

10 Miramar Road

3664

SFR

#3664

Tax Folio No. 0138-41-009-000-00040-5

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name TIM WRIGHT AND VALERIE WRIGHT

Owner's Address 2375 N.E. OCEAN BLVD. #D-306 STUART, FL 34996

Owner's Telephone N/A

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

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

City N/A State N/A Zip N/A

Contractor's Name ARK HOMES CONSTRUCTION INC / RONALD BRITTMAN

Contractor's Address 1046 NE. JENSEN BEACH BLVD

City JENSEN BEACH State FL Zip 34957

Contractor's Telephone 334-8379 License Number _____

Job Name WRIGHT RESIDENCE

Job Address ~~10~~ MIRAMER (LOT #4)

City Town of Sewall's Point State Florida Zip 34996

Legal Description SINGLE FAMILY HOME

Bonding Company N/A

Bonding Company Address N/A

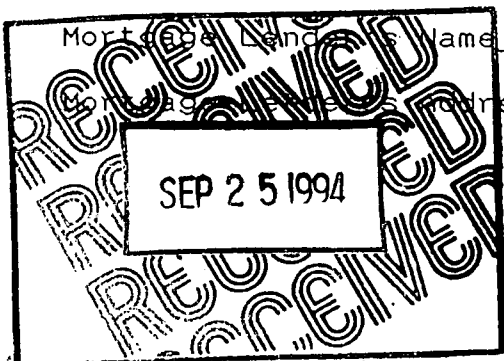
City N/A State N/A

Architect/Engineer's Name MATHERS ENGINEERING

Architect/Engineer's Address 111 S. FED. HWY. SUITE 226, STUART, FL 34996

Mortgage Lender's Name FIRST FEDERAL SAVINGS OF THE PALM BEACHES

Mortgage Lender's Address P.O. BOX 3515 WEST PALM BEACH, FL 33402-3515



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.

Plumbing Contractor ARROW PLUMBING License No. CFCO29692
Electrical Contractor COOK ELEC. License No. ME00152
Roofing Contractor PANACHE CONSTRUCTION License No. CGCA0737
A/C Contractor CLASSIC COOLING License No. CACO29403
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

3086

143,000

M. x \$8.00 = \$ 1,144 Building Fee

A/C Fee \$ 100.00

Electrical Fee \$ 100.00

Plumbing Fee \$ 100.00

Roofing Fee \$ 100.00

Radon Fee \$ 30,0095

County Impact Fee \$ 1,508 20

TOTAL PERMIT FEE \$ 3,083 15

PAYMENT RECEIVED Dale Brun 9/30/94
Signature Date

- Contractor's License _____ ✓
- Sub-Contractors' Licenses _____ ✓
- Workers' Comp. Insurance _____ ✓
- General Liability Insurance _____ ✓
- Three sets of Plans _____ ✓
- Plans sealed by architect or engineer _____ ✓
- Plot Plan _____ ✓
- Boundary survey _____ ✓
- Topographic survey certified to the _____
Town of S.P. _____ ✓
- Recorded warranty deed _____ ✓
- Septic tank permit _____ ✓
- Energy Code calculations _____ ✓
- Elevation certificate _____ ✓
- Recorded notice of commencement _____ ✓
- Application for c.o. _____

DATE _____

(Owner or Authorized Agent)

Sworn and Subscribed before me this

_____ day of _____ 199__

(SEAL)

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Ronald A. Buntin, Pres
(Contractor)

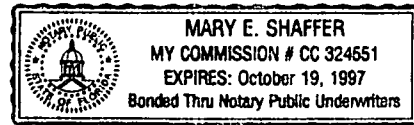
DATE 9/22/94

Sworn and Subscribed before me this

22nd day of Sept 1994

(SEAL)

Mary E. Shaffer
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC057270

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown 9/27/94 Permit Officer

[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked ✓ Date 9/26/94

A/C Area 1868 sq. ft. x \$60. = \$ 112,080⁰⁰

Non A/C Area 1228 sq. ft. x \$25. = \$ 30,700⁰⁰

Total = \$ 142,78

Contract Price \$ 143,000 (fee will be charged on higher amount)

**A C O R D C E R T I F I C A T E O F
E X C E L L E N T I N S U R A N C E**

ISSUE DATE **09/22/94**

PRODUCER
SAFE HARBOR INSURANCE
735 COLORADO AVE
PO BOX 2210
STUART, FLORIDA 34995

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

COMPANIES AFFORDING COVERAGE

INSURED
ARK HOMES CONSTRUCTION CO
1046 NE JENSEN BEACH BLVD
JENSEN BEACH
FL 34957

COMPANY
LETTER A ASSURANCE COMPANY OF AMERICA
COMPANY
LETTER B
COMPANY
LETTER C
COMPANY
LETTER D FLORIDA HOME BUILDERS SIF
COMPANY
LETTER E

COVERAGE S

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

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	GENERAL LIABILITY	EPA194-03394	05/26/94	05/26/95	GENERAL AGGREGATE \$ 300,000
	<input checked="" type="checkbox"/> Commercial General Liability				PRODUCTS-COMP/OP AGGREGATE \$ 300,000
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur.				PERSONAL & ADV. INJURY \$ 300,000
	<input type="checkbox"/> Owner's & Contractor's Prot.				EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> Any Auto				RODILY INJURY (Per person) \$
	<input type="checkbox"/> All Owned Autos				RODILY INJURY (Per accident) \$
	<input type="checkbox"/> Scheduled Autos				PROPERTY DAMAGE \$
	<input type="checkbox"/> Hired Autos				
	<input type="checkbox"/> Non-Owned Autos				
	<input type="checkbox"/> Garage Liability				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> Other Than Umbrella Form				
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	15841	03/01/94	03/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 100,000
					DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS LOCATIONS/VEHICLES/SPECIAL ITEMS

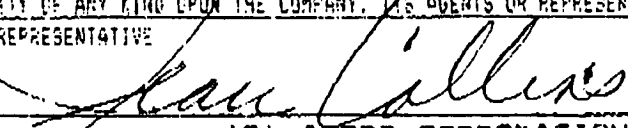
CONTRACTOR/STATE OF FLORIDA
30 DAYS NOTICE OF CANCELLATION ON M/C

CERTIFICATE HOLDER CANCELLATION

TOWN OF SEWALL'S POINT
BUILDING DEPT
1 SEWALL'S POINT RD
STAUFF FL 34996

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

AUTHORIZED REPRESENTATIVE





RECEIVED
AUG 10 1994

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
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
STUART, FL. 34994 407-288-7176

PERMIT # 94-0231
DATE PAID 8/10/94
FEE PAID \$ 80.00
RECEIPT # 12913

94-0231

APPLICATION FOR:
 New System [] Existing System [] Holding Tank [] Temporary/Experimental
 Repair [] Abandonment [] Other(Specify)

APPLICANT: Tim WRIGHT TELEPHONE: 286-7761

AGENT: STEPHEN J. BROWN

MAILING ADDRESS: 290 FLORIDA 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

PROPERTY ID #: 39 acres [Section/Township/Range/Parcel No.] ZONING: _____

PROPERTY SIZE: 15,000 ACRES (Sqft/43560) PROPERTY WATER SUPPLY: [] PRIVATE PUBLIC

PROPERTY STREET ADDRESS: _____

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP"

BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	<u>SINGLE FAMILY</u>	<u>3</u>	<u>1917</u>		
2					
3					
4					

[] Garbage Grinders/Disposals [] Spas/Hot Tubs [] Floor/Equipment Drains
[] Ultra-low Volume Flush Toilets [] Other (Specify)

APPLICANT'S SIGNATURE: STEPHEN J. BROWN DATE: 7/19/94



APPLICANT TIM WRIGHT
LEGAL DESCRIPTION LOT 4, MIRAMAR

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1700 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION N/A NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 9.87 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 10.00 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? NO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? _____ NGVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 4049
DATE: 7/19/94 JOB NO. 1444-93-0

PREPARED BY : STEPHEN J. BROWN, INC
290 FLORIDA STREET,
STUART, FL. 34996 407-288-7176

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Tim Wright SEPTIC TANK PERMIT NO. HD 94-231
LEGAL DESCRIPTION: Lot 4 Miramar

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: # 3446 (Certification not required for this item)
- 2. I certify that the elevation of the top of the lowest plumbing stubout is 9 inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below 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 an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A/ B on reverse side) Date Observed: / /
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: / /
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: / /

- EX: a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or rock.
- b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
- c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

SIGNED BY: STEPHEN S. BROWN As applicant or applicant's representative, I understand the above requirements.

DATE: 10/19/94 Job Number: 1444-43-01
HRS. MARTIN COUNTY PUBLIC HEALTH UNIT (Signature)
FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY
Environmental Health
612 So. Dixie Hwy.
Stuart, FL 34994 - (407) 221-4090
Martin County Health Unit Approval Signature _____ (Date) 10-19-94

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

Revised 3/28/92

Deek



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

PERMIT # _____

407-287-7176
 Stephen J. Brown, Inc.
 290 Florida Street
 Stuart, Fl. 34994

APPLICANT: Tim WRIGHT

AGENT: _____

LOT: 4 BLOCK: _____

SUBDIVISION: MIRAMAR

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

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

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: _____ ACRES
 TOTAL ESTIMATED SEWAGE FLOW: _____ GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]
 AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: _____ 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 SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to

USDA SOIL SERIES: _____

Munsell #/Color	Texture	Depth
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to

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

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

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: _____ DATE: _____

**** SITE EVALUATION FIELD NOTES ****

1. WET SEASON (SEASONAL HIGH) WATER TABLE PER USDA SOIL SURVEY _____

2. ESTIMATED SEASONAL HIGH WATER TABLE FROM FIELD VISIT _____

3. JUSTIFICATION FOR ESTIMATED SEASONAL HIGH WATER TABLE (IF NOT CONSISTENT WITH USDA MARTIN COUNTY SOIL SURVEY): _____

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 _____

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

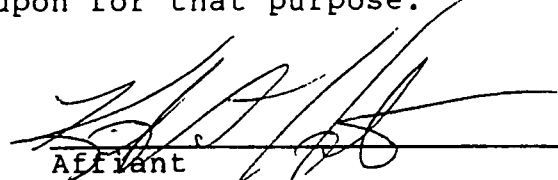
BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

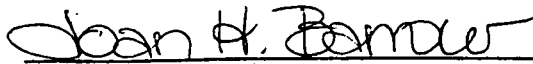
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 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.



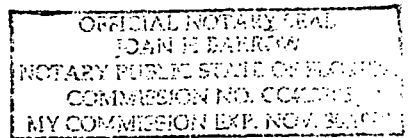
Affiant
Property street address:
10 MIRAMAR

Sworn to and subscribed
before me this 16th day of
March, 1995.



Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)





STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Tim Wright SEPTIC TANK PERMIT NO. AD94-231

LEGAL DESCRIPTION: Lot 4 Miramar

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department.

- 1. Building Permit Number: (Certification not required for this item).
2. I certify that the elevation of the top of the lowest plumbing stubout is inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
3. I certify that the top of the lowest building plumbing stubout is inches (circle one) above/ below 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 an area of feet by feet a minimum depth of six(6) feet below top of required stubout elevation.
6. I certify that all moderately and severely limited soils have been removed in an area feet wide or 33% of the area of the drainfield.
7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in Diagram A, or Diagram B on reverse side.

- NOTE: a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck. b. Drainfield must be centered in the excavated area. c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: As applicant or applicant's representative, I understand the above requirements. Date: Job Number: (Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature

(Date)

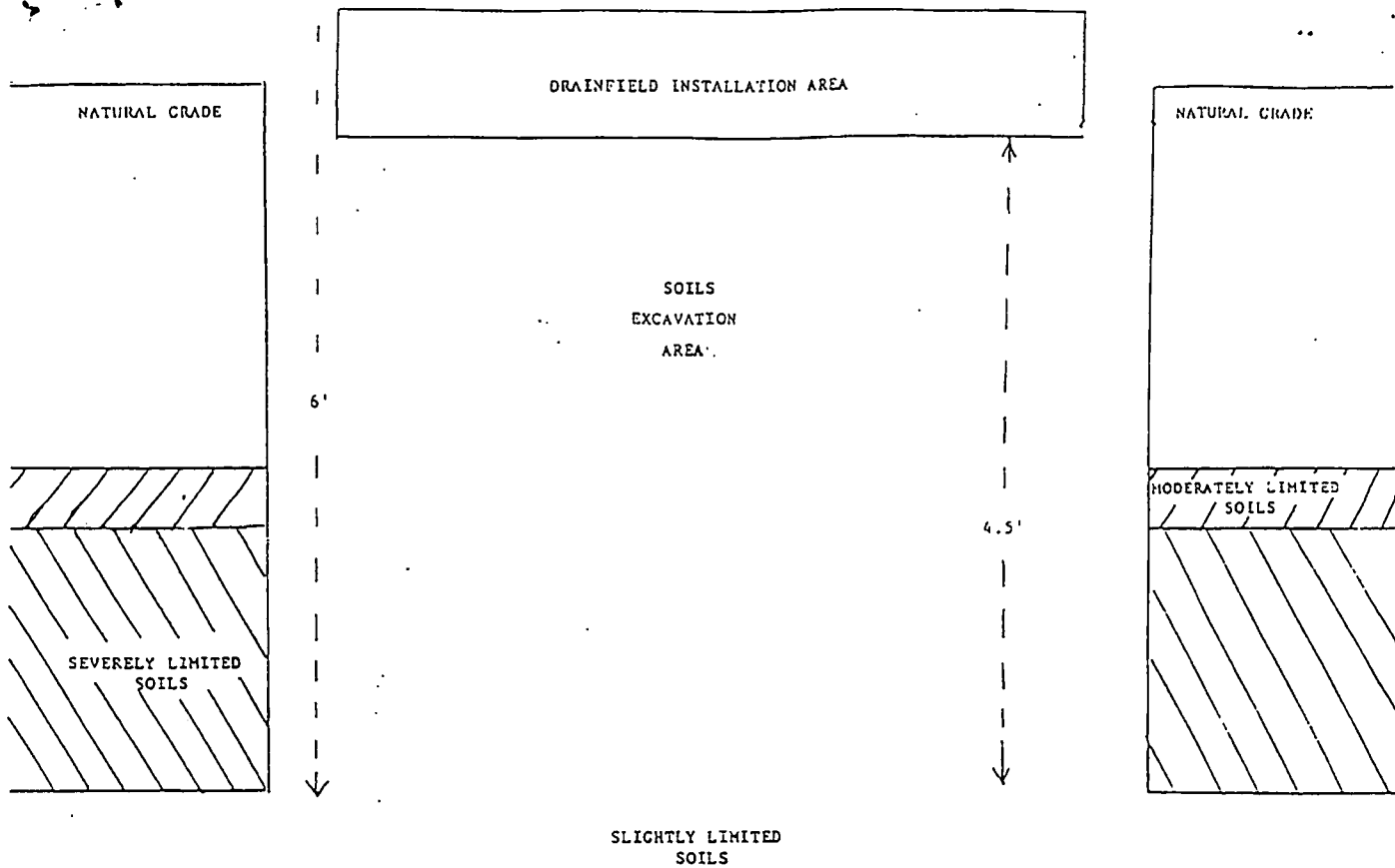
MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH 612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 3/28/92

STUBOUT PIPE

9 - 12" SOIL COVER

DIAGRAM A



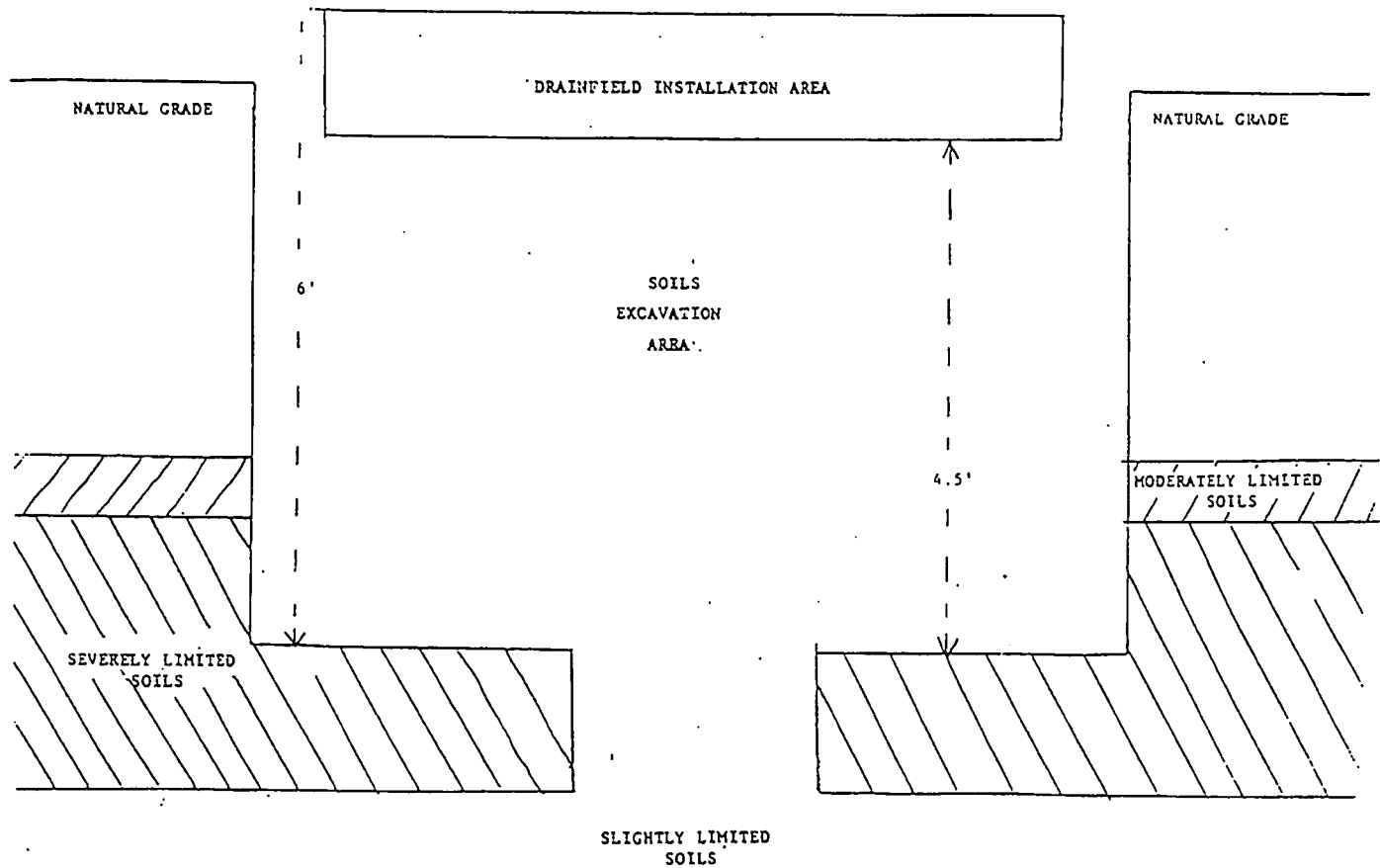
4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"

NTS



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 94-0231-
DATE PAID 08/10/94
FEE PAID \$ 105.00
RECEIPT # 12913
BLDG PERMIT

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Temporary/Experimental System
[] Repair [] Abandonment [] Other (Specify)

APPLICANT: TIM WRIGHT AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: MIRAMAR RD. STUART

LOT: 4 BLOCK: SUBDIVISION: MIRAMAR

PROPERTY ID #: NA [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE ONE YEAR FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES: [Y]
A [0] [GALLONS / GPD] CAPACITY MULTI-CHAMBERED/IN SERIES: []
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [261] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED [X] 3 TRENCHES X 29'L

N
F LOCATION OF BENCHMARK: BM: 9.87' NGVD
I ELEVATION OF PROPOSED SYSTEM SITE IS [1.5] INCHES ABOVE BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [28.0] INCHES BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O. DRAINFIELD ROCK MUST BE A MINIMUM OF 5 FEET FROM PROPERTY LINES.
T TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 8 INCHES BELOW BM 9.87' NGVD
H TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 18 " " "
E TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 2 " ABOVE "
R DO NOT EXCEED 18 INCHES OF COVER OVER THE DRAINFIELD ROCK.

SPECIFICATIONS BY: NA TITLE: NA

APPROVED BY: EDGAR MORALES RODRIGUEZ TITLE: ENVIRONMENTAL SP MARTIN CPHU

DATE ISSUED: 08/18/94 VARIANCE Y / (N) [N/A] INCLUDES EXPIRATION DATE: 08/18/95
VARIANCE EXPIRATION

** SEE ATTACHED SPECIAL CONDITIONS FORM **



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Tim Wright PERMIT NO. (HD) 94-231
SUBDIVISION: _____

N O T E Special Condition(s) marked "X" are in effect.

- X 1. Drainfield must be maintained under grass; _____ and protected from vehicular traffic (traffic barriers).
- ___ 2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- X 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- X 4. Septic system must be 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.
- X 10. Any future ponds or surface water created onsite must be 75' from septic system(s).
- X 11. Available area for septic installation must to be evenly filled and leveled.
- X 12. \$70.⁰⁰ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

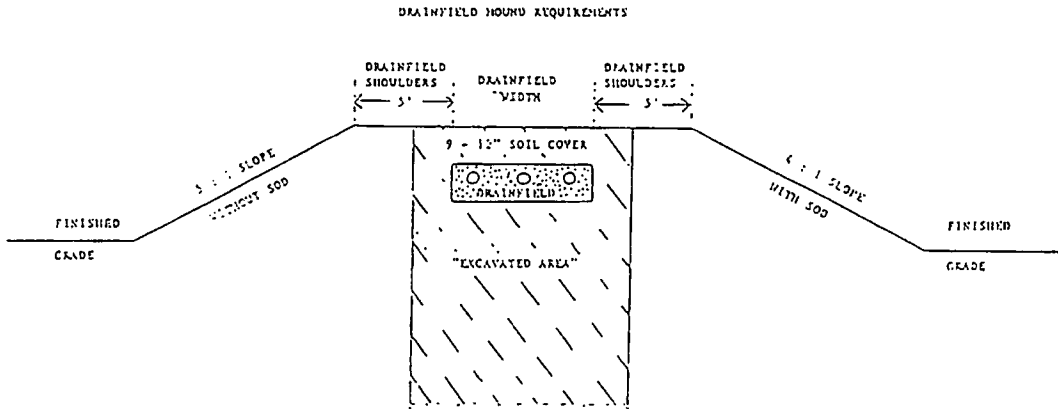
* SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3
MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

SPECIAL CONDITION REQUIREMENTS

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.
16. _____ 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).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) 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.
19. No sprinklers, roof drainage or gutter drains are allowed to drain into drainfield rock area.
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.
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.
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.



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

- 29. Other: SEPTIC TANK IS REQUIRED TO BE AT FINISHED SOIL GRADE, DO NOT EXCEED 18 INCHES OF COVER OVER DRAINFIELD ROCK.

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

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

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

PERMIT # 94-0231-
 BLDG PERMIT _____

APPLICANT: TIM WRIGHT AGENT: STEPHEN BROWN

LOT: 4 BLOCK: _____ SUBDIVISION: MIRAMAR

PROPERTY ID #: NA [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 234 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 350 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
 AUTHORIZED SEWAGE FLOW: 450 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1200 SQFT UNOBSTRUCTED AREA REQUIRED: 754 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 9.87
 ELEVATION OF PROPOSED SYSTEM SITE IS 1.56 INCHES [ABOVE / BELOW] BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
 SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET? [] YES NO
 WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: 50 FT
 BUILDING FOUNDATIONS: 7 FT PROPERTY LINES: 15 FT POTABLE WATER LINES: 12 FT

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

SOIL PROFILE INFORMATION SITE 1

Munsell #/Color	Texture	Depth
10YR 5/1 grey sand		0 to 4
10YR 8/1 white sand		4 to 48
10YR 4/6 DK yellow brown sand		48 to 72
		to
		to
		to
		to
		to

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
10YR 5/1 grey sand		0 to 4
10YR 8/1 white sand		4 to 48
10YR 4/6 DK yellow brown sand		48 to 72
		to
		to
		to
		to
		to

USDA SOIL SERIES: #6 Paola

USDA SOIL SERIES: #6 Paola

OBSERVED WATER TABLE not encountered INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [ABOVE / BELOW] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: [] YES NO MOTTLING: [] YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.75 DEPTH OF EXCAVATION: NA INCHES
 DRAINFIELD CONFIGURATION: TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Sue Eberhardt EST DATE: 8-15-94

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

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.

SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME <u>TIM WRIGHT</u>	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>10 MIRAMAR</u>	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>LOT 4, MIRAMAR</u>	
CITY <u>STUART</u>	STATE <u>FLA.</u>
	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	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>120164</u>	<u>0001</u>	<u>C</u>	<u>4/3/84</u>	<u>B</u>	<u>N/A</u>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below : (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. 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 floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____

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.

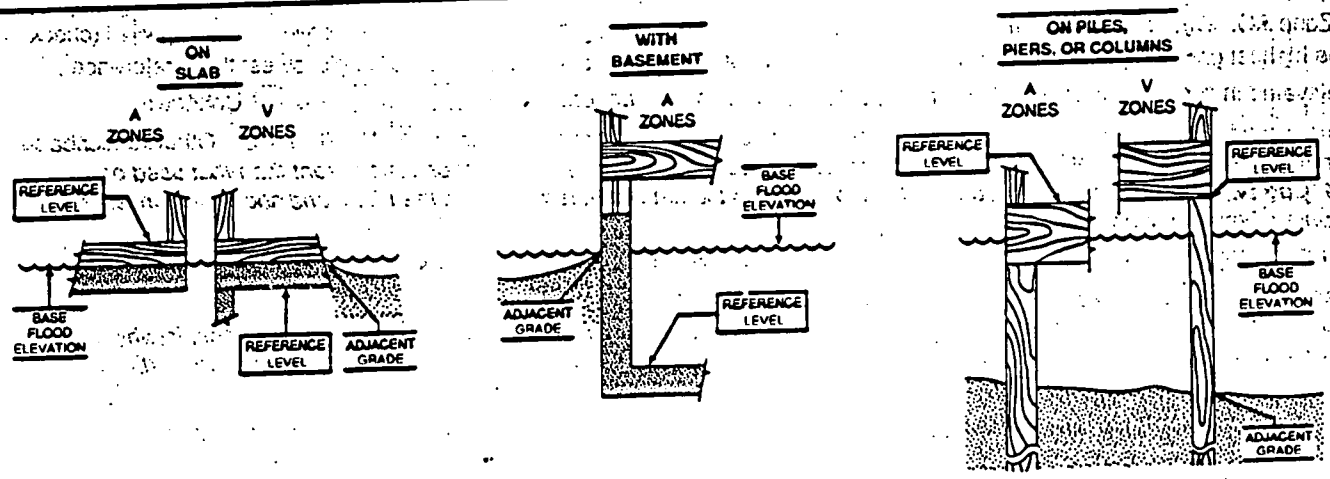
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under 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
CERTIFIER'S NAME Land Surveyor	LICENSE NUMBER (or Affix Seal) Stephen J. Brown, Inc.
TITLE 290 Florida Street	COMPANY NAME Stuart
ADDRESS	Florida 34994
CITY	STATE ZIP
SIGNATURE	10/19/94 (407) 288-7176
	DATE PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



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.

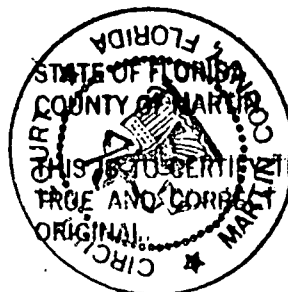
This instrument prepared by:

Carla Sullivan



FIRST FEDERAL SAVINGS
OF THE PALM BEACHES

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



MARSHA STILLER, CLERK

BY [Signature] D.C.
DATE 9/30/94

NOTICE OF COMMENCEMENT

Permit # _____

Tax Folio # 01-38-41-009-000-00040-5

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with CHAPTER 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. The Notice shall be effective for a period of 12 months from the date of recording.

Description of Property: 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 111; said lands situate, lying and being in Martin County, Florida.

Property Address: XXX Miramar Road Stuart, FL 34996

General description of improvement: One story, Frame, Single family home

Owner: Tim B. Wright and Valerie J. Wright

Address: 2375 NE Ocean Blvd., #D-306 Stuart, FL 34996

Owner's interest 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 any) _____

Address: _____ Amount of bond \$ _____

Construction Lender: First Federal Savings & Loan Association of the Palm Beaches
Address: P. O. Box 3515, West Palm Beach, FL 33402 Attention: Jennie Temple-Rodriguez

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

Name: _____

Address: _____

In addition to owner the following person shall receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Name: _____

Address: _____

[Signature]
Tim B. Wright (Owner)

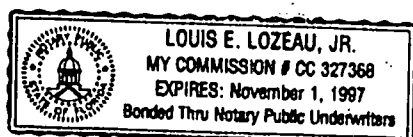
[Signature]
Valerie J. Wright (Owner)

STATE OF FLORIDA

COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 30th day of August, 1994 by Tim B. Wright and Valerie J. Wright

who is (are) personally known to me or who has (have) produced _____ as identification and did not take an oath.



[Signature]
(printed name) Louis E. Lozeau, Jr.
Notary Public, State of Florida
My commission expires: CC 327368
Serial No.: _____

Wind Load Structural Calculations per ASCE 7-93

<p>START HERE STEP No. 1</p> <p>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</p> <p style="text-align: center;">Design wind speed & exposure ENTER HERE</p>	<p>Establish wind load velocity pressure for exposure C or exposure D for shoreline areas</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> <p style="margin: 0;">110 EXP. D</p> </div>	<p>Hurricane Engineering Corporation</p> <p>1111 South Federal Hwy., Suite 220 Stuart, Florida 34994</p> <p>Phone: 407 / 221-8638 Fax: 220-8886</p>
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Wind speed & exposure	80 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	110 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	28.7	33.4	41.5	49.1	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	46.8
Mean Roof height 30' to 35'	18.4	23.3	28.8	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	56.9	65.8	36.1	44.6	54.0

Rectangle Information: Select velocity pressure and list mean roof height for each roof rectangle

For Rectangle	A	B	C	D	E	F	G	H	I	J	K
Velocity pressure	45.1										
Mean roof height	22										

To determine the mean roof height; first, ADD vertical distance from grade to top of exterior wall at eave PLUS; 50% of the vertical distance from top of exterior wall at eave to highest roof ridge line of each rectangle. DEAD LOAD (PSF) 2

General Information	1:12	2:12	3:12	4:12	5:12	6:12	7:12	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
Force factor	0.94444	0.88888	0.84444	0.78888	0.74444	0.70000	0.66666	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 Degrees

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

For Roof framing members at 16" on center													
16" 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				
	Coefficients for				Coefficients for				Coefficients for				
Roof frame member span lgh. brg. to brg. (Feet)	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	
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	1.46	1.54	1.63	2.25	
9 to 12	1.67	1.91	2.40	2.54	1.66	2.04	2.80	2.80	1.44	1.50	1.63	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 36	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	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98	

For Roof framing members at 24" on center													
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				
	Coefficients for				Coefficients for				Coefficients for				
Roof frame member span lgh. brg. to brg. (Feet)	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	
0 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	1.82	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 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	1.25	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	1.26	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	1.28	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	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98	
80 Plus	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98	

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 Number:

NOTE: Nomenclature assigned by truss companies may also be used except for girders & beams.

SAMPLE: A-T1 (A = the roof Rectangle in which the true T1 is located)

On your roof framing plan, identify, by prefixes and number, all structural framing members. Use the same prefix and number for all members which are identical in span and general design. Prefixes are shown in the chart below.

Note: Mark all girder trusses and beams at their bearing points with "A" at one bearing point and "B" at the other bearing point. (Example: G1-A and G1-B for each end of a girder truss)

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
Rectangle Prefix +	T-#	R-#	J-#	B or G-#	K-#	CR-#	H-#	GF-#	X-#	EW-#	SW-#

STEP No. 3 Calculate wind uplift loads for structural roof framing members at both bearing points.

List hip roof king-jacks after Step 4D is completed. Do include hand framed Gables, GF-#.

Note 2: The selection of the coefficient "C" must be from the chart shown on page 1 and is based first on the roof framing center distance, 16" or 24" on center; next the chart for the appropriate roof pitch angle must be used in conjunction with the roof frame member span length from bearing point to bearing point.

Important: Select the correct coefficient for each roof framing member based on the number of Edge or Ridge strip areas acting on that specific roof frame member. Typically, most hip jacks and some rafters have only one edge or ridge strip.

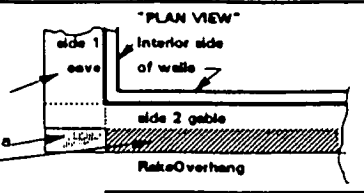
The load result of this calculation is the net uplift reaction vertical to the bearing point less the dead load reaction.

Col. A Rectangle Letter-	Col. B Roof frame member I.D. No. on plans	Col. C Coefficient "C" Note 2 Roof and overhang	Col. D Velocity pressure	Col. E Calculated Value	Col. F Dead Load (PSF)	Col. G Calculated Value	Col. H Roof frame center distance (feet)	Col. I Calculated Value	Col. J* Line a. = 1/2 Span Line b. = overhang	Col. K Uplift load opposite eave end for a.(Lbs.)	Col. L* Uplift load at eave w/ overhang for b.(Lbs.)	Letter Ridge end = a. Eave end = b.
J1	A	1.50 2.32	45.1	67.7 104.6	2	65.7 102.6	2	131.4 205.2	0.5 2.0	65.7 410.4	476	a. b.
J3		1.50 2.32		67.7 104.6		65.7 102.6		131.4 205.2	1.5 2.0	197.1 410.4	608	a. b.
J5		1.50 2.32		67.7 104.6		65.7 102.6		131.4 205.2	2.5 2.0	262.8 410.4	613	a. b.
J6		1.37 2.16		61.8 97.4		59.8 95.4		119.6 109.8	3.0 2.0	358.8 219.6	578	a. b.
J7		1.37 2.16		61.8 97.4		59.8 95.4		119.6 109.8	3.5 2.0	418.6 219.6	638	a. b.
J9		1.35 2.13		60.9 96.1		58.9 94.1		117.8 188.2	4.5 2.0	530.1 376.4	907	a. b.
T1		1.27 2.00		57.3 90.2		55.3 88.2		110.6 176.4	10.0 2.0	1106.0 352.8	1459	a. b.
T2		1.24 2.00		55.9 90.2		53.9 88.2		107.8 176.4	10.0 2.0	1078.0 352.8	1431	a. b.
T3		1.24 1.98		55.9 89.3		53.9 87.3		107.8 174.6	23.0 2.0	2479.4 349.2	2829	a. b.
T4		1.26 2.00		56.8 90.2		54.8 88.2		109.6 176.4	14.0 2.0	1534.4 232.8	1767	a. b.
T5		1.35 2.13		60.9 96.1		58.9 94.1		117.8 188.2	4.5 0	530.1 0	530	a. b.
G1		1.27 2.00		57.3 90.2		55.3 88.2		110.6 176.4	10.0 2.0	1106.0 352.8	1459	a. b.
G2		1.24 1.98		55.9 89.3		53.9 87.3		107.8 174.6	23.0 2.0	2479.4 349.2	2829	a. b.
G3		1.35 2.13		60.9 96.1		58.9 94.1		117.8 188.2	4.5 2.0	530.1 376.4	907	a. b.
G4		1.24 1.98		55.9 89.3		53.9 87.3		107.8 174.6	23.0 2.0	2479.4 349.2	2829	a. b.
G5		1.26 2.00		56.8 90.2		54.8 88.2		109.6 176.4	14.0 2.0	1534.4 232.8	1887	a. b.
KJ7		1.37 2.16		61.8 97.4		59.8 95.4		119.6 140.8	5.75 2.80	687.7 534.2	1222	a. b.
KJ9	X	1.35 2.13	Y	60.9 96.1	Z	58.9 94.1	V	117.8 188.2	7.35 2.80	865.8 527.0	1395	a. b.

*NOTE 3: If the eave does NOT have an overhang of 1'-8" or more; then enter 1.5 in column "J"

Page 2

STEP No. 4A (Only if Rake overhang exceeds 1 foot)
Contributory Uplift Load Values
 for outside wall corner overhang areas:
 Use for ALL GABLE Corners ONLY
 Identical corners should have the same I.D. number
 AA represents uplift load for this corner overhang area
 BB represents excess rake overhang uplift load



STEP No. 4C
Hypotenuse lengths for roof frame Hip King-Jacks
 Select the LENGTH values CC and DD from this chart based upon the hip girder truss set-back distance from the exterior bearing wall and the eave overhang length.

Corner I.D. as shown on plans	Enter Sq. Ft. of Shaded corner Area	MATH	Fixed Value	Math Function Value (results)	MATH	specific rectangle Velocity pressure (sheet 1)	Value AA	Set-Back Distance in feet	CC Bearing Length	Set-Back Distance in feet	CC Bearing Length	Set-Back Distance in feet	CC Bearing Length	Eave Over-Hang Distance in feet	DD overhang Length
CR-1		X	4	=	X			1	1.4	9	12.7	17	24.0	1.00	1.4
CR-2		X	4	=	X			2	2.8	10	14.1	18	25.5	1.33	1.9
CR-3		X	4	=	X			3	4.2	11	15.6	19	26.9	1.50	2.1
CR-4		X	4	=	X			4	5.7	12	17.0	20	28.3	2.00	2.8
CR-5		X	4	=	X			5	7.1	13	18.4	21	29.7	2.50	3.5
CR-6		X	4	=	X			6	8.5	14	19.8	22	31.1	3.00	4.2
CR-7		X	4	=	X			7	9.9	15	21.2	23	32.5	3.50	4.9
CR-8		X	4	=	X			8	11.3	16	22.6	24	33.9	4.00	5.7

STEP No. 4B Calculate Wind Uplift Load Values at bearing points of gable truss or rafter and uplift per lineal foot for gable diaphragm design and connector sizing on hand framed gables

GF# or Member I.D. No. as shown on plans	Col A Enter half Sq. Ft. of hatched rake area brg. to brg.	MATH	Fixed Value	Math Function Value (results)	MATH	specific rectangle Velocity pressure (sheet 1)	Value BB	MATH	Plus Value AA	Col F List Ka. & Lb. values from Step 3	Col G Uplift at each bearing point a. & b.	Col H Total uplift for both bearing points	Col I List horizontal bearing distance (Feet)	Col J Uplift shear on gable sheathing (PLF)	Col K Sheathing Mat'l. & thickness & Nail size & V. Ctrs.	Col L Ridge end = a. Eave end = b.	LINE Letter
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.
		X	2.4	=	X			+								a.	b.

$A \times B = C$ $C \times D = E$ $E + F + G = H$ $H a + H b = I$ $I / J = K$

STEP No. 4D List the values requested and perform the calculations on Lines 3, 4, and 6 for each dissimilar king-jack shown on plans. Then, insert the calculated values from Line 4 and Line 5 into Step 3, Column J, lines a. & b. respectively.

Line Number	King-Jack I.D. No. as shown on plans	Set-back distance (Ref.)	Roof Pitch Ratio (rise to 12) (Ref.)	Pitch Factor = Page 1, General info.	List the CC length value	Multiply Line 1 times Line 2 =	Divide Line 3 value by 2 =	List the DD overhang length value	Multiply Line 1 times Line 5 =
	KJ7	7	7	1.15770	9.9	11.5	5.75	2.8	3.24
	KJ9	9	7	1.15770	12.7	14.7	7.35	2.8	3.24

STEP No. 5 Determine the ADDITIONAL wind uplift load for those roof frame members that extend or exist over partially enclosed and/or open areas.

Member I.D. No. as shown on plans	Col A Load Ks. & Lb. from Step No. 3 (Lbs.)	Col B Velocity pressure from Step No. 3 Col. "D"	Col C Additional uplift load per sq. ft. (Lbs.)	Col D Member length over the open area only (Feet)	Col E Member distance on center (Feet)	Col F Effective sq. ft. area per member	Col G Sum of additional uplift load / member (Lbs.)	Col H Member span dist brg to brg (Feet)	Col I additional uplift load per lineal foot (PLF)	Col J Load Ctr. dist. to: brg pt b. brg pt a. (Feet)	Col K additional uplift load t brg. pts a. and b. (Lbs.)	Col L Revised uplift load t brg. pts a. and b. (Lbs.)	LINE Letter Ridge end = Eave end =
T3	2479	45.1	33.8	10	2	20	676	46	14.7	5	74	2553	a.
T3	2829									41	603	3732	b.
T4	1532			6		12	406	23	14.5	2.5	362	1895	a.
T4	1767									3	44	1811	b.
J6	357			6		12	406	6	67.7	3	203	562	a.
J6	578									3	203	781	b.
KJ7	1748			8		16	541	10	54.1	4	216	1962	a.
KJ9	2338			12.5		25	845	12.5	67.6	6.25	435	2771	a.
T3	2479			6		12	406	46	8.8	4.3	318	2321	a.
T3	2829									3	26	2855	b.

$B \times 0.75 = C$ $D \times E = F$ $C \times F = G$ $G / H = I$ $I \times J = K$ $A + K = L$

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)

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				G1
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	KJ7B	1743	x	2	3486
2	J7	419	x	5	2095
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				5591
12	Divide Line 11 by 2 =				2796
13a	This member's uplift load from Steps 3 or 5 (End a.)				1459
13b	This member's uplift load from Steps 3 or 5 (End b.)				1459
14a	Add Line 12 and Line 13a = (End a.)				4255
14b	Add Line 12 and Line 13b = (End b.)				4255

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				G2
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	KJ9B	2338	x	1	2338
2	J9	530	x	8	4240
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				6578
12	Divide Line 11 by 2 =				3289
13a	This member's uplift load from Steps 3 or 5 (End a.)				2829
13b	This member's uplift load from Steps 3 or 5 (End b.)				2829
14a	Add Line 12 and Line 13a = (End a.)				6118
14b	Add Line 12 and Line 13b = (End b.)				6118

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				G3
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	T2	1078	x	4	4312
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				4312
12	Divide Line 11 by 2 =				2156
13a	This member's uplift load from Steps 3 or 5 (End a.)				907
13b	This member's uplift load from Steps 3 or 5 (End b.)				907
14a	Add Line 12 and Line 13a = (End a.)				3063
14b	Add Line 12 and Line 13b = (End b.)				3063

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				G4
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	KJ9A	2771	x	1	2771
2			x		
3	T5	530	x	16	8480
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				11251
12	Divide Line 11 by 2 =				5625
13a	This member's uplift load from Steps 3 or 5 (End a.)				2829
13b	This member's uplift load from Steps 3 or 5 (End b.)				2829
14a	Add Line 12 and Line 13a = (End a.)				8454
14b	Add Line 12 and Line 13b = (End b.)				8454

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				G5
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	KJ7A	1964	x	2	3928
2	J7	419	x	9	3771
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				7699
12	Divide Line 11 by 2 =				3850
13a	This member's uplift load from Steps 3 or 5 (End a.)				1337
13b	This member's uplift load from Steps 3 or 5 (End b.)				1337
14a	Add Line 12 and Line 13a = (End a.)				5187
14b	Add Line 12 and Line 13b = (End b.)				5187

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				B1
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	T4	1825	x	1	1825
2	G5	5737	x	1	5737
3	J5	263	x	1	263
4	J3	197	x	1	197
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				8092
12	Divide Line 11 by 2 =				4046
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				4046
14b	Add Line 12 and Line 13b = (End b.)				4046

WEIGHT RES.

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)

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				(Totals) Add lines 1 thru 10 & enter sum on line 11
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
	Girder Truss or Beam I.D. No. Box KJ7B				
1	J1	86	x	2	= 132
2	J3	197	x	2	= 394
3	J5	263	x	2	= 526
4			x		=
5			x		=
6			x		=
7			x		=
8			x		=
9			x		=
10			x		=
11	Sub-Total				1052
12	Divide Line 11 by 2 =				526
13a	This member's uplift load from Steps 3 or 5 (End a.)				1222
13b	This member's uplift load from Steps 3 or 5 (End b.)				1222
14a	Add Line 12 and Line 13a = (End a.)				1748
14b	Add Line 12 and Line 13b = (End b.)				1748

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				(Totals) Add lines 1 thru 10 & enter sum on line 11
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
	Girder Truss or Beam I.D. No. Box KJ9B				
1	J1	66	x	2	= 132
2	J3	197	x	2	= 394
3	J5	263	x	2	= 526
4	J7	419	x	2	= 838
5			x		=
6			x		=
7			x		=
8			x		=
9			x		=
10			x		=
11	Sub-Total				1890
12	Divide Line 11 by 2 =				945
13a	This member's uplift load from Steps 3 or 5 (End a.)				1393
13b	This member's uplift load from Steps 3 or 5 (End b.)				1393
14a	Add Line 12 and Line 13a = (End a.)				2338
14b	Add Line 12 and Line 13b = (End b.)				2338

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				(Totals) Add lines 1 thru 10 & enter sum on line 11
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
	Girder Truss or Beam I.D. No. Box B-2				
1	T4	7895	x	5	= 9475
2			x		=
3			x		=
4			x		=
5			x		=
6			x		=
7			x		=
8			x		=
9			x		=
10			x		=
11	Sub-Total				9475
12	Divide Line 11 by 2 =				4738
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				
14b	Add Line 12 and Line 13b = (End b.)				4738

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				(Totals) Add lines 1 thru 10 & enter sum on line 11
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
	Girder Truss or Beam I.D. No. Box B3				
1	T4	1895	x	2	= 3790
2	J6	781	x	4	= 3124
3			x		=
4			x		=
5			x		=
6			x		=
7			x		=
8			x		=
9			x		=
10			x		=
11	Sub-Total				6914
12	Divide Line 11 by 2 =				3457
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				3457
14b	Add Line 12 and Line 13b = (End b.)				3457

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				(Totals) Add lines 1 thru 10 & enter sum on line 11
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
	Girder Truss or Beam I.D. No. Box B4				
1	G4	8454	x	1	= 8454
2	T3A	2257	x	2	= 5714
3			x		=
4			x		=
5			x		=
6			x		=
7			x		=
8			x		=
9			x		=
10			x		=
11	Sub-Total				14168
12	Divide Line 11 by 2 =				7084
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				7084
14b	Add Line 12 and Line 13b = (End b.)				7084

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				(Totals) Add lines 1 thru 10 & enter sum on line 11
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
	Girder Truss or Beam I.D. No. Box B5				
1	T3A	2857	x	6	= 17142
2			x		=
3			x		=
4			x		=
5			x		=
6			x		=
7			x		=
8			x		=
9			x		=
10			x		=
11	Sub-Total				17142
12	Divide Line 11 by 2 =				8571
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				8571
14b	Add Line 12 and Line 13b = (End b.)				8571

WRIGHT RES.

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)

Line #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				Girder Truss or Beam I.D. No. Box
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
B6					
1	T3A	285.7	x	5	14285
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				14285
12	Divide Line 11 by 2 =				
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				7143
14b	Add Line 12 and Line 13b = (End b.)				7143
B7					
1	J1	476	x	1	476
2	J3	608	x	1	608
3	J5	673	x	1	673
4	J7	638	x	2	1276
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				3033
12	Divide Line 11 by 2 =				1517
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				1517
14b	Add Line 12 and Line 13b = (End b.)				1517
B8					
1	J7	638	x	5	3190
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				3190
12	Divide Line 11 by 2 =				1595
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				1595
14b	Add Line 12 and Line 13b = (End b.)				1595
B9					
1	J1	476	x	1	476
2	J3	608	x	1	608
3	J5	673	x	1	673
4	J7	638	x	1	638
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				2375
12	Divide Line 11 by 2 =				1198
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				1198
14b	Add Line 12 and Line 13b = (End b.)				1198
B10					
1	J3	608	x	1	608
2	J5	673	x	1	673
3	J7	638	x	1	638
4	J9	907	x	1	907
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				2326
12	Divide Line 11 by 2 =				1163
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				1163
14b	Add Line 12 and Line 13b = (End b.)				1163
B11					
1	J1	476	x	1	476
2	J3	608	x	1	608
3	J5	673	x	1	673
4	J7	638	x	1	638
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				2395
12	Divide Line 11 by 2 =				1198
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				1198
14b	Add Line 12 and Line 13b = (End b.)				1198

WRIGHT RES.

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)

L i n e #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				B12
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	T3B	3432	x	4	13728
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				13728
12	Divide Line 11 by 2 =				6864
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				6864
14b	Add Line 12 and Line 13b = (End b.)				6864

L i n e #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				B13
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1	T3B	3432	x	4	13728
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				13728
12	Divide Line 11 by 2 =				6864
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				6864
14b	Add Line 12 and Line 13b = (End b.)				6864

L i n e #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1			x		
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				
12	Divide Line 11 by 2 =				
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				
14b	Add Line 12 and Line 13b = (End b.)				

L i n e #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1			x		
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				
12	Divide Line 11 by 2 =				
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				
14b	Add Line 12 and Line 13b = (End b.)				

L i n e #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1			x		
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				
12	Divide Line 11 by 2 =				
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				
14b	Add Line 12 and Line 13b = (End b.)				

L i n e #	List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:				
	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	
1			x		
2			x		
3			x		
4			x		
5			x		
6			x		
7			x		
8			x		
9			x		
10			x		
11	Sub-Total				
12	Divide Line 11 by 2 =				
13a	This member's uplift load from Steps 3 or 5 (End a.)				
13b	This member's uplift load from Steps 3 or 5 (End b.)				
14a	Add Line 12 and Line 13a = (End a.)				
14b	Add Line 12 and Line 13b = (End b.)				

NOTE

Any girder truss or beam bearing point that has a continuous vertical load path to the foundation is a primary bearing point load. Any girder truss or beam bearing point that bears its load upon another girder truss or beam is a contributory bearing point load. All girder trusses and beams which do NOT have other girder trusses or beams bearing their load upon them can now be listed with their Step 6A, Line 14a. or b. load values in the Connector Specification Chart.

STEP No. 6B Establish contributory load values imposed upon girder trusses or beams based on the bearing point location along the span.

List Girder truss or Beam bearing on another Girder Truss or Beam		List Girder truss or Beam which is receiving the load		Divide the LOAD by the SPAN. Equals lbs per Lin.Ft.	List Girder truss or Beam bearing on another Girder Truss or Beam		List Girder truss or Beam which is receiving the load		Divide the LOAD by the SPAN. Equals lbs per Lin.Ft.
I.D. No.	Uplift Load at Bearing point	I.D. No.	SPAN brg. to brg.		I.D. No.	Uplift Load at Bearing point	I.D. No.	SPAN brg. to brg.	
G3	3063	G2	46	66.6					
				<input type="checkbox"/> EE ▲					<input type="checkbox"/> EE ▲
				From Step 6A Line 14a. or b.					From Step 6A Line 14a. or b.

STEP No. 6C Calculate all contributory loads imposed upon other Girder Trusses or Beams at all PRIMARY bearing points.

List Girder truss or Beam which is receiving the load		List Girder truss or Beam which is bearing its Load on this Girder Truss or Beam		Multiply "B" Feet times Load "EE" equals load at End "A"	List Girder truss or Beam which is receiving the load		List Girder truss or Beam which is bearing its Load on this Girder Truss or Beam		Multiply "A" Feet times Load "EE" equals load at End "B"
A I.D. No. for End "A"	Load point from End "B" Feet	I.D. No.	Load PLF "EE"		B I.D. No. for End "B"	Load point from End "A" Feet	I.D. No.	Load PLF "EE"	
G2A	25	G3	66.6	1665	G2B	21	G3	66.6	1399
				<input type="checkbox"/> FF ▲					<input type="checkbox"/> FF ▲
				If "FF" is a primary bearing point load go to step 6D otherwise enter "FF" in step 6B and continue					If "FF" is a primary bearing point load go to step 6D otherwise enter "FF" in step 6B and continue

STEP No. 6D List ALL Girder Trusses and Beams to establish the primary uplift loads at both ENDS A & B for proper connector sizing

List Girder Truss or Beam I.D. Number Dash End "A" or "B"	Load from Step 6A Line 14a. or b.	Contributory LOADS from STEP 6C						ADD across all values 14a. or b. + all FF values	TOTAL UPLIFT at primary bearing point
		<input type="checkbox"/> FF ▼	<input type="checkbox"/> FF ▼	<input type="checkbox"/> FF ▼	<input type="checkbox"/> FF ▼	<input type="checkbox"/> FF ▼	<input type="checkbox"/> FF ▼		
G2A	6118							Equals =	7183
G2B	6118	1665						Equals =	7517
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	
								Equals =	

STEP No. 7

NOTE: Non-symmetrical header loading with extreme loads require special calculations in a different format. Use Step 6A thru 6D.

Calculate Wind Load Values for all opening headers at their bearing points.
 (List headers over exterior & interior bearing wall openings in this calculation step.)

List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;						List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;						List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;					
Opening Header I.D. No. (H-1)						Opening Header I.D. No. (H-2)						Opening Header I.D. No. (H-3)					
Line #	Structural member I.D. number on plane	Uplift Loads acting on this HEADER	M A T H	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add lines 1 thru 4 and enter sum on line 5	Line #	Structural member I.D. number on plane	Uplift Loads acting on this HEADER	M A T H	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add lines 1 thru 4 and enter sum on line 5	Line #	Structural member I.D. number on plane	Uplift Loads acting on this HEADER	M A T H	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add lines 1 thru 4 and enter sum on line 5
1	T2	1431	X	1	1431	1	J3	608	X	1	608	1	J5	673	X	2	1346
2			X			2			X			2	J7	638	X	5	3190
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				1431	5	Sub-Total				608	5	Sub-Total				4536
6	Divide Line 5 by 2 =				716	6	Divide Line 5 by 2 =				304	6	Divide Line 5 by 2 =				2268
1	J9	407	X	1	407	1	J9	407	X	1	407	1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				407	5	Sub-Total				407	5	Sub-Total				
6	Divide Line 5 by 2 =				204	6	Divide Line 5 by 2 =				204	6	Divide Line 5 by 2 =				
1	J5	673	X	1	673	1	T3A	2857	X	1	2857	1			X		
2	J7	638	X	1	638	2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				1311	5	Sub-Total				2857	5	Sub-Total				
6	Divide Line 5 by 2 =				656	6	Divide Line 5 by 2 =				1429	6	Divide Line 5 by 2 =				
1	T3A	2857	X	1	2857	1	T3A	2857	X	1	2857	1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				2857	5	Sub-Total				2857	5	Sub-Total				
6	Divide Line 5 by 2 =				1429	6	Divide Line 5 by 2 =				1429	6	Divide Line 5 by 2 =				
1	T5	530	X	1	530	1	T4	1895	X	4	7580	1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				530	5	Sub-Total				7580	5	Sub-Total				
6	Divide Line 5 by 2 =				265	6	Divide Line 5 by 2 =				3790	6	Divide Line 5 by 2 =				
1	J7	638	X	1	638	1	T4	1895	X	3	5685	1	J6	781	X	2	1562
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				638	5	Sub-Total				5685	5	Sub-Total				1562
6	Divide Line 5 by 2 =				319	6	Divide Line 5 by 2 =				2843	6	Divide Line 5 by 2 =				781
1	T3A	2857	X	2	5714	1	T3A	2857	X	4	11428	1	T3A	2857	X	3	8571
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				5714	5	Sub-Total				11428	5	Sub-Total				2571
6	Divide Line 5 by 2 =				2857	6	Divide Line 5 by 2 =				5714	6	Divide Line 5 by 2 =				1286
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total					5	Sub-Total					5	Sub-Total				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total					5	Sub-Total					5	Sub-Total				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				

List I.D. numbers of all Opening Headers along with their respective Line #6 load values on the Connector Specification Chart.

STEP No. 8

Calculate lateral loads perpendicular and horizontal to bearing surface for all roof frame members.

General Information

Roof Pitch Ratio	1:12	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
Pitch Angle Degrees	5 Degrees	10 Degrees	14 Degrees	19 Degrees	23 Degrees	27 Degrees	30 Degrees	34 Degrees	37 Degrees	40 Degrees	43 Degrees	45 Degrees
Perpendicular Force factor	0.05883	0.12501	0.18422	0.24762	0.31329	0.42857	0.50002	0.60715	0.69814	0.80002	0.91490	1.00000
Horizontal Force factor	0.03530	0.07501	0.11053	0.16057	0.20597	0.25714	0.30001	0.36429	0.41888	0.48001	0.54894	0.60000

Roof frame member I.D. No. on plans	Col. A Upflr load from Steps 3, 5 or 6	Col. B Enter Roof Pitch Ratio	Col. C Enter Perpendicular Force factor from above	Col. D Enter Horizontal Force factor from above	Col. E Lateral Load Perpendicular to bearing surface Lbs.	Col. F Lateral Load Horizontal to bearing surface Lbs.	Roof frame member I.D. No. on plans	Col. A Upflr load from Steps 3, 5 or 6	Col. B Enter Roof Pitch Ratio	Col. C Enter Perpendicular Force factor from above	Col. D Enter Horizontal Force factor from above	Col. E Lateral Load Perpendicular to bearing surface Lbs.	Col. F Lateral Load Horizontal to bearing surface Lbs.
J1	472	7:12	0.50002	0.30001	232.0	143.0							
J3	1209				304.0	182.0							
J5	672				357.0	202.0							
J6	572				239.0	173.0							
J7	632				312.0	191.0							
J9	957				454.0	272.0							
T1	1459				730.0	432.0							
T2	1421				716.0	429.0							
T3	2379				1415.0	849.0							
T4	1767				994.0	530.0							
T5	530				263.0	157.0							
G1	1459				730.0	432.0							
G2	2829				1415.0	849.0							
G3	907				454.0	272.0							
G4	2829				1415.0	849.0							
G5	1987				944.0	566.0							
K77A	1464				933.0	539.0							
K77B	1222				611.0	367.0							
K79A	2771				1385.0	832.0							
K79B	1393				697.0	418.0							

Columns & Calculations Instructions	A	B	C	D	E	F	Columns & Calculations Instructions	A	B	C	D	E	F

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.

Wall I.D. Number EW# SW#	Add total uplift loads for all roof members bearing on top of wall ** Enter value here	M A T H	Length of Wall Less all opening widths	Equals Uplift Shear Load (PLF)	M A T H	Enter Wall Uplift Shear Capacity	If Neg. STOPI If POS. Cont. ->	Connectors for Stud to plates			M A T H	Enter Value JJ	Maximum center distance between connectors (Feet)
								Top Plate part No. (list now)	Sill Plate part No. (list now)	Min. Rated uplift load for the connector			
EW1	11914	1	17	-70	-	285	-416			1462	1	416	3.5
EW2		1	6	-6	-	285					1		
EW3	23100	1	27	-855	-	285	-570	TPX	"	1462	1	570	2.6
EW4	3542	1	19	-450	-	285	-165	TPX	"	1462	1	165	4
EW5	9625	1	11.5	-837	-	285	-552	TPX	"	1462	1	552	2.6
EW6	2721	1	10.5	-419	-	285	-134	TPX	"	1462	1	134	4
EW7	13725	1	11	-1243	-	285	-963	TPX	"	1462	1	963	1.5
EW8		1									1		

Note: If uplift shear loads exceed shearwall uplift capacities additional connectors will be required to tie studs to sill plate and to double top plates.

JJ

Specify connector manufacturer HERE

Engineer Approved Connector Specification Chart

Changes to this chart must be accompanied by an Engineering Change Order from a Registered Engineer.

"A"	"B"	"C"	"D"		"E"	"F"	"G"	"H"
Roof frame member to top of wall	Wall stud(s) to sill plate or foundation	Opening Headers to studs, jacks or cripples	Foundation or stemwall to rim joist or sill		Rim Joist to stud including and/or sill plate	Column bases and Column caps	Two story, lower wall to 2nd floor to upper wall	Special Locator *Describe

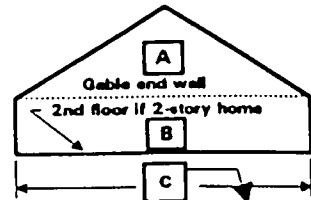
Connector Manufacturer symbol key	
HUGHES Manufacturing, Inc. Use the Letter "H"	Simpson Strong-Tie Company, Inc. Use the Letter "ST" Southeastern Metals Mfg. Co., Inc. Use the Letter "SM" Other manufacturers, Specify Name Use "X"

Structural member I.D. No. as shown on Plans	Enter load values, use 2 lines if load differs at ends of same member			Connector Symbols		Manufacturer's connector Part Number	Quantity req'd. at each LOCATION	Size of nails and number of nails required at each connector	Building Inspector Check-C Column
	Uplift Load at bearing point	Perpendicular load to bearing	Horizontal load to bearing	for location	For Mfg.				

STEP No. 9A Lateral Loads perpendicular to Wood Gables

Calculate connector requirements for Gables at top of wall line.

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



Verify roof diaphragm and nailing for this shear load.

** OMIT STEP 8B IF MASONRY GABLE.

Gable I.D. No. on plans	Enter square foot Area ABOVE Wall line A <i>Enter for Wood Gable ONLY</i>	MATH	Enter square foot Area BELOW Wall line B <i>Omit if wall is masonry construction</i>	Math Function Value (results)	MATH	Enter Rect. velocity press. Step 1	Math Function Value (results)	MATH	Fixed Value for wall Wd. = 0.6 CMU = 0.9	Math Function Value (results)	MATH	Gable Width C	Shear Load per lineal Foot
GF-1	Sq.Ft.	+	Sq.Ft.	=	X		=	X	0.6 or 0.9	=	/		=
GF-2	Sq.Ft.	+	Sq.Ft.	=	X		=	X	0.6 or 0.9	=	/		=
GF-3	Sq.Ft.	+	Sq.Ft.	=	X		=	X	0.6 or 0.9	=	/		=
GF-4	Sq.Ft.	+	Sq.Ft.	=	X		=	X	0.6 or 0.9	=	/		=

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 manufacturer's perpendicular to plate load value for the connector specified		MATH	Shear Load per lineal Foot from above	Maximum centers between connectors	Gable end wall requirements 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 exterior gable wall must have 2x4 blocking between them at 48" on center. If the ridge height of a gable truss exceeds 8 ft. above the flat ceiling line, a wood gable shall be hand framed with 2 x GG at 16" O.C..
		Connector Part No. (List Now)	Rated Lateral Load				
A gable end wall scissor truss is NOT permitted except for use as a framing guide and ceiling diaphragm nailer.	GF-1			/	=		
	GF-2			/	=		
	GF-3			/	=		
	GF-4			/	=		

Approved Alternate Anchorage for Gable truss and mandatory anchorage for framed gable on masonry end wall:

Remarks: Specify connector manufacturer HERE

fb = 1000 < 101 mph
fb = 1200 < 121 mph
fb = 1400 < 141 mph

A minimum 2x8 pressure treated wood plate shall be bolted to the bond beam with 1/2 inch dia. anchor bolts at the following centers per wind speed (mph)	GG	Wind (mph) Velocity	Maximum Gable Ridge Height Above Ceiling					
			8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet
			up to 100	2x4	2x4	2x6	2x6	2x6
101 to 120	2x4	2x6	2x8	2x8	2x8	2x10		
121 to 140	2x6	2x8	2x8	2x8	2x10	2x10		

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)

Subject Wall I.D. No. on plans	Half the Lgth. of loading wall acting on subj.	MATH	Mean roof ht. Minus half the wall height	Area acting on subject shear wall	MATH	Rect. velocity press. Step 1 X 1.4 Hip X 1.5 Gab	Math Function Value (results) HH	Length of Subject Wall	MATH	Sum of subj. wall window & door open'g. widths	Math Function Value (results) II	Enter Value HH	MATH	Enter Value II	Lateral Shear force on Wall PLF
EW1	10.25	X	13	= 125	X	1.3	= 11655	23	-	6	= 17	11655	/	17	= 696
EW2	31	X	13	= 558	X	1.3	= 35154	6	-	-	= 6	35154	/	6	= 5859
EW3	15	X	13	= 297	X	1.3	= 13041	59	-	32	= 77	13041	/	77	= 483
EW4	10.25	X	13	= 125	X	1.3	= 1653	23	-	4	= 10	1653	/	10	= 163
EW5	4.5	X	13	= 57	X	1.3	= 762	20.5	-	9	= 11.5	762	/	11.5	= 1134
EW6	24	X	13	= 432	X	1.3	= 27216	6.5	-	-	= 6.5	27216	/	6.5	= 4137
EW7	5.25	X	13	= 65	X	1.3	= 3935	27	-	16	= 11	3935	/	11	= 544
EW8	22	X	13	= 396	X	1.3	= 24948	10.5	-	1.5	= 9	24948	/	9	= 2772
EW9	12.75	X	13	= 250	X	1.3	= 2200	15	-	10	= 8	2200	/	8	= 151

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.

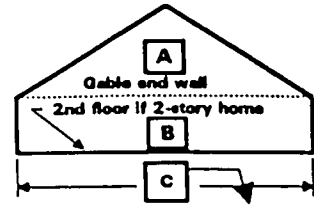
STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

- 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.
- 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.
- 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.
- 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.

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



Verify roof diaphragm and nailing for this shear load.

** OMIT STEP 8B IF MASONRY GABLE.

Gable I.D. No. on plans	Enter square foot Area ABOVE Wall line A <i>Enter for Wood Gable ONLY</i>	M A T H	Enter square foot Area BELOW Wall line B <i>Omit if wall is masonry construction</i>	Math Function Value (results)	M A T H	Enter Rect. velocity press. Step 1	Math Function Value (results)	M A T H	Fixed Value for wall Wd. = 0.6 CMU = 0.9	Math Function Value (results)	M A T H	Gable Width C	Shear Load per lineal Foot
GF-1	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=
GF-2	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=
GF-3	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=
GF-4	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=

Gable I.D. No. on plans	List manufacturer's perpendicular to plate load value for the connector specified Connector Part No. (List Now)	Rated Lateral Load	M A T H	Shear Load per lineal Foot from above	Maximum centers between connectors	Gable end 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 end wall requirements 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 exterior gable wall must have 2x4 blocking between them at 48" on center. If the ridge height of a gable truss exceeds 8 ft. above the flat ceiling line, a wood gable shall be hand framed with 2 x GG at 16" O.C..	
GF-1			/	=			
GF-2			/	=			
GF-3			/	=			
GF-4			/	=			

Approved Alternate Anchorage for Gable truss and mandatory anchorage for framed gable on masonry end wall:

Remarks: Specify connector manufacturer HERE

fb = 1000 < 101 mph
fb = 1200 < 121 mph
fb = 1400 < 141 mph

Velocity	up to 100	101 to 120	121 to 140	GG	Wind (mph) Velocity	Maximum Gable Ridge Height Above Ceiling						
						8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet	
Gable Stud Size	up to 100	101 to 120	121 to 140	GG	up to 100	2x4	2x4	2x6	2x6	2x6	2x8	2x8
Bolt Ctr's	4 Feet	3 Feet	2 Feet		101 to 120	2x4	2x6	2x8	2x8	2x8	2x8	2x10
					121 to 140	2x6	2x8	2x8	2x8	2x8	2x10	2x10

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)

Subject Wall I.D. No. on plans	Half the Lgth. of wall acting on subj.	M A T H	Mean roof ht. Minus half the wall height	Area acting on subject shear wall	M A T H	Rect. velocity press. Step 1 X 1.4 Hip X 1.5 Gab	Math Function Value (results) HH	Length of Subject Wall	M A T H	Sum of subj. wall window & door open'g. widths	Math Function Value (results) II	Enter Value HH	M A T H	Enter Value II	Lateral Shear force on Wall PLF
EWD	10	X	18	= 288	X	63.0	= 18144	25.5	-	7.5	= 18	18144	/	18	= 1008
EW11	23	X	18	= 414	X	63.0	= 26082	16	-	-	= 16	26082	/	16	= 1630
EW12	11.5	X	18	= 207	X	63.0	= 13041	20.5	-	16	= 4.5	13041	/	4.5	= 2896
IX	31	X	18	= 558	X	63.0	= 35154	23	-	3	= 26.5	35154	/	26.5	= 1326
		X		=	X		=		-		=		/		=
		X		=	X		=		-		=		/		=
		X		=	X		=		-		=		/		=
		X		=	X		=		-		=		/		=

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.

Wall I.D. Number EW# SW#	Add total uplift loads for all roof members bearing on top of wall ** Enter value here	M T H	Length of Wall Less all opening widths	Equals Uplift Shear Load (PLF)	M A T H	Enter Wall Uplift Shear Capacity	If Neg. STOP! If POS. Cont. →	Connectors for Stud to plates			M A T H	Enter Value JJ	Maximum center distance between connectors (Feet)
								Top Plate part No. (list now)	Sill Plate part No. (list now)	Min. Rated uplift load for the connector			
EW9	5714	1	8	714	-	285	429	TPAY	→	1462	1	729	3.4
EW10	6436	1	18	358	-	285	75	TPAY	"	1462	1	73	4
EW11	8076	1	16	505	-	285	220	TPAY	"	1462	1	220	4
EW12	1040	1	4.5	231	-	285	-				1		
X1	4770	1	20	239	-	285	-				1		
		1			-						1		
		1			-						1		
		1			-						1		

Note: If uplift shear loads exceed shearwall uplift capacities additional connectors will be required to tie studs to sill plate end to double top plates.



Specify connector manufacturer HERE

HUGHES

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							
"A"	"B"	"C"	"D"	"E"	"F"	"G"	"H"
Roof frame member to top of wall	Wall stud(s) to sill plate or foundation	Opening Headers to studs, jacks or cripples	Foundation or stemwall to rim joist or sill	Rim Joist to stud including and/or sill plate	Column bases and Column caps	Two story, lower wall to 2nd floor to upper wall	Special Location Describe

Connector Manufacturer symbol key			
HUGHES Manufacturing, Inc. Use the Letter "H"	Simpson Strong-Tie Company, Inc. Use the Letter "ST"	Southeastern Metals Mfg. Co., Inc. Use the Letter "SM"	Other manufacturers, Specify Name Use "X"

CONNECTOR CHART

Structural member I.D. No. as shown on Plans	Enter load values, use 2 lines if load differs at ends of same member			Connector Symbols		Manufacturer's connector Part Number	Quantity req'd. at each LOCATION	Size of nails and number of nails required at each connector	Building Inspector Check-Off Column
	Uplift Load at bearing point	Perpendicular load to bearing	Horizontal load to bearing	for location	For Mfg.				
J1	476	SEE STEP # 8	SEE STEP # 8	A	H	RT 22TW	1	8-16d	
J3	608						1	"	
J5	673						1	10-16d	
J6	578						1	8-16d	
J7	638						1	10-16d	
J9	907						1	12-16d	
T1	1459						2	18-16d	
T2	1431						2	"	
T3A	2857						3	"	
T3B	3432						3	"	
T4	1895						2	"	
T5	530						1	8-16d	
G1AEB	4255					WVUC SYSTEM			
G2AEB	7783					TO BE FABRICATED			
G3AEB	3063					RT 22TW	3	18-16d	
G4AEB	8454					TO BE FABRICATED			
G5AEB	5737								
KJ7A	1964						2	18-16d	
KJ7B	1222						1	"	
KJ9A	2771						3	"	
KJ9B	1393						1	"	
H1	716					C H RT13	1	10-16d	
H2	304					" " "	1	6-16d	

CONNECTOR CHART (Continued)

Structural member I.D. No. as shown on Plans	Enter load values, use 2 lines if load differs at ends of same member			Connector Symbols		Manufacturer's connector Part Number	Quantity req'd. at each LOCATION	Size of nails and number of nails required at each connector	Building Inspector's Check-Off Column
	Uplift Load at bearing point	Perpendicular load to bearing	Horizontal load to bearing	for location	For Mfg.				
H3	2263			C	H	RT13	3	14-16d	
H4	454						1	8-16d	
H5	454						1	"	
H7	656						1	"	
H8	1429						2	14-16d	
H9							-	-	
H10	1429						2	14-16d	
H11	1429						2	"	
H13	265						1	6-16d	
H14	3790						4	14-16d	
H16	319						1	6-16d	
H17	2843						3	14-16d	
H18	781						1	10-16d	
H19	2257					V	3	14-16d	
H20	5714					RT22	5	18-16d	
H21	4286				↓	RT22	4	18-16d	
B1	4046			A		NA			
B2	4738					NA			
B3	3457					NA			
B4	7034					NA			
B5	8571					NA			
* B6	7143					AD2B	2 (STAGGERED)	AS PER SPECS	
B7	1517					NA			
B8	1595					NA			
B9	1198					NA			
* B10	1413					RT13	2	14-16d	
B11	1193			↓	↓	NA			
* B13	6864	-	-	A	H	AD2B	2 (STAGGERED)	AS PER SPECS	
TYPICAL COLUMN	- FOR 6' PORCH - UPLIFT = 3468 ∴ USE HUGHES C044 AT COL BASE & HUGHES HCC 325-4 FOR COL CAP.								
	- FOR 10' PORCH - UPLIFT = 6000 ∴ USE HUGHES C066 AT BASE & HUGHES HCC 525-6 AT CAP								

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 Const.		Wood Construction				Masonry Construction of Hollow Load Bearing Units			
		Single story or two story 2nd floor wall sheathing & studs		Two story first floor wall sheathing & studs		Single story or two story 2nd floor wall const.		First floor wall construction for a two story structure	
Thick	19/32"	Thick	1/2"	Thick		Wall reinforcing per spacing		Wall reinforcing per spacing	
Matl.	PLY	Matl.	APA PLY	Matl.		Bar size	#7	Bar size	
nail size	10d OR BDRS	nail size	10d OR BDRS	nail size		Bars req'd	AS NOTED	Bars req'd	
nailing*	4 "O.C.	Shearwall lateral load		Shearwall lateral load		Dowel size	#7	Dowel size	
Ply-clip	"O.C.	nailing*	3 "O.C.	nailing*	"O.C.	Max. Ctrs	SEE PLANS	Max. Ctrs	
Part #		Shearwall uplift load		Shearwall uplift load		Wall thick	8 inches	Wall thick	8 inches
1 Story Footings		nailing*	3 "O.C.	nailing*	"O.C.	Bond beam	cmu cast X	Bond beam	cmu cast
size	16 X 16	Studs	2 X 4	Studs	X	beam size	8" X 12	beam size	8" X
stl req'd	3 #5's	Centers	16 inches	Centers	inches	steel req'd	4 #5's	steel req'd	
concrete	2500 PSI	Species	F ₆ 1400	Species		Grout	3000 PSI	Grout	PSI
2 Story Footings		& Grade	OR BETTER	& Grade		Min shear	6' end wall	Min shear	end wall
size	X	Sill plate anchor		Sill plate anchor		wall lgth.	6' side wall	wall lgth.	side wall
stl req'd		Part #	1/2" φ A. Bolt	Part #		8" Masonry Gable			
concrete	PSI	Max ctr.	24" O.C.	Max ctr.		Wall reinforcing per spacing		Rake beam requirements	
2 Anchors req'd. each corner & wall opening use wsh-916 washers		Remarks: *Nailing center distance specified above is for perimeter edge of sheathing, interior nailing of sheathing is 12" O.C.				Bar size		Bar size	
						Bars req'd		Bars req'd	
						Max. Ctrs.		Min. Depth	

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" φ ANCHOR BOLTS TO HAVE 6" MIN. EMBEDMENT
w/ W.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 ARK HOMES Address _____
 City/State/Zip _____ Phone: (407) 296-7711
 Job Address _____ City _____
 Building Dept. _____
 Legal Description: _____
 Residence for: WRIGHT
 Engineer's Name WILLIAM J. MATLEZS
 State Registration Number 19655 in the State of FL
 Address 1111 S. FEDERAL HWY., SUITE 226
 City STUART State FL Zip 34994
 Phone (Area code) 407 Number 257-0525

Structural Engineer
of Record's

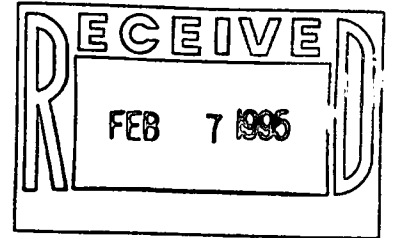
SEAL

Date: 9/26/94
 ENGINEER'S SIGNATURE: W. J. Matlezs

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

Phone: 407 / 221-8639

Joseph F. Arasim, E.I.T.
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 5/8" plywood will withstand a 140 mph wind force. The French Doors in the front and back of the house will require 3/4" 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,

A handwritten signature in black ink, appearing to read "J. Arasim". The signature is written in a cursive style and is positioned below the "Sincerely yours," text.

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 Certificate of Approval for Occupancy be issued to Mr Tim Wright.

For property at #10 MIRAMAR built under Permit No. 3664 Dated 9-27-94 (street address) when completed in conformance with the Approved Plans.

Signed [Signature] AGENT.

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	<u>10-17-94</u>	<u>DB</u>
2. Termite protection	<u>10-19-94</u>	<u>—</u>
3. Footing - slab	<u>10-20-94</u>	<u>DB</u>
4. Rough plumbing - slab	<u>10-18-94</u>	<u>DB</u>
5. Rough electric - slab	<u>N/A</u>	<u>—</u>
6. Lintel	<u>N/A</u>	<u>—</u>
7. Dry in (final)	<u>11-28-94</u>	<u>DB</u>
8. Roof	<u>12-7-94</u>	<u>DB</u>
9. Framing	<u>1-9-95</u>	<u>DB</u>
10. Rough electric	<u>1-9-95</u>	<u>DB</u>
11. Rough plumbing	<u>1-9-95</u>	<u>DB</u>
12. A/C Ducts	<u>1-9-95</u>	<u>DB</u>
13. Insulation	<u>1-11-95</u>	<u>DB</u>
14. Final electric	<u>3-16-95</u>	<u>DB</u>
15. Final plumbing	<u>3-16-95</u>	<u>DB</u>
16. Final construction	<u>3-16-95</u>	<u>DB</u>
17. As-built survey	<u>3-16-95</u>	<u>DB</u>
18. Affidavit of cost	<u>3-16-95</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 3-16-95 date

Approved by Building Commissioner [Signature] 3-16-95 date

Utilities notified F.P.L. 3-16-95 date

Original Copy sent to OWNER date
(owner)

(Keep carbon copy for Town files)

4305

FENCE

TOWN OF SEWALL'S POINT BUILDING PERMIT

DO NOT REMOVE UNTIL JOB IS COMPLETED

NO. 4305 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.

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

OWNER TIM WRIGHT
 CONTRACTOR RALPH H. PARKS, INC.
 LOT 4 BLOCK _____ SUB MIRAMAR
 NO. 10 MIRAMAR Rd.

- 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.

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
ROOF:		
A. TIN TAG		
B. FINAL		
POOL:		
A. STEEL & GROUND		
→ B. DECK		
C. FINAL		
DOCK:		
A. PILINGS		
B. FINAL		
→ FENCE:		
STORM SHUTTERS:		
→ OTHER: <u>DRIVE EXT.</u>		

Final 3/4/98

TO CONSTRUCT _____

REMARKS: ① STRUCTURAL PLAN APPROVAL
REQ'D FOR DECK.

② FENCE ACCORDING TO
STANDARD SFBC DETAIL.

[Signature]

RALPH H PARKS INC
561-781-1616
P.O. BOX 2654
STUART, FL 34995

1825

12/17 19 97

63-794/670
5

PAY TO THE ORDER OF Town of Sewall's Point \$ 125⁰⁰

One hundred twenty five ⁰⁰/₁₀₀ DOLLARS

Barnett

055-005
900 South Federal Highway
P.O. Box 9027
Stuart, Florida 34995-9027

[Handwritten Signature]

FOR Wright permit, fence, deck, driveway

⑈001825⑈ ⑈067007949⑈

⑈550108756⑈

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/17/97

BUILDING PERMIT NO. 4305

Building to be erected for TIM WRIGHT

Type of Permit S.F. RES Renov.

Applied for by _____ (Contractor) Building Fee _____

Subdivision _____ Lot _____ Block _____ Radon Fee _____

Address _____ Impact Fee _____

Type of structure FENCE 25' / WOOD DECK 50' / DRIVEWAY EXT 50' A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

013841-009-000-00040-5000 Plumbing Fee _____

Amount Paid 125 Check # 1825 Cash _____ Other Fees (_____) 125 Roofing Fee _____

Total Construction Cost \$ 16,000 TOTAL Fees 125

Signed *[Signature]* Signed *[Signature]*

Applicant

Town Building Inspector

4305

2500 Ruce

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 NEW CONSTRUCTION ADDITION ALTERATION
COMMERCIAL

SQ. FEET _____
DEMOLITION _____
SQ. FEET _____
NET CHANGE _____

OTHER: Privacy fence & deck CONTRACT PRICE 12,000⁰⁰

Owner's Name Tim B. wright

Owner's Address 10 Miramar RD, Sewall's Point

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City _____ State _____ Zip _____

Contractor's Name RALPH H. PARKS Inc. CBC013350

Contractor's Address 1100 S. Fed. Hwy., Stuart Fla. 34994

City Stuart State FLA. Zip 34994

Job Name Wright Residence

Job Address Miramar RD., Sewall's Point

City _____ County Martin

Legal Description Lot # 4 Miramar Subdivision

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.

50.00 Driven

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 NEW CONSTRUCTION ADDITION ALTERATION
COMMERCIAL

SQ. FEET _____
DEMOLITION _____
SQ. FEET _____
NET CHANGE _____

OTHER: driveaway slab addition CONTRACT PRICE 4000⁰⁰

Owner's Name Tim B. Wright

Owner's Address 10 Miramar Rd, Sewalls Point

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City _____ State _____ Zip _____

Contractor's Name RALPH H. PARKS INC. CBC013350

Contractor's Address 1100 S. Fed Hwy.

City Stuart State FLA Zip 34994

Job Name Wright Residence

Job Address Miramar Rd.

City Sewalls Pt County Martin

Legal Description Lot # 4 Miramar Subdivision

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 dumpster-type 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.

ATTACHMENTS: _____

ACCEPTED:  _____

Owner

 Per. _____
Contractor

Building Official

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.

Owner or Agent: [Signature] Date: 12/10/97
Contractor: [Signature] Date: 12/10/97

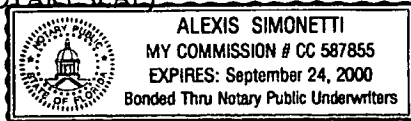
COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 10 day of Dec, 1997 by
Tim B. Wright who: (X) is personally known to me, or [] has/have produced
as identification, and who did not take an oath.

Name: Alexis Simonetti

Typed, printed or stamped

(NOTARY SEAL)



I am a Notary Public of the State of Florida having a
commission number of CC 587855 and my
commission expires: 9-24-00

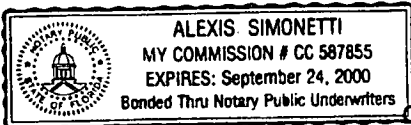
STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 10 day of Dec, 1997 by
Ralph Parks who: (X) is personally known to me, or [] has/have produced
as identification, and who did not take an oath.

Name: Alexis Simonetti

Typed, printed or stamped

(NOTARY SEAL)



I am a Notary Public of the State of Florida having a
commission number of CC 587855 and my
commission expires: 9-24-00

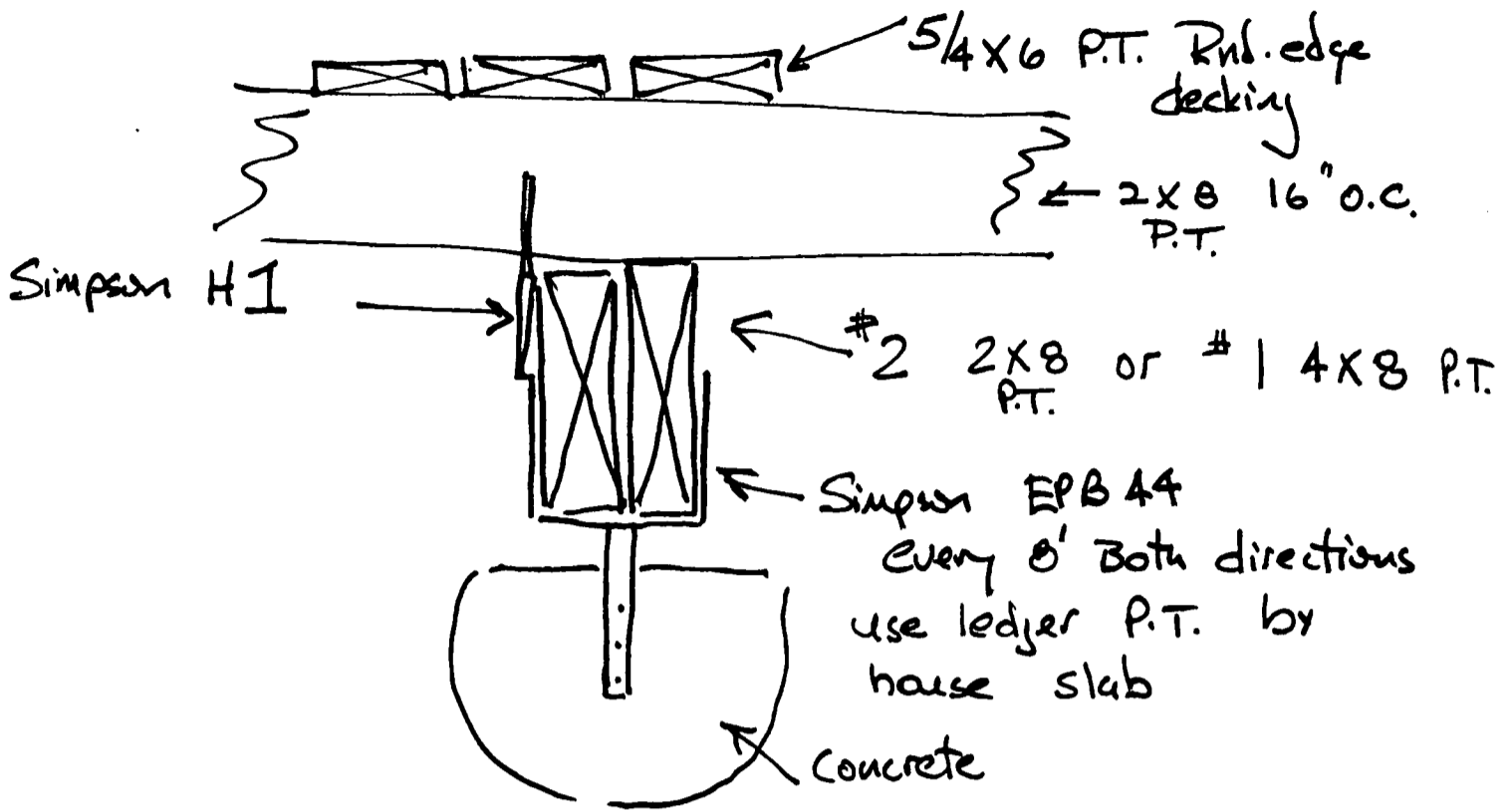
Certificate of Competency Holder

Contractor's State Certification or Registration No. CBC 013350

Contractor's Certificate of Competency No.

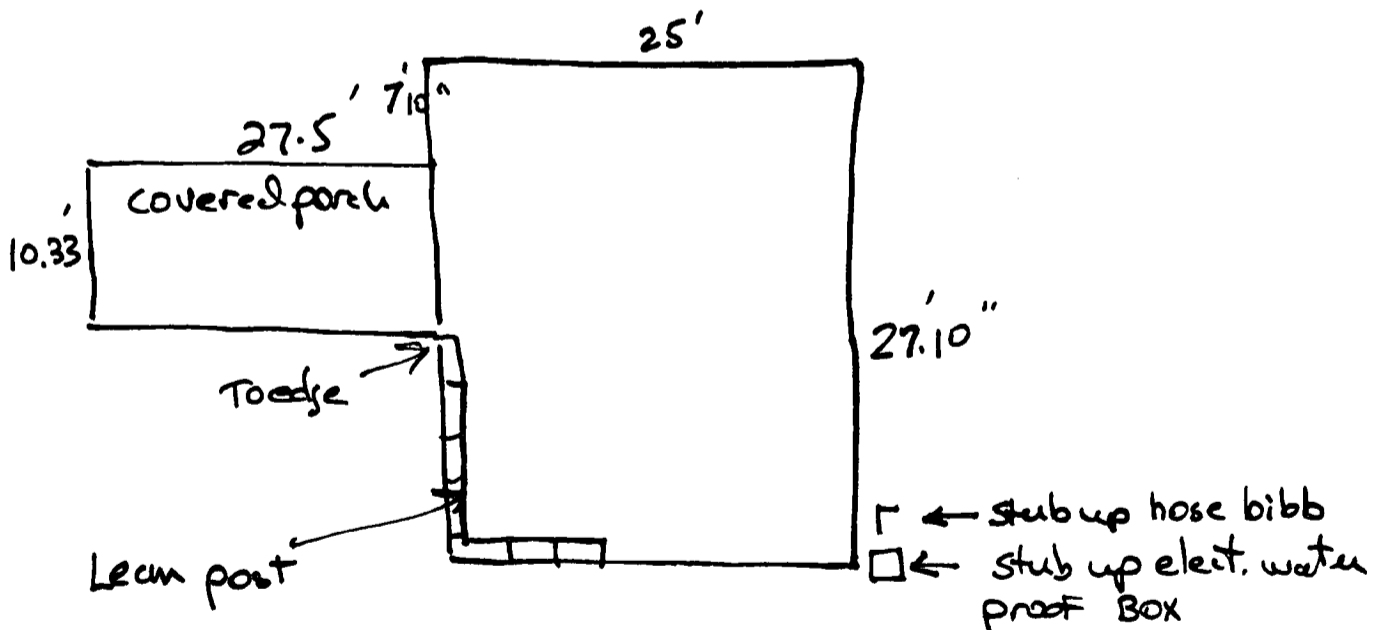
APPLICATION APPROVED BY [Signature] Permit Officer
[Signature] Building Commissioner

Wright Residence



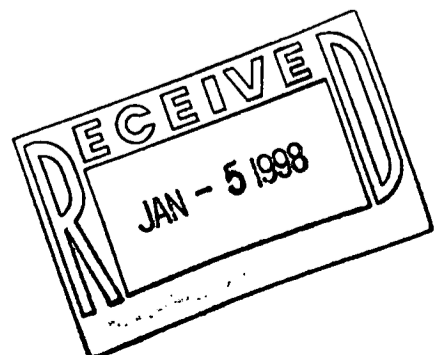
Fasten decking with galv. screw nails

Porch to have P.T. sleepers fastened with 3/4" Tap Cons



porch area to be screened only

#4305



6734

DECK

TOWN OF SEWALL'S POINT

Date 5/4/04 BUILDING PERMIT NO. 6734
 Building to be erected for WRIGHT Type of Permit WOOD DECK
 Applied for by OIB (Contractor) Building Fee 35.00
 Subdivision MIRAMAR Lot 4 Block _____ Radon Fee _____
 Address 10 MIRAMAR ROAD Impact Fee _____
 Type of structure SFR A/C Fee _____
 Parcel Control Number: _____ Electrical Fee _____
138410090000004050000 Plumbing Fee _____
 Amount Paid 35.00 Check # 1802 Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 450.00 Roofing Fee _____
 TOTAL Fees 35.00

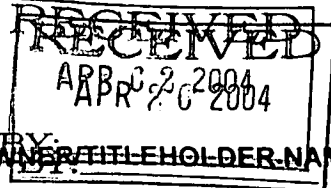
Signed Walter Wright Applicant Signed Gene Simmons Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input checked="" type="checkbox"/> ADDITION
<u>WOOD DECK</u> |

INSPECTIONS

UNDERGROUND PLUMBING _____	UNDERGROUND GAS _____
UNDERGROUND MECHANICAL _____	UNDERGROUND ELECTRICAL _____
STEMWALL FOOTING _____	FOOTING _____
SLAB _____	TIE BEAM/COLUMNS _____
ROOF SHEATHING _____	WALL SHEATHING _____
TRUSS ENG/WINDOW/DOOR BUCKS _____	LATH _____
ROOF TIN TAG/METAL _____	ROOF-IN-PROGRESS _____
PLUMBING ROUGH-IN _____	ELECTRICAL ROUGH-IN _____
MECHANICAL ROUGH-IN _____	GAS ROUGH-IN _____
FRAMING _____	EARLY POWER RELEASE _____
FINAL PLUMBING _____	FINAL ELECTRICAL _____
FINAL MECHANICAL _____	FINAL GAS _____
FINAL ROOF _____	BUILDING FINAL _____



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: TIM WRIGHT Phone (Day) _____ (Fax) _____

Job Site Address: 10 M. RAMAN City: _____ State: _____ Zip: _____

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: Deck

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Nicholson Home Repair Phone: 225-4089 Fax: _____

Street: _____ City: Jensen Beach State: FL Zip: 34957

State Registration Number: _____ State Certification Number: _____ Martin County License Number: 00-271

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 45000 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

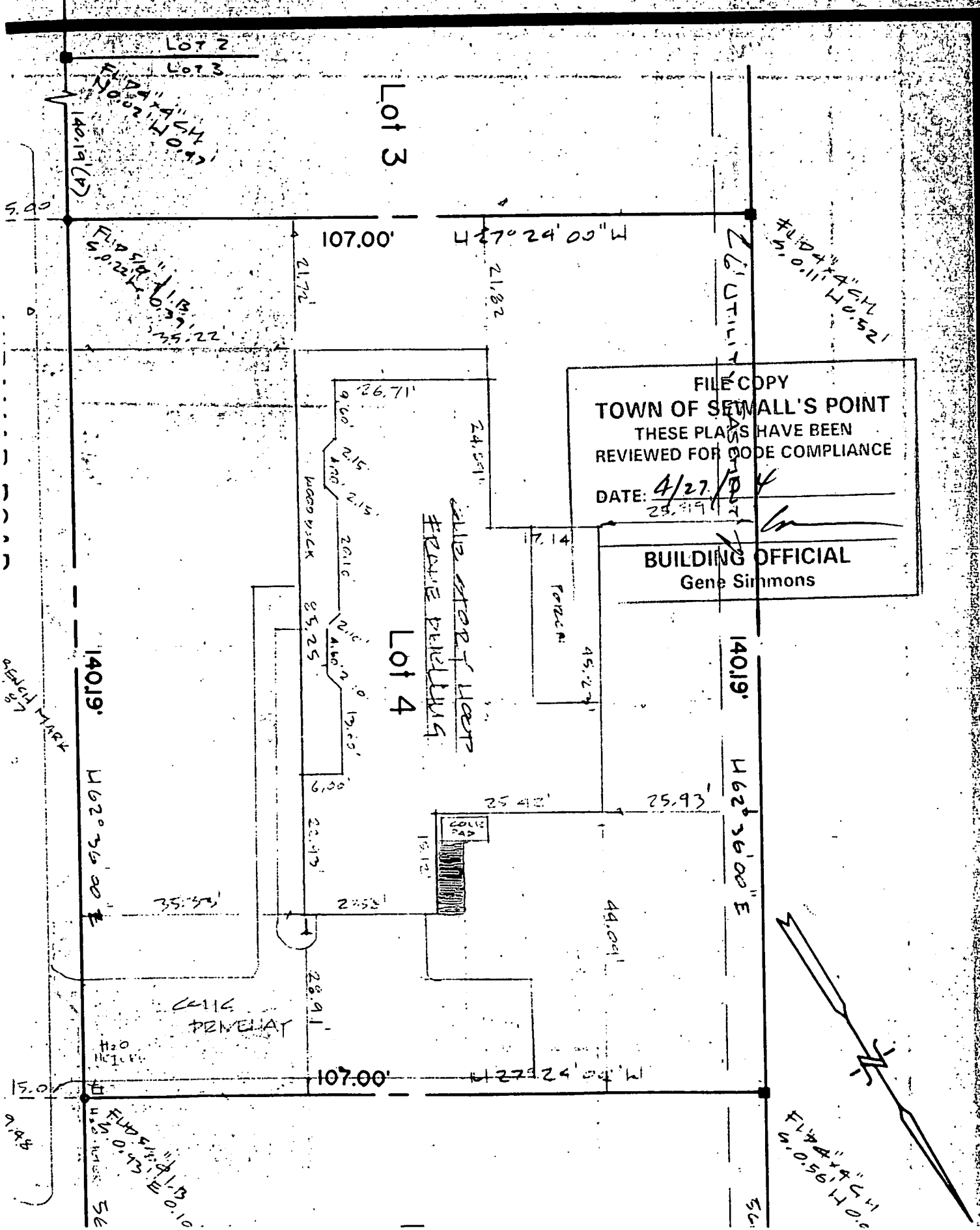
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
Valerie Wright
State of Florida, County of: MARTIN
This the 4th day of MAY, 2004
by VALERIE JEAN WRIGHT who is personally known to me or produced FDL W623-870-67-5520 as identification

CONTRACTOR SIGNATURE (required)
John S. Moffat
On State of Florida, County of: MARTIN
This the 26th day of APRIL, 2004
by JOHN S. MOFFAT who is personally known to me or produced FDL M130-472-46-415-0 as identification

My Commission Expires: Notary LAURA L O'BRIEN MY COMMISSION # DD 205961 EXPIRES: April 28, 2007

My Commission Expires: LAURAL O'BRIEN MY COMMISSION # DD 205961 EXPIRES: April 28, 2007



Lot 2
Lot 3
FL 104' 14" CH
10.97'
140.19' (A)

FL 104' 14" CH
10.97'
140.19' (A)

FL 104' 14" CH
10.97'
140.19' (A)

FILE COPY
TOWN OF SMALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 4/27/10
25.19
BUILDING OFFICIAL
Gene Simmons

140.19' 1462° 36' 00" E

140.19' 1462° 36' 00" E

15.0' 9.98'
FL 104' 14" CH
10.97'
140.19' (A)

FL 104' 14" CH
10.97'
140.19' (A)

CUL-DE-SAC
PENELAY

SHEEP STOP
FRAME BUILDING

Lot 4

107.00'

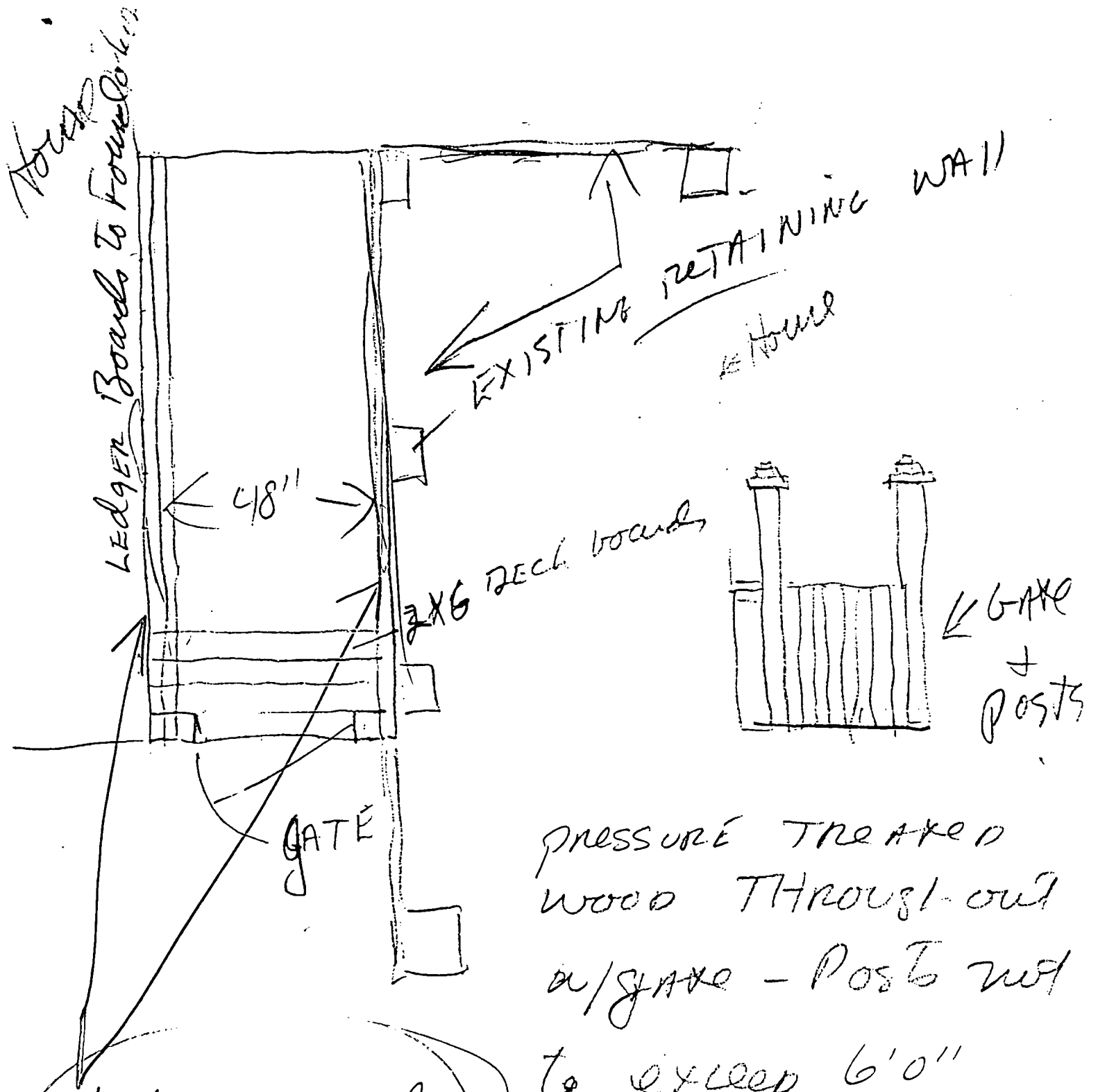
127° 24' 00" W

107.00'

127° 24' 00" W

BENCH MARK
7.87





Ledgers secured
w 1/2" lag bolts 18" O.C.
to foundation -

3/8" Through bolts on retaining wall

pressure treated
wood throughout
w/gate - Posts not
to exceed 6'0"

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MAY 19, 2004 Page 3 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6740	JONES	TINTACT METAL	PASS	
2	19 PALMETTO PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
6419	MENDOZA	ROUGH PLUMBING	PASS	
9	144 S. Sewall's Pt MASTER	" A/C	PASS	INSPECTOR: <i>[Signature]</i>
6234	WRIGHT	FINAL DECK	PASS	CLOSE
1	10 MIRAMAR O/B			INSPECTOR: <i>[Signature]</i>
6543	DUNN	TV PIT (CONC. WALL)	PASS	
10	31 N RIVER RD FIRST FLORIDA			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

MANUL. 260 - 3828 144.55 INSPECTION LOG.xls
KLT, LAYOUT

6756

PAVER DRIVEWAY

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5-18-04

BUILDING PERMIT NO. 6756

Building to be erected for WRIGHT Type of Permit PAVERS

Applied for by OIB (Contractor) Building Fee 35.00

Subdivision MIRAMAR Lot 4 Block _____ Radon Fee _____

Address 10 MIRAMAR Impact Fee _____

Type of structure DRIVEWAY A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

138410090000004050000 Plumbing Fee _____

Amount Paid 35.00 Check # 1826 Cash _____ Other Fees (_____) _____ Roofing Fee _____

Total Construction Cost 2450.00 TOTAL Fees 35.00

Signed Dale Wright Applicant Signed Gene Summers Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input checked="" type="checkbox"/> ADDITION
<u>PAVER DRIVE</u> |

INSPECTIONS

- | | |
|-----------------------------------|------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL _____ |

Date: 5-18-04

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Valerie Wright Phone (Day) 223-1985 (Fax) _____

Job Site Address: 10 Miramar Rd City: Sewalls Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: pavers and partial removal of concrete driveway

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 2450.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
Valerie Wright
State of Florida, County of: MARTIN
This the 18th day of MAY, 2004
by VALERIE WRIGHT who is personally
known to me or produced
as identification. [Signature]

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
As identification. _____

My Commission Expires: _____
Notary Public
LAURA L. O'BRIEN
MY COMMISSION # DD 205961
EXPIRES April 28, 2007
Bonded Thru Notary Public Underwriters

My Commission Expires: _____
Notary Public
Seal

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 though 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 Statutes 489.103(7).

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

Name: Valerie Wright Date: 5-18-04

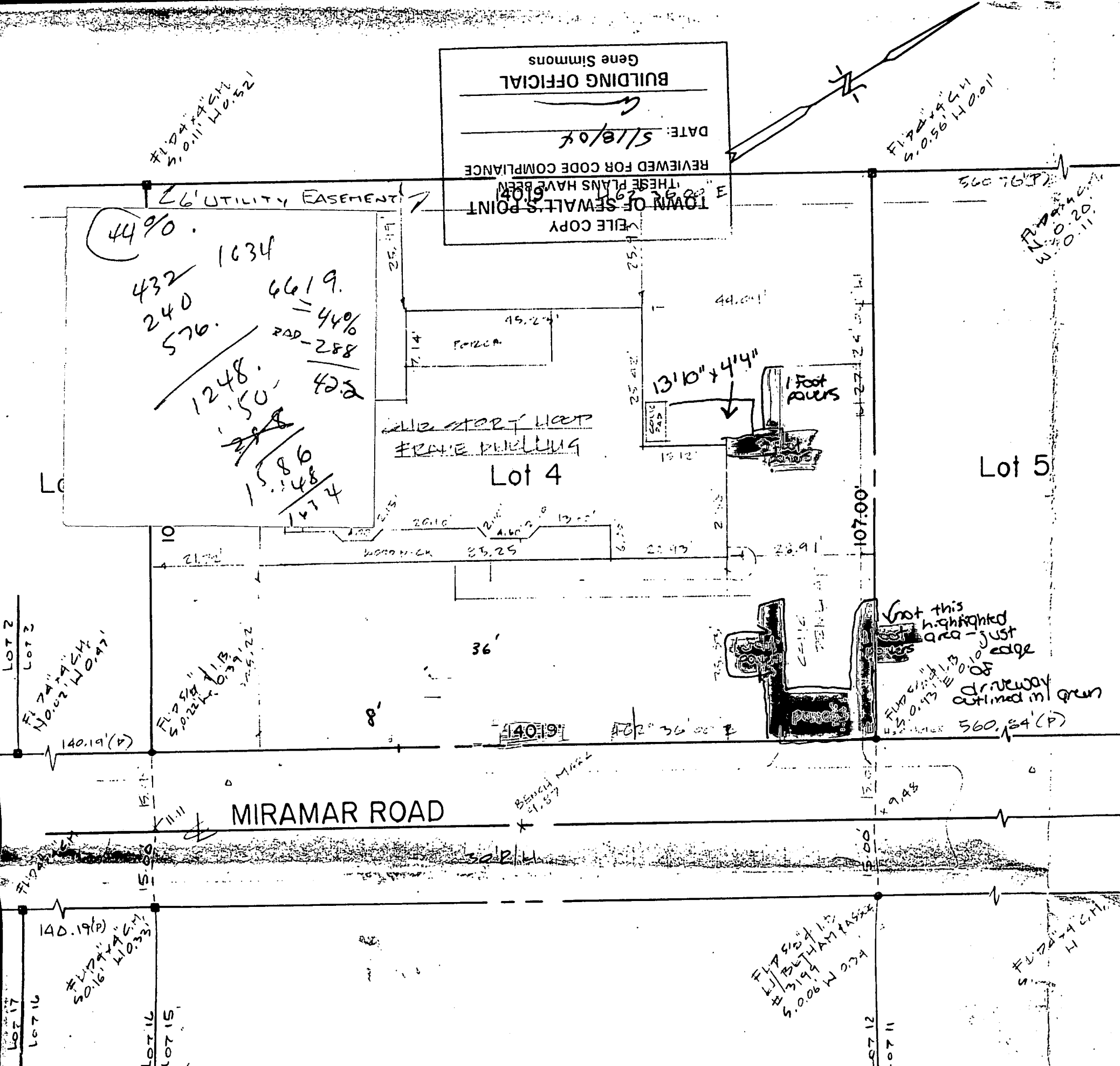
Signature: Valerie Wright

Address: 10 Miramar Rd

City & State: Sewalls Pt., FL.

Permit No. _____

BUILDING OFFICIAL
 Gene Simmons
 DATE: 5/18/04
 REVIEWED FOR CODE COMPLIANCE
 THESE PLANS HAVE BEEN
 FILED COPY
 TOWN OF SEWALL'S POINT
 140.19'



TOTAL LOT AREA = 15,000 S.F.
 — BUILDING AREA = 3347 S.F.
 — DRIVEWAY & SIDEWALK AREA = 1638 S.F.
 TOTAL IMPERVIOUS AREA = 4985 S.F.
 BUILDING COVERAGE = 22 %
 TOTAL COVERAGE = 33 %
 ROOF HEIGHT = 22.83'

1. PROPERTY LOCATED WITHIN FLOOD ZONE: "B"
2. PROPERTY ADDRESS: 10 MIRAMAR ROAD
3. CERTIFIED TO: TIM B. & VALERIE J. WRIGHT FIRST FEDERAL SAVINGS & LOAN ASSOCIATION OF THE PALM BEACHES, ITS SUCCESSORS &/OR ASSIGNS WARNER, FOX, SEELEY, DUNGEY & SWEET, P. A. ARK HOMES CONSTRUCTION INC. THE TOWN OF SEWALL'S POINT COMMONWEALTH LAND TITLE INSURANCE COMPANY

NOTES:

1. Survey of description as furnished by Client
2. Lands shown hereon were not abstracted for and/or rights-of-way of record.
(P) Denotes distance or bearing by description
(F) Denotes measured distance or bearing.
(C) Denotes calculated distance or bearing.
3. All bearings are referenced to the instrument as shown hereon, unless otherwise noted.
4. Elevations shown hereon are relative to National Vertical Datum of 1929, and are based on bench mark.
5. There are no above ground encroachments, unless otherwise noted.

SET I.B. - SET 5/8 IRON BAR & CAP #4049
 FND. - FOUND OBJECT
 I.P. - IRON PIPE
 C.M. - CONCRETE MONUMENT
 I.B. - IRON BAR
 P.K. - P.K. NAIL
 R.R.S. - RAILROAD SPIKE
 N. & W. - NAIL & WASHER
 N. & TT - NAIL & TIN TAB
 OHW - OVERHEAD
 ———— - DRAINAGE
 M.H. - MANHOLE
 P.P. - POWER
 C.B. - CATC
 B.50
 X - EXISTING

P.O.C. - POINT OF COMMENCEMENT
 P.O.B. - POINT OF BEGINNING
 ENC. - ENCROACHMENT

LAUNDRY
MAIN HOUSE

AC - 40 AHU 60 -
AC - 45 AHU 60 -

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

MASTER A/C - 15
AHU - 30-

Date of Inspection: Mon Wed Fri Aug 6, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6406	PELICAN GROUP LLC	ROUGH ELEC	PASS	
3	142 S. Sewall's Pt ERIC OLIVER	gate will be left open		INSPECTOR: <i>[Signature]</i>
Tree	MCDHERSON	TREE	PASS	
1	167 S. Sewall's Pt	8-8.15 please		INSPECTOR: <i>[Signature]</i>
6480	WADE	ROOF SHEATHING	PASS	
2	9 E. HIGH POINT RD PINE ORCHARD BUDS & BUCKS	TRUSS ENGR.	FAIL	INSPECTOR: <i>[Signature]</i>
TREE	CANTWELL	TREE	PASS	
9	34 CASTLEHILL WAY			INSPECTOR: <i>[Signature]</i>
6756	WEIGHTMAN	FINAL	PASS	USE
8	10 MIRAMAR O/B			INSPECTOR: <i>[Signature]</i>
6520	HINES	POWER REL.	PASS	
4	113 HENRY SEWALL W. CAMP			INSPECTOR: <i>[Signature]</i>
6799	GOVEL	FINAL RENOVATION	PASS	CANCEL
	5 RIVERVIEW O/B			INSPECTOR:

OTHER: 3 LOFTING WAY -

8094

KITCHEN UPDATE

TOWN OF SEWALL'S POINT

Date 3/8/06 BUILDING PERMIT NO. 8094
 Building to be erected for WEIGHT Type of Permit KITCHEN UPDATE
 Applied for by O/B (Contractor) Building Fee 240.00
 Subdivision MIRAMAR Lot 4 Block _____ Radon Fee _____
 Address 10 MIRAMAR RD Impact Fee _____
 Type of structure SFR A/C Fee _____
 Parcel Control Number: _____ Electrical Fee _____
138410090000004050000 Plumbing Fee _____
 Amount Paid 300.00 Check # 2707 Cash _____ Other Fees (25.00) 60.00
 Total Construction Cost \$ 25.00 TOTAL Fees 300.00

Signed Valerie Wright Signed [Signature]
 Applicant Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEMWALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TRUSS ENG/WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF TIN TAG/METAL	_____	ROOF-IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	EARLY POWER RELEASE	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

RECEIVED
2/18/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 3/8/06

OWNER/TITLEHOLDER NAME: Tim & Valerie WRIGHT Phone (Day) 72-223-1985 (Fax) _____

Job Site Address: 10 Miramar Rd City: Sewall Pt. State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: Kitchen update / remove existing + replace with new (cabinets)

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$25,000 -
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

Is improvement cost 50% or more of Fair Market Value? YES NO

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

State Registration Number: _____ State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

Valerie Wright

State of Florida, County of: Martin

This the 8th day of MARCH, 2006

by Valerie Wright who is personally

known to me or produced

as identification. Laura J. O'Brien

Notary Public

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

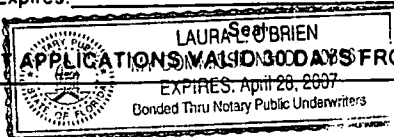
As identification. _____

Notary Public

My Commission Expires: _____

Seal

PERMIT APPLICATIONS MAILED 30 DAYS FROM APPROVAL 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 though 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 Statutes 489.103(7).

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

Name: Valerie Wright Date: 3-8-06

Signature: Valerie Wright

Address: 13 Miramar Rd

City & State: Stuart FL 34996

Permit No. : _____

PERMIT # _____

TAX FOLIO # 138410090000004050000

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

MIRAMAR LOT 4

GENERAL DESCRIPTION OF IMPROVEMENT: KITCHEN UPDATE

OWNER: TIM + VALERIE WRIGHT

ADDRESS: 10 MIRAMAR RD SEWAN'S Pt. NT, FL 34996

PHONE #: 772-223-1985 **FAX #:** _____

CONTRACTOR: OWNER CONTRACTOR

ADDRESS: 10 MIRAMAR RD SEWAN'S POINT, FL 34996

PHONE #: 772-223-1985 **FAX #:** _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____ **STATE OF FLORIDA**

PHONE # _____ **MARTIN COUNTY**

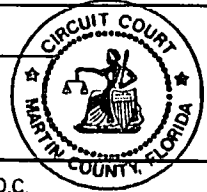
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

FAX #: THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL AND CORRECT COPY OF THE ORIGINAL
BY MARSHA EWING, CLERK
DATE 3/8/06 D.C.



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

NAME: _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

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

PHONE #: _____ **FAX #:** _____

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

Valerie Wright
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 8th DAY OF MARCH 2006 BY VALERIE WRIGHT

Laura L. O'Brien
NOTARY SIGNATURE

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____



INSTR # 1916144 OR BK 02119 PG 1813 RECD 03/08/2006 01:22:19 PM
MARSHA EWING, CLERK L. WOOD

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~8-28~~ **8-28**, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8094	Wright	Final (Kitchen)	PASS	XXXXXXXXXX
7	10 Miramar Rd OB			INSPECTOR: <i>OM</i>
7997	Giachino 11 Wendy Ln Pacific	Ten tag Metal	PASS	INSPECTOR: <i>OM</i>
8055	Haynes 26 Palm Rd Storm Depot	Final GATE IS NOT LOCKED	FAIL	Must have project. INSPECTOR: <i>OM</i>
Tree	Kinsling 4 Mindow St OB	Tree	PASS	INSPECTOR: <i>OM</i>
8147	Lelo 27 Simara SDH	Windows	FAIL	NO ACCESS INSPECTOR: <i>OM</i>
XXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX INSPECTOR: XXXXXXXXXX
XXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX INSPECTOR: XXXXXXXXXX

OTHER: _____

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:	10949	DATE ISSUED:	7/21/2014
SCOPE OF WORK:	REMODEL MASTER BATH		
CONTRACTOR:	CUSTOM BLDERS GROUP		
PARCEL CONTROL NUMBER:	1384100900000405	SUBDIVISION	MIRAMAR LOT 4
CONSTRUCTION ADDRESS:	10 MIRAMAR		
OWNER NAME:	WRIGHT		
QUALIFIER:	CHAD PICKARD	CONTACT PHONE 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 - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



TOWN OF SEWALL'S POINT BUILDING 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 MIRAMAR RD
DATE ISSUED:	7/21/2014
SCOPE OF WORK:	REMODEL MASTER BATH

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 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.)		\$	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:	\$	
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:		\$	-

*paid
 ck 1233
 7/20/14*

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 1-20-14

OWNER/LESSEE NAME: Tom and Valerie Wright Phone (Day) 223-1985 (Fax) _____

Job Site Address: 10 Miramar Rd City: Jewalls Pt State: FL Zip: 34990

Legal Description Lot 4, Miramar Parcel Control Number: 1384 1009 000000 4050000

Fee Simple Holder Name: Tom and Valerie Wright Address: 10 Miramar Rd

City: Jewalls Pt State: FL Zip: 34990 Telephone: 223-1985

*SCOPE OF WORK (PLEASE BE SPECIFIC): Remodel master bathroom

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 20,000
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X ___
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Custom Builders Group, LLC Phone: 772-25-2430 Fax: _____

Qualifiers name: CHAD PICKARD Street: 1434 SE 13th ST City: STUART State: FL Zip: 34996

State License Number: CGC 60885 OR: Municipality: _____ License Number: _____

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: _____
Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

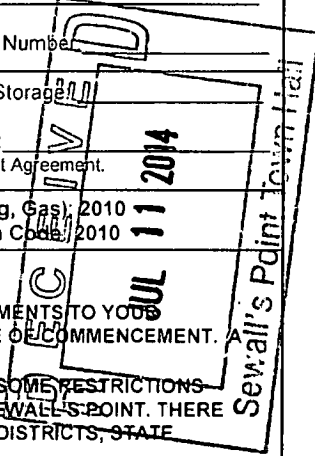
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
x Valerie Wright
State of Florida, County of: Martin
On This the 9th day of July, 2014
by Valerie Wright who is personally
known to me or produced _____
As identification, _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
x Chad Coddington Pickard
State of Florida, County of: Martin
On This the 9th day of July, 2014
by Chad Coddington Pickard who is personally
known to me or produced drives license
As identification, _____

My Commission Expires _____
CASSANDRA S. JAKES
MY COMMISSION FEE 157504
EXPIRES: January 8, 2018
Bonded thru Notary Public Underwriters

My Commission Expires _____
CASSANDRA S. JAKES
MY COMMISSION FEE 157504
EXPIRES: January 8, 2018
Bonded thru Notary Public Underwriters

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. IDENTIFICATION FEE 400.00 PER OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 138410090000024050000

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Lot 4, Miramar (10 Miramar Rd, Sewalls Pt

GENERAL DESCRIPTION OF IMPROVEMENT: redo master bath FL 34996)

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: Valerie and Tim Wright
ADDRESS: 10 Miramar Rd, Sewalls Pt FL 34996
PHONE NUMBER: 223-1985 FAX NUMBER:
INTEREST IN PROPERTY: owner

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: Custom Builders Group LLC
ADDRESS: 1434 SE 130 St. SRVANT, FL 34996
PHONE NUMBER: 772-215-2430 FAX NUMBER:

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS:
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT:

LENDER/MORTGAGE COMPANY:
ADDRESS:
PHONE NUMBER: FAX NUMBER:

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

BY: _____ DATE: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

Signature of Valerie Wright
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

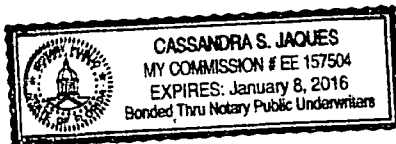
SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 9th DAY OF July, 2014

BY: Cassandra S. Jaques AS notary FOR Valerie Wright
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE/ SEAL



INSTR # 2465584
OR BK 2728 PG 2344
RECORDED 07/11/2014 01:43:28 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK



STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
CAROLYN TIMMANN, CLERK



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: _____

**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 Valerie Wright

CONSTRUCTION ADDRESS: 10 Miramar Rd. Sewall's Pt. FL 34996

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: MASTER BATH TUB, Valves, LAVIS Replacement.

VALUE OF CONSTRUCTION \$ 5000

_____ LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
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 APPROVED PLANS AND ALL APPLICABLE CODES.

MASTER PLUMBING
 2551 SE CLAYTON STREET
 STUART, FL 34997
 (772) 287-2366

[Signature]
 SIGNATURE OF LICENSED CONTRACTOR

ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Adam Van Effen

TELEPHONE NO: (772) 287-2366 FAX NO: 772-287-0194

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFL1428579

** 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: Tim and Valerie J Wright

PARCEL CONTROL #: 01-38-41-009-000-00040-50000

SUBDIVISION: 1202 W Heritage P, Palmito PK, Rdg'd LOT: 4 BLK: _____ PHASE: _____

SITE ADDRESS: 10 Miramar Rd

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

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 Valerie Wright

CONSTRUCTION ADDRESS: 10 Miralhar Rd. Sewall's Pt. FL 34996

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Electric-bathroom remodel

VALUE OF CONSTRUCTION \$ 1,000⁰⁰

_____ LOW VOLTAGE TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER 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: [Signature] ADDRESS OF CONTRACTOR: 1100 Barnett Dr #4 Lake Worth, FL 33461

COMPANY OR QUALIFIER'S NAME: Electric Connection

TELEPHONE NO: 561-586-6499 FAX NO: 561-586-9889

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0002938

** 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: Tim B and Valerie J Wright

PARCEL CONTROL #: 01-38-41-009-000-00040-50000

SUBDIVISION: 120200 Heritage P, Palmetto Pl, Palmetto LOT: 4 BLK: _____ PHASE: _____

SITE ADDRESS: 10 Miralhar Rd

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

CHAD PICKARD RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME *Custom Builders Group LLC* BLDG. PERMIT # _____

MAILING ADDRESS *1434 SE 13th ST STUART, FL 34994*

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	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH	<i>Gary Vickers Construction Inc</i>	<i>MCAR 01650</i>
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH	<i>Gary Vickers Construction Inc</i>	<i>MCAR 01650</i>
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	<i>Custom Builders Group LLC</i>	<i>CBG 60885</i>
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	<i>Master Plumbing</i>	<i>CFC 1428579</i>
AC	* HARV		
EL	* ELECTRICAL	<i>ELECTRIC CONNECTION</i>	<i>EC 0007938</i>



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		

* REQUIRES SEPARATE VERIFICATION FORMS.

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.

[Handwritten Signature]

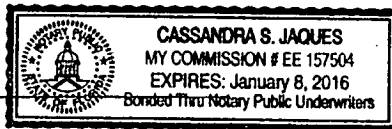
SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 9th day
 of July, 20 14

[Handwritten Signature: Cassandra D. Jaques]
 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____





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: 7/2/14 Building Permit # _____
 Site Address: 10 Mirabelle Rd Sewalls Pt.

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement 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 asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. 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.

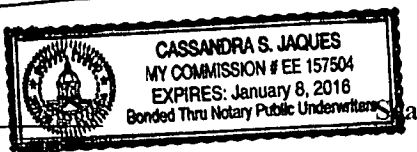
____ Contractor or ____ Owner/Builder Signature Valerie Wright

Subscribed and sworn to before me this 9th day of July, 2014, personally appeared

Valerie Wright who is personally known to me or produced _____ as

identification, and who did/did not take an oath.

Notary Public Signature _____





**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

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

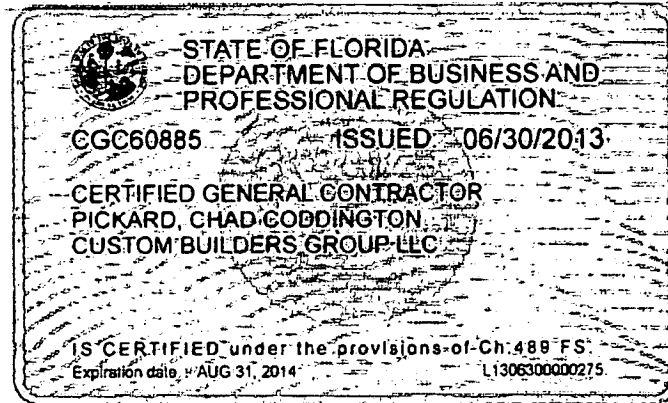
(850) 487-1395

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

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.

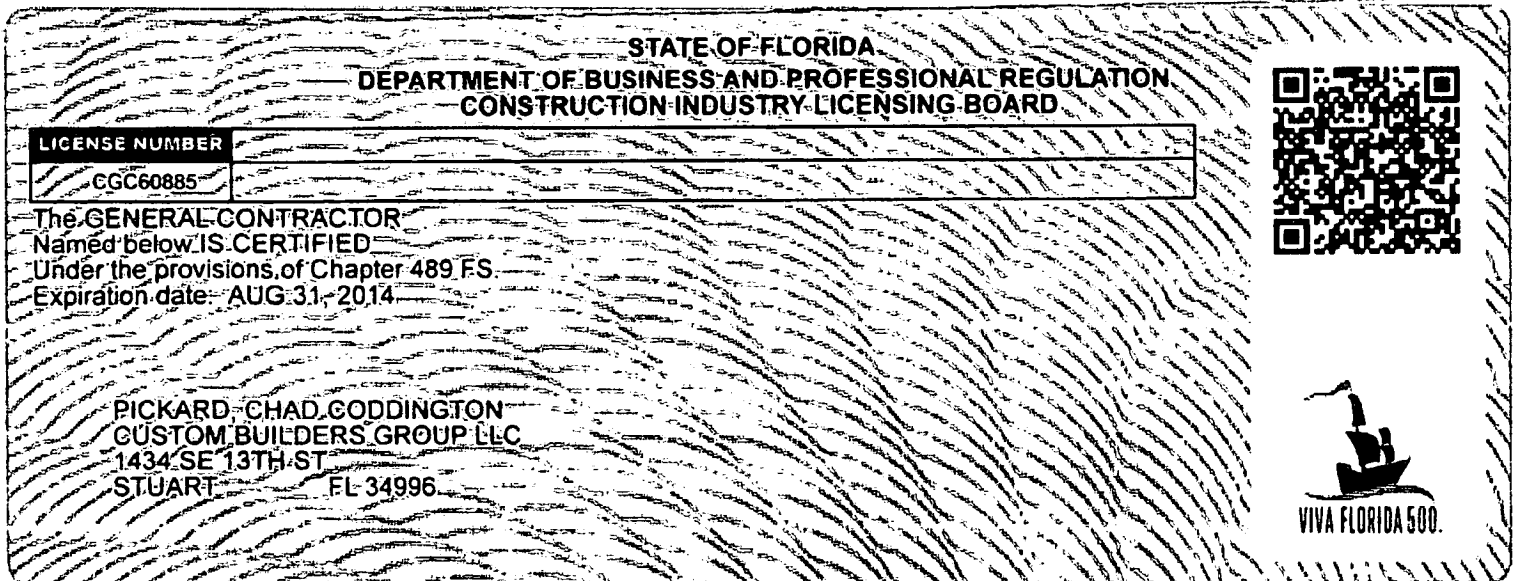
Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more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

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!



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



**RICK SCOTT
GOVERNOR**

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

**KEN LAWSON
SECRETARY**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2014

PRODUCER (772) 287-1560
Agrillo Insurance Agency
49 SW Monterey Rd.

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.

Stuart FL 34994-

INSURED

Custom Builders Group LLC
1434 SE 13th Street

Stuart FL 34996-

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Arch Specialty Insurance

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	AGL001691-01	06/14/2014	06/14/2015	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Florida C/C contractor: Executive Supervisor and carpentry classification

CERTIFICATE HOLDER

(772) 287-2455 (772) 220-4765

Town of Sewall's Point
1 South Sewalls Point Road

Sewall's Point FL 34996-

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature]
7/10/14



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

**** 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: TORRANCE EUGENE H

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



CITY OF STUART
LOCAL BUSINESS TAX RECEIPT
 2012-2013

10732	27141	170500
-------	-------	--------

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

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

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	50.00

BUSINESS NAME AND MAILING ADDRESS	CUSTOM BUILDERS GROUP LLC PICKARD, CHAD PO BOX 1426 STUART FL 34995
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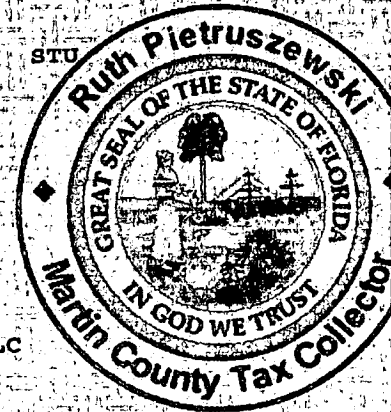
DATE
07/03/2013

CHERYL WHITE
CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

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 2014-513-0007 CERT CGC60885
 PHONE (772) 215-2430 SIC NO 236115
 LOCATION 1434 SE 13TH ST STU



CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR.	\$ 00	LIC. FEE	\$ 26.25
	\$ 00	PENALTY	\$ 00
	\$ 00	COL. FEE	\$ 00
	\$ 00	TRANSFER	\$ 00
TOTAL		26.25	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **CERT GENERAL CONTRACTOR**
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

PICKARD, CHAD
 CUSTOM BUILDERS GROUP LLC
 P.O. BOX 1426
 STUART, FL 34995

02 DAY OF JULY 2013
 AND ENDING SEPTEMBER 30, 2014 806-2012-09121.0001 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.

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

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

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

Owner Information

Owner(Current)	WRIGHT TIM B WRIGHT VALERIE J
Owner/Mail Address	10 MIRAMAR RD STUART FL 34996
Sale Date	8/30/1994
Document Book/Page	1087 1835
Document No.	
Sale Price	81500

Location/Description

Account #	17744	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


TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
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.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-5 - 14 Page _____ of _____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10997	FORMAN	A/C FINAL		
11:00	6 PINEAPPLE LA SEACOAST A/C		PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		INVESTIGATE		
	DELANO & S RIVER	CONSD SITE	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10949	WRIGHT	Plumbing Rough-in	PASS	
9-10	10 MICOMAR Custom Builders Group	Electrical Rough-in	FAIL	WIRE PULLED OUT OF OUTLET BOX INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10908	Renato's Restaurant	Final		
10:00	3720 SE Ocean Blvd ABBA A/C Corp	Mechanical for A/C	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10955	Vandeusen	Service		
After 1p	7 S Via Lucinda Cook Electric	Change	RESET FOR WED	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	Nehme	steel		
	44 S Sewall's Pt Rd Oceanfront Builders	Pool Stairs	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10937	Pistolee	V.G. Propane		
	21 Perriwinkle Crescent Florida Gas Express	Tank	PASS	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/8 - 14 Page _____ of _____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10944	Wright	Plumbing	Pass	
9	10 Miramar	Underground	Pass	
	4 Custom Builders Corp.	Electrical Rough Re-inspect	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10967	Chapman	Electrical		
5	11 Palm Rd	Rough	Pass	
	Di Menno Electric	Rear Porch		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10938	Weber	Wall sheeting		
9	4 Mandalay Rd		Pass	
	6 Praesto			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	Weston	Ground		
3	30 SSPR.	Water Attention	Pass	
	Weston Construction	FINAL GRADE		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10866	Thle Ihle	Gas		
7	121 Hillcrest Drive		FAIL	NOT READY
	GLG Homes			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10668	Fitzsimmons	Final		
1	99 N SPR		FAIL	NO ACCESS
	Gulfstream			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
0917	Castoro	Electrical		
2	22 SSPR	POOL BONDING	Pass	
	Roe Construction	Grid		INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/18/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Driveway		Missing
	7 Oak Hill Way		Fail	Form Boards
	JMC			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10944	Wright	Final Bath	Pass	Please call Chad at (772) 215-2430 to arrange time
Am Requested	HO Miramar Rd	Remodel		Clear
	Custom Bidders Group			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11062	Birdsall	Fence		Fence not as permitted. Not in location marked
	49 W. River Rd	Final	Fail	
	Stuart Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11014	Crispin	Fence		
	30 E High Point Rd	Final	Pass	
	Stuart Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Heramis	Dry-lm +		
	172 S River Rd	Metal.	Pass	
	J. Conroy			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				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:	KITCHEN REMODEL		
CONTRACTOR:	SIGNATURE PAINTING & REMODEL		
PARCEL CONTROL NUMBER:	01384100900000130617753	SUBDIVISION	MIRAMAR LOT 13
CONSTRUCTION ADDRESS:	5 MIRAMAR		
OWNER NAME:	BYRNE JR.		
QUALIFIER:	JACOB WERTHER	CONTACT PHONE 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 - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

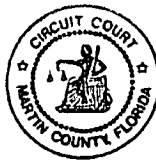
PERMIT NUMBER:	10951
ADDRESS:	5 MIRAYAR RD
DATE ISSUED:	7/21/2014
SCOPE OF WORK:	KITCHEN REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 15,000.00
---	----------------	----	--------------

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:		\$	\$ 15,000.00
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	150.00
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp	\$ 300.00
		\$	3.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 6.75
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 6.75
Road impact assessment: (.04% of construction value - \$5 min.)		\$	6.00
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ 469.50

ACCESSORY PERMIT	Declared Value:	\$	
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:		\$	-

161130
7/22/14



THIS IS TO CERTIFY THAT THE
FOREGOING PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE

INSTR # 2467094
OR BK 2730 PG 1493
(1 Pgs)
RECORDED 07/22/2014 10:00:49 AM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

BY: [Signature] D.C.
DATE: 7/16/14

PERMIT #: _____ TAX FOLIO # _____

STATE OF FLORIDA COUNTY OF MARTIN

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE): 5 Miramar
SINGLE FAMILY HOME, PLOT #13, TOWN OF SEWALLS PT
(5 MIRAMAR RD. STUART, FLORIDA 34996)
GENERAL DESCRIPTION OF IMPROVEMENT: KITCHEN RENOVATION

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: ALFRED O.T. BYRNE
Address: 5 MIRAMAR RD STUART FL 34996
Interest in property: OWNER
Name and address of fee simple title holder (If different from Owner listed above):
SAME AS ABOVE

CONTRACTOR'S NAME: JACOB WERTHEM Phone No.: 772.634.0517
Address: 710 SE ASHLEY OAKS WAY STUART, FL 34997

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: N/A
Phone No.: N/A Bond amount: N/A

LENDER'S NAME: N/A Phone No.: N/A
Address: N/A

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

Name: OWNER ONLY - ALFRED BYRNE Phone No.: 912.220-8510
Address: SAME AS ABOVE

In addition to himself or herself, owner designates N/A of N/A to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: N/A

Expiration date of Notice of Commencement:

(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): AS RECORDED - 1 YR FM DATE

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

[Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

OWNER
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 9th day of JULY, 2014

By: ALFRED BYRNE as OWNER for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
Notary's Signature

Personally known or produced identification
Type of identification produced FL D.L.

(Print, Type, or Stamp Commissioned Name of Notary)

360-010-66-221-0

CHRISTINE C. BERGERON
MY COMMISSION # FF 111061
EXPIRES: June 21, 2018
Bonded Through Budget Notary Services



Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7/17/14

OWNER/LESSEE NAME: Alfred J. Byrne Jr. 972-220-8310 Phone (Day) 772-634-0517 (Fax) 772-600-5146

Job Site Address: 5 Miramar Rd. City: Sewall's Point State: FL Zip: 34996

Legal Description: Miramar Lot 13 Parcel Control Number: 01-38-41-009-000-00130-617753

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): See attached

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 15,000 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 [X] FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Signature Painting & Remodeling Phone: 772-634-0517 Fax: 772-600-5146

Qualifiers name: Jacob Werthum Street: 710 SE Ashley Oaks Way City: Stuart State: FL Zip: 34997

State License Number: CG1520368 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Jacob Werthum Phone Number: 772-134-0517

DESIGN PROFESSIONAL: Braden & Braden AIA, PA Fla. License# 4A000032

Street: 417 SE Coconut Ave. City: Stuart State: FL Zip: 34996 Phone Number: 772-287-8258

AREAS SQUARE FOOTAGE: Living: 1936 Garage: 400 Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof: 2336 Elevated Deck: _____ Enclosed area below BFE*: _____ * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

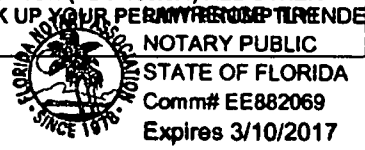
***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE: X _____ State of Florida, County of: _____ On This the _____ day of _____, 2014 by _____ who is personally known to me or produced _____ As identification, _____ Notary Public My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: X _____ State of Florida, County of: Martin On This the 17th day of July 2014 by Jacob Werthum who is personally known to me or produced FL DL As identification, _____ Notary Public My Commission Expires: 3-10-2017

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT BEFORE IT RENEWS





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

Site Provided by...
govermax.com 1.13

Summary



Owner
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 ➡

Location/Description			
Account #	17753	Map Page No.	SP-03
Tax District	2200	Legal Description	MIRAMAR LOT 13
Parcel Address	5 MIRAMAR RD, SEWALL'S POINT		
Acres	.3440		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Functions

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

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](#)

1936

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 WAY



CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>26.25</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>3.00</u>

TOTAL 29.25

SIGNATURE PAINTING AND REMOVAL

TJRW, LLC

TJRW, LLC

710 SE ASHLEY OAKS WAY

STUART, FL 34997

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

OF **GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

07 DAY OF AUGUST 2013

AND ENDING SEPTEMBER 30, 2014

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.



08-07-2012

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 R

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
- 2- CARPENTRY - DETACHED ONE OR TW
- 3- CARPENTRY - INSTALLATION OF CA

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

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

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p>  <p>EFFECTIVE: 08/07/2012 EXPIRATION DATE: 08/07/2014</p> <p>PERSON: JACOB R WERTHEM</p> <p>FEIN: 870777914</p> <p>BUSINESS NAME AND ADDRESS: TJRWLLC DBA TACT SERVICES 710 SE ASKLEY OAKS WAY STUART, FL 34997</p> <p>SCOPE OF BUSINESS OR TRADE: 1- CARPENTRY - DWELLINGS - THREE 2- CARPENTRY - DETACHED ONE OR TW 3- CARPENTRY - INSTALLATION OF CA</p>	<p style="text-align: center;">IMPORTANT</p> <p>F Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>O</p> <p>L</p> <p>D</p> <p>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 the notice of election to be exempt.</p> <p>E</p> <p>R</p> <p>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 section.</p> <p style="text-align: right;">QUESTIONS? (850) 413-1609</p>
--	---

CUT HERE

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

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINE MARK • PATENTED PAPER

AC# 6002181

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12022801818

DATE	BATCH NUMBER	LICENSE NBR
02/28/2012	110273898	CGC1520368

The GENERAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, F.S.

Expiration date: AUG 31, 2012

WERTHEM, JACOB
TACT SERVICES
710 SE ASHLEY OAKS WAY
STUART

FL 34997



RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



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

Email: *Jacob@Signatureofstuart.com*
SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Jacob Werthen BLDG. PERMIT # _____

MAILING ADDRESS 710 SE Ashley Oaks Way, Stuart, 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		
CB	COLUMNS & 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	<i>Bell Electric South</i>	<i>ER 13013592</i>

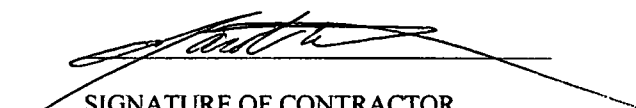


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-220-4765

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

* REQUIRES SEPARATE VERIFICATION FORMS.

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 Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 17th day
 of July, 2014


 NOTARY PUBLIC

MY COMMISSION EXPIRES: 3-10-2017



LAWRENCE TRENDELL
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE882069
 Expires 3/10/2017



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

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, Alfred

CONSTRUCTION ADDRESS: 5 MIRAMAR ROAD

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Relocate Switches

VALUE OF CONSTRUCTION \$ 400.00

_____ LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
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]
 SIGNATURE OF LICENSED CONTRACTOR

P.O. Box 816 Palm City FL 34991
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Bell Electric South Inc

TELEPHONE NO: 772-215-7822 PLEASE PRINT FAX NO: NO #

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: ER 13013592

** 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: Alfred J. Byrne Jr.

PARCEL CONTROL #: 01-38-41-009-000-00130-617753

SUBDIVISION: _____ LOT: 13 BLK: _____ PHASE: _____

SITE ADDRESS: 5 Miramar Rd.

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



CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER Galt Insurance Group 900 Fifth Ave S Suite 201 Naples, FL 34102 HOUSE ACCOUNT	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Burlington Insurance Co		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

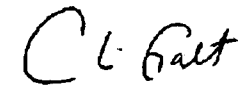
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			VBA289423-00	03/01/2014	03/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER **CANCELLATION**

Sewall's Point Town Hall Building 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 
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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: \$15,750.00

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)

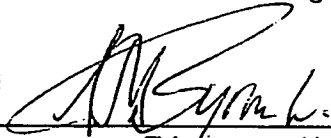
Payment as follows:

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

 07/09/14

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

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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri - 14 Page ____ of ____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10911	BAILEY 117 N. Sewalls Pt Rd S. FLORIDA CUSTOM HOMES	POOL STEEL BOND / M.D.	PASS	INSPECTOR <i>JA</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10688	STEDKOW 108 S. Sewalls Pt Rd DRIFTWOOD HOMES	PART R. ELECT ARCH CEILING	PASS	INSPECTOR <i>JA</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10951	BERR 5 MAINWAY BL	FRAMING R. ELECTRIC	PASS	INSPECTOR <i>JA</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	NERME 44 S. Sewalls Pt Rd Oceanfront MDNO	3RD FL BEAM & COLUMN	PASS	INSPECTOR <i>JA</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	AND E90 BUCK FOOD 1 OAK HILL BRIDGE	REMODEL		INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/22 - 14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10883	Melosh	Final		
9AM	132 S SPR	Concrete overpour	PASS	CLOSE
	Richard Haager			INSPECTOR <i>[Signature]</i>
10691	Koenke	Roof		
	8 N. SPR	Final	PASS	CLOSE
	Steve's Roofing			INSPECTOR <i>[Signature]</i>
10692	Koenke	Walk		
	8 N. SPR	through	OK	
	O/B	FINAL KIPEREN -	PASS	INSPECTOR <i>[Signature]</i>
10875	Piltch	Final		
	3 Timor	Generator + BBQ	PASS	CLOSE
	Seagate Builders			INSPECTOR <i>[Signature]</i>
10968	Pochalski	Final		
	6 Banyan Rd	Solar Pool Heating	PASS	CLOSE
	Solar Energy Systems	(Leak repaired)		INSPECTOR <i>[Signature]</i>
10951	Byrne	Final		NOT READY
	Signature Painting & remodel	Remodel	FAIL	
	Signature Painting & remodel			INSPECTOR <i>[Signature]</i>
10895	Watkins	Fire DEAD METN		
	122 S SPR	North Wall	PASS	
	Treasure Coast Barge			INSPECTOR <i>[Signature]</i>

INVESTIGATE 161 S. RIVER TREE

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8/26 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10959	Van Deusen	Dry-In		
AM Inspection	7 S. Via Lucindia	Roof	Pass	
	JA Taylor Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10971	Pomales	Partial		
	31 Fieldway Dr	Window	Cancel	
	Atlantic Window Co			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10951	Byrne	Final		
	5 AM Kramer Rd	Kitchen	OK	OK
	Signature Painting + Remodel	Remodel		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10935	Haramis	Temp		
	172 S. River	Electric	Pass	Pass
	J Conroy In	Service		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10934	Fabricy	Strapping +		
	6 Oak hill way	Engineering	Pass	
	Seagate 263-4441			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10928	Fernandez	Pool		
	10 Knowles Rd	Enclosure	Pass	Close
	The Porch Factory			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	LONG			
	17 Rio Vista	TREE	OK	
				INSPECTOR

#599

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 599

Date Issued _____

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner TIM WRIGHT Address 10 MIRAMAR Phone _____

Contractor ARIC HOMES CONVT. INC Address 1046 N.E. JENSEN BEACH BLVD Phone 334-8379

Number of trees to be removed (list kinds of trees) 3 (2) DAK (1) COCONUT PALM

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): 0

Number of trees to be replaced (list kinds of trees): 0

Permit Fee \$ 45.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted OCT, 4, 94

Approved by Building Inspector [Signature] Date 10/4/94

Approved by Building Commissioner [Signature] Date _____

Completed _____ Date _____ Checked by _____

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?