Ventilation Load			
1.1 x	0 Vent.CFM x	20 Summer TD	= 0 Btuh
Sensible Load for Structure (Line 19)			+ 60087 Btuh
Sum of Ventilation and Structure Loads			= 60087 Btuh
Rating and Temperature Swing Multiplier			x 0.96 RSM
Equipment Sizing Load - Sensible			+ 57683 Btuh
2. Latent Sizing Load			
Latent Ventilation Load			
0.68 x	0 Vent.CFM x	60 gr.diff.	= 0 Btuh
Internal Loads =	230 x	8 No. People	+ 1840 Btuh
Infiltration Load From Procedure C			+ 8340 Btuh
Equipment Sizing Load - Latent			= 10180 Btuh

\*Construction Quality is:

a

No. of Fireplaces is:

0

MANUAL J: 7th Ed.

Right-Suite:

Ver 4.1.27

S/N

RSR23565

# 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.

1. Description of property: **LOT 38, HIGH POINT, ACCORDING TO THE PLAT THEREOF ON FILE IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR MARTIN COUNTY, FLORIDA RECORDED IN PLAT BOOK 3, PAGE 108; SAID LANDS SITUATE, LYING AND BEING IN MARTIN COUNTY, FLORIDA.**

2. General description of improvements: **SINGLE FAMILY RESIDENCE**

3. Owner Information:

a. Name and address: **BRUCE LARAWAY  
SUSAN LARAWAY  
21 LANTANA LANE, STUART, FL 34997**

b. Interest in property: **FEE SIMPLE**

c. Name and address of fee simple titleholder (if other than owner):

4. Contractor: **COMMERCIAL CONSTRUCTION DIVISION, INC.  
440 EAST OSCEOLA STREET, SUITE 2  
STUART, FLORIDA 34994**

5. Surety:

a. Name and Address:

b. Amount of bond: \$

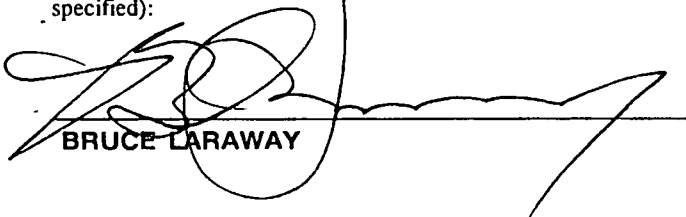
6. Lender: **First National Bank and Trust Company of the Treasure Coast  
P.O. Box 9012  
Stuart, Florida 34995-9012  
ATTN: PENNY MARSTON**

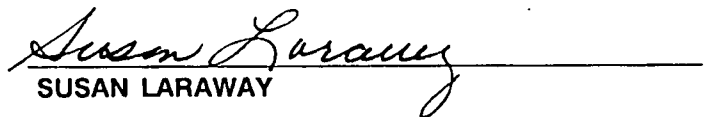
7. Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)7, Florida Statutes:

8. In addition to himself, owner designates:

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 1 year from the date of recording unless a different date is specified):

  
BRUCE LARAWAY

  
SUSAN LARAWAY

Sworn to and subscribed before me this 26<sup>th</sup> day of May, 1999.

JEANNIE AMMON  
Notary Public, State of Florida  
My Comm. Expires Feb. 10, 2000  
No. CC530422  
Bonded Thru Official Notary Service  
1-(800)-723-0121

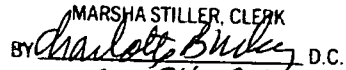
  
NOTARY PUBLIC

My Commission Expires:

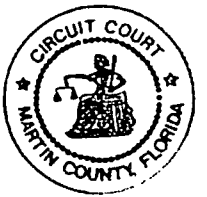
(seal)

STATE OF FLORIDA  
MARTIN COUNTY

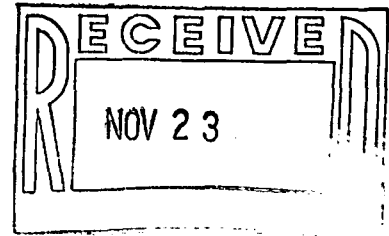
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.

MARSHA STILLER, CLERK  
BY  D.C.

DATE 5-24-99



TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel: (561) 287-2455  
Fax: (561) 220-4765



**TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4620**

OWNER: Bruce Laraway ; ADDRESS: 5245 Burning Tree Circle, Stuart, FL 34997

PROJECT ADDRESS: 15 Middle Road ; LEGAL: LOT 38 BLK      SUB High Point

GENERAL CONTRACTOR: Commercial Construction Div. Inc. ; LIC/CERT No. CB C052954

ADDRESS: 440 E. Osceola Street, Stuart, FL 34994 ; TEL 220-3488 ; FAX 283-2855

ELECTRICAL CONTRACTOR: Jim Reisner Electric ; LIC/CERT No. ME 00478

ADDRESS: 4886 SW Honey Terrace, Palm City, FL 34990 ; TEL 286-2947 ; FAX 286-6698

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electrical service for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of electrical meter for the purpose of to run air conditioning. AC ONLY at the above designated construction now in progress under a valid building permit; and

WHEREAS, it is necessary to have a temporary electric hook-up for testing of equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. This temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this 20th day of November, 1999.

SIGNATURE OF GENERAL CONTRACTOR

SIGNATURE OF ELECTRICAL CONTRACTOR

SIGNATURE OF OWNER

EDWIN B. ARNOLD, BUILDING OFFICIAL



**1998 - 1999  
Town of Sewall's Point  
Building Department - Inspection Log**

~~Wed. 12-1-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	Cicoria 126 N.S.P. Rd.	driveway	PASSED	PERMIT EXP. 1/2/99 - CONTR. TO REOPEN (1 MONTH) ON 12/2
4650	SWISS Am 11 Benvan 33A-7717	truss tie down TRUSS KIBERG	FAILED (GABLE FRAMING) → PASS	GABLE END FRAMING NOT PERM. - REINSPECTION (FREE) REQUIRED
4613	Subin 8 Palm Court	insulation	PASSED	(REINSPECT ATTIC ACCORDING)
4750	Lucido 2 Sabal Court	final for c.o.	PTC - OK FOR PTC. C.O.	7:11 AM FOR ISSUANCE 12/2/99
4751		STORM SHUTTERS	PASS	- FINAL
<del>4752</del>	<del>Loraway</del> <del>75 Middle Rd.</del>	el. meter	PASSED	PH REQUESTED - called FPL (Khai) w/ meter release 12/1 2:50 PM
4732	Hummel 19 Lotting Way	fl. meter	PASSED	
4703	Nicklas 21 C. Hill Way	pool deck 3 ar. (REINSPE.)	PASSED	

OTHER: @ MIDDLE ROAD; PRE-PERMIT (NTP) (ALTERATION)

INSPECTOR: \_\_\_\_\_

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

page 2  
OR 2

# 2000 ~~REVISIONS~~ Town of Sewall's Point Building Department - Inspection Log

FPI-1-21-2000

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4748	Dunn	MONO-SLAB	Passed	AM
	7 N. Via Lucindia	Soil Poisoning	Passed	Hutelle
WG-AM			WG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4527	Sealey	Footers	Passed	
	37 Lofting Way	HANDBALL + GARAGE	WG	
EXA/WG			TOP	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	Cicoria	shutters	PASSED	Frank will call in AM to arrange a time 11:00 AM.
	126 N.E.P. Rd.			
EXA-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Forsway	final	PASSED	1:50 (conf. w/owner)
	15 Middle Rd.	shutters		- REPAIR PERFORMANCE C. C/COVER LETTER
EXA-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR: \_\_\_\_\_

DATE: 1/21/00



*BR*

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA  
COUNTY OF MARTIN

BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties 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 \$ 380,000.

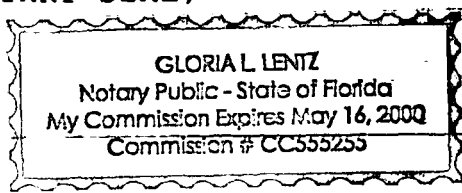
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

*[Handwritten Signature]*  
\_\_\_\_\_  
Affiant  
Property street address:  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed  
before me this 24 day of  
December, 1999.

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires:

(NOTARY SEAL)



# STATEMENT OF INSPECTION

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

OWNER: Bruce Larway; ADDRESS: 440 E Osweola

PROJECT ADDRESS: 15 Middleford; LEGAL DESCRIPTION: LOT 38 BLK thru point SUB

GENERAL CONTRACTOR: Commercial Construction; Lic/CERT No. CBC052954

ADDRESS: 440 E Osweola; TEL: 2203488 FAX: 283 2855

ARCHITECT OR ENGINEER: Joseph P. McCarty; Lic/REG No. FL 9639

ADDRESS: 900 E Osweola; TEL: 2871025 FAX: 287 4618

PERMIT NO: 4420; DATE OF ISSUE: 6/3/99; DATE OF THIS STATEMENT: 12/8/99

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

- 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.
- 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.
- 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 \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

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

STATE OF FLORIDA  
COUNTY OF Marion

Sworn to and subscribed before me this 8th day of December 98 by Joseph P. McCarty, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath

(NOTARY SEAL)

Name: Gloria L. Lentz  
I am a Notary Public of the State of Florida and my commission expires: \_\_\_\_\_  
GLORIA L. LENTZ  
Notary Public - State of Florida  
My Commission Expires May 16, 2000  
Commission # CC55255

12/10/99 CARAWAY CHECKLIST - C.O. ITEMS

- ✓ 1. STORM SHUTTER - COMPLETE W/IN 60 DAYS  
 (NOTE: APPL. INCOMPLETE) - BOND \_\_\_\_\_  
 - M-DC PROJ. REG - NONCOMPLIANCE = FORFEIT & RESCIND C.O.
- ✓ 2. FINAL SURVEY - REVISE W/CERT. TO TOWN & CORRECT FIRM IDUEY  
 - SHOW ADJUSTED CONTOURS W/ ON SITE RETENTION

~~3. GARAGE VENTILATION IN COMPLIANCE W/ CODE~~

✓ 4. READJUST GRADING FOR ON SITE RETENTION

✓ 5. PYDIT. OF ADD'L PERMIT FEES (ORIG. \$220,000)  
 PD. \$2,400.00

TOTAL \$380,000  
 ORIG 220,000  
 160,000

Review permits issued  
 & adjust total.

DW 10,000 - NO SEP. FEE PERMIT  
 W/BE 1,800 - " " "  
 POOL 12,000 PD 4684  
 SHUTTER 4,300 4,300 APPL. VENTILAS  
 GAS 2,000 NO SEP. FEE PERMIT  
 35,100

TOTAL CONST. COST (PER AFFID.) \$ 380,000.00  
 - SEPARATE PERMITS; POOL \$12,000.  
 SHUTTER 4,300. } 16,300.00

NET TOTAL BLDG. CONST COST \$ 363,700.00  
 TOTAL BLDG PERMIT FEE @ 9.60/1,000 = 3,491.52  
 AMT PAID TO DATE (PD 4620; 6/4/99) 2,400.00 ✓

BAL. DUE \$ 1,091.52

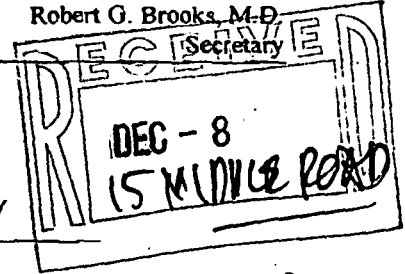


Jeb Bush  
Governor

Robert G. Brooks, M.D.  
Secretary

Martin County Health Department

FACSIMILE TRANSMITTAL MESSAGE



DATE: 12/8/99

Number of Pages: /  
(Including cover sheet)

TO: Ed Roberts Fax 220-4765 (Phone 287-2455)

FROM: Michelle Fredette

PHONE: (561) 221-4090 SUNCOM: 269-4090

FAX NUMBER: (561) 221-4967 SUNCOM FAX: 269-4967

CONFIDENTIALITY NOTICE

The information contained in this facsimile message is legally privileged and confidential, intended only for the use of the individual named above. If the reader of this message is not an intended recipient, you are hereby notified that dissemination, distribution, or copy of this telecopy is strictly prohibited.

REMARKS:  URGENT  FOR YOUR REVIEW  REPLY ASAP  PLEASE COMMENT

MESSAGE

15 Middle Road (High Point)  
MARTIN COUNTY  
HEALTH DEPARTMENT

Permit #: 43-SS-0288  
Your  new  repair  abandoned septic system  
was inspected on 12/10/99 (HO) \_\_\_\_\_ (R)  
 Approved and cover  
 Cover but hold for:  
 Final Grade (see Permit for specifications)  
 Other: \_\_\_\_\_

Do not cover, disapproved for the following reason(s):  
 Well: \_\_\_\_\_  
 Other: \_\_\_\_\_

Reinspection Fee(s) \$ \_\_\_\_\_

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

Final Grade Passed - System Approved  
Please allow this office two working days to schedule a reinspection. If you have any questions, contact  
HOLD at (561) 221-4090  
Rev. 9/96

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

03/23/1999

PRODUCER (407)788-3000 FAX (407)788-7933

Insurance Office of America, Inc.  
150 N. Westmonte Drive  
O. Box 162207  
Camonte Springs, FL 32716-2207

Attn: David Lodwick

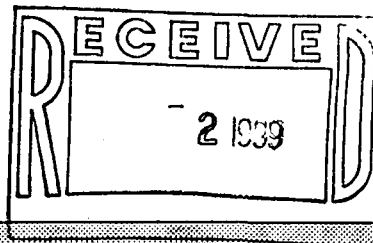
Ext:

INSURED  
C & R Air Conditioning Inc.  
3102 S.E. Jay Street  
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.

### COMPANIES AFFORDING COVERAGE

- COMPANY A Hartford Insurance Company
- 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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	TBDWC	04/10/1999	04/10/2000	X WC STATUTORY LIMITS: OTHER EL EACH ACCIDENT \$ 100,0 EL DISEASE - POLICY LIMIT \$ 500,0 EL DISEASE - EA EMPLOYEE \$ 100,0
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RECEIVED MAR 25 1999

### CERTIFICATE HOLDER

Commercial Construction Divison  
440 S.E. Ocoola Street  
Suite 2  
Stuart, FL 34994

### CANCELLATION

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

David Lodwick/ELAINE

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/26/99

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.

Kearns Agency of Florida, Inc.  
 P.O. Box 1849  
 Jensen Beach, FL 34958

### COMPANIES AFFORDING COVERAGE

INSURED

C & R Air Conditioning, Inc.  
 3102 SE Jay Street  
 Stuart, FL 34997

- COMPANY LETTER **A** Auto Owners Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

### 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
	<b>GENERAL LIABILITY</b>				<b>GENERAL AGGREGATE</b> \$ 500,000
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				<b>PRODUCTS-COMP/OP AGG.</b> \$ 500,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	20517126	7-28-98	7-28-99	<b>PERSONAL &amp; ADV. INJURY</b> \$ 500,000
	OWNER'S & CONTRACTOR'S PROT.				<b>EACH OCCURRENCE</b> \$ 500,000
					<b>FIRE DAMAGE (Any one fire)</b> \$ 50,000
					<b>MED. EXPENSE (Any one person)</b> \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>				<b>COMBINED SINGLE LIMIT</b> \$ 500,000
	ANY AUTO				
A	ALL OWNED AUTOS				<b>BODILY INJURY (Per person)</b> \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS	9543462700	7-28-98	7-28-99	<b>BODILY INJURY (Per accident)</b> \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				<b>PROPERTY DAMAGE</b> \$
	<b>EXCESS LIABILITY</b>				<b>EACH OCCURRENCE</b> \$
	UMBRELLA FORM				<b>AGGREGATE</b> \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				<b>STATUTORY LIMITS</b>
					<b>EACH ACCIDENT</b> \$
					<b>DISEASE--POLICY LIMIT</b> \$
					<b>DISEASE--EACH EMPLOYEE</b> \$
	<b>OTHER</b>				

CERTIFIED COPY

KEARNS AGENCY OF FLA, INC.

By: Lex  
 Date: 4/26/99

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

AIR CONDITIONING - STATE OF FLORIDA

**CERTIFICATE HOLDER**

**CANCELLATION**

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 OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Lawrence E. Kearns

Commercial Construction Division  
 440 SE Osceola St.  
 Suite 2  
 Stuart, Fl. 34994  
 fax# 283-2855 att: Gloria

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR BW  
COOKE-1

DATE (MM/DD/YY)  
05/24/99

**PRODUCER**

Plastridge Agency, Inc.  
811 S. E. Ocean Blvd.  
Stuart FL 34994-2427

Jean Reed Parks  
Phone No. 561-287-5532 Fax No. 561-287-5572

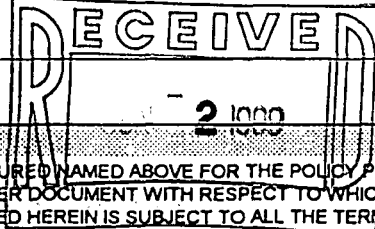
**INSURED**

Cook Electric  
PO Box 1104  
Pt. Salerno FL 34992

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**COMPANIES AFFORDING COVERAGE**

- COMPANY A Old Dominion Ins. Co.
- COMPANY B Comp Options/BC-BS
- COMPANY C
- COMPANY D



**COVERAGES**

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MPG22687	05/27/99	05/27/00	GENERAL AGGREGATE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/POP AGG \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500000
					FIRE DAMAGE (Any one fire) \$ 100000
					MED EXP (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	BIG22687	05/27/99	05/27/00	COMBINED SINGLE LIMIT \$ 500000
	<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 \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	CUG22687	05/27/99	05/27/00	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1000000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	S21UB200D132499	05/27/99	05/27/00	WC STATUTORY LIMITS OTHER \$
	<input checked="" type="checkbox"/> INCL				EL EACH ACCIDENT \$ 500000
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 500000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 500000

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

Electrical contractors

RECEIVED MAY 28 1999

**CERTIFICATE HOLDER**

COMME16

Commercial Construction  
840 SE Osceola St., #2  
Stuart FL 34994

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Jean Reed Parks

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
10/30/1998

PRODUCER (561)746-4546  
Tequesta Agency, Inc.  
393 Tequesta Drive  
Tequesta, FL 33469

FAX (561)746-9599

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**

Attn: Debra Hicks

Ext:

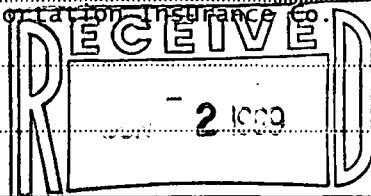
COMPANY A Transcontinental Insurance co.

INSURED Pacific Roofing Corp., Inc.  
PO Box 2697  
Stuart, FL 34994

COMPANY B Transportation Insurance Co.

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	<input type="checkbox"/> 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	C155821031	08/27/1998	08/27/1999	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	<input checked="" type="checkbox"/> 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	C144640569	08/27/1998	08/27/1999	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC1077093784	10/28/1998	10/28/1999	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 100,000
	<input type="checkbox"/> OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RECEIVED NOV 04 1998

**CERTIFICATE HOLDER**

COMMERCIAL CONSTRUCTION  
301 SW ALBANY AVE  
STUART, FL 34994

**CANCELLATION:**

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

AUTHORIZED REPRESENTATIVE

Charles P. Martyn III





CERTIFICATE OF INSURANCE

HOME OFFICE: ONE NATIONWIDE PLAZA • COLUMBUS, OHIO 43216

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:  
 COMMERCIAL CONSTRUCTION  
 DIVISION INC  
 301 SW ALBANY AVE  
 STUART, FL 34994

INSURED:  
 TROPIC PLUMBING MECH INC  
 3180 DOMINICA TERRACE  
 STUART, FL 34997



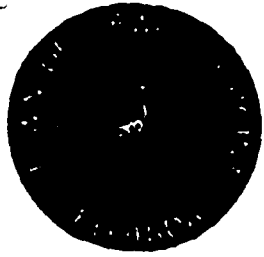
TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-597639-0001	01-01-99	01-01-00	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Any One Occurrence..... \$ 500.000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 500.000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5.000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50.000
				General Aggregate* ..... \$ 500.000
				Prod/Comp Ops Aggregate* . \$ 500.000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY	77-BA-597639-0002	04-02-99	04-02-00	
<input checked="" type="checkbox"/> BUSINESS AUTO	NATIONWIDE MUTUAL FIRE INSURANCE CO.			Bodily Injury (Each Person) ..... \$
<input checked="" type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$ 100.000
EXCESS LIABILITY				Each Occurrence ..... \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* ..... \$
	77-WC-597639-0002	01-01-99	01-01-00	STATUTORY LIMITS
<input checked="" type="checkbox"/> Workers' Compensation and Employers' Liability	Nationwide Mutual Insurance Co.			BODILY INJURY/ACCIDENT ... \$ 100.000
				Bodily Injury by Disease EACH EMPLOYEE ..... \$ 100.000
				Bodily Injury by Disease POLICY LIMIT ..... \$ 500.000

RECEIVED MAR 23 1999

DESCRIPTION OF OPERATIONS/LOCATIONS  
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
 PLUMBING CONTRACTOR

Effective Date of Certificate: 01-01-1999  
 Date Certificate Issued: 03-15-1999

Authorized Representative: JIM MOUND  
 Countersigned at: NATIONWIDE INSURANCE  
 1284 N W FEDERAL HWY



1998 - 1999

page 2

# Town of Sewall's Point Building Department - Inspection Log

~~Wed, 12-8-98~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>47620</del>	Laraway <del>15 Middle</del>	all trades final deck framing walk-		prefer PM - (survey will be ready at noon)
			THRU	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4747	Walker 21 W. Hill Pt.	driveway final	COMPLETE (KICK V/W WORKS)	- NO PERMIT DOC'S ON SITE; VERIFY SCOPE OF WORK & ELDER FINAL.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4743</del>	H. Bay Plaza Hufnagel	"everything above the ceiling"	ELECT - PASSED MECH - FAIL FR - PASSED	REKSP (W/ADIC AIR SPOT)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR: \_\_\_\_\_

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



**1998 - 1999**  
**Town of Sewall's Point**  
 Fri. **Building Department - Inspection Log**  
~~12-10-99~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4670	Laraway <del>15 Middle Rd.</del>	final	PASSED	CO ISSUED SUBJECT TO REQUIRED CONDITIONS.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4745	Dembirski 4 Knowles	partial sheathing	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4726	Sovastano 19 Island Rd.	partial sheathing	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4735	Coverdale 51 N. River Rd. (RENTAL)	sheathing	PASSED	call Terry re: time 263-0049 or 287-5103
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

\_\_\_\_\_

\_\_\_\_\_

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

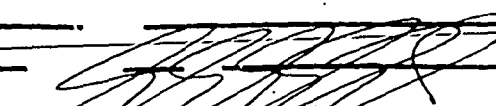


**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

W/col - 9-9  
 PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
46405	Amos 114 SPFA Rd	final	FAILED	NO ACCESS (GATE LOCKED)
4671N	Vance - 12 Wendy Lane	footcr	PASSED	NO PERMIT ON SITE REV. DWG. RCD; FIELD COPY TO SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
X4503	LUCIDO	TIE BEAM	FAILED	NO FTG. INSP.; NEXT STL. <del>CHD</del>
4678	2 SABAL CT.	+ Block cell(s)		COVERED (INSP. K.O'S)
4665N	Nicholas - 21 Castle Hill Way	ground	FAILED	CONST. SERVICES NOT INSP. PAMP.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
45905	Gabbert 2 E HIGHPOINT CT.	metal	FAILED	LATE INSP. REQUESTED NOT READY REG. SPECS. RCD; FIELD COPY TO SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4624	LARAWAY 15. MIDDLE RD.	PRoot/nail in STRUCTURE (ALL)	PASSED	REV. # DUPL. PERMIT/TRANS TO SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
54655	LUCIDO 2 SABAL CT	steel (POOL)	FAILED	NO PERMIT DOCUMENTS 11 FORAYATORY SURVEY STEEL SETTLED (WHEN AT REA.)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
46125	Miele 6 E. HIGHPOINT	FINAL	FAILED	INSUFFICIENT DOCUMENTATION OFFICE FILE TO SITE FOR INSP.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4621N	Dermarkowski 19 C. Hill Way	ground plumbing	FAILED	NO CONST. SERVICES IN PLACE (called contractor)
4676	2002 - 22 Castle Hill Way	steel & bond ground LIGHT NICHE	PASSED	FRMBD SURVEY REQ. PRIOR TO POUR

**OTHER:** 1. POSTED NOTICE OF BLDG DEPT NEWS & SPECIAL NOTICE OF BLDG DEPT CUSG (9/16-9/21) @ ALL SITES ✓  
 2. DELIVERED FIELD COPY OF REV. WALL (BLU THRU) 23 W. HIGH POINT; STOP WORK RELEASED. ✓  
 3. " " " " FRMBD. SURVEY (KROCKER) 12 ISLAND WAY ✓

**INSPECTOR:**  **DATE:** 9/8/99



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
 Mon 9-20

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	DeGola	intermed.	PASSED	after lunch
	129 N. Sewall's Pt. Rd.	frame for strapping		OK TO SHEATH EXTERIOR PERIMETER WALLS.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4602	Bruno	UG Trough DI.	PASSED	
	3710 E. Ocean Harbour way			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4562	Perrodin	framing	FAILED	TRUSS BRACING NOT PER EXCPT.
	3004 Hill View	MECH/PLUMB (REINSPE)	PASSED	(INSPECTION TERMINATED)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4523	Schilmer	final storm panels	PASSED	1: PM
	10 Castle Hill	C.O. INSP.	FAILED	BLDG., PLUMB, MECH, OR ELECTRIC - OUTSIDE DISCONNECT REQ.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4523</del>	<del>Perrodin</del>	<del>rec wall</del>	<del>X</del>	after lunch
	<del>3710 E. Ocean</del>			CANCELLED BY CONTR. 9/20 8:45
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4670	LARAWAY	PIL. FRAMING (PORCH)	PASSED	REVIEWED REQUIRED WINDOW & DOOR SUBMITTALS (NOT YET RECD)
	15 MIDDLE RD.	call on 9/20 9:10		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

**OTHER:** call via HARBOUR BAY FLOR. SUSAN VOSTER 221-1009 3999  
 "FLAMINGO SIGNS" (3756 S.E. OCEAN) 1310 NW LARGESIDE TRENCH ST  
 - suggested site: NO PERMIT; move to owner; permit appl. w/ Town Comm approval required.

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



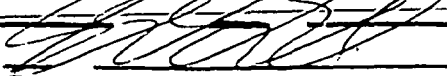
**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

~~Wed. 9-22-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4686</del>	<del>Heard</del>	<del>12 Simons</del>	<del>cancel</del>	<del>PTG. APAD. REG. PER PERMIT NOTES</del>
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4597	Schroeder	pool final	<del>FAILED</del>	FIX. SURVEY ON FILE;
	6 Ridgeland	(REINSPECT 3:30 PM) DUGS/PERMIT COSITE	PASSED	BP4566 SFR. - OWNER NOT HOME. MAAD COULDN'T FIND PERMIT DOCS.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4578	Arch	final	PASSED	- DUPLICATE AS BUILT
	13 Palm Road	COMPLETE		ROAD FOR TOWN FILE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4605	Hocker	dry-in (final)	PASSED	
	2 Island Rd	INSULATION	PASSED	
	(OFF RINGBLUM)			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	Lino	partial	FAILED	- INCOMPLETE; EDGE REPAIR
	6 Lland Rd	framing & el. (REAR PORCH)		& MOD. LTR. REQUIRED. - REINSPECT (NO FEE)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	Short	sheathing, trim	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4620</del>	<del>Laraway</del>	<del>strap / metal</del>	<del>tears</del>	<del>PASSED (ROOF TIT &amp; MTL)</del>
	15 Middle Rd	W/D / J/C	- CANCEL	FORMER SURVEY SHOWS SETBACK
4684	Laraway	*, porch/d		ENCROACHMENT - COMP. ADVISED

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

**INSPECTOR:**  **DATE:** 9/22/99



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

~~MONDAY 10/4/99~~

PAGE 1 OF 1

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4588	15 CASTLE HILL	RF. TR & MTL	PASSED	
		(PACIFIC PFG)		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4659	CONWAY 17 Lofting Way	pre-pour steel pool house & main house	PASSED	PM
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4587	GUERARD 104 Abbie (STREATHMORE) COURT	all trades FRAMING	PASSED	PM SPECS PER STRUCT
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4685	MORRISON 23 SIMARA 283 - ROOF (PACIFIC)	RF - TR & MTL (REINSPECT) RICHARD GOMEZ 524-3988	PASSED	EARLY AM
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4420</del>	LARAWAY <del>5 WILLO</del>	FRAMING - REINSPECT (ELECT/PLUMB/STRUCT)	PASSED	EARLY AM
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4699	TAORAMINA 26 FIELDWAY (STEIN & CO.) 465-9468	DRY-IN (RE-ROOF) (UNABLE TO INSPECT GARAGE RE. DRY-IN)	PASSED	AM - NO ONE ON SITE! REINSPECT PM (AFTER 2:0) 2:30 PM
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR: \_\_\_\_\_

DATE: 10/4/99



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
**WEDNESDAY 10/6/99**

(NOON PRESENTATION OF F.B.C. STATUS TO AIA-VERO BE)

**EARLY AM INSPECTIONS ONLY.**

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4619	Roof 8 QUAIL RUN (MANHATTAN) Lane	Leakage rough edge etc + too close	PARTIAL	NEED: SEALED TRUST EDGES - PROD. APPR. - WINDOWS & DOORS - REINSPECT FRAMING & REPAIR
4587	GUERARD 104 Abbie Crt	framing (REINSPECT STREET)	PASSED	EDGE. LTR. REQ. FOR LAG BOLT CONN. @ BM. SEPT (NEW CONCRETE)
4651	<del>DEB</del> DERMARKARIAN 19 Castle Hill (STRATHMORE)	slab	FAILED	REV. SLAB BEGING NOV 10/5 (ADD'L SEALED COPY REQ.) NOT PER PLAN
4620	LARAWAY <del>15 Middle Rd.</del> COMM. CONST.	insulation	NOT READY	FIELD COPY OF REV 5-4 TO SITE - RESCHEDULE FOR PERMIT 10/8
4662	FOGLIA 106 HENRY SEWALL	V/G PLUMB.	FAILED	REINSPECT FEE REQ. (INSUFFICIENT SLOPE/PITCH) (CK ON REV. DWG. FORM.)

**OTHER:** 1. T/R PERMIT INSP - 34 N. SEWALL'S POINT RD.

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**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

~~722-10-899~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	<del>Longway</del>	bulition	PASSED	
	<del>15 Hillside</del>			
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4579	Bobbitt 76 S. Sewall's Pt. Rd.	final	PASSED	PROJ. APP. EXGR. DUES REQ. (SHEET 2) PAID - C.O. ISSUE THUR 10/16/99 VOID DOCUMENT SUBMITTAL
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4786	Cook 12 Oak Hill Way	walk thru	PERFORMED w/ OWNER (CHECKLIST ITEMS)	RINAC C.O. INSP. SCHED FOR WEDNESDAY 10/13/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4689	Schlumpf 10 Oak Hill Way	el. disconnect (C.O. REINSPECT)	FAILED	NOT COMPLETE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
462	SWISS AM 4 Bervan HELMUT GINDERCE 334-7730	tie down	FAILED	11:45 NO ONE ON SITE/NO ACCESS 12:15 LEFT MESSAGE w/ CONTR. 2:45 NO ONE ON SITE/NO ACCESS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4651	DERMARKARIAN 19 CASTLE HILL WAY (STATHMORE)	SLAB (REINSPECT)	PASSED	REINSPECT FEE \$30.0 NOTATION FOR PORCH DOWELS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

**OTHER:** I. BRUNER; 105 HILLCREST CT. T/R PERMIT INSP. ✓  
 Z. OGDONOR; 16 FIELDWAY DR. " " " " ✓

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**1998 - 1999  
Town of Sewall's Point  
Building Department - Inspection Log**

~~771, 10-1-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	Lino 6 Island Rd.	partial fr. elect. (REAR PORCH)	PASSED	
4530	Zotte 73 Castle Hill	deck (pool) REINSPECT	PASSED	
4620	Larway <del>1 Middle Rd.</del>	MEP straps anchor framing MECH	PASSED	PM INSP REQ (1:00-1:30) REWORKED EJECT PLUMBING (REWORKING 10/4 AM)
4684	Larway 1 Middle Rd.	pool steel grounds	PASSED	REU. EXPG. TO SITE.
4671	Vance 12 Wendy Ln.	wall steel	PASSED	
4613	Subin 8 Palm Crt	roof steeling (NAIL BLPG)	PASSED	NOTE PLACED ON PERMIT: "TOP OF RIDGE ≤ 40.0 NGVD VERIFY."
4691	Wardles 20 N Ridgewood	FTG. STL.	PASSED	10:45 PTL (DOWNS IN PM.) 1:15 REINSPECT ✓

**OTHER:** (1) 15 CASTLE HILL WAY - PN 4588; FIELD COPY OF APPR. WIND/DORS TO SITE. ✓  
 (2) 1 CASTLE HILL WAY - PN 4534; TEMP EJECT. HOOK-UP HEART FORM " " ✓  
 (3) 37 NE LOFTING WAY - PN 4527; VERIFY SITE. PREP ONLY PER RECEIPT TO CONTROL ✓  
 (4) 23 S. SEWALL'S POINT - PN 4681; FINISH. DRND. IN PROGRESS; EARLY W/ COPY HUGGINS ✓  
 (NOTE: FILE ALSO UNDER 4567 - S/B COMPLETE TODAY; REMOVE ALL CONST. DEBRIS)

INSPECTOR: \_\_\_\_\_

DATE: 10/1/99

CITY KISSING 721-1242



1998 - 1999 *South*

## Town of Sewall's Point Building Department - Inspection Log

~~FR. 10-2-99~~

PAGE 1 OF 3

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4555	Reed 13 Simara	c.o. walk- thru	w/OWNER & CONTRACTOR	2 PARTOR CODE PROVISIONS GARAGE SEPARATION EXIST. DISC. / A/C CODE
4573	Kumstner 108 Abbie	c.o. walk-thru	w/OWNER & CONTRACTOR	ROSS 379-6223 call before (982 4555) + 3/2" HGT DIFFER.
4703	Paul 107 S. River	pre-pour D/W	PASSED	
4679	Schultz 64 S.S.P Rd.	final dock	FAILED	PERMIT DOCS. ILLEGIBLE - UNAPP. UNAPPROVED; SURVEY VERIFICATION OF DOCK LOCATION REQUIRED
4684	Laraway 15 Middle Rd.	pool deck footing	FAILED	2 REPIPE POOL EQUIV (DECK) @ STRUCT. FTG. - JOOPER REINFD.
<del>4620</del>	<del>15 Middle Rd.</del>	<del>footing</del>	<del>FAILED</del>	
4706	TOWN OF SEWALL'S POINT 25 SEWALLS PT RD (TOWN PARK)	FINAL - METER RELOCATE	PASSED	9:05 10/22 called PPL (STER. for power release.

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

INSPECTOR: \_\_\_\_\_

DATE: 10/22/99



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

~~Mon. 10-25-99~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4580	Zotta 23 Castle Hill Way	final for c.o. WACK-THRU	- CODE CITATIONS & DOCUMENTS TO CONTRACTOR w/gc.	✓ EXTERIOR ONLY; GARAGE FLOOR SUBPARATION (FAC EDGE); EGOR. REAR EYE; P.M. @ CONTR. REG. (1:30 PM)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	De Gioia 40 N. SPRD.	footer steel pre-pour outdoor stairs	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4629	CONWAY 17 Lofting	footer steel pre-pour frmc stairs	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4667	Erzing 137 S. RIVER	POOL DECK FORM.	PASSED	UNREINFORCED SLABS - PERMIT DOC'S. ILLEGIBLE - CONTR TO REPL.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4704	Retention area N S P. Rd.	Final - ELECT. PANEL (IRRIG. SYSTEM)	PASSED	- APPROX RECESS - EPL (ANDREA) 10/15 - 10/25/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4684	LARAWAY <del>ST. MARY'S CHURCH</del>	POOL DECK (RE-INSP.)	PASSED	REINS. FEE PAID
4620	<del>CON. CON. (REG. TO)</del>	EXT. STAIR FIG (RE-INSP.)	PASSED	REINS. FEE PAID
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR: \_\_\_\_\_

DATE: 10/25/99



**1998 - 1999**  
**Town of Sewall's Point**  
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~~Wed 11-3-99~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4569	Gerard 104 Abbie	gr & steel for pool	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4710	Savastano 19 Island	dry-in	FAIL	NO ACCESS; NO LADDER CONTRACTOR NOT ON SITE - CALL FOR REINSPECTION.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 455	Pcad 12 Simara	final	PASS (PTL)	prefer PM 1. DOCUMENTS 11/4 1:15 PM MTGOS. 2. REINSPECTION 11/5 10:30-12:00
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4673	Foglia 110 H. Sewall	slab " bonding	PASSED	REV. FOUNDATION SURVEY - TERMINAL TREAT. 11/2/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
M 4628	Hollhead 11 Castle Hill	slab for "studio"	SEE NOTE (NO INSP.)	
N 4716	ZOTTA; 23 " "	FENCE FINAL	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
M 4588	Enrico 12 Castle Hill	insulation	PASSED	VERIFIED F/A @ GARAGE; REV. ELEV. CERT & REV. SURVEY
M 4534	Castle Hill	c.o. Enrico	PASSED	prefer PM AM. JCN 284 0492
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4590	Gabbert 2 E. Hi. Point	framing		
S 4670	Laraway 15 Middle Rd.	temp. meet (RELOCATE CONST. SERV)	PASSED	prefer AM FPL ON SITE - METER RELEASE

**OTHER: # NO INSPECTIONS UNTIL SITE GRADING / BARRIER PROTECTION PERFORMED TO PREVENT DIRT RUN-OFF TO PUBLIC WAY & DRAINAGE SYSTEM. CONTR. REP. ON SITE ADVISED; CALL TO TOWN HALL REQUESTING STREET MAINT. SVR. TO OVSERVE CORRECTIVE ACTION AS REQUIRED (11/3/99 9:30 AM)**  
 (NOTE: JOSE TO SITE @ 10:00 AM)

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**1998 - 1999**  
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~~FR 11-5-99~~

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4710	Steffenato 19 Island Rd	Roofing DRY-IN	PASSED	
		PHONE 260-3308		POB - 263-0116 (Pacific)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4220</del>	<del>Laraway</del> <del>15 Middle Rd</del>	<del>Footing</del>	FAILED	EDGE FTG. DUG. REQUIRED - RESPECT (NO FEE) AFTER SUBMITTAL & APPROVAL
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR: \_\_\_\_\_

DATE: 11/5/99



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PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4620</del>	Laraway <del>15 Middle Rd.</del>	footing	<del>X</del>	re-inspect CANNOT BY CONTK 4/1/8 P:30
4691	Wattles 20 N. Ridgeview	plumbing	<del>FAILED</del> REINSPECT PM PASSED	DOES NOT CONFORM TO PERMIT DOGS - REINSP. FEE
4555	Peed 12 Simara	final ? (PLUMB. CO. REINSP)	PASSED	message on ans. machine under car
4720		SHUTTER - FINAL	PASSED	10:30-10:45
4478	Hetherington 8 Admiral's Walk (Rio Vista)	final - addition	FAILED	260-0279 EXPIRED PERMIT ROY KRAMER SO he can open door
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
ROLL OVER TO TUES: 11/9/99 (SCHEDULE ERROR)				
4595	BRUNER 105 HILLCREST ST. CLAIR 871-7911	FINAL	FAIL	OUTSIDE DISCONNECT REQUIRED FINAL SURVEY/ BLDG. CERT.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	4505 66 S. SEWALL'S	247-6017	NOT ALLOWED	CHECK STATUS

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

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
~~Wed, 11-10-99~~

530-3933

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4699	Teormina 26 Fieldway	final roof	FAILED	- NO ACCESS - NO PERMIT - NOBODY
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4590	Gabbert 2 E. Hi. Pt.	insulation	PASSED	
S 4595	Bruner - 105 Hillcrest	meter final	PASSED	11/10 9:50 called FVC - WORK PER
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4620</del>	<del>Laraway</del> <del>15 Middle Rd.</del>	footing	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4527	Seeley 37 N.E. Lofting Way	footing	PARTIAL	REINSPECT PM ✓
			PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4722	Neese 877 S. River Rd.	tin case	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4651	Demarkian 19 C. Hill Way	tie beam	PARTIAL	letter in your box ✓ - REINSPECT P.M. ✓
			PASSED	
S 4653	Faglia - 103 H. Sewell	bonding column	CANCEL	prefer PM NOT READY
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4650	Swiss Am 4 Banyan (Indialucie)	roof 1/2 wall sheathing	PASSED	prefer AM - Call Helmut if admblca 334-7700 or 530-7730

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

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
MONDAY - NOV. 15<sup>th</sup>

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4516	LINO 6 ISLAND RD.	INSULATION 2nd half	PASSED (COMPLETE)	
S 4620	<del>LARAWAY</del> 15 MIDDLE RD.	DRIVEWAY * REQUEST REINSPECT 2.00 PM FOR MIDDLE 1/3	PASSED (PARTIAL- W. TO PRT BLDG LINE)	8:58 AM - NOTE: WARNING IF POSSIBLE RE: SO'G MAY IMPROVEABLE
S 4691	WATTLES 20 N. Ridgeview	Slab insp.	PASSED	- AM - WILL HAVE BLOC. GR OR DOWELS
S 4701	ARMSTRONG 41 W. HIGHPOINT	FORM ON POOL DECK	PASSED	NOTE: ADVISE CONTR. NO FURTHER IMP. W/O DOCUMENTS ON SITE. (OFFICE FILE RECORDED PRIOR TO DISP)
N 4650	SWISS AM 4 SE BANYAN 334-7730	TRUSS + <del>DRY IN</del> (CANCEL 11/15 8:05)	FAIL	- NO ENG'G / LAYOUT DWG. - CONTR. TO RESCH. DWG; SUBMIT REQ. DOC'S.
N 4676	ZOTTA 23 CASTLE HILL	FINAL POOL INSPECTION	PASSED	- REVISED FINAL "AS BUILT" SURVEY RECD.

**OTHER:** 3752 SE OCEAN (HARBOR BAY - (MI. HLT.) COPY OF DWG. TO STUART F.D. ✓  
 340 SE SEVILLE. AMBERSHIP SIGN 283-1359 P/O MAGNET BLDG DEPT SIGN  
 Colorado W. to Highway - left 1/11 (before lit) 1/4 mile or right

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**1998 - 1999**  
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~~Wed. 11-17-99~~

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PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4650	Swiss Am 4 Banyan	dry-in & truss	FAILED FAILED	Helmet 334-7200 AM prefer 530-77 new w/cath. on side
S 4702	Perry 18 N. Ridgewick	tie beam column	PASSED	
S 4620	<del>Laraway</del> 15 Middle Rd.	driveway	PASSED	ADJAC 1/3 TO STREET
S 4739	Kelsey 11 Emanta	dry-in/ sheathing	PASSED (PTC) " (")	2 REINSPECT LATE AM; RE RESPECTH REQ. ON N. SIDE
N 4527	Seeley 37 Lofting Way	footers	PASSED (PTC: 2 <sup>ND</sup> 1/10)	AM prefer DUMPSTER ON SITE - FRIDAY
S 4590	Gobbert 2 E. Hi. Pt.	dry wall screw-in	PASSED	
S 4721	Smith 11 Simara St.	fence (FTG.)	PASSED	AM
S 4631	Brutvan 23 W. High Pt.	soil review prior to final walk-thru	PERSONAL	9:-10: AM w/G.C.; NT. COMP.

**OTHER:**

code Enf - driveway - 8 S. River

**INSPECTOR:**

**DATE:** 11/17/99



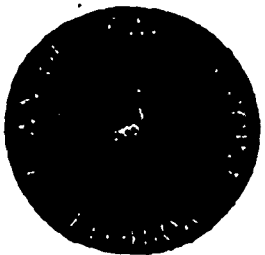
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**Building Department - Inspection Log**  
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PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	Cicoria 126 N.S.P. Rd.	driveway	PASSED	PERMIT EXP. 12/2/99 - CONTR. TO REDEEM (1 MONTH) ON 12/2
4650	SWISS Am # Bonvan 334-7717	truss # tie down TRUSS ENERGY	FAILED (GABLE FRAMING) → PASS	GABLE END FRAMING NOT PERM. - REINSP (FEE) REQUIRED
4613	Subin 8 Palm Court	insulation	PASSED	(REINSPECT ATTIC A (CONFIDAL))
4750	Lucido 2 Sabal Court	final for c.o.	PTC - OK FOR PTC. C.O.	7:11:AM FOR ISSUANCE 12/2/99
4751		STORM SHUTTERS	PASS	FINAL
<del>4626</del>	<del>Caraway</del> <del>12 Middle Rd.</del>	el. meter	PASSED	PH REQUESTED - called FYC (Sheri) w/ meter removed 12/1 2:50 PM
4732	Hearnege 19 Leterna Way	#1 (row or)	PASSED	
4707	Nicklas 21 C. Hill Way	pool steel gr. (REINSP.)	PASSED	

**OTHER:** @ MIDDLE ROAD; PRE-PERMIT USP (ALTERATION)

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



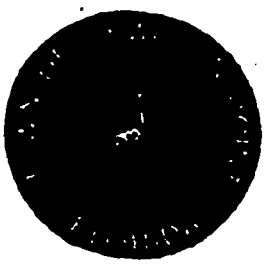
1998 - 1999 page 2  
**Town of Sewall's Point**  
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 Wed, 12-8

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PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4620</del>	<del>LORONSON</del>	<del>W/ trade final</del>		prefer PM -
	15 Middle	deck framing work	THRU	(survey will be ready at noon)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4747	Walker	driveway	COMPLETE	- NO PERMIT DOC'S ON SITE;
	21 W. Hi. Pt.	final	(KICK U/W WORKS)	VERIFY SCOPE OF WORK & ELEC FINAL.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4743</del>	H. Bay Plaza	"everything above the ceiling"	ELEC - PASSED	
4743	Hufnagel		MROH - FALL PR - PASSED	REKSP (W/ ADDL H/KE-SDR)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

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

**INSPECTOR:** [Signature] **DATE:** 12/8/99



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Fri.  
 12-10-99

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PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
S 4620	Leraway .15 Middle Rd.	final	PASSED	CO ISSUED SUBJECT TO REVISED CONDITIONS.
N 4745	Dembinski 4 Knowles	partial sheathing	PASSED	
S 4726	Sevastiano 19 Island Rd.	partial sheathing	PASSED	
N 4735	Coverdale 51 N. River Rd. (RENTAL)	sheathing	PASSED	call Terry re: time 263-0049 or 287-5103
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

**OTHER:**

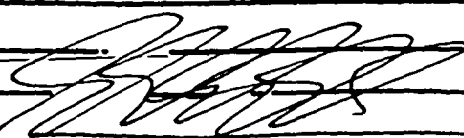
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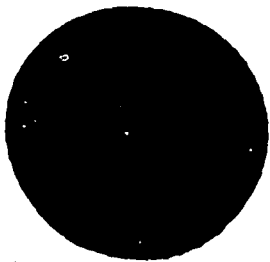


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**INSPECTOR:**  **DATE:** 12/10/99



**2000 ~~PERMITS~~** page 2  
OF 2  
**Town of Sewall's Point**  
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FPI-~~11~~ 21-2000

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4748	Dunn	MOND-slab	Passed	AM
	7 N. Via Lucindia	Soil Poisoning	Passed	Hutell
WG-AM			WG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4527	Seeley	footers	Passed	
	37 Loftingway	HANDBALL + GARAGE	WG	
EKA/WG			TOP	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	Cicoria	shutters	PASSED	Frank will call in AM to arrange a time 11:00 AM.
	126 N.S.P. Rd.			
EKA-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4760</del>	Faraway	final	PASSED	1:50 (conf. w/owner)
	15 Middle Rd.	shutters		- REVOID PERFORMANCE C. C. COVER LETTER
EKA-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

**OTHER:**

**INSPECTOR:**

**DATE:** 1/21/05

JON E. CHICKY, SR.  
Mayor

ROBERT M. WIENKE  
Vice Mayor

DAWSON C. GLOVER, III  
Commissioner

CYRUS KISSLING  
Commissioner

DONALD B. WINER  
Commissioner

# TOWN OF SEWALL'S POINT

JOAN H. BARROW  
Town Clerk

WILBUR C. KIRCHNER  
Chief of Police

EDWIN B. ARNOLD  
Building Official

JOSE TORRES, JR.  
Maintenance



## CERTIFICATE OF OCCUPANCY

Single Family Residence       Other \_\_\_\_\_

OWNER: BRUCE LARAWAY ; PROPERTY ADDRESS: 15 MIDDLE ROAD

LEGAL DESCRIPTION: LOT 38 BLOCK \_\_\_\_\_ SUBDIVISION HIGHPOINT

GENERAL CONTRACTOR: COMMERCIAL CONSTRUCTION ; LIC/CERT No. CBC 052954

ADDRESS: 440 E. OSCEOLA, STUART, FL ; TEL 220-3488 , FAX 283-2855

ARCHITECT OR ENGINEER: JOSEPH McCARTY ; LIC/REG. No. 09639

ADDRESS: 900 E. OSCEOLA, STUART, FL. ; TEL 287-6735 ; FAX 287-4618

PERMIT NO: 4620 ; DATE OF ISSUE: 6/3/99 ; RENEWAL PERMIT NO: N/A ; 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 30<sup>th</sup> day of DECEMBER, 1999.

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

cc: TOWN CLERK  
POLICE CHIEF  
**BLDG. 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) 286-7869 • E-Mail: police@sewallspoint.org

**4684**

**POOL**



MASTER PERMIT NO. 4620

**TOWN OF SEWALL'S POINT**

Date 9/9/99

BUILDING PERMIT NO. 4684

Building to be erected for BRUCE LARAWAY

Type of Permit POOL

Applied for by A&G CONCRETE POOLS

(Contractor)

Building Fee \$ 240.00

Subdivision HIGHPOINT Lot 38 Block \_\_\_\_\_

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

Address 15 MIDDLE ROAD

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

Type of structure S.F.R. (ACTIVE PERMIT)

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

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

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

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

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

Amount Paid \$ 240.00 Check # 26415 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 12,000.00

TOTAL Fees \$ 240.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Inspector

# POOL / SPA PERMIT

### INSPECTIONS

SETBACKS	DATE _____	DECK	DATE _____
COMPACTION TESTS	DATE _____	ENCLOSURE & LATCH	DATE _____
GROUND ROUGH	DATE _____	DOOR ALARM(S)	DATE _____
STEEL & BOND	DATE _____	FINAL	DATE <u>1/26/00</u>
LIGHT NITCHE	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.**

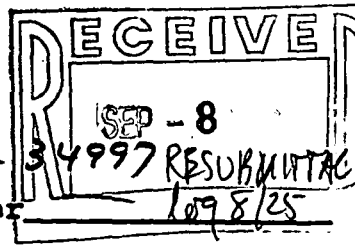
**DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

Bldg. Pmt# 4684  
9/10/99

# Town of Sewall's Point

Date 9/8/99

## BUILDING PERMIT APPLICATION



Owner's Name: BRUCE LARAWAY Phone No. \_\_\_\_\_  
Owner's Present Address: 21 LANTANA LA STUART FLA 34997  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 15 MIDDLE ROAD  
TYPE OF WORK TO BE DONE: \_\_\_\_\_  
CONTRACTOR INFORMATION  
Contractor/Company Name: ATG CONCRETE POOLS Phone No. 901-878-7757  
COMPLETE MAILING ADDRESS 410 SAEGER AVE FT. PILERCE FL 34982  
State Registration RP0061364 State License RP 0061364  
Legal Description of Property LOT 38 - HIGH POINT  
Parcel Number \_\_\_\_\_

### ARCHITECT/ENGINEER INFORMATION

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Engineer WALTER KARPINIA Phone No. 335-0823  
Address 1374 SE HUFFMAN RD PSC 34952  
Area Square Footage: 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 finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement \$12,000  
Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

### SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical REISNER ELEC State License ME 00478  
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, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, 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/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE \_\_\_\_\_ 1999  
Sworn to and subscribed before me this 8th day of September, 1999 by BRUCE LARAWAY who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.

CONTRACTOR SIGNATURE Arthur H. Allen PRES  
Sworn to and subscribed before me this 7th day of September, 1999 by Arthur H. Allen who is personally known to me or has produced Personally Known and who did (did not) take an oath.

Janina  
Notary Public - State of Florida  
My Commission Expires May 16, 2000  
Commission # CS55255

TRACEY W. MCGHEE  
My Comm Exp. 12/03/99  
Bonded By Service Ins  
No. CC514735  
Personally Known ( ) Other I.D. ( )

TREE REMOVAL (Attach sealed survey)  
No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_  
Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_  
DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE :**

- A. Property Appraiser's Parcel Number.
  - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
  - C. Contractor's name, address, phone number & license numbers.
  - D. Name all sub-contractors (properly licensed).
  - E. Current Survey
  - F. 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 architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.

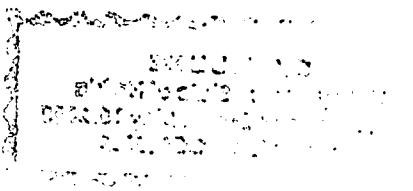
ADDITIONAL Required Documents are:

1. Use Permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (Atlantic Ave. 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.
9. 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 \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_



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

TAX FOLIO # \_\_\_\_\_

# NOTICE OF COMMENCEMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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):

LOT 38 HIGH POINT SEWALLS PT

GENERAL DESCRIPTION OF IMPROVEMENT: POOL + PATIO

OWNER: BRUCE LARAWAY

ADDRESS: 21 LANTANA LA STUART FLA 34997

PHONE #: 220-3489 FAX #: \_\_\_\_\_

CONTRACTOR: AGG CONCRETE POOLS

ADDRESS: 410 SAEBER AVE FT. PIERCE FLA 34982

PHONE #: 878-7712 FAX #: \_\_\_\_\_

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

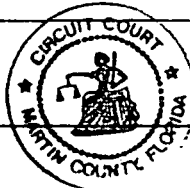
ADDRESS: \_\_\_\_\_

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

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

STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.  
MARSHA STILLER, CLERK



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

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

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

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

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

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

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

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

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

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

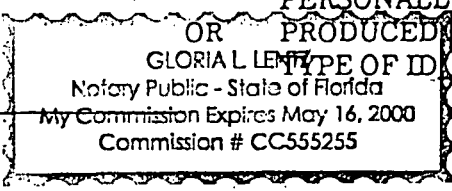
[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 17th DAY OF AUGUST 1999 BY BRUCE LARAWAY

PERSONALLY KNOWN

OR PRODUCED ID

[Signature]  
NOTARY SIGNATURE



TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel: (561) 287-2455  
Fax: (561) 220-4765

9/7/99  
ENTIRE SUBMITTAL  
RETURNED

PLAN REVIEW NOTES

SINGLE FAMILY RESIDENCE;  ADDITION;  DOCK;  POOL;  FENCE;  \_\_\_\_\_

OWNER: BRUCE LARAWAY; ADDRESS: 21 LAUTANA ST., STUART, FL 34997

PROJECT ADDRESS: 15 MIDDLE ROAD; LEGAL: LOT 3B BLK \_\_\_\_\_ SUB HIGHTPOINT

GENERAL CONTRACTOR: A&G CONCRETE POOLS; LIC/CERT No. \_\_\_\_\_

ADDRESS: 410 SAEGER AVE., FORT PIERCE, FL 34982; TEL 888-7752; FAX 467-1624

ARCHITECT/ENGINEER: WALTER KARPUNA; LIC/REG. No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_; TEL \_\_\_\_\_; FAX \_\_\_\_\_

Review of the application, supporting documents, plans and specifications submitted on the above project indicate the following items are required for submittal and/or revision:

1. APPLICATION (INCOMPLETE) \*

2. MIN. REAR SETBACK 25'

3. SPA DETAIL/SECTION REQUIRED ON ENG. DWGS.

4. LICENSE & INSURANCE (TOWN AS CERT. FLOR) REQ.

\*- ORIGINAL APPLICATION RFD. TO CONTRACTOR.

NOTE: POOL PERMIT FEE \$240.00 ✓ ROVD  
(PAID @ PERMIT ISSUANCE)

REVISE & RESUBMIT

Permit issued  
9/10/99 PW 4684

Prepared By: [Signature] Title: BLDG OFFICER Date: 9/7/99

ROVD  
9/8  
ROVD  
9/10  
w/POE

Bldg. Pmt# \_\_\_\_\_

APPL. RFD TO CONTR. 7/7/99

**Town of Sewall's Point**

Date \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

Owner's Name: BRUCE LARAWAY Phone No. \_\_\_\_\_  
Owner's Present Address: 21 LANTANA LA STUART FL 34997  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

*Handwritten notes:*  
R  
25  
10/8/25  
34997

**FOUNDATION OF JOB ALLOE**

**FOUNDATIONS OF WORK AND JOB DONE:**

**CONTRACTOR INFORMATION**

Contractor/Company Name: A+6 CONCRETE POOLS Phone No. 878-7752  
COMPLETE MAILING ADDRESS 410 SAEBER AVE FT. PIERCE FL 34982  
State Registration FLA State License# \_\_\_\_\_  
Legal Description of Property LOT 38 HIGHPOINT  
Parcel Number \_\_\_\_\_

**ARCHITECTURAL INFORMATION**

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Engineer \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

Area Square Footage: Living Area \_\_\_\_\_ Garage Area \_\_\_\_\_ Carport \_\_\_\_\_  
Accessory Bldg. \_\_\_\_\_ Covered Patio \_\_\_\_\_ Scr. Porch 400 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 finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COST OF CONSTRUCTION OR IMPROVEMENT**

Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

**SUBCONTRACTOR INFORMATION (Notify this office if subcontractor's change.)**

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, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, 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/ CONTRACTOR MUST SIGN APPLICATION**

OWNER or AGENT SIGNATURE \_\_\_\_\_ *8-18-99*

Sworn to and subscribed before me this 17th day of AUGUST, 1999 by BRUCE LARAWAY who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.

CONTRACTOR SIGNATURE \_\_\_\_\_

Sworn to and subscribed before me this 17th day of AUGUST, 1999 by BRUCE LARAWAY who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

GLORIA L LENTZ  
Notary Public - State of Florida  
My Commission Expires May 16, 2000  
Commission # CC555255

# ACORD CERTIFICATE OF LIABILITY INSURANCE

09/09/1999

PRODUCER (561)287-2030 FAX (561)288-2481  
 Deakins-Carroll Insurance Agency  
 P.O. Box 1597  
 Pt. Salerno, FL 34992

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

Attn: Ext:  
 INSURED A & C Concrete Pools, Inc  
 410 Saeger Avenue  
 Fort Pierce, FL 34982

COMPANIES AFFORDING COVERAGE	
COMPANY A	VALLEY FORGE INS CO
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 checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	1073661070	04/08/1997	04/08/2000	GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM 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 OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
 Town of Sewalls Point  
 Att: Ed Arnold  
 Fax: 220-4765  
 1 S. Sewalls Point Road  
 Sewalls Point, FL 34996

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING 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  
 David Deakins/BM 

MARTIN COUNTY CONTRACTORS  
 CREDIT RISK ASSESSMENT & COMPETENCY  
 ALLIANCE NETWORK  
 A & O GENERALIST POOLS, INC  
 410 SAFFORD AVE  
 FT. PIERCE FL 34982

[REDACTED]

AUDIT CONTINGENCY NUMBER	35659	CERTIFICATE NUMBER	SP01527
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AC 6564129

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/04/1999	98702802	RP-0061364

The COMMERCIAL POOL/SPA CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2001

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS  
PRIOR TO CONTRACTING IN ANY AREA)

ALLEN, ARTHUR HAMILTON  
A & G CONCRETE POOLS INC  
410 SEAGER AVE  
FT PIERCE FL 34982

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

09/09/1999

**PRODUCER**  
**TRUSSELL INSURANCE SERVICES, INC.**  
 2402 AUTUMN OAKS TRAIL  
 ARLINGTON, TX 76008

**INSURED SUNSHINE COMPANIES, INC.**  
 5825 US 27 NORTH  
 SEBRING, FL 33870  
 PH: 800-477-5606

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 HARTFORD CASUALTY INSURANCE COMPANY**

COMPANY  
**B**

COMPANY  
**C**

COMPANY  
**D**

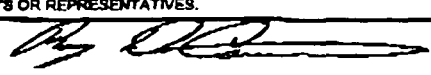
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

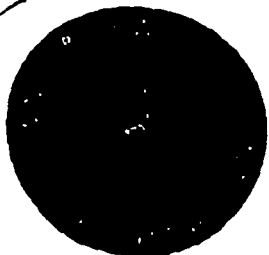
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG	\$
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAG (Any one fire)	\$
					MED EXP (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT AGGREGATE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	<b>WORKERS COMPENSATION</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	46WNJ74901	06/01/1999	06/01/2000	<input checked="" type="checkbox"/> WC STATL <input checked="" type="checkbox"/> OTM-ER TORY LIMITS	
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE-EA EMPLOYEE	\$ 1,000,000
	<b>OTHER</b> LOCATION COVERAGE		06/01/1999	06/01/2000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:  
**TOWN A & S CONCRETE POOLS, INC.** 410 SAEGER AVENUE, FT. PIERCE, FL 34982

**TOWN OF SEWALL'S POINT**  
 1 S. SEWALL'S POINT ROAD  
 SEWALL'S POINT, FL 34986-  
 ATTN: ED ARNOLD  
 FAX: 561 220-4785

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**  
 Roy D. Cannon 



~~2000~~ ~~1999~~

# Town of Sewall's Point Building Department - Inspection Log

Wed. 1-26-00

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4795</del>	<del>Downing</del> <del>47 S. P. Rd.</del>	<del>shooting</del>		<del>late</del>
		CANCEL		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4753	Grimes 15 Castle Hill Way LOT 43	pool deck	Passed BG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4752	Sinton 32 N. River Rd. (Indisluce)	pool deck	FAILED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4684	Laraway 15 Middle Rd. (High Point)	pool final	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4732	Hufnagel 19 Lofting Way (Hortation)	tie beam	Passed BG	Need Revised Plan. Convert to Wood Beam Section
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4556	Love 42 S.S.P. Rd.	final fence	PASSED	3' HIGH BLACK VINYL COM CHAIN LINK FENCE. ENCLOSE REAL YARD AREA TO CENTER
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4735	Coverdale 51 N. River Rd. (Knowles)	roof final	PASSED	

OTHER: (1) T/R PERMIT APPLICATION - 132 S. SEWALL'S POINT ✓  
 (2) 20 CASTLE HILL WAY (LOT 23 CASTLE HILL - VACANT) SITE INSPECTION - POOL VARIANCE (OSBORNE) ✓

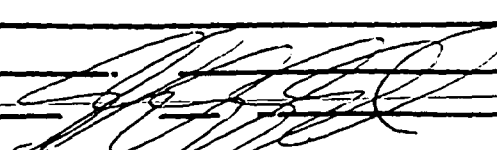
INSPECTOR: \_\_\_\_\_

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



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
~~Mon. 10-25-99~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4580	Zotta 23 Castle Hill Way	final for c.o. WALK-THRU	- CODE CITATIONS & DOCUMENTS TO CONTRACTOR w/gc.	✓ EXTENSION ONLY; GARAGE FIRE SUPPRESSION (FAC EDGE); EQUIP. REAR ESC; P.M. @ CONTR. REG. (11:30 AM)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	De Gioia 130 N.S.P.Rd.	footer steel pre-pour outdoor stairs	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4659	CONWAY 17 Lofting	footer steel pre-pour front stairs	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4667	Lezing 137 S. River	POSTO-POOL DECK FORM.	PASSED	UNREINFORCED SLABS - PERMIT DOC'S. ILLEGIBLE - CONTR TO REPL.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4704	Retention at N.S.P. Rd.	final - ELECT. PLANEC (IRRIG. SYSTEM)	PASSED	- ALBERT RECESS - EPL (ANDREA) 10/15 - 10/25/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4684</del>	<del>LARAWAY</del> <del>15 Middle Way</del>	<del>POOL DECK (RE. INSP.)</del>	<del>PASSED</del>	<del>RECHG. FEE PAID</del>
4620	(CONV. CONDS/A&G POOL)	EXT. STAIR FIG (RE. INSP.)	PASSED	RE. INSP. FEE PAID
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

**OTHER:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**INSPECTOR:**  **DATE:** 10/25/99



1998 - 1999 south.  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
**FR. 10-22-99**

PAGE 1 OF 3

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4555	Reed 13 Simara	c.o. walk- thru	W/OWNER & CONTRACTOR	2 PARTOR CODE PROVISIONS GARAGE SEPARATION EXIST. DISC./A/C DOCK
/	/	/	/	/
4573	Kimmelman 108 Abbie	c.o. walk-thru	W/OWNER & CONTRACTOR	ROSS 379-6223 call before (412 4555) + 3/2" HGT DIFFER.
4703	Reed 109 S. River	pre-pour D/W	PASSED	
4679	Schultz 64 S.S.P Rd.	final dock	FAILED	PERMIT DOCS. ILLEGIBLE - WATER DAMAGED; SURVEY VERIFICATION OF DOCK LOCATION REQUIRED
4684	Loraway 15 Middle Rd.	pool deck	FAILED	2 REPIPE POOL EQUIP (DECK) @ STRUCT. FTG - JOOPER REINFOR.
4620	15 Middle Rd	footing	FAILED	
4706	TOWN OF SEWALL'S POINT 2 S. SEWALLS PT RD (TOWN PARK)	FINAL - METER RELOCATE	PASSED	9:05 10/22. called FPZ (STER) for power release.

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

INSPECTOR: \_\_\_\_\_

DATE: 10/22/99



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**

~~Fri, 10-1-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	Lino 6 Island Rd.	partial fr. elect. (REAR PORCH)	PASSED	
4530	Zotte 23 Castle Hill	deck (pool) REINSPECT	PASSED	
4620	Lar way 11 Middle H.d.	MEP straps anchor framing MBOH	PASSED	PM INSP REQ (1:00-1:30) REWORKED REELECT PLUMBING #REWORKING 10/4 AM
<del>4634</del>	Lar way <del>11 Middle Rd.</del>	pool steel ? grounds	PASSED	REU. EDGING TO SITE.
4671	Vance 12 Wendy La.	wall steel	PASSED	
4613	Subin 8 Palm Ct	roof sheathing (NAIL BLDG)	PASSED	NOTE PLACED ON PERMIT: "TOP OF RIDGE ≤ 40.0 NGVD VERIFY."
4691	Wallis 20 N Ridgewood	FTG. STL.	PASSED	10:45 PTL (NOVEMBER 10 PM) 1:15 REINSPECT ✓

**OTHER:** (1) 15 CASTLE HILL WAY - PN 4588; FIELD COPY OF APPR. WIND/DOCS TO SITE. ✓  
 (2) 1 CASTLE HILL WAY - PN 4534; TEMP REELECT. HOOK-UP AGENT FORM " " ✓  
 (3) 37 NE LOFTING WAY - PN 4527; VERIFY SITE. PREP ONLY PER RECEIPT TO CONTROL ✓  
 (4) 23 S. SEWALL'S POINT - PN 4681; FUND. WORK IN PROGRESS; CARRY W/ COPY HUGGINS ✓  
 (NOTE: FILE ALSO UNDER UNTIL 4567 - S/B COMPLETE TOP; REMOVE ALL CONST. DEBRIS)

INSPECTOR: \_\_\_\_\_

DATE: 10/1/99

CASH KISSING 221-1242



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
**Wed, 9-29-99**

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4637	Laraway 15 Middle Rd. (H. Pt.)	steel (pool)	CANCEL	REV. EDG'G NOT RCVD (OWNER ADVISED 9/28/99)
4542 (PROF. REG)	Wulffert 9 Simaro St. (Archipelago)	roof final (REINSPECTION PER OWNER REQUEST) FINAL 3/10/99	VERIFIED FINAL INSP.	- SEVERAL AREAS OF POOR WORKMANSHIP - EXPOSED EAST. (INSUFFICIENT TILE LAP)
4535	Gulick 1/3 Sewall's Pt. Rd.	wall sheathing	PASSED	
4577	Giimes 15 G. Little Hill Way	sheathing (WALL)	PASSED	RECEIVED 2 SETS PROG. APPL. FOR REVIEW
4676	Zatta 23 Castle Hill Way	deck (pool)	FAILED - NO ONE ON SITE TO CORRECT)	FORWARD SURVEY RCVD 9/28 CC: TO JOB SITE @ INSP. NEED ADD'L STR. CL. @ PER. & STEP
4576	Limmelman 19 Abbie Sew. Meadow	pool deck	PASSED	- DECK EXCHANGED; REV. EDG'G WOG (SIGNED) REQUIRED PROX TO FINAL
4652	Foglia 105 H. Sewall Way	underground electric	PASSED	
4653	103 " " (Sew. Meadow)	" "	PASSED	

**OTHER:** T. BERNHARD - 3602 SE OCEAN: DELIVER 3 SETS (ALL) OF FIRE ALARM PERMIT APPL.  
 DRAWINGS TO LARRY MASSING @ STUART F.D. 288-5363  
 800 M.L. KING DRIVE

OK ✓ Z. STUKEL - 7 LANTANA LN. T/R INSP. (OFF RIO VISTA)

REPAIR SINK 3 ARMSTRONG - 41 W. HIGH POINT (INSP. RE: PENDING POOL REPAIR APPL.) 220-0670

**INSPECTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
~~MOU: 9/27/99~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4535	GULICK 75 SEWALLS PT RD	STATUS INSP (MT. W/OWNER; CONTR)		1:00 PM Spec. #PPT.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4657	Demarkian 19 Caswell Hill	rough pl.	CADRE @ SITE 10:30 AM	FLOODED -
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4683	BRUNO (ANDRES) 3710 E. OCEAN (HARBOR BAY)	FINAL (REINSPECT)	PASSED	PO REV. W/CONTR 9/29/99 (EXIST. STRUCT.; NO REV. TO SPRINKLER/RELEASE)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4360	BRUTVAD 23 W. HIGH POINT	PRIVACY WALL FOUND RET. WALL TIE BM	PASSED PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

**OTHER:** ① 105 HILLCREST - PN 4617; FIELD COPY OF REV. PLAN (ADJUC) TO SITE (POOL) ✓  
 ② ~~15 WINDY HILL - 4584~~ " FORMER BOARD SURVEY (DISAPPROVED) TO SITE (POOL)

**INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





**1998 - 1999**  
**Town of Sewall's Point**  
**Building Department - Inspection Log**  
~~Wed 9-22-99~~

PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
<del>4586</del>	<del>Heard</del>			- FTG. APAD. REG. PER PERMIT NOTES
	<del>12 Simons</del>	<del>rat wall</del>	conce	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4597	Schroeder	pool final	<del>FAILED</del>	- FIX. SURVEY ON FILE;
	6 Ridgeland	(REINSPECT 3:30 PM) DUOS/PERMIT CONSULT	PASSED	BP 4566 SFR. - OWNER NOT HOME, MAID COULDN'T FIND PERMIT DOCS.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4578	Arch	final	PASSED	- DUPLICATE AS BUILT
	18 Palm Road	COMPLETE		ROAD FOR TOWN FILE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4605	Ficker	dry-in (final)	PASSED	
	2 Island Rd (OFF RIDGELAND)	INSULATION	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	Lino	partial	FAILED	- INCOMPLETE; ENGR REPAIR
	6 Island Rd	framing & el. (REAR PORCH)		& MOD. LTR. REQUIRED. - REINSPECT (NO FEE)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	Short			
	285 Sewall	sheathing,	PASSED	
	6 Rd	framing		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Laraway	strap / metal		- PASSED (ROOF TIT & MTL)
	<del>15 Middle Rd</del>	<del>1401 / 200</del>	- CANCEL	FORMER SURVEY SHOWS SETBACK
4684	Laraway	7, / 1000 / 1		ENCROACHMENT - CONTR. ADVISED

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR: 

DATE: 9/22/99

**4790**

**STORM SHUTTERS**

---

MASTER PERMIT NO. 4620

**TOWN OF SEWALL'S POINT**

Date 01/13/00

BUILDING PERMIT NO. 4790

Building to be erected for BRUCE/SUSAN LARAWAY

Type of Permit STORM SHUTTER

Applied for by FOLDING SHUTTER CORP.

(Contractor) Building Fee \$40.80

Subdivision HIGHPOINT Lot 38 Block \_\_\_\_\_

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

Address 15 MIDDLE ROAD

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

Type of structure S.F.R.

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

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

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

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

Amount Paid \$44.88 Check # 8108 Cash \_\_\_\_\_

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

Total Construction Cost \$ 4,249.<sup>00</sup>

Other Fees (PLAN REVISION) 4.08

TOTAL Fees \$44.88

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

**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 <u>1/21/00</u>

FLOOD ZONE \_\_\_\_\_

LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

**WORK HOURS – 8:00 AM UNTIL 5:00 PM**

**MONDAY THROUGH SATURDAY**

New Construction    Remodel    Addition    Demolition

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

FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

Commercial Const.

WORK ORDER NO.

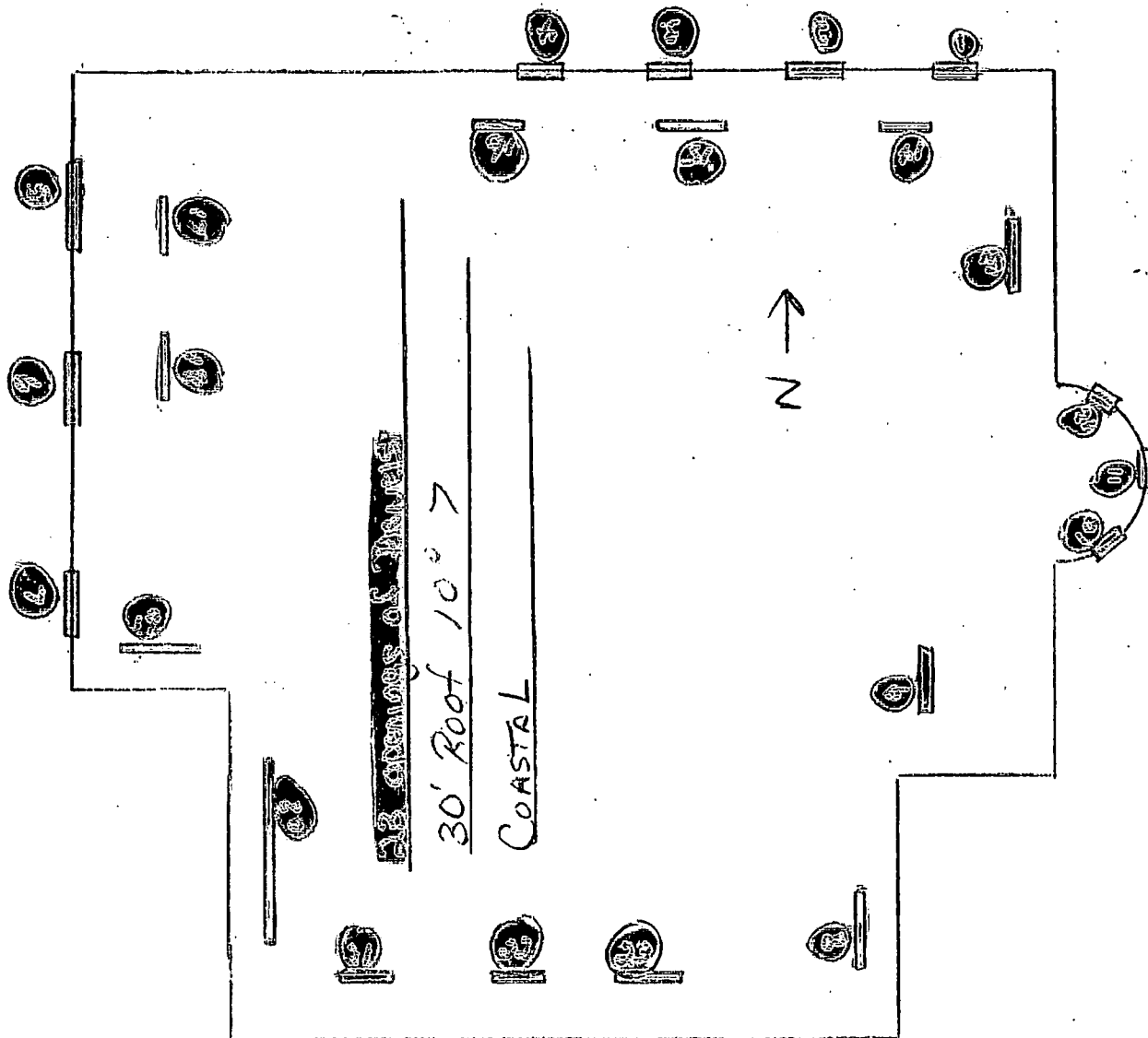
090299018N0701

SHEET OF

BY: T.W.M

DATE: 12-3-99

LAYOUT



01/13/00 TOWN OF SEWALL'S POINT  
REVIEW: *[Signature]* B.O.

TOWN COPY  
15 MIDDLE ROAD

PN 4790

FOLDING SHUTTER CORP. ENGINEERING LAYOUT SHEET

CUSTOMER NAME

Commercial Const.

WORK ORDER NO:

090299018 N0701

SHEET

OF

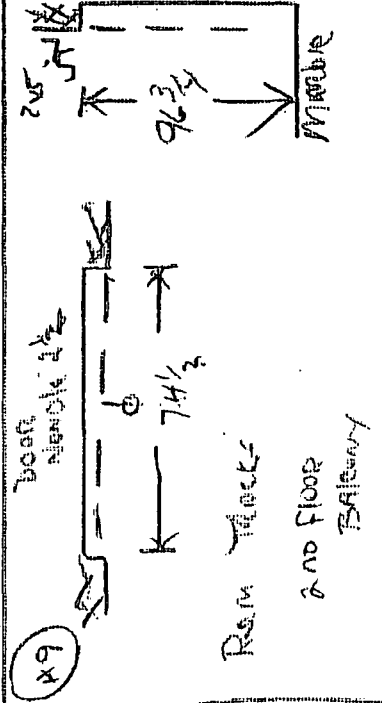
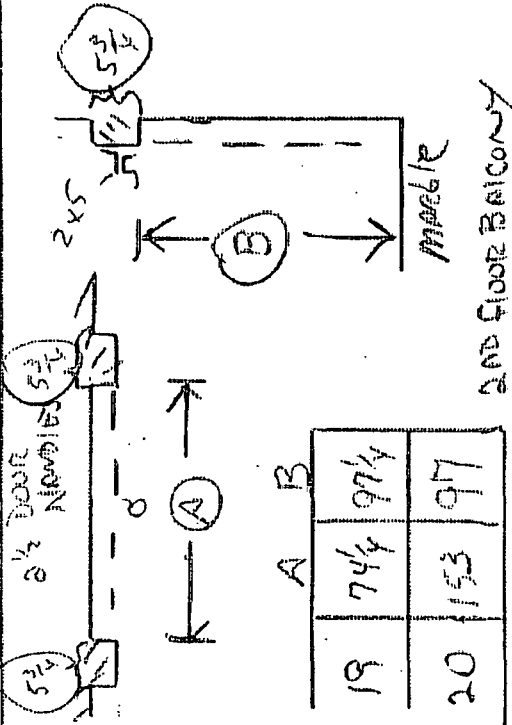
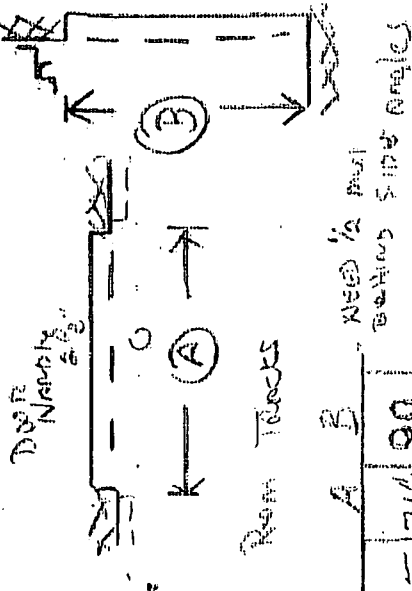
BY:

J. W. M.

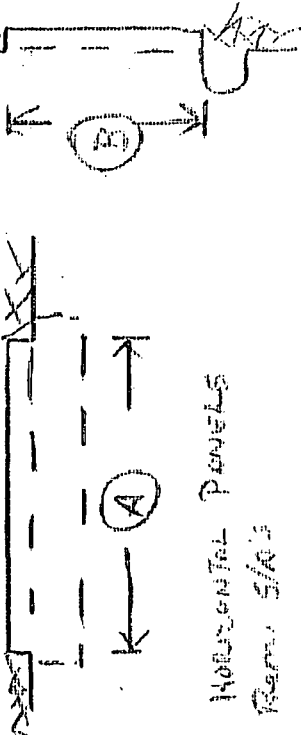
DATE:

12.3.99

1 1



Ø 10, 11 + 12 + 3 each SIDES



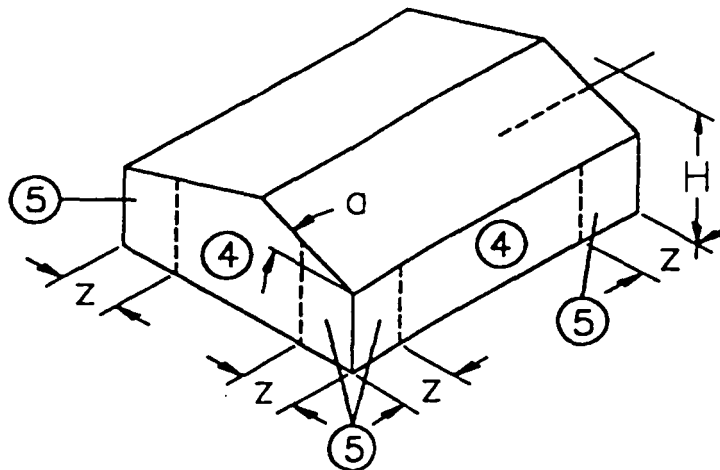
A	B
1 37	53
2 37	53
3 37	53
4 37	53
7 6 3/2	52
8 4 9/2	73
10 28	71
11 28	71
12 28	71
13 3 4/2	71
14 53	6 1/2

3 Story LADDERS

A	B	A	B
15 49	49	22 4 9/2	25
16 2 3/2	3 5/2	23 4 8/2	25
17 51	84		
18 51	84		
21 50	6 0 1/2		

TABLE 7.02 (WALLS)						
WIND LOAD TABLES FOR COMPONENTS & CLADDING						
PER ASCE 7-95						
WIND SPEED (MPH) 140						
TRIBUTARY AREA (SF) 20						
(GC <sub>pi</sub> FACTOR INCLUDED)						
MEAN ROOF HEIGHT LESS THAN 90 FT.						
DESIGN LOADS (PSF) EXPOSURE C						
MEAN ROOF HEIGHT	ROOF SLOPE > 10 DEG.			ROOF SLOPE = < 10 DEG.		
	ZONE 4 & 5	ZONE 4	ZONE 5	ZONE 4 & 5	ZONE 4	ZONE 5
(H)	(+)	(-)	(-)	(+)	(-)	(-)
15	48.1	52.3	62.9	44.0	47.9	57.3
20	50.9	55.4	66.5	46.6	50.7	60.7
25	53.1	60.3	69.5	48.7	52.9	63.4
30	55.4	60.3	72.5	50.8	55.2	66.1
35	57.1	62.2	74.7	52.3	56.9	68.1
40	58.8	64.0	76.9	53.9	58.6	70.2
45	60.5	65.9	79.1	55.4	60.2	72.2
50	61.6	67.1	80.6	56.5	61.4	73.5
55	62.8	68.3	82.1	57.5	62.5	74.9
60	63.9	69.6	83.6	58.5	63.6	76.2
65	65.0	70.8	85.0	59.6	64.8	77.6
70	66.2	72.0	86.5	60.6	65.9	78.9
75	67.3	73.3	88.0	61.7	67.0	80.3
80	68.4	74.5	89.5	62.7	68.1	81.6
85	69.5	75.7	91.0	63.7	69.3	83.0
89	70.0	76.2	91.5	64.1	69.7	83.5

IMPORTANCE FACTOR: 1.00  
LOAD TABLE BASED ON ASCE 7-95

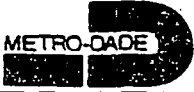


**NOTES:**

1. PLUS & MINUS SIGNS SIGNIFY PRESSURES ACTING TOWARD AND AWAY FROM SURFACES RESPECTFULLY
2. Z = 10% OF MINIMUM WIDTH OR 0.4H, WHICHEVER IS SMALLER, BUT NOT LESS THAN 4% OF MINIMUM WIDTH OR 3ft.
3. LOADS, POSITIVE AND NEGATIVE, ARE TAKEN AT MEAN ROOF HEIGHT (H) AND APPLY TO ALL FLOORS.
4. LOADS BETWEEN ELEVATIONS SHOWN IN TABLE MAY BE INTERPOLATED.
5. AT MEAN ROOF HEIGHT (H), 60 ft < H < 90 ft, PRESSURES HAVE BEEN DETERMINED USING THE SAME METHOD AS FOR 60 ft & LESS PER ASCE 7-95, TABLE 6.1. THESE PRESSURES ARE ONLY APPLICABLE IF THE HEIGHT TO WIDTH RATIO IS 1 OR LESS, THE BUILDING IS NOT LOCATED WITHIN THE COASTAL ZONE AREA & EXPOSURE "C" IS APPLICABLE FOR ALL TERRAIN.
6. TABLE VALUES DO NOT CONSIDER EFFECTS FROM TOPOGRAPHIC CONDITIONS.
7. FACTOR K<sub>z</sub> FOR TOPOGRAPHIC CONDITIONS IS TAKEN AS 1.0 (FLAT GRADE) FOR THESE TABLES. IF TOPOGRAPHIC CONDITIONS ARE NOT FLAT, THE VALUES IN THIS TABLE MUST BE MULTIPLIED BY THE PROPER K<sub>z</sub> FACTOR. IN ACCORDANCE WITH ASCE 7-95. SECTION 6.5.5.

W. W. SCHAEFER ENGINEERING & CONSULTING, P.A.  
600 SANDTREE DRIVE; SUITE 203-B  
PALM BEACH GARDENS, FL 33403  
(561)775-4902

JAN 04 2000



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 N.W. 22nd Street  
Pompano Beach FL 33069

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

Your application for Product Approval of:

*.063" Aluminum Alloy Storm Panel*


under Chapter 8 of the Metropolitan 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: *applicant along with Madden Manufacturing Co. drawing # 96-88 sheets 1 through 7 revised on 03/04/97 and signed by V. J. Knezevich P.E. For listing of all evidence see section 8 of this Notice of Acceptance.*

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 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance 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, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the 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.: 96-0520.03

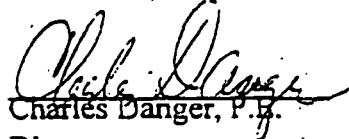
Expires: 05/08/00

  
Raul Rodriguez  
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**

**BUILDING CODE COMMITTEE**

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

  
Charles Danger, P.E.  
Director  
Building Code Compliance Dept.  
Metropolitan Dade County

Approved: 05/08/97



NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

**1. DESCRIPTION**

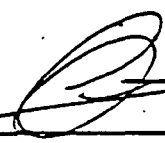
1.1 This approves an aluminum storm panel designed to comply with the South Florida Building Code, 1994 Edition for Dade County, for the locations where the pressure requirements as determined by ASCE 7-88 "Minimum Design Loads for Buildings and Other Structures", do not exceed the Design Pressure Rating values in Section 7 and within the limitations contained in Section 3.

**2. MATERIAL CHARACTERISTICS**

- 2.1 The storm panels shall be constructed as indicated on approved drawing No. 96-88, Sheet 1 to 7, using 0.063" aluminum, 5052-H32 alloy.
- 2.2 Panels are rolled formed, have a nominal width of 12.00" and a total width of 15.269", forming 2" deep ribs (Part 1).
- 2.3 Components shall be aluminum alloys 6063-T6: "h" & "u" header (Part 2 & 3), 2" x 2" x .093" and 2" x 3" x 0.093 studded and non studded angles (Part 5 & 6), a 2" x 5" x .125" studded and non studded angle (Part 4 & 4a), "E" & "F" tracks (Part 7 & 7a); aluminum alloy 6061-T6: 2"x5"x.125" angle (Part 4) used on detail T and 1/4" die cast aluminum washered nut (Part 8).
- 2.4 Other components shall be made of galvanized steel grade C: 16 gauge keyhole washer (Part 10) and 18 gauge 1" x 1" x 18 gauge steel bar (Part 11), all bolt studs are s.s. 1/4-20 x 5/8".
- 2.4 Tested specimen:
  - Dimensions: 51.25" wide x 104" long overall
  - 51.25" wide x 144" long overall (largest)
  - 51.25" wide x 070" long overall (smallest)

**3. LIMITATIONS**

- 3.1 The design will be dependent on the maximum panel height of 11'-11" or 143" for wall, built-out, direct and ceiling/inside mount to be installed only as outlined on Dwg. No. 96-88, Sheets 1 through 7. For Design Load vs. Panel Span, see Table 1 "Storm Panel Schedule" on Sheet 7 of 7, Dwg. No. 96-88
- 3.2 Minimum separation to existing glass to protect shall be as shown in Table 2 "Minimum Separation from Glass Schedule" Sheet 7 of 7 drawing No. 96-88.
- 3.3 Maximum Clearance between top of panel and inside of header shall be 1/4".
- 3.4 Reinforcement:
  - 3.4.1 For installations 30 ft. or less above grade, an optional steel bar, described below, may be used to control deflection of storm panel system provided that the separation from the glass is 2 3/8" or more but less than 4 1/4".
  - 3.4.2 A 1" x 1" x 18 ga. steel bar extending the whole width of shutter may be attached at mid span with 1/4"-20 x 4" bolts w/die cast alum. washered wing nut spaced at 12" o.c., as shown on drawing 96-88 sheet 1 of 7.

  
 \_\_\_\_\_  
 Candido F. Font P.E. Plans Examiner.  
 Product Control Division



NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

**4. INSTALLATION**

4.1 The panels shall be installed only in the following condition:

**4.1.1 Wall Mount**

The panels are secured into an "h" header (Part 2) at the head; and using 1/4"-20 x 5/8" machine bolts stud with washered wing nut spaced at 12" o.c. to an aluminum studded angle (Part 6) at the sill, both of which are anchored to the wall, using tension and shear capacity anchors as shown on Anchor Schedule, drawing No. 96-88, sheet 6 of 7, bearing the Dade County Product Control approval stamp. This mounting condition is shown on details E, I, L & R of drawing No. 96-88 sheets 2 of 7 through 5 of 7 part of this product approval.

**4.1.2 Build-out Mount**

The panels are secured inside a top track "u" header (Part 3) at the head and fastened to the 2" x 2" .093" continuous studded aluminum angle (Part 6) at the sill, using 1/4"-20 x 5/8" machine bolts stud with washered wing nuts spaced at 12" o.c.; both header and sill are fastened to the long leg of a 2" x 5" (max.) x 1/8" aluminum angle (Part 4) used to provide the buildout, using #14 tek screws or 1/4"-20 x 5/8" bolt and nut at 12" o.c. Both angles are anchored to the wall as shown on Anchor Schedule, drawing No. 96-88, sheet 6 of 7 bearing the Dade County Product Control approval stamp. This mounting condition is shown on details H, Y, & AB of drawing No. 96-88 sheets 2 of 7 through 5 of 7 part of this product approval.

**4.1.3 Inside Mount**

The panels are secured inside a top track "u" header (Part 3) at the head, which is anchored to the inside of the concrete lenti opening or ceiling ; and fastened to the 2" x 2" x .093" continuous studded aluminum angle (Part 6) at the sill or floor, using 1/4"-20 x 5/8" machine bolts with washered wingnut spaced at 12" o.c., which is anchored to a concrete slab or bulkhead as shown on Anchor Schedule, drawing No. 96-88 sheet 6 of 7 bearing the Dade County Product Control approval stamp. This mounting condition is shown on details F, G, M & AC of drawing No. 96-88 sheets 2 of 7 through 5 of 7 part of this product approval.


**4.1.4 Direct Mount**

The panels are secured directly to the wall at head and sill using tension fasteners as shown on Anchor Schedule, drawing No. 96-88 sheet 6 of 7 bearing the Dade County Product Control approval stamp. This mounting condition is shown on details K of drawing No. 96-88 sheet 3 of 7 part of this product approval.

**4.1.5 Any combination of the above.**

**4.1.6 Additional Mounting Details**

The following special mounting conditions are also approved with the corresponding limitations noted in each section detail. This mounting conditions are shown on sections J, N, O, U, W, T & Z of drawing No 96-88 sheets 2 of 7 through 5 of 7 part of this product approval.

  
Candido F. Font P.E. Plans Examiner.  
Product Control Division

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

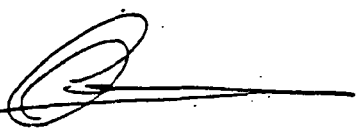
- 4.1.7 The "u" header shall be supported at 12" o.c. on details N & O and the 2" x 2" angle shall be supported at 12" o.c. on detail J.
- 4.1.8. All installations are controlled by Table 1 "Storm Panel Span Storm Panel Schedule" and Table 2 "Min. Separation From Glass Schedule" all tables on sheet 6 of 7 are for anchor spacing and not to be used for pressure versus span of panels.
- 4.2 Anchorage of the aluminum components shall be to 3000 psi (minimum) concrete, concrete block masonry and/or S.G .55 or better wood framing and shall consist of only the anchors, embedment and spacing specified on Drawing No. 96-88, Sheet 1 through 7. Substitution of anchor type or indicated embedment is unacceptable and requires to be engineered separately and accepted by the building official.
- 4.3 Permanent set fastener, components, embedded anchor bolts, threaded cones or metal shields, not in use, must be protected against corrosion, contamination and damage at all time.

**5. IDENTIFICATION**

- 5.1 Each panel shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Dade County Product Control Approved".
- 5.2 Each opening requiring to have reinforcement, shall have a legible permanent marking instructing owner or tenant to secure panels with applicable reinforcing as mentioned on section 3.4, across the whole width of the opening during periods of Hurricane warning.

**6. USE**

- 6.1 Application for building permit shall be accompanied by two copies of the following:
- 6.1.1 This Notice of Acceptance.
- 6.1.2 Completely dimensioned drawing showing size and location, including height above grade of openings to receive shutters; mean roof height, length and width of building.
- 6.1.3 Duplicate prints of approved drawings No. 96-88, Sheets 1 through 7, bearing the approval stamp, Notice of Acceptance number and date by Dade County Product Control Section, clearly marked to show the components selected for the proposed installation.
- 6.2 The Building Official shall ensure the adequacy of shutter to meet the pressure requirement of the opening in which it is to be installed.


  
Candido F. Font P.E. Plans Examiner.  
Product Control Division

**NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**

**7. TESTS PERFORMED**

**7.1 Test Results:**

<b>TEST</b>	<b>TEST LOAD</b>	<b>DESIGN LOAD</b>	<b>Deflection</b>
LARGE MISSILE IMPACT TEST (144" SPAN) SFBC PA 201-94 no interm. support.	SATISFACTORY CTC 96-013 (J)	—————	Max. 4.25"
UNIFORM STATIC AIR PRESSURE TEST SFBC PA 202-94 NEG. (104" SPAN)	-176.8 PSF CTC 96-013 (F)	-117.9 PSF CTC 96-013	—————
UNIFORM STATIC AIR PRESSURE TEST SFBC PA 202-94 NEG. (104" SPAN)	-176.8PSF CTC 96-013 (G)	-117.9 PSF CTC 96-013	—————
UNIFORM STATIC AIR PRESSURE TEST SFBC PA 202-94 NEG. (104" SPAN)	-197.6 PSF CTC 96-013 (H)	-131.7 PSF CTC 96-013	—————
LARGE MISSILE IMPACT TEST (104" Span) SFBC PA 201-94 with interm. support	SATISFACTORY CTC 96-013 (A)	—————	Max. 2.375"
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 NEGATIVE	-97.5 PSF CTC 96-013 (A)	-75.0 PSF CTC 96-013	—————
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 NEGATIVE	-80.0 PSF CTC 96-012 (B)	-61.5 PSF CTC 96-012	—————
LARGE MISSILE IMPACT TEST (104" Span) SFBC PA 201-94 no interm. support	SATISFACTORY CTC 96-013 (D)	—————	Max. 2.375"
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 NEGATIVE	-97.5 PSF CTC 96-013 (D)	-75.0 PSF CTC 96-013	—————
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 NEGATIVE	-93.6 PSF CTC 96-012 (D)	-72.0 PSF CTC 96-012	—————
DESIGN PRESSURE RATING For Design Load vs. Panel Span, See Table 1 "Storm Panel Schedule" on Dwg. No. 96-110,	EI-lb.in <sup>2</sup> /ft. 7.3317 E+ 06	DESIGN MOMENT 578 FT.LB.	D. SHEAR 275 LB

  
 Candido F. Font P.E. Plans Examiner.  
 Product Control Division

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

**8. EVIDENCE SUBMITTED**

**8.1 Tests:**

**8.1.1** Test report on Large Missile Impact, Cyclic Loading and Uniform Static Air Pressure Tests of 0.063" aluminum storm panels, prepared by Construction Testing Corporation, Report No. CTC 96-013, dated April 22, 1996 signed and sealed by C. T. Tyson, P.E.

**8.1.2** Test report on Large Missile Impact Test and Cyclic Wind Pressure Test of 20 ga. Steel Storm Panels, prepared by Construction Testing Corporation., Test Report No. CTC 96-013 dated April 22, 1996 signed and sealed by Christopher Tyson, P.E. (This test has been submitted to calculate maximum moment and shear with all the approved components.)

**8.2 Drawing:**

**8.2.1** Drawing No. 96-88, Madden Manufacturing Co., 0.063" Aluminum Storm Panels, Sheets 1 through 7, prepared by Knezevich & Associates, dated 04/22/96, revision 1 dated 03/04/97, signed and sealed by V.J. Knezevich, P.E.

**8.3 Material certification:**

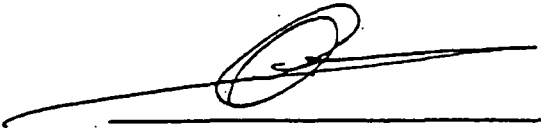
**8.3.1** Certificate of Test from Comalco Aluminum Limited for aluminum coils of 5052-H32, dated 30 August 1995 and signed R. Moon.

**8.3.2** Tensile Test Report # 6DM-850 from Q.C. Metallurgical, Inc., dated 04/04/96 for Aluminum sample # CTC-96-013-F, tested per ASTM E8, signed and sealed by James W. Roesse.

**8.4 Calculations:**

**8.4.1** Comparative Analysis dated 04/29/96, pages 1 thru 32, prepared by Knezevich & Associates, Inc., signed and sealed by V.J. Knezevich, P.E.

**8.4.2** Anchorage Calculations for 10 anchors, Storm Panel Span Schedule, Separation from glass schedule, Reactions and Special detail fastener calculations; prepared by Knezevich & Associates, dated 03/05 /97, pages 1 through 21, signed and sealed by V.J. Knezevich, P.E.




Candido F. Font P.E. Plans Examiner.  
Product Control Division

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: "Dade County Product Control Approval", 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 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 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, 2, 2(a) through 2(d) and this last page 3.

Items 10, 11 & 12 listed below only apply to glazed products and doors
10. Unless specifically indicated in the Acceptance (approval), this unit is approved as a single unit installation. For multiple installation of this unit, a separate Acceptance for mullions is required from the Product Control Section.
11. The spacing of fasteners at window sills shall be as tested. The spacing of fasteners in all other parts of the frame, shall be as tested, but in no case shall exceed 24" on center. The first fastener shall be located at a maximum of 6" from each corner and mullion or stile. Fastener shall fully penetrate the buck, which shall be the same size as the one tested with the unit. No wood or plastic shields or pins shall be used for anchoring. See section four (4) of this approval for sizes of fasteners used in testing.
12. Hardware for all windows and doors shall conform to Security and Forced Entry Prevention, Chapter 36 of the South Florida Building Code.

  
Candido F. Font P.E. Plans Examiner  
Product Control Division

END OF THIS ACCEPTANCE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID JT  
FOLDING

DATE (MM/DD/YY)  
10/26/99

PRODUCER

SLATON INSURANCE  
P.O. Box 3857  
1st Palm Beach FL 33402

Helen Martinson  
Phone No. 561-683-8383 Fax No. 561-684-5995

INSURED

Folding Shutter Corporation  
7089 Hemstreet Place  
West Palm Beach FL 33413

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	Auto-Owners Insurance Company
COMPANY B	F C C I
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	20518196	05/22/99	05/22/00	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> Employee Benefit				FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<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	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS LIABILITY	71584721 952112	05/22/99	05/22/00	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC99A42604	04/01/99	04/01/00	WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> INCL				EL EACH ACCIDENT	\$ 500,000
	<input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT	\$ 500,000
	OTHER				EL DISEASE - EA EMPLOYEE	\$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

\*STATE OF FLORIDA REQUIRES 30 DAYS NOTICE OF CANCELLATION FOR WORKERS COMPENSATION FLORIDA EMPLOYEES ONLY.

FAX: 561-334-5432

CERTIFICATE HOLDER

TOWNSEW

TOWN OF SEWALLS POINT  
1 SOUTH S.P. ROAD  
SEWALL POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

MARTIN COUNTY CONTRACTORS  
CERTIFICATE OF COMPETENCY  
HEMSTREET, KEVIN R  
FOLDING SHUTTER CORP  
7089 HEMSTREET PL  
WPB FL 33413

EXPIRES SEPTEMBER 30, 20 00

AUDIT CONTROL NUMBER	36369	CERTIFICATE NUMBER	SP00839
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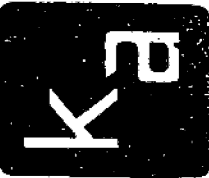
CERTIFIED CONTRACTOR

ALUMINUM/CONCRETE CONTRACTOR

SIGNATURE \_\_\_\_\_

ATTEST: **VALERIE A. MESSIER**  
LICENSING ADMINISTRATOR

7897

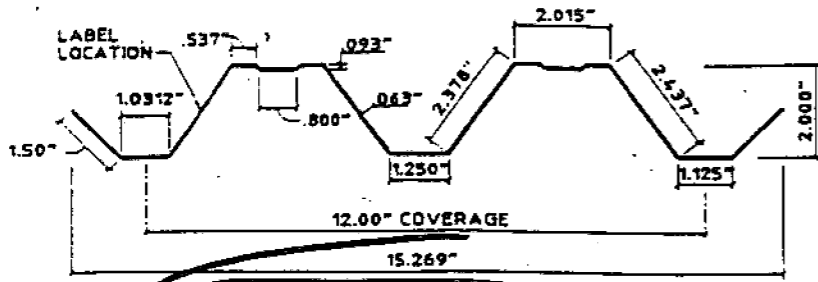


**KNEZEVICH & ASSOCIATES, INC.**  
 CONSULTING ENGINEERS & PRODUCT TESTING  
 641 HOKENA DRIVE  
 SUITE 240  
 FT. LAUDERDALE, FL 33311  
 PHONE: (305) 983-9511  
 FAX: (305) 983-9512  
 COPYRIGHT 1997 KNEZEVICH & ASSOCIATES, INC.

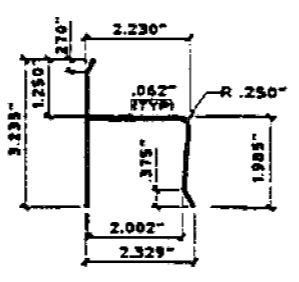
**MADDEN MANUFACTURING CO.**  
 1889 N.W. 22 ST.  
 POMPANO BEACH, FL 33069  
 (800) 272-2071

no.	date	description
1	3/4/97	GENERAL REVISION

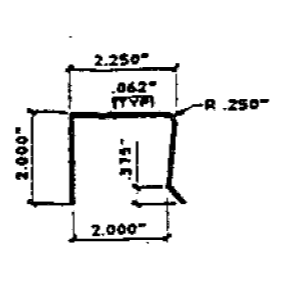
**V.L. KNEZEVICH**  
 PROFESSIONAL ENGINEER  
 FL LICENSE NO. 9615983  
 APR 10 1997  
 date: 4/23/97  
 scale: AS NOTED  
 drawn by: [signature]  
 design by: [signature]  
 checked by: [signature]  
 drawing no.: 96-88  
 sheet 1 of 7



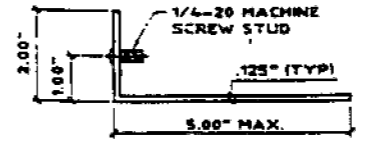
**1 STORM PANEL**  
 SCALE: 1/4" = 0'-1"



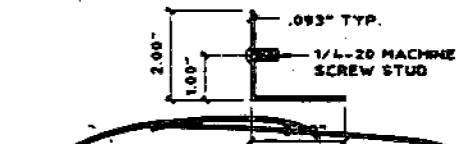
**2 "h" HEADER**  
 SCALE: 1/4" = 0'-1"



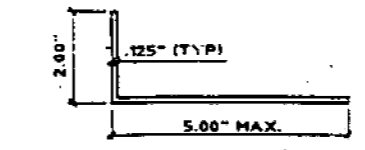
**3 "U" HEADER**  
 SCALE: 1/4" = 0'-1"



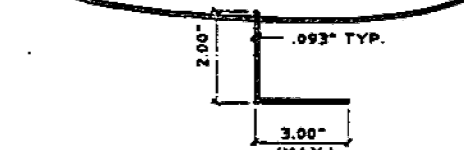
**4a STUDDED ANGLE**  
 SCALE: 1/4" = 0'-1"



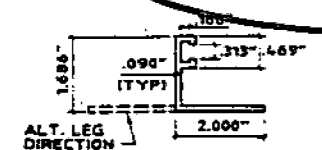
**6 STUDDED ANGLE**  
 SCALE: 1/4" = 0'-1"



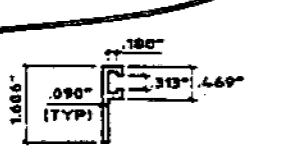
**4 ANGLE**  
 SCALE: 1/4" = 0'-1"  
 6063-T6 TYPICAL  
 6061-T6 FOR DETAIL "T"



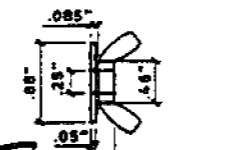
**5 ANGLE**  
 SCALE: 1/4" = 0'-1"



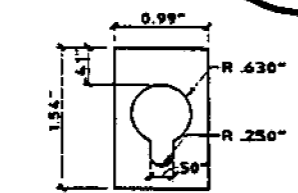
**7 "E" TRACK**  
 SCALE: 1/4" = 0'-1"



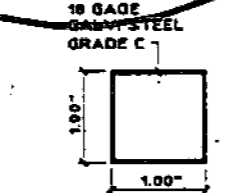
**7a "F" TRACK**  
 SCALE: 1/4" = 0'-1"



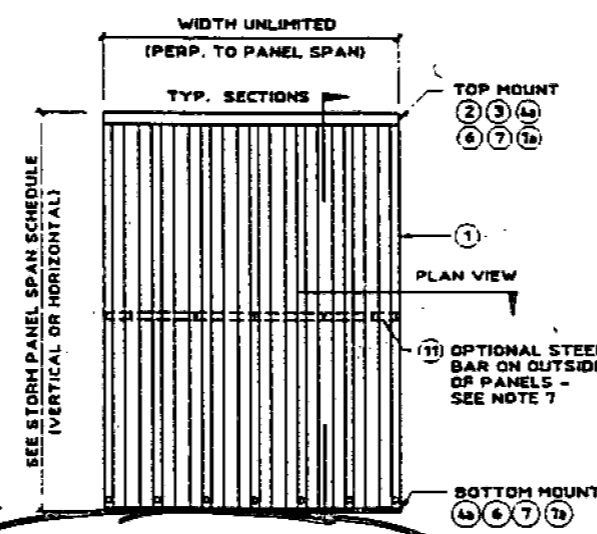
**8 WINGNUT**  
 SCALE: HALF SIZE



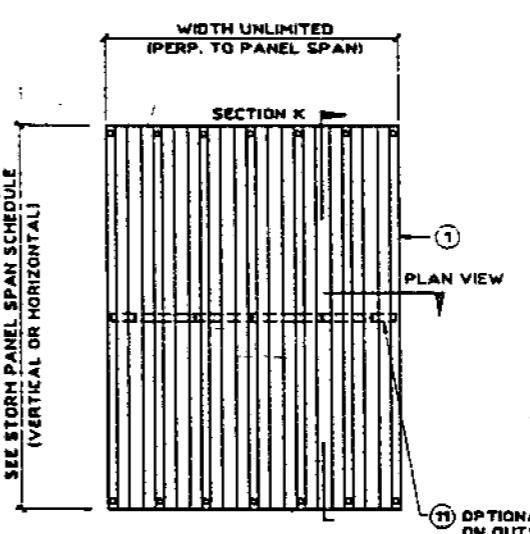
**10 KEYHOLE WASHER**  
 SCALE: HALF SIZE  
 (16 GA. GALV. STEEL GRADE C)



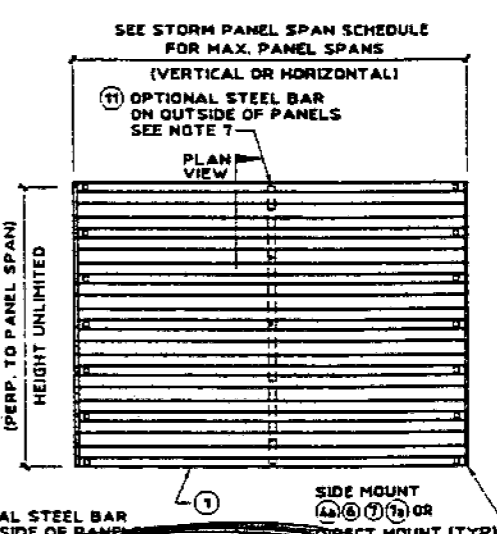
**11 STEEL BAR**  
 SCALE: HALF SIZE  
 16 GA. GALV. STEEL GRADE C



**TYPICAL VERTICAL MOUNT ELEVATION**  
 FOR ALL INSTALLATIONS SEE TABLE 2, PAGE 7 OF 7, FOR REQUIRED MIN. PANEL SEPARATION FROM GLASS.



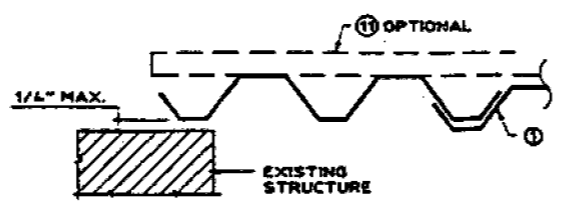
**DIRECT MOUNT ELEVATION**  
 FOR ALL INSTALLATIONS SEE TABLE 2, PAGE 7 OF 7, FOR REQUIRED MIN. PANEL SEPARATION FROM GLASS.



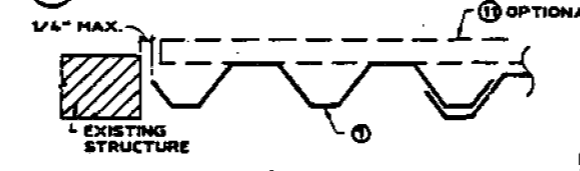
**HORIZONTAL MOUNT ELEVATION**  
 FOR ALL INSTALLATIONS SEE TABLE 2, PAGE 7 OF 7, FOR REQUIRED MIN. PANEL SEPARATION FROM GLASS.

**GENERAL NOTES:**

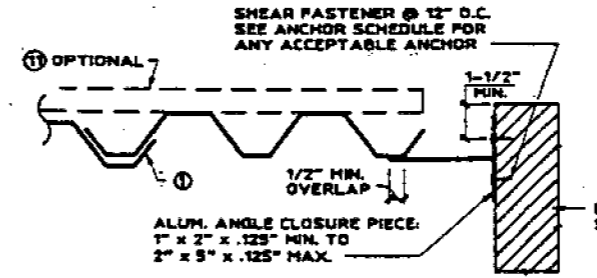
- THIS STORM PANEL SHUTTER SYSTEM IS DESIGNED AND TESTED IN ACCORDANCE WITH THE SOUTH FLORIDA BUILDING CODE 1994 EDITION.
- POSITIVE AND NEGATIVE DESIGN PRESSURE CALCULATIONS SHALL BE PERFORMED FOR SPECIFIC JOBS IN ACCORDANCE WITH ASCE 7-98 "MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER STRUCTURES." TABLES 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, & PA203. DESIGN IS BASED ON CONSTRUCTION TESTING CORPORATION (CTC) TEST REPORT No. 96-913.
- STORM PANELS SHALL BE 5052-H32 ALUMINUM ALLOY, 0.063" THICKNESS. ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T6, U.D.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 16 GAGE STEEL BAR MAY BE USED TO CONTROL DEFLECTION OF STORM PANEL SYSTEM. STEEL BAR MAY BE FASTENED AT PANEL OVERLAPS, AT MIDSPAN, W/ 1/4-20 x 4" BOLTS AND DIE CAST ALUM. WASHED WINGNUTS. SEE MIN. SEPARATION FROM GLASS SCHEDULE, PAGE 7 OF 7, FOR REDUCED SEPARATIONS.
- TOP AND BOTTOM DETAILS MAY BE INTERCHANGED AS FIELD CONDITIONS REQUIRE. PANELS MAY ALSO BE MOUNTED WITH "E" OR "F" TRACK, STUD ANGLE OR DIRECT MOUNTED HORIZONTALLY.
- THE PERMET 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 PANELS SYSTEM ADVISING THE HOME OWNER OR TENANT THAT "STORM PANELS WILL NOT OFFER HURRICANE PROTECTION UNLESS STEEL TUBE & BOLTS ARE PROPERLY INSTALLED WHEN NEEDED."



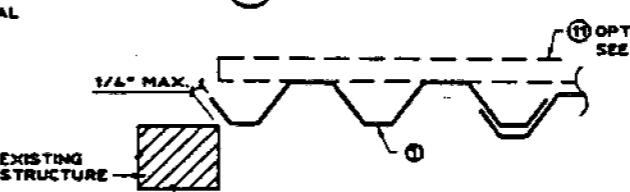
**A WALL MOUNT**



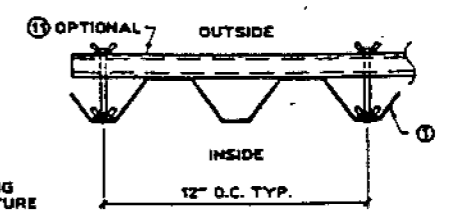
**C TRAP MOUNT**



**B TRAP MOUNT**



**D FACE MOUNT**



**TYPICAL BAR ATTACHMENT**  
 (USE ONLY WHEN IMPROVED DEFLECTION REQUIRED)

**TYPICAL CLOSURE DETAILS (PLAN)**  
 SCALE: 1-1/2" = 1'-0"

APPROVED AS COMPLYING WITH THE  
 SOUTH FLORIDA BUILDING CODE  
 DATE MAY 3 1997  
 BY [signature]  
 PRODUCT CONTROL DIVISION  
 BUILDING-CODE-COMPLIANCE-OFFICE  
 ACCEPTANCE NO. 96-0520.03





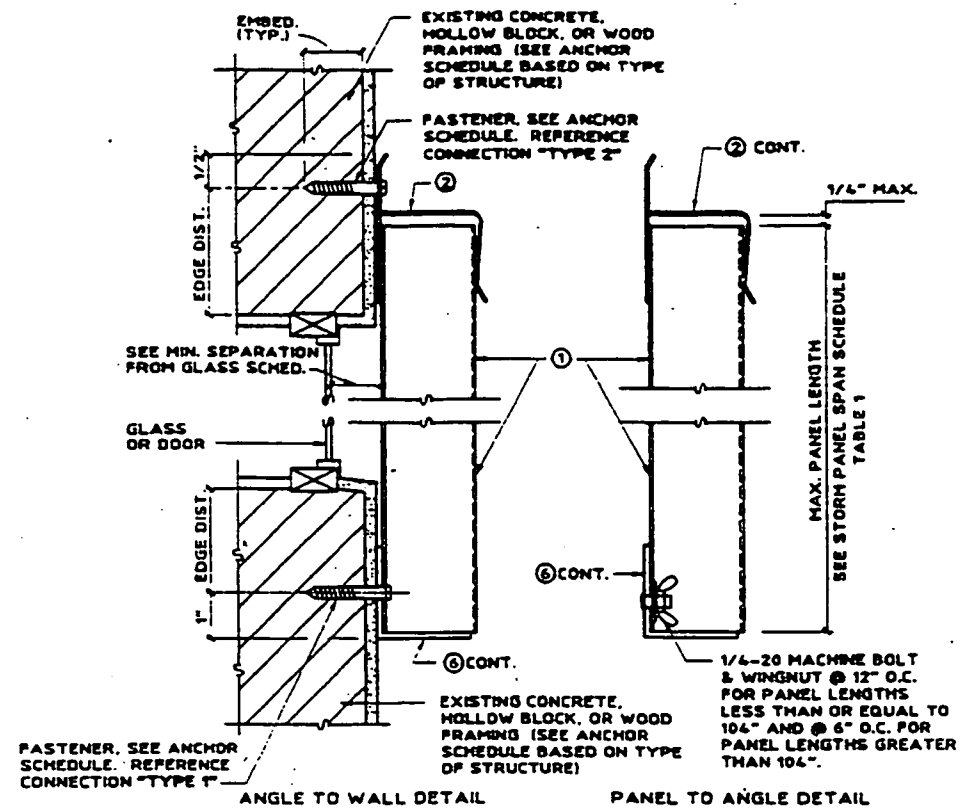
**KNEZEVICH & ASSOCIATES, INC.**  
 CONSULTING ENGINEERS & PRODUCT TESTING  
 611 MCNEHA DRIVE  
 MIAMI SPRINGS, FL 33166  
 PHONE: (305) 883-9511  
 FAX: (305) 883-9572  
 2701 W. DAKLAND PK. BLVD.  
 SUITE 240  
 FT. LAUDERDALE, FL 33311  
 PHONE: (954) 871-9500  
 COPRIGHT 1997 KNEZEVICH & ASSOCIATES, INC.

**.063" ALUMINUM STORM PANEL**  
**MADDEN MANUFACTURING CO.**  
 1889 N.W. 22 ST.  
 POMPANO BEACH, FL 33069  
 (800) 272-2071

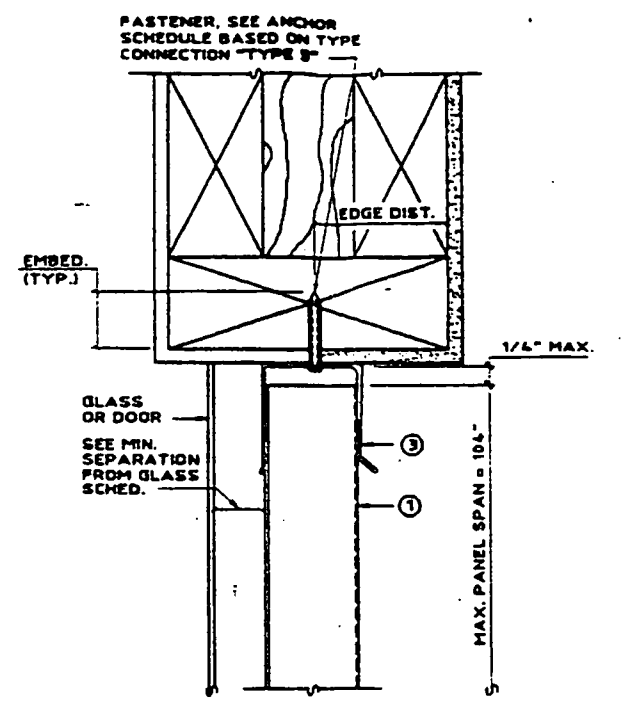
NO.	DATE	DESCRIPTION
1	3/24/97	GENERAL REVISION

V.J. KNEZEVICH  
 PROFESSIONAL ENGINEER  
 FL. License No:  
 PE 0000993

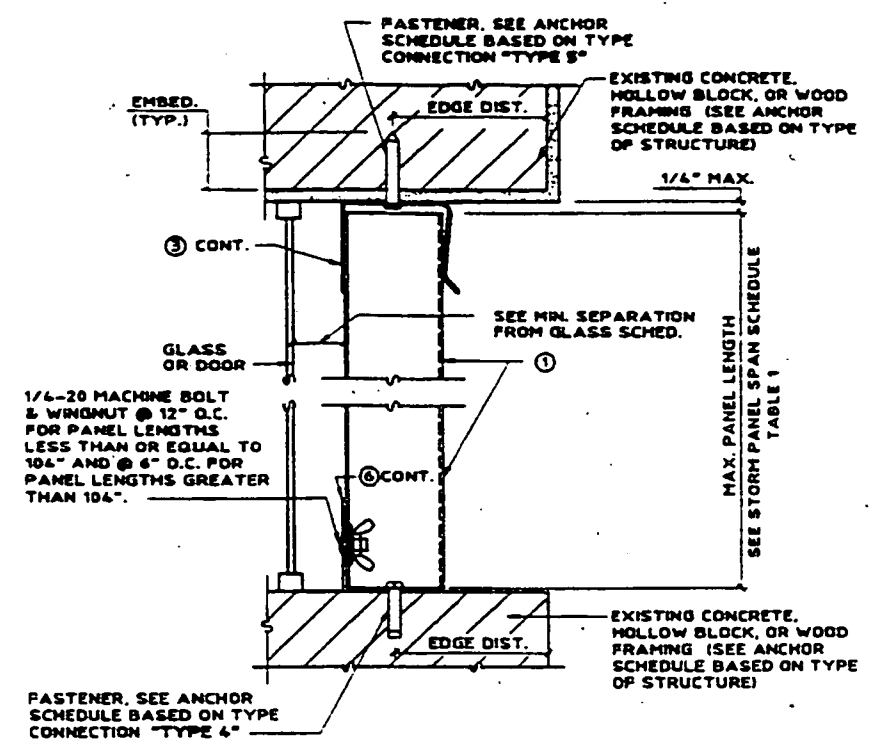
APPROVED AS COMPLYING WITH THE  
 SOUTH FLORIDA BUILDING CODE  
 DATE MAY 8 1997  
 BY [Signature]  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 ACCEPTANCE NO. 96-0520.03



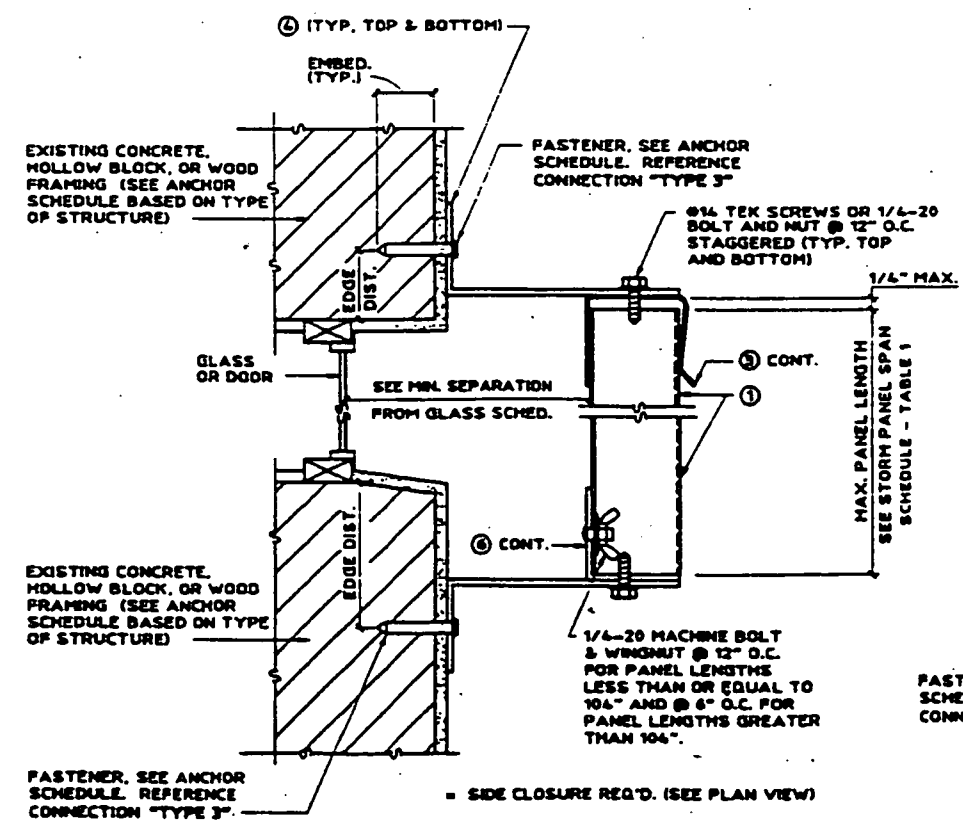
**E WALL MOUNT SECTION**  
 SCALE: 3" = 1'-0"



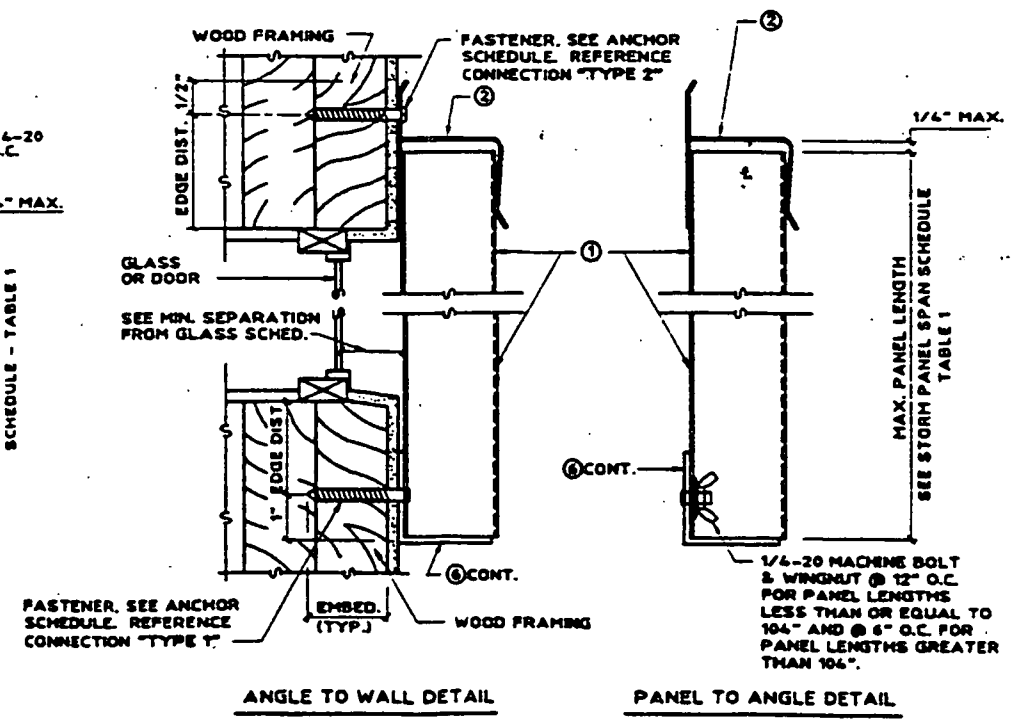
**F WOOD CEILING/ INSIDE MOUNT SECTION**  
 SCALE: 3" = 1'-0"



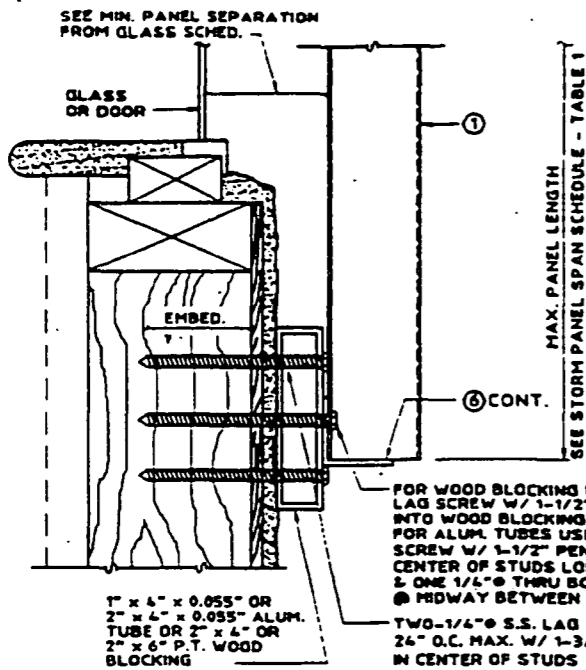
**G CEILING/INSIDE MOUNT SECTION**  
 SCALE: 3" = 1'-0"



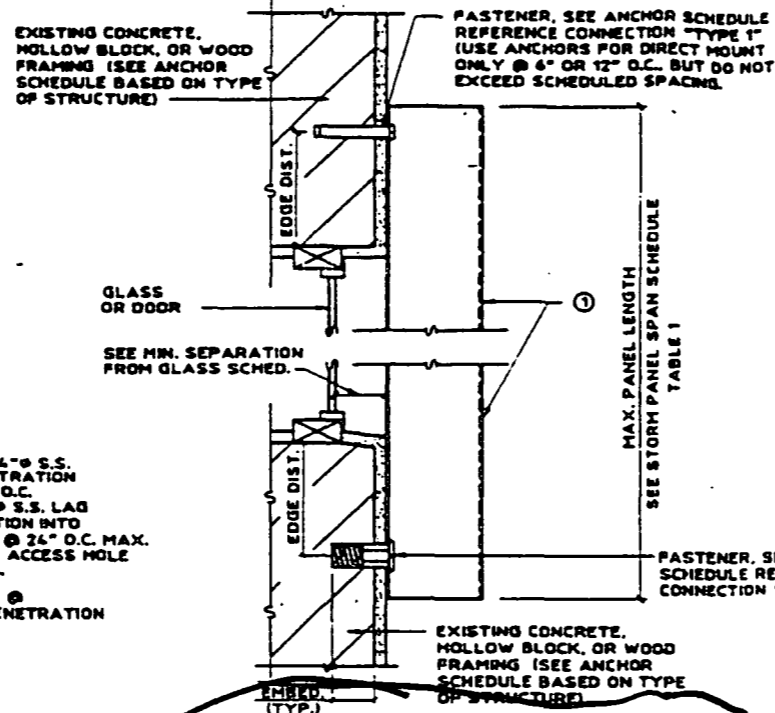
**H BUILD-OUT MOUNT SECTION**  
 SCALE: 3" = 1'-0"



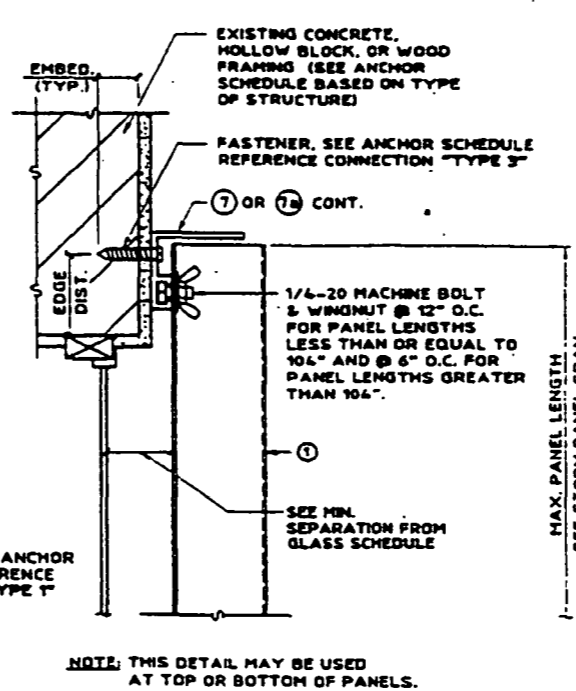
**I WALL MOUNT SECTION**  
 SCALE: 3" = 1'-0"



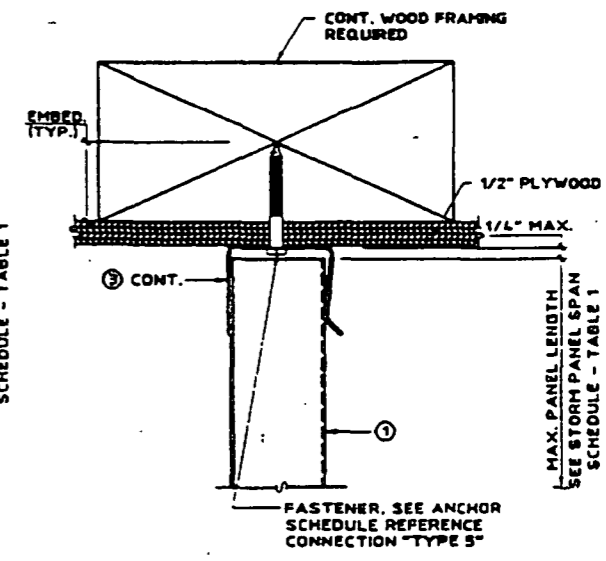
**J** WALL MOUNT SECTION (BOTTOM)  
SCALE: 3" = 1'-0"



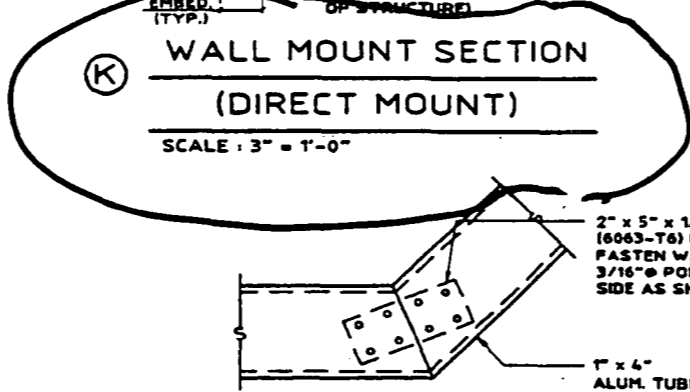
**K** WALL MOUNT SECTION (DIRECT MOUNT)  
SCALE: 3" = 1'-0"



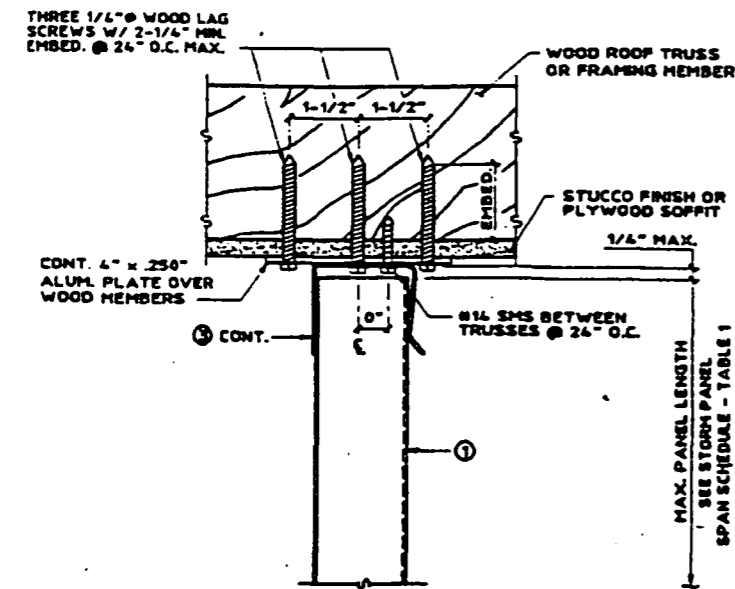
**L** WALL MOUNT DETAIL  
SCALE: 3" = 1'-0"



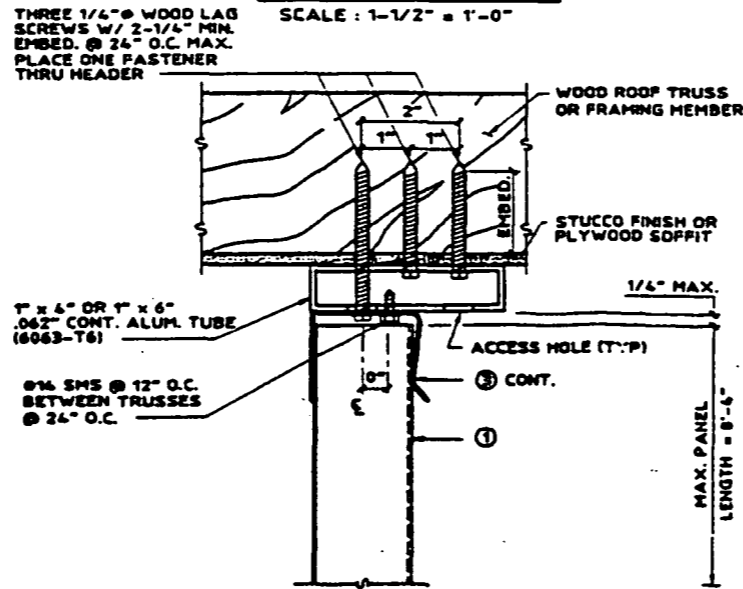
**M** SOFFIT CONNECTION DETAIL  
SCALE: 3" = 1'-0"



**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.**  
CONSULTING ENGINEERS & PRODUCT TESTING  
4511 MOKENA DRIVE SUITE 240  
MAHOPUNK, FL 33466  
PHONE: (904) 893-9571  
FAX: (904) 893-9572  
2701 W. OAKLAID PK. BLVD  
FT. LAUDERDALE, FL 33311  
PHONE: (954) 671-9500  
COPYRIGHT 1997 KNEZEVICH & ASSOCIATES, INC.

**.063" ALUMINUM STORM PANEL**  
**MADSEN MANUFACTURING CO.**  
1889 N.W. 22 ST.  
POMPANO BEACH, FL 33069  
(800) 272-2071

revisions	date	by	description
1	3/24/97	VJK	GENERAL REVISION

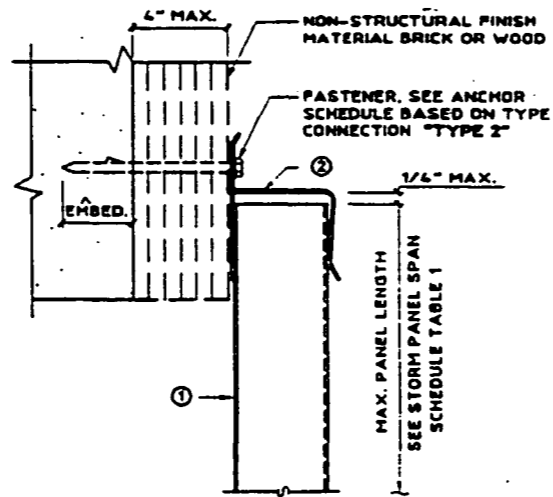
V.J. KNEZEVICH  
PROFESSIONAL ENGINEER  
FL. License No. PE 0019983

APR 10 1997

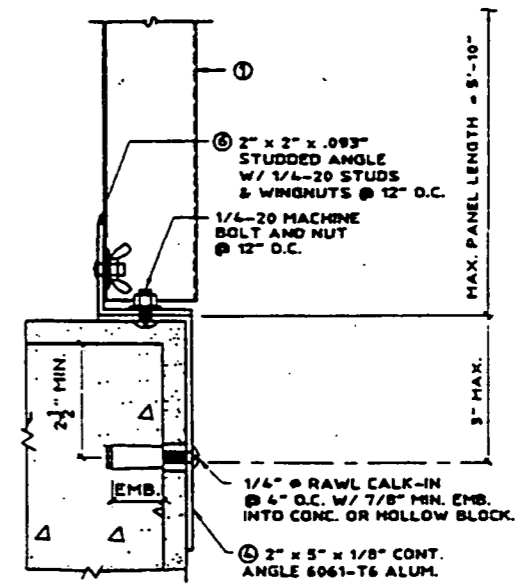
scale AS NOTED  
design-by VJK  
checked-by VJK

drawing no. 96-88  
sheet 3 of 7

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE  
DATE MAY 8 1997  
BY [Signature]  
PRODUCT CONTROL DIVISION  
BUILDING CODE COMPLIANCE OFFICE  
ACCEPTANCE NO. 96-0520-03

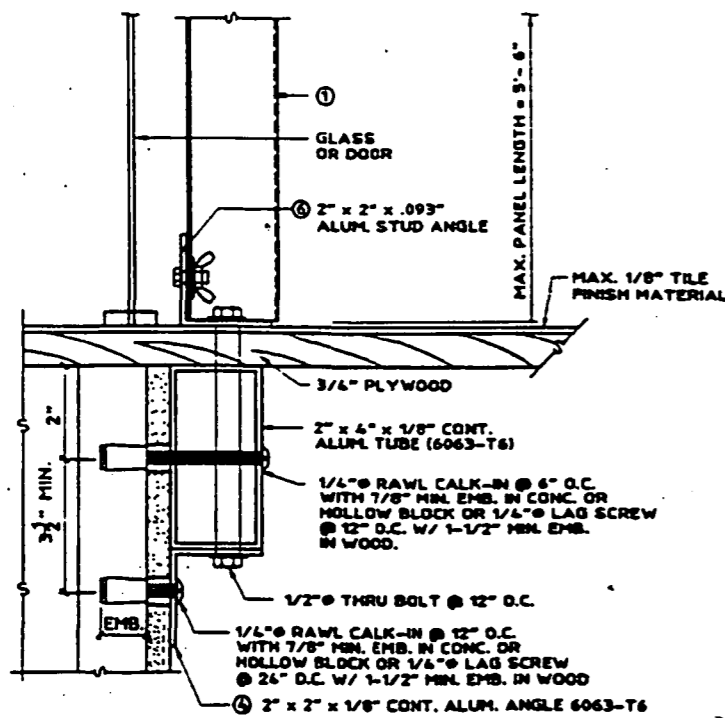


**R** WALL MOUNT  
SCALE: 3" = 1'-0"



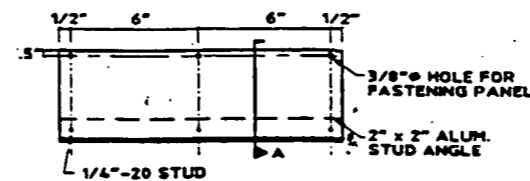
**T** EDGE MOUNT DETAIL  
SCALE: 3" = 1'-0"

NOTES: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.  
(MAX. DESIGN LOAD = 72 PSF)

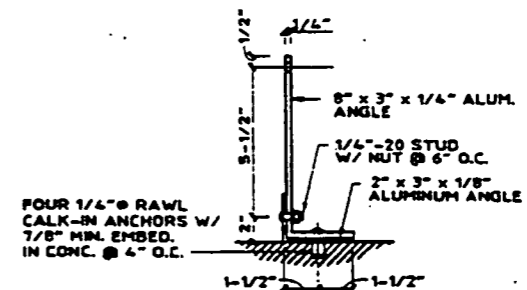


**U** "PASS THRU" DETAIL  
SCALE: 3" = 1'-0"

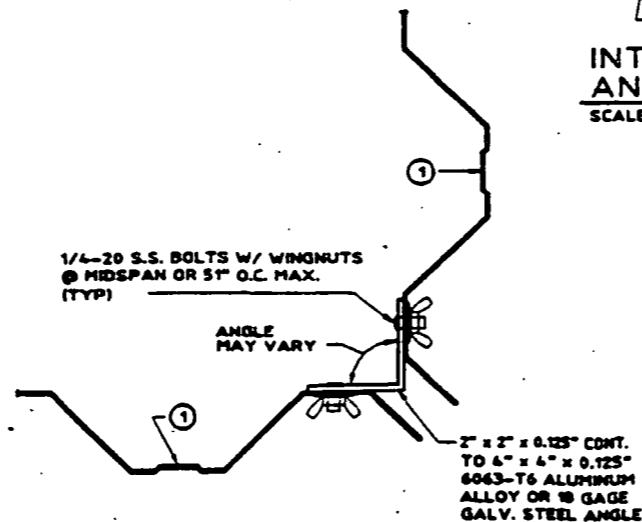
(MAX. DESIGN LOAD = 72 PSF)



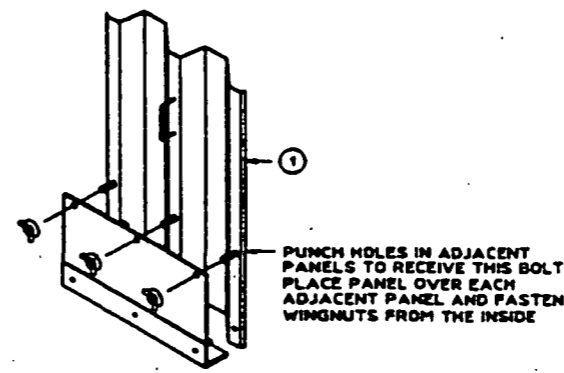
**V** INTERIOR FASTENING ANGLE ASSEMBLY  
SCALE: 1-1/2" = 1'-0"



**W** INTERIOR FASTENING ANGLE ASSEMBLY  
SCALE: N.T.S.



**X** ALT. CORNER DETAIL  
SCALE: 3" = 1'-0"



**Y** STORM PANEL INTERIOR FASTENING (ISOMETRIC)  
SCALE: 3" = 1'-0"

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE  
DATE MAY 8 1997  
BY [Signature]  
PRODUCT CONTROL DIVISION  
BUILDING CODE COMPLIANCE OFFICE  
ACCEPTANCE NO. 96-0520.03



**KNEZEVICH & ASSOCIATES, INC.**  
CONSULTING ENGINEERS & PRODUCT TESTING  
6511 POKENA DRIVE SUITE 240  
MAHOPRUNG, FL 33166  
PHONE: (305) 893-9571  
FAX: (305) 893-9572  
2701 W. OAKLAND PK. BLVD.  
FT. LAUDERDALE, FL 33311  
PHONE: (954) 677-9500  
COPYRIGHT 1997 KNEZEVICH & ASSOCIATES, INC.

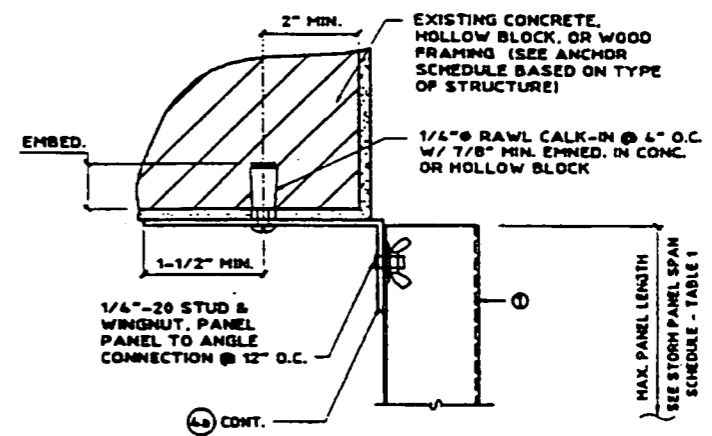
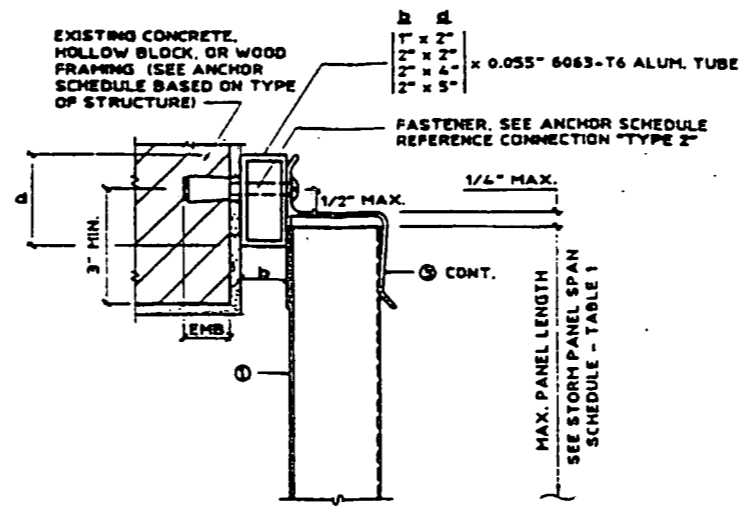
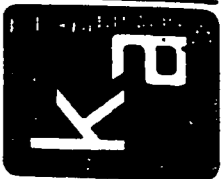
**.063" ALUMINUM STORM PANEL**  
**MADDEN MANUFACTURING CO.**  
1889 N.W. 22 ST.  
POMPANO BEACH, FL 33069  
(800) 272-2071

Revisions	date	description
1	3/24/97	GENERAL REVISION

V.J. KNEZEVICH  
PROFESSIONAL ENGINEER  
Fl. License No. PE 0010783

APR 10 1997

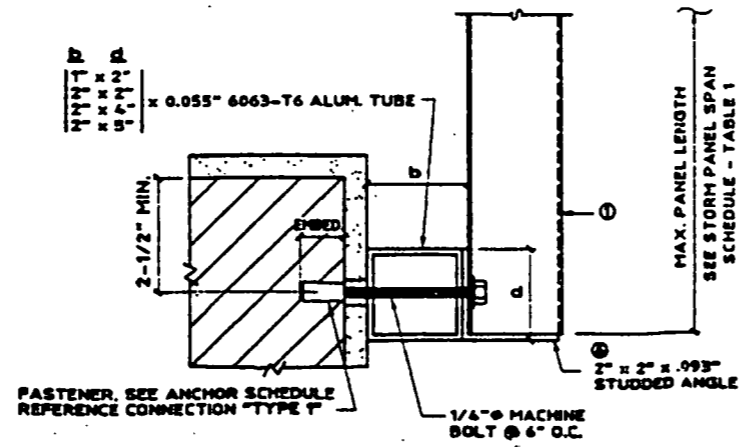
scale - AS NOTED	drawn by - [Signature]
design by - VJK	checked by - VJK
drawing no. 96-88	sheet 4 of 7



Y **HEADER MOUNT DETAIL**  
SCALE: 3" = 1'-0"

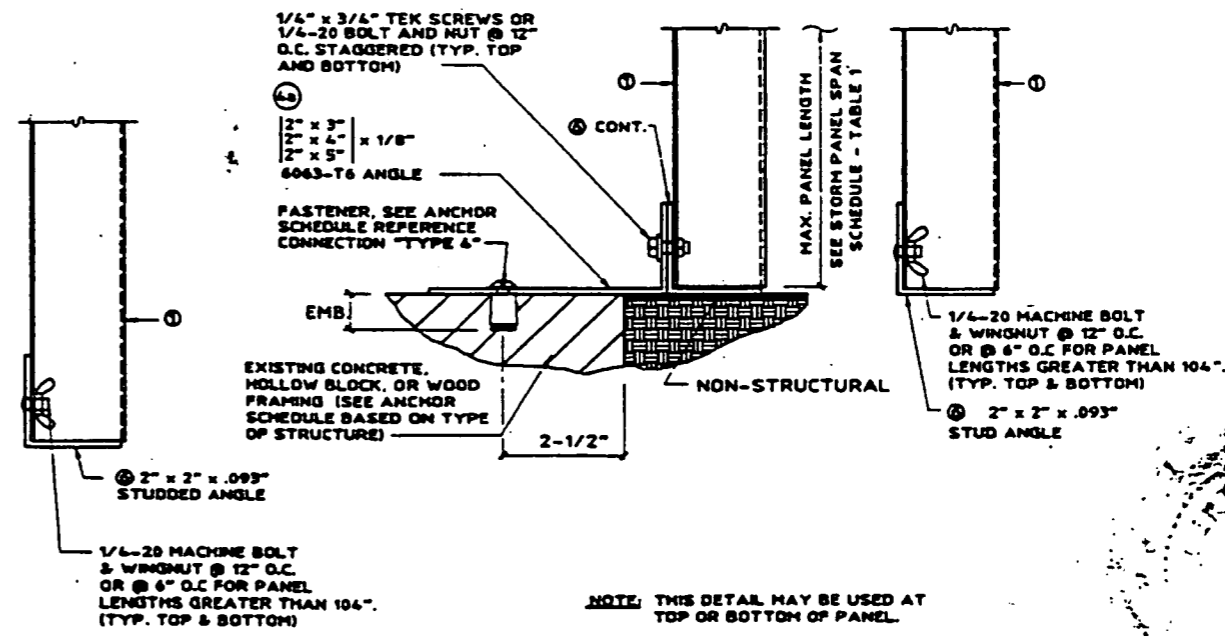
Z **ALT. TRAP MOUNT DETAIL**  
SCALE: 3" = 1'-0"

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE  
DATE MAY 8 19 97  
BY [Signature]  
PRODUCT CONTROL DIVISION  
BUILDING CODE COMPLIANCE OFFICE  
ACCEPTANCE NO. 96-0520.03



NOTE: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.

AB **2" x 2" ALUM. TUBE BUILD-OUT**  
SCALE: 3" = 1'-0"



NOTE: THIS DETAIL MAY BE USED AT TOP OR BOTTOM OF PANEL.

AC **STORM PANEL BUILD-OUT**  
SCALE: 3" = 1'-0"

**KNEZEVICH & ASSOCIATES, INC.**  
CONSULTING ENGINEERS & PRODUCT TESTING  
641 HOKENA DRIVE SUITE 240  
MAAM SPRINGS, FL 33166  
PHONE: (305) 883-9371  
FAX: (305) 883-9372

2701 W. OAKLAND PK. BLVD.  
FT. LAUDERDALE, FL 33311  
PHONE: (954) 677-9500

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**.063" ALUMINUM STORM PANEL**

**MADDEN MANUFACTURING CO.**  
1889 N.W. 22 ST.  
POMPANO BEACH, FL 33069  
(800) 272-2071

no.	date	description
1	3/2/97/VJK	GENERAL REVISION

V.J. KNEZEVICH  
PROFESSIONAL ENGINEER

FL. License No: PE 007983

APR 10 1997

date 6/22/96

scale AS NOTED  
design by VJK  
checked by VJK

drawing no. 96-88

sheet 5 of 7





**KNEZEVICH & ASSOCIATES, INC.**  
 CONSULTING ENGINEERS & PRODUCT TESTING  
 411 MCNEENA DRIVE SUITE 240  
 MAHA SPRINGS, FL 3186 FT. LAUDERDALE, FL 33311  
 PHONE: (954) 883-3511 FT. LAUDERDALE, FL 33311  
 FAX: (954) 883-9512 PHONE: (954) 877-9500  
 COPYRIGHT 1997 KNEZEVICH & ASSOCIATES, INC.

**.063" ALUMINUM STORM PANEL**  
**MADDEN MANUFACTURING CO.**  
 1889 N.W. 22 ST.  
 POMPANO BEACH, FL 33369  
 (800) 272-2071

Revisions	no	date	description
	1	12/17/97	GENERAL REVISION

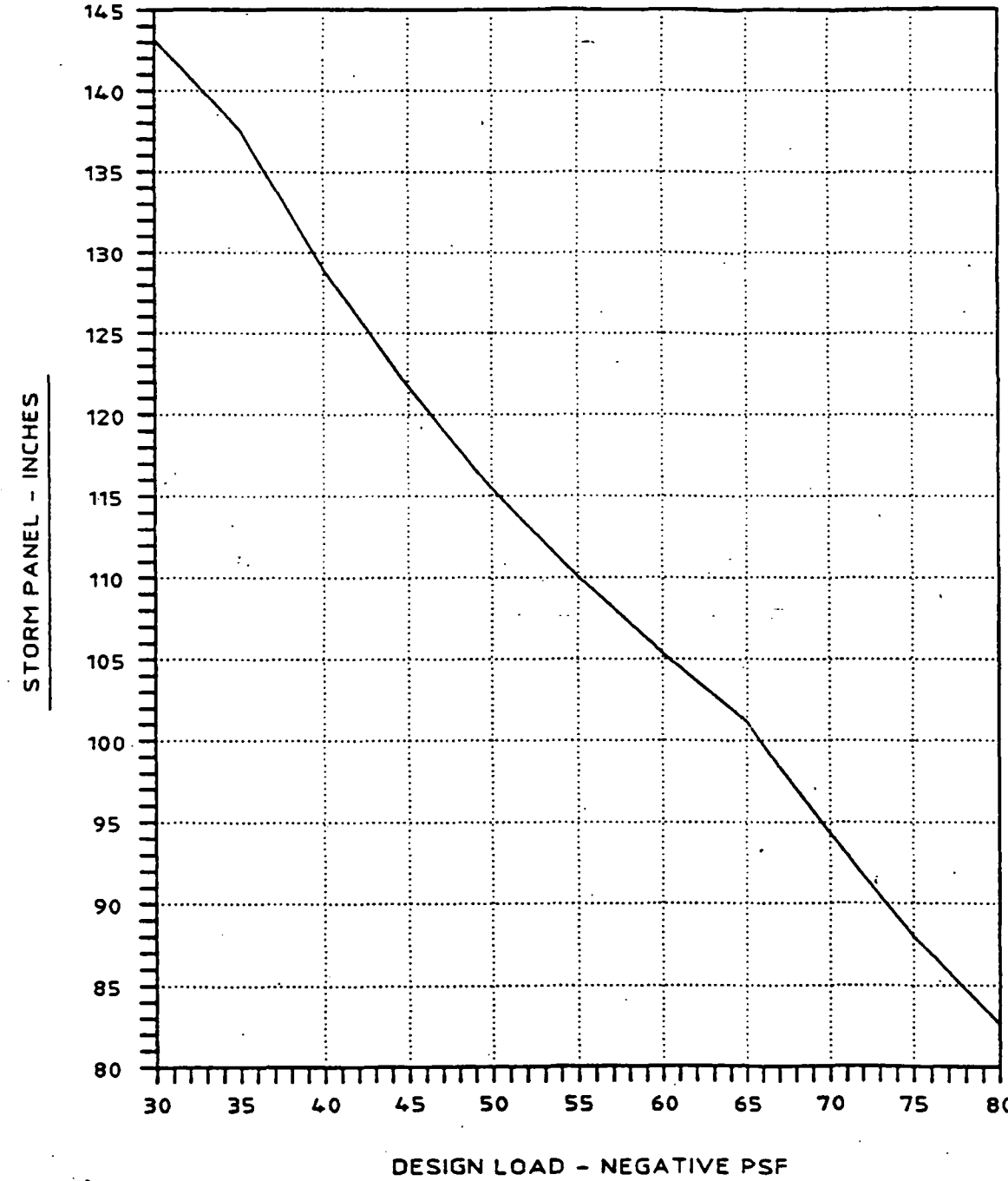
V.J. KNEZEVICH  
 PROFESSIONAL ENGINEER  
 FL License No:  
 PE 0070983

APR 10 1997

scale AS NOTED  
 design by V.J.K.  
 checked by V.J.K.

drawing no. 96-88  
 sheet 7 of 7

**PANEL SPAN-DESIGN LOAD DIAGRAM**



**TABLE 1**

STORM PANEL SPAN SCHEDULE	
NEGATIVE DESIGN LOAD W (PSF)	FOR ALL MOUNTING CONDITIONS L min. (FT-IN)
30.0	11 - 11
35.0	11 - 5
40.0	10 - 9
45.0	10 - 1
50.0	9 - 7
55.0	9 - 2
60.0	8 - 9
65.0	8 - 5
70.0	7 - 10
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**

POSITIVE DESIGN LOAD (W) (PSF)	ACTUAL SHUTTER SPAN (L) (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	2-3/8	2-3/4	1-1/8
	4 - 0	2-3/8	2-3/4	1-1/8
	5 - 0	2-3/8	2-3/4	1-1/4
	7 - 0	2-3/8	2-3/4	1-3/8
	8 - 8	2-3/8	2-3/4	1-7/8
	11 - 11	4-1/4	4-1/4	3-5/8
40.0	3 - 0	2-3/8	2-3/4	1-1/8
	4 - 0	2-3/8	2-3/4	1-1/8
	5 - 0	2-3/8	2-3/4	1-1/4
	7 - 0	2-3/8	2-3/4	1-1/2
	8 - 8	2-3/8	2-3/4	2
	10 - 9	4-1/4	4-1/4	3-1/4
50.0	3 - 0	2-3/8	2-3/4	1-1/8
	4 - 0	2-3/8	2-3/4	1-1/4
	5 - 0	2-3/8	2-3/4	1-1/4
	7 - 0	2-3/8	2-3/4	1-1/2
	8 - 8	2-3/8	2-3/4	2-1/4
	9 - 7	4-1/4	4-1/4	2-7/8
60.0	3 - 0	2-3/8	2-3/4	1-1/8
	4 - 0	2-3/8	2-3/4	1-1/4
	5 - 0	2-3/8	2-3/4	1-1/4
	7 - 0	2-3/8	2-3/4	1-1/2
	8 - 8	2-3/8	2-3/4	2-3/8
	8 - 9	4-1/4	4-1/4	3-3/8
70.0	3 - 0	2-3/8	2-3/4	1-1/8
	4 - 0	2-3/8	2-3/4	1-1/4
	5 - 0	2-3/8	2-3/4	1-1/4
	6 - 0	2-3/8	2-3/4	1-5/8
	7 - 0	2-3/8	2-3/4	2-3/4
	7 - 10	4-1/4	4-1/4	2

**NOTES:**

- ENTER TABLE 1 WITH NEGATIVE DESIGN LOAD TO DETERMINE MAX. PANEL SPAN. POSITIVE LOADS LESS THAN OR EQUAL TO THE NEGATIVE LOAD ARE ACCEPTABLE.
- ENTER TABLE 2 WITH POSITIVE DESIGN LOAD TO DETERMINE MIN. SEPARATION FROM GLASS.
- FOR DESIGN LOADS BETWEEN TABULATED VALUES, USE NEXT HIGHER LOAD OR LINEAR INTERPOLATION MAY BE USED TO DETERMINE ALLOWABLE SPANS.
- PANEL SPAN - DESIGN LOAD DIAGRAM MAY BE USED FOR INTERPOLATION OF PANEL SPANS AT A GIVEN LOAD.

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE  
 DATE MAY 8 1997  
 BY [Signature]  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE  
 ACCEPTANCE NO. 96-0520.03

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel: (561) 287-2455  
Fax: (561) 220-4765

PLAN REVIEW NOTES

SINGLE FAMILY RESIDENCE;  ADDITION;  DOCK;  POOL;  FENCE;  <sup>STORM</sup> SHUTTERS

OWNER: BRUCE LARAWAY; ADDRESS: 21 LANTANA LAKE

PROJECT ADDRESS: 15 MIDDLE ROAD; LEGAL: LOT 38 BLK \_\_\_\_\_ SUB HIGH POINT

GENERAL CONTRACTOR: FOLDING SHUTTER CORP.; LIC/GERT NO. \_\_\_\_\_

ADDRESS: 7089 HEM STREET PL., W. PALM BEACH, FL 33413; TEL 561-683-4811; FAX \_\_\_\_\_

ARCHITECT OR ENGINEER: \_\_\_\_\_; LIC/REG. No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_; TEL \_\_\_\_\_; FAX \_\_\_\_\_

Review of the application, supporting documents, plans and specifications submitted on the above project indicate the following items are required for submittal and/or revision:

4/2/00 ✓ 1. INCORRECT ENGINEERING SUBMITTALS:  
- TWO (2) COMPLETE SETS OF MIAMI-DADE CTY PROB. APPROVAL W/COMPLETE ENGINEERING (140 MPH, EXP D) RAISED SEAL/SIG. BKG (ONE SET) W/DESIGN LOADS & ALL APPLICABLE CONNECTIONS, DETAILS & COMPONENTS IDENTIFIED (BOTH SETS).

NOTE: ENG'R SUBMITTALS W/APPLICATION:  
STD. BLDG CODE 110 MPH

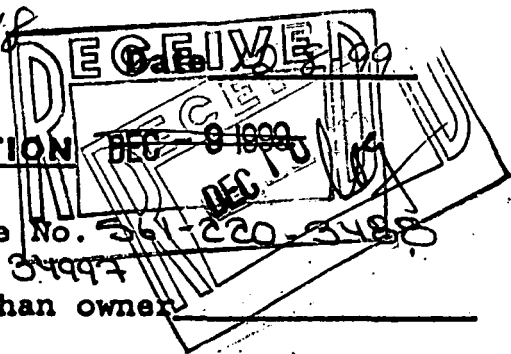
Prepared By: [Signature] Title: BLDG OFFICIAL Date: 12/17/99

Bldg. Pmt# \_\_\_\_\_

09-02-99-018

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION



Owner's Name: Bruce Laraway Phone No. 561-220-3488  
Owner's Present Address: 21 Lantana Ln. Stuart FL 34997  
Fee Simple Titleholder's Name & Address if other than owner: \_\_\_\_\_

Location of Job Site: 15 Middle Rd. Sewalls Point, FL 34995  
TYPE OF WORK TO BE DONE: Install - Storm Panels

### CONTRACTOR INFORMATION

Contractor/Company Name: Folding Shutter Corp. Phone No. 561-883-4811  
COMPLETE MAILING ADDRESS: 1089 Hemstreet Pl. West Palm Bch FL 33413  
State Registration \_\_\_\_\_ State License \_\_\_\_\_  
Legal Description of Property: Lot 38, High Point Rec Bks Pg 108  
Parcel Number: 13-38-401-002-000-003-805-0000

### ARCHITECT/ENGINEER INFORMATION

Architect: Al Farooq Phone No. 305-264-8100  
Address: 1235 SW 87th Ave Miami FL 33174  
Engineer: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_

Area Square Footage: 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 finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement: 4,249.00  
Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

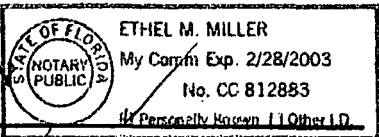
### SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

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, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, TREE REMOVAL.

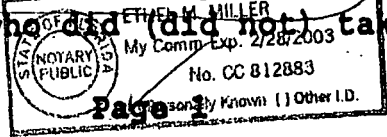
I HEREBY CERTIFY: THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS, INCLUDING FLORIDA MODEL ENERGY CODES.

### OWNER/ CONTRACTOR MUST SIGN APPLICATION



OWNER or AGENT SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this 24th day of November, 1999 by Kevin R. Hemstreet who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.

CONTRACTOR SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this 24th day of November, 1999 by Kevin R. Hemstreet who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.





99031

13-38-401-002 -000-003-805-0000  
Tax Folio No.

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

# 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.

1. Description of property: **LOT 38, HIGH POINT, ACCORDING TO THE PLAT THEREOF ON FILE IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR MARTIN COUNTY, FLORIDA RECORDED IN PLAT BOOK 3, PAGE 108; SAID LANDS SITUATE, LYING AND BEING IN MARTIN COUNTY, FLORIDA.**

2. General description of improvements: **SINGLE FAMILY RESIDENCE**

3. Owner Information:

a. Name and address: **BRUCE LARAWAY  
SUSAN LARAWAY  
21 LANTANA LANE, STUART, FL 34997**

b. Interest in property: **FREE SIMPLE**

c. Name and address of fee simple titleholder (if other than owner):

4. Contractor: **COMMERCIAL CONSTRUCTION DIVISION, INC.  
440 EAST OSCEOLA STREET, SUITE 2  
STUART, FLORIDA 34994**

5. Surety:

a. Name and Address:

b. Amount of bond: \$

6. Lender: **First National Bank and Trust Company of the Treasure Coast  
P.O. Box 9012  
Stuart, Florida 34995-9012  
ATTN: PENNY MARSTON**

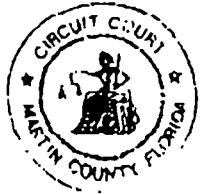
7. Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)7, Florida Statutes:

8. In addition to himself, owner designates:

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 1 year from the date of recording unless a different date is specified):

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MARSHA STILLER, CLERK  
TO Charles E. Buder, D.C.  
DATE 5-24-99



\_\_\_\_\_  
BRUCE LARAWAY

\_\_\_\_\_  
SUSAN LARAWAY

Sworn to and subscribed before me this 24 day of May, 1999.

JEANNIE AMMON  
Notary Public, State of Florida  
My Comm. Expires Feb. 10, 2000  
No. CC530422  
Bonded Thru Official Notary Service  
1-(800)-723-0121

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

(seal)

page 2  
OF 2

# 2000 ~~REVISIONS~~ Town of Sewall's Point Building Department - Inspection Log

FPI-1-21-2000

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4748	Dunn	MONO-slab	Passed	AM
	7 N. Via Lucindia	Soil Poisoning	PASSED	Hutelle
WG-AM			WG	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4527	Sealey	footers	Passed	
	37 Loftingway	HANDBALL + GARAGE	WG	
EBK-WG			ted	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	Cicoria	shutters	PASSED	Frank will call in AM to arrange a time 11:00 AM.
	126 N.S.P. Rd.			
EBK-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4620	Foreway	final	PASSED	1:50 (conf. w/owner)
	15 Middle Rd.	shutters		- RETURN PERFORMANCE w/COVER LETTER
EBK-PM				
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER:

INSPECTOR: 

DATE: 1/21/00

**6692**

**FENCE**

---

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

### TOWN OF SEWALL'S POINT

Date 4/15/04

BUILDING PERMIT NO. 6692

Building to be erected for ELWOOD

Type of Permit FENCE

Applied for by STUART FENCE (Contractor)

Building Fee 30.00

Subdivision HIGH POINT Lot 38 Block \_\_\_\_\_

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

Address 15 MIDDLE ROAD

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

Type of structure FENCE

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

Parcel Control Number:  
1338410020000038050000

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

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

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

Amount Paid 30.00 Check # 1423 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 2479.00 TOTAL Fees 30.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

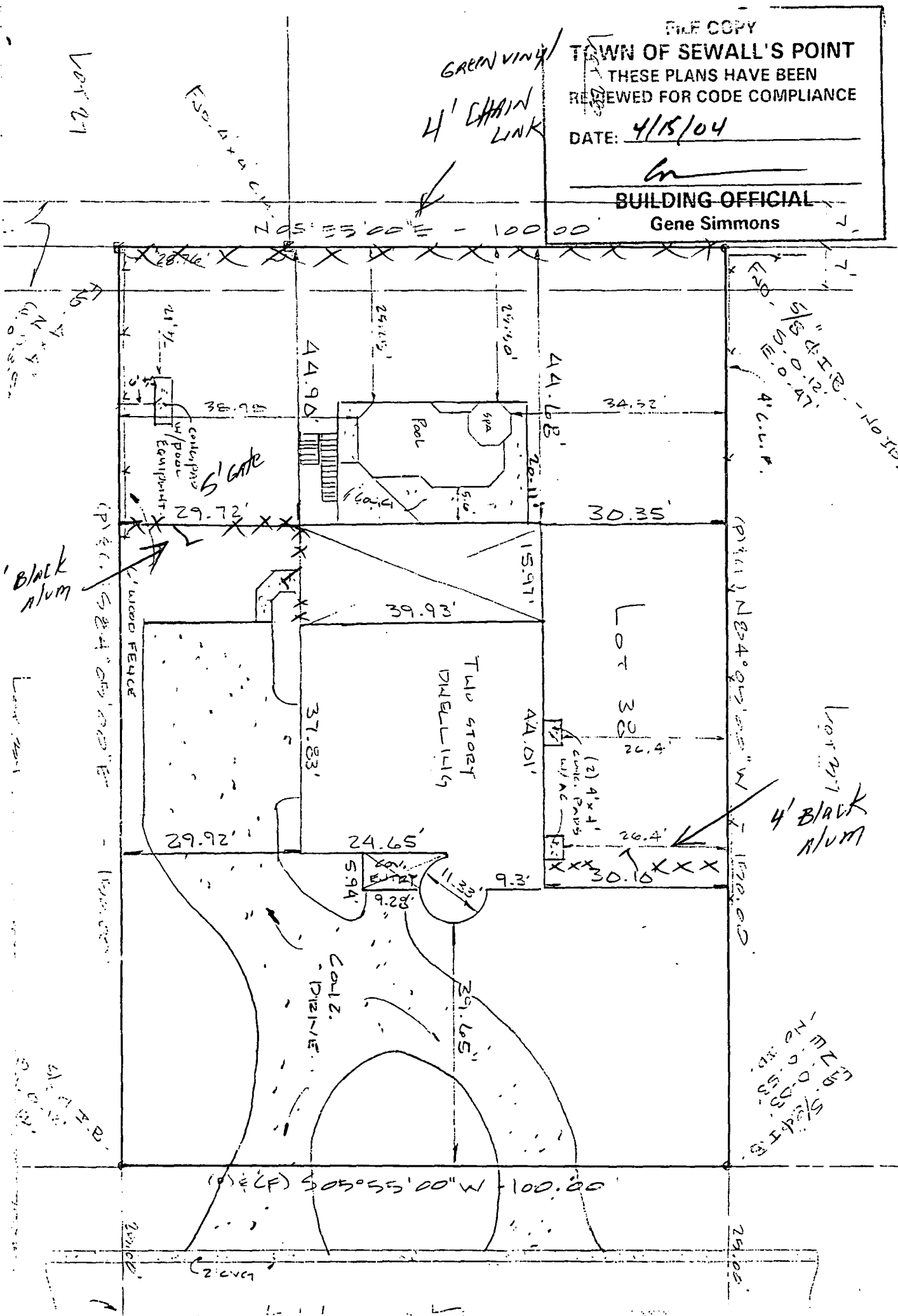
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|---|--|---|
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| <input type="checkbox"/> PLUMBING         | <input type="checkbox"/> ROOFING             | <input type="checkbox"/> POOL/SPA/DECK    |
| <input type="checkbox"/> DOCK/BOAT LIFT   |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

## INSPECTIONS

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

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 4/15/04

*Gene Simmons*  
 BUILDING OFFICIAL  
 Gene Simmons



Lot 21

GREEN VINYL  
 4" CHAIN LINK

5/8" D.I.B. - No IS.  
 4" C.U.P.

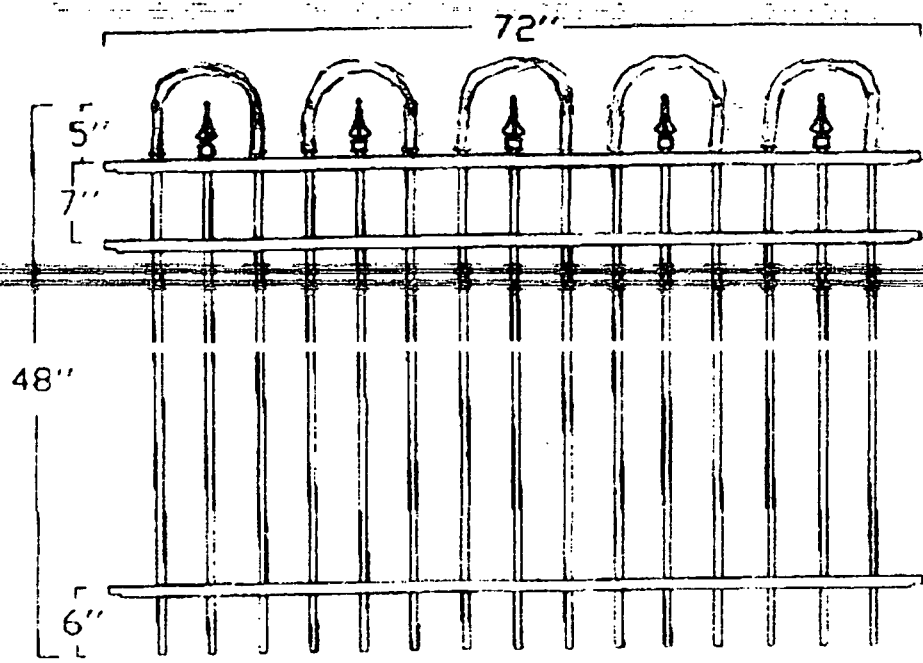
4" Black Alum

Lot 21  
 4" Black Alum

5/8" D.I.B. - No IS.  
 4" C.U.P.

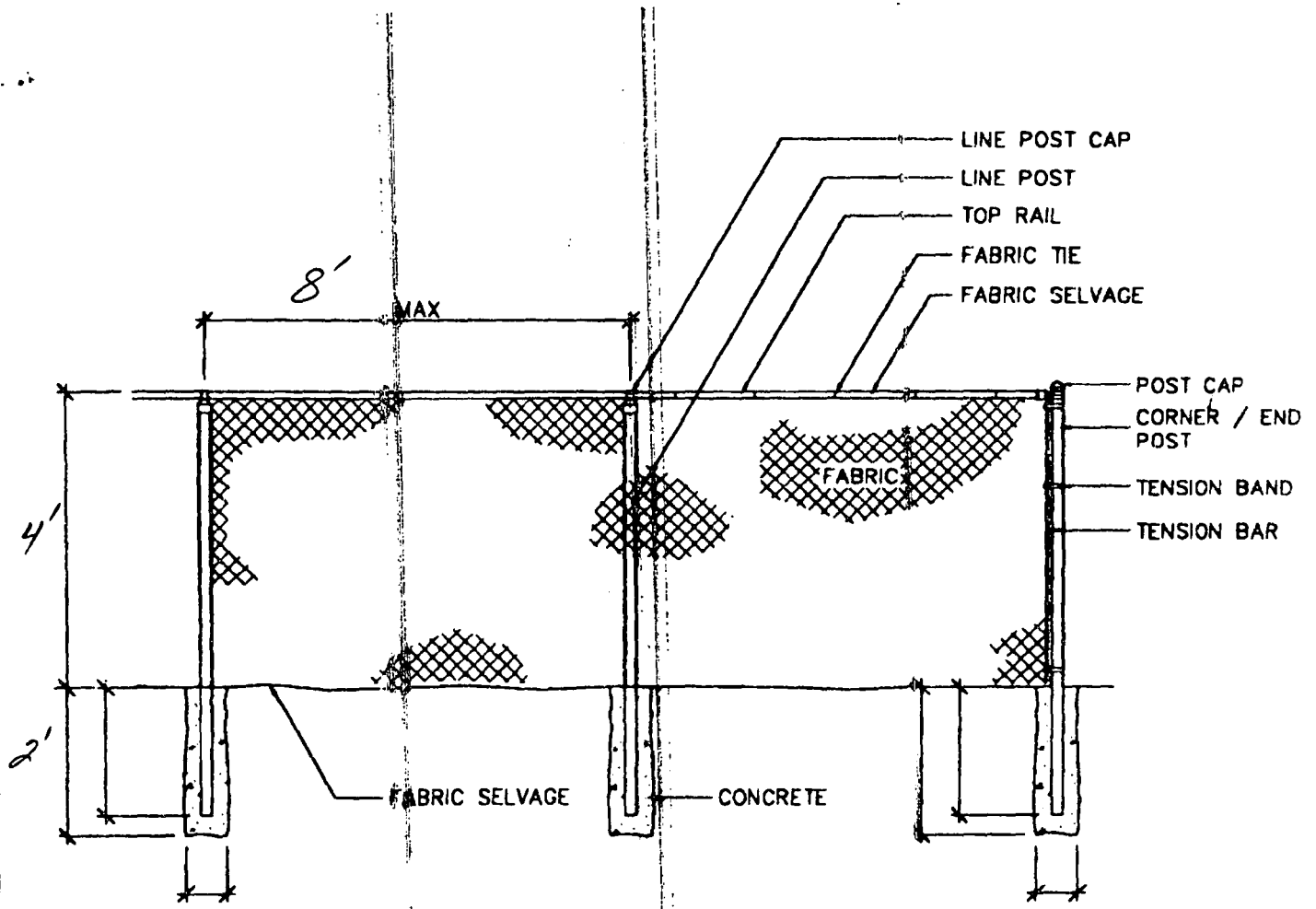
(S) (CF) S 05° 55' 00" W - 100.00'

PICKETS 5/8" SQ. X .050  
RAILS TOP WALL 1 1/16" X .062  
SIDE 1" X .072



FAX NO. : 4073333885

FROM IDEAL



## CHAIN LINK FENCING DETAIL

RECEIVED

APR 14 2004

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

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

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

OWNER/TITLEHOLDER NAME: Steve Elwood Phone (Day) 220-0375 (Fax) \_\_\_\_\_

Job Site Address: 15 MIDDLE RD City: Sewall's Point State: FL Zip: 34996

Legal Description of Property: Lot 38 High Point Parcel Number: 13-38-41-002-0000 38 05 0000

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

Description of Work To Be Done: INSTALL 75' of 4' HIGH ALUM FENCE & GATES

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

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: 2826 SE IRIS ST City: STUART State: FL Zip: 34995

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

COST AND VALUES: Estimated Cost of Construction or Improvements: 2479 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION**

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECT/ESC 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 DUCKS, 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) \_\_\_\_\_

CONTRACTOR SIGNATURE (required) \_\_\_\_\_

State of Florida, County of: MARTIN

On State of Florida, County of: MARTIN

This the 15th day of APRIL 2004

This the 12 day of APRIL 2004

by STEVEN JELWOOD who is personally EXP

by CHESTER RICHMOND who is personally

known to me or produced by Janis L. Loudin 8/17/04

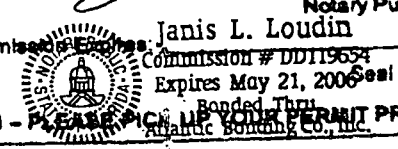
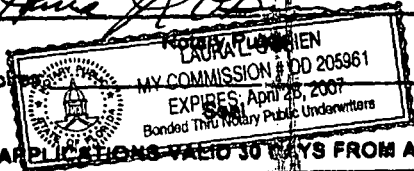
known to me or produced by \_\_\_\_\_

as identification. \_\_\_\_\_

As identification. \_\_\_\_\_

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

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



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



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/21/03

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

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

**INSURERS AFFORDING COVERAGE**

INSURER A: NATIONAL INSURANCE CO  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**RECEIVED**  
NAIC  
BY: [Signature]  
8/21/03

**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.

PROD LTR	ADDL INFO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	BINDER 03GL014	08/18/03	08/18/04	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ INC GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ INC
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

**CERTIFICATE HOLDER**  
TOWN OF SEWELLS POINT  
1 SOUTH SEWELLS POINT RD.  
SEWELLS POINT, FL 34996  
  
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  
[Signature]

RECEIVED  
DEC 16 2003  
BY:

09-12-2003

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	08/21/2003	EXPIRATION DATE	08/20/2005
PERSON	RICHMOND	CHESTER	J
SSN	046-48-7885		
FEIN	861077639		
BUSINESS	STUART FENCE COMPANY, INC. P O BOX 2636 STUART	FL	34995

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

RECEIVED  
 JUL 21 2003  
 BY:



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Licensing Board**  
**Certificate of Competency**

**FENCE ERECTION**

License Number CFE3584 Expires: 30-SEP-04  
 RICHMOND, CHESTER J III  
 STUART FENCE & WIRE  
 4604 SE MANATEE LN  
 STUART, FL 34997

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

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
 (772) 289-6604

2004-518-003 CFE3584  
 (772) 519-6263 444.00  
 4604 SE MANATEE LANE MA

**CHARACTER COUNTS IN MARTIN COUNTY**

PROPERTY	.00	EX. TAX	25.00
SALES	.00	DUNAGES	.00
INDEMNITY	.00	CON. TAX	.00
SALES	.00	FRANCHISE	.00
TOTAL			25.00

FENCE ERECTION

19 AUGUST 03  
 ENDING SEPTEMBER 2004

RICHMOND, CHESTER, QUALI  
 STUART FENCE COMPANY INC  
 4604 SE MANATEE LANE  
 STUART FL 34997

RECEIPT OF PAYMENT

6818  
 LARRY C. O'STEEN  
 990839080154902  
 2003  
 X31/99006100700208  
 625.00

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JULY 21<sup>st</sup>, 2004 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6810	JONES	KITCHEN ELEC	FAIL	
11	19 PALMETTO DR	PUMP ROOM	FAIL	INSPECTOR:
	O/B	FR. ROOM	FAIL	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	"	TIE BEAMS	FAIL	
11	"	TRUSS	FAIL	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6419	MENDOZA	INSULATION	PASS	
1	144 S. SEWALLS PT			INSPECTOR:
	MASTER PLAN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6577	LANGER	SWIMMING POOL	FAIL	
8	3 LOFTING WAY	POOL STEEL		INSPECTOR:
	OLYMPIC POOLS	DECK		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6607	FOWLER	KITCHEN RE-FINISH	PASS	CLOSE
6	18 FIELDWAY			INSPECTOR:
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6692	ELWOOD	FENCE	PASS	CLOSE
2	15 MIDDLE RD.			INSPECTOR:
	STUART FENCE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6476	CUIELLO	PARTIAL LATH	PASS	
7	31 FIELDWAY			INSPECTOR:
	O/B			

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

**7316**

**FILL**

---

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

### TOWN OF SEWALL'S POINT

Date 2/16/05

BUILDING PERMIT NO. 7316

Building to be erected for ELWOOD

Type of Permit FILL

Applied for by ALPHA-ZETA ENTERPRISES(Contractor)

Building Fee 35.00

Subdivision HIGH POINT Lot 38 Block \_\_\_\_\_

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

Address 15 MIDDLE ROAD

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

Type of structure SFR

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

Parcel Control Number:

13384100200000038050000

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

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

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

Amount Paid 35.00 Check # 14023 Cash \_\_\_\_\_

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

Total Construction Cost \$ 115.00

TOTAL Fees 35.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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

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

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

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

Date: 2/04/05

OWNER/TITLEHOLDER NAME: STEVE ELWOOD Phone (Day) \_\_\_\_\_ (Fax) N/A

Job Site Address: 15 MIDDLE ROAD City: Sewall's Point State: FL Zip: 34996

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

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

Description of Work To Be Done: Remove SOIL + Replace CENTER DRIVEWAY PLANTER

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1115<sup>00</sup>  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ N/A

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: N/A

CONTRACTOR/Company: ALPHA - ZETA ENTERPRISES Phone: 283-4123 Fax: 219-0542

Street: 1131 SW 32<sup>ND</sup> STREET City: PALM CITY State: FLA Zip: 34990

State Registration Number: \_\_\_\_\_ State Certification Number: C93-70 Martin County License Number: \_\_\_\_\_

SUBCONTRACTOR INFORMATION: N/A

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

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

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

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

ARCHITECT N/A Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER N/A Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC N/A 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)  
Steve Elwood

State of Florida, County of MARTIN

This the 3rd day of FEBRUARY, 2005

by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification

Notary Public

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

CONTRACTOR SIGNATURE (required)  
Charles P. Smith IV

On State of Florida, County of MARTIN

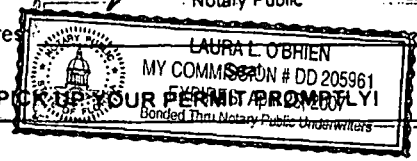
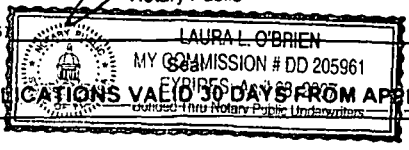
This the 3rd day of FEBRUARY, 2005

by Charles P. Smith who is personally known to me or produced FLD 853005 59147-0 as identification

Notary Public

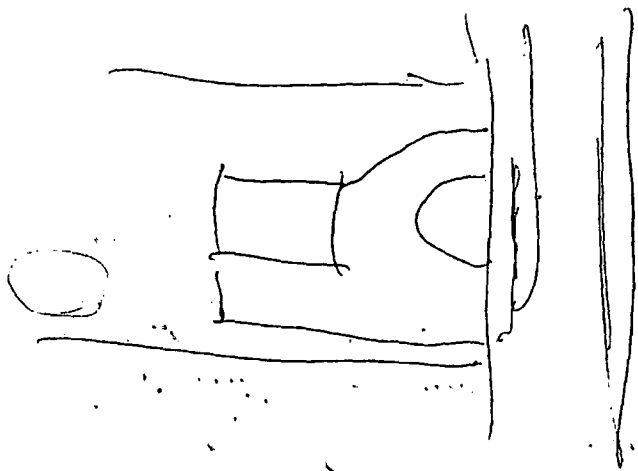
My Commission Expires \_\_\_\_\_

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



Buck  
march 15<sup>th</sup>

+ 2 "surveys"  
to show where  
fill will be placed  
(berm/swaled  
appropriately)  
(len)





# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CA  
ALPHA-1

DATE (MM/DD/YYYY)  
02/04/05

**PRODUCER**

R. V. Johnson Agency, Inc. (JK)  
2041 S.E. Ocean Blvd.  
Stuart FL 34996  
Phone: 772-287-3366 Fax: 772-287-4439

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**

Alpha Zeta Enterprises Inc  
Chuck or Sharon  
1131 SW 32nd St  
Palm City FL 34990

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURER A:	Southern Owners Insurance	10190
INSURER B:	Auto-Owners Insurance Co	18988
INSURER C:	FFVA Mutual Insurance Co.	
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.

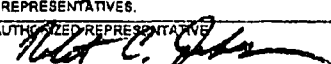
INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20575847	06/10/04	06/10/05	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GENL. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC.				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	9678989600	11/04/04	11/04/05	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED W/THIS AGENCY			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 \$	NOT COVERED W/THIS AGENCY			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC8400015454-2004	08/11/04	08/11/05	<input checked="" type="checkbox"/> STATE STATUTORY LIMITS <input type="checkbox"/> OTHER
					E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000
A	Property Section	20575847	06/10/04	06/10/05	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 30 days notice of cancellation for workers compensation coverage.  
 Companies have the option to cancel 10 days for non-payment.

**CERTIFICATE HOLDER**

**CANCELLATION**

TOWNS-1  
  
Town of Sewalls Point  
1 S. Sewalls Point Road  
Sewalls Point FL 343996

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  




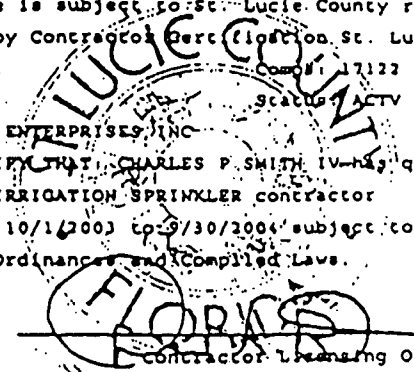
MARTIN COUNTY, FLORIDA  
Construction Industry Licensing Board  
Certificate of Competency

IRRIGATION SPRINKLERS

License Number SP02764 Expires: ~~30-SEP-05~~

SMITH, CHARLES P  
ALPHA-ZETA ENTERPRISES INC  
1131 SW 32 ST  
PALM CITY, FL 34990

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



DBA: ALPHA-ZETA ENTERPRISES, INC  
THIS IS TO CERTIFY THAT CHARLES P. SMITH IV has qualified as a certified IRRIGATION SPRINKLER contractor for period from 10/1/2003 to 9/30/2004 subject to St. Lucie County Code of Ordinances and Complied Laws.

Date: 09/11/03

Contractor Licensing Official

2003-2004 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(772) 288-8604

LICENSE: 1996-267-045 CERT. NO. 000782  
PHONE: (361) 283-4123  
LOCATION: 1131 SW 32ND ST PC

CHARACTER COUNTS IN MARTIN COUNTY

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



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

LANDSCAPE/IRRIGATION

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

SMITH, CHARLES P. CHUCK  
ALPHA-ZETA ENTERPRISES  
1131 SW 32ND ST  
PALM CITY FL 34990

1997-00367

STATE OF FLORIDA  
PALM BEACH COUNTY

OCCUPATIONAL LICENSE

EXPIRES: SEPTEMBER - 30 - 2005

OS-012

CLASSIFICATION

ALPHA ZETA ENTERPRISES INC  
SMITH CHUCK

\*\* LOCATED AT

1131 SW 32ND STREET  
PALM CITY FL 34990-3464

CNTY \$31.50

TOTAL \$31.50

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of

LANDSCAPING

THIS IS NOT A BILL - DO NOT PAY

PAID: PBC TAX COLLECTOR  
\$31.50 OCC 049 46506 09-20-2004

JOHN K. CLARK, CFC  
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY  
TAX COLLECTOR



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/22, 2007 05 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>731</del>	<del>ELWOOD</del>	<del>FINAL</del>	<del>PASS</del>	<del>Close</del>
2	15 MIDDLE RD ALPHA ZETA			INSPECTOR: <i>[Signature]</i>
7485	ENGLE	Dry-IN	FAIL	
4	14 PALM ROAD PHOENIX CONCRETE			#42 INSPECTOR: <i>[Signature]</i>
7262	HB ASSOC - SABOURIN	ELEC WALL PART	PASS	
21	3760 SE OCEAN KIRCHMAN	FRAMING MECHANICAL	PASS PASS	INSPECTOR: <i>[Signature]</i>
Tree	CONROY	TREE	PASS	
8	126 S. SEWALL'S			INSPECTOR: <i>[Signature]</i>
7195	THOMPSON	FRAMING	PASS	
6	179 S. RIVER RD FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
7352	MESSARD	FENCE FINAL	PASS	Close
20	11 OAK HILL WAY STUART FENCE			INSPECTOR: <i>[Signature]</i>
7446	MACCALLUM	FINAL GARAGE 1002	PASS	Close
19	3 QUAIL RUN LA BROKEN GARAGE			INSPECTOR: <i>[Signature]</i>

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

**8641**

**REPAIR FLAT ROOF**

---



**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:	8641	DATE ISSUED:	JUNE 29, 2007
SCOPE OF WORK:	REPAIR FLAT ROOF & TOP COAT		
CONTRACTOR:	LIFETIME ROOFS		
PARCEL CONTROL NUMBER:	133841002000003805	SUBDIVISION	HIGH POINT - LOT 38
CONSTRUCTION ADDRESS:	15 MIDDLE RD		
OWNER NAME:	HUSTED		
QUALIFIER:	MILO OLSON	CONTACT PHONE NUMBER:	286-1882

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

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

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

### INSPECTIONS

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

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

RECEIVED

Town of Sewall's Point

BUILDING PERMIT APPLICATION

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

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

OWNER/TITLEHOLDER NAME: DANIEL S HOSTED Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 15 MIDDLE RD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HIGH POINT LOT 38 ON 340/2630 Parcel Number: 13-38-41-002-000-00360-5

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

Scope of work: REPAIR 400 SQ FT FLAT ROOF

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:

Estimated Value of Construction or Improvements: \$ 213,425.00  
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ 89,500  
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: STEVE DUDINE PROPERTY APP.

CONTRACTOR/Company: LIFETIME ROOFS & LOGS Phone: 286-1982 Fax: 286-1912

Street: 3901 COMMERCE AVE City: STUART State: FL Zip: 34997

State Registration Number: \_\_\_\_\_ State Certification Number: 001226262 Municipally License Number: \_\_\_\_\_

ARCHITECT: N/A Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER: N/A 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: \_\_\_\_\_

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

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-85.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 106.4.1, 106.4.1.1 - .5.

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.

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)

State of Florida, County of: MARTIN

This the 27 day of JULY, 2007

by DANIEL HOSTED who is personally

known to me or produced PASSPORT

as identification. 2002006604

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

CONTRACTOR SIGNATURE (required)

State of Florida, County of: MARTIN

This the 26 day of JULY, 2007

by MILLO OLSON III who is personally

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

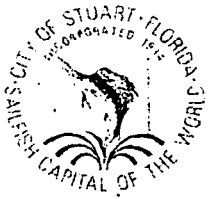
as identification. \_\_\_\_\_

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

Notary Public - State of Florida  
My Commission Expires Apr 25, 2007  
Heather L. Cook  
Notary Public

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.34). APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 90 DAYS. FBC 105.33 - PLEASE PICK UP PERMITS WITHIN 90 DAYS.

HEATHER L. COOK  
Notary Public - State of Florida  
My Commission Expires Apr 25, 2009  
Commission # DD 422471  
Bonded By National Notary Assn.



# Notice of Commencement

## To Whom It May Concern:

The undersigned hereby informs all concerned that improvements will be made to certain real property and in accordance with section 713.13 of the Florida Statutes; the following information is stated in this NOTICE OF COMMENCEMENT.

Legal Description of property (include street address if available):

15 MIDDLE RD. STUART, FL 34996  
HIGH POINT LOT 38 OR 340/2630

General Description of improvements:

REPAIR + TOP COAT FLAM ROOF

Owner DANIEL HUSTED  
Address 15 MIDDLE RD STUART, FL 34996  
Interest in site of the improvement: \_\_\_\_\_

Fee Simple Title holder (if other than owner)  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Contractor LIFETIME ROOFS + CONSULTING  
Address 4490 SE CHERI CT, STUART, FL 34997

Surety (if any) \_\_\_\_\_  
Address \_\_\_\_\_ Amount of bond \$ \_\_\_\_\_

Any person making a loan for the construction of the improvements:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

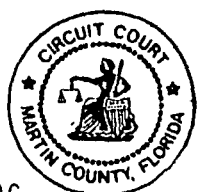
Person within the State of Florida designated by owner upon who notices or other documents may be served:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (h), Florida Statues. (Fill in at Owner's Option).  
Name \_\_\_\_\_  
Address \_\_\_\_\_

This space for recorder's use only.

STATE OF FLORIDA  
MARTIN COUNTY

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



BY [Signature] D.C.  
DATE 6-27-07

[Signature]  
Owner

Sworn to and subscribed before me this 13 day of June, 2007.

[Signature]  
LINDA R. FOSTER  
Notary Public - State of Florida  
My Commission Expires Nov 28, 2010  
Commission # DD 578755  
Bonded By National Notary Assn

INSTR. # 2022354 - OR - BK - 02239 - PG 0696 - RECD 06/27/2007 - 01:28:06 PM  
Pg 0696 (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
06/26/2007

**PRODUCER**  
KIRBY ROTH INSURANCE, INC.  
127 NORTH 6TH ST.  
P.O. BOX 447  
SEWARD, NE 68434

Serial # 101055

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**  
LIFETIME ROOFS & CONSULTING LLC  
4490 SE CHERI CT  
STUART, FL 34997

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: CENTURY SURETY 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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDTL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	CCP423378	6/12/06	07/12/07	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV BIJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMPROP AGG \$ 2000000	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<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				30DLY INJURY (Per person)	\$
		<input type="checkbox"/> ANY AUTO				BCDILY INJURY (Per accident)	\$
		<input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGG	\$
		<input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				AGGREGATE	\$
		OTHER					\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS**

LIFETIME ROOFS AND CONSULTING LLC  
QUALIFIERS NAME: MILO OLSON

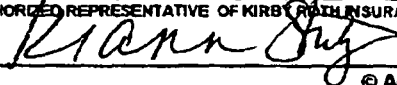
**CERTIFICATE HOLDER**

TOWN OF SEWALL'S POINT  
1 S. SEWALL'S POINT RD  
SEWALL'S POINT, FL 34996

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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 OF KIRBY ROTH INSURANCE, INC.



<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE(MM/DD/YY) 6/26/07
<b>Producer</b>  Providence Property & Casualty 8000 Warren Parkway, Bldg. 3, Ste 300 Frisco, TX 75034	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>Insured</b>  Howard Leasing, Inc. U/G/F Life Time Roots & Consulting, Inc 6302 Manatee Avenue, Ste. K Bradenton FL 34209	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Providence Property and Casualty I	28711
	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.

INSTR. LTR.	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
		<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
		<b>GARAGE LIABILITY</b> ANY AUTO				BODILY INJURY (Per person)	\$
		<b>EXCESS LIABILITY</b> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE  RETENTION \$				BODILY INJURY (Per accident)	\$
<b>A</b>		<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>NO</b> If yes, describe under SPECIAL PROVISIONS below	WC0100105-107	3/01/07	3/01/08	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	X WC STATUTORY LIMITS OTH ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYER \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER					

**DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Workers' compensation coverage is provided by contract to all employees of Howard Leasing, Inc. assigned to Life Time Roots & Consulting, Inc. Coverage does not apply to any employees not approved and assigned by Howard Leasing, Inc. to Life Time Roots & Consulting, Inc effective 03/21/2007

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED, INSURER LETTER:</b>	<b>CANCELLATION</b>
Town of Seawall's Point 1 S Seawall Point Rd Seawall's Point, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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

AC# 2738764

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06082201225

DATE	BATCH NUMBER	LICENSE NBR
08/22/2008	068007753	CCC1326262

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2008

OLSON, MILO  
LIFETIME ROOFS & CONSULTING L L C  
4490 SE CHERI COURT  
STUART FL 34997

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

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

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

LICENSE ~~2005-513-0024~~ CERT ~~QB37390~~  
PHONE ~~(772) 286-1882~~ SIC NO ~~233210~~

LOCATION:  
4490 SE CHERI CT STU

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



RECEIPT of PAYMENT  
LARRY C. O'STEEN  
99 09/19/2006 NORMA  
20060005130002  
002 2006 0014869  
LIFETIME ROOFS & CO

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **GENERAL CONST/ROOFING**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF SEPTEMBER 06  
AND ENDING SEPTEMBER 30 2007

LIFETIME ROOF & CONSULTING, LLC  
LIFETIME ROOFS & CONSULTING, LLC  
SON MILO QUALIFYER (CCC1326262)  
4490 SE CHERI CT  
STUART FL 34997



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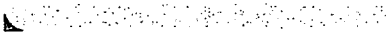
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**Public Services**

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

**User Services**

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed



[Term Glossary](#)

[Online Help](#)

**Licensee Details**

**Licensee Information**

**Name:** **LIFETIME ROOFS & CONSULTING L L C (P Name)**  
**(DBA Name)**

**Main Address:** **4490 SE CHERI COURT**  
**STUART Florida 34997**

**County:** **MARTIN**

**License Mailing:**

**LicenseLocation:**

**License Information**

**License Type:** **Construction Qualified Business**

**Rank:** **Qualified Org**

**License Number:** **QB37390**

**Status:** **Current**

**Licensure Date:** **01/11/2005**

**Expires:** **08/31/2007**

**Special Qualifications** **Qualification Effective**

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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

RE-ROOF PERMIT CERTIFICATION

PERMIT #

CONTRACTOR'S NAME: LIFETIME ROOFS PHONE #: 286-1682 FAX: 286-1912

OWNER'S NAME: DANIEL HUSTED

CONSTRUCTION ADDRESS: 15 MIDDLE RD CITY: SEWALL STATE: FL

RE-ROOF: RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL \*\* - REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES

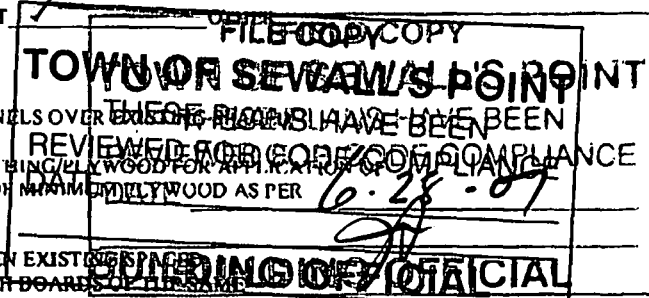
\*\* DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

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

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT

ROOF PITCH: 5/12 SLOPE

ROOF DECK: \* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING ROOF)
RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".
SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SHEATHING BOARD MAY BE FILLED-IN WITH BOARD OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".
EXISTING DECK TO REMAIN/REPAIRED



EXISTING ROOF COVERING: ALUSA EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: ALUSA

MANUFACTURER: CLAY FOREVER PRODUCT NAME: ALUSA PRODUCT APPR #: 05-0901-07

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

\*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER NONE

RIDGE VENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: REPAIR OF FLAT ROOF TOP COAT FLAT ROOF

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

SIGNATURE OF CONTRACTOR: [Signature] DATE: 6/26/07



**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

**ROOFING MATERIAL LIST**

NO	MATERIAL	QUANTITY	UNIT	REMARKS
0	GAF Timberline 30 shingles	25	SQ	EXAMPLE
90	pcs of Pan <sup>3</sup> cap Altusa Clay tile	90	.8 <del>#</del>	
3	Mortar bags	3	1 <del>#</del>	
1	Poly Foam Pro-Pack	1	1 <del>#</del> plus	
200	#9 2 3/8 Tile screws	200	1 <del>#</del>	
6	gallons GAF TOPcoat <sup>(TM)</sup>	6	6 <del>#</del>	
1	gallon GAF Seamcoat <sup>TM</sup>	1	6 <del>#</del>	
4	gallons GAF Primer MV Plus for topcoat.	4	6 <del>#</del>	
1	roll TU-Plus (Polystyrene)	1	2 <del>#</del>	

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

HOMEOWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 PHONE \_\_\_\_\_

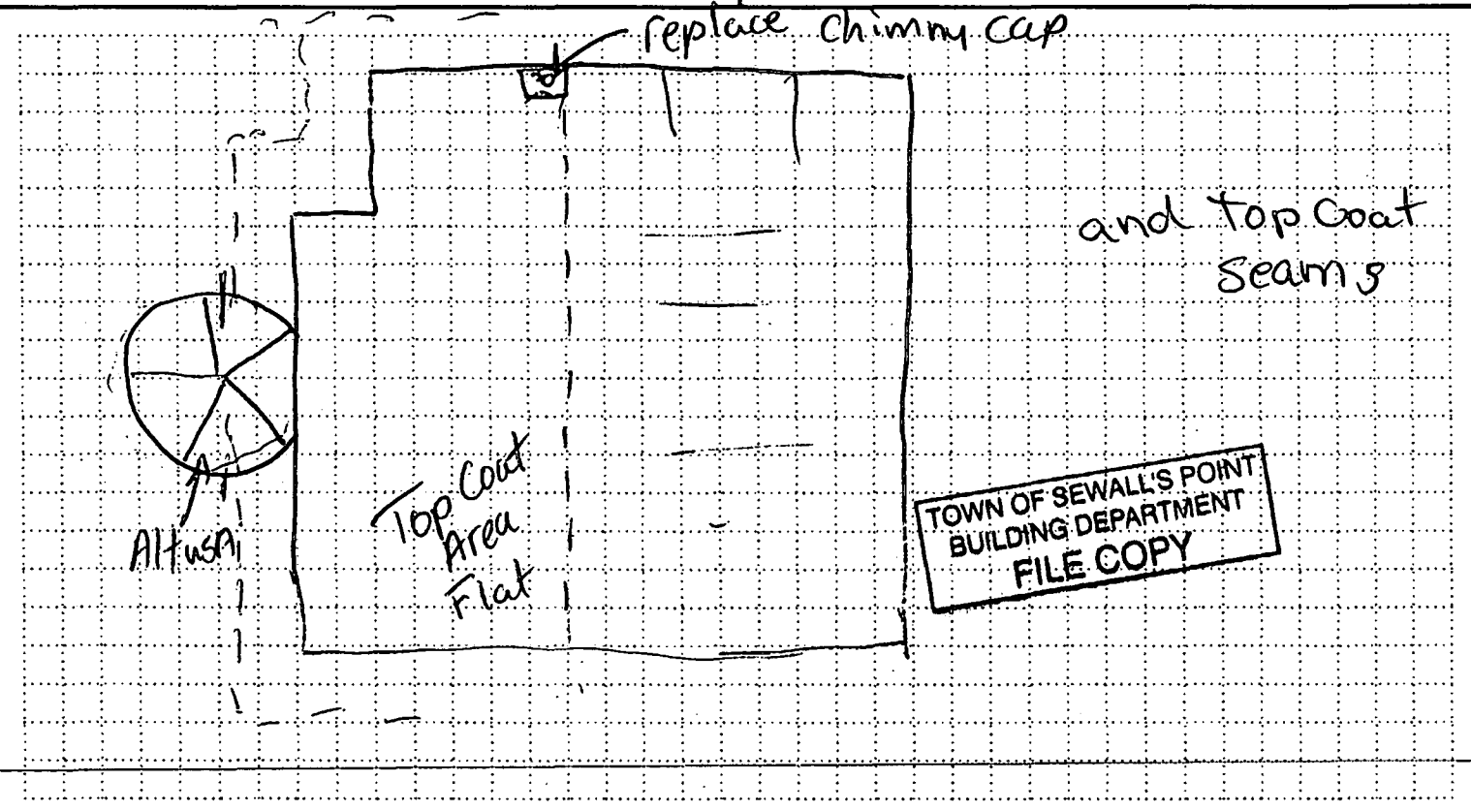
DATE \_\_\_\_\_  
 INS. CO. \_\_\_\_\_  
 ADJ OUT YES NO  
 CLAIM # \_\_\_\_\_

LAYERS \_\_\_\_\_ DRIP EDGE \_\_\_\_\_  
 3-TAB \_\_\_\_\_ LAMINATE \_\_\_\_\_  
 WOOD \_\_\_\_\_ FLAT \_\_\_\_\_  
 COLOR \_\_\_\_\_ AGE \_\_\_\_\_  
 PITCH \_\_\_\_\_ STORYS 1 2 \_\_\_\_\_  
 LOW PROFILE \_\_\_\_\_ POWERVENT \_\_\_\_\_  
 TURBINE \_\_\_\_\_  
 RIDGE VENT \_\_\_\_\_  
 CHIMNEY \_\_\_\_\_  
 VALLEY \_\_\_\_\_ *Dr. Husted*

WALL FLASHING \_\_\_\_\_  
 SKYLIGHTS \_\_\_\_\_ FLASH YES / NO  
 PLUMBING 1.5 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
 FURNACE VENTS \_\_\_\_\_  
 GUTTERS 5" 6" \_\_\_\_\_  
 COLOR \_\_\_\_\_  
 DOWNS \_\_\_\_\_  
 AC \_\_\_\_\_ WINDOWS \_\_\_\_\_  
 SCREENS \_\_\_\_\_ PAINT \_\_\_\_\_

_____	X	_____	X	_____	=	_____
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BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION

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

**NOTICE OF ACCEPTANCE (NOA)**

Clay Forever, LLC.  
6645 NW 77<sup>th</sup> Ave  
Miami, FL. 33166

**SCOPE:**

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

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

1/1  
1/1  
1/1

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

**DESCRIPTION: Altusa Barrel Clay Roof Tile**

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

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

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

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

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

This NOA revises 02-1115.02 and consists of pages 1 through 4.  
The submitted documentation was reviewed by Jorge Acebo.

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



NOA No.: 05-0901.07  
Expiration Date: 12/16/07  
Approval Date: 12/08/05  
Page 1 of 4

## ROOFING ASSEMBLY APPROVAL

**Category:** Roofing  
**Sub-Category:** Roofing Tiles  
**Material:** Clay

### 1. SCOPE

This renews roofing system using Altusa 'Barrel' Clay Roof Tiles, as manufactured by Clay Forever, LLC. and described in Section 2 of this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code does not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

### 2. PRODUCT DESCRIPTION

<u>Manufactured by</u> <u>Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Barrel Tile	l = 18 ½" w = 8 ½" ½" thick nominal	TAS 112	High profile, two-piece, clay roof tile. For mortar set or adhesive set applications with a nominal 2-½" headlap.
Trim Pieces	Length: varies Width: varies varying thickness	TAS 112	Accessory trim, clay roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

#### 2.1 SUBMITTED EVIDENCE:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Center for Applied Engineering, Inc.	94-083	Static Uplift Testing PA 101 (Adhesive Set)	April 1994
The Center for Applied Engineering, Inc.	257869-1	Static Uplift Testing PA 101 (Mortar Set)	Jan. 1997
Redland Technologies	P0647-01	Wind Tunnel Testing PA 108 (Mortar Set)	Aug. 1994
Walker Engineering, Inc.	Calculations	Aerodynamic Multiplier	March 1999
Walker Engineering, Inc.	Evaluation Calculations	25-7183	March 1995
Walker Engineering, Inc.	Evaluation Calculations	25-7094	February 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7496	April 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7584 25-7804b-8 25-7804-4 & 5 25-7848-6	December 1996



NOA No.: 05-0901.07  
 Expiration Date: 12/16/07  
 Approval Date: 12/08/05  
 Page 2 of 4

### 3. LIMITATIONS

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

### 4. INSTALLATION

- 4.1 Altusa 'Barrel' Clay Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 120.
- 4.2 Data For Attachment Calculations

Table 1: Average Weight (W) and Dimensions (l x w)			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Barrel Tile	6.3	1.54	0.69

Table 2: Aerodynamic Multipliers - $\lambda$ (ft <sup>3</sup> )	
Tile Profile	$\lambda$ (ft <sup>3</sup> ) Direct Deck Application
Barrel Tile	0.263

Table 3: Restoring Moments due to Gravity - $M_g$ (ft-lbf)											
2":12"		3":12"		4":12"		5":12"		6":12"		7":12" or greater	
Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
N/A	5.12	N/A	5.02	N/A	4.95	N/A	4.85	N/A	4.72	N/A	4.60

Table 4: Attachment Resistance Expressed as a Moment - $M_r$ (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Barrel Tile	Polyfoam PolyPro™	177 (Clay tile) <sup>1</sup>
	Flexible TileBond	115 (Clay tile) <sup>2</sup>
1 Place 23 grams per pan and 23 grams per cap of PolyPro™.		
2 Place 11.8 grams per pan and 11.6 grams per cap of TileBond.		



NOA No.: 05-0901.07  
 Expiration Date: 12/16/07  
 Approval Date: 12/08/05  
 Page 3 of 4

Table 4A: Attachment Resistance Expressed as a Moment - $M_t$ (ft-lbf) for Mortar Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Barrel Tile	Mortar Set <sup>1</sup>	24.5 <sup>3</sup>
		213.8 <sup>4</sup>
3 Bermuda Roof Tile Tite mortar.		
4 Quickcrete Roof Tile Mortar # 1140.		

**5. LABELING**

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

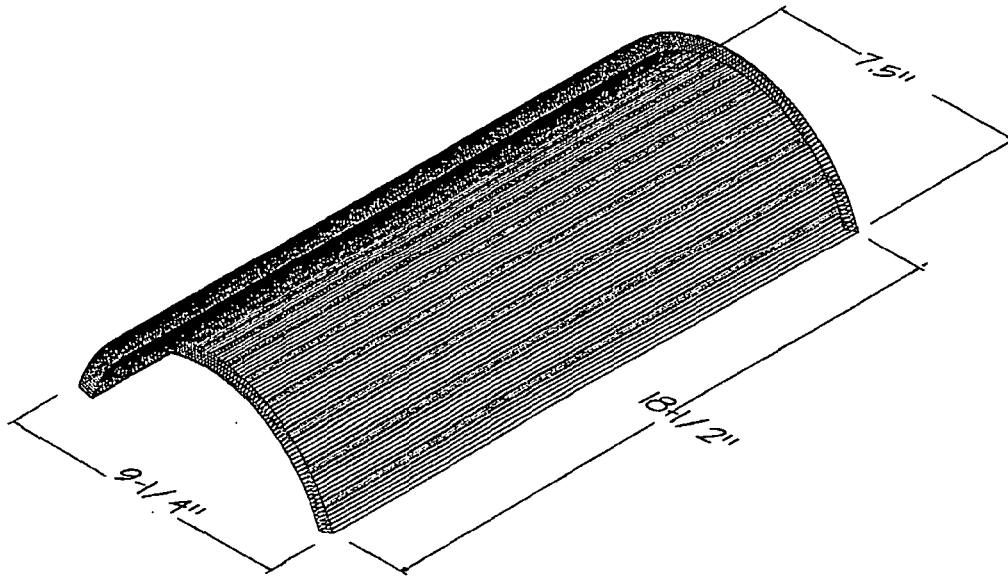
**6. BUILDING PERMIT REQUIREMENTS**

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

**PROFILE DRAWINGS**



**BARREL CLAY ROOF TILE**

**END OF THIS ACCEPTANCE**



NOA No.: 05-0901.07  
 Expiration Date: 12/16/07  
 Approval Date: 12/08/05  
 Page 4 of 4



**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)**

**Polyglass USA Inc.  
150 Lyon Drive  
Fernley, NV 89408**

**SCOPE:**

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

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

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

**DESCRIPTION: Polystick P, Basik, IR/IRX, TU, TU Plus and MU Underlayments**

**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 No. 06-0424.03 and consists of pages 1 through 6.  
The submitted documentation was reviewed by Jorge L. Acebo.



**NOA No 06-0505.01  
Expiration Date: 09/13/11  
Approval Date: 11/30/06  
Page 1 of 6**

## ROOFING COMPONENT APPROVAL

**Category:** Roofing  
**Sub-Category:** Underlayment  
**Material:** SBS , APP Self-Adhering Modified Bitumen

### PRODUCTS DESCRIPTION:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polystick P underlayment	Roll: 75' x 3' 40 mils thick	ASTM D 1970	A polyethylene top surface, self-adhering, SBS polymer modified bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield.
Polystick Basik underlayment	Roll: 65'8" x 3'3-3/8" 60 mils thick	ASTM D 1970	A homogeneous, rubberized asphalt waterproofing membrane, glass fiber reinforced with polyolefinic film on the upper surface for use as an underlayment for metal roofing.
Polystick IR/IRX underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A fine granular/sand top surface self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield and as a flat roof tile underlayment.
Polystick TU underlayment	Roll: 32'10" x 3'3-3/8" 100 mils thick	TAS 103 and ASTM D 1970	A heavy granuled surface self adhering, APP polymer modified, fiberglass or polyester reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a roof tile underlayment.
Polystick TU Plus underlayment (Facer of Membrane Labeled in Orange or Black Ink)	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced with a high strength polyester fabric, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.
Polystick MU underlayment	Roll: 65'8" x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.



**EVIDENCE SUBMITTED:**

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Exterior Research & Design, LLC	#11756.04.01-1	TAS 103	04/27/01
	#11756.08.01-1	ASTM D 1970	08/14/01
	#02202.08.05	TAS 103	08/29/05
PRI Asphalt Technologies	PRI01111	ASTM D 4977	04/08/02
	PUSA-005-02-01	ASTM D 4977	01/31/02
	PUSA-018-02-01	ASTM D 2523	07/14/03
	PUSA-035-02-01	TAS 103	09/29/06
	PUSA-033-02-01	ASTM D 1970	01/12/06

**INSTALLATION PROCEDURES:**

- Deck Type 1:** Wood, non-insulated, new construction
- Base Sheet:** One or more plies of ASTM D 226 Type II or ASTM D 2626 or Polyprotector UDL or Polyprotector UDL AS.
- Fastening:** Nails and tin caps 12" grid, 6" o.c. at laps. (for base sheet only)
- Membrane:** Polystick membranes self-adhered.
- Surfacing:** None

1. All nails in the deck shall be carefully checked for protruding heads. Re-fasten any loose decking panels, and sweep the deck thoroughly to remove any dust and debris prior to application.
2. Place the underlayment over metal drip edge in accordance with RAS 111.
3. Place the first course of membrane parallel to the eave, rolling the membrane to obtain maximum contact. Remove the release film as the membrane is applied. All side laps shall be a minimum of 3-1/2" and end laps shall be a minimum of 6." Roll the membrane into place after removing the release strip. Vertical strapping of the roof with Polystick is acceptable. Membrane shall be back nailed in accordance with applicable building code.
4. When applying the membrane in the valley, start at the low point and work to the high point, rolling the membrane from the center outward in both directions.
5. For ridge applications, center the membrane and roll from the center outward in both directions.
6. Roll or broom the entire membrane surface so as to have full contact with the surface, giving special attention to lap areas. Polystick TU and TU Plus shall not be left exposed as a temporary roof for longer than 180 days after application. Polyglass reserves the right to revise or alter product exposure times; not to exceed the preceeding maximum time limitations.
7. Flash vent pipes, stacks, chimneys and penetrations in compliance with Roof Assembly current Product Control Notice of Acceptance.
8. All protrusions or drains shall be initially taped with a 6" piece of underlayment. The flashing tape shall be pressed in place and formed around the protrusion to ensure a tight fit. A second layer of Polystick shall be applied over the underlayment.



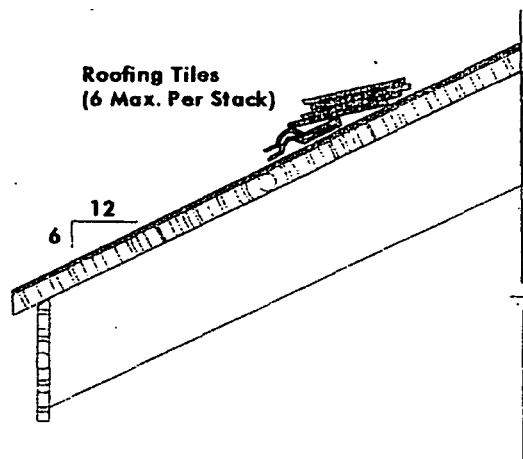
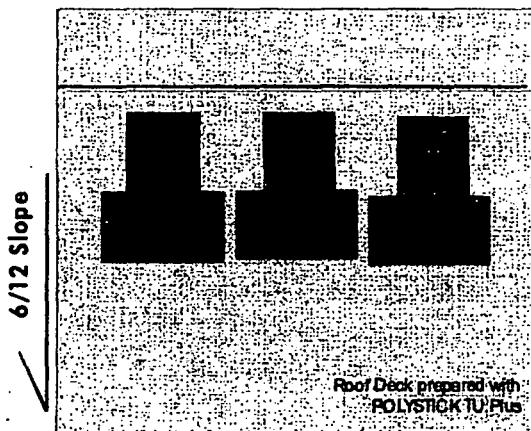
**GENERAL LIMITATIONS:**

1. Fire classification is not part of this acceptance.
2. Polystick P, Basik and IR/IRX may be used in asphaltic shingles, wood shakes and shingles, non-structural metal roofing, and quarry slate roof assemblies. Polystick P and Basik shall not be used as roof tile underlayment.
3. Deck requirements shall be in compliance with applicable building code.
4. Polystick membranes shall be applied to a smooth, clean and dry surface. The deck shall be free of irregularities.
5. Polystick membranes shall not be adhered directly over a pre-existing roof membrane as a recover system.
6. Polystick P and Basik shall not be left exposed as a temporary roof for longer than 30 days after application. Polystick IR/IRX, or MU shall not be left exposed as a temporary roof for longer than 90 days after application. Polystick TU and TU Plus shall not be left exposed as a temporary roof for longer than 180 days after application. Polyglass reserves the right to revise or alter product exposure times; not to exceed the preceeding maximum time limitations.
7. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.
8. In roof tile application, data for the attachment resistance of roof tiles shall be as set forth in the roof tile manufacturer's Notice. Polystick TU, TU Plus and MU may be used in both adhesive set and mechanically fastened roof tile applications. Polystick IR/IRX is limited to mechanically fastened roof tile applications. The maximum roof slope for use as roof tile underlayment for (direct-to-deck) tile assemblies shall be as described below:

Tile Profile	Polystick IR/IRX	Polystick MU	Polystick TU, TU Plus
Flat Tile	5:12	No limitation	No limitation
Profiled Tile	Prohibited	5:12	No limitation

The above slope limitations can be exceeded only by using battens and counter battens in accordance with the Approved Tile System Notice of Acceptance and applicable Florida Building Code requirements.

9. Care should be taken during the loading procedure to keep foot traffic to a minimum and to avoid dropping of tile directly on the underlayment. Refer to Polyglass Tile loading detail for loading procedure.





7. Minimum cure time after membrane installation & before loading of roofing tiles is Forty-Eight (48) Hours.
8. Polystick TU Plus, Polystick MU may not be used in any exposed application such as crickets, exposed valleys, or exposed roof to wall details.
9. Repair of Polystick membranes is to be accomplished by applying Polyglass MB 2000 Plus Trowel Grade Mastic or an approved premium SBS modified trowel grade mastic to the area in need of repair, followed by a patch of the Polystick material of like kind should be set and hand rolled in place over the area needing such repair. Patching membrane shall be a minimum of 6 inches in either direction. The repair should be installed in such a way so that water will run parallel to or over the top of all laps of the patch.
10. All self-adhered membranes must be rolled to ensure full contact with approved substrates. Polyglass requires a minimum of 40 lbs for a weighted roller for the rolling of the field membrane. Hand rollers are acceptable for rolling of patches or small areas of the roof.
11. All approved substrates should be dry, clean and properly prepared, before any application of Polystick membranes commences. An approved substrate technical bulletin can be furnished upon request. It is recommended to refer to applicable building codes prior to installation to verify acceptable substrates.
12. The Polyglass Miami-Dade Notice of Acceptance (NOA) approval for Polystick membranes and PolyProtector UDL can be furnished upon request by our Technical Services Department by calling 1 (800) 894-4563.
13. Polyglass offers a 10 year Limited Material Warranty on all properly installed Polystick self-adhered underlayments. Warranty must be requested and registered by Polyglass to be in force.
14. Questions in regards to the application of Polyglass products should be directed to our Technical Services Department at 1 (800) 894-4563.
15. Polyglass recommends that applicators follow good roofing practices and applicable procedures as outlined by the National Roofing Contractors Association (NRCA).

**PLEASE CHECK WITH LOCAL BUILDING CODES REGARDING LIMITATIONS OF SPECIFIC APPLICATIONS. LOCAL CODES MAY SUPERSEDE POLYGLASS REQUIREMENTS AND RECOMMENDATIONS.**

**END OF THIS ACCEPTANCE**





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)**

**Woodland Industries, Inc.**  
**1520 Kalamazoo Drive**  
**Griffin, GA 30224**

**SCOPE:**

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

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

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

**DESCRIPTION:** Woodland Industries, Inc. "#15 Asphalt Felt Plain" & "#30 Asphalt Felt Plain"

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

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

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

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

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

This NOA renews NOA No. 01-0213.08 and consists of pages 1 through 2.

The submitted documentation was reviewed by Jorge L. Acebo



NOA 05-1206.02  
 Expiration Date: 04/12/11  
 Approval Date: 03/23/06  
 Page 1 of 2

## ROOFING COMPONENT APPROVAL

Category: Roofing  
Sub-Category: Underlayment  
Material: Asphalt

### SCOPE:

This approves this Woodland Industries "#15 Asphalt Felt Plain", "#30 Asphalt Felt Plain, as manufactured by Woodland Industries, Inc. and described in this Notice of Acceptance, designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

### PRODUCT DESCRIPTION:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
# 15 Asphalt Felt Plain	36" x 145' rolls	ASTM D 226 Type I	Asphalt Saturated Felt underlayment.
# 30 Asphalt Felt Plain	36" x 70' rolls	ASTM D 226 Type II	Asphalt Saturated Felt underlayment.

### LIMITATIONS:

1. Fire classification is not part of this acceptance.
2. This acceptance is for prepared roofing applications. Minimum deck requirements shall be in compliance with applicable Building Codes.

### INSTALLATION:

Woodland Industries, Inc. and its components shall be installed in strict compliance with applicable Building Codes.

### LABELING:

All packaging shall bear the imprint or identifiable marking of the manufacturer's name or logo and a yellow line in the center of the roll to identify the ASTM Standard designation.

### BUILDING PERMIT REQUIREMENTS:

Application for building permit shall be accompanied by copies of the following:

1. This Notice of Acceptance.
2. Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this material.

### EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
PRI Asphalt Technologies, Inc.	9206406048	ASTM D 226	01/25/01
	9206406047		01/29/01

END OF THIS ACCEPTANCE



NOA 05-1206.02  
Expiration Date: 04/12/11  
Approval Date: 03/23/06  
Page 2 of 2



**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)**

---

**GAF Materials Corporation  
1361 Alps Road  
Wayne, NJ 07470**

### **SCOPE:**

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

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

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

### **DESCRIPTION: Topcoat Roof Maintenance Coating**

**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 No. 06-0705.07 and consists of pages 1 through 3.

The submitted documentation was reviewed by Jorge L. Acebo



**NOA No.: 06-1020.01  
Expiration Date: 06/21/11  
Approval Date: 11/16/06  
Page 1 of 3**

## ROOFING COMPONENT APPROVAL

**Category:** Roofing  
**Sub-Category:** Cements and Coatings  
**Fire Classification:** See General Limitation #1

### SCOPE:

This roofing maintenance coating system using GAF Topcoat Roofing Membrane, coating system used on existing roof assemblies as manufactured GAF Materials Corporation, as described in this Notice of Acceptance, designed to comply with the Florida Building Code and the High Velocity Hurricane Zone of the Florida Building Code.

### EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name / Report</u>	<u>Date</u>
PRI Asphalt Technologies, Inc	TRA-078-02-01	ASTM D 6083	11/22/05

### PHYSICAL PROPERTIES OF COMPONENTS:

**Trade name:** Topcoat Roofing Membrane

**Substrates:** Smooth surface asphaltic BUR; Smooth and granule surface, modified bitumen cap sheet; Weathered PIB, Hypalon, PVC, and EPDM membranes.

**Application Rate:** This material is applied by spray equipment, roller, knife or brush. For systems approvals, refer to specific Roof Assembly, Product Control Notice of Acceptance.

**Specifications:** TAS-143.

**Description:** A styrene acrylic based elastomeric used to protect various types of roofing surfaces.

**Container Size:** 1, 5, 55 gallons and quart tubes. Note all cautions on container label.

### INSTALLATION:

GAF Materials Corporation Topcoat Roofing Membrane shall be installed in accordance with manufacturer's Product Data Sheet.



NOA No.: 06-1020.01  
Expiration Date: 06/21/11  
Approval Date: 11/16/06  
Page 2 of 3

**LIMITATIONS:**

1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Topcoat Roofing Membrane shall not be applied in inclement weather conditions.
3. The product listed herein are components of roof assemblies and are approved for use with roof assemblies that list any of the products listed herein as part of their roof assemblies Notice of Acceptance. If a product is not listed as part of roof assemblies Notice of Acceptance, a request may be made to the local building official or the Miami Dade Building Code Compliance Office for approval provided that appropriate documentation is provided.
4. All products listed herein shall have an unannounced follow-up quality control program from an approved listing agency, and shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code. Follow up test results shall be made available to BCCO upon request.
5. All approved products listed herein shall be labeled in compliance with TAS 121.
6. Change in materials, use, or manufacture of any of the products listed herein shall be cause for termination of this Notice of Acceptance.
7. This maintenance coating system shall not be applied over, prepared roofing; i.e., fiber-cement shingles, quarry slate, cement or clay roof tile, metal shingles, wood shingles or shakes.
8. Topcoat Roofing Membrane shall be applied in accordance with manufacturer's published application instructions.
9. Topcoat Roofing Membrane shall be used as a roof maintenance coating system in accordance with applicable Building Code. Topcoat is not approved to be used as a repair or recover system.

**BUILDING PERMIT REQUIREMENTS:**

Application for building permit shall be accompanied by copies of the following:

1. This Notice of Acceptance.
2. Any other documents required by the Building Official or applicable Building Code in order to properly evaluate the installation of this system.

**END OF THIS ACCEPTANCE**



NOA No.: 06-1020.01  
Expiration Date: 06/21/11  
Approval Date: 11/16/06  
Page 3 of 3



# MB PLUS

## Description

TOPCOAT® MB Plus is a water-based, low VOC, sprayable polymeric liquid, which cures to form a seamless rubber membrane. Covers and protects most roof surfaces including modified bitumen (smooth and granulated), smooth BUR, and metal. MB Plus is an ENERGY STAR® qualified reflective product that will help to reduce building temperatures. MB Plus is listed by the Cool Roof Rating Council™ for solar reflectance and thermal emittance. It is highly reflective, flexible and, due to unique emulsion chemistry, resists unsightly bleed-through over asphalt substrates better than solvent-based systems. Available in white (for maximum reflectivity) and custom colors. It is non-flammable, presents minimal hazard to the applicator or the environment, and cleans up with water.

## Uses

MB Plus is designed to protect and restore aged roofs. This product can be used on modified bitumen, BUR, Hypalon®, metal as a primer, wood and concrete. For use with water-based sealants and top coats only. Substrate shall not pond water for a period longer than 48 hours. Surface must be free of ponding water, ice, snow and debris prior to application. Do not apply at temperatures below 42°F. Substrate temperatures must be below 120°F when applying product.

## Advantages

- ENERGY STAR® qualified reflectivity can dramatically decrease building temperatures
- Highly reflective and listed by the Cool Roof Rating Council™ for solar reflectance and thermal emittance
- Low VOC, non-flammable and presents minimal hazard to the applicator or the environment
- Easier to apply than solvent-based systems for asphalt surfaces
- Warranties available for up to 10 years\*
- Guarantees available for up to 10 years\*\*
- Available in 5-gallon pails, 55-gallon drums and bulk totes

For application questions, please contact GAFMC Contractor Services at 1-800-766-3411.

## Applicable Standards

ASTM D-412, ASTM D-21-96, ASTM D-1475, ASTM E-1644

**Note:** Repair leaks promptly to avoid adverse effects, including mold growth.

\*See warranties and guarantees for complete coverage and restrictions.  
\*\*When used as a primer.

## TOPCOAT® MB PLUS TECHNICAL DATA

Application Rate:	1.0 to 3.0 gallons/100 sq.ft. total
Application Method:	Airless sprayer, brush or roller
Application Temp (air, surface):	42° – 120°F
Drying Time (75°F, 50% RH):	Approximately 24 hours per coat
Wet Mil Thickness:	(1.0 Gallon/100SF) – 16 wet mils
Dry Mil Thickness:	(1.0 Gallon/100SF) – 9 dry mils
Total Solids (by weight):	65% ± 2%
Total Solids (by volume):	54% ± 2%
Specific Gravity:	1.32 ± 0.1
Weight per Gallon:	11.0 ± 0.5 lbs.
Viscosity (75°F):	15,000 ± 2,000 cps
Tensile Strength:	150 psi
Elongation:	275%
Storage:	Store in well-ventilated area at 50°F to 80°F; protect from freezing
Shelf Life:	1 Year
Clean-up:	Water before curing

Title 24  
Compliant



For further information, contact  
GAF Contractor Services at  
1-800-766-3411 or visit [www.gaf.com](http://www.gaf.com)  
©2007 GAF Materials Corporation 1/07

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  **THURS 8.2**, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8666	Schmidt	Final	PASS	CLOSE
2	15 Heritage Way Masterpiece Shutter			INSPECTOR: <i>[Signature]</i>
8671	Kollman	Final	FAIL	
3	8 Quail Run Stuart Fence			INSPECTOR: <i>[Signature]</i>
8641	Husted	Final	PASS	CLOSE
1	15 Middle Rd Lifetime Roof			INSPECTOR: <i>[Signature]</i>
8482	Gensheimer	Final gas	PASS	
4	63 N Ken (OFF PERM (MULE)) C&S Masterpiece			INSPECTOR: <i>[Signature]</i>
8512	Valdes	stem wall	FAIL	
<u>LAST</u>	107 N Sewalls			INSPECTOR: <i>[Signature]</i>
PERM T	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERM T	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
C.E.		<i>[Signature]</i>		
	tot. N. OF 17 E HIGH PT.			
				INSPECTOR:
OTHER:				



**8930**

**WOOD DECK**

---



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:	8930	DATE ISSUED:	JUNE 20, 2008
SCOPE OF WORK:	WOOD DECK		
CONDITIONS :	ABIDE BY NOTES ON DRAWING		
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	133841002000003805	SUBDIVISION	HIGH POINT - LOT 38
CONSTRUCTION ADDRESS:	15 MIDDLE RD		
OWNER NAME:	RICHARDSON		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	561-662-3524

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

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

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

### REQUIRED INSPECTIONS

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

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

RECEIVED  
DATE 6-18-09  
TOWN OF SEWALL'S POINT  
ALL'S POINT

Date: 5/16/08 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Robert Richardson Phone (Day) 561 662 3524 (Fax) \_\_\_\_\_

Job Site Address: 15 Middle RD City: Sewall's Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) High Pt - Lot 38 Parcel Number: 133841-002-000-00380-5

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

Scope of work: Wood Deck on back yard

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

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 1800.00  
(Notice of Commencement required when over \$2500 prior to first inspection)

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

Is subject property located in flood hazard area? V  A9  A8  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 \*\*\*

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

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

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Municipality License Number: \_\_\_\_\_

PROJECT SUPERINTENDANT: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

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

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

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

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

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)  
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

**NOTICES TO OWNERS AND CONTRACTORS:**  
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.  
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.  
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.  
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.

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

OWNER SIGNATURE (required)  
Robert Richardson  
State of Florida, County of: Falm Beach  
This the 16<sup>th</sup> day of May, 2008  
by Robert Richardson who is personally known to me or produced \_\_\_\_\_

CONTRACTOR SIGNATURE (required)  
Cheryl Ann Richardson  
On State of Florida, County of: Martin  
This the 18 day of June, 2008  
by Cheryl Ann Richardson who is personally known to me or produced PDX#R 263-101-65-956-e

NOTARY PUBLIC STATE OF FLORIDA  
Karen J. Wiggins Notary Public  
My Comm. Expires: MAR. 31, 2009

NOTARY PUBLIC  
VALERIE MEYER Notary Public  
MY COMMISSION EXPIRES: May 14, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL BY 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

Site Provided by...  
governmax.com T1.11

## Summary

print [grid icons] Address 1 of 1

### Parcel Info

#### Summary

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

Parcel ID	Unit Address	SerialIndex ID Order	Commercial	Residential
13-38-41-002-000-00380-5	15 MIDDLE RD	27726Address	0	1

#### Summary

**Property Location** 15 MIDDLE RD  
**Tax District** 2200 Sewall's Point  
**Account #** 27726  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120000  
**Acres** 0.344

**Legal Description**  
**Property Information**  
 HIGH POINT LOT 38 OR 340/2630

### Search By

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

**Owner Information**  
**Owner Information**  
 RICHARDSON, ROBERT & CHERYL

**Mail Information**  
 15 MIDDLE RD  
 STUART FL 34996

**Assessment Info**  
 Front Ft. 0.00

**Market Land Value** \$320,000  
**Market Impr Value** \$374,580  
**Market Total Value** \$694,580

### Site Functions

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

**Recent Sale**  
**Sale Amount** \$1,075,000

**Sale Date** 9/27/2007  
**Book/Page** 2281 1503

[Print](#) | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 05/01/2008





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

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

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

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

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

Owner/Builder Applicant Name: Robert Richardson

Site address of the proposed building work: 15 Middle Rd

Name of legal title owner of the address above: Robert Richardson

Describe the scope of work for the proposed new construction: wood deck on back yard

Name of Architect of Record: NA Structural Engineer of Record: NA

Who will supervise the trade work to meet the applicable code? Owner

What provisions have you made for Liability and Property Damage Insurance? Have Ins

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

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

Location: Palm City Scope of Work Done: House Year: 2001

Location: Scope of Work Done: Year:

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

Electric: Plumbing: HVAC:

Other:

I have internet access and will view The Florida Building code at www.floridabuilding.org YES [checked] NO

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

Have you consulted with your Homeowner's Insurance Agent? NA Lender? NA Attorney? NA

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



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

**OWNER/BUILDER DISCLOSURE STATEMENT**

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

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

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

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

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

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

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT. OWNER/BUILDER APPLICANTS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION.

PHOTO ID IS REQUIRED FOR PERSON SUBMITTING PERMIT APPLICATION.

PERSON'S NAME SUBMITTING APPLICATION Robert Richardson or Cheryl Richardson

ON THIS 16th DAY OF May, 2008.

PROPERTY ADDRESS 15 Middle Rd

CITY Sewall's Pt STATE FL ZIP 34996

Signature of Robert Richardson

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16th DAY OF May 2008

BY Robert Richardson

PERSONALLY KNOWN [checked]

OR PRODUCED ID [ ]

TYRE OF ID [ ]

Signature of Karen J. Wiggins

NOTARY SIGNATURE

NOTARY PUBLIC-STATE OF FLORIDA
Karen J. Wiggins
Commission # DD413594
Expires: MAR. 31, 2009
Bonded Thru Atlantic Bonding Co., Inc.

ROAD  
RIGHT-OF-WAY  
(HALT)  
1.0' CONC  
HEAD

659.87' TO INTERSECTION  
& HIGH POINT ROAD

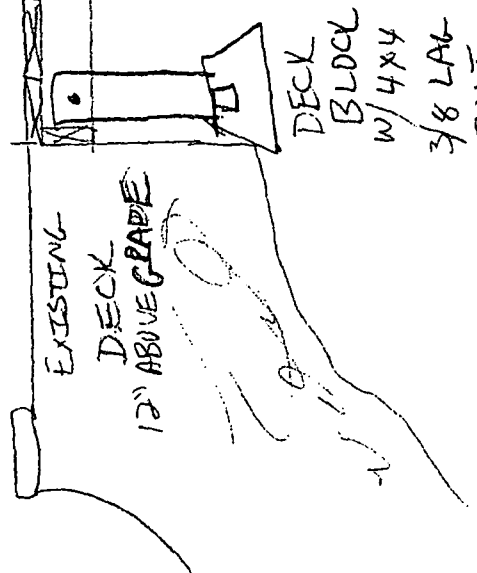
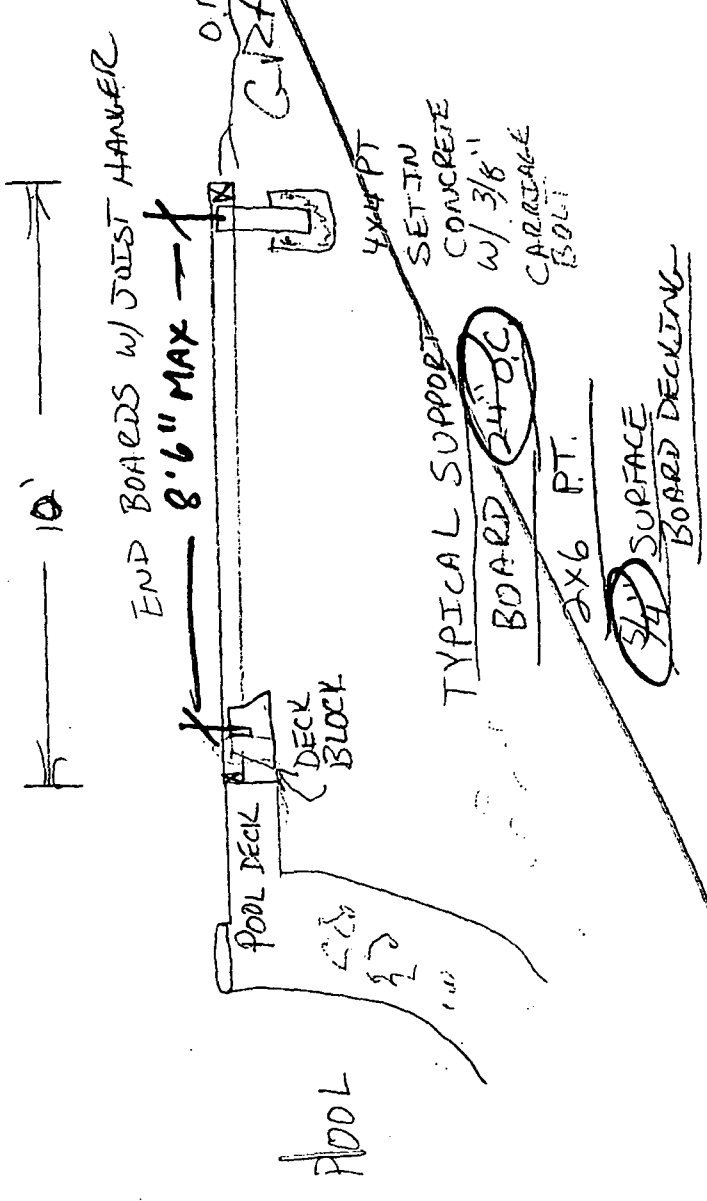
NOTES: 6-18-08  
 - MAXIMUM SPAN FOR 2x6  
 @ 24" O.C. SYP @ 40 PSI LL = 8' 6" O.C.  
 - MAXIMUM SPACING FOR  
 JOISTS FOR 5/4" DECKING  
 IS 16" O.C. WHEN DECKING  
 IS RUN DIAGONALLY  
 - SPACE JOIST 16" O.C. OR  
 USE 2 X DECKING

FIELD COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 6-18-08  
 BUILDING OFFICIAL

NOTES

4x4  
 SET IN  
 CONCRETE  
 W/ 3/8 GALV.  
 LAG BOLT

DECK  
 BLOCK  
 W/ 4x4  
 3/8 LAG  
 BOLT



FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 6-18-08  
 BUILDING OFFICIAL

NOTES



LOT 49

LOT 48

LOT 47

LOT 37

LOT 38

LOT 39

LOT 28

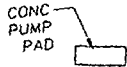
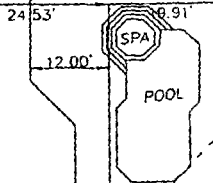
LOT 27

FND I.R. IN CONC.  
0.10'N X 0.13'W

7' U.E. (P)

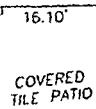
7' U.E. (P)

N 5'55'00" E 100.00' (P)  
N 5'56'35" E 99.87' (M)



FND 4"x4" CONC MON  
0.23'N X 0.16'W

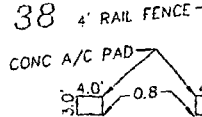
S 84°05'00" E 150.00' (P)  
S 84°03'29" E 150.70' (M)



PROPANE TANK

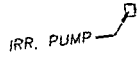
N 84°05'00" W 150.00' (P)  
N 84°02'01" W 150.19' (M)

FND I.R. IN CONC.  
0.04'N X 0.56'E



15 MIDDLE ROAD  
2-STORY CBS RESIDENCE  
FIN FL EL = 101.55  
(ASSUMED)

CONC PAVERS DRIVEWAY



FND I.R. IN CONC.  
0.08'N X 0.02'E

659.87' TO INTERSECTION  
C HIGH POINT ROAD

SET N&TT  
R AND C  
INTERSECTION

S 5°55'00" W 100.00' (P)  
S 6°14'01" W 99.94' (M)

MIDDLE ROAD  
50' PLATED RIGHT-OF-WAY  
(ASPHALT)

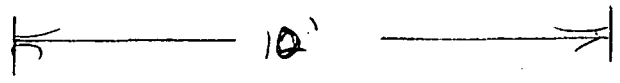
1.0' CONC  
HEADER CURB

SET N&TT  
R AND C  
INTERSECTION

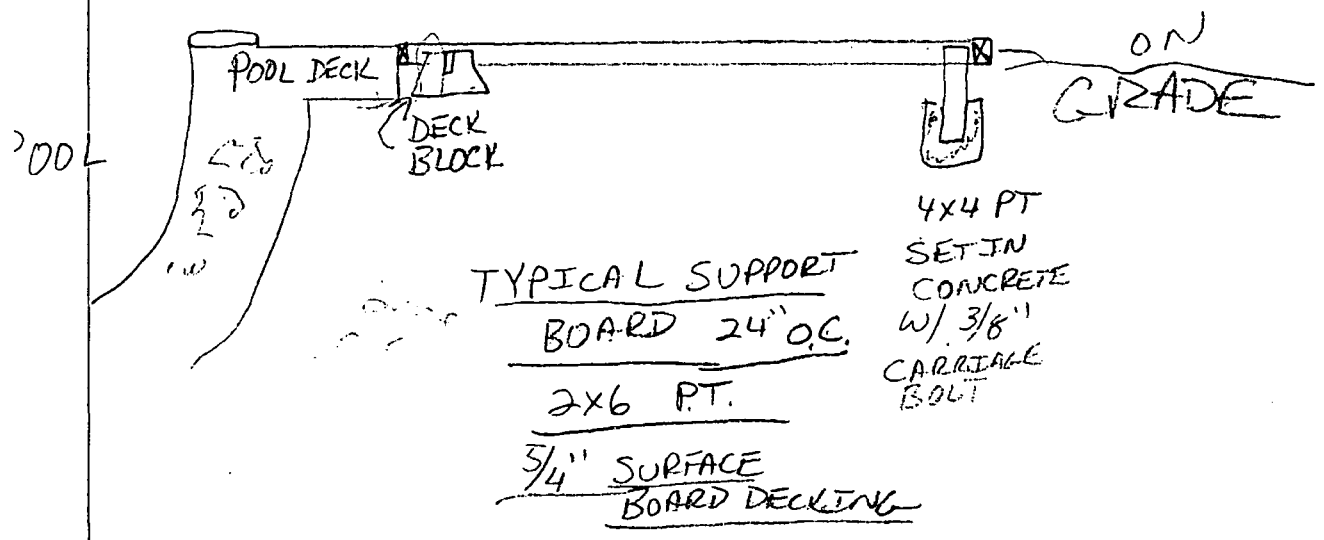
537.29' TO INTERSECTION  
C HIGH POINT ROAD

PLAN BLDG GRAB CUTS MIDDLE SHOWING MIDDLE ROAD, 1/27/2008, 4:32:37 PM, AUSTIN TX





END BOARDS W/ JOIST HANGER



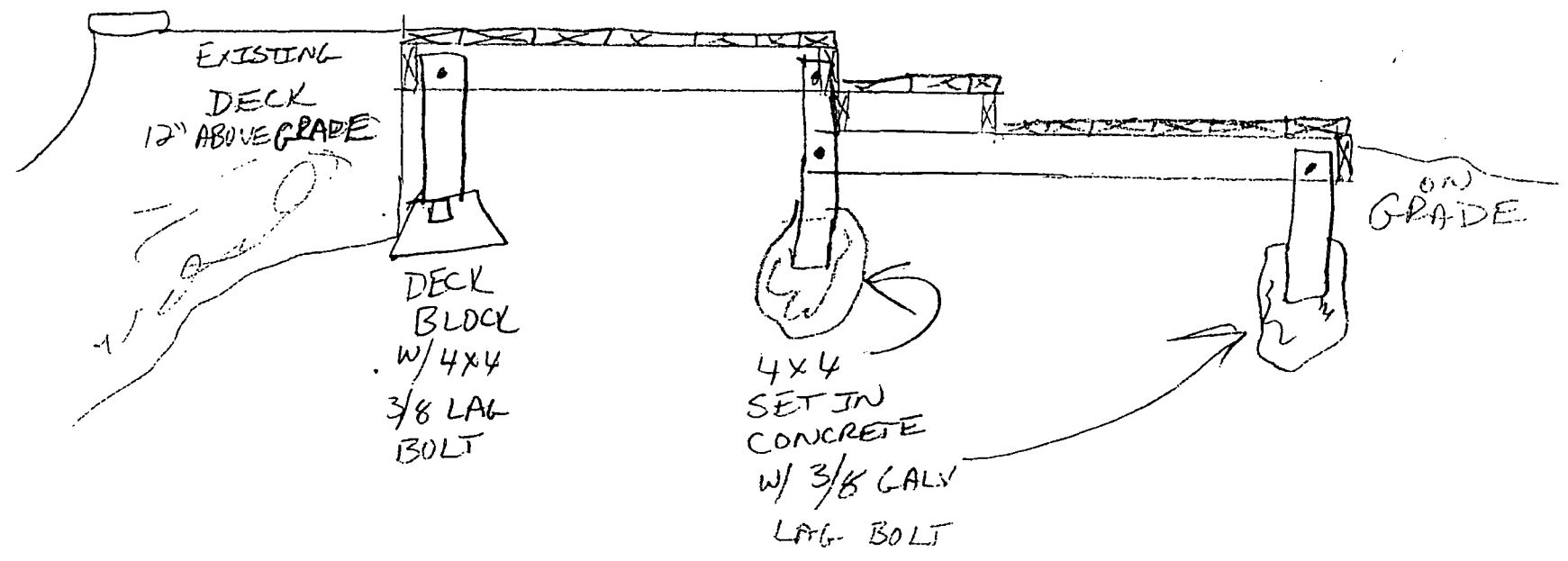
TYPICAL SUPPORT  
BOARD 24" O.C.

2x6 PT.

5/4" SURFACE  
BOARD DECKING

4x4 PT  
SET IN  
CONCRETE  
W/ 3/8"  
CARRIAGE  
BOLT

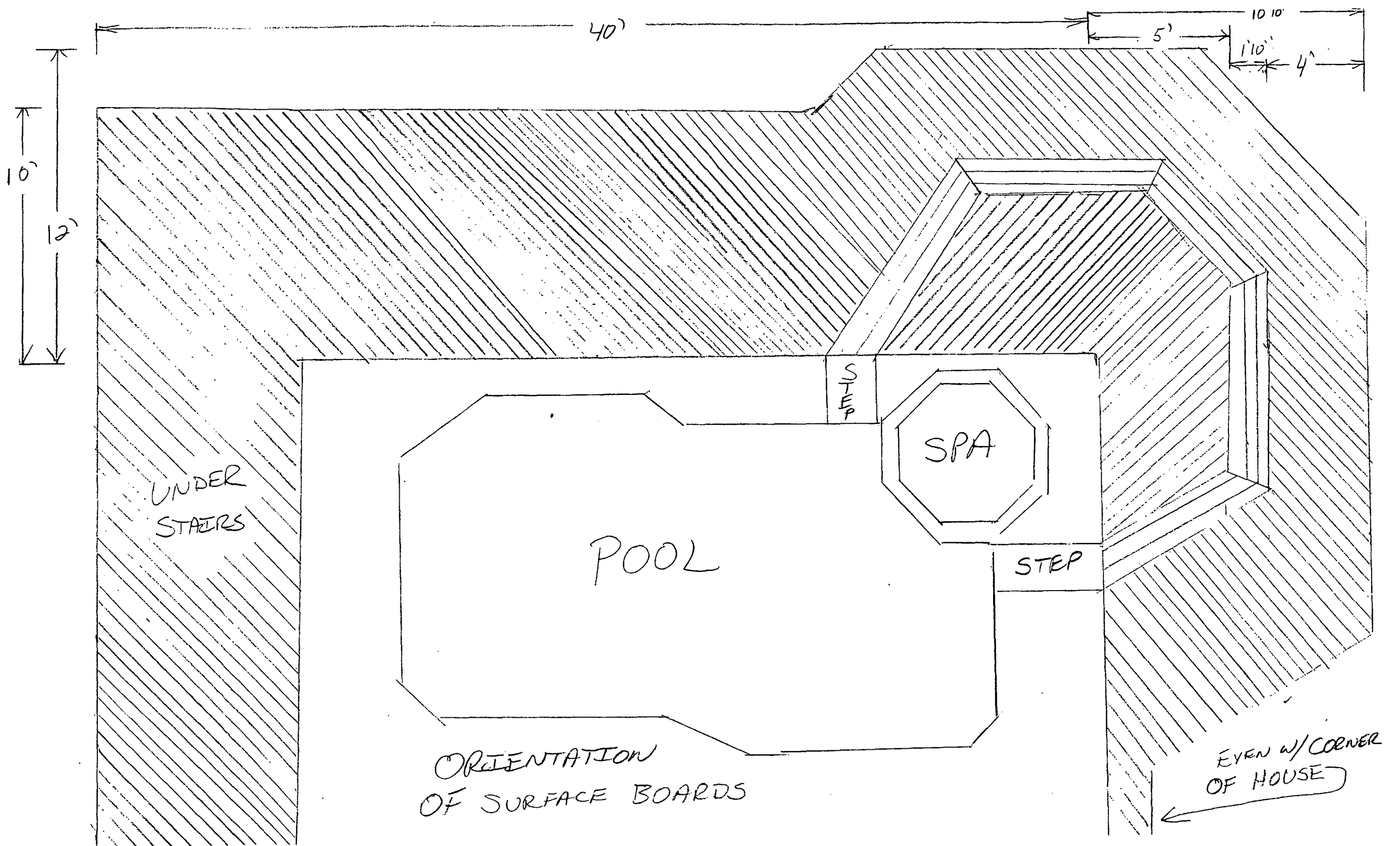
HOT  
TUB



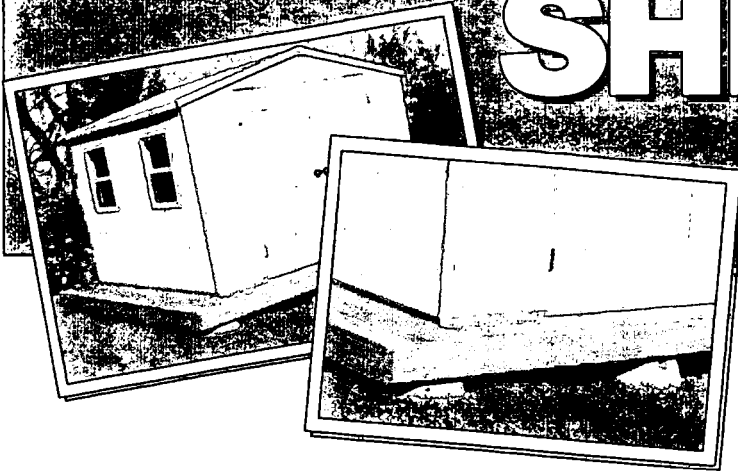
DECK  
BLOCK  
W/ 4x4  
3/8 LAG  
BOLT

4x4  
SET IN  
CONCRETE  
W/ 3/8 GALV  
LAG BOLT

ON  
GRADE



DEK-FLOORS  
CORPORATION  
CALIFORNIA



# Floating Foundation SHED FLOOR SYSTEM

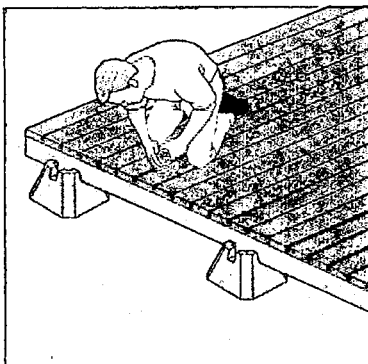
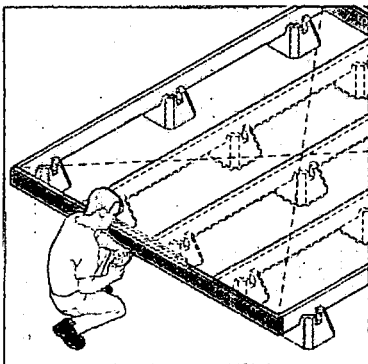
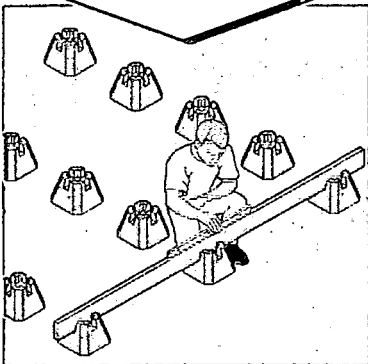
Eliminate moisture build-up!

Protect against mildew!

Double the life of your Shed!

## BUILDING A SHED FLOOR IN THREE EASY STEPS!

LEVEL  
GROUND



Place Dek-Block piers on ground

1

Place Dek-Block piers directly on soil. The slots will be used to hold either horizontal 2" x 6" support boards or vertical 4" x 4" posts of different lengths will level out uneven or sloping ground.

Position Support Boards

2

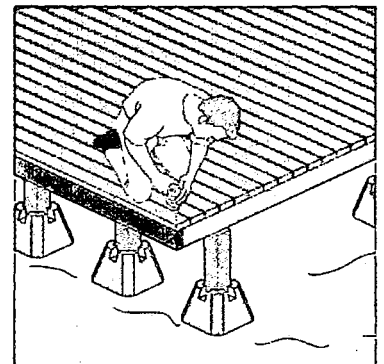
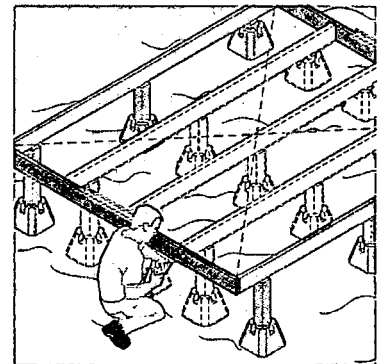
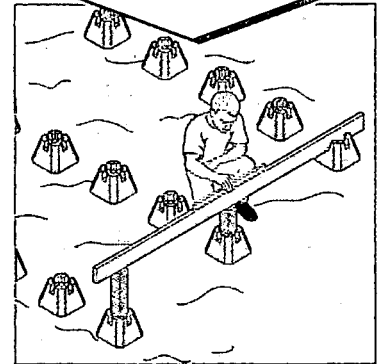
Position support boards in or above the two outside rows of the Dek-Block piers. (NOTE: If deck height is greater than 13 inches or building on sloping ground, 4" x 4" posts will be needed. With a level on top, measure distance from the bottom of the support board to the pocket of the Dek-Block pier. Cut 4" x 4" post to length. Attach support boards to the 4" x 4" posts with either two screws from each side or a metal post bracket.) Attach 2" x 6" end boards to the outside support boards. Adjust support boards until the diagonal distance between opposite corners is EQUAL. Attach the remaining support boards to end boards. Position remaining Dek-Block piers beneath the support boards. (NOTE: If needed, cut 4" x 4" posts to fit gap between support boards and Dek-Block piers. Position and secure.)

Secure Surface Boards

3

Place all 2" x 6" surface boards on top of support boards. Use the width of a deck screw as a guide for spacing surface boards. Secure surface boards directly to support boards using two deck screws per support board. That's all there is to it!

UNEVEN  
GROUND



Live Technical Support -  
All Day, 7 Days a Week, 365 Days a Year  
(5:00 am to 9:00 pm) CST

1-800-909-1508

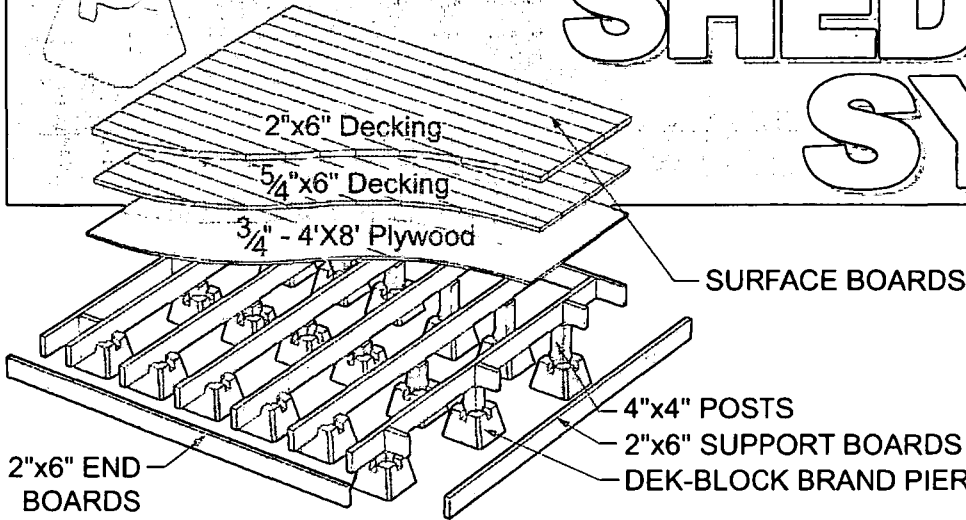
Free Plans, Support & Detailed Instructions at:

www.SHEDFLOORS.com

**DEK BRANDS**  
EASY TO DO DECKS  
In just one day

**Floating Foundation**

# SHED FLOOR SYSTEM



## Material Guide

### 2"x6" Decking

For sheds sizes up to:	10'x12'	10'x10'	8'x10'	8'x8'	6'x8'	6'x6'
Dek-Block Brand Piers	28	28	24	18	15	15
<b>SUPPORT BOARDS</b>						
10 Foot 2"x6" Treated Lumber						5
12 Foot 2"x6" Treated Lumber				6	5	
14 Foot 2"x6" Treated Lumber		7	6			
16 Foot 2"x6" Treated Lumber	7					
<b>END BOARDS</b>						
10 Foot 2"x6" Treated Lumber					2	2
12 Foot 2"x6" Treated Lumber			2	2		
14 Foot 2"x6" Treated Lumber	2	2				
<b>SURFACE BOARDS</b>						
10 Foot 2"x6" Treated Lumber					26	22
12 Foot 2"x6" Treated Lumber			31	26		
14 Foot 2"x6" Treated Lumber	35	31				
<b>POSTS (Optional for leveling)</b>						
8 Foot 4"x4" Treated Lumber	3	3	3	2	2	2
2 1/2" Galv. Deck Screws, Lbs.	8	8	7	6	6	6
Stain or Sealer, Gallons	3	3	3	2	2	2
Tie-Down Kit	1	1	1	1	1	1

### 3/4" Plywood

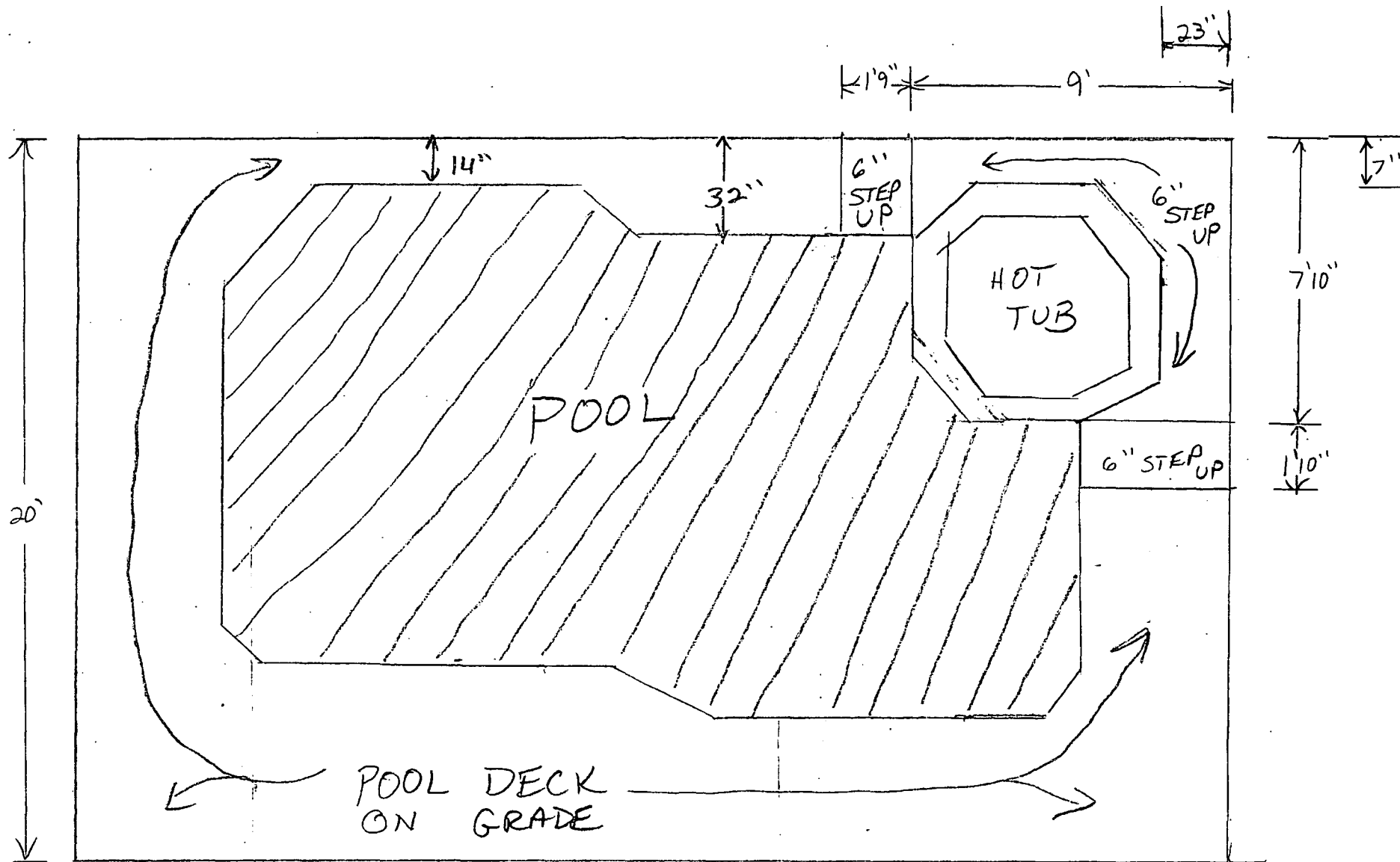
For sheds sizes up to:	10'x12'	10'x10'	8'x10'	8'x8'	6'x8'	6'x6'
Dek-Block Brand Piers	48	48	40	30	27	27
<b>SUPPORT BOARDS</b>						
10 Foot 2"x6" Treated Lumber						9
12 Foot 2"x6" Treated Lumber				10	9	
14 Foot 2"x6" Treated Lumber		12	10			
16 Foot 2"x6" Treated Lumber	12					
<b>END BOARDS</b>						
10 Foot 2"x6" Treated Lumber					2	2
12 Foot 2"x6" Treated Lumber			2	2		
14 Foot 2"x6" Treated Lumber	2	2				
<b>SURFACE BOARDS</b>						
3/4" - 4'x8' Treated Plywood	8	6	6	5	4	3
<b>POSTS (Optional for leveling)</b>						
8 Foot 4"x4" Treated Lumber	4	3	3	3	2	2
2 1/2" Galv. Deck Screws, Lbs.	8	8	7	6	6	6
Stain or Sealer, Gallons	3	3	3	2	2	2
Tie-Down Kit	1	1	1	1	1	1

○ When using 5/4"x6" Decking, refer to plywood material list. Substitute surface board requirement from 2"x6" list.

**Live Technical Support -**  
All Day, 7 Days a Week, 365 Days a Year  
(5:00 am to 9:00 pm) CST

**1-800-909-1508**

Free Plans, Support & Detailed Instructions at:  
[www.SHEDFLOORS.com](http://www.SHEDFLOORS.com)

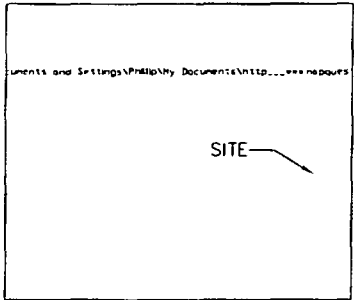
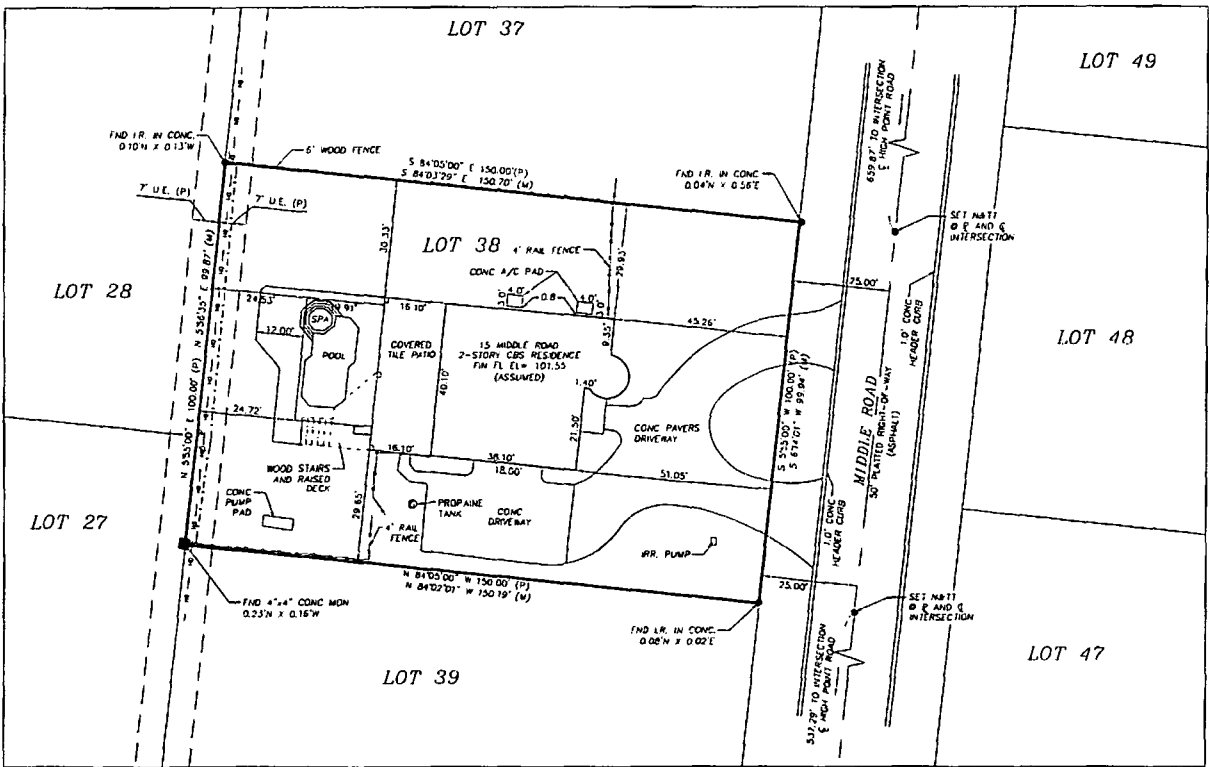


32'

EXISTING POOL & COOL DECK







VICINITY MAP  
N.T.S.

**SURVEY REPORT**

1. THIS IS A BOUNDARY SURVEY AS DEFINED IN CHAPTER 61C17-6.002(10), FLORIDA ADMINISTRATIVE CODE.
2. SURVEY BASED ON THE PLAT OF "HIGH POINT SUBDIVISION AS RECORDED IN PLAT BOOK 3, PAGE 108 IN THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.
3. BEARING BASIS: N 5-55'00"E ALONG THE CENTERLINE OF MIDDLE ROAD.
4. TOTAL AREA = 15000 SQ. FT (0.34 AC.)
5. THERE MAY BE ADDITIONAL EASEMENTS AND/OR RESTRICTIONS NOT SHOWN ON THIS SURVEY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY. NO SEARCH OF THE PUBLIC RECORDS HAS BEEN PERFORMED BY WANTMAN GROUP, INC..
6. DATE OF FIELD SURVEY: APRIL 23, 2008.
7. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHERS THAN THE SIGNING PARTY OR PARTIES ARE PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.
8. SUBJECT PROPERTY SHOWN HEREON APPEARS TO BE LOCATED IN FLOOD ZONE X (OUTSIDE THE 100 YEAR FLOOD ZONE) PER FIRM MAP 12085C1062F PANEL 162 OF 527, EFFECTIVE DATE: OCTOBER 4, 2002.
6. THE CONTRACTED USE OF THIS SURVEY IS FOR BOUNDARY AND LOCATION, AND THIS SURVEY IS NOT VALID FOR ANY OTHER USE.
7. COPYRIGHT 2008 BY WANTMAN GROUP, INC. THE SKETCH OF SURVEY AND SURVEY REPORT COMPRISE THE COMPLETE SURVEY. THIS SURVEY IS NOT VALID UNLESS THE SKETCH AND REPORT ACCOMPANY EACH OTHER. REPRODUCTIONS OF THIS SURVEY ARE NOT VALID WITHOUT THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER EMPLOYED BY WANTMAN GROUP, INC.

**LEGEND**

- CBS CONCRETE BLOCK STRUCTURE
- CONC CONCRETE
- CL CENTERLINE
- FND FOUND
- I.R. IRON ROD
- (M) MEASURED
- U.E. UTILITY EASEMENT
- (P) PLAT
- R PROPERTY LINE
- N&T PK NAIL AND TIN TAB
- U UTILITY POLE
- OH OVERHEAD UTILITY LINE
- CL CHAIN LINK FENCE
- W WOOD FENCE
- ROW ROD (UNLESS NOTED)
- 4"x4" CONC MONUMENT

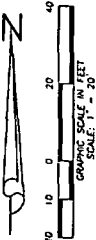
**CERTIFICATION:**

I HEREBY CERTIFY that the attached Record Survey is true and correct to the best of my knowledge and belief and that it meets the Minimum Technical Standards set forth by the Florida Board of Land Surveyors in Chapter 61C17-6, Florida Administrative Code, pursuant to Chapter 472.027 Florida Statutes.

For the Firm:  
Wantman Group, Inc.

Robln B. Peizold, P.S.M. Professional Surveyor and Mapper  
No. 4567,  
State of Florida.

DATE \_\_\_\_\_



DATE:	REVISIONS:	BY:

**W** Wantman Group, Inc.  
Engineering ♦ Planning ♦ Surveying ♦ Environmental  
2035 VISTA PARKWAY, SUITE 100 WEST PALM BEACH, FL 33411  
(561) 909-2220 phone (561) 887-1110 fax  
CERT No. 6091 - LD No. 7055  
JACKSONVILLE - ORLANDO - PORT ST. LUDE - TAMPA  
www.wantmangroup.com

BOUNDARY SURVEY  
15 MIDDLE ROAD  
TOWN OF STEWERT, MARTIN COUNTY, FLORIDA  
AS PREPARED FOR  
**ROBERT RICHARDSON**

CAD	K:\PALM BEACH GRADING\15 MIDDLE ROAD\DWG		
REF	15 MIDDLE RD.DWG		
FLD	CREW	FB. 217	PC. 40
OFF	PBT	JOB 100002.00	
CKD	DH	SHEET 1 OF 1	DATE 04/24/08
			DWG 15 MIDDLE RD

C:\P\B\15 MIDDLE ROAD\15 MIDDLE ROAD\15 MIDDLE ROAD.DWG 11/17/2008 4:22:58 PM Admin-PBT

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 7-7, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8911	Willis	slab	FAIL	
2	3 Worth Ct Eric Johnson	frame	PASS	INSPECTOR: <i>[Signature]</i>
8642	Doedens/Vant Bosch	Final	FAIL	
3	BNE Lagoon Isl OB			INSPECTOR: <i>[Signature]</i>
<del>8930</del>	<del>Richardson</del>	<del>Theming</del>	<del>PASS</del>	
1	15 Middle Rd OB	(deck) 561-222-3116 <small>SCOTT</small>		INSPECTOR: <i>[Signature]</i>
8911	<del>Willis</del>	A/C ROUGH	PASS	
2	3 WORTH CT. E. JOHNSON	PLB. " ELEC. "	FAIL PASS	INSPECTOR: <i>[Signature]</i>
		DOORS/WINDOW	FAIL	
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



**10773**

**CONCRETE STAIRS**

---



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:	10773	DATE ISSUED:	02/18/2014
SCOPE OF WORK:	BUILD AND REPLACE EXTERIOR DECK WITH NEW		
CONTRACTOR:	DIGIOIA CONSTRUCTION INC.		
PARCEL CONTROL NUMBER:	133841002000003805	SUBDIVISION	HIGH POINT LOT 38
CONSTRUCTION ADDRESS:	15 MIDDLE ROAD		
OWNER NAME:	PAUL GOLDEN		
QUALIFIER:	NICK DIGIOIA	CONTACT PHONE NUMBER:	772 708-4693

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	10773
<b>ADDRESS</b>	15 SE MIDDLE STREET
<b>DATE 02/18/2014</b>	<b>SCOPE OF WORK</b> BUILD / REPLACE EXTERIOR DECK WITH NEW

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)		s.f.	
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)		s.f.	
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
Total number of inspections (Value < \$200K)@\$100ea		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	21,000.00
Total number of inspections @ \$100.00 each	5		500.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min		\$	7.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	7.50
Road impact assessment: (.04% of construction value - \$5 min.)		\$	8.40
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	523.40

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10773

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

OWNER/LESSEE NAME: Paul Golden Phone (Day) 772-263-2158

Job Site Address: 15 SE Middle Street City: Sewall's Point State: FL Zip: 34997

Legal Description High Point Lot 38 or 346/2630 Parcel Control Number: 13-38-41-002-000-00390-5

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*SCOPE OF WORK (PLEASE BE SPECIFIC): Build / Replace ext. Deck w/ New

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES \_\_\_\_\_ NO [X]

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 21,000 (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: Dilibioia Construction Inc. Phone: 772 708 4093 Fax: \_\_\_\_\_

Qualifiers name: Nick Dilibioia Street: 8850 SE Bahama Cir City: Hobe Sound State: FL Zip: 33455

State License Number: CBC 1259454 OR: \_\_\_\_\_ Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

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

DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

RECEIVED \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_

Carport: FEB 12 2014 \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_ \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

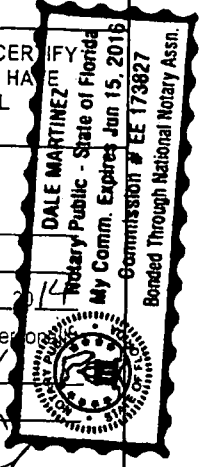
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER AGENT/LESSEE - NOTARIZED SIGNATURE: [Signature] State of Florida, County of: ST. LUCIE On This the 6th day of FEBRUARY, 2014 by PAUL GOLDEN who is personally known to me or produced by [Signature] FLORIDA DRIVERS LICENSE as identification.

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: MARTIN On This the 14 day of January, 2014 by NICK DILIBIOIA who is personally known to me or produced by [Signature] as identification.

My Commission Expires: [Signature] Notary Public ROBIN L PACE Notary Public, State of Florida Commission # EE 87465

My Commission Expires: [Signature] Notary Public



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 2/18/2014 9:36:18 AM EST*

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-002-000-00380-5	27726	15 MIDDLE RD, SEWALL'S POINT	\$493,190	2/15/2014

**Owner Information**

<b>Owner(Current)</b>	GOLDEN PAUL & SHERRI
<b>Owner/Mail Address</b>	15 MIDDLE RD STUART FL 34996
<b>Sale Date</b>	10/19/2012
<b>Document Book/Page</b>	2608 1190
<b>Document No.</b>	2358137
<b>Sale Price</b>	574000

**Location/Description**

<b>Account #</b>	27726	<b>Map Page No.</b>	SP-06
<b>Tax District</b>	2200	<b>Legal Description</b>	HIGH POINT LOT 38 OR 340/2630
<b>Parcel Address</b>	15 MIDDLE RD, SEWALL'S POINT		
<b>Acres</b>	.3440		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120000 HighPoint - Sewall's Point

**Assessment Information**

<b>Market Land Value</b>	\$180,000
<b>Market Improvement Value</b>	\$313,190
<b>Market Total Value</b>	\$493,190



NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 13-38-41-002-000-00380-5

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 38

GENERAL DESCRIPTION OF IMPROVEMENT: Remove old Build New outside Deck

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: Paul Golden  
ADDRESS: 15 SE Middle Street Stuart FL 34997  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
INTEREST IN PROPERTY: Owner

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: Nick Dilgion Dilgion Construction Inc.  
ADDRESS: 8850 SE Bahama Cir Hobe Sound FL 33455  
PHONE NUMBER: 772 708 4643 FAX NUMBER: \_\_\_\_\_

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY:

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

**EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED**

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

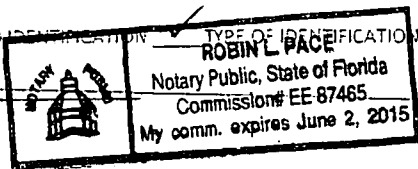
SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6th DAY OF February 2014

BY: Paul Golden AS owner FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED Florida Drivers License

Robin L Pace  
NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE  
BY: ROBIN L. PACE  
DATE: \_\_\_\_\_  
ROBIN L. PACE, CLERK



RECORDED 02/12/2014 10:36:46 AM  
INSTR # 240081  
OR BK 2702 PG 795



# CERTIFICATE OF LIABILITY INSURANCE

DIGIC-1

OP ID: MK

DATE (MM/DD/YYYY)

02/10/14

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

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

<b>PRODUCER</b> Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Vicki Hill, CIC	Phone: 772-286-4334 Fax: 772-286-9389	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>FAX (A/C, No):</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Southern Owners</td> <td>10190</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> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Southern Owners	10190	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> Digiola Construction, Inc. Nick Digiola 7422 SE Sandpiper St Hobe Sound, FL 33455-0234															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			72494933	05/22/13	05/22/14	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB  <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CARPENTRY - INTERIOR

**CERTIFICATE HOLDER****CANCELLATION**

SEWAP-1  Sewalls Point Building Dept. 1 S Sewalls Point Road Stuart, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Vicki L. Hill</i>
---	---

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PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



**CONSTRUCTION INDUSTRY EXEMPTION**

**CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW**

EFFECTIVE DATE: 5/28/2013      EXPIRATION DATE: 5/28/2015  
PERSON: DIGIOIA      NICHOLAS  
FEIN: 455380597

**BUSINESS NAME AND ADDRESS:**

DIGIOIA CONSTRUCTION INC  
7422 SE SANDPIPER ST  
HOBE SOUND FL 33455  
SCOPES OF BUSINESS OR TRADE:

**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.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt, apply only within the scope of the business or trade listed on the notice of election to be exempt.

Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

F  
O  
L  
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H  
E  
R  
E

LICENSED BUILDING  
CONTRACTOR

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

RICK SCOTT, GOVERNOR

STATE OF FLORIDA

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CBC1259454	

The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

DIGIOIA, NICHOLAS JOHN  
DIGIOIA CONSTRUCTION INC  
8850 SE BAHAMA CIR  
HOBE SOUND FL 33455



ISSUED: 01/19/2014 SEQ# L1401190000841  
DISPLAY AS REQUIRED BY LAW

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 4/15 - 14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10815	Duke 25 Island Road J+B Boat Lift Sys.	Final	Pass	CLOSE INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10773</del>	<del>Golden</del> 15 Middle Rd. True to Farm (e Accr - G.C.)	<del>Stair/Tie</del> Team - etc	FAIL	285-0140 BOND SPEC TO POOL EQUIPMENT INSPECTOR <i>JH</i>
<i>AM</i>				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10825	Rem 13 161 S River ATLANTIC SEWAGE	FINAL	Pass	CLOSE INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10746	Morris 120 Hillcrest MIRGUSA PAVING	FINAL PAVING	Pass	CLOSE INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10752	8 Pennwinkle AG ENVIRONMENTAL	WINDOW FINAL	Pass	CLOSE INSPECTOR <i>JH</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	BIEGLER 17 EMERITA	TREE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10775	10 HERITAGE GSD	INSULATION	Pass	INSPECTOR <i>JH</i>

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

6/23-14

Page \_\_\_ of \_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10849	Gould 48 S Sewall's Kerem Haddad	Calera Imp.	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10792	Lagana 1 Pineapple Advanced Concepts	Deck on	No Permit Reset For TUESDAY	219-1044 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10773</del>	<del>Goeden</del> 15 MIDDLE Di GIOIA	<del>FINISH</del>	PASS	<del>CLUB</del> INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	DARROW 7 OAKHILL JMC	8 POOL PARTIAL WALL/COLUMN TIE BERM	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 **Thur**
 Fri

# 4/17-14

Page \_\_\_\_\_ of \_\_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10824	Fields	A/C FINAL		
9:30	14 RUGLAND RD PREFERRED A/C		PASS	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stables	Insulation		341-2750
<u>1:15</u> <u>u AM</u>	114 Nullecutter & lath. Glenmark		PASS	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10762	TUFANO	R. ELEC		CONTRACTOR 10AS
	16 E HIGH PT DREAM WORKS		FAIL	LIST INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	DIPPY	INSPECT	OK	
		DRAINAGE		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10773</del>	<del>LEWIS GOLDEN</del>	<del>APR</del>		
	15 MIDDLE D. GIOLIA CONST	SPAWN & DECOR	PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10956**

**POOL DECK**

---





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:	10956	DATE ISSUED:	7/25/2014
SCOPE OF WORK:	POOL DECK REMODEL		
CONTRACTOR:	GARDINER CONCRETE		
PARCEL CONTROL NUMBER:	13384100200003805	SUBDIVISION	HIGH POINT LOT 38
CONSTRUCTION ADDRESS:	15 MIDDLE RD		
OWNER NAME:	GOLDEN		
QUALIFIER:	SCOTT GARDINER	285-8717	

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	10956
<b>ADDRESS:</b>	15 MIDDLE RD
<b>DATE ISSUED:</b>	7/25/2014
<b>SCOPE OF WORK:</b>	POOL DECK REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
<b>Total Construction Value:</b>		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

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

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

Date: 7.23.14 Permit Number: \_\_\_\_\_  
 OWNER/LESSEE NAME: PAUL Golden Phone (Day) 772-263-2158 (Fax) N/A  
 Job Site Address: 15 MIDDLE Road City: SEWALL'S Point State: FL Zip: 34996  
 Legal Description: Lot 38, HIGH Point Parcel Control Number: PLAT Book 3, Page 108  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Pool Neck remodel, tear out wood & pour 1112 sq of 3,000 psi fiber mesh concrete.

**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: \$ 9,242.00  
 (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   
**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: Gardiner Concrete Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Qualifiers name: Scott GARDINER Street: P.O. Box 337 City: Port Salerno State: FL Zip: 34992  
 State License Number: \_\_\_\_\_ OR: Municipality: MARTIN county License Number: MCPE01337  
 LOCAL CONTACT: Jim Gardiner Phone Number: (772) 285-8717  
 DESIGN PROFESSIONAL: N/A Fla. License# \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: 1,112 Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

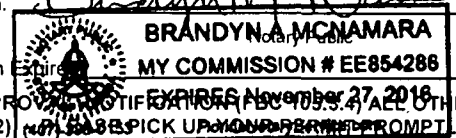
**WARNINGS TO OWNERS AND CONTRACTORS:**  
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED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

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

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

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

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
 X Scott Gardiner  
 State of Florida, County of: Martin  
 On This the 22 day of JULY 2014  
 by Scott Gardiner who is personally  
 known to me or produced \_\_\_\_\_  
 As identification, \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION FOR FBC 105.5.4 ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) **DO NOT PICK UP YOUR PERMIT PROMPTLY!**



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

*generated on 7/25/2014 2:03:49 PM EDT*

**Summary**

<b>Parcel ID</b>	<b>Account #</b>	<b>Unit Address</b>	<b>Market Total Value</b>	<b>Website Updated</b>
13-38-41-002-000-00380-5	27726	15 MIDDLE RD, SEWALL'S POINT	\$509,080	7/19/2014

**Owner Information**

<b>Owner(Current)</b>	GOLDEN PAUL & SHERRI
<b>Owner/Mail Address</b>	15 MIDDLE RD STUART FL 34996
<b>Sale Date</b>	10/19/2012
<b>Document Book/Page</b>	2608 1190
<b>Document No.</b>	2358137
<b>Sale Price</b>	574000

**Location/Description**

<b>Account #</b>	27726	<b>Map Page No.</b>	SP-06
<b>Tax District</b>	2200	<b>Legal Description</b>	HIGH POINT LOT 38 OR 340/2630
<b>Parcel Address</b>	15 MIDDLE RD, SEWALL'S POINT		
<b>Acres</b>	.3440		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120000 HighPoint - Sewall's Point

**Assessment Information**

<b>Market Land Value</b>	\$200,000
<b>Market Improvement Value</b>	\$309,080
<b>Market Total Value</b>	\$509,080

**MARTIN COUNTY ORIGINAL**

2013-2014 **BUSINESS TAX RECEIPT**

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

ACCOUNT 1990-520-00281 CERT 18P01337  
 PHONE (772) 879-3432 SIC NO. 238110  
 LOCATION 114 SW CHRISTMAS TER PSL

CHARACTER COUNTS IN MARTIN COUNTY


PREV. YR. \$	00	LIC FEE \$	26.25
	00	PENALTY \$	5.25
	00	COL FEE \$	16.60
	00	TRANSFER \$	00
<b>TOTAL</b>		<b>38.10</b>	

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE **11** DAY OF **DECEMBER**, 20**13** AND ENDING SEPTEMBER 30, 20**14**

**GARDINER, SCOTT H**  
**GARDINER CONCRETE**  
 114 SW CHRISTMAS TERRACE  
 PT ST LUCIE, FL 34984-4410

801 2013 01500 0001 PAID




**MARTIN COUNTY, FLORIDA**  
 Contractor's Licensing  
 Certificate of Competency

**CONCRETE FORMING & FINISHING - MC**

License #: MCPF01337 Expires: 09/30/2015

GARDINER, SCOTT H  
 GARDINER CONCRETE  
 PO BOX 337  
 PORT SALERNO, FL 34992

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**07/23/2014**

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

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

<b>PRODUCER</b> Hilton Insurance Services, Inc. 10211 West Sample Road Suite 208 Coral Springs FL 33065	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): <b>(954) 341-5252</b> FAX (A/C No.): <b>(954) 341-5878</b> E-MAIL ADDRESS: <b>admin@hiltoninsuranceservices.com</b>														
<b>INSURED</b> Gardiner Concrete, Inc. P.O. Box 337 Port Salerno, FL 34982	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A: Federated National Insurance Company</b></td> <td></td> </tr> <tr> <td><b>INSURER B: Markel Insurance Company</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A: Federated National Insurance Company</b>		<b>INSURER B: Markel Insurance Company</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
<b>INSURER A: Federated National Insurance Company</b>															
<b>INSURER B: Markel Insurance Company</b>															
<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>GL-0000022508-00</b>	<b>05/30/2014</b>	<b>05/30/2015</b>	EACH OCCURRENCE <b>\$ 300,000</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						DAMAGE TO RENTED PREMISES (Per occurrence) <b>\$ 100,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) <b>\$ 5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY <b>\$ 300,000</b>
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE <b>\$ 300,000</b>
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMPI/OP AGG <b>\$ 300,000</b>
	<input type="checkbox"/> ALL OWNED AUTOS						
	<input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Per accident) <b>\$</b>
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) <b>\$</b>
	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) <b>\$</b>
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident) <b>\$</b>						
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE <b>\$</b>
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE <b>\$</b>
	<input type="checkbox"/> DEF						
	<input type="checkbox"/> RETENTIONS						
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>MWC0024201-03</b>	<b>02/01/2014</b>	<b>02/01/2015</b>	<input checked="" type="checkbox"/> WC STATUS: <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT <b>\$ 100,000</b>
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. DISEASE - EA EMPLOYEE <b>\$ 100,000</b>
							E.L. DISEASE - POLICY LIMIT <b>\$ 500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> Town of Sewall's Point 1 South Seawall's Point Road Sewall's Point, FL 34998	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

# QUOTE

GARDINER CONCRETE, **MCPF01337**

3245-3 SE Dominica Terrace

Stuart, FL 34997

772-285-8717 office

772-260-0269 cell

20  
June 8, 2014

Paul Golden  
15 Middle Street  
Jensen Beach, FL

Paul,

Below is our quote to remodel your Pool Deck.

## Pool Deck:

- Provide a permit from Martin County
- Remove an estimated 1,112 square feet of existing wood deck
- Bring in 3 loads of fill to bring area to grade
- Prep and form same area to be poured
- Pour 1,112 square foot area with 3,000 psi fiber mesh concrete and finish
- After the concrete cures, apply a knockdown texture, to new concrete deck, to closely match the existing pool deck
- Pressure wash existing pool deck and prep to stain
- Stain, in color of choice, entire area, including 257 square feet of new concrete steps and upstairs balcony and landing, existing pool deck and new pool deck ( H & C waterbased concrete stain/sealer)
- Clean-up any debris after completion and dispose of properly
- Provide installation labor
- Add rebar @ 1' on center to new Deck Area



*\$ 9,402*      *\$ 9,242*      *PD dep.*  
*ck # 5203*  
*\$ 1,300 7.7.14*

**QUOTE AMOUNT: ~~\$8,822.00~~ B.B.**

20% is required before work begins. Pricing is valid for 30 days

Customer Signature *Paul Holden*

Gardiner Concrete Signature *B.B.*

Please call me with any questions you may have.

Thank you,

Bryan Brisebois  
Gardiner Concrete  
772-260-0269

**NOTICE OF COMMENCEMENT**  
 TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: 10956 TAX FOLIO #: \_\_\_\_\_

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 Pt Lot 38 or 340/2630

GENERAL DESCRIPTION OF IMPROVEMENT: Pool Deck remodel

OWNER NAME: Paul Golden  
 ADDRESS: 15 MIDDLE RD Seewalls Point, FL  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: 772-263-2158  
 NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_

CONTRACTOR: Gardiner Concrete  
 ADDRESS: PO Box 337 Fort Salter SC 29542  
 PHONE NUMBER: (717) 285-8417 FAX NUMBER: \_\_\_\_\_

SURETY COMPANY (IF ANY): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Paul Golden  
 SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19 DAY OF August, 2014  
 BY: Paul Golden AS Owner FOR Gardiner Concrete  
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION X  
 TYPE OF IDENTIFICATION PRODUCED FL Drivers License

[Signature]  
 NOTARY SIGNATURE/SEAL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

Paul Golden  
 (Signature of Natural Person Signing Above)

**F. AYER, III**  
 Notary Public, State of Florida  
 Commission # FF 12363  
 My comm. expires Apr. 25, 2017

STATE OF FLORIDA  
 MARTIN COUNTY  
 THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGE(S) IS/A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE  
 BY Carolyn Timmann CAROLYN TIMMANN, CLERK  
 DATE 8-17-14 DC



INSR # 2474225 DR BK 2738 PG 2188 RECD 09/04/2014 08:40:46 AM  
 (1 Pgs)  
 CAROLYN TIMMANN MARTIN COUNTY CLERK  
 DEED DOC \$0.00, H26 DOC \$0.00, INTANGIBLE \$0.00

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 9-8-14 Page 14 of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10694	Wescott 53 N River Rd San George Contracting	Column Beam	PASS	INSPECTOR <i>[Signature]</i>
10978	Bohner 2 N SPR CAPPS ROOFING	In Progress ROOF	PASS	INSPECTOR <i>[Signature]</i>
10778	Nehme 44 S SPR Oceanfront Builders	Trusses SHIPPING & LING	PASS	INSPECTOR <i>[Signature]</i>
10961	Escobar 22 E High Pt. Rd. Seagate Builders	Final Summer Kitchen	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10742	Tufano 16 E High Pt Rd Dreamworks	Final - Plumbing mechanical, Electrical gas + building	RESET FOR WED	INSPECTOR <i>[Signature]</i>
<del>10956</del>	Golden <del>15 Middle Rd</del> Gardiner Concrete	Patio Slab	<del>PASS</del>	INSPECTOR <i>[Signature]</i>
10294	Giussio 2 Island Rd Cosmopolitan	Final Remodel	PASS	CLOSE INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

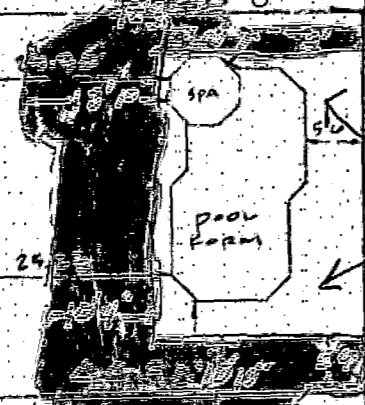
Date of Inspection  Mon  Tue  Wed  Thur  Fri 9/23/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Rough-in all		
AM Inspection	7 Oak Hill Way	trades and framing	Reset for <del>WIP</del>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10965	Pistolee	Final		
	21 Perriwinkle Cresc.	Pavers Driveway	PASS	CLOSE
	Apex Pavers			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Wescott	Partial roof		
	53 N River Rd	sheathing	PASS	
	San George Const.			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10995	Pryce	Final <del>Final</del>		
PM Inspection	6 N Via Lucindia	Fabric	PASS	CLOSE
	Home Depot	HURRICANE FRAMING		INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10778	Nehme	Windows		
	44 S SPR	In Progress	PASS	
	Ocean Front Builders			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10849	Gould	Final outdoor		SPRINKLER DISTURBED
	48 S SPR	Kitchen	FAIL	SOIL
	Karam Haddad LLC			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10956</del>	Golden	Final		
	<del>15 Middle Rd</del>	Pool Deck	<del>PASS</del>	<del>CLOSE</del>
	Gardiner Concrete			INSPECTOR <del>A</del>

Remove existing wood  
Deck & replace 1,112 sq ft  
with 3,000 psi fiber mesh  
concrete, & matted #5 rebar  
1' on center @ owners request  
Lornt

Hand Point  
No. P.K. 14  
Cur-out

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



EXISTING 2-STORY  
C.B.S.  
DWELLING

\* SEE SHEET  
TWO OF TWO  
FOR AS BUILT INFO.

MIDDLE ROAD  
(60' WIDE R/W)



LEGAL

LOT 38, HI  
PLAT BOOK  
RECORDS C

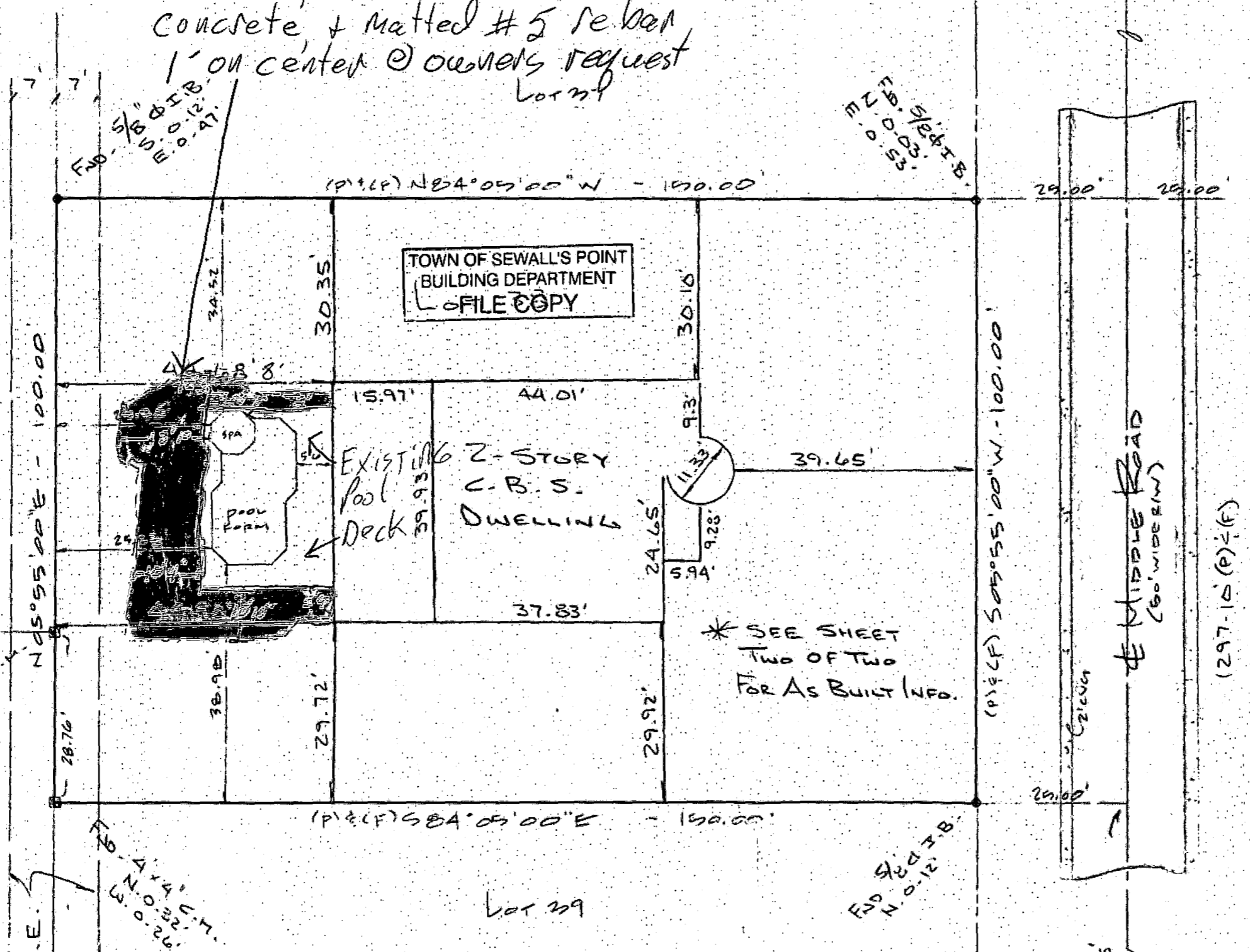
15 MIDDLE ROAD  
Sewell's Point

FINISH FLOOR ELEVAT  
ROOF HEIGHT  
ROOF HEIGHT ALONG F

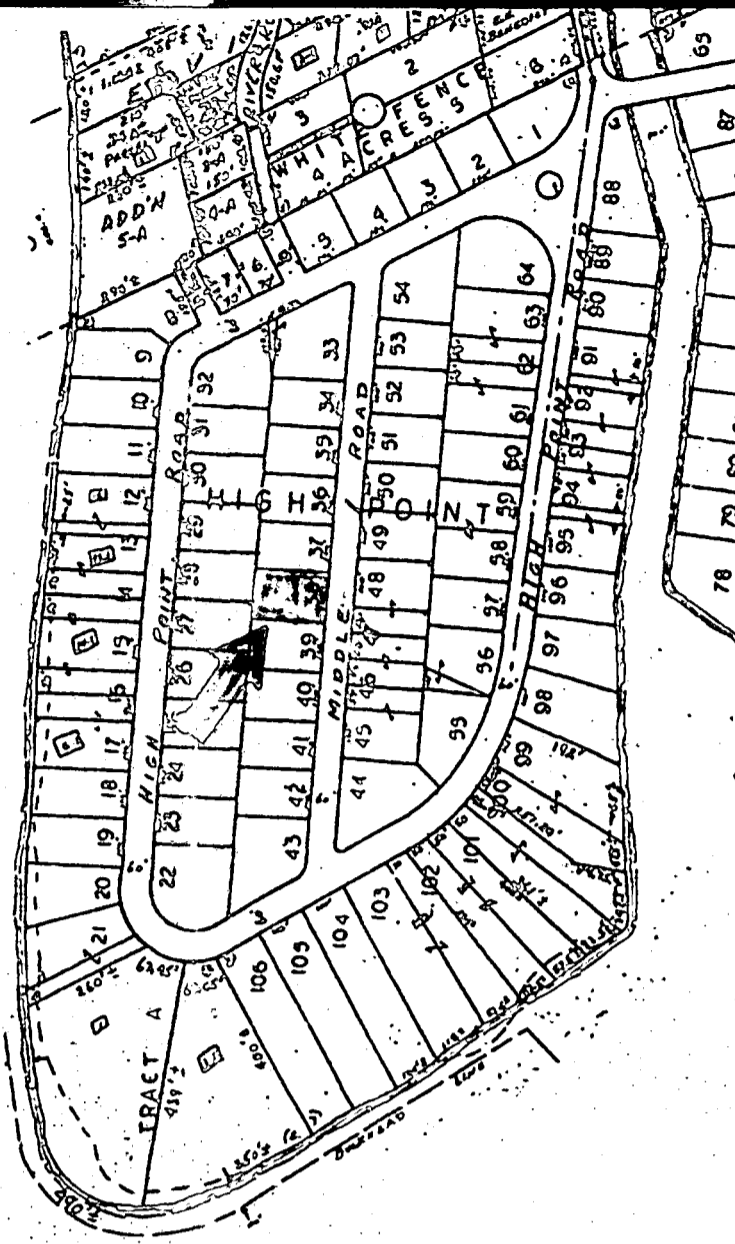
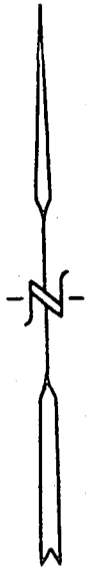
Lot 28

Lot 27

Lot 29







LOCATION MAP

LEGAL DESCRIPTION

LOT 38, HIGH POINT, AS RECORDED IN PLAT BOOK 3, PAGE 108, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

FINISH FLOOR ELEVATION = 24.35  
 ROOF HEIGHT = 6.10  
 ROOF HEIGHT ABOVE F.F.E. = 20.75'

AT	PAVEMENT	RAD	RADIAL	T	TANGENT
A	PERMANENT REFERENCE MONUMENT	RRS	RAILROAD SPIKE	TCE	TEMPORARY CONSTRUCTION EASEMENT
	PLAT	RNG	RANGE	TOB	TOP OF BANK
	PLATBOOK	RME	RECIPROCAL MAINTENANCE EASEMENT	TOE	TOP OF SLOPE
	POINT OF COMMENCEMENT	RLS	REGISTERED LAND SURVEYOR	TWP	TOWNSHIP
	POINT OF COMPOUND CURVATURE	RCP	REINFORCED CONCRETE PIPE	TRANS.	TRANSFORMER
	POINT OF CURVATURE	R/W	RIGHT OF WAY	TYP	TYPICAL
	POINT OF INTERSECTION	SSMH	SANITARY SEWER MANHOLE	UDE	UTILITY & DRAINAGE EASEMENT
	POINT OF REVERSE CURVATURE	SS	SANITARY SEWER	UE	UTILITY EASEMENT
	POINT OF TANGENCY	SECT	SECTION	UP	UTILITY POLE
	POWER POLE	SET I.B.	SET 5/8 IRON BAR & CAP #4049	WM	WATER METER
	PRIVATE UTILITY EASEMENT	S/W	SIDEWALK	WV	WATER VALVE
	PROFESSIONAL LAND SURVEYOR	S	SOUTH	W	WEST
IP	PROPOSED ELEVATION	SBT	SOUTHERN BELL TELEPHONE BOX	WPP	WOOD POWER POLE
7.00	RADIUS	S/F	SQUARE FEET		
		S/D	SUBDIVISION		

NOTES:

1. Survey of description as furnished by Client.
2. Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
3. All bearings are referenced to the east line of subject property platted as S 05°55'00" W and all other bearings are relative thereto.
4. Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
5. There are no above ground encroachments, unless otherwise shown.
6. The National Flood Insurance Program designation as indicated on the F.E.M.A. Map Panel No. 120164 0002 D, dated 06/16/92, locates the parcel in Zone C, base flood elevation N/A feet; subject to any scaling and interpolation factors associated with mapping of this accuracy.
7. Underground foundations & utilities not located unless shown.

Date of field survey:  
06/23/99

REVISIONS	BY
ROOF HEIGHT	
8/23/99	RAC
POOL AS-BUILT	
9/20/99	RAC
REVERSE POOL AS-BUILT	
9/24/99	RAC
FINAL SURVEY	
12/8/99	SJB

BOUNDARY SURVEY  
 PREPARED FOR: LARAWAY

STEPHEN J. BROWN, INC.  
 LICENSED BUSINESS NUMBER: 6484  
 SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS  
 619 EAST 5TH STREET, STUART, FLORIDA 34994  
 (561) 288-7176

DRAWN	S. J. B.
CHECKED	S. J. B.
DATE	06/22/99
SCALE	1" = 20'
JOB NO.	2748-09-01
SHEET	ONE



### Clear Choice Tax & Lien Service

7310 West McNab Road, Suite 205  
Tamarac, Florida 33321

Jason Talley  
President

Telephone: 954-597-7141  
Fax: 954-597-7253

Date July 18, 2007

City of Sewall's Point  
FAX: 772-220-4765

Re: Kindly advise of any existing Violations, Permits and Code Violations.

File Reference: 77-4407

Owner: Husted, Daniel

Property Address: 15 Middle Road  
Sewalls Point, FL 34996

Folio: 13-38-41-002-000-00380.50000

Legal: HIGH POINT LOT 38 OR 340/2630

Pending Liens / Assessments YES ( ) No ( )

Code Violations YES ( ) No ( )

Open & Expired Permits YES (X) No ( )

To Whom It May Concern:

Upon completion of the enclosed fax number listed above.

Sincerely,

Jason Talley  
President

JT/enclosures

Town records indicate that the Town of Sewall's Point has no Liens or assessments on the Referenced property. However, it should be noted that the complete record of liens and assessments on this property is on file with the Martin County Clerk of Circuit Court, PO Box 9016, Stuart, Florida 34995/9016.



DeL...MFP Laser 3115cn  
Monitor Report

Local Name :  
Company Logo :  
Total Pages Scanned : 1  
Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0973	19545977253	07-19:15:43	13"	1/1	SG3		Done

The documents were sent.

From: Clear Choice Tax & Lien      854 597 7253      07/18/2007 17:52      #947 P. 001/001



**Clear Choice Tax & Lien Service**  
7310 West McNab Road, Suite 205  
Tamarac, Florida 33321

Jason Talley  
President

Telephone: 954-597-7141  
Fax: 954-597-7253

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Folio: 13-38-41-002-000-00380.50000

Legal: HIGH POINT LOT 38 OR 340/2630

Pending Liens/ Assessments      YES ( )      No ( )

Code Violations      YES ( )      No ( )

Open & Expired Permits      YES (X)      No ( )

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Sincerely,

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*Valerie Meyer*

TOWN OF SEWALL'S POINT, FLORIDA

Date FEBRUARY 4 2005 TREE REMOVAL PERMIT No 2415

APPLIED FOR BY ELWOOD (Contractor or Owner)

Owner 15 MIDDLE

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 4 (4) Gumbo Limbo Sump (1) Queen Palm  
Likistrom (1) Holly

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed Gene Simmons Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspe  
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WOR

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or notes]

PROJECT DESCRIPTION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2/4, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>1000</del>	<del>LEWISWOOD</del>	<del>TREE</del>	<del>PASS</del>	
1	15 MIDDLE RD			INSPECTOR:
7224	JOHNSTON	POOL SEWER MAIN	PASS	
2	34 W. HIGH POINT SCHILLER POOLS	DRAIN		INSPECTOR:
7210	WILCOX	FRAMING	PASS	
5	955 RIVER RD ROOSTH CONSTR			INSPECTOR:
6965	FENSTERER	DRAIN	FAIL	
7	71 S. SEWALLS PT	SCRAPPING FOOTER		INSPECTOR:
6776	BORGEN	FINAL ROOF	PASS	CLOSE
10	21 EMARITA WAY PACIFIC ROOFING			INSPECTOR:
TREE	BARNEY MALETTE	TREE	PASS	
11	50/52 S.S.P.R. <del>MOSELY</del>			INSPECTOR:
6513	DUNN	LATH	FAIL	
12	31 N. RIVER F.F.O.			INSPECTOR:
OTHER: TREE	O. CONNOR 16 FIELDWAY	TREE	PASS	
	129 S.S.P.R.			INSPECTOR:

**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 STEVE ECUOVA Address 15 MIDDLE RD Phone \_\_\_\_\_

Contractor ALPHA-ZETA Address 1131 SW 32ND STREET Phone 283-4123

No. of Trees: REMOVE 4 Type: ① GUMBO LIMBO STUMP ② QUEEN PALM ③ LIQUIDUM ④ HOLLY

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

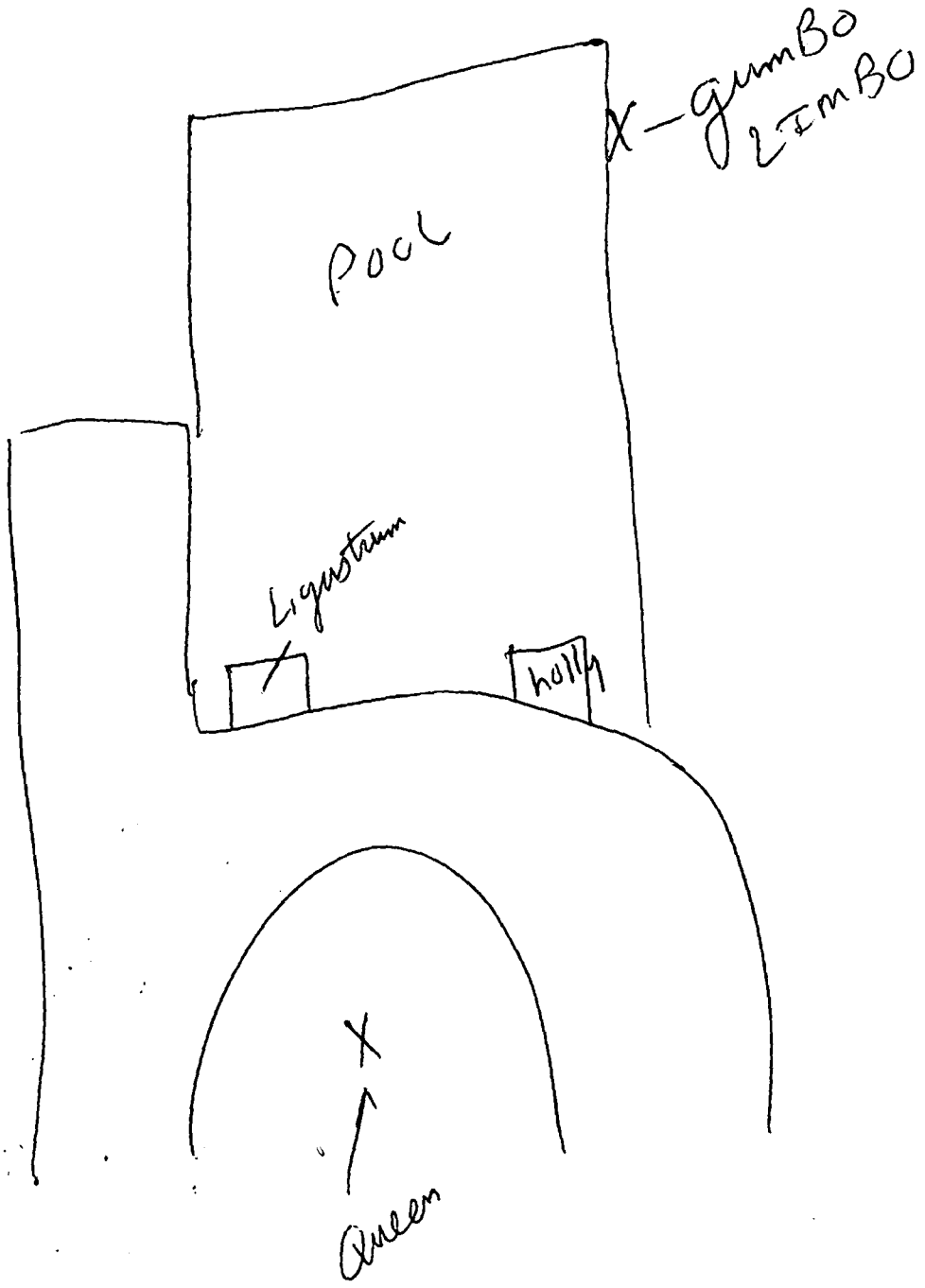
Written statement giving reasons: ① STORM DAMAGE BUILT DAMAGED BEYOND LIFE.

② tree close to foundation will be replaced w/ PALMS

Signature of Property Owner [Signature] Date 2/3/05

Approved by Building Inspector: [Signature] Date 2/4/05 Fee: ①

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



TOWN OF SEWALL'S POINT, FLORIDA

Date 8-11-06 19 \_\_\_\_\_ TREE REMOVAL PERMIT No. 363

APPLIED FOR BY Sedler (Contractor or Owner)

Owner [Redacted]

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS Dead tree

FEE \$ 0

Signed, \_\_\_\_\_ Applicant

Signed, Phil Wintercorn  
Bldg 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

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Fee:**

1. Tree permits are \$15.00, payable in advance.
2. Permit - No 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 single family resident see above.
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 Ruth Sadler Address 12 Middle Rd. Phone 772-263-8868  
 Contractor call wte 781-4656 Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: Queen Palm

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

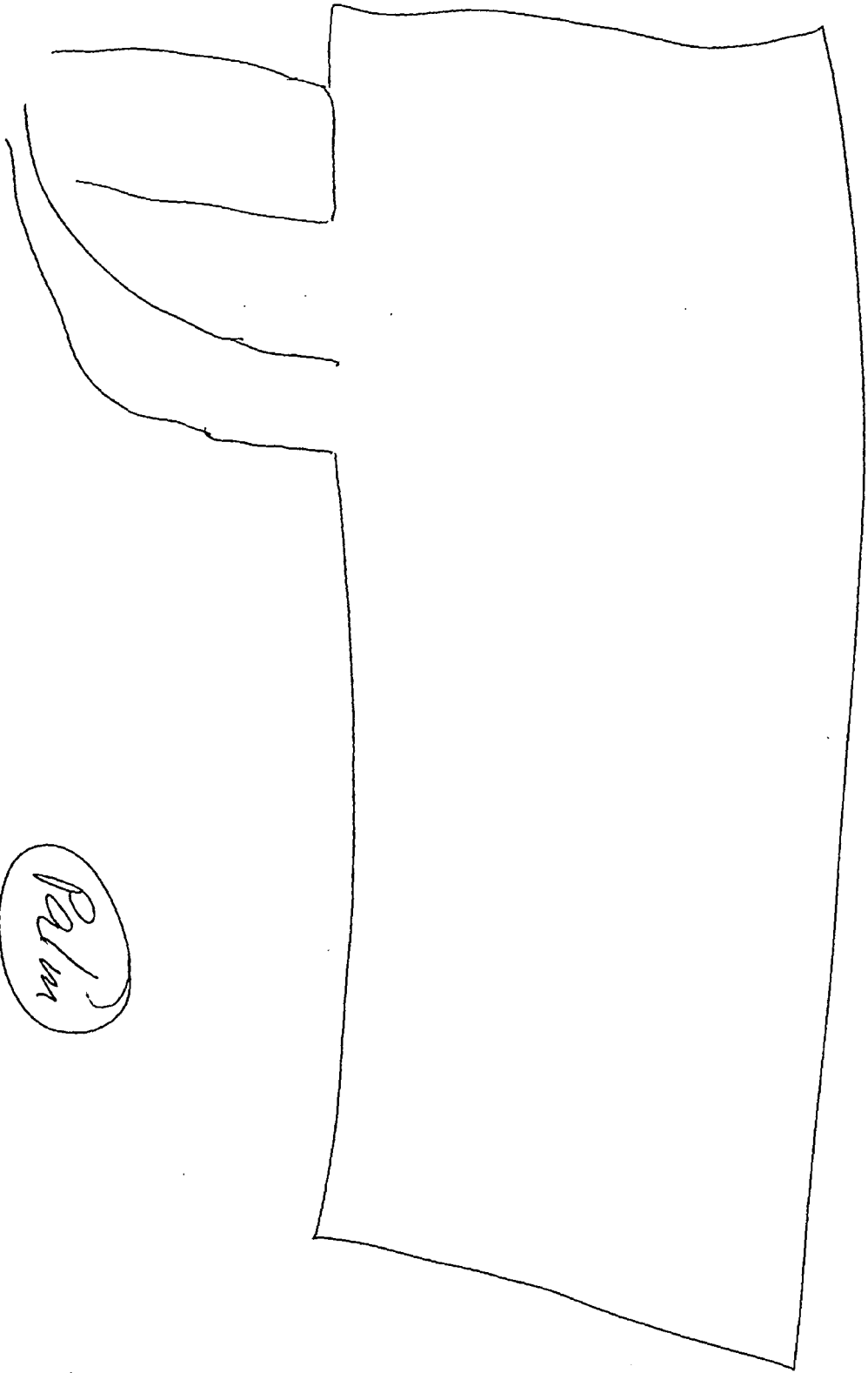
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: the tree is dead

Signature of Property Owner X Ruth Sadler Date 8-9-06

Approved by Building Inspector: [Signature] Date 8/11 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



Palm

Stroke



OK



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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Robert Richardson Address 15 SW 116 Rd Phone 561 662-3524

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 2 Species: Fox Tail

No. of Trees: RELOCATE 1 Species: Fox Tail

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

\*\*\*ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

Reason for tree removal /relocation (See notice above) \_\_\_\_\_

Signature of Property Owner Robert Richardson Date 5/16/08

Approved by Building Inspector: [Signature] Date 5/28 Fee: —

NOTES: \_\_\_\_\_

SKETCH:

