

9 Miramar Road

578

SFR

Used Mar 2/75 OR. Book 384 page 207

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 578

Date 1/29/76

(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 Peter Spear & Michael Palmer Present Address 201 S.W. Monterey Rd Ph 283-2472

General Contractor John Fix Address P.O. Box 2509 Ph 287-4670

Where licensed State of Fla; Martin License No. G-5346

Plumbing Contractor ----- License No. -----
Electrical Contractor ----- License No. -----

Street building will front on Miramar Road

Subdivision Miramar Lot No. 15 Area -----

Building area, inside walls (including studio, excluding garage, carport, porches) Sq ft 1650

Other Construction (Pools, additions, etc.) No

Contract Price (excluding land, rugs, appliances, landscaping) \$ 58,000

Total cost of permit \$ 310.00

Plans approved as submitted ----- Plans approved as marked 310. ✓

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 Fix
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.

Michael Palmer Peter E. Spear
Signed by Owner

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

TOWN RECORD

Date submitted 1/26/76 John Fix

Date approved 1/27/76 John Fix

Certificate of Occupancy issued 7/1/76 Date

578

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Post Office Box 210 Jacksonville, Florida 32201

Application and Permit
of
Individual Sewage Disposal Facilities

Application/Permit
No. HD 75-159 Martin County Health Department

Section I - Instructions:

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

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

Section II - Information:

- 1. Property Address (Street & House No.) Miramar Road
 Lot 15 Block — Subdivision Miramar - Sewalls Point
 Date Platted 4-10-59 Directions to Job Plot Book 3, Page 111
Public Records of Martin County, Florida
- 2. Owner or Builder Peter E. Spear - P.S. Framing Studio
 P.O. Address — City 201 S.W. Monterey Road, Stuart, Florida
 Septic tank system to be installed by:

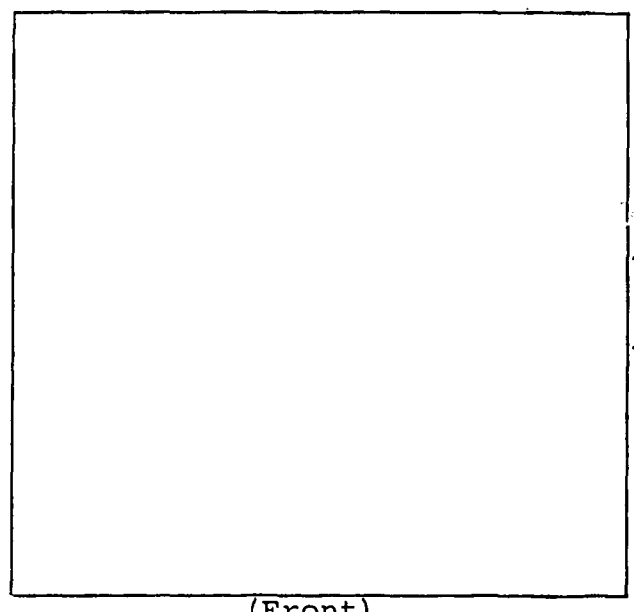
Scale 1" = 50'
(Rear)

- 3. Specifications: 2 Bedroom Res.
750 gallon tank with
140 square feet of
 drainfield with at least
 4" inside diameter pipe.
- 4. House to be constructed:
 Check one: FHA
 VA Conventional

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

Applicant: Peter E. Spear
Please Print

(Side)
(Name of Street or State Road)



(Side)
(Name of Street or State Road)

Signature: Peter E. Spear

Date: 10-29-75

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

Section III - Application Approval & Construction Authorization
Installation subject to following special conditions:

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.
By: Jelma Bartow County Health Dept. Martin Date 10/29/75

Section IV - Final Construction Approval

Construction of installation approved: Yes No
Date: _____ By: _____
FHA No. _____ VA No. _____

#578

Peter E. Spear & Michael A. Palmer
9 Miramar Road
Lot 15 - Miramar

TOWN OF SEWALL'S POINT

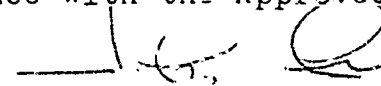
CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date July 1, 1976

This is to request that a Certificate of Approval for Occupancy be issued to John Fix, Contractor

For property built under Permit No. 578 Dated Jan. 29, 1976

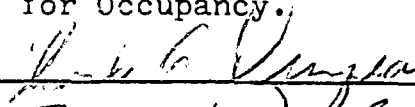
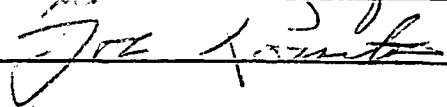
when completed in conformance with the Approved Plans.



Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	2/20/76	Charles Duryea
Rough plumbing	3/8/76	"
Perimeter beam		"
Rough electric	5/2/76	"
Close in	5/2/76	"
Final plumbing	7/1/76	"
Final electric	7/1/76	"

Final Inspection for Issuance of Certificate for Occupancy. 7/1/76
Approved by Building Inspector  date 7/1/76
Approved by Town Commission  date 7/1/76

Utilities notified July 1, 1976 date

Original Copy sent to John Fix

(Keep carbon copy for Town files)

This Warranty Deed Made the *✓ 21st* day of *✓ MARCH* A. D. 1975 by

DOROTHY K. AGRESTA, a married woman

hereinafter called the grantor, to MICHAEL A. PALMER and PETER E. SPEAR, both single men, creating a joint estate with right of survivorship

whose postoffice address is 201 S.W. Monterey Road, Stuart, Florida 33494 hereinafter called the grantee;

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

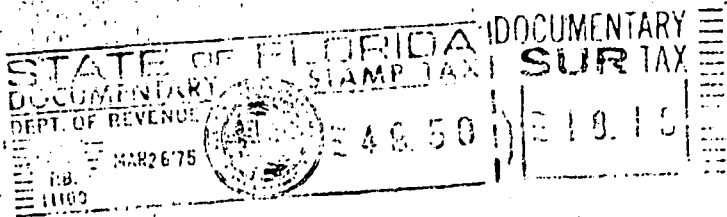
Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, re-mises, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, viz:

Lot 15, MIRAMAR, according to plat thereof appearing in Plat Book 3, page 111, Martin County, Florida public records.

Subject to restrictive covenants recorded in O.R. Book 24, page 517, Martin County, Florida public records.

THIS IS NOT HOMESTEAD PROPERTY.

THIS INSTRUMENT WAS PREPARED BY
PENINSULAR TITLE INS. CO.
CAROLYN P. ZIEMBA, C.L.S.
109 EAST OCEAN BOULEVARD
P. O. BOX 2295
STUART, FLORIDA 33494



Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1974.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

✓ Philip Bassoff
✓ Michael Keaty

Dorothy K. Agresta
Dorothy K. Agresta, a married woman

STATE OF *✓ Fla.*
COUNTY OF *✓ Martin*

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

DOROTHY AGRESTA, a married woman

to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this *21st* day of

✓ [Signature] A. D. 1975
✓ [Signature]

Notary Public Seal

This Instrument prepared by: *April 1975*
Address

SPACE BELOW FOR RECORDERS USE
1975 MAR 26 PM 11:24
LOUISE V. ISAACS
CLERK OF PUBLIC COURT
MARTIN COUNTY, FLA.

#578

598

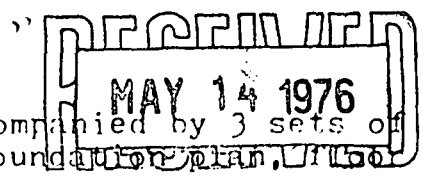
POOL

Orig Permit # 578
Spec & Palmer

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. #598
Date 5/17/76



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

Owner Michael Palmer Present Address 201 S.W. Mosley Ph 283-2472

General Contractor FOUNDER CONSTRUCTION CO. Address _____ Ph _____

Where licensed MARIN CO. License No. 10

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on MARIMAR

Subdivision MARIMAR Lot No. 15 Area _____

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

Other Construction (Pools, additions, etc.) 14x32 POOL

Contract Price (excluding land, rugs, appliances, landscaping) \$ 4800
no plumbing - elec. w/ house

Total cost of permit \$ 25.00 *5 / 25.00*

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

Robert S. [Signature]
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.

Michael Palmer
Signed by Owner

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

TOWN RECORD

Date submitted _____

Date approved _____

Certificate of Occupancy issued 6/30/76

5/19/76 [Signature]
5/14/76 [Signature]
Date #598

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date May 17

This is to request that a Certificate of Approval for Occupancy be issued to Galme Boel Miraman For property built under Permit No. 598 Dated _____ when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	<u>5/24/76</u>	
Rough plumbing		
Perimeter beam		
Rough electric	<u>6/30/76</u>	
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles H. [Signature] date _____

Approved by Town Commission _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

*all originals missing
copy of this put in
Permit file*

3818

CARPORT TENT

3878

TAX FOLIO NO. _____

DATE _____

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

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 Nita Ferrin Present address 9 Miramar
Phone 287-2761

Contractor SAME 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: Leak Repair

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

Subdivision Miramar Lot Number 15 Block Number _____

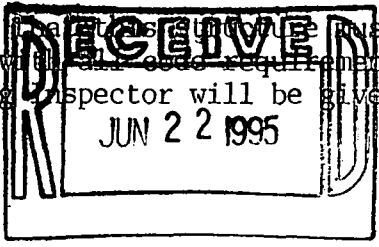
Contract price \$ 1,200 Cost of permit \$ 24.00

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 or Town Commissioner "Red-Tagging" the construction project.

Contractor Nita Ferrin

I understand that this permit 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 Nita Ferrin

TOWN RECORD

Date submitted 6-22-95

Approved: Dale Brown
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

4026

REROOF

TAX FOLIO NO. 1-38-41-009-000-00150-1000

DATE 7/30/96

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 Roofing

This application must be accompanied by three (3) sets of complete plans, to scale, including 4026 a site plan showing set-backs, plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner Nita Perrin Present address 9 Miramar

Phone 334-7714/287-2761 Sewalls Point

Contractor Gary Marzo Inc. Address 1290 B-SW Biltmore ST

Phone 871-2489

Where licensed State LIC # RC0058206 License number MC # SP01121

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: Reroof

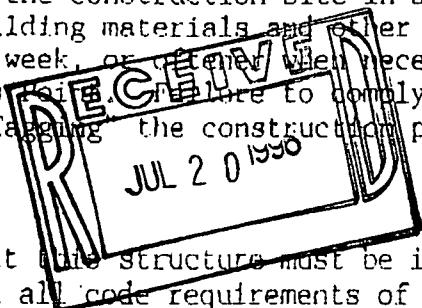
State the street address at which the proposed structure will be built:
9 Miramar Rd - Sewalls Point

Subdivision Miramar Lot Number 15 Block Number _____

Contract price \$ 2400.⁰⁰ Cost of permit \$ 100.⁰⁰

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 more often when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "Red-Tagging" the construction project.



Contractor Gary Marzo

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 Gary Marzo
per Mrs. Nita Perrin

TOWN RECORD

Date submitted _____

Approved: Dale Bro
Building Inspector Date

Approved: [Signature]

Final approval given:

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

MARZO, GARY P
GARY MARZO INC
BOX 8955
PSL, FL 34985

EXPIRES SEPTEMBER 30, 19 96

AUDIT CONTROL NUMBER	0020877	CERTIFICATE NUMBER	SP01121
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CERTIFIED
CONTRACTOR

ROOFING CONTRACTOR

SIGNATURE

V. C. ...

ATTEST

LICENSING ADMINISTRATOR

CK 8287

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
4/15/96

PRODUCER

David G. Willbur Ins. Agy., Inc.
P. O. Box 1360
Ft. Pierce, FL 34954-1360
(407) 461-8870

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	Transportation Insurance Company
COMPANY B	FCCI Mutual Insurance Company
COMPANY C	
COMPANY D	

INSURED

Gary Marzo, Inc.
P. O. Box 8955
Pt. St. Lucie, FL 34985

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	B1 23758305	5/1/96	5/1/97	GENERAL AGGREGATE \$ 300,000		
					PRODUCTS - COMP/OP AGG \$ 300,000		
					PERSONAL & ADV INJURY \$ 300,000		
					EACH OCCURRENCE \$ 300,000		
					FIRE DAMAGE (Any one fire) \$ 50,000		
					MED EXP (Any one person) \$ 5,000		
					COMBINED SINGLE LIMIT \$		
	<input type="checkbox"/> 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				BODILY INJURY (Per person) \$		
					BODILY INJURY (Per accident) \$		
					PROPERTY DAMAGE \$		
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$		
					OTHER THAN AUTO ONLY: \$		
					EACH ACCIDENT \$		
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$		
					AGGREGATE \$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	001WC95A31701	9/1/95	9/1/96	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER
					WC STATU-TORY LIMITS	OTH-ER	
					EL EACH ACCIDENT \$ 100,000		
					EL DISEASE - POLICY LIMIT \$ 500,000		
EL DISEASE - EA EMPLOYEE \$ 100,000							
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Florida

CERTIFICATE HOLDER

Attn: Mr. Dale Brown
Town of Sewells Point
#1 South Sewalls Point Road
Stuart, FL 34996

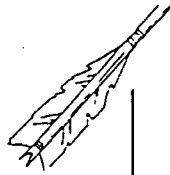
CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Robert K. [Signature]

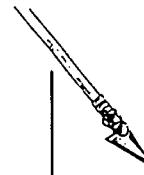
(407) 871-2489



Gary Marzo, Inc.

Quality Roofing

State Lic. # RC 0058206



P.O. Box 8955
Port St. Lucie, FL 34985

334-4337 fax

REROOFING PROPOSAL SUBMITTED TO:

Name: Mike Perrin Date: 6-6-96
Address: 9 Miramar Phone #: 334-7714
City, State: Sewalls Point, FL. 34996 Zip: 297-2761
Job Address: Same Pitch: 6/12 and 7/12
Lot: _____ Blk: _____ Sec: _____ Parcel ID#: _____

Existing roof design and composition: Hip roof with shingles

We respectfully submit the following proposal and estimate for the property listed above, consisting of the following, as needed:

1. Remove existing roof, clean out gutters, clean up grounds and haul all debris to County Landfill.
2. Replace all rotten plywood and fascia board on roof. Install rafter helpers where needed.
Type and size of fascia: cedar 2x8 fascia with 1x2 trim (approx 24ft. rotten)
3. Install one ply(s) of #30 felt underlayment using plastic top felt nails.
4. Install grey (color) aluminum 2 x 2 eaves drip on all perimeters of roof.
5. Install 14 inch aluminum flashing in valleys, using the laced, closed cut shingle method.
110 ft.
6. Install new lead flashings on vent pipes. 5-2" and 1-3"
7. Install new roof vents. N/A
Install 117 ft. of _____ (color) aluminum ridge vent for adequate attic ventilation.
8. Install proper N/A metal flashing at roof plane intersections, as needed.
9. Professionally install self sealing fungus resistant fiberglass shingles using six 1 1/4 inch coil roofing nails per shingle. Shingles to be installed according to manufacturer's specifications and local building code requirements. Manufacturer 20 yr. Owens Color Shasta White
10. Seal all eaves drip to shingles using Perma Seal flashing cement.
11. Additional work included in bid: Replace two 2ft. x 8ft. sections of rotten 3/8 inch rough sawn soffit board.
12. Flat roof N/A
 - ✓ New 26 gauge N/A (color) galvanized 3 x 3 eaves drip on all perimeters of flat roof.
 - ✓ Install one 43 lb. base sheet underlayment.
 - ✓ Torch apply one 10 inch starter strip of smooth black Dibiten modified bitumen on all perimeters for eaves drip and as needed for flashing details.
 - ✓ Install 26 gauge galvanized N/A flashings on roof plane intersections as needed.
 - ✓ Torch apply white or tan granular 12 year Dibiten modified bitumen to base sheet underlayment.
 - ✓ Extra charge for 2 plys of Dibiten modified bitumen for a 20 year manufacturer warranty N/A.
13. Workmanship guaranteed for five years as per manufacturer warranty.
14. Workers Compensation, General Liability and other such insurance as required by law will be carried by Gary Marzo, Inc. for the above roofing work.

8829

REPAIR SIDING



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:	8829	DATE ISSUED:	FEBRUARY 25, 2008
SCOPE OF WORK:	REPAIR 44' SIDING		
CONDITIONS :			
CONTRACTOR:	COMPLETE CARPENTRY		
PARCEL CONTROL NUMBER:	1384100900001501	SUBDIVISION	MIRAMAR-LOT 15
CONSTRUCTION ADDRESS:	9 MIRAMAR RD		
OWNER NAME:	PERRIN		
QUALIFIER:	DOUGLAS S MORRISON	CONTACT PHONE NUMBER:	341-1613

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.

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

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

REQUIRED INSPECTIONS

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

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



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

REVISIONS - CORRECTIONS REQUEST FORM
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: B-10-08 PERMIT NUMBER: 8829

JOB ADDRESS: 9 MIRAMAR

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): REPLACE ONE ADDITIONAL 36" x 32" T-111 SECTION ON NORTH SIDE BEHIND AC UNIT

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 150.00
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Doug Morrison SIGNATURE: Doug Morrison
 PHONE NUMBER: 341-1613 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 3-10-08 Approve Deny

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/A

Applicant notified by: Valerie 3-10-08 Dates: _____

RECEIVED
DATE: 2-2008
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: PERRIN Phone (Day) _____ (Fax) _____

Job Site Address: 9 MIRAMAR City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) MIRAMAR LOT #5 Parcel Number: 01-38-41-009-000-00150-1

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work: REPAIR OF T-111 (UP 32" FROM BOTTOM X 44' LENGTH)

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 1,000.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

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

CONTRACTOR/Company: Complete Carpentry Phone: 772-341-1613 Fax: _____

Street: 1392 NE ZENITH TERR City: JANSA BEACH State: FL Zip: 34957

State Registration Number: _____ State Certification Number: _____ Municipality License Number: MC-N500173

PROJECT SUPERINTENDANT: Doug Morrison CONTACT NUMBER: 772-341-1613

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

OWNER SIGNATURE (required)
Mita Perrin
State of Florida, County of: St. Johns
This the 20th day of Feb, 2008
by Juanita G Perrin who is personally known to me or produced FDL# P650-427-27-834-0 as identification.

CONTRACTOR SIGNATURE (required)
Douglas S Morrison
On State of Florida, County of: Martin
This the 20th day of Feb, 2008
by Douglas S Morrison who is personally known to me or produced FDL# M625-177-52-347-0 as identification.

My Commission Expires: _____
Notary Public
Valerie Meyer
VALERIE MEYER
MY COMMISSION # DD552119

My Commission Expires: _____
Notary Public
Valerie Meyer
VALERIE MEYER
MY COMMISSION # DD552119

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

Site Provided by...
 governmax.com T1.12

Summary

print Owner 6 of 7

Parcel Info

- Summary**
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-009-000-00150-1	9 MIRAMAR RD	17755	Owner	0	1

Summary

Property Location 9 MIRAMAR RD
Tax District 2200 Sewall's Point
Account # 17755
Land Use 101 0100 Single Family
Neighborhood 120200
Acres 0.344

Legal Description
Property Information
 MIRAMAR LOT 15 OR 339/2496

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 PERRIN, NITA GLEE

Mail Information
 9 MIRAMAR RD
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$280,000
Market Impr Value \$159,570
Market Total Value \$439,570

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$0

Sale Date 5/6/1986
Book/Page 0673 2503

[Print](#) | [Back to List](#) | [<< First](#) | [< Previous](#) | [Next >](#) | [Last >>](#)

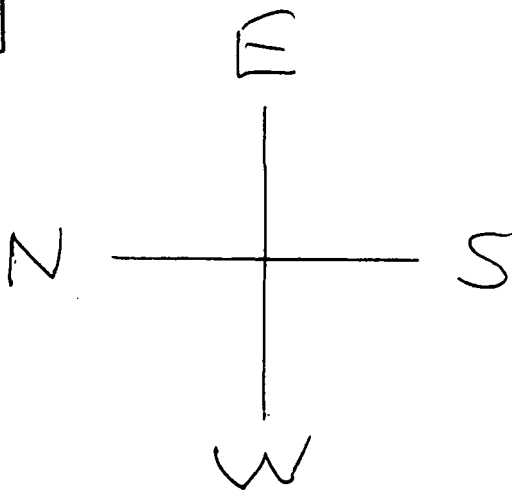
[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 02/04/2008

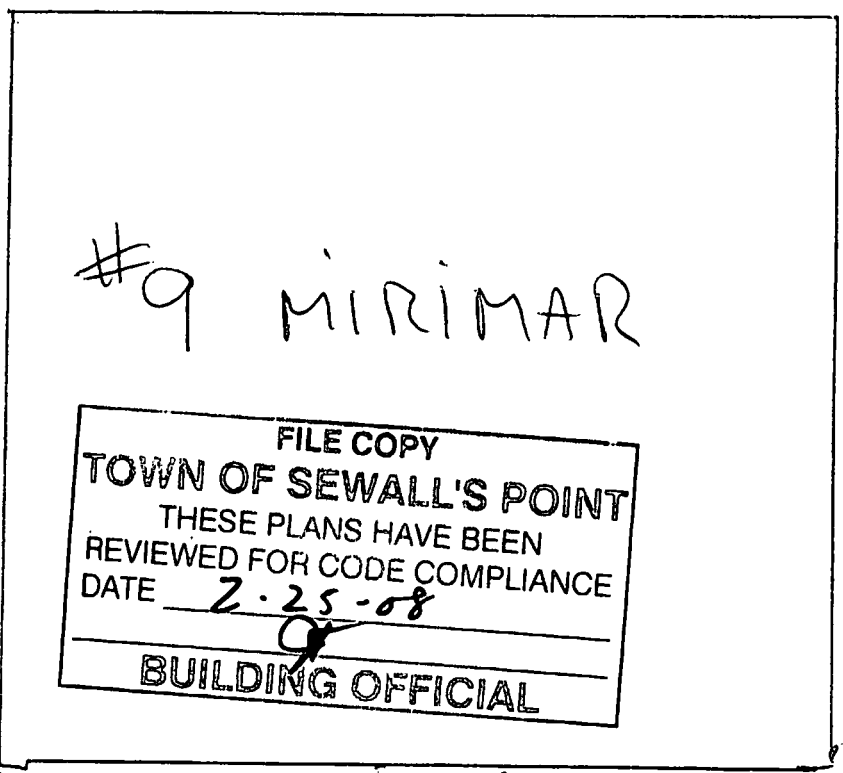


RECEIVED
DATE: 2-22-08
TOWN OF SEWALL'S POINT

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



MIRIMAR



← THIS SIDE (REPAIRS) →

DRIVEWAY

MANUFACTURING AND PERFORMANCE STANDARD FOR APA RATED SIDING PANELS

February 7, 1991

1.0 GENERAL

APA RATED SIDING is a wood-based, structural-use panel intended for use in construction application as exterior siding when fastened to supports spaced in accordance with the Span Rating in inches. APA RATED SIDING structural-use panels also include strips which may be cut from such panels by the manufacturer for use as lap siding.

This standard covers the raw materials and binding materials, as they affect performance, dimensions, tolerances, and moisture content of APA RATED SIDING. Included are criteria as measured by standard test procedures to determine compliance through performance.^(a)

2.0 REQUIREMENTS

2.1 Raw Materials

2.1.1 Wood Veneer. Any wood veneer used as a component of a panel shall be in accordance with the applicable veneer grade and workmanship requirements of the most recent edition of APA 303 Siding Manufacturing Specification. **Exception:** Veneer of other quality may be used in one-step composite panels, provided the manufacturer defines the quality and demonstrates that its use and the control of its quality will assure adequate performance both during qualification and in routine production.

2.1.2 Other Material. Other raw material used in panel manufacture shall be produced primarily from wood.

2.2 Panel Construction

Panels may be identified in three classes: all-veneer panels, composite panels, or nonveneer panels. See Preface for definition of terms. Panels shall qualify on an individual panel construction basis for the Span Rating upon demonstrated conformance to the appropriate requirements of Sections 2.3 through 2.8. Plywood manufactured to the provisions of the most recent edition of APA 303 Siding Manufacturing Specification qualify as APA Rated Siding.

(a) Publications to provide product end-use information are available from APA – The Engineered Wood Association, P.O. Box 11700, Tacoma, WA, 98411.

(b) Methods given in Manual of APA Test Methods for Structural-Use Panels.

2.3 Structural Performance

Performance shall be as given below when tested for each structural condition in accordance with the referenced standard APA test method. APA – *The Engineered Wood Association* Qualification Policy details specimen requirements and retest procedures.

2.3.1 Concentrated Static Loads. Products shall be tested in accordance with the procedures of APA Test Method S-9^(b) for concentrated static loads. Panel and lap siding products shall conform to the criteria of Table 1 for the span shown on the trademark.

2.3.2 Uniform Loads. Products shall be tested in accordance with the procedures of APA Test Method S-10 for uniform loads. Panel and lap siding products shall conform to the criteria of Table 2 for the span shown on the trademark.

2.3.3 Hard-Body Impact Loads. Products shall be tested in accordance with the procedures of APA Test Method S-11 for hard-body impact loads. Panel and lap siding products shall conform to the criteria of Table 3 for the span shown on the trademark.

2.3.4 Soft-Body Impact Loads. Products shall be tested in accordance with the procedures of APA Test Method S-12 for soft-body impact loads. Panel and lap siding products shall conform to the criteria of Table 4 for the span shown on the trademark.

2.3.5 Fastener Head Pull-Through. Products shall be tested in accordance with the procedures of APA Test Method S-4 for fastener head pull-through. Panel and lap siding products shall conform to the criteria of Table 5 for span shown on the trademark.

2.3.6 Wall Racking. Products shall be tested in accordance with the procedures of APA Test Method S-3 for wall racking. Panel siding products shall conform to the criteria of Table 6 for the span shown on the trademark. Lap siding products do not have racking resistance capability and therefore are not tested.

TABLE 1. Concentrated Static Load Performance Criteria for Products Tested According to APA Test Method S-9.

Span Rating	Test Exposure Conditions	Performance Requirements		
		Maximum Residual Deflection (in.) After 100-lb Load	Average Residual Indentation (in.) After 100-lb Load	Minimum Ultimate Load (lb)
16 & 24	Dry & Wet ^(a)	0.200 ^(b)	0.040 ^(b)	200

(a) Wet conditioning is exposure to seven days continuous wetting and tested wet.

(b) Residual indentation or deflection is measured one minute following load removal.

TABLE 2. Uniform Load Performance Criteria for Products Tested According to APA Test Method S-10.

Span Rating	Test Exposure Conditions	Performance Requirements	
		Maximum Residual Deflection (in.) After 50-psf Load	Minimum Ultimate Load (psf)
16 & 24	Dry & Wet ^(a)	0.200 ^(b)	150

(a) Wet conditioning is exposure to seven days continuous wetting and tested wet.

(b) Residual deflection is measured one minute following load removal.

SIDING
STANDARD

TABLE 3. Hard-Body Impact Load Performance Criteria for Products Tested According to APA Test Method S-11.

Span Rating	Test Exposure Conditions	Performance Requirements	
		Average Residual Indentation (in.) After 4-ft-lb Impact	Minimum Ultimate Load (ft-lb)
16 & 24	Dry & Wet ^(a)	0.040 ^(b)	8

(a) Wet conditioning is exposure to seven days continuous wetting and tested wet.

(b) Residual indentation is measured one minute following load removal.

TABLE 4. Soft-Body Impact Load Performance Criteria for Products Tested According to APA Test Method S-12.

Span Rating	Test Exposure Conditions	Performance Requirements	
		Maximum Residual Deflection (in.) After 30-ft-lb Impact	Minimum Ultimate Load (ft-lb)
16 & 24	Dry & Wet ^(a)	0.200 ^(b)	45

(a) Wet conditioning is exposure to seven days continuous wetting and tested wet.

(b) Residual deflection is measured one minute following load removal.

TABLE 5. Fastener Head Pull-Through Criteria for Products Tested According to APA Test Method S-4.

Span Rating	Test Exposure Conditions	Performance Requirements	
		Nail Size ^(b)	Minimum Ultimate Load (ft-lb)
16 & 24	Dry	6d	55
	Wet ^(a)		40

(a) Wet conditioning is exposure to seven days continuous wetting and tested wet.

(b) Hot-dipped galvanized casing nail or siding nail.

TABLE 6. Racking Load Performance Criteria for Products Tested According to APA Test Method S-3.

Thickness at Point of Nailing (in.)	Nail Size (box)	Nail Spacing		Test Exposure Conditions	Performance Requirements ^(a)		
		Panel Edge (in.)	Intermediate Studs (in.)		Design Load (lb/ft)	Maximum Deflection at Design (in.)	Minimum Ultimate Load (lb/ft)
(c)	6d	6	12	Dry	150	0.20	650
					300	0.60	
				Wet ^(b)	150	0.28	500
					300	0.80	

(a) Stud spacing — 16 in. o.c. or 24 in. o.c.

(b) Wet exposure shall follow the recommended procedures outlined in ASTM E-72.

(c) Thickness at point of nailing shall be that at base of grooves (if grooved) unless otherwise recommended by the manufacturer.

2.4 Physical Properties

Performance shall be as given below for each physical property when tested in accordance with the referenced APA test method. *APA – The Engineered Wood Association Qualification Policy* details specimen requirements and retest procedures.

2.4.1 Stability. Panels shall be tested according to one of the following stability test procedures:

2.4.1.1 Stability Coefficient. Panels shall be tested according to the procedures of APA Test Method P-10 for stability coefficient of siding products. The stability coefficient shall be 0.80 or greater.

2.4.1.2 Full-Scale Testing. Panels shall be tested according to the procedures of APA Test Method P-11 for stability on a large-scale test frame. The average expansion of the restrained panels, as

measured over the entire assembly, shall be less than or equal to 0.20% along either axis of the frame. The five percent exclusion limit of buckling distortions across supports and panel distortions along any support shall be no greater than 0.20 inch as determined by the procedures of Method P-11.

2.4.2 Edge Stability. Siding shall be tested according to the following edge stability test procedures:

2.4.2.1 Edge Swell. Panels shall be tested for edge swell according to the procedures of APA Test Method P-2 for dimensional change due to one-sided wetting. The edge thickness swell shall be no greater than 25% after three weeks of wetting exposure.

2.4.2.2 Edge Checking. Panels shall be tested according to the procedures of APA Test Method P-12 for edge checking. APA Rated Siding shall satisfy the edge checking requirements of the Qualification Policy.

2.5 Surface Characteristics

Performance shall be as given below for properties that affect finish performance when tested in accordance with the referenced APA test method. *APA – The Engineered Wood Association Qualification Policy* details specimen requirements and retest procedures.

2.5.1 Surface Texture Change. Specimens shall be tested according to the procedures of APA Test Method F-1. The numerical value for surface change shall be no greater than 1.0.

2.5.2 Finish Adhesion. Specimens shall be tested according to the procedures of APA Test Method F-2. The average numerical value for initial dry adhesion of the standard control finish shall be not less than

2.0 pounds per inch of width, with no specimen being less than 1.5. If adhesion failures occur within the substrate, the product is acceptable, providing that more than 50 percent of the failed area is within the substrate. (Substrate bond durability is evaluated in Section 2.6.1.)

2.5.3 Surface Repairs. Specimens with surface repairs shall be tested according to the procedures of APA Test Method F-3. Products shall conform to the criteria of Table 7. Size and type of repair shall be according to the most recent edition of PS-1.

2.5.4 Overlays. Specimens with overlays shall be tested according to the procedures of APA Test Method F-4. Products shall conform to the criteria of Table 8 in addition to Sections 2.5.1 and 2.5.2.

TABLE 7. Surface Repair Performance Criteria for Samples Tested According to APA Test Method F-3.

Test Exposure Condition	Performance Requirements
Test 1 Boil-Dry Cycles	Probe — No cracking, shrinkage, or loss of bond.
	Power Sawing — Repair shall cut cleanly and stay in place. Cut repair is also probed as above.
Test 2 Soak-Dry Cycles	Probe — No cracking, shrinkage, or loss of bond.
	Power Sawing — Repair shall cut cleanly and stay in place. Cut repair is also probed as above.
Test 3 Finishability	Finish Compatibility — Standard control finish shows no signs of incompatibility (e.g. alligatoring, crawling, etc.).
	Finish Adhesion — Requirements of Section 2.5.2 shall be satisfied.
Test 4 Machinability	— The repairs shall machine cleanly and stay in place.

TABLE 8. Overlay Performance Criteria for Samples Tested According to APA Test Method F-4.

Test Exposure Condition	Performance Requirements
Test 1 Vacuum-Pressure-Dry	<ul style="list-style-type: none"> — Delamination limited to an area 1/2" deep x 1" wide. — No internal separation of the overlay. — No cracks in the overlay.
Test 2 Machinability	— Performance of the overlay must be at least equivalent to that of the typical PS-1 phenolic Medium Density Overlay. The overlay shall present a smooth edge after the machining tests (sawing, nailing, routing, drilling) and shall not tear, crack, chip or fuzz.
Test 3 Finishability	— Requirements of Section 2.5.2 shall be satisfied.

2.6 Panel Durability

Performance shall be as given below for properties that affect the adhesive bonding system when tested in accordance with the referenced APA test method. *APA – The Engineered Wood Association Qualification Policy* details specimen requirements and retest procedures.

2.6.1 Bond Durability. Panels composed entirely of veneer shall meet the PS-1 bond requirements for Exterior type. Nonveneered panels, wood-based material for composite panels, and finished (veneered) composite panels shall exhibit a minimum average strength retention of 55% with no individual panel retained strength less than 45% when tested in accordance with the procedures of APA Test Method S-6 following moisture cycling according to the procedures of APA test Method D-5. In addition, at least 95% of composite panel specimens shall pass delamination requirements when tested in accordance with the procedures of APA Test Method P-9, following moisture cycling according to the procedures of APA Test Method D-5 extended to ten (10) moisture cycles.

2.6.2 Mold Resistance. Panels shall satisfy the mold resistance test according to the procedures of APA Test Method D-2.

2.6.3 Resistance to Elevated Temperature. Panels satisfy sufficient elevated-temperature resistance (160°F) when they meet the requirements of Section 2.6.1.

2.6.4 Bacteria Resistance. Panels shall satisfy the bacteria test according to the procedures of APA Test Method D-3.

2.7 Dimensional Tolerance and Squareness of Panels

2.7.1 Size. A tolerance of plus 0, minus 1/8 inch shall be allowed on specified length and/or width.

2.7.2 Thickness. A tolerance of plus or minus 1/32 inch shall be allowed on the trademark-specified thickness unless otherwise determined through Qualification testing.

2.7.3 Squareness and Straightness. Panels shall be square within 1/64 inch per lineal foot measured along the diagonals. All panels shall be manufactured so that a straight line drawn from one corner to the adjacent corner is within 1/16 inch of the panel edge.

2.8 Moisture Content

Moisture content of panels at time of shipment shall not exceed 18% of oven-dry weight as determined by APA Test Method P-6.

3.0 IDENTIFICATION

All APA RATED SIDING shall be identified with an APA trademark bearing the APA RATED SIDING designation appropriate under these specifications. The manufactured nominal thickness, EXTERIOR exposure durability classification and the Span Rating shall be included in the trademark. Products which carry the APA RATED SIDING trademark are to be *applied in accordance with APA RATED SIDING application recommendations published by APA – The Engineered Wood Association*. Any supplemental application recommendation of the manufacturer must be clearly marked on each piece.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Tue~~ Wed Fri 2-26, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0829	Purkin	dry in		
	Miramar Complete Corp.	flashing		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:


OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 3-6, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8829	Permit	Final Sign-off	Pass	Miss
	9 Miramar Complete Carp.	44' section		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-17, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8813	Hepworth 3 Riverview Sand Castle	shelting AFTER 10:00	PASS	INSPECTOR: <i>[Signature]</i>
8436	Tooman 31 W High Pt Florida Street	garage electric " plumbing living rm doors	FAIL FAIL FAIL	INSPECTOR: <i>[Signature]</i>
8829	owner	shelting (by AIC)	PASS	Comments
6	9 Miramar Complete Carpentry			INSPECTOR: <i>[Signature]</i>
8123	Luluh 20 E High Pt Seagate	Final	FAIL	INSPECTOR: <i>[Signature]</i>
3				
8840	owner 915 River Rd Everglades	Plumbing	CANCEL	
Tree	Wojcieszak Mandalay Isl. OB	Trees	PASS	INSPECTOR: <i>[Signature]</i>
4				
8755	Turante 485 Sewalls OB	insulation	FAIL	INSPECTOR: <i>[Signature]</i>
2				
OTHER:	Vasko 8357 985 River Rd All Am Roof.	dry in	PASS	<i>[Signature]</i>

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date 10/28 19 97 TREE REMOVAL PERMIT No 277

APPLIED FOR BY NITA PERRIN (Contractor of Owner)

Owner 9 MIRAMAR

Sub-division _____, Lot _____, Block _____

Kind of Trees SCHUBBERIA (PROHIBITED)

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE - 0 - WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE - 0 - WITHIN 30 DAYS

REMARKS NO FEE; NO REPLACEMENT

Signed, Nita Perrin
Applicant

Signed, _____
Town Clerk

FEE \$ 0

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

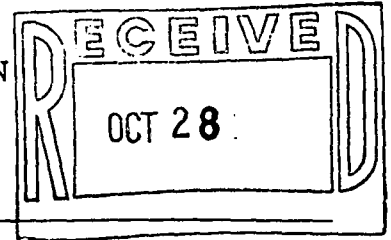
TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: Nita Perrin
ADDRESS: 9 Miramar

CONTRACTOR: Richard Goss
ADDRESS: Jensen Beach

LICENSE NUMBER: _____

PHONE: 334-7715
Owner 387-2761 Contractor _____

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ -0- PAID: _____
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:
Vegetation Sailed too wet

REMOVE ONE (1) SCAEPHURIA (PROHIBITED)

NO FEE - NO REPLACEMENT

SEWERS POT

