

18 Middle Road

131

SFR

Application For Building Permit

Owner John Gochens Present Address Stuart Phone 287-5988

Architect Bob Armstrong Address Stuart

General Contractor Robert Simmons Address Jensen Beach Phone 287-2058

Where Licensed Martin County License No. 31

Plumbing Contractor Ed Schmidt Where Licensed _____ No. _____

Electrical Contractor Lawrence Evans Where Licensed _____ No. _____

Property Location Sewall Point Subdivision High Point Lot No. 646-47

Lot Dimensions 100 x 150 Lot Area _____ Sq. Ft. _____

Purpose of Building Residence Type of Construction CBS

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls 2400 Inside of Walls _____

Street or Road building will front on Middle Rd

Clearances - Front 50' Back _____ Side 22 Side 30 River _____

Well Location City Septic Tank Location Rear - East Side

Building elevation (By Ordinance Definition) 2'-4" above Road

Contract Price (Include Plumbing, Electrical, Air Conditioning) \$31,000

PERMIT FEE	New Home	Additions	Others
General (\$3.00 per \$1000 or Fraction)	<u>93⁰⁰</u>	_____	_____
Plumbing (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner)	<u>\$ 113.00</u>	_____	_____

SIGNED: - General Contractor or Owner Robert Simmons

Building Inspector Comments: _____

FOR TOWN RECORDS: Date Drawings submitted 7/28/67

Date Permit approved 8/4/67

Date Permit Fee paid 8/4/67

Date First Inspection 8/ /67

Date Final Inspection _____

Date Occupancy approved _____

#131

131

429

REMODEL

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 429
Date 10-9-73

based

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

Owner John Jochem Present Address MIDDLE RD Hi Point Ph

General Contractor LOWERY CONST Address P.O. Box 101 Palm City Ph 287-4076

Where licensed MARTIN Co License No. 102

Plumbing Contractor DAVES PLUMB License No. _____
Electrical Contractor TAYLOR License No. _____

Street building will front on MIDDLE RD

Subdivision Hi Point Lot No. 46 Area REMODEL

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

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 45,000.00

Total cost of permit \$ 245.00

Plans approved as submitted _____ Plans approved as marked _____

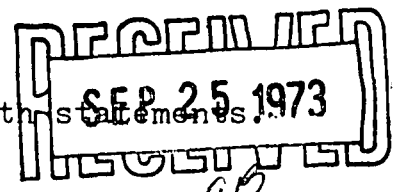
I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

John Lowery
Signed by General Contractor

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

John Jochem
Signed by Owner

Note: Speculation Builders will be required to sign both statements



TOWN RECORD

Date submitted _____
Date approved 10/11/73 *John Jochem*

Certificate of Occupancy issued _____ Date 10/18/73
429

287-4076 }
Jochem }

TOWN OF SEWALL'S POINT
CERTIFICATE OF OCCUPANCY

DATE March 29, 1974

This Certificate of Occupancy is issued for John Jochem
on Lot No: 46, Block _____, _____ Street,
High Point S/D, constructed under Building Permit
No. 429 on record in the Town of Sewall's Point Town Hall.

Construction of this building conforms to all Ordinances of
the Town.

RECORD OF INSPECTIONS

ITEM	DATE	APPROVED BY
FOOTINGS		
ROUGH PLUMBING		
PERIMETER BEAM		
ROUGH ELECTRIC		
CLOSE IN		
FINAL PLUMBING	3-29-74	C. Kuoeller
FINAL ELECTRIC	3-29-74	C. Kuoeller

PROOF OF SEPTIC TANK APPROVAL BY OTHERS, ie (COUNTY HEALTH DEPT.)

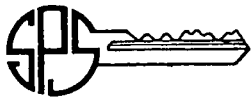
Approved by Building Inspector C. Kuoeller
Approved by Town Commission: Clay Lambeth, Jr.

Utilities notified: _____ Date _____

Stuart Paint & Supply, Inc.

Route 707 in Rio
P. O. Box 65, Stuart, Florida
Phone 287-2700

SPS 



"YOUR KEY TO BETTER LIVING"

BUILDING MATERIAL

- LUMBER
- TRIM
- TRUSSES
- PREHUNG DOORS
- TIMBERS
- ROOFING
- INSULATION
- PLYWOOD
- HARDWARE

GLASS PRODUCTS

- WINDOWS
- JAL. DOORS
- STORE FRONTS
- MIRRORS
- SLIDING DOORS
- FANCY GLASS
- AUTO. GLASS

PAINT

- MEDALLION
- MURPHY
- BRUSHES
- ROOF COATINGS
- SUNDRIES

HOME DECORATING

- CARPETING
- FLOOR TILE
- KITCHEN CABINETS
- FORMICA
- DRAPERY MATERIAL
- VENETIAN BLINDS
- FOLDING DOORS
- DRAPERY HARDWARE

HOME IMPROVEMENT

- AWNINGS
- CABANAS
- SCREEN ENCLOSURES
- ALUM. CARPORTS
- TUB ENCLOSURES

WE INSTALL-

- WINDOWS
- GLASS DOORS
- HOME IMPROVEMENT ITEMS.

- 24 HOURS SERVICE ON GLASS —


March 28, 1974

To Whom It May Concern:

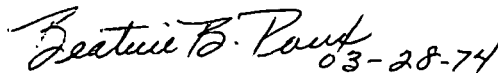
This is to certify that glass installed in the main entrance way of John Jochem's home, Lot 46 and 47, High Point Subdivision, Middle Road Sewells Point, Martin County, Florida is 1/4" grey-lite tempered glass sizes;

42 X 76 3/4	35 1/4 X 76 1/2
35 X 76 1/4	76 X 42

purchased from Guardian Industries and installed by Stuart Paint And Supply glass division.



Slater Grose
Glass Division, Mgr.



03-28-74

Notary Public, State of Florida at Large
My Commission Expires Jan. 2, 1978
Bonded by American Fire & Casualty Co.

Stuart Paint & Supply, Inc.

ORDER NO.

12053

ROUTE 707 IN RIO

P. O. BOX 67 STUART, FLORIDA 33494

PHONE MAIN OFFICE: 334-2700 & 465-2052
TRUSS OFFICE: 283-4525

SPS ▲ ■

TO Handman Bros.

DATE 1-16 1944

REQUISITION NO. 100-10000

DATE REQUIRED Jan 19

PLEASE ENTER OUR ORDER FOR GOODS LISTED BELOW AND NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE REQUIRED.

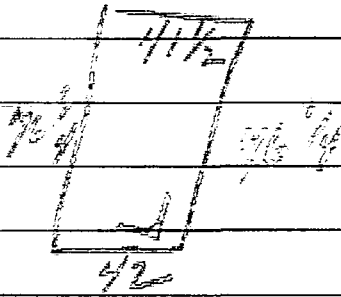
SHIP TO _____

HOW SHIP RAIL TRUCK EXPRESS PARCEL POST

ROUTING East Mo

TERMS

✓	QTY. ORD'D	QTY. REC'D	STOCK NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
1	1		1/4" Truss	42 X 76 3/4		
2	1		" "	35 1/4 X 76 1/2		
3	1		" "	35 X 76 1/4		
4	1		" "	"		
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						



OUR ORDER NO. MUST APPEAR ON ALL PAPERS AND PACKAGES RELATIVE TO THIS ORDER.

PLEASE SEND _____ COPIES OF YOUR INVOICE WITH ORIGINAL BILL OF LADING.

DATE RECEIVED _____ RECEIVED BY _____

PURCHASING AGENT

PURCHASE ORDER



PHONE: 1-305-525-3481
 3060 S.W. SECOND AVENUE
 FT. LAUDERDALE, FLORIDA 33315

INVOICE

SHIP TO

CUSTOMER NO. 1452

SOLD TO
 • Stuart Paint
 • Route 707 in Rio
 • Stuart, Fla.

THIS IS TO CERTIFY THAT THE MERCHANDISE REPRESENTED BY THIS INVOICE WAS PRODUCED IN ACCORDANCE WITH THE "FAIR LABOR STANDARDS ACT OF 1938" AS AMENDED.

CUSTOMER ORDER NO. 12053		GLASS OURS *XXX	TERMS 1 & 10 NET 30	INVOICE DATE 1-28-74	INVOICE NO. 44457			
SHIPPING DATA their pick up				DATE ENTERED -17-74	DATE SHIPPED 1-28-74	COMPLETE YES		
LINE NO.	DESCRIPTION		CUT	SQUARE FEET	QUANTITY		UNIT PRICE	AMOUNT
	THICK-TYPE	SIZE			ORDERED	SHIPPED		
1	1/4 gray	42 X 76 3/8	C2		1	/		
2	"	35 1/4 X 76 1/2	C2		1	/		
3	"	35 X 76 1/4	C2		1	/		
4	"	T41 1/2 B42 LR76 1/4 BR. sq.	C2		1	/		

Has Lowey Jackson
Alan [Signature]

CUSTOMER SIGNATURE: *[Signature]*



PHONE: 1-305-525-3481
 3060 S.W. SECOND AVENUE
 FT. LAUDERDALE, FLORIDA 33315
 INVOICE

SHIP TO ○
 ○
 ○

CUSTOMER NO.
 1452

SOLD TO ○ Stuart Paint
 ○ Route 707 in Rio
 ○ Stuart, Fla.

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3	"	35 X 76 1/4	C2		1	1		
4	"	T41 1/2 B42 LR76 1/4 BR. sq.	C2		1	1		

*Has factory
 Jackson*

*Alan
 Glass
 OK*

CUSTOMER SIGNATURE: *Nichols*

4141

CHAIN LINK

ADDITION

&

WOOD GATE

TAX FOLIO NO.

4141

DATE

2/4/97

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

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

Owner Edward A Justice Present Address 18 Middle Rd
Stuart, FL 34996

Phone (561) 220-1478

Contractor self Address _____

Phone _____

Where Licensed _____ License Number _____

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Adding to additional chain link fence 6'1/2'

tall with wood gate facing west toward Middle Rd
State the street address at which the proposed structure will be built:

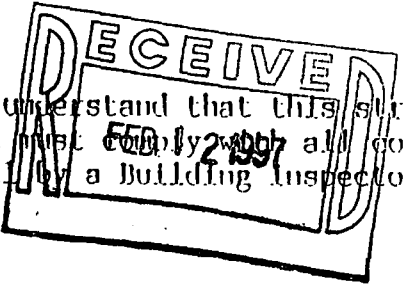
Subdivision High Point Lot Number 18 Block Number _____

Contract Price \$ ~~2000~~ 200 Cost of Permit \$ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor: Edward Justice



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

Owner: Edward Justice

TOWN RECORD

Date submitted _____

Approved: Dee B
Building Inspector Date _____

Approved: _____
Commissioner Date _____

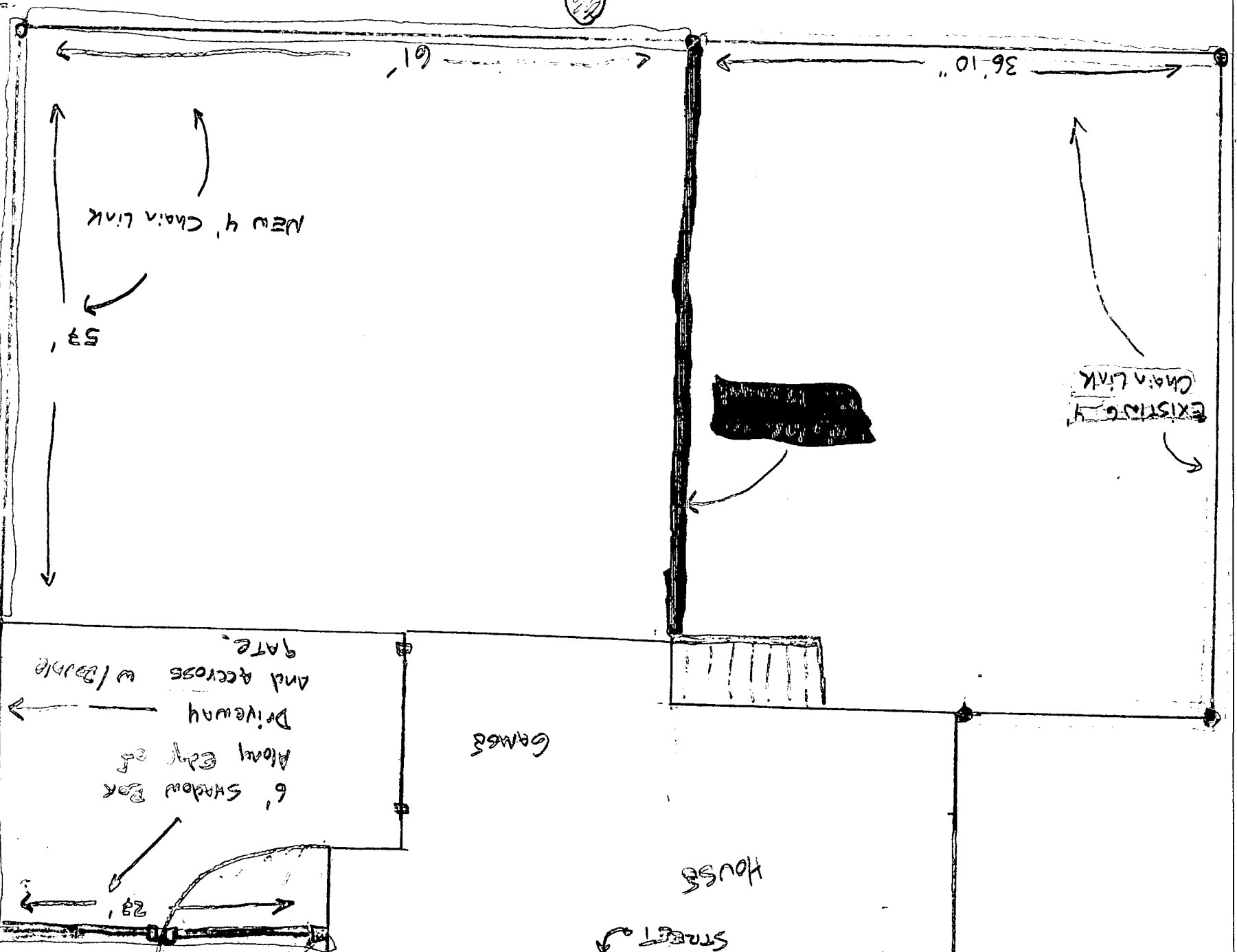
Final Approval given: _____
Date _____

Certificate of Occupancy Issued (if applicable) _____
Date _____

Verification # 995399

UTILITIES NOTIFIED 2/13/97
UTILITY RATE
for Approval.

H₂O METER



NEW 4" CHAIN LINK

53'

36.10"

61'

EXISTING 4" CHAIN LINK

6' SHADOW BOX
Along Edge of
Driveway
and across w/ barrier
gate.

25'

GARAGE



HOUSE

STREET

4442

REROOF

Town of Sewall's Point

PIN _____

Date 2-27-98

BUILDING PERMIT APPLICATION

#44 42

to construct RE-ROOF

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CR

OTHER: REROOF CONTRACT PRICE 8900.00

Owner's Name EDWARD & AMY JUSTICE

Owner's Address 18 MIDDLE ROAD SEWALL'S POINT, FLA 34996

Fee Simple Titleholder's Name (if other than owner) N/A

Fee Simple Titleholder's Address (if other than owner) N/A

City SEWALL'S POINT State FLA Zip 34996

Contractor's Name COSTA APOSTOLOPOULOS

Contractor's Address 1501 DECKER AVE

City STUART State FLA Zip 34994

Job Name JUSTICE Ribryless Shingle to Deck

Job Address 18 MIDDLE ROAD 40 PR Deck Shingle

City SEWALL'S POINT State FLA Zip 34996

Legal Description THE N. 50 FEET OF LOT 46 AND THE SOUTH 50 FEET OF LOT 47 HIGH POINT ACCORDING TO THE PLAT TABLE AS RECORDED IN PLAT BOOK 3 PAGE 108 OF PUBLIC RECORDS OF MARTIN COUNTY, FLA

Bonding Company _____

Bonding Company Address N/A

City _____ State _____ Zip _____

Architect/Engineer's Name N/A

Architect/Engineer's Address N/A

Mortgage Lender's Name _____

Mortgage Lender's Address N/A

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 standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: 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.

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.

[Signature] 7/27/98
Owner or Agent Date
[Signature] 7/27/98
Contractor Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 27 day of July, 1998 by Edward Justice who: [] is/are personally known to me, or [] has/have produced FL D.L. as identification, and who did not take an oath.

#J232 221 66 3380

[Signature]
Name: Cindy Partin

Typed, printed or stamped
(NOTARY SEAL)



Cindy Partin
MY COMMISSION # CC718159 EXPIRES
March 19, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

I am a Notary Public of the State of Florida having a commission number of CC718159 and my commission expires: 3-19-02

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 27 day of July, 1998 by Costa Apostolopoulos who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath.

[Signature]
Name: Cindy Partin

Typed, printed or stamped
(NOTARY SEAL)



Cindy Partin
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Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC003907

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Robert A. Bott BU0000840 Permit Officer

[Signature] Building Commissioner

Permit No. _____

Tax Folio No. 13384100200000461.7

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, Fla. Statutes, the following information is provided in this Notice of Commencement.

- 1. Description of property: 18 MIDDLE ROAD
SEWALLS POINT, FLA 34996
- 2. General description of improvement: RE-ROOF OF EXISTING RESIDENCE
- 3. Owner information:
 - a. Name and address: EDWARD & AMY JUSTICE
18 MIDDLE ROAD
 - b. Interest in property: SEWALLS POINT, FLA 34996
RESIDENCE PRIME
 - c. Name and address of fee simple titleholder (if other than owner):
N/A
- 4. Contractor:
 - a. Name and address: COSTA APOSTOLOPOULOS
1501 DECKER AVE, STUART, FLORIDA 34994
 - b. Phone number: 220-7505
 - c. Fax number (optional, if service by fax is acceptable): 220-4408
- 5. Surety:
 - a. Name and address: N/A
 - b. Phone number: N/A
 - c. Fax number (optional, if service by fax is acceptable): N/A
 - d. Amount of bond \$ _____
- 6. Lender:
 - a. Name and address: N/A
 - b. Phone number: N/A
 - c. Fax number (optional, if service by fax is acceptable): N/A
- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1) (a)7., Florida Statutes.
 - a. Name and address: PATRICK WEBER
P.O. BOX 1366 STUART, FLA 34995
 - b. Phone number: 286-9541
 - c. Fax number (optional, if service by fax is acceptable): 785-5474
- 8. In addition to himself, Owner designates PATRICK WEBER of AHP CONST to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
 - a. Phone number: 286-9541
 - b. Fax number (optional, if service by fax is acceptable): 785-5474
- 9. Expiration date of notice of commencement: _____ (The expiration date is 1 year from the date of recording unless a different date is specified).

X [Signature]
Signature of Owner

X Name: Edward A. Justice
Please Print, Type or Stamp

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 27 day of July, 1998, by Edward Justice [] personally known to me, or [] has produced J232-221-66-335-0 as identification, and who [] did [] did not take an oath.

[Signature]
Signature of Notary

Name: Cindy Partin
Please Print, Type or Stamp

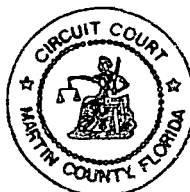


Cindy Partin
MY COMMISSION # CC718159 EXPIRES
March 19, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHALLER CLERK

[Signature] D.C.
DATE 7-28-98



I am a Notary Public of the State of Florida having a
commission number of CC718159
and my commission expires: 3-19-02

(NOTARY SEAL)

5488

POOL/DECK



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

RECEIVED
JUL 17 2001

Bldg. Permit Number 5188

Owner or Titleholder's Name EDWARD & AMY JUSTICE Phone No. (561) 220-1478
 Street: 18 MIDDLE ROAD City: SEWALLS POINT State: FL Zip: 34996
 Legal Description of Property: North 50' of Lot 46 + South 50' of Lot 47
High Point, Sewalls Point Parcel Number: 1338-41-002-000-00461-70000
 Location of Job Site: 18 Middle Road, Sewalls Point
 TYPE OF WORK TO BE DONE: Swimming Pool & Deck

CONTRACTOR/Company Name: Twin Pools, Inc. Phone No. (561) 692-4207
 Street: 639 Buck Hendry Way City: Stuart State: FL Zip: 34994
 State Registration: RPO066872 State License: _____

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: 936
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

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

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 15,000
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: All Hours Electrical State: FL License # EC0001596
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
Edward Justice
 Owner

State of Florida, County of: Martin On this the 16th day of July, 2000, by Edward Justice who is personally known to me or produced _____ as identification.

Rose Heaton
 Notary Public

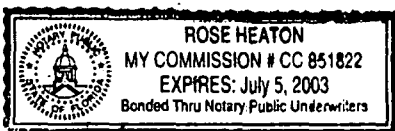
My Commission Expires: 7/5/2003

CONTRACTOR SIGNATURE (Required)
Holly Cluatt
 Contractor

State of Florida, County of: Martin On this the 16th day of July, 2000, by Holly Cluatt who is personally known to me or produced _____ as identification.

Rose Heaton
 Notary Public

My Commission Expires: 7/5/2003



TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: 0 Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

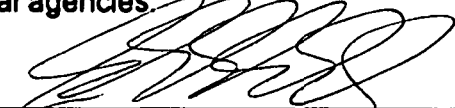

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Replace drawing: If prefabricated submit manufacturers data

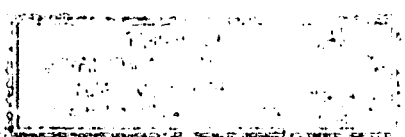
ADDITIONAL Required Documents are:

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

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

Approved by Building Official:  Date: 

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



MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 8/2/01

BUILDING PERMIT NO. 5488

Building to be erected for EDWARD & AMY JUSTICE

Type of Permit POOL/DECK

Applied for by TWIN POOLS, INC

(Contractor) Building Fee \$240.00

Subdivision HIGH POINT Lot (PT) 46 & 47 Block _____

Radon Fee _____

Address 18 MIDDLE ROAD

Impact Fee _____

Type of structure S.P.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

13-38 41-002-000-00461-70000

Roofing Fee _____

Amount Paid \$240.00 Check # 6210 Cash _____ Other Fees (_____)

TOTAL Fees \$240.00

Total Construction Cost \$ _____

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

POOL / SPA PERMIT

INSPECTIONS

SETBACKS	DATE _____
COMPACTION TESTS	DATE _____
GROUND ROUGH	DATE _____
STEEL & BOND	DATE _____
LIGHT NITCHE	DATE _____

DECK	DATE _____
ENCLOSURE & LATCH	DATE _____
DOOR ALARM(S)	DATE _____
FINAL	DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction **Remodel** **Addition** **Demolition**

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

TOWN OF SEWALL'S POINT

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at 12 Middle Road, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues.

- The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29
- The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)
- All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet
- All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

CONTRACTOR'S SIGNATURE & DATE

[Signature] 4/25/03
OWNER'S SIGNATURE & DATE

NOTARY PUBLIC, STATE OF FLORIDA

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE _____

TINA M. CIECHANOWSKI
MY COMMISSION # CC 935016
EXPIRES May 9, 2004
AS TO OWNER PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE FLDC 66-338-0

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION

RECEIVED

AUG - 1 2001

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13884100200000461700

BY: _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

18 Middle Road, North 50' of Lot 46 + South 50' of Lot 47

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool + Deck

OWNER: Edward + Amy Justice

ADDRESS: 18 Middle Road Sewalls Point

PHONE #: 220-1478

FAX #: 286-7341

CONTRACTOR: Twin Pools, Inc.

ADDRESS: 639 Buck Hendry Way Stuart, FL 34994

PHONE #: 692-4207

FAX #: _____

SURETY COMPANY (IF ANY)

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

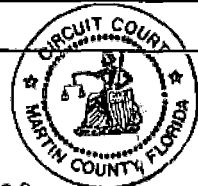
LENDER: _____

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

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



MARSHA EWING, CLERK
BY: [Signature]
DATE: 8-1-01

D.C.

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 16th DAY OF July 2001 BY Edward Justice

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

Rose Heaton
NOTARY SIGNATURE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/01/2000

PRODUCER (561)335-8804
S.M. FINES INSURANCE AGENCY
1250 S.E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952-5392

(561)335-8847

COPY FILE

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

INSURERS AFFORDING COVERAGE

INSURED ~~Twin Peaks, Inc.~~
639 Buck Hendry Way
Stuart, FL 34994

he/ins

INSURER A: Great American
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
AUG - 4 2000
BY: *[Signature]*

FILE *permut*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	800030160446	08/02/2000	08/02/2001	EACH OCCURRENCE	\$ 300,00
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,00
					PERSONAL & ADV INJURY	\$ 300,00
					GENERAL AGGREGATE	\$ 600,00
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 600,00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

State of Florida

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

Tom of Sewalls Point
1 South Sewalls Point Rd.
Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE

Susan Fines/SMF

Susan M. Fines

06/01/2001

PRODUCER

MARSH USA, INC.
600 RENAISSANCE CENTER, SUITE 2100
DETROIT, MI 48243

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 AMERICAN INTERNATIONAL GROUP

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

FILE

li/ins.

COMPANY B
COMPANY C
COMPANY D

RECEIVED

JUN 5 2001

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, 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
	GENERAL LIABILITY <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) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL	RWVWCS276938	06/01/2001	09/01/2001	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input checked="" type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 500,000 EL DISEASE-POLICY LIMIT \$ 500,000 EL DISEASE-EA EMPLOYEE \$ 500,000
	OTHER LOCATION COVERAGE		06/01/2001	09/01/2001	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:

3138 TWIN FOOLS

1110 NE INDUSTRIAL BLVD., JENSEN BEACH, FL 34957

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT

1 SEWALLS POINT BLVD
SEWALL POINT, FL 34996-
ATTN: 561-220-4765
FAX: 561 335-0071

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

Roy D. Cannon

RECEIPT OF PAYMENT
 L.C. O'STEEN, T.C. 9000
 99-09/13/2000-000 NORMAL
 2000520004
 000913005440CK \$25.00

13 DAY OF SEPTEMBER 20 00
 AND EXPIRES SEPTEMBER 30, 2001



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF SWIMMING POOL CONTRACTOR AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

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

MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE 2001
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (888) 288-5604

LICENSE 2000 520 004 CERT SPO2473
 PHONE 561 692 420 T/C NO 1799
 LOCATION 639 NW BUCK HANDRY WAY
 STUART, FL 34994

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONTRACTOR LICENSING BOARD

DATE BATCH NUMBER LICENSE NUMBER
 08/27/00 0068 588 0068

The REGIDENTIAL POOL/SPA CONTRACTOR listed below HAS REGISTERED under the provisions of Chapter 489. Expiration date: AUG 31, 2001. INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA.

CLYATT, HOLLY ANN
 TWIN POOLS INC
 1110 NE INDUSTRIAL
 JENSEN BEACH

FL 34957

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSO
 SECRETARY

FILE
lie/wy

RECEIVED
 SEP 11 2000
 BY: 4



MARTIN COUNTY, FLORIDA
 Construction Industry Lic Bd
 Certificate of Competency

License: SP02473
 Expires September 30, 2001

CLYATT, HOLLY A
 TWIN POOLS
 1110 NE INDUSTRIAL BLVD
 JENSEN BCH, FL 34957
 CONTRACTOR POOL/SPA

JEB BUSH
 GOVERNOR

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: All Pool/Spa Contractors
From: Edwin B. Arnold, Building Official *EA*
Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date: Sept. 1, 2000

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. The statute also mandates specific information which must be furnished to buyers on entering into an agreement to build a residential swimming pool. Evidence of compliance with these requirements will be required as part of the building permit application submittal. Please contact me if you have any questions.

*** SUBMIT DETAILS OF PROPOSED METHOD
OF COMPLIANCE FOR REVIEW PRIOR
TO INSTALLATION.**



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4785 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 288-7669 • E-Mail: police@sewallspoint.org

Sewell's Point Building Department
C/o Gene Simmons

This letter is to inform you that I, Edward Justice, intend to rectify the 6 inch set back issue in reference to my pool deck. This error was made in good faith and I intend to rectify it before the permit expires in 2/03. I will await the reviewing of new legislation in regards to concrete decks in existing set backs. If this rule does not pass or my situation is ineligible under new legislation, I will rectify it by cutting my existing deck by 6 inches to comply with current set backs. I want to go on record that this error was made due to a recommendation by the former Sewell's Point building inspector, Ed Arnold. His feeling was that the original 2 feet was insufficient to meet fla code that stated the pathway must be a "reasonable" distance for the elderly and children to walk. He stated that 2.5 feet would be required and we complied. His departure has left us in the situation that we are currently in now. I will handle this situation as it plays out over the next 6 months, but I assure the town that if no other option is available I will cut away the decking

Sincerely,



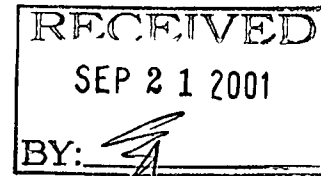
Edward Justice
18 Middle Road
Sewell's Point, Fl

8/22/02

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET
FORT PIERCE, FLORIDA 34946
(561) 461-7508 OFFICE - (561) 461-8880 FAX

FILE



Client: Twin Pools

Project: ~~18 Middle Road, Sewall's Point~~

Date Tested: 09/20/01

Project No.: 3969

Backfill Between House and Pool / Pool Deck

Permit No. ~~5428~~

REPORT OF IN-PLACE DENSITY TESTS

As requested by the client, a representative of A. M. Engineering and Testing, Inc. performed in-place density tests at the referenced project. The tests were made to evaluate if the soil below the pool deck and between the pool shell and the house has been compacted in accordance with the requirements of the Sewall's Point Building Department. A minimum of five (5) locations were tested using a nuclear density gauge and/or a hand cone penetrometer. At four (4) of the locations, the upper one foot of soil was tested. At the fifth (5th) location, the closest point between the existing house and the pool, the fill was tested in one-foot intervals to a depth of four (4) feet. The test results indicate that the soil has been compacted to at least 95% of the modified Proctor maximum dry density (ASTM D 1557).

Respectfully submitted,

A. M. ENGINEERING AND TESTING, INC.

[Signature]
Rebecca Grant Ascoli, P.E.
Senior Geotechnical Engineer

Copies: Client - 1
SP Bldg Dept. - 1



ASLAN, INC.

Post Office Box 1500, Stuart, FL 34995-1500
2440 S.E. Federal Highway - Ste. 700, Stuart, FL 34994
Telephone 772.288.4880 Toll Free 800.470.1850
Facsimile 772.288.0128 E-Mail aslaninc@adelphia.net

**REPORT OF AS-BUILT SURVEY
For Edward A. and Amy S. Justice
August 2, 2002**

Map of As-Built Survey:

See Map of As-Built Survey, land description is in accord with the description provided by the client or the client's representative. This survey map and report is not valid without the signature and original raised seal of the Florida licensed Surveyor and Mapper. The signature and seal can be found at the end of this report. The map and report are not full and complete without the other.

Legal Description:

The North 50 feet of Lot 46 and the South 50 feet of Lot 47, High Point, according to the plat thereof, as recorded in Plat Book 3, Page 108, of the Public Records of Martin County, Florida.

Accuracy:

The expected use of the land, as classified in the Minimum Technical Standards (61G17-6FAC), is "Suburban". The minimum relative distance accuracy for this type of survey is 1 foot in 7,500 feet. The accuracy obtained by measurement with an electronic total station and calculation of a closed geometric figure was found to exceed this requirement.

Data Sources:

Prior As-Built Surveys were prepared by this office.

Measurement Methods:

Limited improvements were located by radial measurement with ties to existing improvements and control.



General:

- This As-Built Survey is for the specific purpose of locating improvements at the front of the house.
- Elevations shown hereon are in feet and decimal parts thereof and are relative to the National Geodetic Vertical Datum of 1929 and are based on the local benchmark being a found PK Nail & Washer in the entrance driveway pavement at 11 W. High Point Road, having an elevation of 29.18 feet.
- Bearings shown hereon are relative to the Centerline of Middle Road as shown on the Plat of High Point as recorded in Plat Book 3, Page 108, of the public records of Martin County, Florida, bearing being N 05°55'00" E.
- Address: 18 S.E. Middle Road, Sewall's Point, Florida 34996

PROJECT MANAGEMENT: CIVIL • SURVEY • PLANNING • CONSTRUCTION
GOVERNMENTAL LIAISON: PERMITTING • PLATTING • REZONINGS • CODE ENFORCEMENT • VARIANCES
LAND PLANNING: COMMERCIAL • RESIDENTIAL • P.U.D.'S • SUBDIVISIONS • MARINAS • SITE PLANS
MARINE ENVIRONMENTAL PERMITTING: MARINAS • DOCKS • DREDGE & FILL • DEP-CORPS-WMD - ERP • WETLAND MITIGATION
SURVEY AND MAPPING: MEAN HIGH WATER • WETLAND • SUBMERGED LAND LEASES • BOUNDARY • TOPOGRAPHIC • AS-BUILT

Report of As-Built Survey
Edward A. and Amy S. Justice

Limitations:

- This Survey was last surveyed in the field on August 2, 2002 and shall not be relied upon for field accuracy or sufficiency subsequent to that date.
- No visible aboveground evidence of physical use were noted by this survey, unless depicted or stated herein.
- No underground improvements, utilities, foundations, footings, or septic tanks were located by this survey.
- This Survey shall not be copied, transferred or assigned without the specific written permission of Aslan, Inc.
- This map may have been photographically or digitally reduced or enlarged with or without the knowledge of the issuing agent. It is incumbent upon the end user to determine the scale indicated hereon as reliable for the intended uses. Certification is made only to the original scale so indicated.
- Reproductions of this Survey Report are not valid unless signed and sealed with an embossed Surveyor's and Mapper's seal.

Apparent Physical Use:

Single-family residence.

Prepared for:

Edward A. and Amy S. Justice
18 S.E. Middle Road
Stuart, FL 34996

Certified to:

This survey is prepared for the sole and exclusive benefit of Edward A. and Amy S. Justice and The Town of Sewall's Point and shall not be relied upon by any other entity or individual whomsoever.

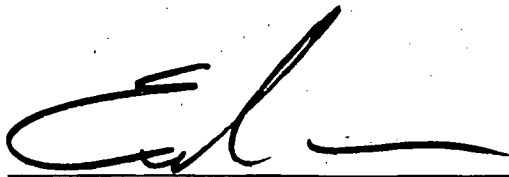
Surveyor and Mapper in Responsible Charge:

Eric B. Holly, P.S.M.
Registration No. LS 3336

ASLAN, inc.

P.O. Box 1500, Stuart, FL 34995-1500
2440 S.E. Federal Highway, Suite 700, Stuart, Florida 34994
(561) 288-4880
Registration No. LB 5715

Signed: _____



Date: August 20, 2002

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~AUGUST 24~~ 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5068	WINER (285-4600)	T/I + METAL	Passed	
S (2)	19 RIDGELAND DR. LEAR DEV	WINDOW BUCKS	Passed	INSPECTOR: J 8/24
✓ 5410	WITTMAN	T/I + METAL	Passed	
S (1)	13 RIVERVIEW DR. A+W ROOFING (APRIL 283-0222)			INSPECTOR: J 8/24
✓ 5473	LIPPISCH	DEPTH OF DITCH		DORK: PN 5279
S (7)	22 S. SPR HOSS ELECT.	(DOCK ELECT. SERV.)		INSPECTOR:
✓ 5488	JUSTICE	STEEL	Passed	FORM BOARD SUKBY RCU
S (6)	18 MIDDLE RD. TWIN POOLS	CONCRETE TO BE MOVED		FIELD CORN TO SIDE INSPECTOR: J 8/24
✓ 5294	LEHMAN	INSULATION	Passed	
S (3)	6 RIDGELAND GRIBBEN			INSPECTOR: J 8/24
✓ 5302	NOHEJL	TIE BM	Passed	
S (4)	6 N. RIDGEVIEW (POD RAYMOND) (216-1188)	(PRIVACY WALL)		INSPECTOR: J 8/24
✓ 5426	DEMOKEST	FRAMING/INSUL	Passed	
S (5)	92 S. RIVER RD. COMM'L. CONST. (TM: 260-2060)	(ENTRY ENCL.) ✓ EL. ✓		INSPECTOR: J 8/24

OTHER: 101 N. SPR (PN 5358) DELIVER PRODUCT CONTROL NOTICE OF ACCEPT. TO JOB

~~102 ABILE ST. (PN 5328) - VERIFY SHUTTER PLACEMENT.~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~SEPTEMBER 24~~, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5391	PITTINOS	FRAMING -	Failed	no drgs
S (1)	117 HENRY SEWALL WAY JMC CONTR.	ALL TRADES		INSPECTOR: J 9/24
✓ 4978	RIMER	INSULATION	Passed	
S 4978 (3)	29 S. RIVER RD. LEAR DEV.			INSPECTOR: J 9/24
✓ 5185	JONES	COLUMN STL.	Passed	
S (5)	14 HERONS NEST O/B			INSPECTOR: J 9/24
✓ 5318	KOENKE	ALARM - RESID.	Failed	Ssd/Survey
S (4)	66 S. SEWALL'S POINT RD. ADVANTAGE POOL. (MICHAEL) (981-3033)	POOL SAFETY ACT COMPLIANCE		Elec. sub panel INSPECTOR: J 9/24
✓ 5403	VITALE	TIE BM of COL	Passed	
N (7)	15 KNOWLES ROTH DECOR BATH & KITCHEN			INSPECTOR: J 9/24
✓ 5488	JUSTICE	DECK	Failed	COMPLIANCE RCVD.
S (2)	18 MIDDLE ROAD TWIN POOLS (HULLY. 692-4207)	not ready: Survey AC pads / stairs	?	INSPECTION INSPECTOR: J 9/24
✓ 5013	DEWETS	POOL DECK/STAIRS	X	Cancelled by Contractor
S (6)	16 RIDGELAND DR. FL. FINEST CONST			INSPECTOR: J 9/24

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri SEPTEMBER 26, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5460	STANTON	ROOF PLYWOOD	Passed	
S (2)	6 SABAL CT. O/B	SHEATHING		INSPECTOR: J 9/26
✓ 5318	RIBELLINO	FINAL ELECT	Failed	not ready
S (4)	18 ISLAND RD WILSON	TEMP POWER		INSPECTOR: J 9/26
✓ 5526	PARE	STEEL AROUND WINDOWS & DOORS.	Passed	
N (9)	61 N. RIVER ROAD OWNER/BUILDER			INSPECTOR: J 9/26
✓ 5352	CLEMENTS	TIE BEAM & COLUMNS	Passed	not ready
S (6)	11 W. HIGHPOINT MOLTER	need permit copy on site		INSPECTOR: J 9/26
✓ 5509	MILORD	ANCHORS + SHEATHING	Passed	
N	4 FIELDWAY DR. O/B			INSPECTOR: J 9/26
✓ 5488	JUSTICE	DECK	Passed	
S (7)	18 MIDDLE RD TWIN POOLS	CRE-INSPECTION		INSPECTOR: J 9/26
✓ 5234	M'CARNEY	IN BED ROOM M/BALL		ceils Passed
S (5)	45 W. HIGHPOINT WILSON BUILDERS	INSULATION Ridge room		ceils, walls Passed INSPECTOR: J 9/26

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~JAN 25~~, 2001; 2 Page 2 of 2.





PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S358	INGRAM	POOL DECK	Passed	Density Test = 0.6.
(11)	101 N. SEWALLS PT RD BURFORD.	STAIRS		Soil Treatment ✓ INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
SS99	WATSON	ROOF FINAL	Passed	
(10)	30 N. RIVER DR. PACIFIC.	263 0116		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S173	ED JUSTICE	CHEEK POOL	Failed	Padlock / 1st Flr
(8)	18 MIDDLE RD.	ROOF FINAL 287 4049		Acc. Door INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
SS65	RUPP	SHEATHING	Passed	
(7)	19 W. HIGH POINT EMMICK.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
SS89	QUINN.	ROOF FINAL	Passed	
(4)	98 S. SEWALLS PT RD COOPER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S423	VITALE	INSULATION	Passed	
	13 KNOWLES RD. DECOR			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:


OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri March 11, 2001; Page ___ of ___.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
525	Justice	Pool Pool	Failed	gator
⑤	18 Middle Rd. Twin Pool			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5281	Harbor Day Plaza	Roof Final	7 FAILED	nobody !!?
②	Roof Man			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	Hart	Roofers	Passal	
④	61 S. River Winch-up			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5705	Clemouts	int. gas rough	Passal	→ RO deck in ? Set back
⑥	11 W High Pt. TR Coast Propur	747 9396		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541	MYLORD.	TRUSS ENGR.	Passal	(eng. verificat. !)
①	144 N SEWALL PT. MYLORD.	ROOF + WALL SHEATHING	Passal	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5680	KENNEDY	Roof Final	Passal	
③	3 S. RIDGEVIEW RD. PACIFIC	283-7663		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: 24 N. River T/R 
11 Periwinkle T/R

5530

DECK

(VOIDED)



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

RECEIVED Bldg. Permit Number

AUG 31 2001

5530

Owner or Titleholder's Name Edward A Justice Phone No. (561) 220-1478
 Street: 18 Middle Rd City: Stuart State: FL Zip: 34986
 Legal Description of Property: Lot 46 & 47 High Point
150' 550' Parcel Number: 33841-002-000-00461-70000

Location of Job Site: 18 Middle Rd Stuart, FL 34986

TYPE OF WORK TO BE DONE: Deck Footers

CONTRACTOR/Company Name: LNL BUILDING CONTRACTORS Phone No. (561) 879-0184
 Street: 4862 N.W. IRRINGTON TERR. City: FT. ST. LUCIE State: FL Zip: 34983
 State Registration: CBC 039089 State License: CBC 039089

ARCHITECT: JOHN W. OLSON Phone No. () 288-1328
 Street: 1366 S.W. JASMINE TRACE City: _____ State: FL Zip: _____

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

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

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

COSTS AND VALUES
 Estimated cost of construction or improvement: \$ 1,500.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X
 Method of determining Fair Market Value: _____

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

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

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

OWNER or AGENT SIGNATURE (Required) _____ CONTRACTOR SIGNATURE (Required) _____

State of Florida, County of: MARTIN On this the 31ST day of August, 2000, by Edward A Justice who is personally known to me or produced DL# J232241663380 as identification.
 State of Florida, County of: Martin On this the 29 day of August, 2000, by Christopher Loy who is personally known to me or produced FD# L00011458444-D as identification.

 Notary Public Notary Public

My Commission Expires: _____ My Commission Expires: _____
 Eleanor G. Davis
 MY COMMISSION # CC782633 EXPIRES December 31, 2004 BONDING THROUGH TROY FAIR INSURANCE, INC.
 OFFICIAL NOTARY SEAL SHANNON D REISS NOTARY PUBLIC STATE OF FLORIDA (Seal) COMMISSION NO. CC938389 MY COMMISSION EXP. MAY 18, 2004

TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (properly licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: 9/4/07

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

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 09/04/01
PRODUCER HARBOR INSURANCE AGENCY 2222 Colonial Road, Suite 100 Fort Pierce FL 34950-5309 Phone: 561-461-6040 Fax: 561-460-2315	FILE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED CNL Building Contractors Inc 4862 NW Irrington Terrace Port St Lucie FL 34983	INSURERS AFFORDING COVERAGE INSURER A: Hartford Ins INSURER B: INSURER C: INSURER D: INSURER E:	RECEIVED AUG 31 2001 COPY BY:

COVERAGES

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

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	210ECKI5529	02/09/01	02/09/02	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 300,000
					GENERAL AGGREGATE \$ 300,000
					PRODUCTS - COMP/OP AGG \$ 300,000
					GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES & EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER N ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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.
Town of Sewalls Point Fax 561-220-4765 1 South Sewalls Point Road Stuart FL 34996	SEWAL-1 Cindy McCauley

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 01/21/2000

EXPIRATION DATE 01/20/2002

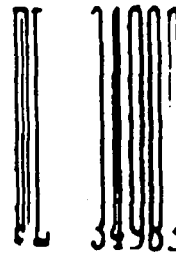
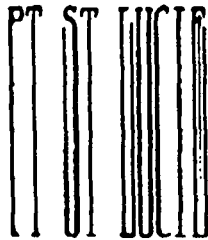
EXEMPTED INDIVIDUAL NAME LOY

S.S. 276-60-7576

BUSINESS NAME C N L BUILDING CONTRACTORS INC

FEIN 650414330

BUSINESS ADDRESS 108 EXMORE AVENUE



FILE
permet
CHRISTOPHER

FILE
lee/wis
N

COPY

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
SEP - 4 2001
BY: *[Signature]*



STATE OF FLORIDA

AC# 5974807

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CB - C039089 - 08/30/2000 00900803

CERTIFIED BUILDING CONTRACTOR
LOY, CHRISTOPHER N
CNL BUILDING CONTRACTORS INC

IS CERTIFIED under the provisions of Ch. 489 FS.

Expiration Date: AUG 31, 2002

5593

A/C RELOCATION

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 5593

Date 12/4/01

Building to be erected for EDWARD + AMY JUSTICE Type of Permit A/C RELOCATION

Applied for by FORWARD ELECTRIC (Contractor)

Building Fee _____

Subdivision HIGHPOINT Lot 46+47 Block _____

Radon Fee _____

Address 18 MIDDLE ROAD

Impact Fee _____

Type of structure SFR

A/C Fee 120.00

Parcel Control Number:

Electrical Fee _____

1338410020000046170000

Plumbing Fee _____

Amount Paid 20⁰⁰ Check # 1198 Cash _____ Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 1,000.00

TOTAL Fees \$120.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector

APPROVED SUBMITTALS

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

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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

Date 11/15/01

BUILDING PERMIT NO.

Building to be erected for JUSTICE Type of Permit A/C CHANGE OUT

Applied for by FOWARD ELEC & A/C (Contractor) Building Fee /

Subdivision _____ Lot _____ Block _____ Radon Fee _____

Address 18 MIDDLE RD. Impact Fee _____

Type of structure S.F.P. A/C Fee 120.00

Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees 120.00

Signed _____ Signed _____

Applicant

Town Building Inspector

Town of Sewall's Point
BUILDING PERMIT APPLICATION

RECEIVED
JUL 26 2001

Bldg. Permit Number: _____

Owner or Titleholder's Name Edward & Amy Justice Phone No. (561) 220-1478

Street: 18 MIDDLE ROAD City: SEWALLS PT State: FL Zip: 34996

Legal Description of Property: HIGHPOINT LOT 46 & 47

Parcel Number: 1338410020000046170000

Location of Job Site: Same As Above

TYPE OF WORK TO BE DONE: RELOCATE THREE CONDENSING UNITS

CONTRACTOR/Company Name: FORWARD ELECTRIC & A/C Phone No. (561) 221-1660

Street: 4149 SE SALERNO RD. City: STUART State: FL Zip: 34997

State Registration: _____ State License: EC0001472 - CAL049289

ARCHITECT: _____ Phone No. () _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: _____ Phone No. () _____

Street: _____ City: _____ State: _____ Zip: _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 1,000.00

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

If improvement cost is greater than 50% of Fair Market Value? YES _____ NO X

Method of determining Fair Market Value: N/A

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

Electrical: FORWARD ELECTRIC & A/C State: FL License # EC0001472

Mechanical: " " " State: FL License # CAL049289

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

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

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OWNER or AGENT SIGNATURE (Required)

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

Notary Public

My Commission Expires: _____

(Seal)

CONTRACTOR SIGNATURE (Required)

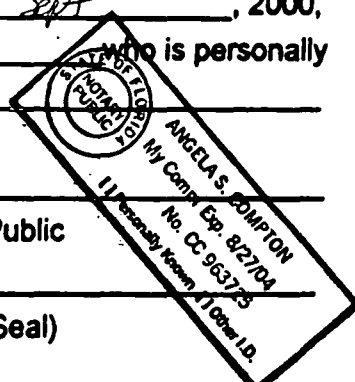
Kevin M. Sharkey

Contractor
State of Florida, County of: Martin On
this the 24 day of Sept, 2000,
by Kevin M. Sharkey who is personally
known to me or produced _____
as identification.

Notary Public

My Commission Expires: _____

(Seal)



TREE REMOVAL (Attach sealed survey)

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

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (property licensed).
- e. Current Survey

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
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- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

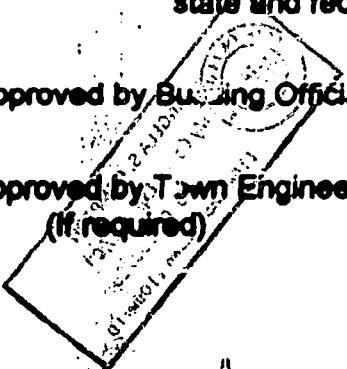
ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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



PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 561-286-4334 Fax: 561-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE

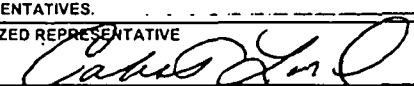
INSURED Forward Electric & Air Conditioning 4149 SE Salerno Road Stuart FL 34997	INSURER A: Owners Insurance Company	RECEIVED AUG 20 2001
	INSURER B: Auto Owners Insurance Co	
	INSURER C: FCCI Insurance Co	
	INSURER D:	
	INSURER E:	

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	2051829399	08/28/01	08/28/02	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 500,000
					GENERAL AGGREGATE \$ 500,000
					PRODUCTS - COMP/OP AGG \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	9543501600	08/28/01	08/28/02	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS LIABILITY	20562591	08/28/01	08/28/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC99A25852	01/01/01	01/01/02	WC STATU-TORY LIMITS OTH-ER
	E.L. EACH ACCIDENT \$ 500,000				
	E.L. DISEASE - EA EMPLOYEE \$ 500,000				
	E.L. DISEASE - POLICY LIMIT \$ 500,000				
OTHER					

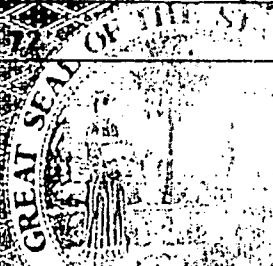
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Electrical Contractor - State of Florida

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

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

DATE	BATCH NUMBER	LICENSE NO.
10/05/2000	001001	EC 000172

TO: ELECTRIC CONTRACTOR
 Named below
 Under the provisions of Chapter
 Expiration date: 10/05/2001



TAYLOR, DOUGLAS LYNN
 FORWARD ELECTRICAL CONTRACTORS OF FLA INC.
 5031 SE GREAT ROCKET TRAIL
 STUART FL 34997

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
 SECRETARY

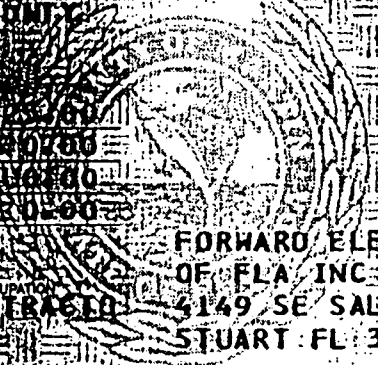
MARTIN COUNTY ORIGINAL
 2000 COUNTY OCCUPATIONAL LICENSE 2001
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (888) 282-3804

LICENSE 1974 508 045 CERT EC0001472
 PHONE 561 221 1660 SIC NO 1731
 LOCATION:
 4149 SE SALERNO RD.

349948

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR.	0.000	IC FEE	0.000
	0.000	PENALTY	0.000
	0.000	LOC. FEE	0.000
		TRANSFER	0.000
TOTAL	25.00		

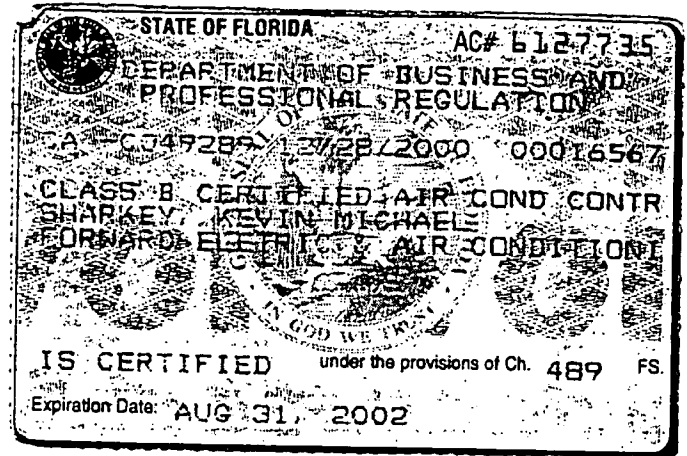


FORWARD ELECTRICAL CONTRACTORS
 OF FLA INC.
 4149 SE SALERNO RD
 STUART FL 34994

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF CERTIFIED ELECTRICAL CONTRACTOR
 AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 2001 12 100401 4452 PAID
 AND ENDING SEPTEMBER 30, 2001

RECEIVED
BY:



PLEASE NOTE THAT
FORWARD ELECTRIC &
A/C IS A REGISTERED
OBA WITH THE STATE.

5804

RESIDE HOUSE

TOWN OF SEWALL'S POINT

Date 5/22/02

BUILDING PERMIT NO. 5804

Building to be erected for EDWARD Justice

Type of Permit RESIDE

Applied for by R.L SHALER CONTRACTORS

(Contractor)

Building Fee 76.80

Subdivision High Point

Lot 46747

Block _____

Radon Fee _____

Address 18 MIDDLE RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1338410020000046170000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 76.80

Check # _____

Cash 76.80

Other Fees (_____) _____

Total Construction Cost \$ 8,000.00

TOTAL Fees 76.80

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING RESIDING
- 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 _____

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: Edward A. Justice City: Stuart State: FL Zip: 34996
Legal Description of Property: 18 middle rd. Parcel Number: Lot 46+47 High point
Location of Job Site: Type of Work To Be Done: Reside existing house

CONTRACTOR/Company Name: R.L. Shaler contractors Phone Number: 871-1610
Street: 1320 SE O'Donnell Ln. City: Pt St. Lucie State: FL Zip: 34983
State Registration Number: RR-006747 State Certification Number: Martin County License Number:

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: 8,000.00 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO [check]

SUBCONTRACTOR INFORMATION
Electrical: N/A State: License Number:
Mechanical: N/A State: License Number:
Plumbing: N/A State: License Number:
Roofing: N/A State: License Number:

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

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

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

OWNER OR AGENT SIGNATURE (Required) [Signature]
State of Florida, County of: Martin
This the 1st day of May, 2002
by Edward Justice who is personally
known to me or produced
as identification. [Signature]

Notary Public
My Commission Expires: March 4, 2005

Gracia M. DeSilva
Commission # CC 993551 Seal
Expires March 4, 2005
Bonded Thru
Atlanta Bonding Co., Inc.

CONTRACTOR SIGNATURE (Required) [Signature]
On State of Florida, County of: Martin
This the 2nd day of May, 2002
by Ronald Shaler who is personally
known to me or produced FLD 5460932430500
As identification. Karen D. Bellner 21161034p
Notary Public
My Commission Expires: 10/24/03
Karen D. Bellner
MY COMMISSION # CC848955 EXPIRES
October 24, 2003
BONDED THRU TROY FAIR INSURANCE, INC.



BABER & ENGINEERING

& TECHNICAL SERVICES

304 N Flagler Dr
STUART, FL. 34994
PH: (561) 692-4910 FAX 692-0261
E-MAIL BABER.ENGINEER@MINDSPRING.COM

**TOWN HALL
ONE SOUTH SEWALLS POINT ROAD
SEWALLS POINT FLORIDA 34996**

ATTN: GENE SIMMONS, BUILDING DEPARTMENT

6-20-02

**RE: 18 MIDDLE ROAD
SEWALL'S POINT, FL
34996**

EDWARD JUSTICE RESIDENCE

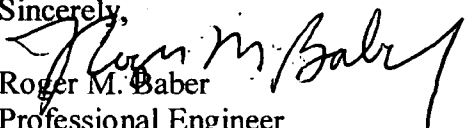
Dear Mr. Simmons,

Pursuant to a request from the owner, a structural inspection of the addition located on the Southeast corner of the above residence has been completed. The purpose of the inspection was to address and disposition a 1-1/4" gap between the addition and the primary load bearing wall of the adjacent garage. The gap ranges in width from 1-1/4" (+-) at the first floor level or top (8'+- above pool deck elevation) to 0" at the bottom. The primary residence was reported to have been constructed in 1967, with the addition completed in 1972.

The worn appearance of the opening suggests that this settlement occurred shortly after construction, and has remained stationary for quite some time. In this regard, special means and methods to prevent additional or future settling is not needed.

The addition and surrounding walls were found to be free from water damage. It was noted, however, that reasonable means to weatherproof the void or gap between the buildings should be taken. This would include the placement of foam and flashing on the side of the gap, and proper overlap of flashing between the deck roofing system. The adjoining wall of the addition is located below an exterior wood patio deck, which has a doorway threshold above this area. The roofing system of the deck, and new siding system presently being installed should be properly flashed and caulked to prevent the intrusion of moisture into this area. With the above listed actions completed, siding of the remainder of the residence with Hardi Board can be completed. Please call me should you have any questions or concerns.

Sincerely,


Roger M. Baber
Professional Engineer
FL 43855

P.T. 2x2 @ 16" O.C.,
WATER PROOF BARRIER
& HARDFLANK SIDING
W/ BR NAILS @ 16" O.C.

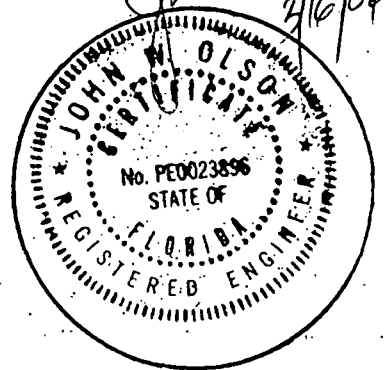
SECURE P.T. 2x2
FURRING TO EXIST.
WALL W/ 1/4" DIA. BY
3" LONG TAPCON @
24" O.C.

EXIST. 2 STORY CONC.
BLK. WALL

NOTE:
INSTALL ALL LAP SIDING
IN STRICT ADHERENCE TO
MFG. INSTALLATION SPECS.
AND DETAILS

STRUCTURAL ENGINEER
JOHN W. OLSON, P.E.
1386 S.W. JASMINE TRACE
PALM CITY, FL 34990

John W. Olson
4/16/07



LATH STRIP

GRADE

TYPICAL SECTION

3/4" = 1'-0"



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

FILE CLOSED OUT
CERTIFICATE OF OCCUPANCY
OR CERTIFICATE OF COMPLETION
ISSUED 5/20/02

GENE SIMMONS
ISSUING OFFICIAL

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1003
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908

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

John L. Mulder
James Hardie Building Products, Inc.
10901 Elm Ave.
Fontana, CA 92337

NOTICE OF PROPOSED ACTION

To: *Members of the Board of Rules and Appeals and James Hardie Building Products, Inc., Applicant*

In accordance with Dade County Administrative Order 10-3, which governs the product review process, the Product Control Division of the Office of Code Compliance, intends to issue a Product Control Notice of Acceptance to **James Hardie Building Products, Inc.** for **Hardiplank, Hardipanel, Hardisoffit, No. 02-0318.08**, to allow its use in Dade County and its municipalities.

To: *Members of the Board of Rules and Appeals:*

The documentation being provided to you represents the recommendation of the Product Control Division of the Office of Code Compliance in regards to the submittal of **James Hardie Building Products, Inc.** for **Hardiplank, Hardipanel, Hardisoffit, No. 02-0318.08**. Under the provisions of Dade County Administrative Order 10-3, which governs the product review process. You must review this documentation. If within 20 days from the date of mailing, we do not receive any written objection stating the reason(s) for your disapproval, this product will be automatically approved.

To: **James Hardie Building Products, Inc., Applicant**

The Product Control Division of the Office of Code Compliance, in accordance with Dade County Administrative Order 10-3, which governs the product review process, has issued this notice of proposed action and intends to issue a Product Control Notice of Acceptance for your **Hardiplank, Hardipanel, Hardisoffit, No. 02-0318.08**, to be used in Dade County and its municipalities, unless a member of the Board of Rules and Appeals or yourself has any objections. Should you not be in accord with this notice of proposed action and wish to appeal our recommendation, you must make a written request, stating the reasons for your objection(s), to our office within 20 days of the date of mailing. Upon receipt of your written request a hearing date will be set so that you can present your objection(s) to the Board of Rules and Appeals.

Sincerely,

Raul Rodriguez
Chief Product Control Division

Francisco J. Quintana, R.A.
Director

DATE OF MAILING: 05/03/2002

Mailed by:



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 603
MIAMI, FLORIDA 33130-3663
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337

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: Hardiplank, Hardipanel and Hardisoffit

APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel, Hardiplank, & Hardisoffit Installation Details", sheets 1 through 3, prepared, signed and sealed by Ronald Ogawa, P.E., dated 4/13/99, bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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.

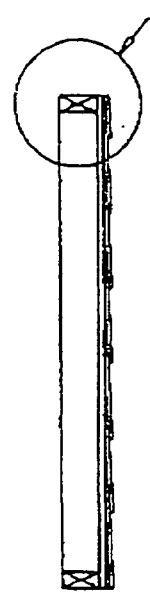
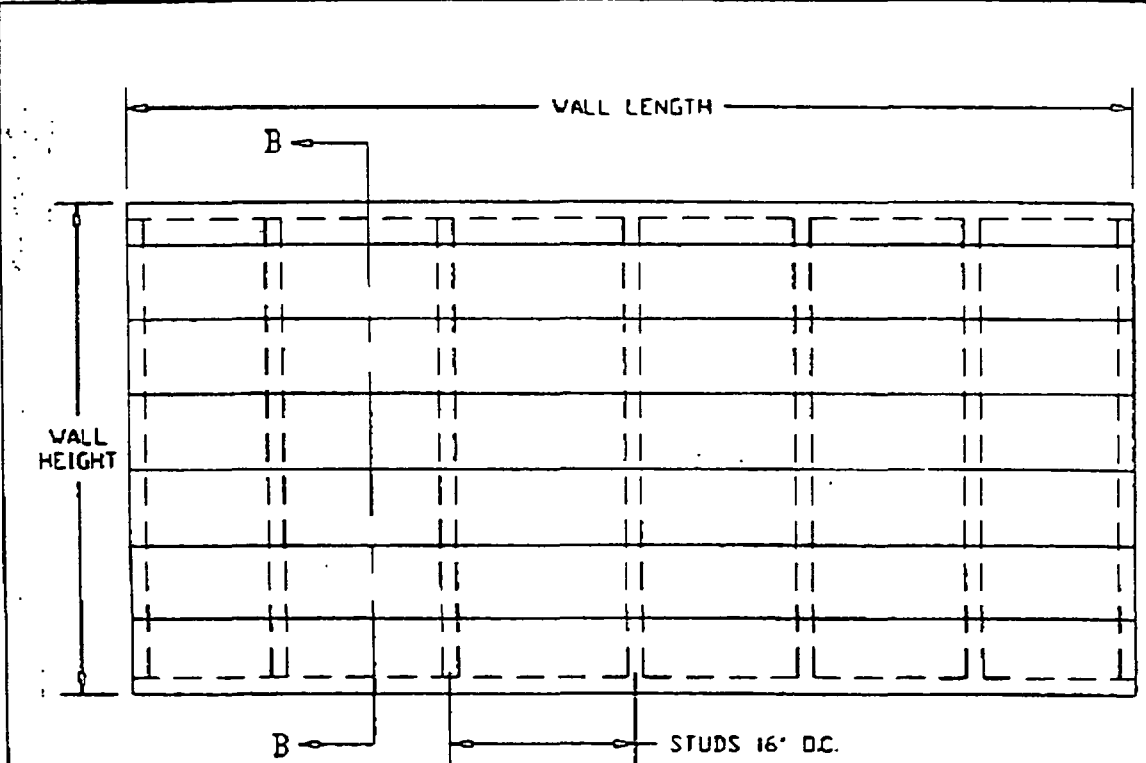
TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this 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 # 99-0223.07 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Raul Rodriguez.

NOA No 02-0318.08
Expiration Date: May 1, 2007
Approval Date: May 23, 2002
Page 1



DETAIL A

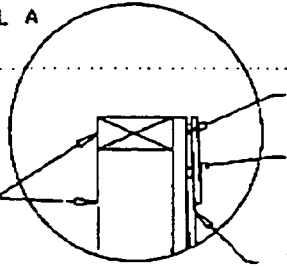
DESCRIPTION
Hardiplank siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

PLANK DIMENSIONS
Width Length Thickness
59 1/2" 12 & 14" 5/16"

DESIGN PRESSURE RATING
Installation Design Pressure
Wood frame -92 PSF
Metal frame -92 PSF

NOTES
1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
2) STUDS OF METAL OR WOOD WHERE HARDIPLANK WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS M.D.A.

DETAIL A



STUDS (METAL OR WOOD)

SECTION B-B

5/8" PLYWOOD SHEATHING WATERPROOFING PER 2704.6b OF S.F.B.C.

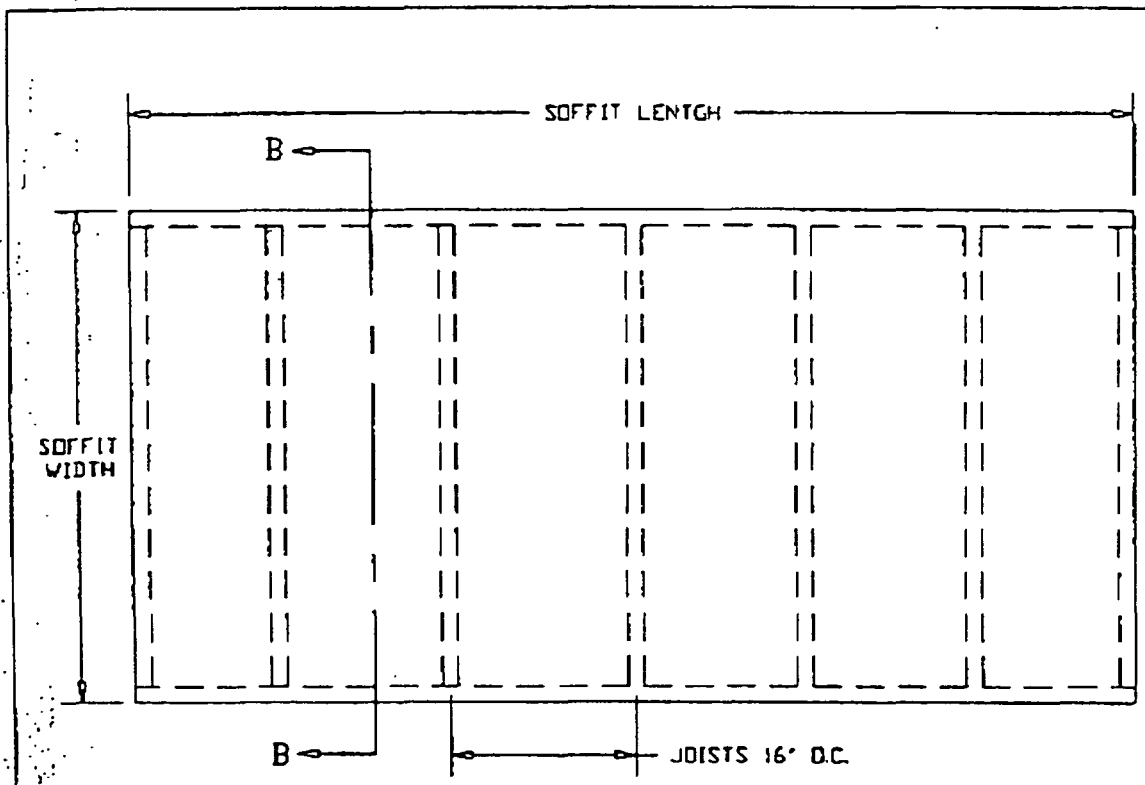
HARDIPLANK SIDING

HARDIPLANK SIDING INSTALLATION DETAILS
The planks are applied horizontally commencing from the bottom course of a wall with 1/4" wide laps at top of the plank. The optional PVC cover molding 1/8" wide is applied to the bottom edge under the bottom plank course. The vertical joints must be over framing members. Optional PVC butt joints inserts are used for on-stud jointing. The planks are to be installed over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. The siding shall be fastened through overlapping planks with 8d x 2 1/2" long galvanized box nails over wood studs or with 88 x 2 1/4" long x D315 corrosion resistance K.O. ribbed bugie screws over steel studs. The fasteners shall be placed in the overlapping area 18" o.c. vertically and 16" o.c. horizontally into the studs through the 5/8" plywood sheathing. A distance of 3/4" from the edges shall always be observed.

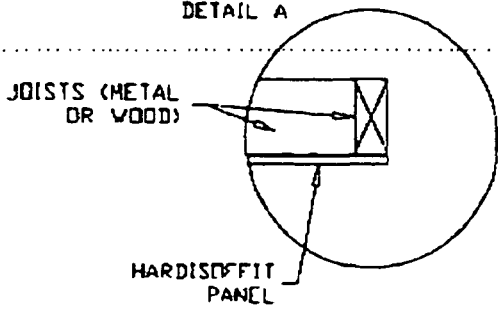


APPROVES AS CORRELATING WITH THE SOUTH FLORIDA BUILDING CODE
DATE: 09-15-99
BY: [Signature]
PRODUCT CONTROL MFG OR QUALITY CODE COMPLIANCE OFFICE
ACCEPTABLE NO. 99-0223-07

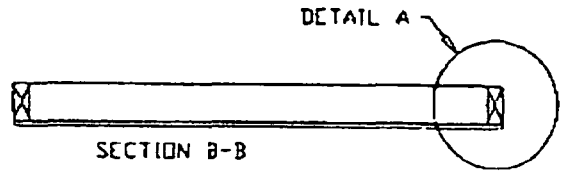
		14901 CLH AVENUE FORT WORTH, TX 76137 817-334-4300 FAX: 817-427-0634	
THIS DRAWING AND THE COPYRIGHT THEREON ARE THE PROPERTY OF THE ABOVE COMPANY AND ACCORDINGLY THE DRAWING MUST NOT BE COPIED OR REPRODUCED IN ANY MATERIAL FORM WHATSOEVER.		DATE:	3/31/99
TITLE: HARDIPLANK [®] INSTALLATION DETAILS		DWG NO.:	HPLK-4-ED
APPROVED BY: [Signature]		DRAWN BY:	R LAPPIN
DATE: 02/12/01		SCALE:	NTS



HARDSOFFIT® PANEL INSTALLATION DETAILS
 The soffit panels are to be installed over minimum 2"x4" wood joists or 20 ga. x 3 5/8" x 1 3/8" steel joists spaced a maximum of 16" o.c. When installed on wood joists Hardsoffit shall be fastened with 6d x 2" long galvanized box nails; on steel studs it shall be fastened with #8 x 1 1/4" x 0.315" Corrosion resistance M.D. ribbed bugie screws. The fasteners shall be placed 4" o.c. around the perimeter of the panel and intermediate studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from corners.



REVISION BLOCK
REV. / DATE



DESCRIPTION
 Hardsoffit panels material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

SOFFIT DIMENSIONS

Width	Length	Thickness
54"	89.10"	1/4" & 5/16"

DESIGN PRESSURE RATING

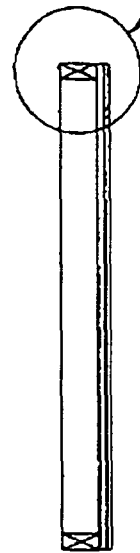
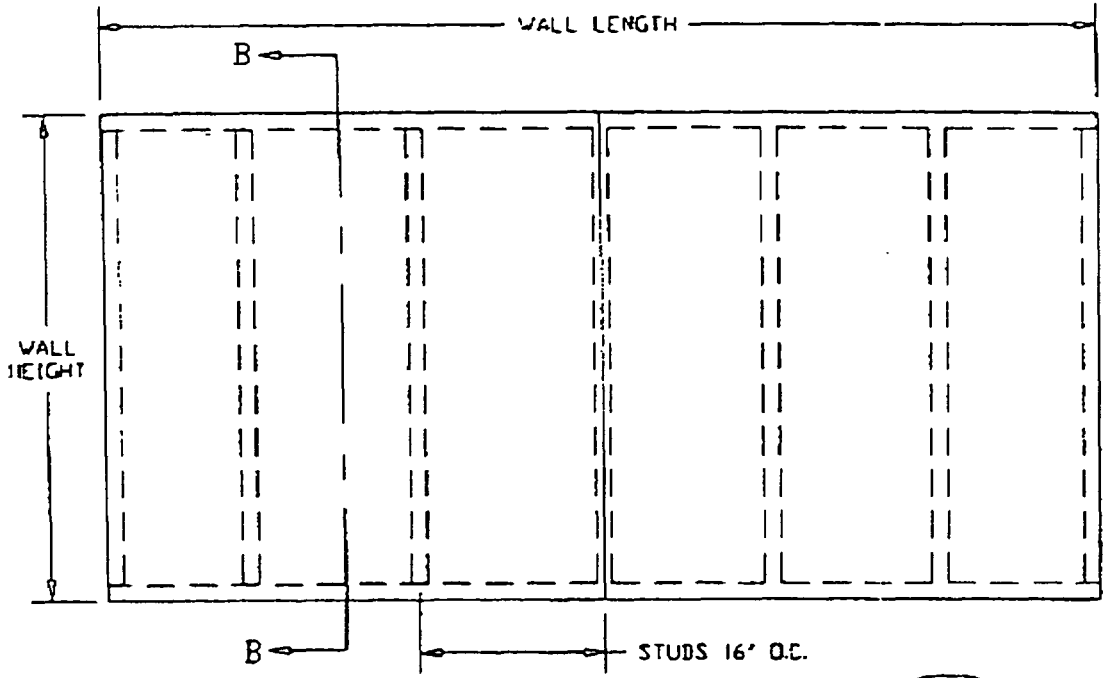
Installation	Design Pressure
Wood frame	153 PSF
Metal frame	153 PSF

NOTES

- 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
- 2) JOIST OF METAL OR WOOD WHERE HARDSOFFIT WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS M.D.A.

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: 7/14/99
 BY: [Signature]
 PRODUCT DIVISION (D.L.G.)
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-0332-97

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER	11701 ELM AVENUE FONTANA, CA 92337 909-254-6300 FAX 909-427-0631
	DATE: 3/31/99 SPEC NO: HSOFFIT-0X SHEET NO:
TITLE: HARDSOFFIT® INSTALLATION DETAILS DRAWN BY: R LAPPIN	SCALE: NTS DATE: 1/11/99



DETAIL A

DESCRIPTION
 Hardipanel siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

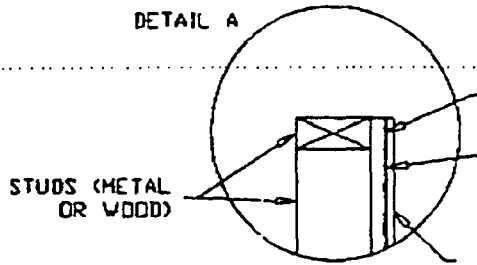
PANEL DIMENSIONS
 Width 48" Length 8.9.10" Thickness 5/16"

DESIGN PRESSURE RATING
 Installation Design Pressure
 Wood frame -76 PSF
 Metal frame -104 PSF

NOTES
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
 2) STUDS OF METAL OR WOOD WHERE HARDIPANEL WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS M.O.A.

HARDIPANEL SIDING INSTALLATION DETAILS

The panels are applied vertically, avoiding horizontal joints, over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. When installed on wood studs panels shall be fastened with 6d x 2" long galvanized box nails; on steel studs it shall be fastened with #8 x 1 5/8" x 0.315" corrosion resistance H.B. ribbed bugle screws. The fasteners shall be placed 8" o.c. around the perimeter of the panel and intermediate studs, driven through the plywood sheathing into the studs. All joints shall be over studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from the corners.



DETAIL A

SECTION B-D

5/8" PLYWOOD SHEATHING WATERPROOFING PER 2704.6b OF S.F.B.C.

HARDIPANEL SIDING

James Hardie
 3/13/99

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: 3/13/99
 BY: [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-0213-073

		10911 OLD AVENUE / FONTANA, CA 92337 909-354-6300 FAX 909-487-0624	
This drawing and the copyright therein are the property of the above company and accordingly the drawing must not be copied or reproduced in any material form whatsoever.		DATE: 3/31/99	
TITLE: HARDIPANEL® INSTALLATION DETAILS		DWG NO: HPM-03	
DRAWING BY: [Signature]		DRAWN BY: R LAPPIN	
CHECKED BY: [Signature]		DWG NO: 24124	



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

James Hardie Building Products, Inc.
10901 Elm Ave.
Fontana CA 92337

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

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

PRODUCT CONTROL DIVISION
(305) 375-2903 FAX (305) 375-6339

Your application for Product Approval of:
Hardiplank, Hardipanel and Hardisoffit

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.: 99-0223.07

Expires: 05/01/2002

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: 05/20/1999

1 of 3

James Hardie Building Products, Inc.

ACCEPTANCE NO: 99-0223.07

APPROVED : MAY 20 1999

EXPIRES : 05/01/2002

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This renews the Notice of Acceptance No. 94-1230.04 that was issued on 05/01/96. It approves Fiber Cement Siding/Soffit as described in Section 2 of this Notice of Acceptance (N.O.A.) designed to comply with the South Florida Building Code 1994 Edition for Miami-Dade County (SFBC). It is approved for the location where the pressure requirements, as determined by the SFBC Chapter 23 do not exceed the design pressure rating values indicated in the approved drawing.

2. PRODUCT DESCRIPTION

- 2.1 The **Hardipanel, Hardiplank & Hardisoffit** and its components shall be constructed in strict compliance with the following documents: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X titled "Hardipanel, Hardiplank & Hardisoffit Installation Details", prepared by James Hardie Building Products, dated 03/31/99 with no revisions. They bear the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the Approved Drawing.

3. LIMITATIONS

- 3.1 This system is to be installed in front of a 5/8" (5ply) plywood substrate supported by studs or joists at 16" on center as shown on the approved drawings.

4. INSTALLATION


- 4.1 The James Hardie Siding/Soffit and its components shall be installed in strict compliance with the approved drawing.
4.2 The installation of this product will not require Hurricane Protection System.

5. LABELING

- 5.1 Each component shall bear a permanent label with the manufacturer's logo, city, state and the following statement "Miami-Dade County Product Control Approved".

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for Building Permit shall be accompanied by copies of the following:
6.1.1 This Notice of Acceptance, including duplicate copies of the approved drawings, as identified in Section 2 of this N.O.A.
6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system.


Candido Font PE, Senior Product Control Examiner
Product Control Division

-2 of 3-

James Hardie Building Products, Inc.


ACCEPTANCE NO.: 99-0223-07

APPROVED : MAY 20 1999

EXPIRES : 05/01/2002

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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



Candido Font PE, Senior Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

-3 of 3-

James Hardie Building Products, Inc.

ACCEPTANCE NO: 99-0223.07

APPROVED : MAY 20 1999

EXPIRES : 05/01/2002

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED
(For File ONLY. Not part of NOA)

A DRAWING

1. Drawing prepared by James Hardie Building Products, Inc. titled "Hardiepanel, Hardieplank & Hardiesoffit Installation Details", drawing No HPNL-8X, HPLK-4X8 & HSOFFIT-8X, dated 03/31/99, with no revisions, signed and sealed by R. L. Ogana, PE.

B TEST

Laboratory Report	Test	Date	Signature
1 ATI-16423-1	PA 202 & 203	03/18/96	A. N. Reeves PE.
2 ATI 16423-2	PA 202 & 203	03/18/96	A. N. Reeves PE.
3 ATI 16423-3	PA 202 & 203	03/18/96	A. N. Reeves PE.

C CALCULATIONS

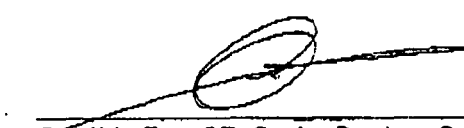
None

D MATERIAL CERTIFICATION

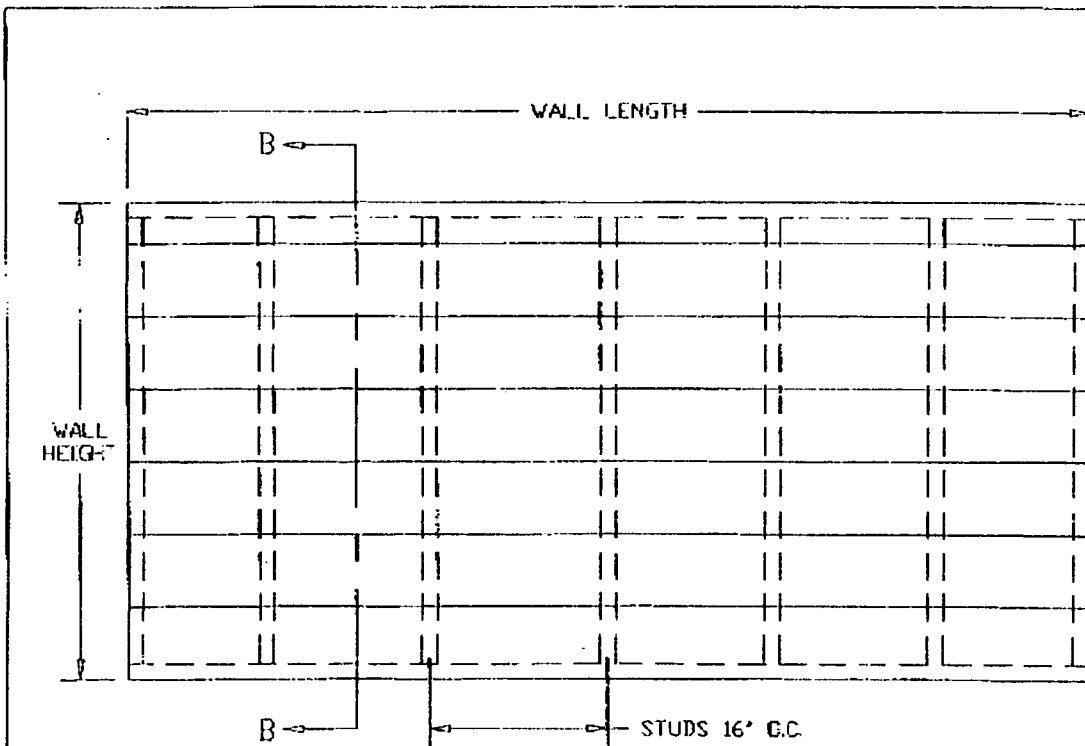
- 1 Standard Compliance (ASTM C-1185) issued by ETL Testing Laboratories on 05/09/95 signed by D. K. Tucker, PE.
- 2 Evaluation Report NER-405 issued by National Evaluation Service, Inc. on 01/01/93, with no signature.

E STATEMENT

- 1 No change letter issued by James Hardie Building Products, Inc. issued on 02/16/99, signed and by J. L. Mulder.


Candido Font PE, Senior Product Control Examiner
Product Control Division

E1



REVISION LOG
BY: / DATE:

DETAIL A



DESCRIPTION
 Hardiplank siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1183 and meeting the requirements of the South Florida Building Code.

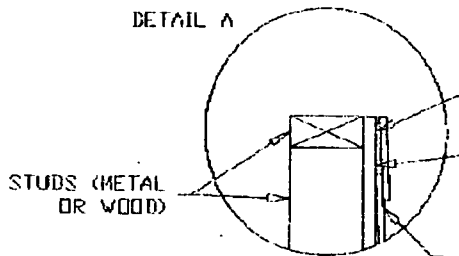
PLANK DIMENSIONS
 Width Length Thickness
 59 1/2" 12 & 14" 5/16"

DESIGN PRESSURE RATING
 Installation Design Pressure
 Wood frame -92 PSF
 Metal frame -92 PSF

NOTES
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.

2) STUDS OF METAL OR WOOD WHERE HARDIPLANK WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS RULA.

DETAIL A



SECTION B-B

5/8" PLYWOOD SHEATHING
 WATERPROOFING
 PER 2704.6b OF S.F.B.C.

HARDIPLANK SIDING

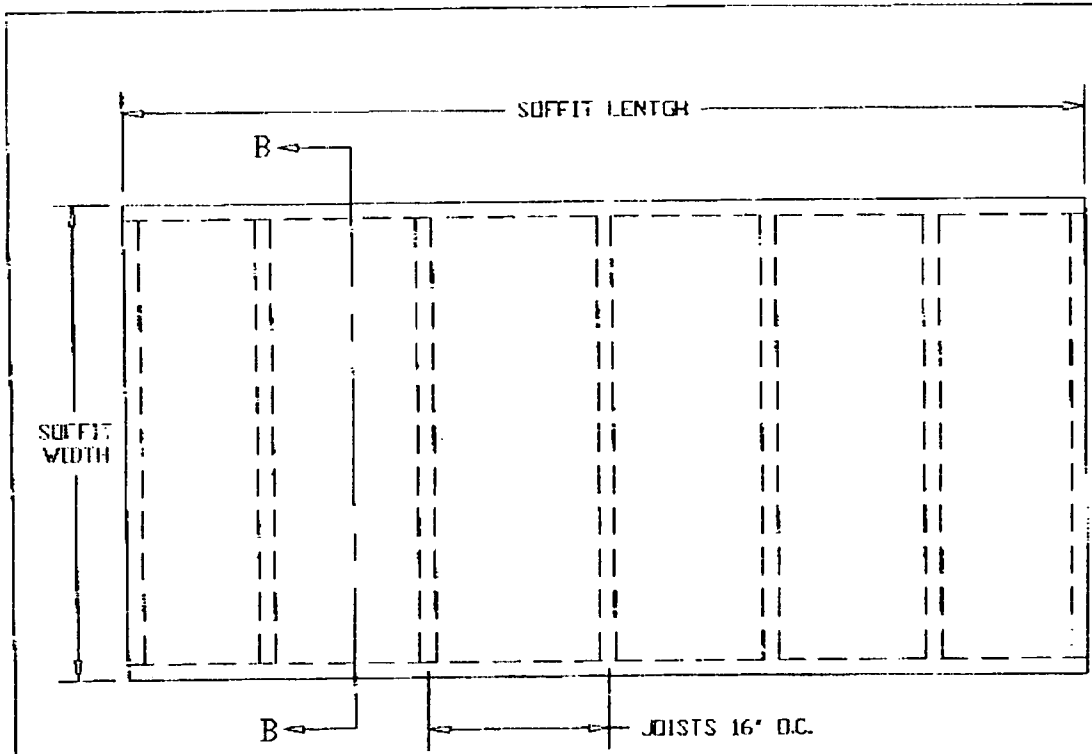
HARDIPLANK SIDING INSTALLATION DETAILS

The planks are applied horizontally commencing from the bottom course of a wall with 1/4" wide laps at top of the plank. The optional PVC cover molding 1 3/4" wide is applied to the bottom plate under the bottom plank course. The vertical joints must be over framing members. Optional PVC butt joints inserts are used for on-stud jointing. The planks are to be installed over 5/8" (3 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16' o.c. The siding shall be fastened through overlapping planks with 8d x 2 1/2" long galvanized box nails over wood studs or with 8d x 2 1/4" long x 0.315" corrosion resistance H.D. ribbed hule screws over steel studs. The fasteners shall be placed in the over-lapping area 38" o.c. vertically and 16" o.c. horizontally into the studs through the 5/8" plywood sheathing. A distance of 3/4" from the edges shall always be observed.

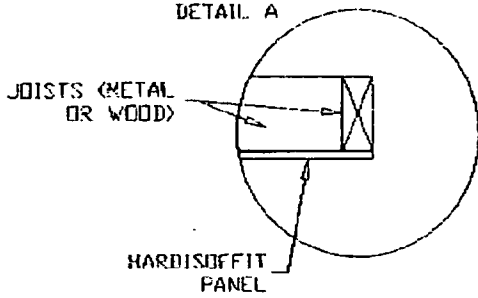
Arnold J. Lappin
 1/13/99

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: 1/13/99
 BY: [Signature]
 PROJECT NUMBER: 015-3-88
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-0213-07

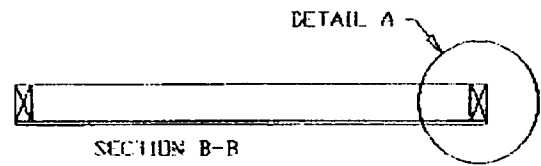
	DATE: 3/3/99 PNC NO: HPLK-4X0 SHEET NO:	10301 ELM AVENUE FORTUNA, CA 94577 909-356-6300 FAX: 909-427-0634
	TITLE: HARDIPLANK® INSTALLATION DETAILS DRAWING BY: <u>R. Lappin</u>	SCALE: NTS DRAWN BY: <u>R. LAPPIN</u> PNC NO: <u>84121</u>



HARDISOFFIT PANEL INSTALLATION DETAILS
 The soffit panels are to be installed over minimum 2"x4" wood joists or 20 ga. x 3 5/8" x 1 3/8" steel joists spaced a maximum of 16' o.c. When installed on wood joists Hardisoffit shall be fastened with 6d x 2" long galvanized box nails; on steel joists it shall be fastened with #8 x 1 1/4" x 0.315" corrosion resistance H.D. ribbed bugle screws. The fasteners shall be placed 4" o.c. around the perimeter of the panel and intermediate studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from corners.



REVISION BLOCK
 REV. / DATE



DESCRIPTION
 Hardisoffit panels material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

SOFFIT DIMENSIONS
 Width Length Thickness
 ≤48' 8.9,10' 1/4" & 3/16"

DESIGN PRESSURE RATING
 Installation Design Pressure
 Wood frame ±53 PSF
 Metal frame ±53 PSF

NOTES
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
 2) JOIST OF METAL OR WOOD WHERE HARDISOFFIT WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS N.O.A.

Handwritten signature and date: 4/31/99

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE 4/31/99
 BY [Signature]
 PROJECT NUMBER: 015-01
 BUILDING CODE COMPLIANCE OFFICE
 IDENTIFICATION NO. 99-0233-07

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & ENGINEERING CENTER	10921 ELM AVENUE GAITHERSBURG, CA 92337 909-356-6300 FAX: 909-427-0634
	DATE: 3/31/99 RFG NO.: HSOFFIT-BX SHEET NO.:
TITLE: HARDISOFFIT® INSTALLATION DETAILS	SCALE: NTS DRAWN BY: R LAPPIN CHECKED BY: <u>[Signature]</u>
APPROVING ENG: <u>[Signature]</u>	ENG. LICENSE: CE DWG NO.: <u>2411</u>

HARDIPLANK[®] LAP SIDING INSTALLATION INSTRUCTIONS



James Hardie[®]

MARCH 2000

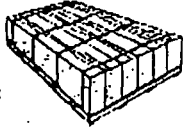
Richard

SELECT CEDARMILL[®] • SMOOTH • COLONIAL SMOOTH[™] • COLONIAL ROUGHSAWN[™] • BEADED CEDARMILL • BEADED SMOOTH

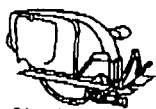
IMPORTANT: FAILURE TO INSTALL AND FINISH HARDIPLANK[®] IN ACCORDANCE WITH APPLICABLE BUILDING CODE COMPLIANCE REPORTS AND JAMES HARDIE'S WRITTEN APPLICATION INSTRUCTIONS, MAY AFFECT SYSTEM PERFORMANCE. VIOLATE LOCAL BUILDING CODES REQUIREMENTS, AND VOID THE PRODUCT ONLY WARRANTY.

HANDLING & STORAGE:

Store flat and keep dry prior to installation. Installing siding wet or saturated may result in shrinkage at butt joints. Carry planks on edge.



CUTTING OPTIONS:



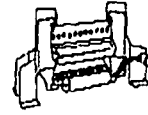
Circular saw with dust collector



Circular saw blade with carbide-tipped teeth



Electric or pneumatic hand shear



Pneumatic shear



Carbide score and snap knife



A JH recommends Makita[®] #5044KB 4" or #5057KB 7-1/4" saw with dust collection. Call 800-4MAKITA.
A Hitachi[®] HARDBLADE[™] w/4 PCD Diamond Teeth. Call Hitachi[®] at 800-548-1866 for nearest dealer.
A SNAPPER SHEAR[™] electric, pneumatic, or hand shear. Call 800-297-7487 for tool information.

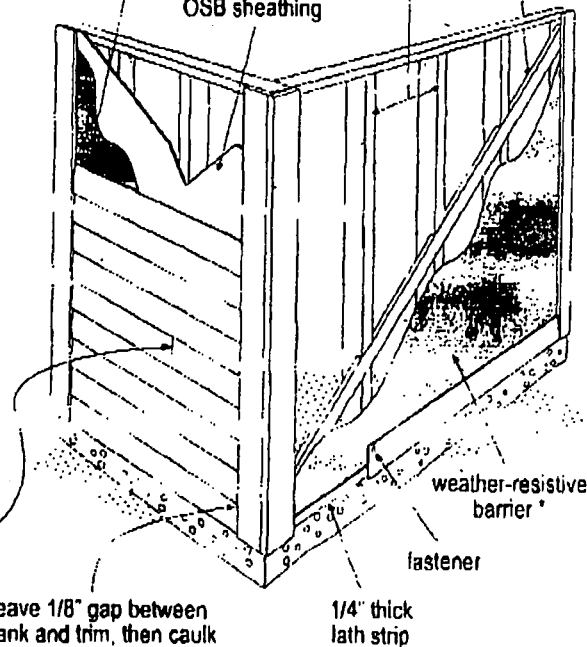
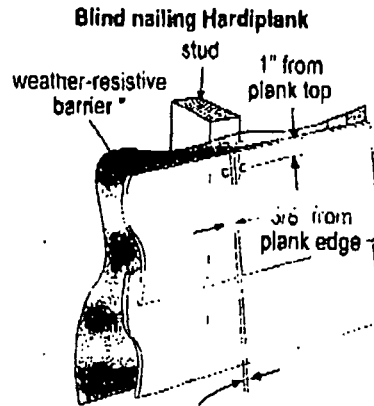
Always wear safety glasses and dust protection when operating power tools. For more information on avoiding inhalation refer to the MATERIAL SAFETY DATA SHEET available wherever James Hardie fiber-cement products are sold.

FRAMING REQUIREMENTS:

Hardiplank lap siding can be installed over braced wood or steel studs spaced a maximum of 24" o.c. or directly to minimum 7/16" thick OSB sheathing. Hardiplank lap siding can also be installed over foam insulation up to 1" thick. Irregularities in framing, sheathing, and/or foam insulation can mirror through the finished application. A weather-resistant barrier is required*. Install Hardiplank siding with joints butted in moderate contact. Optionally, install the lap siding with a maximum 1/8" gap and caulk the joint** (see detail at right).

The first course of any wall should be installed over a 1/4" lath strip to ensure a consistent plank angle (see figure 1).

Figure 1 Double Wall Construction Single Wall Construction
weather-resistant barrier* plywood or OSB sheathing 18" or 24" on center let-in bracing



*For application over foam insulation, the length of the specified fastener shall be increased by the thickness of the foam insulation.

* Use a weather-resistant barrier in accordance with: BOCA National Building Code Section 1403.3; SBCCI Standard Building Code Section 2303.3; ICBO Uniform Building Code Section 1402.1; or CABO One-and-Two Family Dwelling Code Section 703.2.1.

NOTE: Some Building Codes exempt the use of weather-resistant barriers over "water-repellent panel sheathing" or exterior panels classified as "weather-resistant barriers". James Hardie recommends the use of "building paper type" weather-resistant barriers with all siding products. James Hardie will assume no responsibility for water infiltration within the wall.



James Hardie's seal of approval indicates products recommended for use by James Hardie Building Products

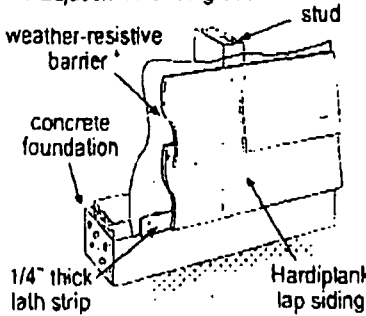
WARNING: AVOID BREATHING SILICA DUST

Product contains Silica. Inhalation of respirable silica dust can cause silicosis a potentially disabling lung disease, and is known to the State of California to cause lung cancer. When drilling, cutting, or abrading product during installation or handling. (1) Work outdoors where feasible, otherwise use mechanical ventilation, (2) Wear a dust mask or, if dust may exceed PEL, use NIOSH/MSHA approved respirator, (3) Warn others in area. For further information, refer to material safety data sheet or consult employer.

FAILURE TO ADHERE TO WARNINGS, MSDS, AND INSTALLATION INSTRUCTIONS MAY LEAD TO SERIOUS PERSONAL INJURY.

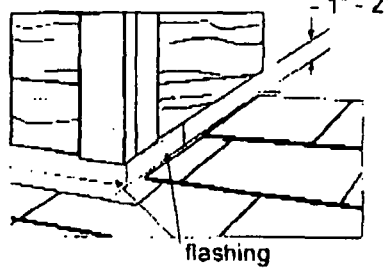
GRADE CLEARANCE figure 2

Install Hardipanel/Hardi plank in compliance with local Building Code requirements for clearance between the bottom edge of panel/framing and the adjacent finished grade.



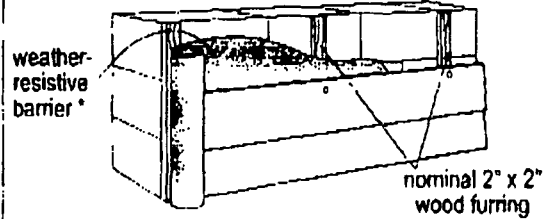
ROOF CLEARANCE figure 3

At the juncture of the roof and vertical surfaces, flashing and counterflashing shall be provided per the roofing manufacturer's instructions. Provide a 1" - 2" clearance between the roofing and bottom edge of siding or as recommended by the roofing manufacturer.



CONCRETE CONSTRUCTION figure 4

Hardiplank siding can be installed directly to masonry block. Hardiplank siding can also be installed to concrete construction, when the wall is furred out with wood framing or minimum No. 20 gauge steel framing anchored to the wall. Framing can be spaced up to 24" OC. Consult National Evaluation Service report NER-405 for recognized applications to masonry block and wood or metal framing. A weather-resistive barrier is recommended between the framing and the siding.

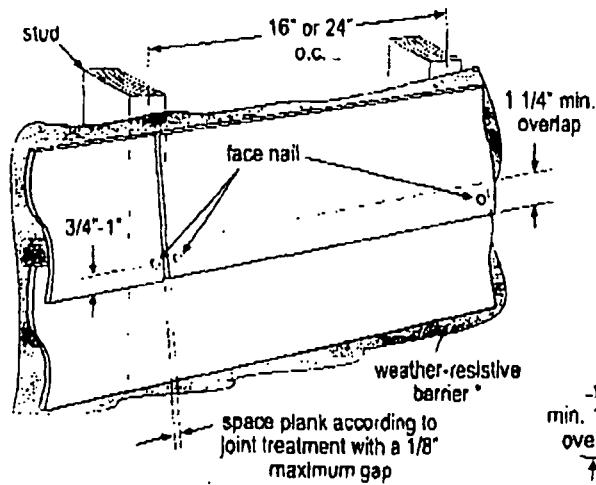


FACE NAIL: (All Lap Products) figure 5

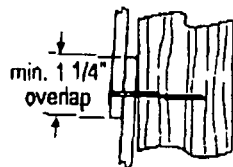
- Corrosion Resistant Nails (galvanized or stainless steel)**
- 6d (0.118" shank x 0.267" HD x 2" long)
 - Siding nail (0.089" shank x 0.221" HD x 2" long) **
 - Siding nail (0.091" shank x 0.221" HD x 1 1/2" long) ‡

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



Minimum overlap for Both Face and Blind Nailing



BLIND NAIL: figure 6

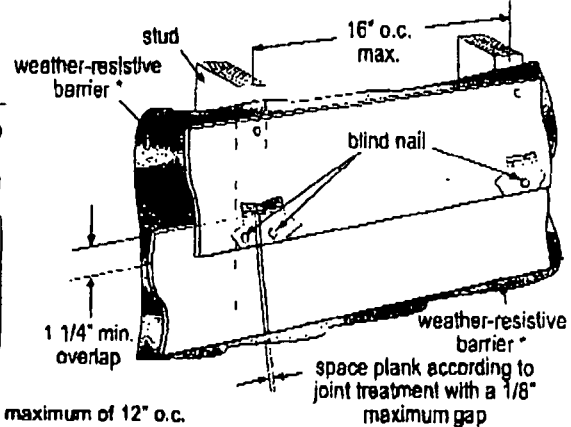
Hardiplank siding cannot be blind nailed 24" o.c. 12" wide Hardiplank siding cannot be blind nailed. When blind nailing 9 1/4" or 9 1/2" Hardiplank, use 11 ga. roofing nail x 1 1/4" long.

Corrosion Resistant Nails (galvanized or stainless steel)

- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long) **
- 11ga. roofing nail (0.121" shank x 0.371" HD x 1 1/4" L)

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



‡ For face nail application of 9 1/2" wide or less siding to OSB, fasteners are spaced a maximum of 12" o.c.

** The use of a siding nail or roofing nail may not be applicable to all installations where greater windloads or higher exposure categories of wind resistance is required by the Local Building Code. Consult Report No. NER-405 for specific details.

PNEUMATIC FASTENING:

Hardiplank can be hand nailed or fastened with the use of a pneumatic tool. Set your air pressure so that the fastener is driven snug with the shingle surface.

RECOMMENDED:

Use a flush mount attachment on pneumatic tool. This will help control the depth that the nail is driven. This will be especially helpful when more than one pneumatic tool is driven off the same compressor.



DO NOT STAPLE

FASTENING REQUIREMENTS:

- Drive fasteners perpendicular to siding and framing.
- Fastener heads should fit snug against siding (no air space). (Fig. A & B)
- Do not over-drive nail heads or drive nails at an angle.
- If nail is countersunk, caulk nail hole and add a nail. (Fig. C)



figure A



figure B



figure C



do not under drive nails

NAIL TYPE:

Fasteners must be corrosion resistant, galvanized or stainless steel. Electro-galvanized nails are acceptable for use with James Hardie Siding Products, but may exhibit premature corrosion. James Hardie recommends the use of quality, hot-dipped galvanized nails. (James Hardie is not responsible for the corrosion resistance of fasteners.)

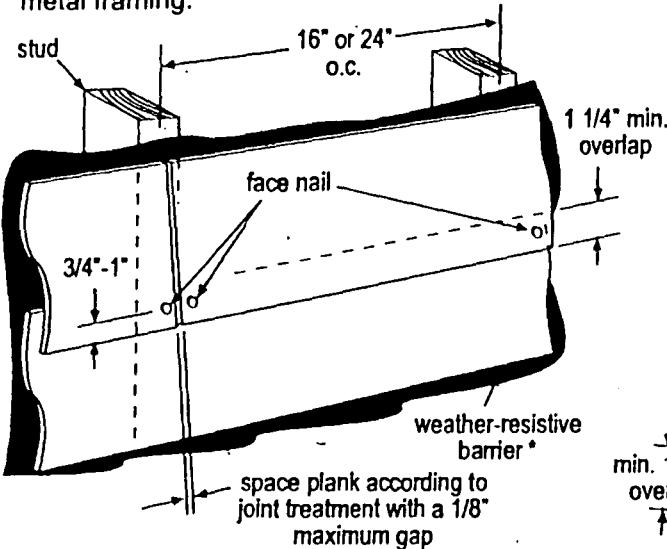
FACE NAIL: (All Lap Products) figure 5

Corrosion Resistant Nails (galvanized or stainless steel)

- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long) **
- Siding nail (0.091" shank x 0.221" HD x 1 1/2" long) †

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



† For face nail application of 9 1/2" wide or less siding to OSB, fasteners are spaced a maximum of 12" o.c.

** The use of a siding nail or roofing nail may not be applicable to all installations where greater windloads or higher exposure categories of wind resistance is required by the Local Building Code. Consult Report No. NER-405 for specific details.

BLIND NAIL: figure 6

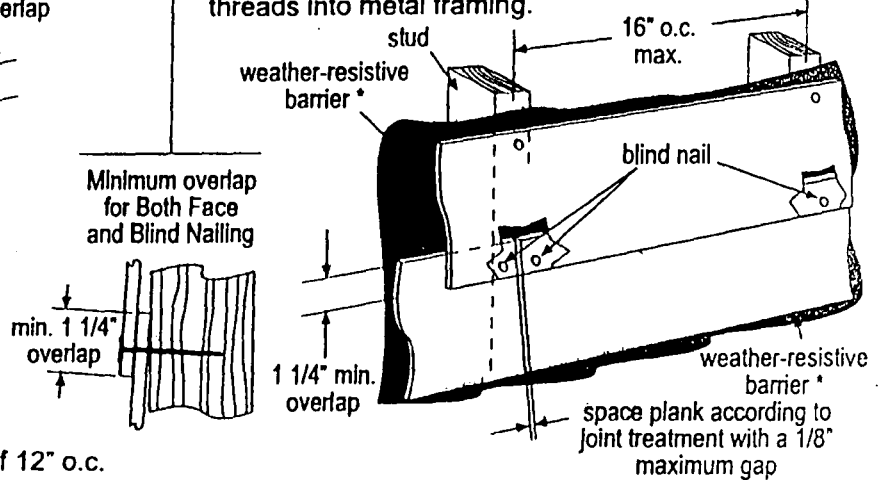
Hardiplank siding cannot be blind nailed 24" o.c. 12" wide Hardiplank siding cannot be blind nailed. When blind nailing 9 1/4" or 9 1/2" Hardiplank, use 11 ga. roofing nail x 1 1/4" long.

Corrosion Resistant Nails (galvanized or stainless steel)

- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long) **
- 11ga. roofing nail (0.121" shank x 0.371" HD x 1 1/4" L)

Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



PNEUMATIC FASTENING:

Hardiplank can be hand nailed or fastened with the use of a pneumatic tool. Set your air pressure so that the fastener is driven snug with the shingle surface.

RECOMMENDED:

Use a flush mount attachment on pneumatic tool. This will help control the depth that the nail is driven. This will be especially helpful when more than one pneumatic tool is driven off the same compressor.

NAIL TYPE:

Fasteners must be corrosion resistant, galvanized or stainless steel. Electro-galvanized nails are acceptable for use with James Hardie Siding Products, but may exhibit premature corrosion. James Hardie recommends the use of quality, hot-dipped galvanized nails. (James Hardie is not responsible for the corrosion resistance of fasteners.)



DO NOT STAPLE

FASTENER REQUIREMENTS:

- Drive fasteners perpendicular to siding and framing.
- Fastener heads should fit snug against siding (no air space). (Fig. A & B)
- Do not over-drive nail heads or drive nails at an angle.
- If nail is countersunk, caulk nail hole and add a nail. (Fig. C)



figure A



figure B



figure C



do not under drive nails

FINISHING HARDIPLANK:

Patching:

Dents, chips and cracks can be filled with a cementitious patching compound.



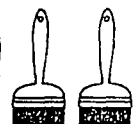
Caulking:

A high quality, paintable caulk is recommended. For best results use a caulk that complies either ASTM C 834 or ASTM C920. Caulking should be applied in accordance with caulking manufacturers written instructions. (Leave 1/8" gap at trim for caulk. Caulking at butt joints is optional.)



Painting:

James Hardie products must be painted. For best results install Hardiplank siding with our exclusive Prime Plus™ factory priming system and a 100% acrylic topcoat (s). * If our Prime Plus™ factory priming is not being used, Hardie recommends the application of an alkali-resistant primer along with 100% acrylic topcoat (s). (For paint manufacturer's paint specifications, refer to JH Technical Bulletin No. S-100.) *Note: Please refer to paint manufacturers specifications for application rates.



COVERAGE CHART/ESTIMATING GUIDE

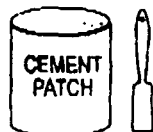
1. Figures shown are in pieces - all 12' long 2. 5% cutting and fitting waste factor included 3. Computations based on minimum overlap of 1-1/4" 4. Actual usage subject to variables such as building design and installers

COVERAGE AREA LESS OPENINGS		HARDIPLANK® WIDTH								
		(exposure)	5-1/4" (4")	6-1/4" (6")	7-1/4" (6")	7-1/2" (6-1/4")	8" (6-3/4")	8-1/4" (7")	9-1/4" (8")	9-1/2" (8-1/4")
100 sf	1 SQ	26	21	18	17	16	15	13	13	10
200 sf	2 SQ	53	42	35	34	31	30	26	25	20
300 sf	3 SQ	79	63	53	50	47	45	39	38	29
400 sf	4 SQ	105	84	70	67	62	60	53	51	39
500 sf	5 SQ	131	105	88	84	78	75	66	64	49
600 sf	6 SQ	158	126	105	101	93	90	79	76	59
700 sf	7 SQ	184	147	123	118	109	108	92	89	68
800 sf	8 SQ	210	168	140	134	124	120	105	102	78
900 sf	9 SQ	236	189	158	151	140	135	118	115	88
1000 sf	10 SQ	263	210	175	168	156	150	131	127	98
1100 sf	11 SQ	289	231	193	185	171	165	144	140	107
1200 sf	12 SQ	315	252	210	202	187	180	158	153	117
1300 sf	13 SQ	341	273	228	218	202	195	171	165	127
1400 sf	14 SQ	368	294	245	235	218	210	184	178	137
1500 sf	15 SQ	394	315	263	252	233	225	197	191	147
1600 sf	16 SQ	420	336	280	269	249	240	210	204	156
1700 sf	17 SQ	446	357	298	286	264	255	223	216	166
1800 sf	18 SQ	473	378	315	302	280	270	238	229	176
1900 sf	19 SQ	499	399	333	319	296	285	249	242	186
2000 sf	20 SQ	525	420	350	336	311	300	263	255	195
2100 sf	21 SQ	551	441	368	353	327	315	276	267	205
2200 sf	22 SQ	578	462	385	370	342	330	289	280	215
2300 sf	23 SQ	604	483	403	386	368	345	302	293	225
2400 sf	24 SQ	630	504	420	403	373	380	315	305	234
2500 sf	25 SQ	656	525	438	420	389	375	328	318	244
2600 sf	26 SQ	683	546	455	437	404	390	341	331	254
2700 sf	27 SQ	709	567	473	454	420	405	354	344	264
2800 sf	28 SQ	735	588	490	470	436	420	368	356	273
2900 sf	29 SQ	761	609	508	487	451	435	381	369	283
3000 sf	30 SQ	788	630	525	504	467	450	394	382	293

NOTES AND CALCULATIONS: ((sq ft + exposure) x 1.05 = number of boards)

FINISHING HARDIPLANK:

Patching:
Dents, chips and cracks can be filled with a cementitious patching compound.



Caulking:
A high quality, paintable caulk is recommended. For best results use caulks that comply with either ASTM C 834 or ASTM C 920. Caulking should be applied in accordance with caulking manufacturers written instructions. (Leave 1/8" gap at trim for caulk. Caulking at butt joints is optional.)



Painting:
James Hardie products must be painted. For best results install Hardiplank siding with our exclusive Prime Plus™ factory priming system and a 100% acrylic topcoat (s). If our Prime Plus™ factory priming is not being used, Hardie recommends the application of an alkali-resistant primer along with 100% acrylic topcoat (s). (For paint manufacturer's paint specifications, refer to JH Technical Bulletin No. S-100.)
*Note: Please refer to paint manufacturers' specifications for application rates.



APPROVALS: HARDIPLANK lap siding is recognized as an exterior wall cladding in National Evaluation Report No. NER405 (BOCA, ICBO, SBCC); City of Los Angeles, Research Report No. 24862; Dade County, Florida, Acceptance No. 99-0223.07, US Dept. of HUD Materials Release 1263a, California DSA PS-019 and City of New York MEA 223-93-M. These documents should also be consulted for additional information concerning the suitability of this product for specific applications.

Corporate Headquarters
26300 La Alameda, Suite 250
Mission Viejo, CA 92691
© 2000 James Hardie Building Products
Printed in USA

For Technical Assistance, MSDS,
and Product Information
Call 1-800-9HARDIE
(1-800-942-7343)
www.jameshardie.com

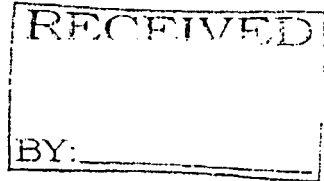


JH91513SL 6/00

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas



insures the following policyholder for the coverages indicated below:

Name of policyholder R L SHALER CONTRACTOR
 Address of policyholder 1320 SE O'DONNELL LN PORT ST LUCIE, FL 34983-3928
 Location of operations SAME
 Description of operations CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98-KV-8086-2 3	Comprehensive Business Liability	04/23/02	04/23/03	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Explosion Hazard Coverage <input checked="" type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>				Each Occurrence \$ 300000.00 General Aggregate \$ 600000.00 Products - Completed Operations Aggregate \$ 600000.00
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

TOWN OF SEWALLS POINT
 SEWALLS POINT ROAD
 SEWALLS POINT, FL 34996

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder _____ days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

[Signature]
 Signature of Authorized Representative
 AGENT _____ Date 05/21/02
 Title _____

Agent's Code Stamp

AFO Code F591

PAID

ref me

NOTICE OF ELECTION TO BE EXEMPT

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

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

115175/01-10051

STATE USE ONLY
Effective/Issue Date:
Expiration Date:
Control Number: APR 17 2001
Postmark Date: 3/17/01
Received Date:

RECEIVED
APR 17 2001

RECEIVED
-OR-
MAR 19 2001

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

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

[X] Sole Proprietor [] Partner [] Corporate Officer (your corp. title:)

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

[] Corporate Officer (your corp. title:)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporate Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): WEST PALM BEACH

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

Business Name: RL Shaler Contracting Trade Name: d/b/a, or a/k/a: Same
Business Mailing Address: 1320 SE O'Donnell Ln City: Ft St Lucie State: FLN Zip: 34983
County: St Lucie Phone No.: (561) 871-1610 Nature of Business: Contractor FEIN:
Unemployment Compensation Tax No: 263-87-9158 Date Business Established: 12-13-99 No. of Employees: 1
Are you required to be registered or certified pursuant to Chapter 489, F. S.? [] No [X] Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes RR-0067471
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? [] No [X] Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? [X] NO [] YES list the name of all other businesses in which you are employed:

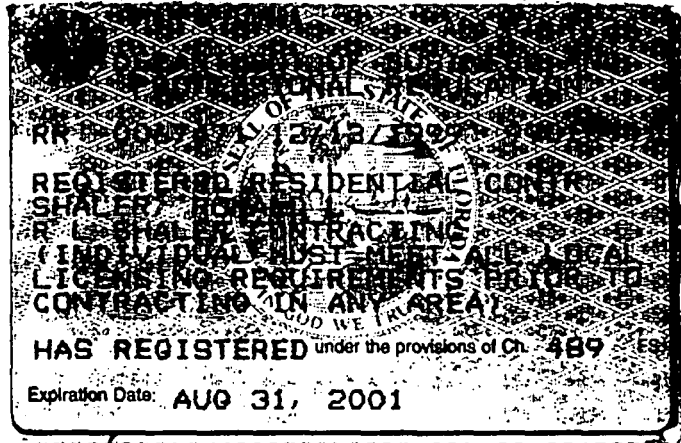
Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? [X] No [] Yes, You must attach tax records. See instruction sheet for details.

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

Ron Shaler 263-87-9158 2-16-63
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day yr.
DATE OF BIRTH
APPLICANT'S SIGNATURE 3-15-01
DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF MARTIN.
Sworn to and subscribed before me this 15 day of March 2001, by Ron Shaler

Personally Known OR Produced Identification Type of Identification Produced
NOTARY SIGNATURE My Commission Expires 10/26/2002
LES FORM BC-250 Revised February 2000 SHARON J. DONOHUE MY COMMISSION # CC 788012



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: MC00395
Expires September 30, 2001

SHALER, RONALD L
R L SHALER CONTRACTING
1320 SE O'DONNELL
PSL, FL 34983
RESIDENTIAL CONTRACTOR MC

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Fl.

COUNTY OF Martin

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

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

18 middle Rd south point Lot 46 + Lot 47 High point Plot Book 3

GENERAL DESCRIPTION OF IMPROVEMENT: Regrade existing house Pg. 108

OWNER: Edward A. Justice

ADDRESS: 18 middle Rd street Fl. 34996

PHONE #: 220-1478 FAX #: _____

CONTRACTOR: R.L. Shaler Contractors

ADDRESS: 1320 SE. O'Donnell Ln. Pt. St. Lucie Fl. 34983

PHONE #: _____ FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

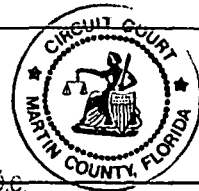
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE # _____ FAX # _____

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 Madeleine Bunker
DATE 5-16-02



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

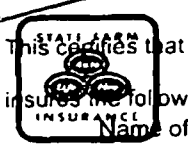
SWORN TO AND SUBSCRIBED BEFORE ME THIS 1st DAY OF May 2002
10 BY Edward Justice

PERSONALLY KNOWN X
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE

Grace M. DaSilva
Commission # CC 995551
Expires March 4, 2005
Bonded Through
Atlanta Bonding Co., Inc.

CERTIFICATE OF INSURANCE



- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

RECEIVED

APR 23 2001

BY: *[Signature]*

Name of policyholder RONALD L SHALER DBA R L SHALER CONTRACTOR

Address of policyholder 1320 SE O'DONNELL LN, PORT ST LUCIE, FL 34983

Location of operations SAME

Description of operations

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98KV80862	Comprehensive Business Liability	04/23/01	04/23/02	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input type="checkbox"/> _____ <input type="checkbox"/> _____		Each Occurrence \$ <u>300,000</u> General Aggregate \$ <u>600,000</u> Products - Completed Operations Aggregate \$ <u>600,000</u>
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____	Effective Date Expiration Date		(Combined Single Limit)
	Workers' Compensation and Employers Liability			Each Occurrence \$ _____ Aggregate \$ _____ Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date Expiration Date		(at beginning of policy period)

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder
 TOWN OF SEWALL'S POINT
 1 SOUTH SEWALL'S POINT RD
 SEWALL'S POINT, FL

Keith R. Mayfield
 Signature of Authorized Representative

Agent
 Title

4/17/01
 Date

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri May 24, 2001, Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5022	SMITH 133 S. River Rd McCarly	ALL Rough-ins	 	CANCEL
				INSPECTOR: <u> </u>
✓ 5671	JACK + CAROL ATEN 103 ABBIE CT HARBOR BAY POOLS	SCREEN	FAILED	\$ 30
				INSPECTOR: <u> </u>
✓ 5739	SCOTT GASICREK 67 N. River Rd CONWAY	Plumbing + MECHANICALS	FAILED	
				INSPECTOR: <u> </u>
5380	GIFFORD. 85 N. SEWALLS A+G CONCRETE POOLS	POOL NICHE	FAILED	\$ 30 NO PLANS + PERMIT
①				INSPECTOR: <u> </u>
5804	JUSTICE 18 MIDDLE RD. RL	FURNACE/SIDING	PASSED	
⑥				INSPECTOR: <u> </u>
✓ 5002	Smiths 133 S. River Rd Paradigm	Partial on Sewer line	 	CANCEL
				INSPECTOR: <u> </u>
5788	HART. 61 S RIVER RD. JACKSON	POOL STEEL MAIN DRAIN	PASSED	
②				INSPECTOR: <u> </u>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-4-02, 2001; Page 2 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PLEASE	SEE/talk with Resident at 28 Rio Vista Dr.			Dr. McGee - 283-8157
(1)	would like you there at 9:30 - Wants to know if construction on corner lot is up to code - TH-			INSPECTOR: <i>[Signature]</i>
5185.	JONES	TRUSS ENGINEER	Failed	
(14)	14 HERONS NEST - JIB.			INSPECTOR: <i>[Signature]</i>
5705	Clements	underground gas	Passed	Need new permit copy
(5)	11 West H Pt Rd TREASURE Coast			INSPECTOR: <i>[Signature]</i>
5978	SADLER	Final Roof	Failed	
(6)	12 Middle Rd ALLTEC ROOF			INSPECTOR: <i>[Signature]</i>
5803/4	Justice	Siding	Passed	Close
(7)	18 Middle Rd Shaler			INSPECTOR: <i>[Signature]</i>
5541	Milord	Final GAS	Passed	→ Swale!
(8)	144 N. Sewall's Pt Rd Milord			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

5943

WOOD STAIRS

FOR DECK

TOWN OF SEWALL'S POINT

Date 9-4-02

BUILDING PERMIT NO. 5943

Building to be erected for Edward A. Justice

Type of Permit Wood Stairs for Pool Deck

Applied for by R.L. Shaler Contractors (Contractor)

Building Fee 35.00

Subdivision High Point Lot 46x47 Block _____

Radon Fee _____

Address 18 Middle Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

133 84 100 2 00000 461 70000

Plumbing Fee _____

Amount Paid 35.00 Check # _____ Cash 35.00 Other Fees (_____)

Roofing Fee _____

Total Construction Cost \$ 2,300.00

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 Wood Stairs for Pool Deck

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 _____

BUILDING PERMIT APPLICATION

A 35.00 Town of Sewall's Point

13384100 20000046170000

Owner or Titleholder Name: Edward A Justice City: Stuart State: FL Zip: 34996
Legal Description of Property: Lot 46 + lot 47 High point Parcel Number: plot Boat 3 page 108
Location of Job Site: 18 middle rd Type of Work To Be Done: Deck Repair

CONTRACTOR/Company Name: RL Shaler contractors Phone Number: 817-1610
Street: 1320 S.E. O'Donnell Ln City: St. Louis State: FL Zip: 34987
State Registration Number: RR-006747 State Certification Number: _____ Martin County License Number: _____

ARCHITECT: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER: Walter Harmonia Phone Number: 743-1600
Street: 11406 N 172 Pl City: Jupiter State: FL Zip: 33478

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Depart: _____ Well Permit Number: _____

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

COST AND VALUES Estimated Cost of Construction or Improvements: 2,300.00 Estimated Fair Market Value (FMV) Prior
To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION
Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

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

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

OWNER OR AGENT SIGNATURE (Required) _____
State of Florida, County of: Martin
This the 1st day of May, 2002
by Edward Justice who is personally
known to me or produced _____
as identification: _____

Notary Public
My Commission Expires: March 4, 2005

CONTRACTOR SIGNATURE (Required) _____
On State of Florida, County of: Martin
This the 2nd day of May, 2002
by Ronald Shaler who is personally
known to me or produced FLDL 5460732030500
As identification: Haven Obellner

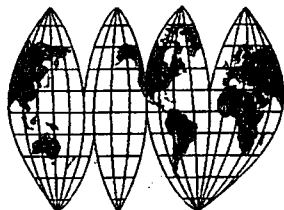
Notary Public
My Commission Expires: 10/24/03



Grace M. DaSilva Seal
Commission # CC 995551
Expires March 4, 2005
Bonded Thru
Atlantic Bonding Co., Inc.



Karen D. Bellner Seal
MY COMMISSION # CC848955 EXPIRES
October 24, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

**REPORT OF AS-BUILT SURVEY
For Edward A. and Amy S. Justice
May 3, 2002****Map of As-Built Survey:**

See Map of As-Built Survey, land description is in accord with the description provided by the client or the client's representative. This survey map and report is not valid without the signature and original raised seal of the Florida licensed Surveyor and Mapper. The signature and seal can be found at the end of this report. The map and report are not full and complete without the other.

Legal Description:

The North 50 feet of Lot 46 and the South 50 feet of Lot 47, High Point, according to the plat thereof, as recorded in Plat Book 3, Page 108, of the Public Records of Martin County, Florida.

Accuracy:

The expected use of the land, as classified in the Minimum Technical Standards (61G17-6FAC), is "Suburban". The minimum relative distance accuracy for this type of survey is 1 foot in 7,500 feet. The accuracy obtained by measurement with an electronic total station and calculation of a closed geometric figure was found to exceed this requirement.

Elevations of well-identified features contained in this survey and map have been measured to an estimated vertical positional accuracy of 0.2 feet.

Data Sources:

Recorded adjoining plats were obtained from the County repositories.

Measurement Methods:

All equipment was tested and calibrated. Two sets of traverse angles were turned and averaged. The traverse directly connected the two most Northeast, Northwest property corners. The remaining property corners were found from this traverse by side ties using a redundancy of measurements.

**General:**

- Elevations shown hereon are in feet and decimal parts thereof and are relative to the National Geodetic Vertical Datum of 1929 and are based on the local benchmark being a found PK Nail & Washer in the entrance driveway pavement at 11 W. High Point Road, having an elevation of 29.18 feet.
- Bearings shown hereon are relative to the Centerline of Middle Road as shown on the Plat of High Point as recorded in Plat Book 3, Page 108, of the public records of Martin County, Florida, bearing being N 05°55'00" E.
- This As-Built Survey is for the specific purpose of locating the pool deck and showing the proposed stairs.
- Address: 18 S.E. Middle Road, Sewall's Point, Florida 34996

Limitations:

- This Survey was last surveyed in the field on May 3, 2002 and shall not be relied upon for field accuracy or sufficiency subsequent to that date.
- No visible aboveground evidences of physical use were noted by this survey, unless depicted

Report of As-Built Survey
Edward A. and Amy S. Justice
Page 2

- or stated herein.
- No underground improvements, utilities, foundations, footings, or septic tanks were located by this survey.
 - This Survey shall not be copied, transferred or assigned without the specific written permission of Aslan, Inc.
 - This map may have been photographically or digitally reduced or enlarged with or without the knowledge of the issuing agent. It is incumbent upon the end user to determine the scale indicated hereon as reliable for the intended uses. Certification is made only to the original scale so indicated.
 - Reproductions of this Survey Report are not valid unless signed and sealed with an embossed Surveyor's and Mapper's seal.

Apparent Physical Use:
Single-family residence.

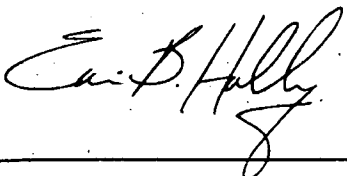
Easements:
The site is presently served by power, telephone and CATV from the East. No utility easements were provided for mapping.

Prepared for:
Edward A. and Amy S. Justice
18 S.E. Middle Road
Stuart, FL 34996

Certified to:
This survey is prepared for the sole and exclusive benefit of Edward A. and Amy S. Justice and The Town of Sewall's Point and shall not be relied upon by any other entity or individual whomsoever.

Surveyor and Mapper in Responsible Charge:
Eric B. Holly, P.S.M.
Registration No. LS 3336

ASLAN, inc.
P.O. Box 1500, Stuart, FL 34995-1500
2440 S.E. Federal Highway, Suite 700, Stuart, Florida 34994
(561) 288-4880
Registration No. LB 5715

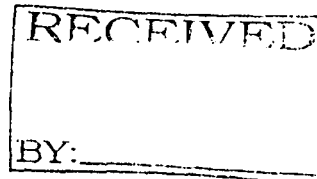
Signed:  _____

Date: May 8, 2002

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas



insures the following policyholder for the coverages indicated below:

Name of policyholder R L SHAZER CONTRACTOR
 Address of policyholder 1320 SE O'DONNELL LN PORT ST LUCIE, FL 34983-3928
 Location of operations SAME
 Description of operations CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98-KV-8086-2 B	Comprehensive Business Liability	04/23/02	04/23/03	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Explosion Hazard Coverage <input checked="" type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>				Each Occurrence \$ 300000.00 General Aggregate \$ 600000.00 Products - Completed Operations Aggregate \$ 600000.00
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

TOWN OF SEWALLS POINT
 SEWALLS POINT ROAD
 SEWALLS POINT, FL 34996

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

[Signature]
 Signature of Authorized Representative
 AGENT _____ Date 05/21/02
 Title _____

Agent's Code Stamp

AFO Code F591

PAID

NOTICE OF ELECTION TO BE EXEMPT

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

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

STATE USE ONLY
Effective/Issue Date:
Expiration Date:
Control Number: APR 17 2001
Postmark Date: 3/17/01
Received Date:

115175/01-10051

RECEIVED

MAR 19 2001

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

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

[X] Sole Proprietor [] Partner [] Corporate Officer (your corp. title:)

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

[] Corporate Officer (your corp. title:)

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

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

Business Name: R L Shaler Contracting
Trade Name: d/b/a, or a/k/a: SAME
Business Mailing Address: 1320 SE O'Donnell Ln
City: Pt St Lucie State: FLA Zip: 34983
Country: St. Lucie Phone No.: (561) 871-1610 Nature of Business: Contractor FEIN:
Unemployment Compensation Tax No: 263-87-9158 Date Business Established: 12-13-99 No. of Employees: 1
Are you required to be registered or certified pursuant to Chapter 489, F. S.? [] No [X] Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes RR-0067471
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? [] No [X] Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? [X] NO [] YES list the name of all other businesses in which you are employed:
Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? [X] No [] Yes, You must attach tax records. See instruction sheet for details.

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

Ron Shaler 263, 87, 9158 2, 16, 163
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day yr.
Ron Shaler 3, 15, 101 DATE OF BIRTH
APPLICANT'S SIGNATURE DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF MARTIN.
Sworn to and subscribed before me this 15 day of March 2001, by Ron Shaler

Personally Known OR Produced Identification Type of Identification Produced

NOTARY SIGNATURE My Commission Expires 10/26/2002
LES FORM BC-1250 Revised February 2000 SHARON J. LINDEN REVERSE FOR ADDITIONAL INFORMATION MY COMMISSION # CC 786012



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: MC00395
Expires September 30, 2003

SHALER, RONALD L
R L SHALER CONTRACTING
1320 SE O'DONNELL
PSL, FL 34983
RESIDENTIAL CONTRACTOR MC

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-6-2002, 2001; Page 2 of 2.




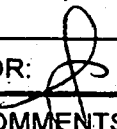
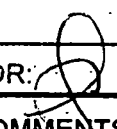
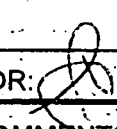
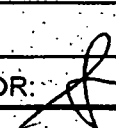
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5944	JONES 18 EMARITA WAY ALL AMERICAN	Brick to A Metal (ROOF)	Pass	Shedding only INSPECTOR: <i>[Signature]</i>
5973	18 Middle Rd Skaler	FOOTERS	Pass	 INSPECTOR: <i>[Signature]</i>
TREE	MAYFIELD 10 Middle Rd	TREE	Pass	 INSPECTOR: <i>[Signature]</i>
5863	Newman 15 Pearwinkle Crescent Emmick	Wire Lath	Pass	 INSPECTOR: <i>[Signature]</i>
5937 5939	ST FOSTER 128 S. Sewall's Pt Rd. PARKS.	TEMP ELEC POLE	Pass	Call FPL ✓ a/a INSPECTOR: <i>[Signature]</i>
5934	BOTWINICK. 24 EMARITA WAY SOUND.	FINAL ROOF.	Pass	 INSPECTOR: <i>[Signature]</i>
				 INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-25-02, 2001; Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5936	Clements	FINAL	Passal	
(13)	11 W. High Pt Rd Awwings Plus			INSPECTOR: 
5980	HOFFER	FINAL	Passal	
(11)	25 Island Rd J+B BoatLIFT	Boat Lift		INSPECTOR: 
5875	MAZSON	Rough Plumb	Passal	
(3)	9 S. River Rd KNEPPER			INSPECTOR: 
5925	MENDEZ	BLDG. FINAL	Passal	
(6)	20 CRANES NEST LEAR			INSPECTOR: 
5880	HART	SHORTHING ROOF	Passal	
(12)	3 E. HIGH PT. RD. NAUANO.	TRUSS INSPECTION ext. frame wall	Passal Passed	INSPECTOR: 
5636	FRANCIS	ROOF DRY-IN	Failed	incomplete 30-
(1)	5 S. RIVER RD. WILBONDVICK			INSPECTOR: 
5943	JUSTICE	ext. stairs	Passal	
(14)	18 MIDDLE RD.	Stropper		INSPECTOR: 

OTHER: _____

ADMIN
VARIANCE

RESOLUTION NO. 590

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, GRANTING THE APPLICATION OF EDWARD A. JUSTICE AND AMY S. JUSTICE, HIS WIFE, FOR A VARIANCE OF TWO (2) ENCROACHMENTS ON THE NORTH 50' OF LOT 46 AND THE SOUTH 50' OF LOT 47, HIGHPOINT, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 3, PAGE 108, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

WHEREAS, Edward A. Justice and Amy S. Justice, his wife ("Applicants"), the owners of the above-described property, have applied for an administrative variance under the Code; and

WHEREAS, the Town Building Department received, reviewed and recommended approval of the Applicants' application for a variance of the .50 feet and .50 feet encroachments on the NE and SE corner of the pool deck; and

WHEREAS, the Applicants filed a variance request pursuant to the Town Code; and

WHEREAS, the Town Commission held a public hearing on the variance on April 15, 2003; and

WHEREAS, notice of the public hearing was posted at the Town Hall bulletin board and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicants, to all record owners of property located adjacent to the property involved in the variance and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, the Applicants at the public hearing presented proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to those persons (or their waiver); and

WHEREAS, the Town Commission at the public hearing made the finding that: The Applicants demonstrated an extreme hardship, which justified a variance of the Town Code.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The Applicants' variance is hereby conditionally granted by the Town Commission of the Town of Sewall's Point, Florida;
2. This variance is expressly conditioned on the application for the variance being signed by both Applicants;
3. This variance is expressly conditioned upon the Applicants reimbursing the Town for all professional expenses of the Town incurred in connection with the application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances;
4. The Town Building Department, upon the payment of the appropriate permit application fee and professional fees, shall issue a variance permit for the encroachment listed above, at 18 Middle Road, Sewall's Point, Florida, in accordance with the plans and specifications reviewed by the Town Commission at the public hearing (Exhibit "A" attached); and
5. This Resolution shall not constitute permission or a license, either now or in the future, to conduct any activity other than the variance of the encroachment listed above as

proposed by the Applicants in their permit application. Any material deviation in the encroachment permit, survey, drawings, plans, or other application materials provided by the Town Building Department by the Applicants, shall revoke the approval granted by this resolution and shall be a violation of the Town of Sewall's Point Code of Ordinances.

6. This Resolution shall be recorded by the Applicants in the Martin County, Florida Public Records at the Applicants' expense.

The vote was as follows:

	AYE	NAY
MARC S. TEPLITZ, Mayor	<u>✓</u>	<u> </u>
JAMES D. BERCAW, Vice Mayor	<u>✓</u>	<u> </u>
RICHARD L. BARON, Commissioner	<u>✓</u>	<u> </u>
THOMAS P. BAUSCH, Commissioner	<u>✓</u>	<u> </u>
E. DANIEL MORRIS, Commissioner	<u>✓</u>	<u> </u>

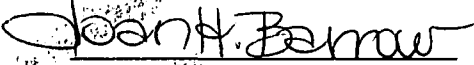
The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on this 15th day of April, 2003.

TOWN OF SEWALL'S POINT, FLORIDA




MARC S. TEPLITZ, Mayor

ATTEST:



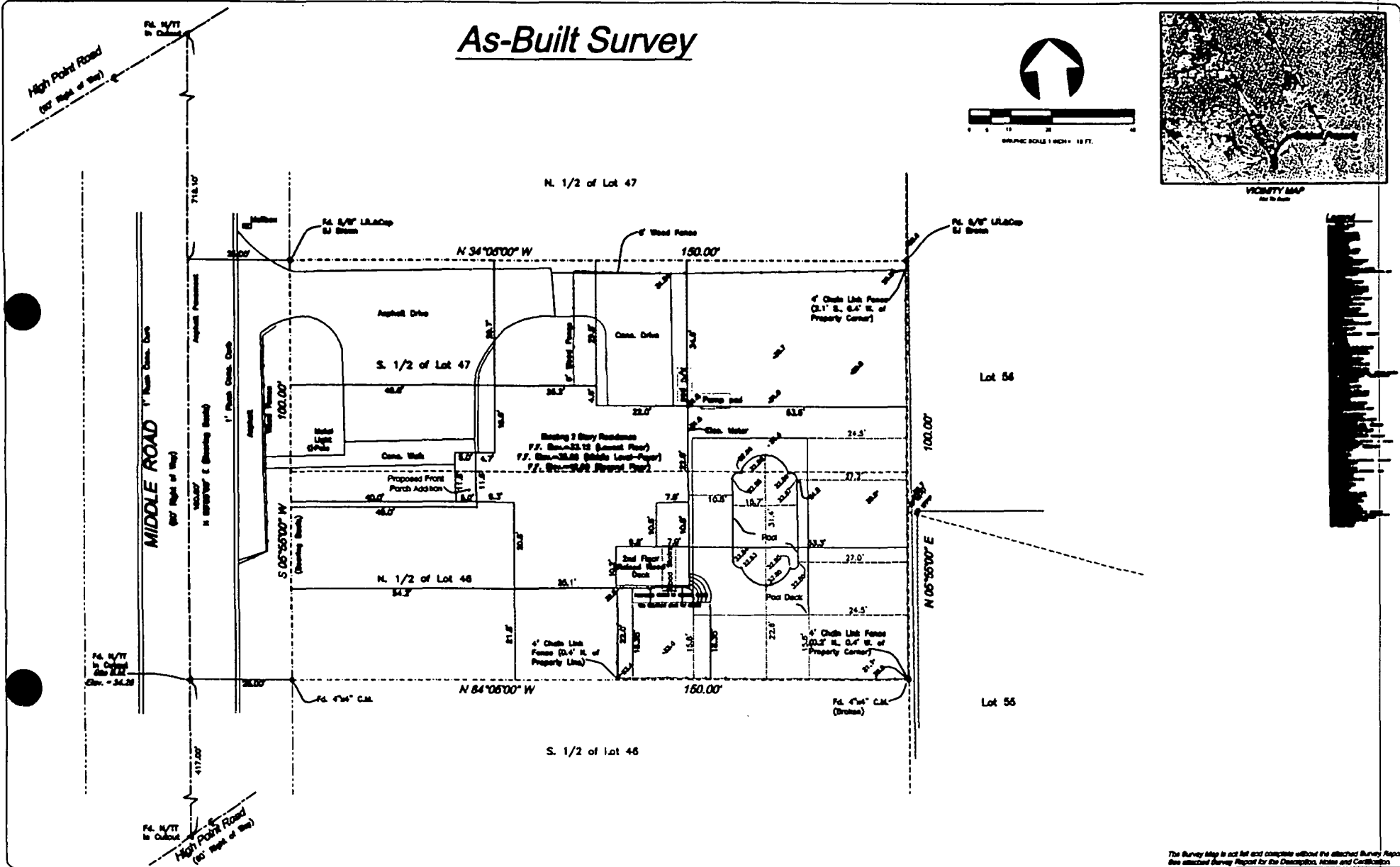
Joan H. Barrow, Town Clerk

(TOWN SEAL)



Tim B. Wright, Town Attorney
Approved as to form and
legal sufficiency

As-Built Survey



The Survey Map is not full and complete without the attached Survey Report, also attached Survey Report for the Description, Areas and Certification.

Prepared For:
Edward A. and Amy S. Justice
North 50', Lot 46 & South 50', Lot 47, High Point
Town of Sawtooth Point, Martin County Florida



ASLAN, inc.
CONSULTANTS • PLANNERS • SURVEYORS
MARINE ENVIRONMENTAL PERMITTING
2440 S.E. Federal Highway - Suite 700
Stuart, FL 34994 (881) 288-4830 Fax 288-0128

WARRANTY:
We warrant that this map is a true and correct copy of the original survey.
I, the undersigned, a duly Licensed Professional Surveyor, certify that I am the author of this map and that I am a duly Licensed Professional Surveyor.

Sheet Title		As-Built Survey	
Order	By	Revision Description	
Scale	1" = 10'	Date	05/01/2010
Drawn By	W. J. Justice	Field Book	01-05-2010
App. No.	0000	Case No.	010-10-000
Sheet Number	1 of 1		File Number



PROJECT MANAGEMENT: CIVIL · SURVEY · PLANNING · CONSTRUCTION
GOVERNMENTAL LIAISON: PERMITTING · PLATTING · REZONINGS · CODE ENFORCEMENT · VARIANCES
LAND PLANNING: COMMERCIAL · RESIDENTIAL · P.U.D.'S · SUBDIVISIONS · MARINAS · SITE PLANS
MARINE ENVIRONMENTAL PERMITTING: MARINAS · DOCKS · DREDGE & FILL · DEP-CORPS-WMD - ERP · WETLAND MITIGATION
SURVEY AND MAPPING: MEAN HIGH WATER · WETLAND · SUBMERGED LAND LEASES · BOUNDARY · TOPOGRAPHIC · AS-BUILT

**REPORT OF AS-BUILT SURVEY
For Edward A. and Amy S. Justice
May 3, 2002**

Map of As-Built Survey:

See Map of As-Built Survey, land description is in accord with the description provided by the client or the client's representative. This survey map and report is not valid without the signature and original raised seal of the Florida licensed Surveyor and Mapper. The signature and seal can be found at the end of this report. The map and report are not full and complete without the other.

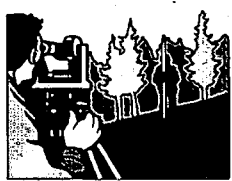
Legal Description:

The North 50 feet of Lot 46 and the South 50 feet of Lot 47, High Point, according to the plat thereof, as recorded in Plat Book 3, Page 108, of the Public Records of Martin County, Florida.

Accuracy:

The expected use of the land, as classified in the Minimum Technical Standards (61G17-6FAC), is "Suburban". The minimum relative distance accuracy for this type of survey is 1 foot in 7,500 feet. The accuracy obtained by measurement with an electronic total station and calculation of a closed geometric figure was found to exceed this requirement.

Elevations of well-identified features contained in this survey and map have been measured to an estimated vertical positional accuracy of 0.2 feet.



Data Sources:

Recorded adjoining plats were obtained from the County repositories.

Measurement Methods:

All equipment was tested and calibrated. Two sets of traverse angles were turned and averaged. The traverse directly connected the two most Northeast, Northwest property corners. The remaining property corners were found from this traverse by side ties using a redundancy of measurements.

General:

- Elevations shown hereon are in feet and decimal parts thereof and are relative to the National Geodetic Vertical Datum of 1929 and are based on the local benchmark being a found PK Nail & Washer in the entrance driveway pavement at 11 W. High Point Road, having an elevation of 29.18 feet.
- Bearings shown hereon are relative to the Centerline of Middle Road as shown on the Plat of High Point as recorded in Plat Book 3, Page 108, of the public records of Martin County, Florida, bearing being N 05°55'00" E.
- This As-Built Survey is for the specific purpose of locating the pool deck and showing the proposed stairs.
- Address: 18 S.E. Middle Road, Sewall's Point, Florida 34996

Limitations:

- This Survey was last surveyed in the field on May 3, 2002 and shall not be relied upon for field accuracy or sufficiency subsequent to that date.
- No visible aboveground evidences of physical use were noted by this survey, unless depicted or stated herein.
- No underground improvements, utilities, foundations, footings, or septic tanks were located by this survey.
- This Survey shall not be copied, transferred or assigned without the specific written permission of Aslan, Inc.
- This map may have been photographically or digitally reduced or enlarged with or without the knowledge of the issuing agent. It is incumbent upon the end user to determine the scale indicated hereon as reliable for the intended uses. Certification is made only to the original scale so indicated.
- Reproductions of this Survey Report are not valid unless signed and sealed with an embossed Surveyor's and Mapper's seal.

Apparent Physical Use:

Single-family residence.

Easements:

The site is presently served by power, telephone and CATV from the East. No utility easements were provided for mapping.

Prepared for:

Edward A. and Amy S. Justice
18 S.E. Middle Road
Stuart, FL 34996

Certified to:

This survey is prepared for the sole and exclusive benefit of Edward A. and Amy S. Justice and The Town of Sewall's Point and shall not be relied upon by any other entity or individual whomsoever.

Surveyor and Mapper in Responsible Charge:

Eric B. Holly, P.S.M.
Registration No. LS 3336

ASLAN, Inc.

P.O. Box 1500, Stuart, FL 34995-1500
2440 S.E. Federal Highway, Suite 700, Stuart, Florida 34994
(561) 288-4880
Registration No. LB 5715

Signed: _____

Issuance Date: March 11, 2003

Martin County Tax Information

PID: 13384100200000461

SBN: HIGH POINT

SBN Code: 1381002

Use: 0100 / Single Family

MAP PG: SP-06

NBH Code: 1201

PAD: 18 MIDDLE RD

Unit:

City:

Zip:

Legal: HIGH POINT N 50' OF LOT 46 & S 50' OF LOT 47

Owner Name: EDWARD A

Owner 2 Name: AMY S

Last Name: JUSTICE

Last Name: JUSTICE

Address1: 18 MIDDLE ST

Address2:

City: STUART

State: Florida

Zip: 34996

Year Built: 1967

Effective Year Built: 1988

Total Living Area: 3,530

Total Under Roof: 3,578

Tax Year: 2002

Tax: 3741.34

Sale	Price	Rec Date	
1 29-Dec-1994	\$100	29-Dec-1994	or name
2 29-Dec-1994	\$100	29-Dec-1994	or name
3 03-Nov-1992	\$180000	03-Nov-1992	or name

Market Land Val: 120000	Market	
Tot Market Val: 309685	Tot App	0
(-) AG Market Val: 0	(-) Cap L	244540
(+) AG Class Val: 0		25000
Total Taxable Value: 219540	*Current	

Sales Record

**TAX RECORD
REQUIRED FOR
JUSTICE
18 MIDDLE
ADMIN.
VARIANCE**

Area	Area D	
APAL	APPLIA	
BATHS	NO. OF	
BEDROOMS	NUMBER	
CNSP	SEWALL	
COND		
DK1	DECK	258
ELAV	ELECTRIC	1
EWBS	CONCR BLOCK STUCCO	1
FDSL	SLAB	1
FIXTURES	NUMBER OF FIXTURES	9
FLALL	FLOOR COVER ALLOW	0
FLCU	CARPET UNDERLAY PAD	1
FNC	FENCE FROM PERMITS	0
FNC-CH	FENCE CHAIN LINK	0
FNC-W	FENCE WOODEN	0
FUS	FINISHED UPPER STRY	1,577
HF3	HEAT A/C	0
IFDW	DRYWALL	1
MAIN	MAIN LIVING AREA	1,953
N/V	NO VALUE	288
OP3	FIN OP PORCH	48
PBAT	AVERAGE	1
RMCT	CONCRETE TILE ROOF	1
RTHG	HIP GABLE	1
COND		0
PL2	POOL	94
PT1	PATIO	654
LLIT	INTERIOR	1
LOT	LAND VALUE-PER LOT	1

*TOTAL MARKET VALUE is the Property Appraiser's estimate of what the property would sell for excluding cost of sale. TOTAL APPRAISED VALUE includes the value of agricultural use - if any. TOTAL ASSESSED VALUE subtracts out any assessment cap resulting from Amendment 10 (Save Our Homes). TOTAL TAXABLE VALUE is the property value on which the actual tax is based. C.M.T.R. (Current Market Tax Roll Multiplier) is the last sale price divided by the current Market Value. If a property is sold, any assessment cap is removed and the property is reset to Total Market Value.

PID: 13384100200000461

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

MARC S. TEPLITZ
Mayor

JAMES D. BERCAW
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

RICHARD L. BARON
Commissioner



JOSEPH C. DORSKY
Town Manager

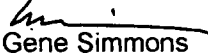
JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

To: Mayor and Commissioners

Fm: 
Gene Simmons
Building Official

Ref: Request for Administrative Variance by Edward & Amy Justice

Date: April 9, 2003

Attached for your review and approval is an application for an administrative variance requested by Mr. & Mrs. Justice residing at 18 Middle Road.

The encroachments, which need to be addressed, are as follows:

1. NE and Se corners of pool deck – existing rear setback of 24.5 feet and 24.5 feet - required 25.0 feet rear setback. An encroachment of .50 feet and .50 feet exist.

Per Administrative Ordinance No. 292 dated November 19, 2002 the applicant has met the following requirements as outline in the ordinance:

1. The setback violation(s) for the encroachment(s) shown on the survey was/were a good faith error(s) and was/were not intentional.
2. I have inspected the file of 18 Middle Road and have determined that the pool and deck, for which this variance is applied, was permitted under permit number 5488 dated August 2, 2001.
3. I have received surveys (24" X 36" and one 8 1/2" X 11" for recording) containing all pertinent information.
4. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
5. The encroachments are less than 30% of the setback requirements.

If there are any questions please don't hesitate to contact me at 287-2455.



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

288880

TOWN OF SEWALL'S POINT ADMINISTRATIVE VARIANCE APPLICATION

1. Owner of Property: Edward & Amy Justice
2. Address of Property: 18 Middle Road
3. Address of Applicant: "same"
4. Phone Number of Applicant: 220 - 1478 v-287-4049
5. Length and location (front, rear, & side) of encroachment (if more than one, please list separately):
(1) A six inch encroachment at the rear of
property by a cement slab (pool deck)
6. The following items must accompany this application:
 - A. \$400.00 Filing Fee (non-refundable).
 - B. Certificate of Ownership (copy of warranty deed or tax receipt).
 - C. A list certifying the name and address of all adjacent property owners as shown in the Official Records of the Martin County Tax Collector's Office.
 - D. A building permit or building permit application with the building permit number indicated on it.
 - E. Original permit drawings, plans or surveys.
 - F. Current surveys (six each) 24" X 36" and one (1) 8 1/2" X 11".
Surveys must be:
 - (1). Prepared by a licensed surveyor registered in Florida in accordance with the minimum technical standards established by the Florida Board of Professional Surveyors and Mappers.
 - (2). Contain the address of the property, including street name and number, and show the proximity of all boundary streets.
 - (3). Show the location of all buildings, structures, and above-ground encroachments and improvements.
 - (4). Show all setback requirements under the Town of Sewall's Point Code of Ordinances.
 - (5). Show location and identification of all encroachments into setbacks under this code, including the type of improvement comprising the encroachments and specifically identifying any encroachment that is the subject of the application.
 - (6). Contain a certification to the Town of Sewall's Point.
 - (7). Contain any other information the Town Commission may require to show whether the setback encroachment is entitled to an administrative variance.
 - G. Letters of No Objection from all adjacent property owners or proof that a copy of the administrative variance application has been sent to all adjacent property owners by certified mail with a written notice informing

them that any objections to the requested administrative variance must be filed with the Town Clerk within fifteen days of the date that the notice was mailed.

7. The Town Commission may grant the variance if the Town Commission finds that:
- A. The encroachment is less than or equal to thirty (30) percent of the setback requirement in effect on the date that the encroachment was created.
 - B. Either letters of no objection have been filed by the applicant for all adjacent property owners, or 15 days have [passed since the mailing to adjacent neighbors informing them of their right to file an objection with the town clerk, and no letter of objections to the administrative variance application have been filed.
 - C. The structure(s) for which a variance is sought was constructed under a valid permit. This requirement does not apply to variances with encroachments of less than twenty (20) inches.
 - D. The setback violation was a good faith error and was not intentional.

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


Applicant Signature

Dated this 10th of February 2003

 4/21/03

LETTER OF NO OBJECTION

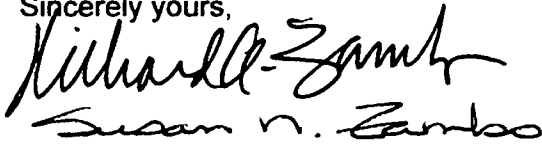
The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

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

Dear Town of Sewall's Point:

I have received the Administrative Variance Application filed by Edward Justice with the Town of Sewall's Point. I am an adjacent property owner to the property, which is the subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance, so long as the variance is for an encroachment into the setback area and not across the property line.

Sincerely yours,


Susan N. Zambo

Signature of Adjacent Property Owner

February 26, 2003
Date

Richard A. and Susan N. Zambo

Printed Name of Adjacent Property Owner
598 SW Hidden River Avenue
Palm City, FL 34990

Address of Adjacent Property Owner

LETTER OF NO OBJECTION

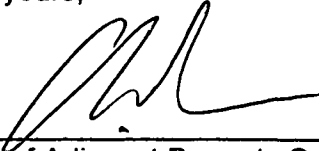
The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Fl 34996

Ref: Application for Administrative Variance Pursuant to Appendix B – Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Edward Justice

Dear Town of Sewall's Point:

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

Sincerely yours,



Signature of Adjacent Property Owner

Andrew A. Reich

Printed Name of Adjacent Property Owner

22 Middle Road

Address of Adjacent Property Owner

2/19/03

Date

LETTER OF NO OBJECTION

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

Ref: Application for Administrative Variance Pursuant to Appendix B – Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Edward & Amy Justice

Dear Town of Sewall's Point:

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

Sincerely yours,

Elaine M. McKelvey
Signature of Adjacent Property Owner

3/4/03
Date

ELAINE M. MCKELVEY
Printed Name of Adjacent Property Owner

21 E. HIGH POINT RD
Address of Adjacent Property Owner

10142

A/C CHANGEOUT



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:	10142	DATE ISSUED:	JUNE 26, 2012
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	133841002-000-004617	SUBDIVISION	HIGH PT - L46/47
CONSTRUCTION ADDRESS:	18 MIDDLE RD		
OWNER NAME:	MC CLELLEAN		
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	466-8115

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 PERMIT APPLICATION**

Date: 6.19.12 Permit Number: 10142
 OWNER/LESSEE NAME: WDA MCCLELLAN Phone (Day) 286-5613 (Fax) 214-6738
 Job Site Address: 18 Middle Road City: Stuart State: FL Zip: 34996
 Legal Description: Highpoint N Parcel Control Number: 13-38-41-002-000-00461.7
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Water for Well

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: \$ 6790.00
 (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: Nisair A/C Phone: 466-8115 Fax: 468-9745
 Qualifiers name: Philip Nisair Street: 3700 S US Hwy 1 City: Apiece State: FL Zip: 34982
 State License Number: CA004119A OR: Municipality: _____ License Number: _____
LOCAL CONTACT: Philip Nisair Phone Number: 466-8115
DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:
 1. YOUR FAILURE TO RECORD 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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: St. Lucie
 On This the 19 day of June, 2012
 by Philip Nisair who is personally
 known to me or produced _____
 As identification: Nichelle J. Simon
 Notary Public

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

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 6/19/2012 11:09:27 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-002-000-00461-7	27734	18 MIDDLE RD, SEWALL'S POINT	\$348,710	6/18/2012

Owner Information

Owner(Current)	MCCLELLAN LISA
Owner/Mail Address	18 MIDDLE RD STUART FL 34996
Sale Date	4/5/2005
Document Book/Page	1999 1233
Document No.	1827995
Sale Price	0

Location/Description

Account #	27734	Map Page No.	SP-06
Tax District	2200	Legal Description	HIGH POINT N 50' OF LOT 46 & S 50' OF LOT 47
Parcel Address	18 MIDDLE RD, SEWALL'S POINT		
Acres	.3430		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120000 HighPoint - Sewall's Point

Assessment Information

Market Land Value	\$200,000
Market Improvement Value	\$148,710
Market Total Value	\$348,710

Install Friday 6-22-12

ESTIMATE



AIR CONDITIONING Lic.# CACO-41199

3700 S US Highway One
Fort Pierce, FL 34982

Martin: (772) 283-0904
St. Lucie: (772) 468-8115
Toll Free 1-877-7NISAIR

NAME Lisa McElhannon
ADDRESS 18 Middle Rd
Stuart FL 34996
Hm# 214-6738 Fax# _____

DATE 6-18-12
JOB LOCATION Swalls Point
FPL Acct/Meter # 7C47684

THERMOSTATS

- Digital Thermostat Non
- Humidistat

ELECTRIC INDOOR AND OUTDOOR

- New Disconnect Box & Wiring
- High Voltage Wiring
- New Weatherproof Conduit & Connections For Outside Unit
- New Weatherproof Conduit & Connections For Inside Unit

AIR DISTRIBUTION/DUCT MODIFICATION

- Increase Return Duct Size to: _____
- New Return Air Grille Size to: _____
- Modify New Fiberglass Return Plenum _____
- Modify New Fiberglass Supply Air Plenum _____
- Strap, Hang and Support New Plenums
- Seal Wall Cracks and Crevices to not Draw Attic Air
- Liquid Mastic Sealant All New Duct Connections
- New Wood Top & Paint White
- Polyboard insulate Return Air Platform & Mastic Seal
- Seal Off Return Air Platform for Air Leaks

FILTRATION / CLEAN AIR

- BWT Poly Media Air Filter 6-30x20B/W
- High Efficiency Cleaner _____
- Ultra Violet Light System _____

PIPING & FITTINGS

- Repipe Suction & Liquid Lines at new Unit. Insulate New Suction Line & Secure Low Voltage Wiring.
- New Refrigerant Copper Tubing Line Set Overhead Exterior Line cover Includes Armaflex & Detailed Workmanship.

RECLAIM / EVACUATION / REFRIGERANT

- Reclaim Refrigerant According to EPA Regulations
- Liquid Line Drier Suction Line Drier
- Triple Evacuation to Remove Moisture & Impurities
- Refrigerant Weighed in to Factory Specifications

EQUIPMENT ACCESSORIES

- Precast Concrete Slab
- Condensate Pump, Power Cord & Fuse
- Vibration Pads under the Outdoor Unit
- Emergency Drain Pan & Support
- Overflow Water Safety Switch
- 5 Minute Time Delay/Compressor Protector
- Hurricane Strap Outdoor Unit to Ground
- Potential Relay & Start Capacitor for Compressor
- Clean, Treat & Flush Drain Line System

Main panel breakers may need to be resized to new unit requirements, not included in our cost

Warranties (Under Terms of Warranty, Routine Scheduled Maint. Must be Performed on System)

LENNIX A		B		C	
AH Model #	<u>CRX27U4048</u>	AH Model #		AH Model #	
Cond Model #	<u>XC14047</u>	Cond Model #		Cond Model #	
SEER <u>16</u> Aux. Heat <u>10</u> KW		SEER _____ Aux. Heat _____ KW		SEER _____ Aux. Heat _____ KW	
Compressor _____ year	_____ year	Compressor _____ year	_____ year	Compressor _____ year	_____ year
Condenser Coil _____ year	_____ year	Condenser Coil _____ year	_____ year	Condenser Coil _____ year	_____ year
Evaporator Coil _____ year	_____ year	Evaporator Coil _____ year	_____ year	Evaporator Coil _____ year	_____ year
Manufacture Parts _____ year	_____ year	Manufacture Parts _____ year	_____ year	Manufacture Parts _____ year	_____ year
Labor _____ year	_____ year	Labor _____ year	_____ year	Labor _____ year	_____ year
Job Quote \$ <u>6,890</u>	_____	Job Quote \$ _____	_____	Job Quote \$ _____	_____
FPL Rebate \$ <u>785</u>	_____	FPL Rebate \$ _____	_____	FPL Rebate \$ _____	_____
Discounts \$ _____	_____	Discounts \$ _____	_____	Discounts \$ _____	_____
Amount Due By Customer \$ <u>6,105</u>	_____	Amount Due By Customer \$ _____	_____	Amount Due By Customer \$ _____	_____

We hereby propose to complete work as specified above for the sum of \$ _____

Payment options: Finance _____ (Subject to approval) Check _____ Cash _____ Credit Card _____

*Finance Plan: _____ Total _____ Down payment = _____ Amount financed _____

PAYMENT TERMS: 25% deposit required with balance upon completion of installation (unless 100% financed)

SPECIAL COMMENTS & MODIFICATIONS:

Need new Return Box and 1 box of 18" flex pipe. 2 different installers must go through return grill to get system in.

Please Note - Duct Sealing if Required by Florida Statutes Code 101.4.7.1.1 \$85/Hr Plus Materials

Tech Signature: [Signature] Customer Signature: [Signature]



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit ___ Yes ___ No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes ___ No - Refrigerant line replacement ___ Yes ___ No
 Flushing Existing Refrigerant lines ___ Yes ___ No - Adding Refrigerant Drier ___ Yes ___ No
 Rooftop A/C Stand Installation ___ Yes ___ No - Curb Installation ___ Yes ___ No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CAV27UH48
 Volts 230 CFM's 1600 Heat Strip 10 Kw
 Min. Circuit Amps 45 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 50
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) _____
 Access: Bathroom

Condenser: Mfg Lennox Model# XC14-047-230
 Volts 230 SEER/EER 110 BTU's 46500
 Min. Circuit Amps 29.0 Wire gauge 8
 Max. Breaker size 50 Min. Breaker size 30
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RBHJ-24J11
 Volts 230 CFM's _____ Heat Strip 10 Kw
 Min. Circuit Amps 50 Wire gauge 6
 Max. Breaker size 60 Min. Breaker size 50
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) _____
 Access: Bathroom

Condenser: Mfg Rheem Model# RAPA-049-JA2
 Volts 230 SEER/EER N/A BTU's 48000
 Min. Circuit Amps 30 Wire gauge 8
 Max. Breaker size 45 Min. Breaker size 30
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R-22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature [Handwritten Signature]

Date 6.19.12



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Lisa McClellan Contractor name: NISAIR A/C
 Street address: 18 Middle Rd Jurisdiction: _____
 City: Stuart Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 6.19.12
 Printed Name: Phillip Nisa Jr
 Contractor License # CA041199

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

Signature: _____ Date: _____
 Printed Name: _____



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 3869211

Date: 6/19/2012

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

Outdoor Unit Model Number: XC14-047-230*

Indoor Unit Model Number: CBX27UH-048-230*+TDR

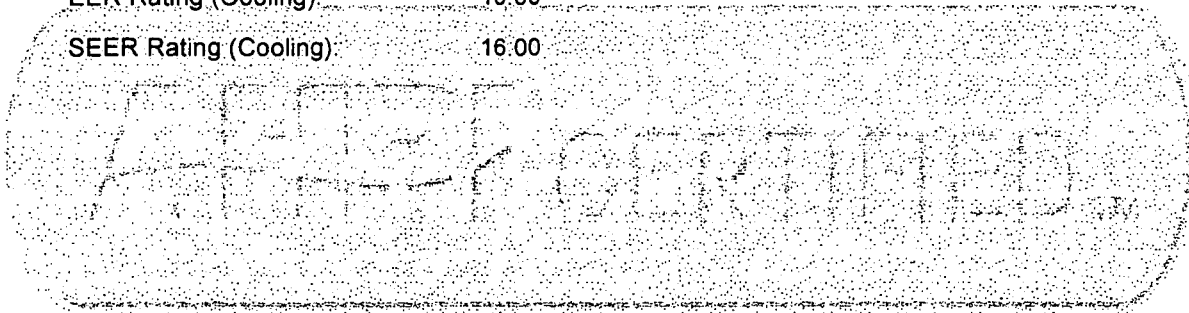
Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: XC14 SERIES

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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

Cooling Capacity (Btuh):	46500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00



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

DISCLAIMER

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

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CERTIFICATE NO.: 129845924879015284

[Click here to download a PDF of this report](#)

Home HAS
3 systems
we are replacing
a 4 ton
system.

Customer Information

Location:

Street Address 18 Middle Road, MARTIN, FL 34996
 Latitude, Longitude 26.6726°, -80.0706°
 Name: Lisa McClellan
 Phone: 772-286-5613
 Email: example@mail.com

Design Conditions

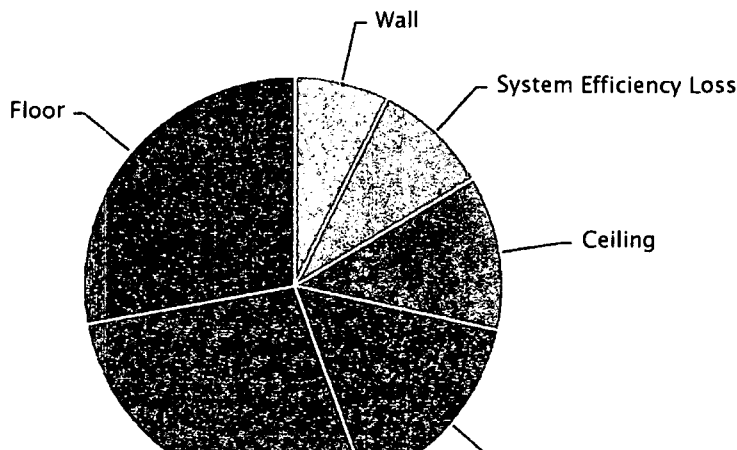
Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

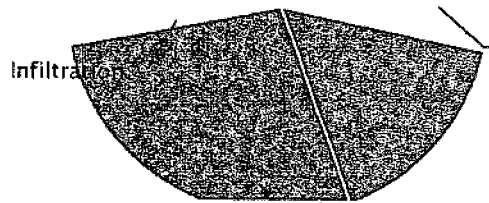
Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

Heating Loads

Area	Btuh	% of load
Wall	2854	7.3
Floor	10907	28
Ceiling	4644	11.9
Windows	6291	16.1
Infiltration	10757	27.6
System Efficiency Loss	3545	9.1
Total:	38999	

Heating Loads
38,999 BTU/hr

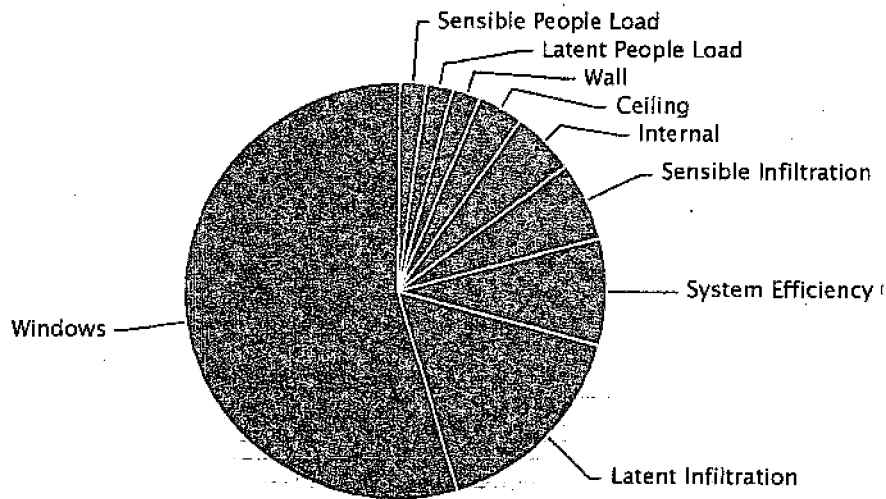




Cooling Loads

Area	Btuh	% of load
Wall	1862	2.2
Ceiling	3029	3.5
Windows	47055	54.7
Sensible Infiltration	5262	6.1
Latent Infiltration	13878	16.1
System Efficiency Gain	7109	8.3
Internal	4275	5
Sensible People Load	1753	2
Latent People Load	1753	2
Total:	85975	
Sensible load	70344	
Latent load	15631	
SHR	0.82	
Capacity at .75 SHR	7.82 Tons	

Cooling Loads
85,975 BTU/hr



Adequate Exposure Diversity

AED Graph



PRODUCT CATALOG

AIR CONDITIONERS

XC14

ELITE® SERIES

**R-410A
SEER - Up to 16.2
1.5 to 5 Tons**

Page 7
April 2007

FEATURES

Refrigerant System

Scroll Compressor
Compressor sound-dampening system
Non-chlorine, ozone friendly, R-410A refrigerant.
Copper tube construction with enhanced ripple-edged aluminum fins.
Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils.
Fully serviceable brass service valves.
Factory installed, hi-capacity liquid line drier
Totally enclosed, direct drive outdoor fan motor with sleeve bearings.
PVC coated, steel fan guard.

Controls

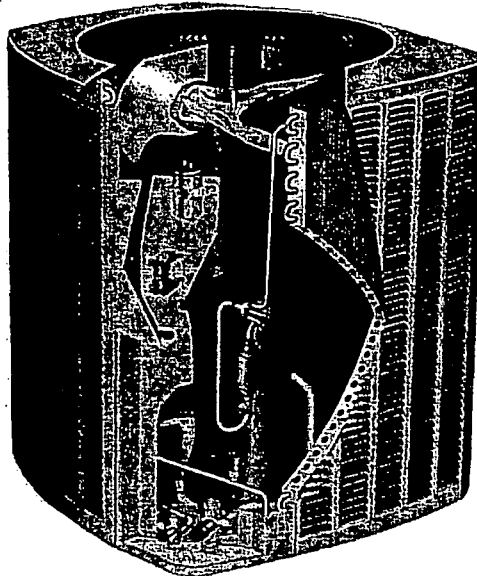
High Pressure Switch.

Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.
SmartHinge™ Louvered Coil Protection
Corner patch plate allows access to compressor.

Limited Warranty

Compressor - ten years
All covered components - five years
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



ARI RATINGS

See Page 50 - Page 75

OPTIONAL ACCESSORIES

See Page 19

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Time-Off Control

Controls

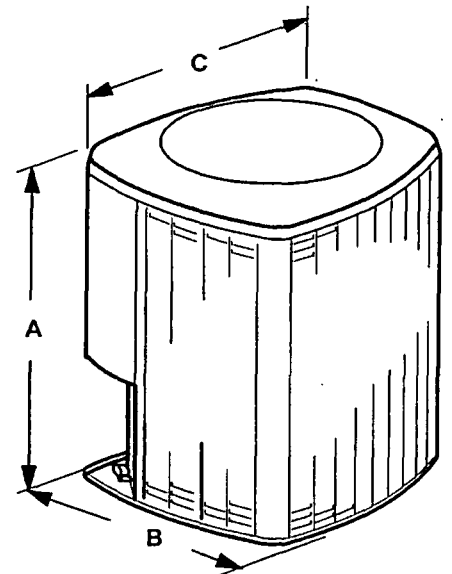
- Freezestat
- Indoor Blower Off Delay Relay
- Loss of Charge Switch Kit
- Low Ambient Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in. (mm)

Model No.	A	B	C
XC14-018	31 (787)	27 (729)	28 (711)
XC14-024	31 (787)	27 (729)	28 (711)
XC14-030	31 (787)	30-1/2 (775)	35 (889)
XC14-036	31 (787)	30-1/2 (775)	35 (889)
XC14-042	31 (787)	30-1/2 (775)	35 (889)
XC14-048	39 (991)	30-1/2 (775)	35 (889)
XC14-060	35 (889)	35-1/2 (902)	39-3/8 (1000)



ARI Standard
210/240 UAC



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

General Data	Model No.	XC14-018	XC14-024	XC14-030	XC14-036	XC14-042	XC14-048	XC14-060
Nominal Tonnage		1.5	2	2.5	3	3.5	4	5
¹ Sound Rating Number (dB)		71	71	71	70	73	73	73
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
² Refrigerant (R-410A) furnished		6 lbs. 12 oz.	7 lbs. 10 oz.	8 lbs. 0 oz.	8 lbs. 9 oz.	8 lbs. 10 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Fan	Diameter - in.	18	18	22	22	22	22	26
	Number of blades	4	4	4	4	4	4	4
	Motor hp.	1/5	1/5	1/6	1/6	1/4	1/4	1/3
Shipping Data - lbs. 1 package		181	183	213	215	243	272	290

ELECTRICAL DATA

Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
³ Maximum overcurrent protection (amps)	20	30	30	30	40	50	60	60
⁴ Minimum circuit ampacity	12.3	17.9	17.2	18.7	24.1	29.0	34.8	34.8
Compressor Rated load amps	9.0	13.4	12.9	14.1	17.9	21.8	26.4	26.4
Outdoor Fan Motor Full load amps	1.0	1.0	1.1	1.1	1.7	1.7	1.8	1.8

NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.

¹ Sound Rating Number rated in accordance with test conditions included in ARI Standard 270.

² Refrigerant charge sufficient for 15 ft. length of refrigerant lines.

³ HACR type breaker or fuse.

⁴ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.



PRODUCT CATALOG

**Up-Flow / Horizontal
1.5 to 5 Tons
Optional Electric Heat - 2.5 to 30 kW
Page 9
April 2007
Supersedes November 2006**

FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration.

Factory installed R-410A or R-22 Check/Expansion Valve.

Controls

- 24 Volt Transformer
- Blower Cooling Relay
- Terminal Strip

Programmable Multi-speed Blower

High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking.

Cabinet

Up-Flow / Horizontal Configuration
Shipped in one piece but can be separated for ease of installation.

Pre-painted cabinet finish.

Fully insulated cabinet with thick fiberglass insulation.

Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
Refer to Lennox Equipment Limited
Warranty certificate included with
equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

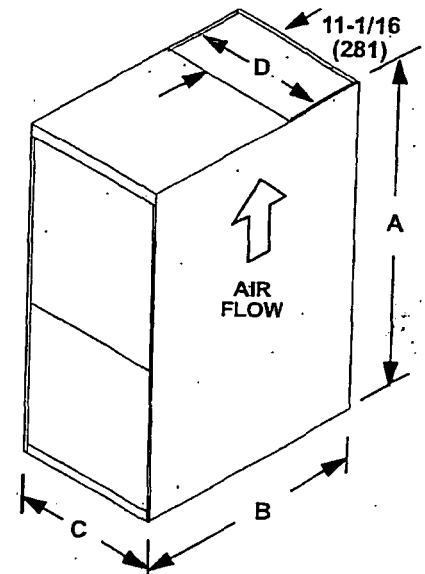
ELECTRIC HEAT

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - in. (mm)

		-018 -024	-030 -036	-042 -048	-060
A		49-1/4 (1251)	51 (1295)	58-1/2 (1486)	52-1/2 (1588)
	B	20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
	C	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
	D	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)	23 (584)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS					
General Data	R-22 Model Number	CB27UH-018	CB27UH-024	CB27UH-030	CB27UH-036
	R-410A Model Number	CBX27UH-018	CBX27UH-024	CBX27UH-030	CBX27UH-036
	Nominal Size - Tons	1.5	2.5	3	3
Connections	Suction (vapor) line (o.d.) - in. sweat	3/4	3/4	3/4	3/4
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	10 x 8	10 x 8	11 x 8	11 x 8
	Blower motor output - hp	1/2	1/2	1/2	1/2
	Air Volume Range - cfm	170-1010	320-1190	360-1365	515-1555
¹ Filters	Size of filter - in.	20 x 20 x 1	20 x 20 x 1	20 x 20 x 1	20 x 22 x 1
Shipping Data -1 package lbs.		148	148	159	159

ELECTRICAL DATA					
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15	15
	Minimum circuit ampacity (unit only)	2	2	2	2
	Blower Motor Full Load Amps	1.5	1.73	1.73	1.72

¹ Disposable frame type filter.
³ HACR type circuit breaker or fuse.

SPECIFICATIONS				
General Data	R-22 Model Number	CB27UH-042	CB27UH-048	CB27UH-060
	R-410A Model Number	CBX27UH-042	CBX27UH-048	CBX27UH-060
	Nominal tonnage	3.5	4	5
Connections	Suction (vapor) line (o.d.) - in. sweat	7/8	7/8	7/8
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	12 x 9	12 x 9	12 x 9
	Blower motor output - hp	1	1	1
	Air Volume Range	825-1815	810-1860	965-2365
¹ Filters	Size of filter - in.	20 x 24 x 1	20 x 24 x 1	20 x 24 x 1
Shipping Data -1 package lbs.		194	194	216

ELECTRICAL DATA				
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15
	Minimum circuit ampacity (unit only)	3	3	5
	Blower Motor Full Load Amps	2.4	2.4	3.9

¹ Disposable frame type filter.
³ HACR type circuit breaker or fuse.

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer:

Douglas W. Lowe, P.E.
FLA# 13355
1206 Millennium Parkway
Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

~~WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING~~

PART NUMBER

#770 (4 pk)
#771 (100 box)
#772 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.

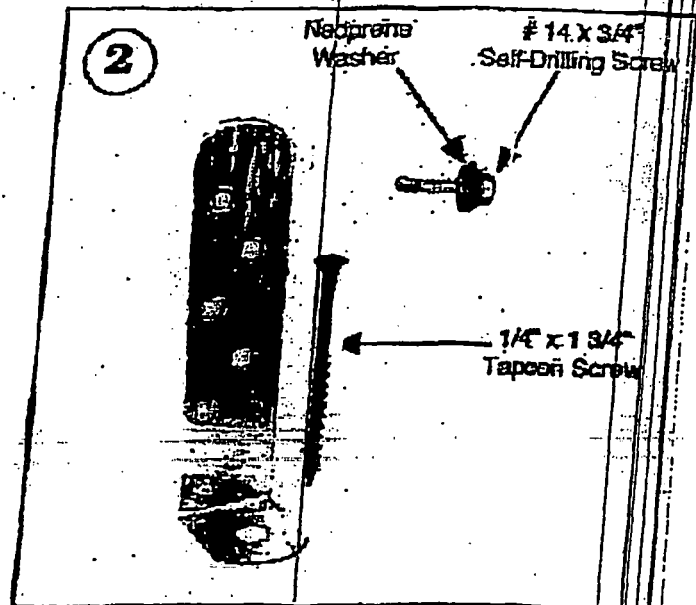
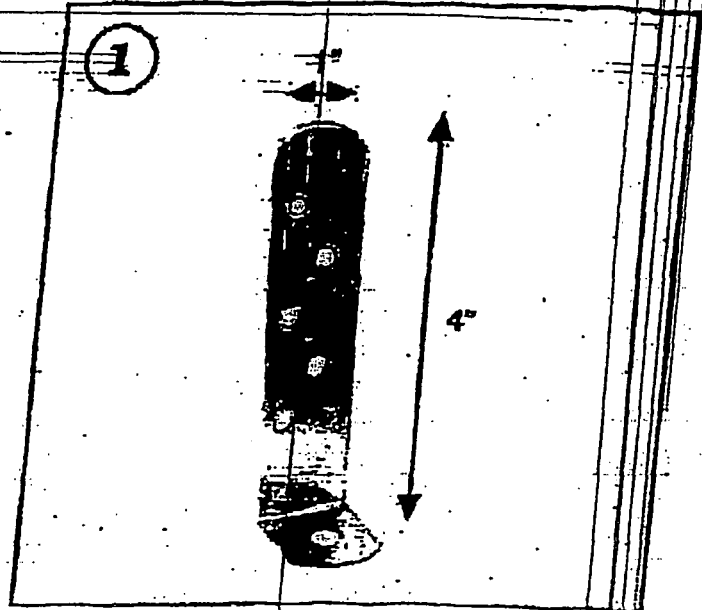
Suitable for ground mounted units.
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) Chapter 301.12 for wind resistance up to 140 MPH.

FEATURES

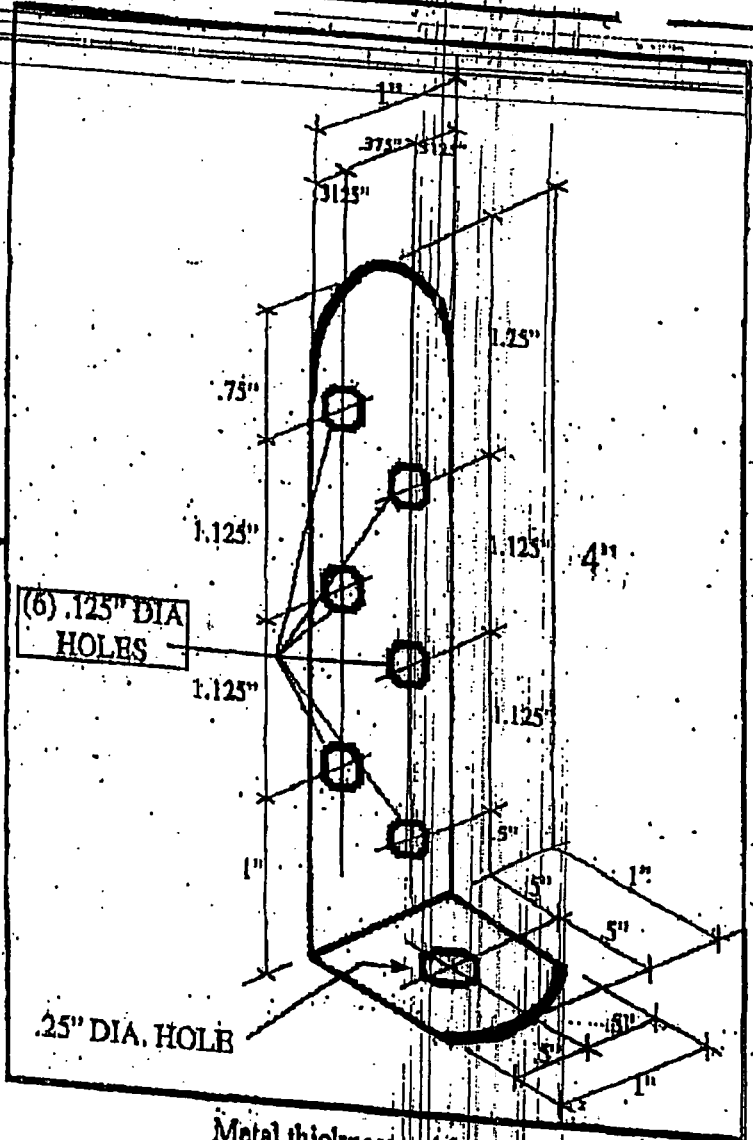
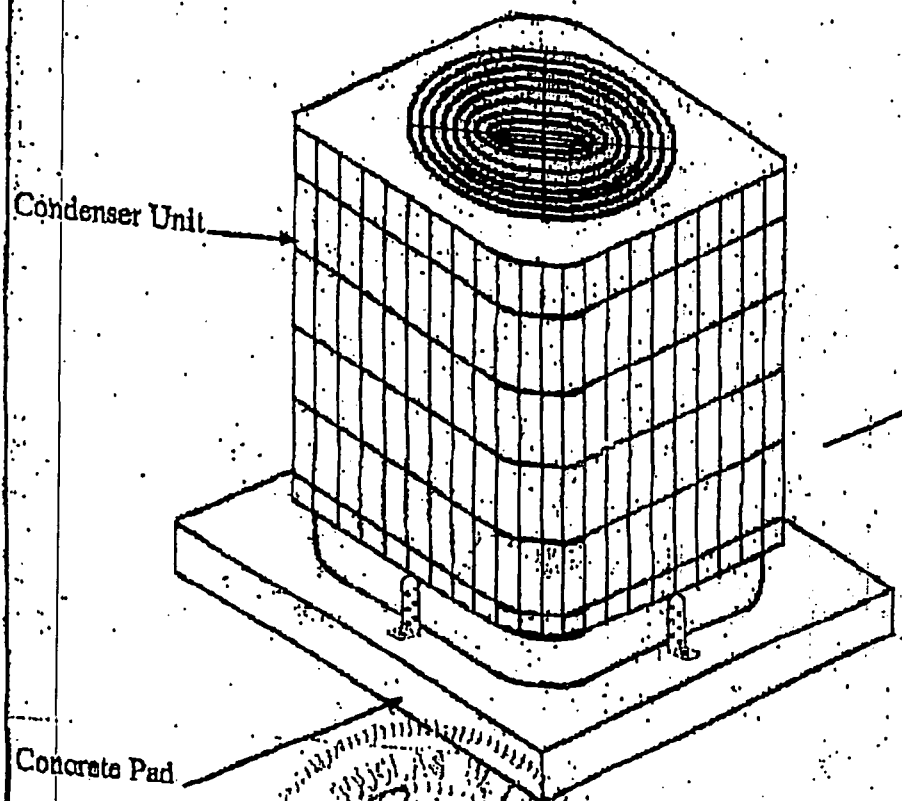
The use of "sized to fit" screw holes compared to slots means that security is never compromised.
A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.



Anchor Clip



Professional Engineer Seal for Douglas W. Lowe, State of Florida, License No. 13956.

The Metal Shop
 1139 Eldridge Street
 Clearwater
 Fl. 33765

Ph: (727) 441-2492
 Fax: (727) 442-8493
 Web: www.metalsshop.org

Consulting Engineer:
 Douglas W. Lowe, P.E.
 FLA # 13956
 1206 Millennium Parkway
 Brandon, FL 33511

Revision Date:
 2/14/08

Drawn by:
 K.P.R.

Page:
 1 of 1

Scale - Not to scale

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-3-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10111	18 Middle Rd	Final sign	Pass	Close
<u>150</u>	<u>18 Middle Rd</u> <u>Nisair</u>			INSPECTOR <u>[Signature]</u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10111	Spottswood/Debenian 3725 SE Ocean Sign #	Final sign	Pass	Close INSPECTOR <u>[Signature]</u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE	7 S Sewalls	debris overgrown fence	<u>[Signature]</u>	Letter INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR