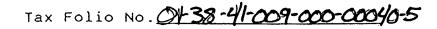
10 Miramar Road

3664 SFR





TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Tim WRIGHT AND	VALERIE WRIGHT
Owner's Address 2375 N.E OCEAN BLVL	#D-306 STUART FL 34996
Owner's Telephone N/A	<u>,</u>
Fee Simple Titleholder's Name (if other t	chan owner) W/A
Fee Simple Titleholder's Address (if other	
cityN/A	•
Contractor's Name ARK Homes Const	RUCTION INC RONALD BRITTHAN
Contractor's Address 1046 N.E. JENSE	N BEACH BLVID
city JENSEN BEACH	State <u>FL</u> Zip <u>34957</u>
Contractor's Telephone 334-8379	icense Number
Job Name WRIGHT RESIDENCE	
Job Address XXX MIRAMER (LOT;	44)
City Town of Sewall's Point State	Florida Zip 34996
Legal Description SINGLE FAMILY F	OME
Bonding Company W/A	
Bonding Company Address N/A	
4.11	
City	N/A
	·
Architect Engineer's Name MATHELS F	NGINE ERING
Architect/Engineer's Address III 5. FFO.	HWY SUITE 226, STUMM, FL, 34996
Architect/Engineer's Name MATHERS E Architect/Engineer's Address III 5.FEO.	NGINE ERING
Architect/Engineer's Name MATKELS Enchitect/Engineer's Address III S.FEO. Mort Cod Language First FeDeral Ware Property And Press P.O. Box 351	NGINEERING HWY. SUITE 226, STURET, FL, 34996 SAVINUS OF THE PALM BEACHES
Architect/Engineer's Name MATHERS E Architect/Engineer's Address III 5.FEO.	NGINEERING HWY. SUITE 226, STURET, FL, 34996 SAVINUS OF THE PALM BEACHES

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.

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

 \bigcirc

1 _ -

Plumbing Contractor ARROW FLUMBING License No. CFC029692
Electrical Contractor COOK ELEC. License No. MEOOI52
Roofing Contractor PANACHE CONSTRUCTION License No. CGC A0737
A/C Contractor CUASSIC COOLING License No. CACO 29403
Description of Building or Alterations SINGLE FAMILY RESIDENCE
Name of Street Designated as Front Building Line and Front Yard
MIRAMER
Subdivision MIRAMAR SUBDIVISION Lot 4 Block N/A
Building Area (air conditioned) 1868 sq. ft.
Garage, Porch, Carport Area 1228 sq. ft.
Contract Price (excluding carpet, land, appliance, landscaping)
\$ 143,000

0	
Contractor's License	
Sub-Contractors' Licenses	PROPERTY OF THE PROPERTY OF TH
Workers' Comp. Insurance	
General Liability Insurance	TO THE PROPERTY OF THE PROPERT
Three sets of Plans	OFFICE OF THE STREET OF THE SECOND ACTUAL COLUMN ASSESSMENT ASSES
Plans sealed by architect or	engineer
Plot Plan	STATEMENT OF THE PROPERTY OF T
Boundary survey	
	ified to the
Topographic survey Tow	n of S.P.
Recorded warranty deed	ures seem islans quantitativa material recorded at the contract of the contrac
Septic tank permit	THE RESERVE THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND A
Energy Code calculations _	A STATE THE COLUMN TWO PROPERTY OF THE COLUMN TWO PARTY.
Elevation certificate	and the second s
Recorded notice of comme	ncement
Application for c.o.	

2/93

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	DATE
(Owner or Authorized Agent)	
Sworn and Subscribed before me th	is
day of199	(SEAL)
NOTARY PUBLIC State of Florida at Large My Commission Expires:	
(Contractor)	DATE 9/ 22/94
Sworn and Subscribed before me th	nis
22 nd day of Jept 1994	(SEAL)
NOTARY PUBLIC/ State of Florida at Large My Commission Expires:	MARY E. SHAFFER MY COMMISSION # CC 324551 EXPIRES: October 19, 1997 Bonded Thru Notary Public Underwriters
Certificate o	of Competency Holder
Contractor's State Certification	or Registration No. <u>CGC057270</u>
Contractor's Certificate of Compe	etency No
APPLICATION APPROVED BY Dale	Brown 9/27/94 Permit Officer
× 1/1//	1/Da
For Offici	ial Use Only
Plans approved as submitted	Date
Plans approved as marked	Date 9/26/94
A/C Area/868 sq. ft. x \$60.	= \$ 112,080 °C
A/C Area / 8 sq. ft. x \$60. Non A/C Area / 228 sq. ft. x \$25	5. = \$ 30,700 °°
Total	= \$ 142,78
Contract Price \$ 143,000	(fee will be charged on higher

A	C 0/8 by C d 4 35 C 1 + 9 U p		E 0 =		ISSUE DATE O	9/22/94
SAFE HARBOR INSURANCE			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.			
	D BOX 2210			FONIES		
5	TUART. FLORIDA 34995		: COMPANY			
			LETTER A	ASSURAN	ICE COMPANY OF AMERICA	
	•		' COMPANY			
		·	LETTER B			
	SURED		COMPANY			
	RK HOMES CONSTRUCTION CO		LETTER C			
	D46 NE JENSEN BEACH BLVD		COMPANY	51.001.04	LUGHE NULL DENG DIE	
	Ensen Beach . 3491:7		LETTER D	FLUKIDA	HOME BUILDERS SIF	
F	. 377(7	•	: COMPANY : LETTER E			
	COVERAGES ====================================		· 			
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<u> 19</u>	TYPE OF INSURANCE	POLICY NUMBER	: DATE	: DATE	f LIMITS	
	GENERAL LIABILITY		1	:	: GENERAL AGEREGATE	\$ 300,000
	(X) Commercial General Liability		•	P .	: FRODUCTS-COMP/OP AGGREGATE	300,000
A :	[] Claims Made [X] Occur.	EPA19403394	05/26/94	05/26/95	: PERSONAL & ADV. INJURY	1 300,000
	[] Owner's & Contractor's Prot.	•	:	· ·	! EACH OCCURRENCE	: 1 300,000
		:	:	,	FIRE DAMAGE (Any one fire)	1 50,000
_		·	<u>:</u>	·	; MED. EXPENSE (Any one person)	5,000
;	AUTCHORILE LIABILITY	•	:	:	: COMPINED SINGLE	; \$
:	[] Anv Auto	•	÷	1	: 11611	·:
	[] All Owned Autos	1		•	: BODILY INJURY	1.6
•	[] Echeduled Autos	!		:	(!Per person)	· ·
	f) Hired Autos	!	:	:	i bodita iarra	1.5
	: [] Hen-Dwned Autos	I	:	!	(IPGr accident)	
	([] Garage Liability	•	;	:	: PROPERTY DAMAGE	; 5
	<u>'</u>	·	<u> </u>	. <u>}</u>	I PARIL BRO INCOME	
	EXCESS LIABILITY		;	;	EACH OCCURRENCE	-} - \$
	; [] UMBRELLA FORM		į	•	AGGREGATE	-
	[Other Than Umbre la Fors	<u></u>		· 		-
		(·	:	;	: EXT STATUTORY LIMITS	
	WORKER'S COMPENSATION			: A7/61/88	: EACH ACCIDENT	1 100,000
D	AND CHOICE I LABOURY	: 15841	03/01/94	03/01/95	: DISEASE-POLICY LIMIT	500,000
	: EMPLOYERS' LIABILITY : DIHER		·;		DISEASE-EACH EMPLOYEE	100,000
	, שוחנת י	1 <i>t</i> •	•	1	,	•
	•	• •	1	•	1	
DE	SCRIPTION OF OPERATIONS LOCATIONS	VENTO ENVERENTAL	TENE	_'		
C	ONTRACTOR/STATE OF FLORIDA O DAYS NOTICE OF CANCELLATION ON M					
			 			
===	CENTIFICATE HOLDE	R ====================================				12222222222
!		;			ESCRIBED POLICIES BE CANCELLED I	
	DWN OF SEWALL'S POINT	:			THE ISSUING COMPANY WILL ENDEAVE	
				HOVICE TO THE CERTIFICATE HOLDER		
	SEVALL'S POINT RD	•			HOO ON BENEFIT THE BOLLON HOUSE	
	STAURT FL 34996 : LIAPILATY OF ANY KIND UPON THE COMPANY. WE AGENTS OR REPRESENTATIVES.				WERENIALIVES.	

ACORD 25-S (7/90)

(C) ACORD CORPORATION 1990

RECEIVED

AUG 1 0 1994



] Repair

STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REMARKS COTTATIVE SERVICES DATE PAID ONSITE SEWAGE DISPOSAL SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT Authority: Chapter 381, FS & Chapter 10D-6, FAC

PREPARED BY: STEPHEN J. BROWN, INC.

290 FLORIDA STREET

APPLICATION F	or:
1 1 Non Such	

] Existing System [] Holding Tank] Abandonment

STUART, FL. 34994 407-288-7176

[] Temporary/Experimental [] Other(Specify)

FEE PAID \$ 80 4

PERMIT #

RECEIPT #

APPLICANT:

TELEPHONE: 28/0-776

AGENT: BROWN

MAILING ADDRESS: 290 FLOBIDA ST SUITE C STUART FL 34996

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION (IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED)

LOT:	4		BLOCK:	SUBDIVISION:	MIRAMAR	DATE OF SUBDIVISION:	1961
PROPE	RTY	ID #:	(39 poles.		[Section/Township/Range/Parcel		
PROPE	RTY	SIZE:	15,000 Aeres	[Sqft/93560]	PROPERTY WATER SUPPLY: [PRIVATE [X) PUBLI

PROPERTY STREET ADDRESS:

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP

BUILDING INFORMATION

[] RESIDENTIAL [] COMMERCIAL

Persons Business Activity Unit Type of No. of Building No__ Establishment Bedrooms Area Sqft Served For Commercial Only 1 . 2

] Garbage Grinders/Disposals] Ultra-low Volume Flush Toilets

[] Spas/Hot Tubs [] Other (Specify) _ [] Floor/Equipment Drains

APPLICANT'S SIGNATURE:

____ DATE: _ 019194

AP	PRICANT TIM URICHT	
ĻĘ		
		T OF THE
1.	IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEE	ED
2.	PROPOSED PRIVATE WELL? WELL WITHIN 75 PELT OF THE PROPOSE IS THERE A POTABLE PRIVATE WELL WITHIN 75 PELT OF THE PROPOSE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? WALLABLE AND IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE	AREA FOR
3.	THE PROPOSED SEPTIC SYSTEM! THE PROPOSED SEPTIC SYSTEM!	SS THAN 15
4.	HOMES WITHIN 100 FEET OF THE WAR TO PEOPLE OR MY	ORE THAN 15
.5.	HOMES WITHIN 200 I SPUER LINE OR LIFT STATION WITHIN 100 FEE	
6. 7.	PROPOSED LUI STREAM WETLAND. OR SURFACE WATER WITTENS	
8.	THE PROPOSED ATTACKED OF THE TIME PUBLIC DRINKING WALLS DIN	
9.	IS THERE A STORM WHILE SISTEM? FEET OF THE PROPOSED SEPTIC SISTEM? FOR PAVING OR VEHICU	LAR
10.	TRAFFIC? SISTEM TO SURFACE WATER ON AD ARE ALL PRIVATE WELLS. SEPTIC SYSTEMS AND SURFACE WATER ON AD ARE ALL PRIVATE WELLS. SEPTIC SYSTEMS AND SURFACE WATER ON AD TRAFFICANT'S LOT. IF PRE	JACENT OR SENT.
	SHOWN ON PLOT PLAN? TES WITHIN 200 PEET OF THE APPLICANT'S LOT.	IP PRESENT.
	SHOWN ON PLOT PLAN INCLUDE A PLAT OF THE LOT OF THE LOT OF BUIL	DING OR
	DRAWN TO SCALE. PROPER PECORDED EASEMENTS, THE PAUL	TED APPAS
14.	RESIDENCES. SWIMMING POULS. PUBLIC WATER LINES. P. SYSTEM, ANY PROPOSED OR EXISTING WELLS. PUBLIC WATER LINES. P. OR DEIVEWAYS. AND SURFACE WATERS SUCH AS LAKES. PONDS. STREAM: OR WETLANDS? SQUARE FEET OF AVAILABLE LAND TO INSTALL THERE IS SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS	THE
	SEPTIC SYSTEM. THIS AREA DADDED TO AREA ON PLOT PLAN.	
7.	CROWN OF ROAD ELEVATION A NGVD SHOW LOCATION ON PLOT IF ROAD IS NOT PAVED. BENCHMARK ELEVATION 9 NGVD SHOW LOCATION OF SHOW L	PLAN. CATION ON
•	PLOT PLAN.	OO NCVD
2.	NATURAL GRADE ELEVATION IN AREA OF FRONTSEED STATES OF "V" AS IDENTIFY IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFY IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFY IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFY IS BUILDING LOCATED FLOOD HAZARD AREA "A" OR "V" AS IDENTIFY IS BUILDING FLOOD HAZARD A	IED ON AZARD
2.	SHOW LOCATION ON PLOT IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFY IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFY IS BUILDING IN THE MINIMUM REQUIRED PLOOD HEREAL MAPS? NGVD.	
•		•
		•
	CYRTIPIED BY: RITEPHEN	Z BRODAN.
NOTE	HUST BE CERTIFIED BY A PLORIDA CERTIFIED BY A PLORIDA PL. PROFESSIONAL NO. 40 DATE: 719 QUI JOB NO. 1	MY
		,

Page 2 of 2

PREPARED BY: STEPHEN J. BROWN, INC 290 FLORIDA STREET,

STUART, FL. 34996 407-288-7176

DEPARTMENT OF HEALTH AND REH	ABILITATIVE SERVICES
STUBOUT ELEVATION AND BICAVATION CERTIF	FICATION
APPLICARI: Tim Wright SEPFIC FAIR LEGAL DESCRIPTION: Lot 4 Miramer	1 PERMIT 10. HD 94-23/
LEGAL DISCRIPTION: Lot 4 Miraner	
The items which are checked off below most be certified by a sor Xartin County Health Unit prior to the first plumbing inspection by the student elevation certification constitutes commencement of building of the Student Application of the student of building of the student students.	de Bullding Department. Approval of thi
X1. Bailding Permit Janber: #3446 (Cert	tification not required for this item).
2. Lestify that the elevation of the top of the lowest plumbing above below benchmark elevation as indicated on septic tank	
3. I certify that the top of the lovest building plumbing stubout crown of road elevation shown on septic tank permit.	
4. I certify that the top of the drainfield pipe elevation is	
5. I certify that all severely limited soil has been removed from minimum depth of six(6) feet below top of required stubout elevels plans to scale of excavated area. (See diagramk/B on re	everse side) Date Observed://
6. I certify that all moderately and severely limited soils have be or 33% of the area of the drainfield. This area is centered in offeet where slightly limited soils exist. Surveyor muse excavated area. (See diagram B on reverse side)	the drainfield and extends to a depth t submit 2 plot plans to scale of Date Observed:/_/
	lot plans to scale of excavated area. Date Observed://
A: a. Severely limited soil includes but is not limited to hardpan b. Drainfield most be convered in the excavated area. Drainfie limited soils are not removed.	eld will not be approved if severe
c. Condition numbers 5, 6 and 7 may be satisfied with excavation septic installer responsible for drainfield installation.	n certification from the certified
AS applicant I understant	nt or applicant's representative, nd the above requirements.
: 10/15/94 Job Tuber: 1444-43-0 COUNTY PUBLICATE	SEATH UNIT SHOOLON)
108 KIRTII COUITY PUEDWITODMENTAL Health 612 So. Dixle Hwy. I Stuart, FL 34994 - (407) 221	CONT.
Martin County Health Whit Approval Signature	(Date)
, ,	

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

Revised 3/28/9

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STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT #

40	7-	28	7-	7	1	7	6

SITE EVALUATION AND SYSTEM SPECIFICATIONS Stephen J. Brown, Inc. AGENT: 290 Florida Street
Stuart, Fl. 34994 APPLICANT: Tim WRIGHT BLOCK: SUBDIVISION: MIRAMAR [Section/Township/Range/Parcel No. or Tax ID Number] PROPERTY ID #: -TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS. PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: _____ ACRES TOTAL ESTIMATED SEWAGE FLOW:

AUTHORIZED SEWAGE FLOW:

UNOBSTRUCTED AREA AVAILABLE:

GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]

GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]

SQFT UNOBSTRUCTED AREA REQUIRED:

SQFT UNOBSTRUCTED AREA REQUIRED:

SQFT BENCHMARK/REFERENCE POINT LOCATION: ELEVATION OF PROPOSED SYSTEM SITE IS _____ [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES: SURFACE WATER: FT DITCHES/SWALES: FT NORMALLY WET? [] YES [] NO WELLS: PUBLIC: FT LIMITED USE: FT PRIVATE: FT NON-POTABLE: FT BUILDING FOUNDATIONS: FT PROPERTY LINES: FT POTABLE WATER LINES: FT SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO 10 YEAR FLOOD ELEVATION FOR SITE: ______ FT MSL/NGVD SOIL PROFILE INFORMATION SITE 1 SOIL PROFILE INFORMATION SITE 2 Munsell #/Color Texture Depth Munsell #/Color Texture Depth to ____to__ to to to ____ to USDA SOIL SERIES: USDA SOIL SERIES: OBSERVED WATER TABLE: ____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT] ESTIMATED WET SEASON WATER TABLE ELEVATION: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES DEPTH OF EXCAVATION: _____ INCHES SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) REMARKS/ADDITIONAL CRITERIA:____ SITE EVALUATED BY:

	** SITE EVALUATION FIELD NOTES **		ž:
1.	. WET SEASON (SUASCNAL HIGH) WATER TABLE PER USDA SOIL R	: GURVIY	·
2.	ESTIMATED SEASONAL HIGH WATER TABLE FROM FIELD VISIT	* ************************************	
Э,	JUSTIFICATION FOR ESTIMATED SEASONAL HIGH WATER TABLE CONSISTENT WITH USDA MARTIN COUNTY SOIL SURVEY:	(IF No	OT
4.	FIELD NOTES (EXPLAIN UNIQUE CONDITIONS FOUND AT SITE):		
•		··	
· 5. ?.	IS THE SITE PLAN ACCURATE? Y / N , IF NO, EXPLAIN	•••	
6.	NATIVE VEGETATION PRESENT		
		•	•
. 7.	OTHER COMMENTS_		
			<u></u>
·			

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94 AUG 30 PH 3: 44

O | 079795
This Instrument Prepared By: FREDERICK G. SUNDHEIM, JR. Oughterson, Oughterson, Prewitt and Sundheim, P.A. 310 SW Ocean Blvd. Stuart, FL 34994

1919 570 **. 60** Marsha Stille

MARTIN COUNTY

CLERK OF CIRCUIT COURT

R-240A FGSjr/pm

WARRANTY DEED

RALPH RESSLER and CONSTANCE E. RESSLER, his wife, the Grantors, of 1224 Old Mill Road, Auburn, AL 36830, in consideration of the sum of \$10.00 and other good and valuable considerations received from TIM B. WRIGHT and VALERIE J. WRIGHT, his wife, the Grantees, of 2374 NE Ocean Blvd. D306, Stuart, FL 34996

, hereby, on this /// day of August, 1994, convey to the grantees the real property in Martin County, Florida, described as:

Lot 4, MIRAMAR SUBDIVISION, according to the Plat thereof on file in the office of the Clerk of the Circuit Court in and for Martin County, Florida, recorded in Plat Book 3, Page lll, said lands situate, lying and being in Martin County, Florida.

Subject to reservations, restrictions, and easements of record, and taxes accruing subsequent to December 31, 1993.

The property appraiser's parcel identification number is 01-38-41-009-000-00040-5 .

The Grantees' social security numbers are 264-69-9388 and _____.

Grantors covenant that the property is free of all encumbrances, that lawful seisin of and good right to convey that property are vested in the Grantors, and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

Witnesses:
Journal of Aladuly 17) 17

Printled Name: All of Sully

RALPH RESSLER

CONSTANCE E. RESSLER

Printed Name: Sandra Roystek

STATE OF ALABAMA COUNTY OF //el

The foregoing instrument was acknowledged before me this // day of August, 1994 by RALPH RESSLER and CONSTANCE E. RESSLER, his wife,

(SEAL)

Signature of Notary Public

State of Alabama

My commission expires: 12-26-44

Print, type or stamp commissioned name of Notary

ON, OUGHTERSOI).

SUNDHEIM, P.A.

WOCEAN BLVD.

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA COUNTY OF MARTIN

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

- l. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.
- 2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
- 3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is $\frac{143.000}{143.000}$.
- 4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affiliant / // O Property street address:

Sworn to and subscribed before me this 16th day of

Notary Public

STATE OF FLORIDA AT LARGE

My Commission Expires:

(NOTARY SEAL)

OFFICIAL NOTARY SEAL

JOAN H. BAERSW

NOTARY PUBLIST STATE OF FLOATS

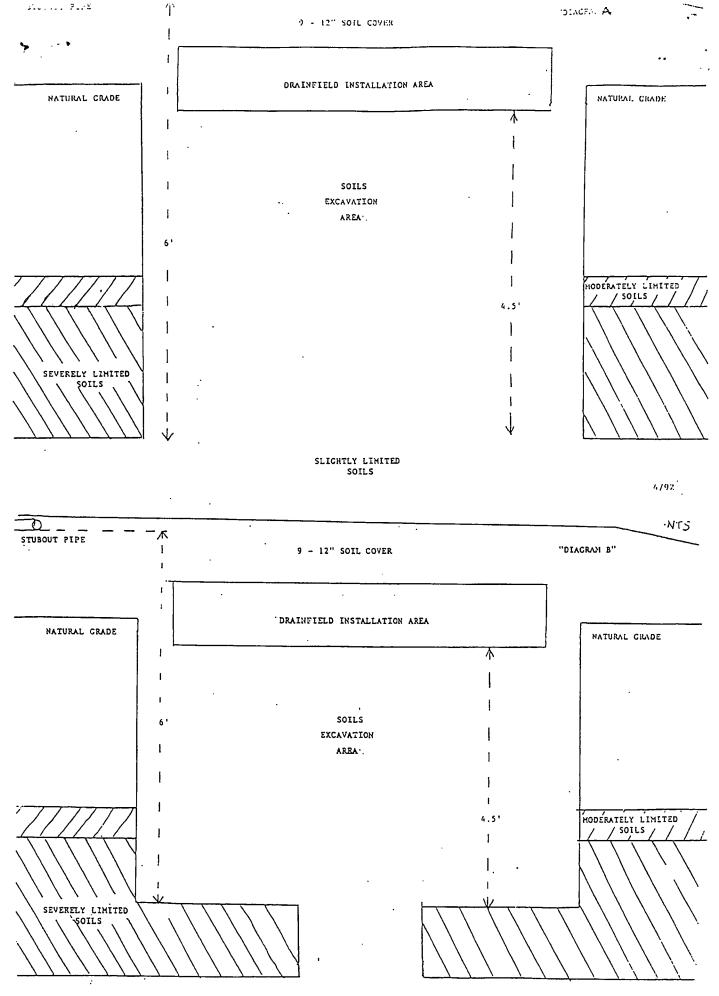
COMMESION NO. COALISTS

MY COMMISSION EXP. NOV. RAST

STUBOUT BLEVATION AND BICAVATION CERTIFICATION

APPLIC	Mr. Tim Wright	SEPTIC TAIL PERMIT 10, AD 94-23/
L E G A L	ART: Tim Wright DESCRIPTION: 20+4 Mil	remer
Martin	County Health Unit prior to the first plumbing	tified by a surveyor or engineer and returned to the inspection by the Building Department. Approval of this nt of building construction for septic system permits.
<u>X</u> 1.	Bailding Permit Mamber:	(Certification not required for this item)
<u>X</u> 2.	I certify that the elevation of the top of the above / below benchmark elevation as indicate	lowest plumbing stubout is inches (circle one)
3.	I certify that the top of the lovest building crown of road elevation shown on septic tank p	plumbing stubout isinches (circle one) above/ beloermit.
4.	I certify that the top of the drainfield pipe	elevation is
5.	minimum debre of pri(p) teet pelon tob of Ledel	een removed from an area offeet byfeet a ired stubout elevation. Surveyor must submit 2 plotA/B on reverse side) Date Observed:/_/
§ .	of 33% of the area of the drainfield. This are	ted soils have been removed in an areafeet wide a is centered in the drainfield and extends to a depth st. Surveyor must submit 2 plot plans to scale of
7.	of the drainfield rock and the excavation meets	een removed from an area one foot beyond the perimeter all detail requirements as shown in*Diagram A*, the must submit 2 plot plans to scale of excavated area. Date Observed://
ROTE:	limited soils are not removed.	d area. Drainfield will not be approved if severe
CERTIFI	ID BY:	As applicant or applicant's representative, I understand the above requirements.
Date:	Job Number:	sharing Thoular)
• • • • • • • • • • • • • • • • • • • •	YOR MARTIM COUNTY PUBL	{Signature} IC HEALTH UNIT USE ONLY
-	Kartin County Health Unit Approval Signature	(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH 612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994 Revised 3/28/92



	DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES DATE PAID 08/10/94 ONSITE SEWAGE DISPOSAL SYSTEM FEE PAID \$ 105.00 CONSTRUCTION PERMIT RECEIPT # 12913 Authority: Chapter 381, FS & Chapter 10D-6, FAC BLDG PERMIT
CONSTRUCTION PER [X] New System [] Repair	MIT FOR: [] Existing System [] Holding Tank [] Temporary/Experimental System [] Abandonment [] Other(Specify)
APPLICANT: TIM	WRIGHT AGENT: STEPHEN BROWN
PROPERTY STREET	ADDRESS: MIRAMAR RD. STUART
LOT: 4	BLOCK: SUBDIVISION: MIRAMAR
	[SECTION/TOWNSHIP/RANGE/PARCEL NO.] [OR TAX ID NUMBER]
SYSTEM MUST BE COREPAIR PERMITS A EXPIRE ONE YEAR PERFORMANCE FOR BASIS FOR ISSUAN MODIFICATIONS MA	CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A ICE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH AY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.
T [900] [GAL A [0] [GAL N [0] GAL	LONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES: [Y] LONS / GPD] CAPACITY MULTI-CHAMBERED/IN SERIES: [] LONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS] LONS PER DOSE DOSING TANK CAPACITY DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]
R [0] SQUA A TYPE SYSTEM: I CONFIGURATION N	RE FEET PRIMARY DRAINFIELD SYSTEM RE FEET SYSTEM [X] STANDARD [] FILLED [] MOUND [] [X] TRENCH [] BED [X] 3 TRENCHES X 29'L ENCHMARK: BM:9.87'NGVD
I ELEVATION OF E BOTTOM OF DRA L	PROPOSED SYSTEM SITE IS [1.5] INCHES ABOVE BENCHMARK/REFERENCE POINT INFIELD TO BE [28.0] INCHES BELOW BENCHMARK/REFERENCE POINT : [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES
TOP OF BUILD H TOP OF DRAIN E TOP OF SEPTI	OCK MUST BE A MINIMUM OF 5 FEET FROM PROPERTY LINES. ING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 8 INCHES BELOW BM 9.87'NGVD FIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 18 " " " C TANK IS REQUIRED TO BE A MINIMUM ELV. OF 2 " ABOVE " D 18 INCHES OF COVER OVER THE DRAINFIELD ROCK.
SPECIFICATIONS B	Y: NA TITLE: NA
APPROVED BY: ED	GAR MORALES RODRIGUEZ TITLE: ENVIRONMENTAL SP MARTIN CPHU
DATE ISSUED: 08/	18/94 VARIANCE Y / N [N/A] INCLUDES EXPIRATION DATE: 08/18/95
HRS-H Form 4016	VARIANCE EXPIRATION March 1992 (Obsoletes Previous Editions Which May Not Be Used) Page 1 of 2

** SEE ATTACHED SPECIAL CONDITIONS FORM **

PERMIT # 94-0231-

STATE OF FLORIDA

A D.D.T. T	cation name: Tim Wright PERMIT NO. (HD) 94-23
SUBDI	cation name: $Tim Wright$ permit no. (hd) $94-23$ /vision:
_ 	
	N O T E Special Condition(s) marked "X" are in effect.
<u>X</u> 1.	Drainfield must be maintained under grass;and protected frow vehicular traffic (traffic barriers).
2.	Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
<u>X</u> 3.	Driveway / sidewalk elevation must be 9" higher than drain-field pipe elevation.
<u>×</u> 4.	Septic system must be $\frac{75}{}'$ from surface water / wetlands / mean high water line.
5.	Excavate one / three feet beyond drainfield area to a depth of 4.5' below drainfield rock.
6.	In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
7.	Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
8.	Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
9.	Mound area must be sodded or stabilized with seed and hay prior to final grade inspection.
<u>X</u> _10.	Any future ponds or surface water created onsite must be 75' from septic system(s).
<u>X</u> 11.	Available area for septic installation must to be evenly filled and leveled.
<u>X</u> 12.#	reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.
*	SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

LAWTON CHILES, GOVERNOR

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

 $\frac{\chi}{13}$. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems. __14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met. __15. Septic tank/ dosing chamber/ grease trap must have traffic lids with two manholes covers per tank extending to the surface. ___ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap. a) handwash sink(s). three compartment sink(s). b) C) floor drains. can wash, janitor's sink(s). d) dishwasher if present. All other greaseless flow should be connected directly to the septic tank. ___17. to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump. __18. Two pumps are required to alternately dose into at least two separate fields. $\underline{\chi}$ 19. No sprinklers, roof drainage or gutter drains are allowed to drain into drainfield rock area. $\frac{\chi}{20}$. Water line must be ten feet from drainfield or; A. Double sleeved. B. Encased in concrete. ___21. All wells installed onsite must be 25' from the building foundation. __22. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation. X 23. If building stubout is placed more than 20ft. from septic tank or drainfield, stubout elv. must be higher than permitted elv. and have prior approval from the health unit. __24. If fill is required, contact Martin County Building Division. \times 25. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.

SPECIAL CONDITION REQUIREMENTS

- 26. If any information on this permit changes, an amended application is required to be filed immediately.
- 27. Any alteration of the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
- ____28. If a mound drainfield is proposed, see following sketch of additional requirements.

DRAINFIELD

DRAINFIELD

DRAINFIELD

SHOULDERS

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HOTA: THESE REQUIREMENTS MUST BE NET PRIOR TO FINAL APPROVAL.

SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

<u>X</u> 29.	Other:	SEPTIC TANK IS REQUIRED TO BE AT FINISHED SOIL GRADE, DO NOT EXCEED 18 INCHES OF COVER OVER DRAINFIELD ROCK.	
		W	
		·	

N O T E - \$25.00 REINSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling _____ at (407) 221-4090.

Page 3 of 3

SITE EVALUATION AND SYSTEM SPECIFICATIONS APPLICANT: TIM WRIGHT AGENT: STEPHEN BROWN LOT: 4 BLOCK: SUBDIVISION: MIRAMAR [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER] PROPERTY ID #: NA TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS. PROPERTY SIZE CONFORMS TO SITE PLAN: [Y YES [] NO NET USABLE AREA AVAILABLE: TOTAL ESTIMATED SEWAGE FLOW: 350 GALLONS PER DAY [RESIDENCES-TABLE-1 / GALLONS PER DAY [RESIDENCES-TABLE-1] / GALLONS PER DAY [RESIDENCES-TABLE-1 / GALLONS PER DAY [RESIDENCES-TABLE-1] / GALLONS PER GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2] 450 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE] AUTHORIZED SEWAGE FLOW: UNOBSTRUCTED AREA AVAILABLE: /200 SQFT UNOBSTRUCTED AREA REQUIRED: 75-4 SQFT BENCHMARK/REEERENCE POINT LOCATION: ELEVATION OF PROPOSED SYSTEM SITE IS _____ INCHES [ABOVE / BELOW] BENCHMARK/REFERENCE POINT. THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE: SURFACE WATER: FT DITCHES/SWALES: FT NORMALLY WET? [] YES [X] NO WELLS: PUBLIC: FT LIMITED USE: FT PRIVATE: FT NON-POTABLE: FT BUILDING FOUNDATIONS: FT PROPERTY LINES: FT FOTABLE WATER LINES: FT SITE SUBJECT TO FREQUENT FLOODING: [] YES [X] NO 10 YEAR FLOODING? [] YES 💢 NO 10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: () FT MSL/NGVD SOIL PROFILE INFORMATION SITE 1 SOIL PROFILE INFORMATION SITE 2 Munsell #/Color Texture Depth Munsell #/Color Texture Depth _to^C to to to to t.o to to to to to to to to USDA SOIL SERIES: USDA SOIL SERIES: [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT] VATION: ______ INCHES [-ABOVE / BELOW] EXISTING GRADE. OBSERVED WATER TABLE ! VOT ESTIMATED WET SEASON WATER TABLE ELEVATION: HIGH WATER TABLE VEGETATION: [] YES NO MOTTLING: [] YES X NO DEPTH: INCHES DEPTH OF EXCAVATION: NA INCHES SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: DRAINFIELD CONFIGURATION: [X] TRENCH [] BED OTHER (SPECIFY) REMARKS/ADDITIONAL CRITERIA: SITE EVALUATED BY:

HRS-H Form 4015 March 1992 (Obsoletes Previous Editions Which May Not Be Used)

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES BLDG PERMIT

PERMIT #

Page 3 of 3

STATE OF FLORIDA

ONSITE SEWAGE DISPOSAL SYSTEM

ELEVATION CERTIFICATE

O.M.B. No 3067-0077 Expires May 31, 1993

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR).

Instructions for completing this form can be found on the following pages.

LEW VALUE HIEROR COLL SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME TO BUILDING OWNER'S NAME	POLICY NUMBER
STREET ADDRESS (Including Apr., Unit, Suite and/or Bidg, Number) OR P.O. ROUTE AND BOX NUMBER	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)	
STUART STATE	ZIP CODE
SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
Provide the following from the proper FIRM (See Instructions):	
1. COMMUNITY NUMBER 2. PANEL NUMBER 3. SUFFIX 4. DATE OF FIRM INDEX 5. FIRM ZONE 120/64 B	6. BASE FLOOD ELEVATION (in AO Zones, use dapth)
7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for the community's BFE: Liter 1. feet NGVD (or other FIRM datum—see Section B, Item 7).	Other (describe on back) or this building site, indicate
SECTION C BUILDING ELEVATION INFORMATION	
P(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selecter of \(\begin{array}{ c c c c c c c c c c c c c c c c c c c	the reference level from ction B, Item 7). detail feet above or or or below (check lowest floor (reference lo Unknown or 29 Other (describe on than that used on
The reference level elevation is based on: actual construction construction drawings (NOTE: Use of construction drawings is only valid if the building does not yet have the reference level flowns as this certificate will only be valid for the building during the course of construction. A post-construction will be required once construction is complete.)	or in place, in which n Elevation Certificate
The elevation of the lowest grade immediately adjacent to the building is: Line 1 Grant 1 feet NGVD (or Section B, Item 7).	other FIRM datum-see
SECTION D COMMUNITY INFORMATION	
If the community official responsible for verifying building elevations specifies that the reference level indicates not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the floor" as defined by the ordinance is:	he building's "lowest"

SECTION E CERTIFICATION

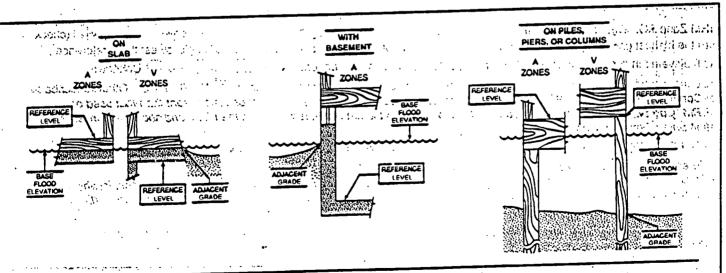
.

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Stephen J. Brown	/ .			4049		<u> </u>
CERTIFIER'S NAME			ENSE NUMBER (o		Tna	
Land Surveyor			ephen J.	Brown	, Inc	•
TITLE 290 Florida Street	·//	COMPANY NAME Stuart		· •————	Flor	
ADDRESS		CITY	10/19/	94 (4		STATE ZIP 288-7176
SIGNATURE		`	DATE		PHONE	
Copies should be made of this Certifica	to for: 1) com	munity official, 2) insurance ag	ent/comp	any, and	3) building owner.
Copies should be made of this Certifica	101. 17 00					
		*	<u> </u>			1 1/4 with the month of the second of the se
COMMENTS:			•	·		
The second secon		1 .				
					•	
and the state of the state of		<u> </u>				
(A) (B) (B) (B) (B) (B)	Sec. 1.	. 1 * . *				្រក់ ក្រស់ដូល មែលក្នុង ម៉ែល មេ
• •						11. 化二基二人设施等的特别



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

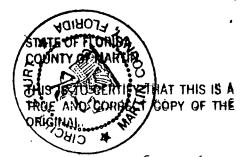
Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

Carla Sullivan



FIRST FEDERAL SAVINGS OF THE PALM BEACHES

P. O. Box 3515 West Palm Beach, FL 33402-3515



	NOTICE OF COMMENCEMENT
ermit #	Tax Folio # 01-38-41-009-000-00040-5
THE property, ar s stated in	UNDERSIGNED hereby gives notice that improvement will be made to certain real and in accordance with CHAPTER 713 of the Florida Statutes, the following information this NOTICE OF COMMENCEMENT. The Notice shall be effective for a period months from the date of recording.
in th Flori in M Property Ad General des	of Property: Lot 4, MIRAMAR SUBDIVISION, according to the Plat thereof on file e Office of the Clerk of the Circuit Court in and for Martin County, da recorded in Plat Book 3, page 111; said lands situate, lying and being artin County, Florida. dress: XXX Miramar Road Stuart, FL 34996 scription of Improvement: One story, Frame, Single family home Im B. Wright and Valerie J. Wright
	2375 NE Ocean Blvd., #D-306 Stuart, FL 34996
Owner's int	erest in site of the improvement: Fee Simple
Fee simple	title owner (if other than owner) Name:
Address:	
Contractor:	Ark Homes Construction, Inc.
Address:	957 South Federal Hwy. Stuart, FL 34994
Surety (if a	any)
	illy /
Constructio Address: P. Name of pe	Amount of bond \$
Constructio Address: P. Name of pe documents	Amount of bond \$
Constructio Address: P. Name of pe documents Name:	Amount of bond \$
Constructio Address: P. Name of pe documents Name: Address:	Amount of bond \$
Constructio Address: P. Name of pe documents Name: Address: In addition provided in	Amount of bond \$
Constructio Address: P. Name of pe documents Name: Address: In addition provided in	Amount of bond \$
Constructio Address: P. Name of pe documents Name: Address: In addition provided in Name: Address:	Amount of bond \$ In Lender: First Federal Savings & Loan Association of the Palm Beaches O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez Amount of bond \$ O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez Amount of bond \$ O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez Amount of bond \$ O. Box 3515, West Palm Beaches O. Box 3515,
Constructio Address: P. Name of pe documents Name: Address: In addition provided in Name: Address:	Amount of bond \$ In Lender: First Federal Savings & Loan Association of the Palm Beaches O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez Person within the State of Florida designated by owner upon whom notices or other may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes. Ito owner the following person shall receive a copy of the Lienor's Notice as Section 713.13 (1) (b), Florida Statutes.
Constructio Address: P. Name of pedocuments Name: Address: In addition provided in Name: Address: STATE OF COUNTY OF The foregoing byTim_B. who is (are) pe	Amount of bond \$ In Lender: First Federal Savings & Loan Association of the Palm Beaches O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez In Section 713.13 (1) (a) 7., Florida Statutes. Amount of bond \$ In Lender: First Federal Savings & Loan Association of the Palm Beaches O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez In Section Whom notices or other may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes. It o owner the following person shall receive a copy of the Lienor's Notice as a Section 713.13 (1) (b), Florida Statutes. Tim 8. Wright O. Box 3515, West Palm Beaches In Section 713.13 (1) (b), Florida Statutes O. Box 3515, West Palm Beaches O. Box 3515, West Palm Beach

WRIGHT RES. ARK HOMES

Wind Load Structural Calculations per ASCE 7-93

START HERE STEP No. 1 Establish wind load velocity pressure for

exposure C or exposure D for shoreline areas

Hurricane Engineering Corporation

The velocity pressure value shown in the chart below is based on the fastest mile wind speed design requirement and the mean roof height for each rectangle of the structure. *See Below

1111 South Federal Hwy., Sulte 226 Stuert, Florida 34994



• •	ne meen root ne Deelgn_wind :		-			EXP.JD		rt, Florida 34 / 221 -8639 Fe			
(Note: All wind velocity p					TY PRESSURE	VALUES		256 x Kz x (I		Inportance fac	tor, 1 = 1.
Wind speed & exposure	<u> </u>	BO Exp. C	90 Exp. C	100 Exp. C	110 Exp. C	120 Exp. C	130 Exp. C	140 Exp. C	90 Exp. D	100 Exp. D	
Mean Roof height	0' to 15'	14.5	18.3	22.6	27.3	32.5	38.2	44.3	27.4	33.9	41.0
Mean Roof height	15' to 20'	15.7	19.9	24.6	29.7	33.4	41.5	48.1	29.0	35.8	43.4
Mean Roof height	20' to 25'	16.8	21.3	26.2	31.8	37.8	44.4	51.4	30.2	37.3	45.1
Mean Roof height	25' to 30'	17.7	22.4	27.7	33.5	39.8	46.7	54.2	31.3	38.7	48.8
Meen Roof height	30' to 35'	18.4	23.3	29.8	34.8	41.5	48.7	56.4	32.3	39.9	48.3
Mean Roof height	35' to 40'	19.1	24.2	29.9	36.2	43.1	50.6	58.6	33.4	41.2	49.9
Mean Roof height	40' to 45'	19.8	25.0	30.9	37.4	44.5	52.2	60.6	34.1	42.1	50.9
Mean Roof height	45' to 50'	20.4	25.8	31.9	38.6	45.9	53.9	62.5	34.7	42.9	51.9
Mean Roof height	50' to 55'	21.0	26.5	32.7	39.8	47.1	55.3	64.2	35.4	43.7	52.9
Mean Roof height	55' to 60'	21.5	27.2	33.6	40.6	48.4	56.8	65.8	36.1	44.6	54.0
		Q-look valoois	V Dressure an	d list mean roo	f height for ea	ch roof rectar	nale				
Rectangle Information:		OCHULI VIII OCH									
Rectangle Information: For Rectangle		B B	С	D	E	F	G	Н	1	J	K
	45.1			,	E	F		Н	1	J	K

Roof Pitch 1:12 4:12 5:12 6:12 8:12 9:12 10:12 11:12 12:12 Pitch Factor 1.00347 1.01379 1.03078 1.05409 1.08333 1,11803 1.15770 1.20185 1.25000 1.30172 1 35857 1.41421 0.94444 0.88888 0.84444 0.78888 0.74444 0.70000 0.66666 Force factor 0.62222 0.58888 0.55555 0.52222 0.50000 Pitch Angle | 5 Degrees | 10 Degrees | 14 Degrees | 19 Degrees | 23 Degrees | 27 Degrees | 30 Degrees | 34 Degrees | 37 Degrees | 40 Degrees | 43 Degrees | 45 De

Roof Coefficients for wind load calculations on buildings with a mean roof height of less than 60 feet.

**:30mm	For Roof framing members at 16" on center													
16" O.C.	With ro	of pitch angle	Zero to 10 de	With ro	of pitch angle	30 to 45 degr	004							
- A Aced ar V Care		Coefficients (or			Coefficients (or			Coefficients f	01			
Roof frame member	Roof frame members	Roof frame members	Roof frame members	Overhang portion of	Roof frame members	Roof frame members	Roof frame members	Overhang portion of	Roof frame members	Roof frame members	Roof frame members	Overhang portion of		
span lgth.	with only 1	with more	totally in	Roof frame	with only 1	with more	totally in	Roof frame	with only 1	with more	totally in	Roof frame		
brg. to brg.	egbir\egbe	then 1	a gable	members	edge/ridge	then 1	a gable	members	edge/ridge	then 1	a gable	members		
(Feet)	Zone #2	Zone #2	End Zone		Zone #2	Zone #2	End Zone		Zone #2	Zone #2	End Zone			
0 to 6	2.00	2.55	2.55	3.03	2.15	3.00	3.00	3.33	1.50	1.63	1.63	2.32		
6 to 9	1.75	2.07	2.40	2.66	1.85	2.42	2.80	2.89	1.48	1.54	1.63	2.25		
9 to 12	1.67	1.91	2.40	2.54	1.66	2.04	2.80	2.60	1.44	1,50	1.83	2.22		
12 to 16	1.52	1.66	2.10	2.34	1.43	1.68	2.50	2.30	1.33	1.38	1.52	2.10		
16 to 20	1.50	1.60	2.10	2.30	1.38	1.58	2.50	2.23	1.32	1.36	1.52	2.09		
20 to 28	1.47	1.54	2.10	2.25	1.32	1.46	2.50	2.14	1.31	1.34	1.52	2.08		
28 to 38	1.46	1.53	2.10	2.25	1.24	1.34	2.20	2.04	1.24	1.26	1.43	2.00		
36 to 46	1.30	1.35	1.70	2.08	1.24	1.34	2.20	2.04	1.24	1.26	1.43	2.00		
46 to 60	1.30	1.35	1.70	2.08	1.24	1.34	2.20	2.04	1.22	1.24	1.40	1.98		
60 to 80	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98		
80 Plus	1.23	1.26	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98		
10 mm				·	For Roof frami	*	<u> </u>				1 1196			
24" O.C.	With ro	of nitch angle	Zero to 10 de				10 to 30 dea		145:5 45	-1 -itabla	20 to 45 dogs			

001105	1.23	1.20	1.50	2.00	1.19	1.20	2.00	1.99	1.22	1.24	1.40	1.98			
Total Carlotte					or Roof frami	ng members at	24" on cente	4							
24" O.C.	With roof pitch angle Zero to 10 degrees With roof pitch angle 10 to 30 degrees With roof pitch angle 30 to 45 degrees														
- ALGUSTANIA		Coefficients f	or			Coefficients f	or		Coefficients for						
Roof frame	Roof frame	Roof frame	Roof frame	Overhang	Roof frame	Roof frame	Roof frame	Overhang	Roof frame	Roof frame	Roof frame	Overhang			
member	members	members	members	portion of	members	members	members	portion of	members	members	members	portion of			
span igth.	with only 1	with more	totally in	Roof frame	with only 1	with more	totally in	Roof frame	with only 1	with more	totally in	Roof frame			
brg. to brg.	edge/ridge	then 1	a gable	members	edge/ridge	then 1	a gable	members	edge/ridge	then 1	a gable	members			
(Feet)	Zone #2	Zone #2	End Zone		Zone #2	Zone #2	End Zone		Zone #2	Zone #2	End Zone				
O to 6	1.91	2,40	2.40	2.91	2.04	2.80	2.80	3.17	1.50	1.63	1.63	2.32			
6 to 9	1.75	2.07	2.40	2.66	1.62	2.06	2.50	2.59	1.37	1.44	1.52	2.16			
9 to 12	1.57	1.75	2.10	2.41	1.51	1.84	2.50	2.43	1.35	1.41	1.52	2.13			
12 to 18	1.52	1.88	2.10	2.34	1.43	1.68	2.50	2.30	1.33	1.38	1.52	2.10			
16 to 20	1.50	1.60	2.10	2.30	1.38	1.58	2.50	2.23	1.25	1.28	1.43	2.02			
20 to 28	1.31	1.35	1.70	2.08	1.24	1.36	2.20	2.05	1.24	1.27	1.43	2.00			
28 to 36	1.30	1.35	1.70	2.08	1.24	1.34	2.20	2.04	1.24	1.28	1.43	2.00			
36 to 46	1.30	1.35	1.70	2.08	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98			
46 to 60	1.23	1.26	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98			
60 to 80	1.23	1.26	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1,40	1.98			
80 Plus	1.23	1.26	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98			
Maria P.		16 13													

Note 1. Edge/Ridge Zone and End Zone calculation is thus; 10% of the endwall width or 40% of the mean roof height, whichever is smaller,

but not less than either 3 feet or 4% of the longest wall.

The methods of determining the wind force generated reaction loads in this document utilizes the provisions of the ANSI / ASCE Standard 7-93, Minimum Design Loads for Buildings and Other Structures, Section 6, Wind Loads, 6.4.2 Analytical Procedure in accordance with 6.4.2.2 Limitations of Analytical Procedure. This method applies all appropriate factors and pressure coefficients applicable for the main wind force resisting system, end zones, overhangs, edge strips, walls, roofs, components and cladding as shown in Section 6, figures 1, 2, 3, & 4 and tables 4, 5, 6, 7, 8, 9, 10, 11 & 12. The velocity pressures shown in Step No. 1 have been calculated in accordance with Section 6.5.1 and modified for velocity pressure exposure coefficients and gust response factors relative to exposures C and D in compliance with Table 6 and Table 8 respectively.

The use of this document is restricted to buildings less than 60 feet high, subject to the same limitations as shown in Section 6.4.2.2 of the ASCE Standard 7-93 and must be

completed under the direction and supervision of a registered professional engineer.

STEP No. 2		Identify and							ote: Nomenclatu uss companies n		
SAMPLE: A-T1 On your roof traming	(A= the roof					g members.			r girders & bean		
Use the same prefix Prefixes are shown in the chart below.	and number	for all memb Note: Mark	ere which s all girder tr	ere identical russes and b	in span and	general desi r bearing po	ign. inte with "A		earing point ar	nd	
Item Description	Roof Truss	Roof Rafter	Hip Jack	Beam or Girder	Hip King Jack	O.S.Roof Corner	Opening Header	Gable Frame	Shear Wall (Int.)	End Wall	Side Wall
Restande Profix A	Tul	R-#	J-#	B or G-#	K-#	CR-#	H-#	GF-#	x-#	EW-#	SW-#

Item Description	→	Truss	Rafter	Jack	Girder	King Jack	Corner	Header	Frame	Wall (Int.)	Wall	Wall
Rectangle P		T-#	R-#	J-8	B or G-#	K-#	CR-#	H-#	GF-#	X-#	EW-#	SW-#
STEP No.	3		Calculate v	vind uplift k	ads for str	uctural roo	framing m	nembers at	both bearing	g points.	1.	
		of the coeff	List hip roo	f king-jecke	efter Step 4	ID is comple	ted. Do inc	lude hand fr	amed Gable	e, GF-#.	e distance	1
Note 2: 11 16" or 24	ne selection " on center;	next the ch	art for the	appropriate r	oof pitch ar	ngle must be	used in cor	njuction with	the roof fra	ama membe	r span lengti	,
		bearing poin	t.	Important:	Select the	correct coe f Edge or Ric	ficient for e	ach roof fra	ming membership	er based on ic roof fram	the. e member.	•
at the bott	lculation inst tom of the c	olumne. :			Typically,	most hip ja	cks and som	ne rafters ha	ve only one	edge or rid	ge strip.	
The load r	esult of this	calculation							reaction.	Cal K	Call	1
Col. A Rectangle	Col. B	Col. C	Col. D Velocity	Col. E Calculated	Col. F	Col. G	Col. H Roof frame	Col. I	Col. J*	Col. K	Col. L*	Ridge
Letter-	member	"C" Note 2	prossure	Value	Load	Value	center	Value -	1/2 Span	opposite	at cave w/	
	I.D. No.	Roof and			(PSF)		distance (feet)		Line b. =	for a.(Lbs.	overhang for b.(Lbs.)	Eave end = b.
	on plans	overhang	45.1	67.7	2_	65.7	2	131.4	0.5	65.7		•.
JI	A_	2.32		104.6	1	65.7	 	131.4	1.3	197,1	476	. b.
J3		1.50	 	104.6		102.6		205.2	.2.0	410.4	6087	٨
J5		150		67.7		657	ļ	131.4	2.5	262.8	673	<u>.</u>
	 	1:32	 	61.8		1102.6		1119.6	3.0	358.8	1. 20. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	a.
76		2.16		91.4		95.4		109.8	3.5	219.6	578	<u>A</u>
J7	1 1	2.16	 	97.4	 	59.8 95.4	<u> </u>	119.6	12,0	719.6	638	ь.
		1.35		96.1		58.9		117.8	4.5	530·/ 376·4		e. b.
J9	 	1.27		57.3	 	55.3	 	110.6	10.0	1106.0		<u>.</u>
TI		2.00		190.Z	· ·	55.3 85.2		176.4	2.0	352.8	1459	٨
T2		2.00	 	35.9	 	53.9 88.2		1107.8	10.0	352.8	1431	e. A
		1.24		55.9 89.3		1 53.9		107.8	25.0	24 79.4	413 (43883)	e
T3	 	1.98		89.3	 	87.3 54.8	 	174.6	14.0	349.2 1534.4		<i>b.</i>
T4		2.00	+	56.8 40.7		54.8 89.7 58.9		176.4	2.0	232.8	3 1767	b.
T5		1.35		60,9	·	58.9		188.2	4,5	530.1	530	<u>a.</u> b.
	+ + -	1.27	1-1-	96.1 57.3 40.2		55.3		110.6	10.0	1106.	O	•.
91		7.00		90.2		88.2	 	176.4	23.0	2479	1459	b. 3 •.
G2	1 1	1,98		55.9 89.3		53.9 87.3		197.8	2.0	247 <i>9.</i> 349.	2829	Ь.
63	 	1.1.35		60.9		58.9 94.1		117.8 198.2	4.5	530.1 376.4	1 907	. b.
	- - 	1.24	+-+-	96.1 55.9	+ +	53.9	1 1	107.8	23.0	2479.	4	a.
G4		1.98		89.3 56.8 90.7		187.3	1-1-	174.6	0 2.0	349.7 1534		b. e.
G5	1 1	2.00		96.3	<u></u>	54.8 88.2		176.4	2.0	352.	811887	b
1,	+	127		61.8		59.8		119.6	5.75 2.80	681 534 2	1222	a.
Ru!	-	2.16	 	47.4		59.8 95.4 58.9 94.1	} 	11.78	7.35	865.9	0 1393	
XJ9	<u> </u>	1.35	*	96.1	*	94.1	Y	788. 2		527.	0 1393	
									 			b.
											7. Sept.	a. b.
				-				+	 		765,50	D.
1	1											Ь.
											, , , , , , , , , , , , , , , , , , ,	e.
		 	+								(C C P C	
		_									77.7	<u>b.</u>
							····					Ь.
Co	okumne &	С	D	E	F	G	Н	l	٦٠	K		M
	dculation	C x	D = E	7	E-	F = G	G	x H = 1	l x	J = K	Ka⊣	- Kb = L*
Ins	*NOTE	3: If the ear		T have an o	1		e; then ente	r 1.5 in col	umn "J"	<u> </u>		
	11012											

for outside Use for A Identical	Enter Sq. Ft. of Shaded corner Area	ner (Corr ruld ents	recoverhang a pere ONLY have the supplift load a excess rail value	ame for	I.D. numb	M A T H X	-	08_	Value		of side	de 2 geble de 2 geble de 8 geble de 8 geble			roof fran Select th chart bac distance	ed upon th	ng-Jacks values CC ne hip girde exterior bea length.	r truss set	-back nd
Corner I.D. se shown on plans CR-1 CR-2 CR-3 CR-4 CR-5 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No.	corners sho AA repres BB repres Enter Sq. Ft. of Shaded corner Area	wild onts onts onts onts onts onts onts onts	have the supplift load excess rail	for ke d	this corne overhang u Math Function Value	M A T H X	specific rectangle Velocity pressure	••	Value		R •	et-Back			chart bar distance	sed upon the e	ne hip girde exterior bea length.	r truss set ring well a	-back nd
Corner I.D. shown on plans CR-1 CR-2 CR-3 CR-4 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No.	AA ropros BB ropros Enter Sq. Ft. of Shaded corner Area	onts onts M A T H X X X X X X	Fixed Value	for ke d	this corne overhang u Math Function Value	M A T H X	specific rectangle Velocity pressure	08_	Value		R •	et-Back			distance	from the e	xterior bea length.	ring wall a	nd
CR-1 CR-2 CR-3 CR-4 CR-6 CR-7 CR-8 STEP N GF# or Member	Enter Enter Sq. Ft. of Shaded corner Area	M A T H X X X X X X X X	Fixed Value	1 1 1 1	Math Function Value	M A T H	specific rectangle Velocity pressure		Value		s	ot-Back		<u></u>			longth.		
I.D. shown on plans CR-1 CR-2 CR-3 CR-4 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No	Sq. Ft. of Shaded corner Area	X X X X X X	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1 1	Function Value	A T H X	rectangle Velocity pressure						[66]					Eave	
CR-1 CR-2 CR-3 CR-4 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No	Corner Area	X X X X X X	4 4 4 4 4	1 1 1 1		x	pressure				٦,		CC	Set-Back	၁	Set-Back	CC	Over-	DD
CR-1 CR-2 CR-3 CR-4 CR-5 CR-6 CR-7 CR-8 STEP N	Area	x x x x x x	4 4 4 4 4	1 1 1 1	(1.000110)	x				3333		istance in feet	Bearing Length	Distance in feet	Bearing Length	Distance in feet	Bearing Length	Hang Distance	overha Lengt
CR-2 CR-3 CR-4 CR-5 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No.	o. 4B	x x x x x	4 4 4 4 4	1 1 1 1		x		_		_	L		Congan		Congen	WI 1000	Congui	in feet	Lange
CR-3 CR-4 CR-5 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No.	o. 4B	X X X X	4 4 4 4			_		-		_	_	1	1.4	9	12.7	17	24.0	1.00	1,4
CR-4 CR-5 CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No.	o. 4B	x x x	4 4 4 4	-				=		-	_	2	2.8	10	14.1	18	25.5	1.33	1.9
CR-6 CR-7 CR-8 STEP N GF# or Member I.D. No.	o. 4B	X X	4 4 4	<u>-</u>		X		=		-88	-	3	4.2 5.7	11	15.6 17.0	19 20	26.9 28.3	1.50 2.00	2.1
CR-8 CR-7 CR-8 STEP N GF# or Member I.D. No.	o. 4B	x	4 4	-		x		┧		-	-	5	7.1	13	18.4	21	29.7	2.50	3.5
STEP N GF# or Member I.D. No.	o. 4B	×	4	-		х		┪		-	┝	6	8.5	14	19.8	22	31.1	3.00	4.2
STEP N GF# or Member I.D. No.	o. 4B	×		1		x	:	-		┰	▮	7	9.9	15	21.2	23	32.5	3.50	4.9
GF# or Member I.D. No.	o. 4B					X		-				8	11.3	16	22.6	24	33.9	4.00	5.7
Member I.D. No			Calculate for gable		-				_	-		_		after and	uplist per	lineal foot			
I.D. No.	Col. A		Col B	T	Col C	1	CoL D		CoL E	- -	7	Col F	CoL G	Col H	Col I	CoL J	Col K	Col L	LINE
I.D. No.	Enter half	м		T	Math	м	specific	Н	Value		┿	Plus	List	Uplift	Total	List	Uplift	Sheathing	4
s shown	Sq. Ft. of	A	Fixed		Function	٨	rectangle		(result		1	Value	Ka. & Lb.	at each	uplift	horizont'l	shear on	Mat'l. &	Ridge
		Т	Value		Value	T	Velocity		ВВ	T	1	AA	values	bearing	for both	bearing	gable	thickness	†
on plans	rake area	*		İ	(results)	н	pressure				'		from	point	bearing	distance	sheathing:	Nail size	Eave
	brg. to brg.	\vdash		╁╾		\vdash	(sheet 1)	┝╌┨		+	+		Step 3	a. & b.	points	(Feet)	(PLF)	& V. Ctrs.	end =
		x	2.4	=	1	x		=		+	+		·····						ъ.
			2.4	T						+									a.
		X		=		X		=		+	_			 					b.
		x	2.4	-		x		-		+			•••••			j			b.
			2.4	Г		l.		П		+									a.
		X		=	 	X		-=		+	_					 			b.
		x	2.4	=	ł	x		=		17			••••••••••	·		-		}	Ь.
				†-						1	F					1			a .
		X	2.4	=		X		=		- 4									Ь.
	İ	x	2.4	_		x		_			***	•••••			•	<u>'</u>			b .
	AxE				<u>' </u>		x D =		<u>-</u>			F+G		Ha	+ Hb =		I/J =	K	<u></u>
STEP			the values		quested ar				 culatio	_	_								
		on	plans. The	n, i	neart the c	calc	ulated valu		from Li	ne 4								,	
			No. as she	owr		<u> </u>	<u> K7,7</u>		KZ		+			 		 		 	+
Line Number	Set-back		nce tio (rise to	1 21	(Ref.)		1 4			' 7	+			+		 		 	+
1			= Page 1, (_			1.157	70	1.15		ठो	-		1		 			†
2			ngth value				9.0	Y	12.	7									
3			1 times Lin		=		ع الم		14.		1			<u> </u>		ļ		ļ	┦
5			value by 2				5.75		7.3	돌그.	+			+		 		-	+
8			verhang len 1 times Lin				3. Z Z		3.2		+		 	 		+		 	1
STEP		D•	termine the	Ā	DITIONAL						of	frame m	embers th	at extend o	r exist ov	ar partially			
	CallA	en	closed and/	or c	_,		Cal D		CoL	F	$\overline{}$	Col F	Col G	Col H	Col I	Col J	Col. K	Col L	LINI
Member	Col A		CoL B Velocity		Col C Addition		CoL D Member		Memi		\dashv	Effective			,	Load Ctr	 -		
I.D. No.	1		pressure		uplift loa		length o		distar			sq. ft.	1	span dist	uplift loa	1	t	uplift los	
as show	n Step No. 3		from Step	Þ	per sq. f	t.	the oper	n	on cer	nter	ı	area per	uplift los	dbrg to br	per lines	brg pt b	t brg. pt	1	
on plans			No. 3		1		area oni	y				member	/ membe	L .	foot	brg pt a	-1	a. and b	1
a	(Lbs.)	:	Col. "D"		(Lbs.)		(Feet)		(Fee	<u>t)</u>	\dashv		(Lbs.)	(Feet)	(PLF)	(Feet)	(Lbs.) 74	(Lbs.) 2553	end =
73	2479 2829	;······	45.1	1	33.4	8	10		2		١	20	676	40	14.7	41	603	34 32	b .
	15,32		, ,	_	1		1				7	•	1		1		363	1895	
T4.	1767						6		1 1		_	12	406	23	14.5	3	144	1211	
J6	35						6		1 1		١	12	406	6	67.7.	3	203	562 781	
10	578				+	-	+		╁╌┼					+,-				-	
K57	1749	3	1	_			8				_]	16	54-1	10	54.	4	216	196	Ь.
KJ9	777777	·			1.1		12.	5			٦	25	845	12.5	67.6	, 7- 76	435	2771	
	233 247	7	+ +		-				+		-	•	· · · · · ·		+	- 	318	227	
T3	282	 9	. 4		\ ₩		6)				12	406	46	8.8	3	26	1285	5 <u>b</u>
Calculat			B x 0.7	=															

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points.

(Do NOT list headers over ext. & int. bearing well openings in this calculation step. See Step No. 7)

7					==						==			
٦l		e members that b			٦٢			\Box		e members that b			\Box 1	
넦	pecific girder tr	use or beam I.O. I			~	91		-	specific girder tr	use or beem I.D. I				62
: 11			ruse T	or Beem I.D. No. Bo	×	/T-4-1-1			▼ I		ruse	Oventity of	×	
	Structurel member	Loads from	м	Quentity of members with		(Totels) Add lines 1		:	Structurel member	Loads from		Quantity of members with		(Totels) Add lines 1
•	I.D. No.	3 & 5	۸l	same I.D. No.		thru 10 &		•	1.D. No.	345	7	same I.D. No.		thru 10 &
	on plans	Values	T	bearing on this		enter sum			on plans	Values	Ţ	bearing on this		enter sum
-	F75.0	which apply	쒸	beam or trues	H-	on line 11 34-96		\vdash	1070B	which apply	н	beam or truss	Н	on line 11 ろをなる
`	KIIB	1748	-	5	╬				K19B	1338	×	- 0	₽	2538
2		419	-		┡╇	2095		2		530			₽	4240
3 4			*		┝╬┼			3			×		╂	···
6			∸⊦	· ·	┡			4			끅		H	
6				· · · · ·	╀	· · · · · · · · · · · · · · · · · · ·		-5			*		- -	•
"			*		╂┋┼╴			<u>8</u> 7		· · · · · · · · · · · · · · · · · · ·	-	÷	╫	
8	· · · · · · · · · · · · · · · · · · ·		*		╂┼						*			
9			-		╂-			9			-		╫	
10		· · · · · · · · · · · · · · · · · · ·	×		╂	· · · · · ·		10			X		╂	· · · · · · · · · · · · · · · · · · ·
11		<u> </u>	b-To	al	: 	5591		11		Su	b-To		:+	6578
12		Divide Lir			+	2796		12		Divide Li			_	3289
	This member's u			or 5 (End e.)	-	1459			This member's up			or 5 (End a.)	7	2829
		plift load from Ste			·†·	1459			This member's up				···†	2829
		Line 13e = (End			+	4255	188		Add Line 12 and				寸	6118
		Line 13b = (End		•••••	····†··	4255		1	Add Line 12 and	·····		•••••	···†	6118
		mia 130 = /EUO	J.]					F	Pund Plus 17 aud	15ug	<u>.,</u>		!	
		ne members that I			\neg	(A. h						their loads on the	\neg	
니	specific girder t	russ or beam I.D.	No. I	isted below;	┙	G3				ruse or beam I.D.				1 (74
<u> </u>	▼	7	Trus	or Beam I.D. No. B	юx	<u> </u>	.	'	₩	,	True	e or Beam 1,D, No. B	ю×	_ ~ 1
^	Structural	Loads from	١١	Quantity of		(Totala)		"	Structural	Loads from	l	Quantity of	Н	(Totals)
	member I.D. No.	Steps 3 & 5	M	members with same 1.0. No.	11	Add lines 1 thru 10 &			member I.D. No.	9tep#	M	members with same I.D. No.	Н	Add lines 1 thru 10 &
	on plans	Values	ΤÌ	bearing on this	H	enter sum		Ш	on plans	Values	T	bearing on this	Н	enter sum
		which apply	н	beam or truss	##	on line 11	-	=	14-24	which apply	쁘	beam or truss	H	on line 11
1_	T2_	1078	*	4	╀	4312		<u> </u>	KJGA	2771	L×.		ᄪ	2771
2			*		╀		₩	2	<u> </u>	ļ.,,,,,,,,,			╀	7470
3		ļ	=		╀		-	3	T5	530	×		쀠	8480
4_	 -	ļ	*		= -		₩	4	<u> </u>	 	*		╀	
5	 	 	×		╂		-[<u>5.</u>			<u> *</u>		╀┦	
<u>8</u> 7		 	-		╂	····	- 📖	6			 		╂	
<u> </u>		 	×		╬		-	17	 		X		╫	
<u>8</u> 9		 	X		╀		-	9	 		*		╫	
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EES. WEIGHT

STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points. (Do NOT list headers over ext. & int, bearing well openings in this calculation step. See Step No. 7)

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STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points.
[Do NOT list headers over ext. & int. bearing well openings in this calculation step. See Step No. 7]

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STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points. (Do NOT list headers over ext. & int. bearing wall openings in this calculation step. See Step No. 7)

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. 111	List all roof fram	e members that be use or beam I.D. N	o lie	ted helow:	11	72 / 2	88H .	. 111	epecific girder tru				Ш	712
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1.	••••			3 E (E-d b)		I .	-#‱	13b This member's uplift load from Steps 3 or 5 (End b.)						
1.	3b This member'	uplift load from S	teps	3 07 3 (End 0.7										
1		uplift load from S and Line 13a = (E						1.1	4e Add Line 12 e	nd Line 13a = [E	nd e	.)		
1:	4e Add Line 12 e	nd Line 13a = (E	nd e.)				⊗I '''					••••	
1:	4e Add Line 12 e		nd e.)				⊗I '''	4b Add Line 12 er				••••	Page 5

	· · · · · · · · · · · · · · · · · · ·		-1-a ab -a b		d load and the	foundation in a	ovimero/		 •••••
N	Any girder truss	or beam bearing p	oint that has a c s or beam beari	continuous vertice na point that bear	Miload path to the rs its load upon a	nother girder trus	primary is or		
0	beam is a contrib	utory bearing poin	t load.						
T E	All girder trusses	and beams which	do NOT have o	other girder trusse	s or beams beari	ng their load upo	n them		
	can now be listed	d with their Step 6	A, Line 14a. or	b. load values in	the Connector Sp	pecification Chart			
STEP No. 6E	3	Establish contr beams based of	ributory load	values impose	ed upon girder in along the sp	trusses or an.			
ist Girder truss	or Beam	List Girder truss		Divide the	List Girder truss	or Beam	List Girder truss	or Beam	Divide the
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irder Truss or				the SPAN.	Girder Truss or			SPAN	the SPAN. Equals lbs
	Uplift Load at		SPAN	Equals lbs per Lin.Ft.	I.D. No.	Uplift Load at Bearing point	I.D. No.	brg, to brg.	per Lin.Ft.
I.D. No.	Bearing point	I.D. No.	brg. to brg.	GG. 6	1.5.140.	Bearing point	1.5.110.		<u></u>
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	From Step 6A	 		EE A		From Step 6A			EE 🛦
•	Line 14a, or b.	1				Line 14a. or b.	<u> </u>		
		<u> </u>		-					
STEP No. 6	C			oads imposed	upon other Gi	rder Trusses o	or		
	<u> </u>	Beams at all F					Title of the		14. W. i.
ist Girder trus	s or Beam	List Gircier truss o		Multiply	List Girder trus		List Girder truss is bearing its Lo		Multiply "A" Feet
which is receive	ng the load	is bearing its Load		"B" Feet times	which is receive	ing the load	Girder Truss or		times
· A	Load point	Girder Truss or B	Load PLF	Load "EE"	В	Load point	0.1.00. 1.100.0.	Load PLF	Load "EE"
I.D. No.	from End	I.D. No.	"EE"	equals load	I.D. No.	from End	I.D. No.	"EE"	equals load
for End "A"	"B" Feet			at End "A"	for End "B"	"A" Feet			at End *B*
GZA	25	G3	66.6	1665	GZB	21	G3	46.6	1399
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"FF" is a pri	mary bearing point	load go to step		FF 📥	If "FF" is a pri	mary bearing poin enter "FF" in step	t load go to step		FF_A
6D otherwise	enter "FF" in step	6B and continue			6D otherwise	enter FF in Step	68 and conunue		
STEP No. (SD.	List ALL Gird	er Trusses a	nd Beams to e	stabilsh the p	rimary uplift lo	ads at both		
31L1 110.				onnector sizing					
List Girder Tr	ıss or Beam	1						ADD	TOTAL
I.D.	Load from	7	Contri	butory LOADS fro	om STEP 6C			across all values	UPLIFT at primar
Number	Step 6A							14a. or b. +	bearing
Dash End	Line 14a. or b	. FF -	FF -	FF -	FF -	FF -	FF -	all FF values	point
"A" or "B"	1.118		<u> </u>					Equals =	7183
GZA	6/18	1369	 					Equals =	75.17
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lonzontal ree fector	0.03330	0.07501	0.11053	0.16057	0.20597	0.25714	1,0000	0.36429	0.41888	0.48001	0.54894	0.60000	
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Verify roof STEP No. 9A Lateral Loads perpendicular to Wood Gables diaphragm Α and nailing Calculate connector requirements for Gables at top of wall line. for this 2nd floor if 2-story home shear This step will determine the maximum center distance between the specified B load. connectors as shown in the last phase of this calculation step. C OMIT STEP 88 IF MASONRY GABLE Gable Math Shear Math Fixed Enter M Enter square foot Enter square foot Function Width **Function** Value Load Rect. Function Gable Area ABOVE Area BELOW В for wall Value per lineal Α [C] Wall line Value velocity Value Wall line 1.D. No. т Wd. = 0.6(results) н Foot (results) (results) н Omit if wall is press. on plans Enter for Wood н CMU = 0.9Gable ONLY Step 1 masonry construction x 0.6 or 0.9 x GF-1 Sq.Ft. Sa.Ft. 1 = $\times |0.6 \text{ or } 0.9| =$ x Sq.Ft. GF-2 Sq.Ft. x 0.6 or 0.9 1 Sq.Ft. x GF-3 Sq.Ft. $\times |0.6 \text{ or } 0.9| =$ 1 Sq.Ft. × GF-4 Sq.Ft. Gable end wall requirements Shear Gable Wall requirements List manufacturer's with FLAT Ceilings: perpendicular to plate with VAULTED ceilings: All gable end walls must be continuous Maximum load value for the т per lineal Framed walls must be continuous framed or continuous masonry from the connector specified centers Foot floor to roof, masonry walls to be Gable between floor to the flat ceiling line. Rated from Connector continuous or have wood gables I.D. No. All ceiling support members within 8 feet of the Part No. Lateral above connectors on plans secured to a level bond beam. exterior gable wall must have 2x4 blocking (List Now) Load between them at 48" on center. 1 GF-1 A gable end wall scissor truss If the ridge height of a gable truss exceeds 8 ft. 1 GF-2 is NOT permitted except for use above the flat ceiling line, a wood gable shall 7 as a framing guide and ceiling GF-3 be hand framed with 2 x GG | at 16 " O.C.. GF-4 diaphragm nailer. fb = 1000 < 101 mph Remarks: Specify connector Approved Alternate Anchorage for fb = 1200 < 121 mph Gable truss and mandatory anchorage manufacturer HERE fb = 1400 < 141 mph for framed gable on masonry end wall: Maximum Gable Ridge Height Above Ceiling Wind (mph) A minimum 2x8 pressure treated wood plate shall be GG 18 feet 14 feet 16 feet 12 feet Velocity 8 Feet 10 feet bolted to the bond beam with 1/2 inch dis. anchor 2x6 2x6 2x8 2x6 up to 100 2×4 Gable 2x4 bolts at the following centers per wind speed (mph) 2x8 2x8 2×8 2x10 2×6 Velocity up to 100 | 101 to 120 | 121 to 140 101 to 120 2×4 Stud 2x10 2x10 2x8 2x8 Size 121 to 140 2x6 3 Feet Bolt Ctr's 4 Feet

NOTE: All ceiling diaphragms abutting any exterior or interior load bearing walls including end walls shall be backed adjacent to these walls with 2x blocking and approved fasteners for the ceiling diaphragm along the perimeter of these walls shall be on the following centers: Wind Velocity to 110 mph; fasteners to be 7° O.C. & Wind Velocity from 110 mph to 140 mph; fasteners to be 5° O.C.

STEP No. 9B Lateral Shear Loads for Wood Frame End Walls, Side Walls & Interior Shearwalls (plf)

	Haif the	М			Area	М	Rect.		Math		Length	М	-		Math		Enter	M	Enter		Lateral Shear
Subject Wall	Lgth. of loading	A T	roof ht. Minus		acting on	A	velocity press.		Function Value		of Subject	Т	subj. wall window		Function Value		Value	T	Value		force on Wall
I.D. No. on plans	wall acting	Н	wall		subject shear	Н	Step 1 X 1.4 Hip	1	(results)		Wall	н	& door open'g.		(results)		нн	Н	=		PLF
r	on subj.	 	height	=	wall (SS	╁	X 1.5 Gab	-	11655	1	23	-	Widths	_	17		111.55	1	17	=	686
EVIL	10.25	×	7.3	=	258	÷	1.3.2	_	35154	1	6	-		=	6		35,54	7	6	=	5859
ミスジ	2	×		=	1207	×	Τ, -	=	1	1	59	-	32	=	17		1704	1	27	=	483
3, 1	1):25	x	1.5	=	:25	×	1/2 2	=	1 1 1 1	1	23	-	4	=	10		1 255	1	19	=	1 21-2
<u> </u>	11.5	×		=	150	×	,	=	1 70 -		20.5	-	G	=	11.5		17:041	1	11.5	=	
三/ つ	24	×	1.3	=	432	×	40 -	=	27216	7	6.5	-	_	=	6.5		27216	1	3.5	=	4137
507	5.25	×	: 3,	=	0=	×	1.5	=	5925		27 .	-	16	=			55125	1	11:	=	544
起力了	22	×	13	=	396	×	1.35	T=	24948	3	10.5	-	1.5	=	4		24943		9	=	1000
5,19	12.75	×	13	=		×	1 1970	=	= 12207		15	1	10	=	1 9	<u></u>	:4493	1	<u> </u>	1=	1/5/;

Note 1. The factored velocity pressure is applied over the full wall area to compensate for bi-lateral shear forces generating torsion on the diaphragm.

Note 2. See Engineer's Select-A-Spec for wall stud size, stud center distance and stud material with species.

Note 3. See Engineer's Select-A-Spec for wall sheathing diaphragm thickness, sheathing material, nail size and nailing center distance.

STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

- No. 1. See Engineer's Select-A-Spec for required size and number of vertical bars to be grouted in the CMU cells and the maximum center distance between vertical bar reinforcement.
- No. 2. One number 7 bar or one number 9 bar shall be permitted as an alternate for two number 5 bars or two number 7 bars respectively.
- No. 3. Reinforcing steel bar requirements shall not be additive when the reinforcing location happens to fulfil more than one requirement. In all cases the most stringent requirements shall be applicable.
- No. 4. All shearwall segment lengths which are less than one-half the floor to ceiling height and greater than 1'-4" shall be constructed with column block, solid grouted with double the specified vertical reinforcement bars at each end of the wall segment and at center of the wall segment's length if the wall segment is 3 feet or greater in length.

STEP No. 9A Lateral Loads perpendicular to Wood Gables

Calculate connector requirements for Gables at top of wall line.

GF-4

Remarks:

This step will determine the maximum center distance between the specified connectors as shown in the last phase of this calculation step.

Gable and wall	Verify roof diaphragm and nailing
2nd floor if 2-story home	for this shear load.

Cable and well requirements

be hand framed with 2 x

· · · OMIT ST	TEP 8B IF MASONRY GAB	LE.															
Gable	Enter square foot Area ABOVE	M	Enter square foot Area BELOW		Math Function	MA	Enter Rect.		Math Function Value	M A	Fixed Value for wall		Math Function Value	M A	Gable Width		Shear Load per lineal
I.D. No. on plans	1 4 4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	н	Wall line Omit if wall is mesonry construction		Value (resulta)	н	velocity press. Step 1			н	Wd. = 0.6 CMU = 0.9		(results)	н			Foot
GF-1	Sq.Ft.	+	Sq.Ft.			×		=		×	0.6 or 0.9	=		1		=	
GF-2	Sq.Ft.	+	Sq.Ft.	Ξ		×		=		×	0.6 or 0.9	ll		1	İ	=	_
GF-3	Sq.Ft.	+	Sq.Ft.	=	ļ	×		=		×	0.6 or 0.9	=		1		=	
GF-4	Sq.Ft.	+	Sq.Ft.	=		×		=		×	0.6 or 0.9	=	· ·	1	L	=	l

Gable Wall requirements with VAULTED ceilings: Framed walls must be continuous floor to roof, masonry walls to be continuous or have wood gables secured to a level bond beam.	Gable I.D. No. on plans	List manufa perpendicula load value connector Connector Part No.	r to plate for the	ı	Load per lineal		centers between connectors	with FLAT Ceilings: All gable end walls must be continuous framed or continuous masonry from the floor to the flat ceiling line. All ceiling support members within 8 feet of the
	1	(List Now)	Load					exterior gable wall must have 2x4 blocking
A gable end wall scissor truss	GF-1			1		=		between them at 48" on center.
is NOT permitted except for use	GF-2			T7		=		If the ridge height of a gable truss exceeds 8 ft.
as a framing guide and ceiling	GF-3		†	1		Ţ≡		above the flat ceiling line, a wood gable shall

Approved Alternate Anchorage for Gable truss and mandatory anchorage

as a framing guide and ceiling

diaphragm nailer.

Specify connector manufacturer HERE fb = 1000 < 101 mph fb = 1200 < 121 mph fb = 1400 < 141 mph

GG at 16 * O.C..

A minimum 2x8 pressure	•	te shell be
bolted to the bond beam v	with 1/2 inch dia	, anchor
bolts at the following cent Velocity up to 100		
Bolt Ctr's 4 Feet	3 Feet	2 Feet

	Wind (mph)	Maximum Gable Ridge Height Above Ceiling										
GG	Velocity	8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet					
Gable	up to 100	2x4	2×4	2×6	2×6	2x6	2x8					
Stud	101 to 120	2×4	2x6	2x8	2×8	2×8	2x10					
Size	121 to 140		2×8	2x8	2x8	2x10	2x10					
							·					

All ceiling diaphragms abutting any exterior or interior load bearing walls including end walls shall be backed adjacent to these walls with 2x blocking and approved fasteners for the ceiling diaphragm along the perimeter of these walls shall be on the following centers: Wind Velocity to 110 mph; fasteners to be 7" O.C. & Wind Velocity from 110 mph to 140 mph; fasteners to be 5" O.C.

STEP No. 9B Lateral Shear Loads for Wood Frame End Walls, Side Walls & Interior Shearwalls (plf)

	Half the	м	Mean	П	Area	М	Rect.		Math		Length	М	Sum of		Math	T	Enter	М	Enter	- 1	Lateral
Subject	Lgth. of				acting	A	velocity		Function	- 1	of	Α	subj. wall		Function	١	Value	A	Value		Shear
Wall	loading	τ	Minus		on	Т	press.		Value		Subject	Т	window		Value	ŀ		T		- 1	force on
I.D. No.	wall	н	half the	- 1	subject	н	Step 1		(results)		Wall	н	& door		(results)	-		H	_		Wail
on plans	acting		wall		shear		X 1,4 Hip	1	нн			1	open'g.	'		-	нн		11		PLF
	on subj.		height		wall		X 1.5 Geb	<u>L</u>				<u> </u>	widths	<u> </u>	7	-1		\sqcup			
EWD	160	×	18	=	288	×	63.0	=	18144		25.5	<u> -</u>	7.5	=	18	\bot	18,44	\perp	18	=	1008
FWII	23	×	18	=	414	×	63.0	=	26082		16	-	-	=	16	1	26082	1	16	=	1630
EW12		×	1.0	=	207		63.0	=	13041		20.5	-	16	=	4.5		13041	1	4.5	=	2898.
IX	31	×	100	=	558	1	63.0	=			23	·	3	=	26.5		35154	1	265	=	1326
<u> </u>		×	1	=		×		=	T			-		=				1		=	
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	†	+		=		×		=]		-		=				1		=	

Note 1. The factored velocity pressure is applied over the full wall area to compensate for bi-lateral shear forces generating torsion on the diaphragm.

Note 2. See Engineer's Select-A-Spec for wall stud size, stud center distance and stud material with species.

Note 3. See Engineer's Select-A-Spec for wall sheathing diaphragm thickness, sheathing material, nail size and nailing center distance.

STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

- No. 1. See Engineer's Select-A-Spec for required size and number of vertical bars to be grouted in the CMU cells and the maximum center distance between vertical bar reinforcement.
- No. 2. One number 7 bar or one number 9 bar shall be permitted as an alternate for two number 5 bars or two number 7 bars respectively.
- No. 3. Reinforcing steel bar requirements shall not be additive when the reinforcing location happens to fulfil more than one requirement. In all cases the most stringent requirements shall be applicable.
- No. 4. All shearwall segment lengths which are less than one-half the floor to ceiling height and greater than 1'-4" shall be constructed with column block, solid grouted with double the specified vertical reinforcement bars at each end of the wall segment and at center of the wall segment's length if the wall segment is 3 feet or greater in length

STEP No. 9D Calculate Uplift Shear Loads for all Wood Frame Walls (plf) This step will determine if uplift loads exceed the shear capacity of the specified wall diaphragm and nailing. * * Omit any roof structural member having a direct vertical connector tie to the foundation, such as girders, beams & headers. Connectors for Stud to plates Maximum Foter Equals Enter If Neg. Wall I.D. Add total uplift Length Min. Rated Value Uplift Wall STOP! Top center distance loads for all roof of Wall Number uplift load Plate T Uplift If POS. Plate hetween Shear EW# Т Less all members bearing IJ Cant, 👈 part No. part No. for the н connectors Load н Shear SW# on top of wall "" Н opening (list now) connector (Feet) (PLF) Capacity (list now) Enter value here widths 285 285 285 285 1462 $TP4 \times$ 5714 7/4 EW19 6436 8076 358 EWIO 505 231 ī EWIL 1040 1 4/12 239 -7 7 -Note: If uplift shear loads exceed shearwall uplift HUGHES Specify connector IJ capacities additional connectors will be required manufacturer HERE to tie stude to sill plate and to double top plates. Engineer Approved Connector Specification Chart Changes to this chart must be accompanied by an Engineering Change Order from a Registered Engineer Connector location symbol key "н" " E" 'G" <u>"Ε"</u> "C" <u>-D-</u> "A" "B" Rim Joist to Column bases Two story, lower Special Roof frame Opening Headers Foundation or Wall stud(s) Location wall to 2nd floor stemwall to stud including and member to top to sill plate to studs, jacks *Describe to upper wall rim joist or sill and/or sill plate Column caps or cripples or foundation Connector Manufacturer symbol key Other manufacturers, Specify Name Simpson Strong-Tie Company, Inc Southeastern Metals Mfg. Co., Inc. HUGHES Manufacturing, Inc. Use "X" Use the Letter "SM" Use the Letter "H" Use the Letter "ST" CONNECTOR CHART Size of nails and Building Enter load values, use 2 lines if load Connector Symbols Structural number of nails Inspector Manufacturer's Quantity for For member I.D. differe at ends of same member required at each Check-Of req'd, at each location Mfg. connector Horizontal Perpendicular No. as shown Uplift Load LOCATION Column connector Part Number load to bearing load to bearing on Plans at bearing point 566 5189 # 8 S<u>e</u>£ 57€₽ 8-16d RT 22TW 476 11 608 10-16d 673 8-160 10-16d 12-16d 90 18-16d 1459 Z 431 **T**2 3 2857 11 3 11 1895 8-16d 530 WWUC SYSTEM FABRICATED TO BE G-ZAEB RTZZTW GBAÉB TO BE FABRICATED G4AE *8*454 5AS3 18-16d A 222 2 2771 K ta A ₩ 1393 RT13 10-160 716 -16d 11 ろっキ

				CONN	EC.	TOR	CH	HAF	RT (Co	ntinued)		
Structural		l values, use 2 lin		Connect	tor S				. [0	Size of nails and number of nails	Building
member I.D.		et ends of same m		for location		For Mfa.	M		ecturer's	Quantity reg'd, at each	required at each	Inspector's Check-Off
No. as shown on Plans	Uplift Load at bearing point	Perpendicular	Horizontal load to bearing	location	1	wiig.	F		lumber	LOCATION	connector	Column
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115	454 656			 	\dashv		+	\dashv			1/	
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H8	14-29			 	-		+			2	14-16d	
119						_ _	_					
H 10	1429						_			2	14-16d	
~ 11	14251									2	11	
H13	24.5								_	l	6-16d	
H 14	3790			1			1			4	14-16d	
	319						\top			1	6-160	
<u>- 16</u> - 17				+	_		十			3	14-16d	
	2843			1	-	- 			-		10-160	
<u>H18</u>	781		 	 		-	\dashv		/	3		<u> </u>
H19	2857			+				<u>~</u>	<u> </u>		14-16d	
H 20	5714	<u></u>	ļ	 			+		T2Z_	5	18-16d 18-16d	
H21	4286			4		_ _	_	<u>R</u>	TZZ	4_	18-16d	
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R2.	4738				• •			^	JA			
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B7 B8 B9	15:7			+	\dashv		\dashv		N4		 	
<u> 88</u>	1595								1/4			
<u> 39</u>	1198				_				NA		 	<u> </u>
* B10	1413						\rightarrow		T/8:	2	14-16d	
BII	1198			-		*	\perp		NA	ļ,		<u> </u>
* B13	6864		_	A		H		\mathbf{A}^{\cdot}	DZB	2 (54466	PER SPEC	<u>. </u>
~_().5	1000						\neg					
TYPICAL	1 /	PORCH.	UPLIFT	= 24/	68		14	F	Llus	HES CO	144 AT	
COLUMIN	- rok 6	BASE &	VICIE	18	111	· ·	7		FOR	Car	Ca D	
.	COL	BASS O	H PIZAR	<u> </u>	7	رد <u>ب</u>	2	7_	702	<u> </u>		
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	- FOR	O PORCH	1 UPLIF	r = 60	200	• • •		115	<u>E H</u>	UGHES	COGG AT	_
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Engineer's Specifications for Wood and Masonry Construction including Roof Sheathing:

NOTES: All fastenings must be in strict compliance with S.B.C.C.I. Code 1706 and, or meet local requirements.

All Wood Construction must conform to the provisions of Chapter 17 in the S.B.C.C.I. Standard Building Code

and, or meet the local requirements of any other applicable code* or code amendments adopted by the community in which this specific structure is being constructed.

All Masonry Construction must conform to the provisions of Chapter 14 in the S.B.C.C.I. Standard Building Code and, or meet the local requirements of any other applicable code* or code amendments adopted by the community in which this specific structure is being constructed. *Such as the South Florida Building Code or others.

Any specification shown hereon shall supersede any conflicting specification shown on the submitted drawings.

Masonry and	Wood Co	nstruction	Masonry Construction of Hollow Load Bearing Units								
Wood Const.	Single story or two	Two story first	Single story or two	story First floo	First floor wall construction						
Roof sheathing	story 2nd floor wall	floor wall	2nd floor wall cons	it. Noratwo	story structure						
to be:	. sheathing & studs	sheathing & studs/									
Thick 19/32"	Thick 1/2"	Thick /	Wall reinforcing per s	spacing Wall reinfo	ording per specing						
	Matl. APA PLY	Matl.\	Bar size	7 Bar size							
nail size Jod of Balks	nail size ICA CRBARS	nail size	Bars req'd AS A	OTED Bars req'o							
	Shearwall lateral load	Shearwall lateral load	Dowel size #-	7 Dowel siz	е /						
Ply-clip "O.C.	nailing* 3 *0.C.	nailing* / "O.C.	Max. Ctrs SEE	PLANS Max. Ctrs	X						
Part #	Shearwall uplift load	Shearwall wolift load	Wall thick 8 in	ches Wall thick	8 inches						
1 Story Footings	nailing* 3 *0.c.	nailing* / "O.C.	Bond beam cmu	cast X Bond bear	m cmu cast						
size /6 X /6	Studs Z X 4	Studs X	beam size 8"	X 12 beam size	8" X						
stl req'd 3 #5'3	Centers 16 inches	Centers inches	steel req'd 4 #	5 steel req'	d						
concrete Z5∞ PSI	Species F, 1400	Species	Grout 300	PSI Groyt	PSI						
2 Story Footings	& Grade OR BETTER	& G/ade	Min shear 6 '	end wall Min shear	llaye bne						
size X	Sill plate anchor	Sill plate anchor	wall lgth. 6	side wall wall lgth.	side wall						
stl req'd	Part # 1/2" & A. BOLT	Part #		8" Masonry Ga	ble						
concrete PSI	Max ctr. ZH" O.C.	Max ctr.	Wall reinforcing per-	spacing Rake bea	m_requirements						
2 Anchors reg'd, each	Remarks: *Nailing ce	nter distance specified	Bar size	8et size							
corner & wall opening	above is for perimeter	edge of sheathing,	Bars req'd	Bars req'							
use wsh-916 washers	interior nailing of sheat	hing is 12"O.C.	Max. Cirs.	Min. Dep	th						

This Structural Engineer of Record Certifies that I have directed, supervised and reviewed these Wind Load Calculations and declare that the wind load values, connector specifications and material specifications shown hereon have been properly determined by the provisions of ASCE Standard 7-93, Section 6, for this specific structure. An impact resistance code has not been specified by this engineer for the exterior window and door openings of this structure. Storm panels are recommended.

Note: This Engineer of Record has delegated other engineers to design and certify the structural credibility of any pre-engineered and manufactured structural building components or roof / floor truss systems including required connectors (factory or field installed) which are intrinsically associated parts of the components or truss systems.

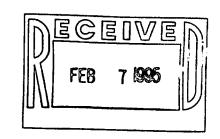
ENGINEER'S SPECIAL INSTRUCTIONS & REMARKS: 1/2" \$\P. B. TYPE WASHERS.	This Engineer of Record is for structural only and not to be considered the Engineer of Record with total responsibility for all specifications relative to this entire structure and specific site location including energy code, electrical, plumbing, HVAC, soil conditions, survey & drainage unless otherwise indicated.
Contractor ARC HOMES Address City/State/Zip Phone: (407) 296-776.: Job Address City Building Dept. Legal Description:	Structural Engineer of Record's SEAL
Residence for: WRIGHT Engineer's Name WILLIAM J. MATHERS State Registration Number 19656 in the State of FL Address 1111 S. FEBGRAL HUM. SLITE 226 City STUBET State FL Zip 34991 Phone (Area code) 457 Number 237-0525	ENGINEER'S SIGNATURE: Dete: 9/26/94

Hurricane Engineering Corporation, 1111 South Federal Hwy., Suite 226, Stuart, FL 34994

Copyright 1984 Hurricane Engineering Corporation, All rights reserved

Phone: 407 / 221-8639

Joseph F. Arasim, E.LT. 8-C Lexington Lane East Palm Beach Gardens, FL 33418 (407) 845-4864



February 6, 1995

Dale Brown
Building Inspector
Town of Sewall's Point
1 South Sewall's Point Road
Stuart, Florida 34996

RE: Wright Residence

Mr. Dale Brown,

I am a Material Science Engineer and a practicing E.I.T. in Palm Beach County. Mr. Tim B. Wright has requested that I determine what thickness of plywood can be used as a storm shutter material on his new house. According to Mr. Wright, the storm shutters are to withstand a wind speed of 140 mph and will be installed on the house under construction at 10 Miramar, Stuart Florida 34996.

After reviewing the shutter design and window dimensions, I have determined that %" plywood will withstand a 140 mph wind force. The French Doors in the front and back of the house will require ¾" plywood in-order to meet the 140 mph wind load requirement.

If you have any questions concerning this letter please call me at (407) 845-4864.

Sincerely yours,

Joseph F. Arasim

cc: Ron Britton Tim B. Wright

RECORD OF INSPECTIONS TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

		Date 3-16-95
This is to request that a	a Certificate of App	proval for Occupancy be issued
to Mr Tim WRIGI	hT	
For property at #10 17.		built under Permit
No. 3664 Dated 9-2	treet address)	eted in conformance with the
Approved Plans.		110//1
Approved Figure .	Signed	ASS AGENT.
TOTAL	-	
ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	10-17-94	
2. Termite protection	10-19-94	OB
3. Footing - slab	10-18-94	DB
4. Rough plumbing - slab	NB	
5. Rough electric - slab	N/A	
6. Lintel	11-28-94	$\overline{\omega_{\mathcal{B}}}$
7. Dry in (final)	12-7-94	QB
8. Roof	11-28-94 12-7-94 1-9-98	QB .
9. Framing		DB
10. Rough electric	1-9-95	DB.
11. Rough plumbing	1-9-95	003
12. A/C Ducts		03
13. <u>Insulation</u>	1-11-95	08
14. Final electric	3-16-95	0 3
15. Final plumbing	3-16-95	03
16. Final construction	3-16-95	OB
17. As-built survey		DB
18. Affidavit of cost	3-16-95	
Final Inspection for Issuance	of Certificate for	Occupancy 2-1/-9(
Approved by Building In	spector Wale	Brown 3-16-95 date
Approved by Building Co	mmissioner 78/2	3-16-95 gate
Utilities notified F.P.L	.3-14-95 _{date}	
Original Copy sent to	OWNER	date

(Keep carbon copy for Town files)

4305 FENCE

TOWN OF SEWALL'S POINT BUILDING PERMIT

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DANIEL	WIEIGHI	
CONTRACTORR	acpy H. Pr	rks, inc.
OTBLO	OCK SUB	MIRAMAR
10		
	, ,	
REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
ROOF:		
A. TIN TAG		
B. FINAL		
POOL:		
A. STEEL & GROUND		1 2
B. DECK		12
C. FINAL		Yan
DOCK:		
A. PILINGS	0/	0.7
B. FINAL	20	1 1/10
FENCE:	~ · P · D	1
STORM SHUTTERS:	1/0	
OTHER DOMAGE		· · · · · · · · · · · · · · · · · · ·

DO NOT REMOVE UNTIL JOB IS COMPLETED

. <u>4305</u>

DATE ISSUED

12/17/97

FOR INSPECTIONS CALL 287-2455 FROM 8:00 A.M. - 12:00 NOON AND 1:00 P.M. - 4:00 P.M.

- REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.
- ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE MAP.
- WORKING HOURS ARE FROM 8:00 A.M. TO 5:00 P.M. MONDAY THRU SATURDAY.

TO CONSTRUCT	<u> </u>
REQ'D FOR DECK.	<u>_</u>
2) FENCE ACCORDING TO STANDARD SFBC DETAI	

RALPH H PARKS INC 561-781-1616 P.O. BOX 2654 STUART, FL 34995	1825 12/11 19 97 63-794/670 5
Ohe hundred twent five & O	7/00 = DOLLARS 1
Barnett 055-005 900 South Foderal Highway P.O. Box 9027 Stuart, Florida 34995-9027 FOR Writer permit fence dede, driver	
Clarke American	
TOWN OF	MASTER PERMIT NOSEWALL'S POINT
Date 12/17/97	BUILDING PERMIT NO. 4305
Building to be erected for TIM WRICE	Type of Permit S. F. RES Renov.
Applied for by	(O to sto A D Million For
Subdivision Lot	
Address	Impact Fee
Type of structure FENCE WOOD D	Electrical Fee
Parcel Control Number:	Plumbing Fee
013841.009-000-0004	O-5000 Roofing Fee
Amount Paid 125 Check # 18	
Total Construction Cost 9 16, 000	TOTAL Fees 128
/ , } \	\sim

Signed _

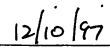
Town Building Inspector

Signed _

Applicant

Town of Sewall's Point

P.I.N. 01-38-41-009-000-00040-5 Date 12/10/97





BUILDING PERMIT APPLICATION to construct:

RESIDENTIAL COMMERCIAL SQ.FEET	□ NEW C	ONSTRUCTION)	MADDITION	□ ALTERATION
DEMOLITION SQ.FEET				
NET CHANGE		. 1 1		60
OTHER: Priva	xcy feuc	e ¿ deck co	NTRACT PRICE	12,000
	- C'aa ' 2	WhichT		
Owner's Address _	10	Miramar T	50' gen	all's foint
Fee Simple Titlehoi	der's Name (If other than owner)		
Fee Simple Titlehol	der's Address	(If other than owner)		
City		State		Zip
Contractor's Name	PALP	H H. PARKS :	Inc.	CBC013350
Contractor's Addre	22 100	S. Fed. Hzw.	, Strat	Flc. 34994
City Stuar	<u> </u>	State #LA.		Zip 34994
Joe Name We	right	Residence		
Job Address	Mi	Residence ranae RD.	Sewells	Pawt
City	· · · · · · · · · · · · · · · · · · ·	Cou	nry Mart	ia
Legal Description	Lot t	4 Miram	ar Subdi	vikio M
Bonding Company	,			
Bonding Company	Address			·
City		Stat	e	······
Architect/Engineer	's Name			
Architect/Engineer	's Address			

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.

Town of Sewall's Point

P.I.N. 01-38-41-009-000-00040-5 Date

Date 12/10/97



BUILDING PERMIT APPLICATION

to construct:

RESIDENTIAL - NEW C	ONSTRUCT	ION = AD	DITION	□ ALTERATIO	ИС
COMMERCIAL	•				
SQ.FEET DEMOLITION					_
SQ.FEET		<u> </u>			_
NET CHANGE					
OTHER: drivewy SI	ab addini	CONTR.	ACT PRICE	4,000	_
Owner's Name Tim B. Owner's Address 10	wright	-			_
Owner's Address 10	Mirama	r (2d,	Sewal	1s foint	_
Fee Simple Titleholder's Name	(If other than o	wner)			_
Fee Simple Titleholder's Address	s (If other than	owner)			_
City	State			Zip	_
Contractor's Name RAL	PH H. PA	eks Inc	•	CBC013350	
Contractor's Address	S. Fed	Hyw.			
City Stuart	State	ZA	_	zip 34994	_
ios Name Wright					
Job Address	Miramar	RS			
Ciry Seuzells At		County	Ma	utin	
Legal Description Lot	# 4	Miran	nan Si	ubdivision	
Bonding Company					
Bonding Company Address				· ·	
City		State			
Architect/Engineer's Name					
Architect/Engineer's Address_					
Mortgage Lender's Name					
Mortgage Lender's Address_					

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.

PERMIT GENERAL CONDITIONS

Permit Applications must be accompanied by two (2) sets of the following:

- (1) Plans, Sections, and Elevations with wind load and energy calculations signed and sealed by an architect or engineer and including plumbing, mechanical, and electrical drawings and calculations. Plumbing, Mechanical, and Electrical (also wells, pools, fences, etc.) require separate applications.
- (2) Sketch or survey showing elevations and the locations of existing and proposed improvements, property lines, all setback lines, easements, rights-of-way, and any encroachments.

The permit is valid for twelve (12) months from date of issuance. Renewal of the permit may result in additional requirements and fees prevailing at the time of renewal.

All construction must conform to the Code of Ordinances of the Town of Sewall's Point ("Town Code") and the South Florida Building Code (Dade County 1994 edition, with revisions) ("Building Code"). An approval or permit issued based upon faulty documents or errors and/or omissions by the Building Official does not relieve the owner or the contractor of compliance with the Town Code or the Building Code, nor is it a license to circumvent the Town Code or the Building Code.

A temporary toilet is to be provided for workers or an existing toilet is provided and open to workers.

Debris must be contained in a <u>dumpster-type</u> metal container or must be immediately loaded in a truck (as reroofing may require). Debris will not be allowed to accumulate.

Inspections and permits may be suspended or revoked, work stoppage may be ordered, and other actions may be taken for failure to correct defects, concealing work without inspection, or for willful violations of any of the above conditions or the special conditions, attached, if any.

*NOTE: NOTICE OF COMMENCEMENT required for work with a cumulative value of \$2,500.00 or more.

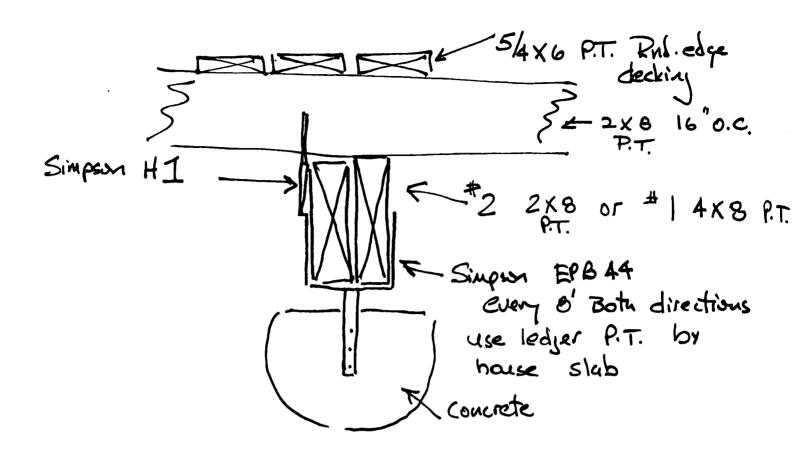
ACCEPTED: Owner Contractor

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.

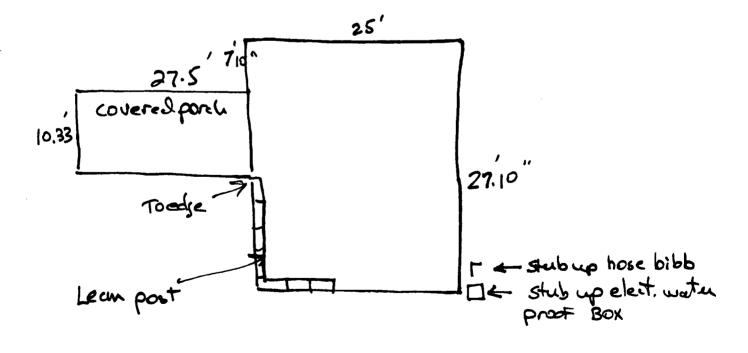
RESULT IN TOOK THE CONTROL OF THE CO	
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.	
12/10/17	
EOWITH OF Agent (2/16/97)	
Contractor	
COUNTY OF MARTIN STATE OF FLORIDA Sworn to and subscribed before me this 10 day of DCC, 1991 by The B. Wright who: [X(is) are personally known to me, or [] has/have produced as identification, and who did not take an oath.	•
Name: AIEXIS SIMONETTI	
Typed, printed or stamped	
(NOTARY SEAL) I am a Notary Public of the State of Florida having a	
ALEXIS SIMONETTI commission number of	
MY COMMISSION # CC 587855 and my	
EXPIRES: September 24, 2000 commission expires: 9-24-00	
STATE OF FLORIDA COUNTY OF MARTIN	
Sworn to and subscribed before me this 10 day of Dec., 199 by [CON PONKS who: [XIS] are personally known to me, or [] has/have produced as identification, and who did not take an oath.	
Name: ALEXIS SIMONETT	
Typed, printed or stamped	
(NOTARY SEAL) I am a Notary Public of the State of Florida having a	ı
commission number of	
ALEXIS SIMONETTI CC 587855 and my	
MY COMMISSION # CC 587855 commission expires: 9-24-00	
EXPIRES: September 24, 2000 Bonded Thru Notary Public Underwriters Commonwealth of the Commonwealth of t	
dertificate of Competency Holder	
Contractor's State Certification or Registration No	
Contractor's Certificate of Competency No.	
APPLICATION APPROVED BY Permit Officer	
Building Commissioner	

Wright Pesidence



Fasten decking with 5 du screw rails

Hora to have P.T. skepers fastend with 31/4" Tap Cons



porch area to be screened only

H4305



6734 DECK

	MASTER PERMIT NO.		
OF SEWALL'S	POINT		
	BUILDING PERMIT NO. 6734		
Hatt	Type of Permit AOOD DECK		
1	(Contractor) Building Fee 35.00		
	ck Radon Fee(
7	Impact Fee		
	•		
	Electrical Fee		
	Plumbing Fee		
	•		
	Other Fees ()		
)	TOTAL Fees 500		
Signed	Town Building Official		
PERM	iT		
PERM ELECTRICAL ROOFING DEMOLITION TEMPORARY STE HURRICANE SHU	☐ MECHANICAL ☐ POOL/SPA/DECK ☐ FENCE ☐ GAS ☐ RENOVATION ☐ ADDITION		
☐ ELECTRICAL ☐ ROOFING ☐ DEMOLITION ☐ TEMPORARY STE ☐ HURRICANE SHU ☐ STEMWALL	☐ MECHANICAL ☐ POOL/SPA/DECK ☐ FENCE RUCTURE ☐ GAS JITTERS ☐ RENOVATION ☐ ADDITION ☐ WOOD DECK		
☐ ELECTRICAL ☐ ROOFING ☐ DEMOLITION ☐ TEMPORARY STE	☐ MECHANICAL ☐ POOL/SPA/DECK ☐ FENCE RUCTURE ☐ GAS JITTERS ☐ RENOVATION ☐ ADDITION ☐ WOOD DECK		
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	21947 1B Lot 4 Block RROAD 2004050000 1802 Cash		

BUILDING FINAL

FINAL MECHANICAL

FINAL ROOF

ARBRO 2 62 9964		7
WYSPITT-EHOLDER	-NA	þ

TRECENTED			Permit Number:	
ARBRC 2 62004	Town of Sewa			, and the second
14	BUILDING PERMIT			
WNERTITLEHOLDER-NAN	IE: TIM WRIGHT	Phone (Day)	(Fax)	
ob Site Address: 10 M	RAMAR	City:	State:	Zip:
	me			
escription of Work To Be Done: 1	16Ch			=======================================
VILL OWNER BE THE CON			Contractor & Subcontra	•
CONTRACTOR/Company:	Vicholson Home Ce,	AA/Prone: 225	-4089 Fax:	
	V		en Bolistate: F	l .
				·
State Registration Number:	State Certification Number	r:Ma	rtin County License Num	ber: <u>00 - 27) .</u> .
COST AND VALUES: Estimate	ed Cost of Construction or Improvements:	s 45000	(Notice of Commenceme	ent needed over \$2500)
:033F23332228888888888888888	*=====================================	=======================================		**************
SUBCONTRACTOR INFOR!	MATION:			
			License Number:	
Roofing:		_State:	License Number:	
======================================	#=====================================			**************
		•		
				=======================================
AREA SQUARE FOOTAGE - SEV	VER - ELECTRIC Living:	_Garage:Cover	ed Patios:Scre	enedPorch:
Carport: Total Under Roo	ofWood Deck	···		
=======================================				
I understand that a separate p	permit from the Town may be required for E S, TANKS DOCKS, SEA WALLS, ACCESS	ELECTRICAL, PLUMBING	3, MECHANICAL, SIGNS	S, POOLS, WELLS, REMOVAL, AND TREE
1 3.40 (32) 33.22.10, 113 (12.10	REMOVAL AND R		or nee Abbillion or i	KEMOVAL, AND THEE
CODE EDITIONS IN EFFECT AT	TIME OF APPLICATION: Flor	i renzezzzzzzzzzzz ida Building Code (Stru	ctural, Mechanical, Plui	mbing, Gas): 2001
National Electrical Cod	le: 2002 Florida Energy	Code: 2001		ibility Code: 2001
I HEREBY CERTIFY THAT THE I	NFORMATION I HAVE FURNISHED ON T	HIS APPLICATION IS TE		
KNOWLEDGE AND I AGREE TO	COMPLY WITH ALL APPLICABLE CODE	ES, LAWS AND ORDINA	NCES DURING THE BU	ILDING PROCESS.
OWNER OR AGENT SIGNATURE	(required)	CONTRACTOR SIGN	VATURE (required)	1/1
Willia UM	JV (1	-10	W//14	<i>W</i>
State of Florida, County of:	JARTIN	On State of Florida,	County of:	ZTIN
This the day of	1Ay ,200 4	this the dots	day of APRI	<u>/</u>
	WRIGHT who is personally	by Joseph	S. MOFFAY	who is personally
known to me or produced PLDL	- W613-870-67-552-0	known to me or prod	uced FLOC MI 30	477-46-415-6
as identification	ill the x2/n/	As identification.	July ()	D
	MY COMMISSION # DD 205961			ry Public
My Commission Expires:	EXPINES: April 28, 2007	My Complession: Exp	Dires: LAURA L. O'BRIEN	<u> </u>
Land Street	RS Ball Thru Notary Public Underwriters		MY COMMISSION # DD 20596 EXPIRES: April 28, 2007	Seak
PERMIT APPLICATIO	NS VALID 30 DAYS FROM APPROVAL N	OTIFICATION PLEASE	PICKTUPYOUR YERM	PT HROMPTLY!

EXISTING PETAINING WAI 2X6 DECL boards PRESSURE TREAMED THROUGH out a/SANO - POSTO WH to excep 6'0" Ledges secured w 1/2" Cay bolts 18"0.C. to foundation -3/2"Through bolt on returning wall

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of In	spection: Mon Wed	□ Fri MAY 19	_, 20024	Page 3 of 3
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6740	JONES	TINTACH METAL	PAS	
	19 PAIMETTO			4.4
2	PACIFIC ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6419	MENDOZA	ROUGH RUMBING	PNS	
a	1445, Soumist	" ALC	DASS	1
	MASTER			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
O734	WRIGHT	FINAL DECK	145	Close
1	10 MIRAMAR			ΔM
	OB			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6543	DUNN	PV PIT (WALL)	PASS	
10	31 N RUER RD		·	M1/
10	FIRST FLORIDA	·		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
·			<u> </u>	
	·			
			<u> </u>	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			<u>.</u>	
		<u> </u>		INSPECTOR:
OTHER:			• .	

MANC. 260 - 3828

6756 PAVER DRIVEWAY

		MASTER PERMIT NO.	
TO	WN OF SEWALL	S POINT	
Date 5-18-04	-	BUILDING PERMIT NO.	
Building to be erected for	WRIGHT	Type of Permit	IERS
Applied for by	0/B	(Contractor) Building Fee	35.00
Subdivision MIRAMAR	Lot E	lock Radon Fee	-
Address 10 MIRA	MAR	Impact Fee	
Type of structure	· •		1
Type of structure		Electrical Fee	\
Devel Octobel Newsbare	·		
Parcel Control Number:	000000000000000000000000000000000000000	Plumbing Fee	
		OSOOD Roofing Fee	\
Amount Paid 35.00 Chec			
Total Construction Cost \$2450	2.00	_ TOTAL Fee:	s_35.00
Signed Caling Curc	pM sigr		The Care
Applicant	Sign	Town Building Office	ial
Applicant		Town Building Office	ia.
	PERM	IT .	
BUILDING PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL	☐ ELECTRICAL ☐ ROOFING ☐ DEMOLITION ☐ TEMPORARY STE ☐ HURRICANE SHU ☐ STEMWALL		TION
	INSPECT		
UNDERGROUND PLUMBING		UNDERGROUND GAS	
UNDERGROUND MECHANICAL		UNDERGROUND ELECTRICAL	
STEMWALL FOOTING SLAB		FOOTING	
ROOF SHEATHING		TIE BEAM/COLUMNS	
TRUSS ENG/WINDOW/DOOR BUCKS		LATH	
ROOF TIN TAG/METAL		ROOF-IN-PROGRESS	
PLUMBING ROUGH-IN		ELECTRICAL ROUGH-IN	
MECHANICAL ROUGH-IN		GAS ROUGH-IN	
FRAMING		EARLY POWER RELEASE	
FINAL PLUMBING	***************************************	FINAL ELECTRICAL _	

FINAL GAS

BUILDING FINAL

FINAL MECHANICAL

FINAL ROOF

Date: 5-18-04	Permit Number:
	wn of Sewall's Point G PERMIT APPLICATION
OWNER/TITLEHOLDER NAME: Valerie	Wright Phone (Day) 223-1985 (Fax)
Job Site Address: 10 minaman Ro	city: Sewalls Pt State: FC zip: 34996
	Parcel Number:
	City:State:Zip:
	and partial removal at concrete driveway
WILL OWNER BE THE CONTRACTOR?:	Yes No (If no, fill out the Contractor & Subcontractor sections below)
CONTRACTOR/Company:	Phone: Fax:
	City:State:Zip:
COST AND VALUES 5 if the cost of the cost	tification Number:Martin County License Number:
ETTERSON AND VALUES: Estimated Cost of Construction or	Improvements: \$2450,00 (Notice of Commencement needed over \$2500)
SUBCONTRACTOR INFORMATION:	
Electrical:	State:License Number:
	State: License Number:
Plumbing:	State:License Number:
Roofing:	State:License Number:
=======================================	
ARCHITECT	Phone Number:
Street:	City:State:Zip:
	Phone Number:
	City:State:Zip:
Carport: Total Under Roof	ving:Garage:Covered Patios:Screened Porch: Wood Deck:Accessory Building:
=======================================	
FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WA	e required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, ILLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE MOVAL AND RELOCATIONS.
National Electrical Code: 2002	Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 orida Energy Code: 2001 Florida Accessibility Code: 2001
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURI	NISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY CABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATURE (required)
State of Florida, County of: MAPTIN	On State of Florida, County of:
This the 18th day of MAy 200	This theday of200_
by VALERIE WRIGHT who is person	day of200
known to me or produced	known to me or producedwild is personally
as identification. Juna 7.	As identification.
My Commission LAURA L O'BRIEN	Notary Public
MY COMMISSION # DD 209861 EXPIRES Sept 28, 2007	My Commission Expires:Seal
as is Bonded Thru Notary Public Underwriters	PPROVAL NOTIFICATION – PLEASE PICK UP YOUR PERMIT PROMPTLY!

TOWN OF SEWALL'S POINT

ONE SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statues 489.103(7).

Name: Valence Wright

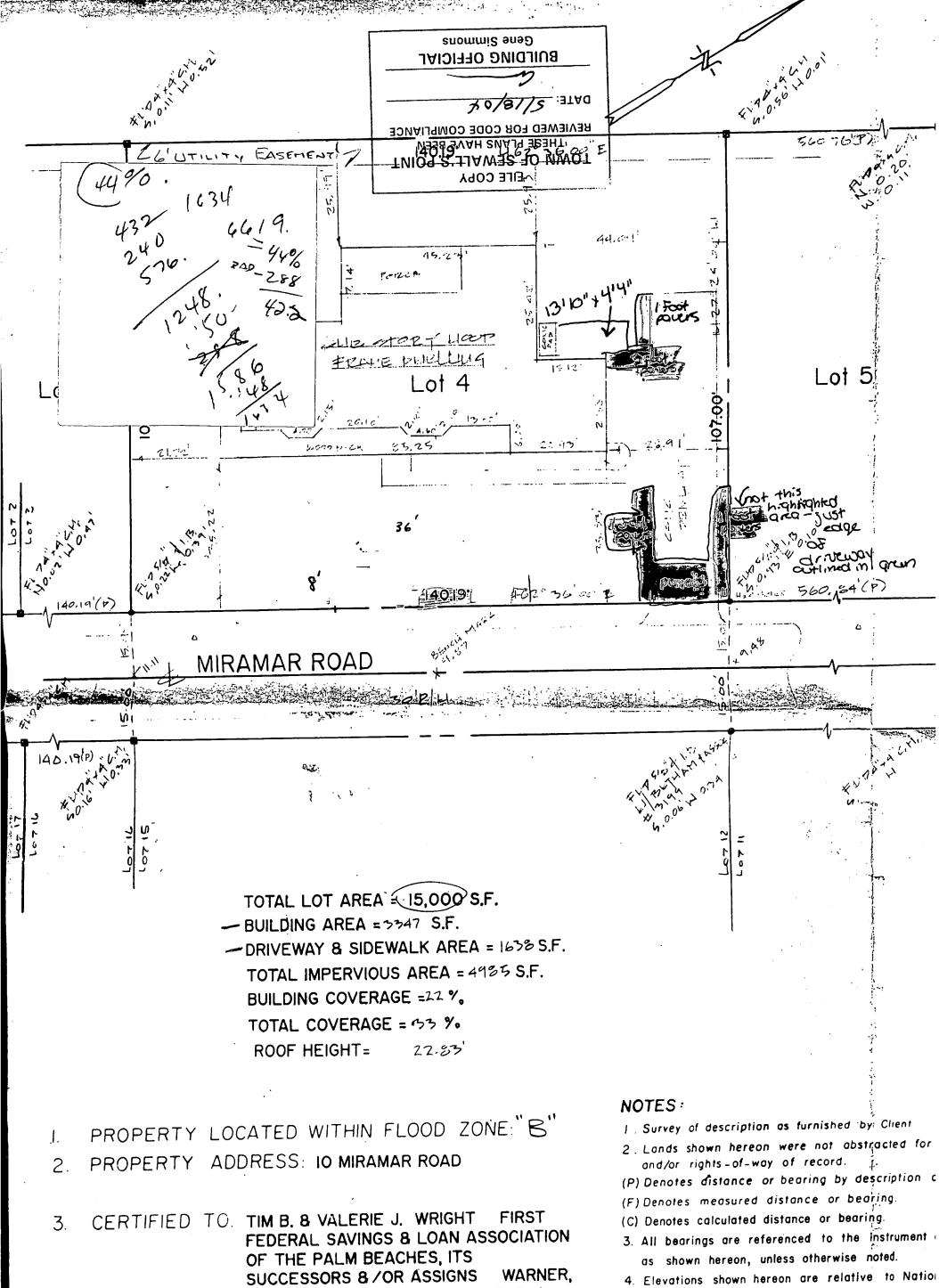
Signature: Malence Wright

Address: 10 Minamar Rd

City & State: Sewalls Pt., FC.

Permit No.

I have read the above and agree to comply with the provisions as stated.



P.O.C. - POINT OF COMMENCEMENT P.O.B. - POINT OF BEGINNING **ENCOUVENT**

FOX, SEELEY, DUNGEY 8 SWEET, P. A.

COMMONWEALTH LAND TITLE INSURANCE

ARK HOMES CONSTRUCTION INC. THE TOWN OF SEWALL'S POINT

COMPANY

- Vertical Datum of 1929, and are based on be
- 5. There are no above ground encroachments, unless oth

SET I.B. - SET 5/8 IRON BAR & CAP #4049 FND. - FOUND OBJECT I.P. - IRON PIPE OHW - OVERHE - DRAI C.M. - CONCRETE MONUMENT I.B. - IRON BAR P.K. - P.K. NAIL M.H. - MANH P.P. - POWE C.B. - CATC R.R.S. - RAILROAD SPIKE N. & W. - NAIL & WASHER 8.50

x - EXIS

N. & TT - NAIL & TIN TAB

LAUWAY. MAIN HOUSE

TOWN OF SEWALL'S POINTMASE AK 15

Building Department - Inspection Log

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5 RIVERVIEW	
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3 LOFTING WAY-	<u> </u>
	- <u></u>

8094 KITCHEN UPDATE

MASTER PERMIT NO						
TOWN OF SEWALL'S POINT						
Date 3/9/06		BUILDING PERMIT NO. 8094				
Building to be erected for	Neight	Type of Permit KITCHEN UPDATE				
Applied for by	(Contractor) Building Fee 240.00					
Subdivision MIRAMAR	Radon Fee					
Address 10 Miz	Impact Fee					
Type of structure SFM		A/C Fee				
••		Electrical Fee				
Parcel Control Number:	Plumbing Fee					
1384100						
Amount Paid 300 - 0 OCheck # 2707 Cash Other Fees (25% 06) (00.0)						
Total Construction Cost \$ 25,0		TOTAL Fees 300.00				
· - •		04				
Signed walens Uni	Signed _	Line Sum				
Applicant Town Building Official						
· · · · · · · · · · · · · · · · · · ·						
PERMIT						
BUILDING PLUMBING	ELECTRICAL ROOFING	☐ MECHANICAL ☐ POOLISPAIDECK				
DOCK/BOAT LIFT	☐ DEMOLITION	☐ FENCE				
SCREEN ENCLOSURE FILL	☐ TEMPORARY STRUC	ERS RENOVATION				
TREE REMOVAL	STEMWALL	ADDITION				
INSPECTIONS						
UNDERGROUND PLUMBING	UN	DERGROUND GAS				
UNDERGROUND MECHANICAL		DERGROUND ELECTRICAL				
STEMWALL FOOTING		OTING				
SLAB		BEAM/COLUMNS				
ROOF SHEATHING -		ALL SHEATHING				
TRUSS ENG/WINDOW/DOOR BUCKS		TH DOF-IN-PROGRESS				
PLUMBING ROUGH-IN		ECTRICAL ROUGH-IN				
MECHANICAL ROUGH-IN		AS ROUGH-IN				
FRAMING		ARLY POWER RELEASE				

FINAL PLUMBING

FINAL ROOF

FINAL MECHANICAL

FINAL ELECTRICAL

BUILDING FINAL

FINAL GAS

PECEIVED -		
Date: 2 8 106 BUILDING	of Sewall's Point PERMIT APPLICATION Permit N	umber:
OWNERTITLEHOLDER NAME: Tim Haleric		
Job Site Address: 10 Miramar Ro		
Legal Desc. Property (Subd/Lot/Block)	Parcel Number:	
Owner Address (if different):	City:State:	Zip:
Description of Work To Be Done: Kitchen Update	Remove existing + Replace with	new (cab.he
WILL OWNER BE THE CONTRACTOR?:	COST AND VALUES:	75,000 -
YES NO	Estimated Cost of Construction or Improvements: \$ (Notice of Commencement needed over \$2500) Estimated Fair Market Value prior to improvement: \$	
(If no, fill out the Contractor & Subcontractor sections below)	Is improvement cost 50% or more of Fair Market Val	
(If yes, Owner Builder Affidavit must accompany application)	Method of Determining Fair Market Value:	
CONTRACTOR/Company		
Street:		Zip:
State Registration Number:State Certificati		
SUBCONTRACTOR INFORMATION:	=======================================	
Electrical:	State:License Number:	
	State: License Number:	
l	State: License Number.	
Roofing:	State:License Number:	
======================================		
ARCHITECT	City:State:	Zio:
Street:	=======================================	
ENGINEER	ic#Phone Number:	
Street:	City:State:	Zip:
=======================================		======================================
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living:	Garage:Covered Patios: Scre	ened Porch:
Carport: Total Under RoofW	ood Deck:Accessory Building:	
NOTICE: In addition to the requirements of this permit, there may be addition and there may be additional permits required from other governments.	nal restrictions applicable to this property that may be found in the parties such as water management districts, state agencies, of	oublic records of this county, federal agencies.
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Energy Cod	Florida Building Code (Structural, Mechanical, Plu	mbing, Gas): 2004 ida Fire Code 2004
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISH KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICAB	ED ON THIS APPLICATION IS TRUE AND CORRECT TO	THE BEST OF MY
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATURE (required)	
State of Florida, County of:	On State of Florida, County of:	
This the 8th day of WAD (At	This theday of	200
by VALPRIE WRIGHT who is gersonally	by	
known to me or produced	known to me or produced	
as identification. The state of the state of	a 1.1 (157 - 11 - 11	
1 / / F // " - "	As identification.	
Notary Public	Nota	ry Public
My Commission Expires: LAURASCO BRIEN	Nota My Commission Expires:	

EXPIRES. April 28, 2007
Bonded Thru Notary Public Underwriters

TOWN OF SEWALL'S POINT

ONE SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statues 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name: Valence Wight Date: 3-8-00

Signature: Wight Address: 16 min amor Rd

City & State: 5+4 and FL 34996

Permit No.

PERMIT #	TAX FOLIO # 13841009000000 04050000
_	NOTICE OF COMMENCEMENT
STATE OF FLOKID	a country of MARTIN
THE UNDERSIGNED HEREI IN ACCORDANCE WITH CH. TICE OF COMMENCEMENT.	BY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AN APTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS N
LEGAL DESCRIPTION OF I	PROPERTY(INCLUDE STREET ADDRESS IF AVAILABLE):
MIRAM AR	
GENERAL DESCRIPTION (OF IMPROVEMENT: KITCHEN UPDATE
OWNER: Tim + [LALERIE WRIGHT
ADDRESS: 10 MIR	AMERIE WRIGHT AMARRO SEWALL'S POINT, TEL 3499
PHONE #: 772-22	5-1985 FAX #:
ADDRESS: 10 WIVE	ER CONTRACTOR LAMAK RO SEWALISPOINT, FL 34996
PHONE # 772-22	
SURETY COMPANY(IF ANY	0
ADDRESS:	STATE OF FLORIDA MARTIN COUNTY
PHONE #	FAX #: THIS IS TO CERTIFY THAT THE
BOND AMOUNT:	FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
LENDER:	WARSHA EWING, CLORK
ADDRESS:	() TO YOU TO COUNTY
	DATE S/S/DO
ADDRESS:PHONE #:PERSONS WITHIN THE STA	DATE S/S/DO
ADDRESS:PHONE #:PERSONS WITHIN THE STA	DATE SO FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENT
ADDRESS: PHONE #: PERSONS WITHIN THE STA MAY BE SERVED AS PROVID NAME:	DATE D.C. DATE S/S/O FAX #: TE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENT OF BY SECTION 713.13(1)(A)7., FLORIDA STATUTES:
ADDRESS: PHONE #: PERSONS WITHIN THE STA MAY BE SERVED AS PROVID: NAME:	DATE D.C. DATE S/S/O FAX #: TE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENT OF BY SECTION 713.13(1)(A)7., FLORIDA STATUTES:
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INSTR \$ 1916144 OR BK 02119 FG 1813 RECD 03/08/2006 01:22:19 FM Fg 1813; (10a)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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PERMIT	OWNER/ADDRESS/CONTR.	1 - 2 - ma minutes		NOTES/COMMENTS:
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1	11 Wendy Ka			\sim
	fausi			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8055	Haynes	Final	PAIL	
10	6 Palmed			Must rement project
4	Storm Depot	GATE IS NOT LOCK		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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7	4 Mindow St			
3	OB			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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PERM	T OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
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				INSPECTOR:
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10949 BEDROOM REMODEL



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:	1094	10949 DATE ISSUED:		7/21/2014	
SCOPE OF WORK:	REMO	REMODEL MASTER BATH			
CONTRACTOR:	CUSTOM	CUSTOM BLDERS GROUP			
PARCEL CONTROL	NUMBER:	R: 13841009000000405 SUBDIVISION M		MIRAMAR LOT 4	
CONSTRUCTION AD	DRESS:	10 MIR	AMAR		
OWNER NAME:	WRIGHT	WRIGHT			
QUALIFIER:	CHAD PIC	KARD CONTACT PHONE NUMBER		ONE NUMBER:	215-2430

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 - <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>
CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

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

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT RECEIPT

PERMIT NUMBER: 10949			
ADDRESS: 10 MURAMAR RID			
DATE ISSUED: 7/21/2014 SCOPE OF WORK: REMODEL MASTER BATH			
SINGLE FAMILY OR ADDITION / REMODEL Declared Value	\$	S	20,000.00
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)	\$		
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	- · · · ·
Total square feet non-conditioned space, or interior remodel:			
@ \$ 59.81 per sq. ft. s.f.		\$	
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:	\$	\$	20,000.00
Building fee: (2% of construction value SFR or >\$200K)	\$	· · · · ·	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)	Ψ .	\$	200.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp	\$ 5.00	\$	500.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	\$	10.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	\$	10.50
Road impact assessment: (.04% of construction value - \$5 min.)		\$	8.00
Martin County Impact Fee:	\$		-
TOTAL BUILDING PERMIT FEE:	\$	\$	729.00
ACCESSORY PERMIT Declared Value:			
Deviated variety.	\$		
Total number of inspections: @ \$ 100.00 per insp. # insp	······································	\$.	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$		n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		n/a
Road impact assessment: (.04% of construction value - \$5 min.)		•	n/a
TOTAL ACCESSORY PERMIT FEE:		\$	-

Town of	Sewall's Point
	ERMIT APPLICATION Permit Number:
OWNER/LESSEE NAME: Tim and Valent	C Uprone (Bay) 123-1965 (Fax)
	city: Sewalls Patie: FL zir: 31976
	arcel Control Number: 13 84 100 9 00000 405000
	Laubres 4MT 10 mmcmar Rd
City: Sewalls Of State: FL Zip: 34994 Tele	phone:
*SCOPE OF WORK (PLEASE BE SPECIFIC): 12	emodel Master bothroom
WILL OWNER BE THE CONTRACTOR?	COST AND VALUES: (Required on ALL permit applications)
	stimated Value of Improvements: \$
Has a Zoning Variance ever been granted on this property?	subject property located in flood hazard area? VE10AE9AE8X
YES (YEAR) NO E	OR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: stimated Fair Market Value prior to improvement: \$
(Must include a copy of all variance approvals with application)	(Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION
Construction Company: Custom Bullows Grave	
Qualifiers name: CHAD Pickano Street: 1434	SE 13 ST City: STVART State: FL Zip: 34996
State License Number: CGC 60885 OR: Municipality:	The state of the s
LOCAL CONTACT: CHAD PICKARD	Phone Number: 772 - 215 - 2430
DESIGN PROFESSIONAL:	Fla. License#
Street:City:	State: Zip: Phone Number
AREAS SQUARE FOOTAGE: Living: Garage:	Covered Patios/ Porches: Enclosed Storage [1]
	eck: Enclosed area below BFE*: Sgreater than 300 sq. ft. require a Non-Conversion Covenant Agreement.
CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building National Electrical Code: 2008, Florida Energy Code: 2010, Florida	Accessibility Code: 2010, Florida Fire Prevention Code 2010
WARNINGS TO OWNERS AND CONTRACTO	RS: C ≥ C
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY	RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR
NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON	
	IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE CO
MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNME AGENCIES, OR FEDERAL AGENCIES.	
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBS	TANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR
A PERIOD OF 24 MONTHS, RENEWAL FEES WILL BE ASSESSED AFTE	ER 24 MONTHS PER TOWN ORDINANCE 50-95. ORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF
WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. RE	AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL
	
<u>, '</u>	JIRED ON ALL BUILDING PERMITS*****
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMITHAT NO WORK OR INSTALL ATION HAS COMMENCED PRIOR TO	T TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE
FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO TH	HE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL
APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF	
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:	CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
x could charge	× (M) Miles
On This the Gth day of Sulus 2014	State-of Florida, County of: Mario On This the GA day of July 2014
1101 000	on This the 44 day of 2019 by Chad Codd and Polywholf personally
known to me or produced who is personally	known to me or produced Crives I Care
As identification	As identification.
CASSANDRA S, JACUES MY COMMISSION FEE 157604	CASSANDRAS. JAOUES MY COMMISSION EPIPETFOO
	My Commission Evaluation in a manusco lentaly 8, 4010 19
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NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

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O THOM!	MARTIN T	PHONE	SS: 1434 S NUMBER: 772	215	3430	SU ARE	X NUMBER: _					N TINBANA N TINBANA COUNTY CLERK
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER:
VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.
OWNERS NAME: "I'm and lalore less bil
CONSTRUCTION ADDRESS: 10 NICEMEN Pd. Senal'S Pt. FL 34991
PERMIT TYPE: RESIDENTIAL COMMERCIAL
ELECTRIC V PLUMBING HVAC IRRIGATION FUEL GAS
TYPE OF SERVICE:NEW SERVICE EXISTING SERVICE OTHER
SCOPE OF WORK: MASTER BOTH TUB, Valves, LAYS Replacement.
VALUE OF CONSTRUCTION S 5000
LOW VOLTAGE
TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER
SCOPE OF WORK:
IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACTUAL HEREBY AGREE PLANS AND ALL APPLICABLE CODES. 2551 SE CLAYTON STREET STUART, FL 34997 (772) 287-2366
COMPANY OR QUALIFIER'S NAME: Apan Vaw ETTEN
TELEPHONE NO: (772) 287-2866 FAX NO: 172-287-0194
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 1428579
** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.
VERIFICATION OF PARCEL CONTROL NUMBER
OWNER'S PULL NAME AS STATED ON DEED: TIM BAND VALENT J WRIGHT
PARCEL CONTROL #: 01-38-41-609-000-00040-50000
SUBDIVISION: 120200 Her. tage P. Palmto PK. Rody ad LOT: 4 BLK: PHASE:
SITE ADDRESS: 10 Mora Mar Pel
SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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

VERIFICATION OF CONTRACTOR

- CONTRACTOR	
BUILDING PERMIT NUMBER:	
***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.	
OWNERS NAME. Tim and Valence 1200 40	
CONSTRUCTION ADDRESS: 10 MIRAMEN fol. Sewalls Ot FL 3490,	
PERMIT TYPE: RESIDENTIALCOMMERCIAL	
IRRIGATIONFUEL GAS	
TYPE OF SERVICE:NEW SERVICEOTHER	
SCOPE OF WORK: Electric-bathroom remodel	
VALUE OF CONSTRUCTION \$ 1,000	
LOW VOLTAGE	
TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER	
SCOPE OF WORK:VALUE	
IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.	
SIGNATURE OF LICENSED CONTRACTOR 1100 Barnett Dr #4 Lake Worth, F13346 ADDRESS OF CONTRACTOR	l
COMPANY OR QUALIFIER'S NAME: Electric Connection	
TELEPHONE NO: 561-586-649 FAX NO: 061-586-9889	
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: ECCO 2938	
** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.	
VERIFICATION OF PARCEL CONTROL NUMBER	
PARCEL CONTROL #: 01-38-41-009-000-00046-50000	
OWNER'S FULL NAME AS STATED ON DEED: TIMB AND VALENT J WRIGHT PARCEL CONTROL #: 01-38-41-009-000-00046-50000	
OWNER'S FULL NAME AS STATED ON DEED: TIMB AND VALENT J WRIGHT	

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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

SUBCONTRACTORS LIST

CHAO PICKANO

RESIDENTIAL, ADDITIONS, COMMERCIAL

MAILING ADDRESS 1434 SE 1355 ST SWANT, FL 3496

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMS & BEAMS		
CA	CARPENTRY ROUGH	GAMY Vickers Construction Inc	MCAR 0/850
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH	Cary Viders Construction he	MLAR B1650
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	Custom huilders Group LLL	C6C 60885
PL	PLASTER & STUCCO	•	
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Master Permoins	(PC 1428579
AC	* HARV		
EL	* ELECTRICAL	ELECTRIC COMPECTION	EC 0007938



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

AL	* LOW VOLTAGE	
	BURGLAR ALARM	
VS	VACUUM SOUND	
IR	* IRRIGATION	
SH	SHUTTERS	

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF Marko

COUNTY OF Marko

SWORN TO AND SUBSCRIBED before me this _

_____d

NOTARY PUBLIC

MY COMMISSION EXPIRES: _

CASSANDRA S. JAQUES
MY COMMISSION # EE 157504
EXPIRES: January 8, 2016
Bonded Thru Notary Public Underwriters

REQUIRES SEPARATE VERIFICATION FORMS.



Notary Public 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

CONTRACTOR OR OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 7/1/4	Building Permit #	
Site Address: 10 Miraha	a Ra Sewalls Pt.	
existing structure to contain an asbestos comply with the provisions of s. 469.003 Protection of her or his intentions to rem 469.003 License required (1) No person may conduct an asbestos s and evaluate asbestos abatement unless t chapter.	agency shall require each building permit for the demolition or renovation notification statement which indicates the owner's or operator's responsib 3 Florida Statutes and to notify the Department of Environmental nove asbestos, when applicable, in accordance with state and federal law. survey, develop an operation and maintenance plan, or monitor trained and licensed as an asbestos consultant as required by this	
asbestos consultant as required by this ch (b) Any person engaged in the business of certified by the Department of Labor and has complied with the training requirement in s. 255.553(1), (2), and (3). The Depart violations, disciplinary procedures, and p	of asbestos surveys prior to October 1, 1987, who has been d Employment Security as a certified asbestos surveyor, and who ents of s. 469.013(1)(b), may provide survey services as described timent of Labor and Employment Security may, by rule, establish penalties for certified asbestos surveyors. Internet work unless licensed by the department under this	
building, the building is not for sale or le provided in this paragraph. To qualify fo building permit application. The permitti the following form: Disclosure Statement have applied for a permit under an exemplication as your own asbestos abatement contract yourself. You may move, remove or dispetite building and the building is not for salease such building within 1 year after the or lease the property at the time the work unlicensed person as your contractor. You regulations which apply to asbestos abate you have licenses required by state law a	secontaining materials on a residential building where the owner occupies the ease, and the work is performed according to the owner-builder limitations or exemption under this paragraph, an owner must personally appear and siting agency shall provide the person with a disclosure statement in substant ent: State law requires asbestos abatement to be done by licensed contractor appears to the total law. The exemption allows you, as the owner of your property to even though you do not have a license. You must supervise the construction of asbestos-containing materials on a residential building where you of all or lease, or the building is a farm outbuilding on your property. If you he asbestos abatement is complete, the law will presume that you intended to k was done, which is a violation of this exemption. You may not hire an four work must be done according to all local, state and federal laws and tement projects. It is your responsibility to make sure that people employed and by county or municipal licensing ordinances.	gn the ially rs. You y, to act ction occupy sell or to sell
Contractor orOwner/Builder	er Signature Calling Unglif	
Subscribed and sworn to before me thi	vho is personally known to me or produced	red as
identification, and who did/did not tak		

EXPIRES: January 8, 2016 Bonded Thru Notary Public Underverters



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

PICKARD, CHAD CODDINGTON **CUSTOM BUILDERS GROUP LLC** PO BOX 1426 FL 34995 **STUART**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION:

CGC60885 4SSUED 06/30/2013

CERTIFIED GENERAL CONTRACTOR PICKARD, CHAD CODDINGTON CUSTOM BUILDERS GROUP LLC

S CERTIFIED under the provisions-of-Ch: 489 FS Expiration date #AUG 31, 2014



The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to www.VivaFlorida.org.

DETACH HERE

STATE OF FLORIDA. DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION -CONSTRUCTION INDUSTRY LICENSING BOARD. LICENSE NUMBER CGC60885 The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2014 PICKARD CHAD CODDINGTON CUSTOM BUILDERS GROUP LLC 1434 SE 13TH ST

RICK SCOTT **GOVERNOR**

SEQ # L1306300000275 ISSUED: 06/30/2013 **DISPLAY AS REQUIRED BY LAW**

KEN LAWSON SECRETARY

AC	ORD_	CERTIFIC	ATE OF LIABIL	ITY INS	URANC	E		DATE (MM/DD/YYY) 07/10/2014
PRODUCER	(772)	287-1560		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE				
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	THE 1025 (0106).05 ELECTRONIC LASER FORMS, INC - (800)327-0545							



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW**

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE:

7/5/2013

EXPIRATION DATE:

7/5/2015

PERSON: PICKARD

CHAD

FEIN:

462892772

BUSINESS NAME AND ADDRESS:

CUSTOM BUILDERS GROUP LLC

1434 SE 13TH STREET

STUART

FL

34996

SCOPES OF BUSINESS OR TRADE:

LICENSED GENERAL CONTRACTOR



JEFF ATWATER CHIEF FINANCIAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

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7/5/2013

EXPIRATION DATE:

7/5/2015

PERSON:

TORRANCE

EUGENE

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FEIN:

462892772

BUSINESS NAME AND ADDRESS:

CUSTOM BUILDERS GROUP L

1142 SE 13TH STREET

STUART

FL

34996

SCOPES OF BUSINESS OR TRADE:

LICENSED GENERAL CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filling a cartificate of election under this exciton may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



10732 27141 170500

BUSINESS TYPE	CONTRACTOR - GENERAL
OWNER AND LOCATION	PICKARD, CHAD 1434 SE 13 ST
ST/CTY LICENSE	CGC60885
DESCRIPT	

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

This local business tax receipt does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This receipt does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Local Business Taxing Questions 772-288-5319

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CUSTOM BUILDERS GROUP LLC
BUSINESS
NAME
AND
AND
MAILING
ADDRESS
STUART

CUSTOM BUILDERS GROUP LLC
PICKARD, CHAD
PO BOX 1426
STUART

FL 34995

07/03/2013

CHERYL WHITE

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

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THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS

Martin County, Florida Laurel Kelly, C.F.A

generated on 7/9/2014 10:58:06 AM EDT

Summary

Market Total Website Parcel ID Account # **Unit Address** Value Updated 01-38-41-009-000- 17744 10 MIRAMAR ROAD, SEWALL'S POINT \$360,930 6/21/2014 00040-5

Owner Information

Owner(Current) WRIGHT TIM B WRIGHT VALERIE J

Owner/Mail Address 10 MIRAMAR RD STUART FL 34996

Sale Date 8/30/1994 1087 1835 **Document Book/Page**

Document No.

Sale Price 81500

Location/Description

17744 Account # Map Page No. SP-03

Tax District 2200 **Legal Description MIRAMAR LOT 4**

Parcel Address 10 MIRAMAR ROAD, SEWALL'S POINT

Acres .3440

Parcel Type

Use Code 0100 Single Family

Neighborhood 120200 Heritage P, Palmtto Pk, Rdglnd,

Assessment Information

Market Land Value \$150,000 **Market Improvement Value** \$210,930 **Market Total Value** \$360,930



FILE COPY



Scope of Work 10 Miramar Road Sewall's Point, FL

For the above referenced single family residence, Custom Builders Group, LLC proposes the following:

- Apply for and supply permit
- Demo existing bathroom including tub, commode, vanities, plumbing fixtures, tile in shower, shower walls to allow for glass enclosure, and tile flooring.
- Remove all demolition/construction debris to on-site 13 CY dumpster.
 Remove dumpster at job completion.
- Provide and install plumbing valves and fixtures per Wool Plumbing Supply Quotation dated 1/07/14.
- Hang Cement Board in shower for tile install
- Install tile in shower and vanity backsplash per Tile Market quote dated
 7/2/14 and sketch provided by Kathy Sue of Patty Downing Interiors
- Hang and finish drywall in where demo'ed
- Provide and install Robern glass medicine cabinets as specified
- Provide and install two (2) vessel sinks and drain assemblies as specified
- Change Hi-hat over tub to fixture (TBD), change Hi-hats at vanity and commode to LED Hi-hat, change shower Hi-hat to VP LED, move switch to other wall at commode, delete two (2) GFI switches at each sink, wire medicine cabinet outlets, blank off power for Jacuzzi tub, change exhaust fan to 80 CFM quiet
- Provide and install ½" frameless shower enclosure with chrome hardware



- Provide and install ¼" clear mirror with polished/sealed edges with cut outs for two (2) medicine cabinets and two (2) notches, no bevel
- Paint ceilings and walls with one (1) coat primer (2) coats finish, trim and doors

Exclusions:

Vanity cabinet and top

Trim demo or installation (base, casing, crown and doors by others)

Wood flooring materials and install

Permit Fee is estimated at \$650.00, any decrease will be credited, any increase will be passed along.

Datë of li	the state of the s	N OF SEWALLS DEPARTMENT - INSP Wed Thur	ECTION LOG	
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TOWN OF SEWALES POINT BUILDING DEPARTMENT - INSPECTION LOG /8 Date of Inspection Mon RERMINER OWNER ADDRESS/GON BRACTOR RAINSPECTION DIVI 09996 Wright Plumbing 10 Miramar Underground Electrical Rough Custom Buildas Corp. Re-inspect INSPECTOR PERMITHE OWNER/ADDRESS/CONTRAGION EOMMENTS 10967 Chapman Electrica 11 Palm Rd Rough YNSO 5 Di Menno Electric Rear Porch INSPECTOR/ 10938 Weber Wall Sheeting 4 Mandalay Rd Praesto 10527 Weston (VASS 30 SSPR. Weston Construction FINAL GRADE INSPECTOR 4 RENDERE TOWNER / ADDRESS / CONTR 108661 Gas NOT KEADY FAIL 121 Hillcrest Drive GLG Homes RERMITER OWNER/ADDRESS/GONTRAGIOR OF INSPEGUION TYPE A COMMENTS 10668 Fitzsimmons Final NO ACCESS FAIL 199NSPR 0917 | Castoro Electrical 29 SSPR 1888 BOOL BONDING Rog Construction Gain INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log
Date of Inspection □ Mon ☒ Tue □ Wed □ Thur □ Fri

Page ___ of ___

PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Driveway		Missing
	7 Oak Hill Way		Fail	form Boards
	TMC			INSPECTOR
PERMIT#	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
(TOTALLA)	Wright	Final Bath 1	0005	Please call Chad at (772) 215-2430
Am Requested	10 Miramar Rd	remodel		(772) 215-2430 to arrange time
	Custom Biders Group			INSPECTOR
PERMIT#	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11062	Birdsall	Fence		Fence not as
	49 N. River Rd	Final	Fail	permitted Not in location marked
	Stuart Fence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11014	Crispin	Fence		
	30 E High Point Rd	Final	Pass	
	Stuart Fence			INSPECTOR
PERMIT#	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Heramis	Dry-in +		1
	172 S River Rd	Metal.	Pass	,
	J. Conray			INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
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				INSPECTOR
PERMIT #	OWNER/ADDRESSS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
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				INSPECTOR

10951 KITCHEN REMODEL



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:	10951		DATE ISSUED:	7/21/2014	
SCOPE OF WORK:	KITCHE	N REMO	DEL		
CONTRACTOR:	SIGNATUR	E PAINTI	NG & REMODEL		
PARCEL CONTROL N	UMBER:	0138410	0900000130617753	SUBDIVISION	MIRAMAR LOT 13
CONSTRUCTION ADD	RESS:	5 MIRA	MAR		
OWNER NAME:	BYRNE JR.				
QUALIFIER:	JACOB WE	RTHER	CONTACT PHO	NE NUMBER:	634-0517

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 - <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u>
CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

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

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	109	<u> </u>	j					
ADDRESS:	S MITTAMAR	RD						
DATE ISSUED:	7/21/2014	SCOPE OF	WORK:	KEMODEI	o .			
SINGLE FAMILY OR	ADDITION /F	REMODEL		Declared V	alue	\$	\$	15,000.00
Plan Submittal Fee (\$3	50.00 SFR, \$1	75.00 Remo	odel < \$20	0K)		\$		
(No plan submittal fee	when value is	less than \$1	00,000)					
Total square feet air-co	nditioned spa	@	\$ 121.75	per sq. ft.	s.f.		\$	-
Total square feet non-c	onditioned spa	*						
				per sq. ft.	s.f.		\$	-
Total square feet remod	lel with new to	russes:	\$ 90.78	per sq. ft.	s.f.		\$	
Total Construction Val	ue:		-			\$	\$	15,000.00
Building fee: (2% of co	nstruction val	ue SFR or >	-\$200K)			\$	-	n/a
Building fee: (1% of co	nstruction val	ue < \$200K	+ \$100 pe	r insp.)			\$	150.00
Total number of inspec				per insp.	# insp	\$ 3.00	\$	300.00
Dept. of Comm. Affairs				in)		\$	\$	6.75
DBPR Licensing Fee: (1.5% of perm	it fee - \$2.00	0 min.)			\$	\$	6.75
Road impact assessmen		nstruction v	/alue - \$5 r	nin.)	·		\$	6.00
Martin County Impact l	Fee:					\$		
TOTAL BUILDING I	PERMIT FEI	E:				\$	\$	469.50
ACCESSORY PERMIT			D1 1 1	7.1	············	Φ.	Į.	1
			Declared '		-,, -	\$	Φ.	
Total number of inspec	tions:	(<i>a</i> y_	\$ 100.00	per insp.	# insp		\$	-
Dept. of Comm. Affairs	s Fee: (1.5% o	f permit fee	- \$2.00 mi	n)		\$		n/a
DBPR Licensing Fee: (1.5% of permi	it fee - \$2.00) min.)			\$		n/a
Road impact assessmen	nt: (.04% of co	nstruction v	alue - \$5 n	nin.)				n/a
TOTAL ACCESSOR	Y PERMIT F	EE:					\$	

STATE OF FLORIDA MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING ___ PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL



≢ 2467094 2730 PG 1493 INSTR OR BK

(1 Pgs) RECORDED 07/22/2014 10:00:49 AM CAROLYN TIMMANN MARTIN COUNTY CLERK

DOCUMENT AS FILED IN THIS OFFICE ~1.1 (D.C

NOTICE OF COMMENCEMENT d when construction unitie evo

BY D.C	To be completed when construction value exceeds \$2,500.00	4
DATEPERMIT#:	TAX FOLIO #	
CTATE OF FLORIDA	COLINITY OF AAARTIN	

STATE OF FLORIDA	COUNTY OF MARTIN
The undersigned hereby gives notice that improvement Statutes, the following information is provided in this	
LEGAL DESCRIPTION OF PROPERTY (AND STREET AD SINGLE FAMILY HOW (5 MIRAMAR RD. 5	DRESS, IF AVAILABLE): MITCHART DRESS, IF AVAILABLE): 13, TOWN OF SEWALLS PT TOART, FLORIDA 34996)
GENERAL DESCRIPTION OF IMPROVEMENT:	
Name: ALFRED O.T.	F THE LESSEE CONTRACTED FOR THE IMPROVEMENT: BYPALE CO STUART TL 34991
Interest in property: OWNER	
Name and address of fee simple title holder (If differ	ent from Owner listed above):
CONTRACTOR'S NAME: JACUB WI Address: 710 SE ASHLEY	Phone No.: 772.634.0517 OKES WAY STUART, FL 34997
SURETY COMPANY (If applicable, a copy of the paym Name and address:	,
Phone No.: 4/A	Bond amount: H [A
LENDER'S NAME: HA	Phone No.: 4(
Persons within the State of Florida designated by or (1) (a) 7, Florida Statutes:	wner upon whom notices or other documents may be served as provided by Section 713.13
Name: OWHER ONLY _ KL Address: SAME AS KBOVE	FOZED BYRNEPhone No.: 912.220-8510
•	
Name: ONLY — KA Address: SAME AS MBOVE In addition to himself or herself, owner designates receive a copy of the Lienor's Notice as provided in S Phone number of person or entity designated by Ow	HA of HA tection 713.13(1)(b), Florida Statues.
In addition to himself or herself, owner designates	HA of HA tection 713.13(1)(b), Florida Statues.
In addition to himself or herself, owner designates receive a copy of the Lienor's Notice as provided in S Phone number of person or entity designated by Ow Expiration date of Notice of Commencement: (the expiration date may not be before the complet recording unless a different date is specified):	ection 713.13(1)(b), Florida Statues. ner: KLA
In addition to himself or herself, owner designates receive a copy of the Lienor's Notice as provided in SPhone number of person or entity designated by Ownexpiration date of Notice of Commencement: (the expiration date may not be before the complet recording unless a different date is specified): WARNING TO OWNER: ANY PAYMENTS MADE BY THE IMPROPER PAYMENTS UNDER CHAPTER 713, PART I,	ection 713.13(1)(b), Florida Statues. ner: HA tion of construction and final payment to the contractor, but will be 1 year from the date of the contractor
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CHRISTINE C. BERGERON
MY COMMISSION # FF 111061
EXPIRES: June 21, 2018
Bonded Thru Budgel Nobry Services

T:\BLD\Bldg_Forms\New Applications\Forms\Notice Of Commencement.Docx

Notary's Signature

BUILDING PERMIT APPLICATION Permit Number: Price Design Price Design Price Design Desig	Town of Sewall's Point				
OWNERLESSEE NAME: MICHAEL MY LOT SHOW CONTROLLESSEE NAME: MICHAEL MY STATE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY STATE CONTROLLESSEE NAME: MICHAEL MY S		ERMIT APPLICATION Permit Number:			
Legal Description Mire Mere 13 Percel Control Number: 01-38-41-009-0003-0-617 Fee Simple Holder Name: City: State: Zip: Telephone SCOPE OF WORK (PLEASE BE SPECIFIC): See Affaces: Control Number: 201-201-201-201-201-201-201-201-201-201-	OWNER/LESSEE NAME: Afterd J. Burne Ji	Phone (Day) 772-634-0517 (Fax) 772 - 600-5146			
Fee Simple Holder Name: City: Tolephone: State: Zip: Tolephone: State: Zip: Tolephone: State: Zip: Tolephone: State: Zip: Tolephone: State: Zip: Tolephone: State: Zip: Tolephone: State: Zip: Tolephone: Cost AND VALUES: (Required on ALL permit application): Will OwnHER BE THE CONTRACTOR? If year, Owner Builder questionarier must accomagny application): Yes: No		City: Sewall's Point State: FL Zip: 34996			
SCOPE OF WORK (PLEASE BE SPECIFIC): SECOPE OF WORK (PLEASE BE SPECIFI	Legal Description Miramar Lot 13	Parcel Control Number: 01-38-41-009-000-00130-617 753			
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Editarioto Value of Improvements: \$\frac{1}{2} \frac{\text{D}}{\text{D}} \text{ for the Improvements: } \frac{1}{2}					
Has a Zoning Variance over been granted on this property? YES (YEAR) NO West include a copy of all variance approvals with splitterion) Construction Company: Signature Banding of the property of the pro	(If yes, Owner Builder questionnaire must accompany application)	Estimated Value of Improvements: \$15_000			
Estimated Fair Market Value prior to improvement. \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to improvement \$ (Pair Market Value prior to imp	Has a Zoning Variance ever been granted on this property?	Is subject property located in flood hazard area? VE10AE9AE8X			
Construction Company:	YES (YEAR) NO	Estimated Fair Market Value prior to improvement: \$			
State License Number: 661520368 OR: Municipality: License Number: 772 334-0517 DESIGN PROFESSIONAL: 6120 VERTICAL Phone Number: 772 334-0517 DESIGN PROFESSIONAL: 6120 VERTICAL Phone Number: 772 334-0517 Street: 41756 a Com 1 Ave. City. 5120 A State: 12p3999 Phone Number: 772 1878 52 AREAS SQUARE FOOTAGE: Living: 1736 Garage: 62 Covered Petics/ Porches: Enclosed Storage: 62 Enclosed area below BFE: 620 Everted Deck: 62 Enclosed area below BFE: 620 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 Everted Deck: 62 Enclosed area below BFE: 62 Everted Deck: 62 E	Construction Company: Signature Painting +	PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION			
DESIGN PROFESSIONAL: Brain & Brain & Brain & Brain & Brain & Fla. Licenses & ACCOOD 3 Z Street: 4175£ (a.com. + Arc., cly: 5+m.d. + State: £ 2ip3HM2 Phone Number: 772.287.82 S AREAS SQUARE FOOTAGE: Living: 1216 Garage: 100 Covered Pelios/ Porches: Enclosed Storage: Enclosed on-habitable areas below the Base Flood Bevation greater than 300 pt. ft. require a Non-Covered Covered Agricultural, Machanical Plumbing, Esisting, Gas): 2010 NARNINGS 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 PRIVANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MAY BESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY, WHEN PRIVANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MAY BE SULT IN YOUR PROPERTY, SENCHMBERED BY ANY DEED RESTRICTIONS. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCHMBERED BY ANY DEED RESTRICTIONS. 3. BUILDING PREMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY PROVIDENCES ARE VALUE FOR A PERIOD OF A MONTHS, PER COND OF SEMALL'S POINT. THESE MAY BE ADDITIONAL PREMITS FOR SINGLE FAMILY RESIDENCES AND VALUE FOR A PERIOD OF A MONTHS, RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCES 0.95. 3. BUILDING PREMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY PROVIDENCES ARE VALUE FOR A PERIOD OF 16 MONTHS. PER TOWN ORDINANCES 0.95. 4. THIS PERMIT WILL BECOME MULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED. MOTHIN 180 DAYS, OR IF PERMIT FOR SINGLE FAMILY PREVIOUR SINGLE FAMILY PROVIDED ON A BAD DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED OF THE 24 MONTHS PER TOWN ORDINANCES 0.95. 4. THIS PERMIT WILL BECOME MULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED. MOTHIN 180 DAYS, OR IF PROVIDED AND A PERMIT TOWN OR SEWALL'S POINT DUTING THE BUILDING PROVIDE					
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Street: 4/756 Coon		0.4			
AREAS SQUARE FOOTAGE: Living:	4				
Capport: Total under Roof 231/2 Elevated Deck: Enclosed area below BFE*: **Enclosed non-habitable areas below the Base Flood Blevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement. CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Esitating, Gas): 2010 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Energy Code: 2010, Florida Energy Code: 2010, Florida Fire Prevention Code: 2010 WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; WHEN FINANCING, CONSULT WITH YOUR LEVENER OR NA AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT. AN OTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THIS JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY; IS ENCUMBERED BY ANY DEED STRICTIONS, 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. BUILLINDS PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 180 DAYS AND THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK A SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS 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 WITHIN 180 DAYS, OR IF WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT OR OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED WITHIN 180 DAYS, OR IF 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 SUBJECTED AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY					
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STATE OF FLORIDA Comm# EE882069 Expires 3/10/2017



Martin County, Florida Laurel Kelly, C.F.A

Site Provided by... governmax.com 113

Summary











1 of 25

Tabs	
Summary	,

Print View Land

Improvements Assessments & Exemptions

Sales Taxes

NEW: Navigator Parcel Map ⇒ Notice of Prop.

Taxes

Parcel ID

Account # Unit Address

Market Total Value

Website Updated

01-38-41-009-000-00130-617753

5 MIRAMAR RD, SEWALL'S **POINT**

\$332,460 7/13/2014

Owner Information

Owner(Current) **BYRNE ALFRED J JR**

Owner/Mail Address 5 MIRAMAR RD

STUART FL 34996

Sale Date 5/14/2014 **Document Book/Page** 2717 2937

Document No. 2455264 Sale Price 327000

Searches

Parcel ID Owner

Address Account # Use Code Legal Description Neighborhood Sales

Navigator Maps 🖘

Functions

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

Location/Description

Account # 17753 **Tax District** 2200

Parcel Address 5 MIRAMAR RD, SEWALL'S POINT

.3440 Acres

Map Page No.

SP-03

Legal Description MIRAMAR

LOT 13

Parcel Type

Use Code

0100 Single Family

Neighborhood 120200 Heritage P, Palmtto Pk, Rdglnd,

Assessment Information

Market Land Value \$150,000 Market Improvement Value \$182,460 **Market Total Value** \$332,460

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement

2013-2014 MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994 (772) 288-5604 ACCOUNT 2012-513-0835 CERT CGC1520368

PHONE (772) 634-0517 SIC NO 236115

LOCATION:

710 SE ASHLEY OAKS

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. S ...00 LIC. FEE S 26.25

S ...00 PENALTY S ...00

S ...00 COL. FEE S ...00

s .00 TOTAL 29.25

81GNATURE PAINTING AND REMO

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

GENERAL CONTRACTOR

TJRW, LLC

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

710 SE ASHLEY OAKS WAY STUART, FL 34997

07 DAY OF AUGUST 20 13

AND ENDING SEPTEMBER 30. 201

806 2012 09982.0001

PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



JEFF ATWATER **CHIEF FINANCIAL OFFICER**

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE:

08/07/2012

EXPIRATION DATE: 08/07/2014

PERSON:

WERTHEM

JACOB ·

FEIN:

870777914

BUSINESS NAME AND ADDRESS:

TJRWLLC DBA TACT SERVICES 710 SE ASKLEY OAKS WAY STUART FL 34997

SCOPES OF BUSINESS OR TRADE:

1- CARPENTRY - DWELLINGS - THREE 3- CARPENTRY - INSTALLATION OF CA 2- CARPENTRY - DETACHED ONE OR TW

IMPORTANT: Pursuant to Chapter 440 . 05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or componenties under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filling of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE.

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW



EFFECTIVE 08/07/2012

EXPIRATION DATE: 08/07/2014

PERSON:

JACOB R WERTHEM

FFIN

870777914

BUSINESS NAME AND ADDRESS:

TJRWLLC

DBA TACT SERVICES 710 SE ASKLEY OAKS WAY STUART, FL 34997

SCOPE OF BUSINESS OR TRADE

1- CARPENTRY - DWELLINGS - THREE

2- CARPENTRY - DETACHED ONE OR TW

3- CARPENTRY - INSTALLATION OF CA

IMPORTANT

O Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election L under this section may not recover benefits or compensation under this D chapter.

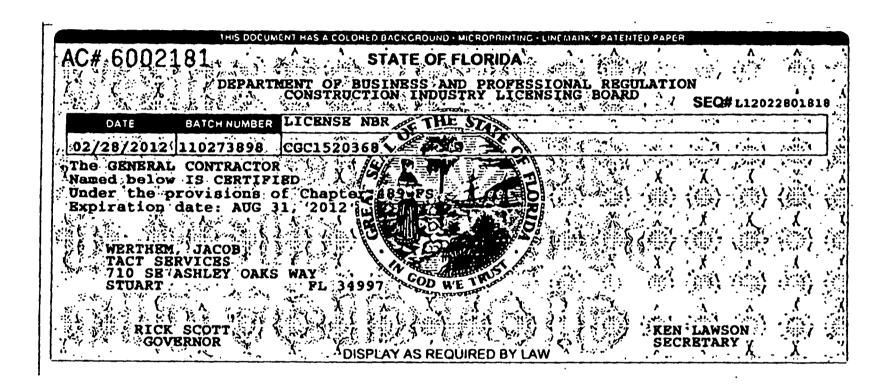
H Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on E the notice of election to be exempt.

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this

QUESTIONS? (850) 413-1609

CUT HERE

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





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

	SUBCONTRAC RESIDENTIAL, ADDIT	CTORS LIST	
EMAIL: Jacob@Signat APPLICANT'S NAME_J	acob We offe an	IONS, COMMERCIA BLDG. PERMIT	
	10 SE Ashley Od		 FL 34997

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
СВ	COLUMS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION	•	
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING		
AC	* HARV		
EL	* ELECTRICAL	Bell Electric South	ER 13613592

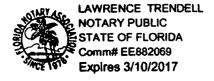


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

AL	* LOW VOLTAGE	
	BURGLAR ALARM	
VS	VACUUM SOUND	
IR	* IRRIGATION	
SH	SHUTTERS	

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.



REQUIRES SEPARATE VERIFICATION FORMS.



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER:
***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.
OWNERS NAME: BYRNE, AHERY
CONSTRUCTION ADDRESS: 5 MIV AMAR CUAN
PERMIT TYPE:COMMERCIAL
ELECTRIC PLUMBING HVAC IRRIGATION FUEL GAS
TYPE OF SERVICE:NEW SERVICE EXISTING SERVICEOTHER
SCOPE OF WORK: Relocate Switches
VALUE OF CONSTRUCTION \$ 400.40
LOW VOLTAGE
TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER
SCOPE OF WORK:VALUE
IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.
SIGNATURE OF LICENSED CONTRACTOR COMPANY OR QUALIFIER'S NAME: Bell Electric South Inc. PLEASE POINTS
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR
COMPANY OR QUALIFIER'S NAME: BELL ELECTRIC SOUTH INC
TELEPHONE NO: 772-215-7882 FAX NO: 10 #
MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: <u>FL 130/359</u>
** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.
VERIFICATION OF PARCEL CONTROL NUMBER
OWNER'S FULL NAME AS STATED ON DEED: Alferd J. Byrne Jr.
PARCEL CONTROL #: 01-38-41-009-000-00130-617753
SUBDIVISION: LOT: 13 BLK: PHASE:
SITE ADDRESS: 5 Micamar Rd.
SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT Page 1
TAUP 1

TJRWLL1

OP ID: KV

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

ATE (MM/DD00000)

DATE (MM/DD/YYYY) 07/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COMMIC	nte norder in ded of such endorsement(s).				
PRODUCER Galt Insurance Group 900 Fifth Ave S Suite 201 Naples, FL 34102 HOUSE ACCOUNT		CONTACT NAME:			
		PHONE FAX (A/C, No): (A/C, No):			
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A : Burlington Insurance Co			
	TJRW LLC DBA Signature Painting and	INSURER B :			
	Remodeling	INSURER C :			
	710 SE Ashley Oaks Way Stuart. FL 34997	INSURER D :			
Siuari, Fi	Stuart, i E 34331	INSURER E :			
		INSURER F :			
COVERA	GES CERTIFICATE NUMBER:	REVISION NUMBER:			
THIS IS	TO CERTIES THAT THE POLICIES OF INSURANCE LISTED BELO	W HAVE BEEN ISSUED TO THE INCURED NAMED ABOVE FOR T	HE BOLICK BERIOD		

THIS IS TO CERTIFY TH	AT THE POLICIES OF INSURANCE LISTED BELOW HAVE	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHS	TANDING ANY REQUIREMENT, TERM OR CONDITION O	F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE IS	SSUED OR MAY PERTAIN, THE INSURANCE AFFORDER	D 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 03/01/2014 03/01/2015 VBA289423-00 100,000 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PRODUCTS - COMP/OP AGG • X POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT) HIRED AUTOS \$ UMBRELLALIAR OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION		
Sewall's Point Town Hall Bullding Department One South Sewall's Point Road Sewalls Point, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	AUTHORIZED REPRESENTATIVE HOUSE ACCOUNT L. Gast		

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WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

DED

(Mandatory in NH)

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

RETENTION \$

N/A

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below



PROPOSAL

Jacob Werthem, General Contractor 710 SE Ashley Oaks Way, Stuart, FL 34997 772-634-0517

jacob@signatureofstuart.com

LICENSE #CGC1520368

JOB NAME:

J. T. Byrne

JOB LOCATION:

5 Miramar Road, Sewalls Point, FL 34996

912.220.8510

Byrnejt@gmail.com

SCOPE OF WORK:

KITCHEN REMODEL:

Cabinetry:

Remove existing kitchen countertop and cabinetry. Place counter top and cabinetry on back patio to be picked up by other.

Remove old appliances and place in garage.

Install pull handles

Install new kitchen cabinetry according to design layout.

Backsplash:

Install tile backsplash.

Entry Wall:

Remove existing pantry closet walls and repair ceiling as needed. Enlarge opening to kitchen from main entry, according to architect drawing approximately 8'x 8'.

Electrical:

Relocate electrical on pantry wall as needed.

Countertop:

Install solid surface countertop. Sink supplied by owner.

JOB VALUE:	\$1.5.750 O
JOB VALUE.	\$15,750.0

PRODUCT ALLOWANCE:

Countertop: 1,450.00

ADDITIONAL COSTS:

Permit and Drawings:

TBD

ALL FINISH PRODUCT MATERIALS TO BE SUPPLIED BY OWNER

AMOUNT:

\$15,750.00 plus the cost of permit and drawing

We propose hereby to complete labor and provide material in accordance with above specifications for the sum of (\$ 15,750.00; fifteen thousand seven hundred and fifty dollars)

Payment as follows:
7,800 Dollars down, 4,200 due upon cabinet installation
And remainder due upon job completion

Any alteration or deviation from above specifications involving extra costs will be executed upon written orders, and will become an extra charge over and above the estimate. Price reflects any and all discounts.

Authorized Signature__

This proposal is good for 30 days/ Revised July 8, 2014

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Date of In	nspection Mon Tue	DEPARTMENT - INSPE		
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TOWN OF SEWALLS POINT BUILDING DEPARTMENT - INSPECTION LOG True | Wed | Thur | Fr 8/22 - 14 Page | of Date of Inspection Mon Melosh Final Concrete 10883 132 SSPR 1/188 Crox OVERDOUR SAM Richard Hoager INSPECTOR PERMITEHE COMNER/ADDRESS/CONTRACTOR INSPECTION AVER TO A RESULTABLE COMMENT Koenke LOOF 10691 Final 8 N. SPR VNSE Crose Steve's Roofing BERMICH OWNER/ADDRESS/CONTRAC GORENINGROGIONALAGE GOMINE 10692 Koenke Walk through & N.SPR FINAL KITCHEN -PERMISEE OWNER/ADDRESS/CONFRAGIORS EINSPEGHONEMPE Final 10875 Timor BOS Generator + BBQ erist Seagate Builders PERMIT # PWNER/ADDRESS/CONTRACTORS INSPECTIONS YES SERECUES FOR COMME Final Puchalski 109681 Solar Pool Heating 6 Banyan ed CLOSE Solar Energy Systems (Leak repaired) INSPECTOR PERMITER OWNER/ADDRESS/CONTRACTORS INSPECTION TEXTS AND RESULTS AND Final Burne MSH MITEMATALO Remodel Sisnature Painting of remode 1 INSPECTION TYPE RESULTS COMMENTS Watkins Fre HOC DEND MEN 10895 North Wall 122 SSPR Treasure Coast burg INSPECTOR

INVESTIGATE 161 S. RIVEN TREE TOWN OF SEWALLS POINT BUILDING DEPARTMENT - INSPECTION LOG Date of Inspection Mon AM die 7 S- Via Lucindia Roof
Insperio JA Taylor Roofing
ERMITTER OWNER/ADDRESS INSPECTOR PERMITER OWNER/ADDRESS/CONTRACTOR SEINSPECTION THRE 1012 A RESULTS SEE TO COMMENTS Pomales 10971 Partial Concel Fieldwy Dr Window Atlantic WindowCo INSPECTOR RERMITAD DWNER/ADDRESS/ACONARACTOR CINERACTION INVECTOR BOOK RESIDENCE COMMENTS AS A COMMENTS AS A STATE OF THE Byrne 1895h 15 Milamor Roly Kitchen Signature Painting + Remodel Remodel INSPECTOR 09351 Haramis Electric 1888 72 S. River J Conroy In Service PERVICUE CONNERVADORES / CONTRACTORS IN SECTION AVAISAGES OF TRESULTANCE COMMEN 0934 Strapping + 6 Oakhill Way Engineering Seagate 263-444
PERMITH OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE AT 10928 Fernandez Pool 10 knowles Rd CLOSE Enclosure The Porch Factory INSPECTOR PERMITURE OWNER/ADDRESS/CONTRACTIONS INSPECTION TAYPES SEE RESULTS TO A COMMENTS LONG 17 RID VISTA THE Ou_

INSPECTOR

#599

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

		"
	•	Date Issued
This application shall include a wor replacement and a site plan whis scale drawing, or aerial photograp existing or proposed structures, indentified with an estimated size	ch shall include the dime h, superimposed with lot mprovements and site uses	nsional location on a survey,
Owner Tim WRIGHT A	ddress (() MILAMAR	Phone
Contractor DEK Homes CONST. /NC A	ddress/046 N.E. JEWEN BEAC	Burphone 334-8379
Number of trees to be removed(list		·
<i>O</i>		
Number of trees to be relocated wi	thin 30 days(no fee)(list	kinds of trees):
Number of trees to be replaced	(list kinds of	trees):
Permit Fee \$ 45.00 (\$25.00 - to exceed \$100.00.	first tree plus \$10.00 -	each additional tree - not
(No permit fee for trees which are & are required to be removed in or is dead, diseased, injured or hazar	rder to provide utility se	ervice nor for a tree which
Plans approved as submitted	Plans approved as ma	arked
Permit good for one year. Fee for	genewal of expired permi	t is \$5.00
Signature of applicant	Date s	submitted <i>OCT</i> , 4, 94
Approved by Building Inspector	lelzu	Date 10/4/94
Approved by Building Commissioner_	VAVon	Date
Completed		-
Date	Checked by	
THE FOLLOWING TREES MAY BE REMOVED	OR DESTROYED WITHOUT OBTA	ATNING A PERMIT. BRAZILIAN

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?