

16 Miramar Road

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner PAUL MCSWINEY Present Address LANGFORD Phone _____

Architect _____ Address _____

General Contractor BOB SIMMONS Address 944 SAGE DR Phone 283-1697

Where Licensed MARTIN License No. I

Plumbing Contractor LINDSEY Where Licensed MARTIN No. _____

Electrical Contractor EVANS Where Licensed " No. _____

Property Location SEWALL POINT Subdivision MIRMAR Lot No. 2

Lot Dimensions 140 X 107 Lot Area _____ Sq. Ft. _____

Purpose of Building RESIDENTIAL Type of Construction CBS

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

Outside of Walls 1600 Inside of Walls _____

Street or Road building will front on MIRMAR

Clearances - Front 35' Back 41' Side 28.6 Side 3' River _____

Well Location CITY Septic Tank Location REAR

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) \$30,000⁰⁰

| <u>PERMIT FEE</u> | <u>New Home</u> | <u>Additions</u> | <u>Others</u> |
|---------------------------------------------------------|-----------------|------------------|---------------|
| General (\$3.00 per \$1000 or Fraction) <u>90.00</u> | | | |
| Plumbing (Flat Fee) ----- | <u>\$10.00</u> | <u>\$3.00</u> | |
| Electrical (Flat Fee) ----- | <u>\$10.00</u> | <u>\$3.00</u> | |
| Total (To be paid by General Contractor or Owner) ----- | <u>\$110.00</u> | | |

SIGNED: - General Contractor or Owner Bob Simmons

Building Inspector Comments: Check a Dango

FOR TOWN RECORDS: Date Drawings submitted 3/22/71
 Date Permit approved 3/26/71
 Date Permit Fee paid 3/31/71
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

265

2979

REROOF FLAT DECK

Date

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

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

2979

Owner Rita McSwiney Present Address #16 Miramar
Phone _____

Contractor Ace Roofing & Tile Inc Address 1158 SE Monterey Rd Ext
Phone 287-3300

Where licensed State Certified License number CC C037016

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Re-Roof Flat deck

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

Subdivision Sewells Pt. Lot number _____ Block number _____

Contract price \$ 1300.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Charles McKee

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

Owner _____

TOWN RECORD

Date submitted _____ Approved: Rita McSwiney Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 Permit No. _____

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

3099

ALUMINUM SOFFIT

& FASCIA

PERMIT NO. _____

Date _____

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

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

Owner Rita McSwiney Present Address 16 Miramar Rd.

Phone 283 2285

Contractor Better Homes Exteriors Address 8306 Business Park Dr

Phone 340-0492 Port St. Lucie Fl. 34952

Where licensed Martin County License number 85-513-029

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: To install Reynolds Vinyl Coated Aluminum Soffit & Fascia System to All overhangs.

State the street address at which the proposed structure will be built: 16 Miramar Rd.

Subdivision _____ Lot number 2 Block number _____

Contract price \$ 4212.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor RG Pundt

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

Owner Rita McSwiney

TOWN RECORD Approved: Dale Brown 11/22/91
Building Inspector Date

Date submitted _____

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

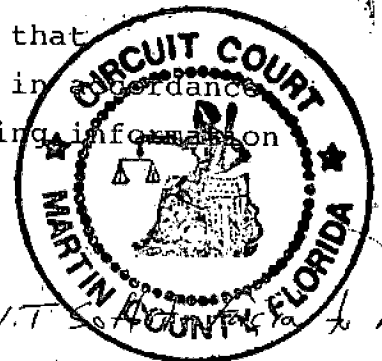
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

914222

STATE OF FLORIDA

COUNTY OF

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.



Description of property: Lot 2, Sewells point

General Description of Improvements: install Reynolds U.T. to home

OWNER: Rita McSwiney

ADDRESS: 16 Miramar Rd Stuart

STATE OF FLORIDA
COUNTY OF MARTIN

Owner's interest in site of the improvement: 100%

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

Fee Simple Title Holder (if other than owner):

Name:

MARSHA STILLER, CLERK
BY Charlotte Bullock D.C.

Address:

General Contractor: Better Homes Exteriors

DATE 11-27-91

Address: 8306 Business Park Dr Port St. Lucie Fl. 34952

Surety (if any):

Address:

Construction Lender (if any):

Amount \$22,000
FILED FOR RECORD
NOV 22 PM 12:14
MARTIN CO. FLA.
MARSHA STILLER
CLERK OF CIRCUIT COURT
D.C.

Address:

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name:

Address:

In addition to himself, owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (F), Florida Statutes: (Fill in at owner's option).

Name:

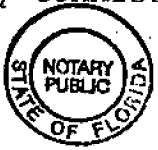
Address:

Rita P. McSwiney
OWNER

SWORN TO AND SUBSCRIBED before me this 22 day of November 1991.

My COMMISSION EXPIRES:

Andrew L. Gribus
NOTARY PUBLIC, STATE OF FLORIDA



ANDREW L. GNBUS
My Comm. Exp. 2-24-95
Bonded By Service Ins. Co.

**MARTIN COUNTY
1991 COUNTY OCCUPATIONAL LICENSE 1992**

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE
SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.

PENALTY 10% FOR MONTH OF OCTOBER,
5% ADDITIONAL EACH MONTH THERE-
AFTER UP TO 25% PLUS COLLECTION COSTS.

LICENSE 85-513-029 CERT. CB C024062
PHONE 407-641-5300 SIC NO. 0000
LOCATION: SAME

33 51302985 00002100 4

| | |
|-------------------|---------------------------|
| PREV YR. \$ _____ | LIC. FEE \$ <u>9.00</u> |
| TRANSFER \$ _____ | HAZ. WST. \$ <u>10.00</u> |
| DEL PEN \$ _____ | COL. FEE \$ <u>2.00</u> |
| SUBTOTAL \$ _____ | SUBTOTAL \$ <u>21.00</u> |

TOTAL _____

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF CERT. BLDG. CONTR.

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1ST DAY OF OCTOBER 19 91 SEC.
AND ENDING FIRST DAY OF OCTOBER A.D. 1992.

MAKE CHECKS PAYABLE TO:
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(407) 288-5604

BETTER HOMES EXTERIORS INC
3830 JOG RD
LAKE WORTH, FL 33463

000239 0000002100 001503 09 091891
ORIGINAL

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

00336

02/25/91

PRODUCER

TISHMAN-TISNOWER & COMPANY
6801 LAKE WORTH ROAD #300

LAKE WORTH, FL 33467

INSURED

BETTER HOMES EXTERIORS, INC.
3830 JOG ROAD
JOG PLAZA
GREENACRES FL 33463

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

INSURERS PROVIDING COVERAGE

- COMPANY LETTER A AETNA CASUALTY & SURETY
- COMPANY LETTER B FLORIDA HOME BLDRS. SIE
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

THIS POLICY IS SUBJECT TO THE POLICY WORDS, CONDITIONS, EXCLUSIONS, ENDORSEMENTS AND LIMITS WHICH ARE SET FORTH IN THE POLICY. THIS CERTIFICATE MAY BE SUBJECT TO THE LIMITS AND EXCLUSIONS OF THE POLICIES DESCRIBED IN THIS CERTIFICATE. THIS CERTIFICATE MAY BE SUBJECT TO THE LIMITS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

| CO. LETTER | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS | |
|------------|----------------------------------------------|---------------|----------------------------------|-----------------------------------|---------------------------------|-------------------------|
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE | \$ 1,000 |
| A X | COMMERCIAL GENERAL LIABILITY | BINDER #00897 | 03/01/91 | 03/01/92 | PER POLICY LIMIT OF AGGREGATE | \$ 1,000 |
| A X | PRODUCTS & COMPLETED OPERATIONS | BINDER #00897 | 03/01/91 | 03/01/92 | PERSONAL & ADVERTISING INJURY | \$ 500 |
| A X | -Comm Package- | BINDER #00897 | 03/01/91 | 03/01/92 | FAULT OR NEGLIGENCE | \$ 500 |
| | ALL OTHERS LIABILITY | | | | PER OCCURRENCE (MAX PER FIRM) | \$ 50 |
| A X | ALL OTHERS LIABILITY | BINDER #00897 | 03/01/91 | 03/01/92 | PERSONAL AND ADVERTISING INJURY | \$ 5 |
| A X | ALL OTHERS LIABILITY | BINDER #00897 | 03/01/91 | 03/01/92 | PER OCCURRENCE | \$ 500 |
| A X | SCHEDULED AUTOS | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| A X | HOPE AUTO | BINDER #00897 | 03/01/91 | 03/01/92 | PER PERSON | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | 12266 | 03/01/91 | 03/01/92 | PER STATUTE | \$ 100, (EACH ACCIDENT) |
| | OTHER | | | | \$ 500, (DISEASE POLICY LIMIT) | |
| | | | | | \$ 100, (DISEASE-EACH EMPLOYEE) | |

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

ALL OPERATIONS - STATE OF FLORIDA

PORT ST. LUCIE BUILDING & ZONING
121 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984-5099

HOLDER-ID 042

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CALLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS PRIOR NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE EFFECT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE OF AUTHORITY

I, Robert Gregory Plimpton the undersigned am the certified building contractor (#CB-C024062) qualifying BETTER HOMES EXTERIORS, INC. as building contractor.


I hereby authorize either of the following:

1. David Schneider
2. _____

To sign any and all building permits and/or occupational licenses in any municipality, town, city, or county within the State of Florida in my place and stead.

Address of Property 16 Miramar Rd.
Sewells Point


Owners Names Rita McSwiney


Robert Gregory Plimpton
Certified Building Contractor

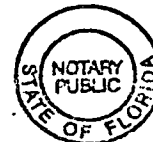
STATE OF FLORIDA
COUNTY OF PALM BEACH

Before me personally appeared Robert Gregory Plimpton to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that Robert Gregory Plimpton executed the above instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 21 day of November
A.D., 19 91.



NOTARY OF FLORIDA



ANDREW L. GNIBUS
My Comm. Exp. 2-24-95
Bonded By Service Ins. Co.

MY COMMISSION EXPIRES: _____

SEAL: _____

06/10/89

0495423

AUDIT CONTROL NO.

LICENSE NO.
CB C024062

BATCH NO.
12358

FEE AMOUNT
\$196.00

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

LICENSEE SIGNATURE

F WALLET CARD — FOLD HERE —

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY
LICENSING BOARD

CERTIFIED BUILDING CONTRACTOR

PLIMPTON, R. GREGORY
BETTER HOMES EXTERIORS INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489
FOR THE YEAR EXPIRING JUNE 30, 1992 F.S.

BOB MARTINEZ
GOVERNOR
LARRY GONZALEZ
SECRETARY, D.P.R.

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

| DATE | LICENSE NO. | BATCH NO. |
|----------|-------------|-----------|
| 06/10/89 | CB C024062 | 12358 |

THE CERTIFIED BUILDING CONTRACTOR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 F.S. FOR THE YEAR
EXPIRING JUNE 30, 1992

PLIMPTON, R GREGORY
BETTER HOMES EXTERIORS INC
3830 JOG RD
JOG PLZ
GREENACRES FL 33467-1531

BOB MARTINEZ
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

LARRY GONZALEZ
SECRETARY, D.P.R.

4713

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/28/99

BUILDING PERMIT NO. 47.13

Building to be erected for RITA MCDONALD

Type of Permit RE ROOF

Applied for by COLIN ADLISON

(Contractor) Building Fee _____

Subdivision _____ Lot _____ Block _____

Radon Fee _____

Address 16 MIRAMAR

Impact Fee _____

Type of structure _____

A/C Fee _____

"AFTER PAET" DOUBLE FEE

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

Amount Paid \$240.00 Check # _____

Cash \$240.00 Other Fees (_____)

Total Construction Cost \$ 9100.00

Roofing Fee \$240.00

TOTAL Fees \$240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

RE-ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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

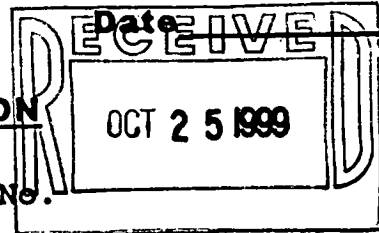
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

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

Bldg. Pmt# 9713
10/28/98

Town of Sewall's Point



BUILDING PERMIT APPLICATION

Owner's Name: Mrs McKinley Phone No. _____
Owner's Present Address: _____
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 16 Miramar Rd Sewall's Point
TYPE OF WORK TO BE DONE: Re-roof existing tile roof replace with tile roof
CONTRACTOR INFORMATION
Contractor/Company Name: Colin Addison Phone No. 561 714 0620
COMPLETE MAILING ADDRESS: 420 NE 17th Ave #2 Boston Bldg, FL 33435
State Registration _____ State License CCC057257
Legal Description of Property _____
Parcel Number _____

ARCHITECT/ENGINEER INFORMATION

Architect _____ Phone No. _____
Address _____
Engineer _____ Phone No. _____
Address _____

Area Square Footage: Living Area _____ Garage Area _____ Carport _____
Accessory Bldg. _____ Covered Patio _____ Scr. Porch _____ Wood Deck _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone _____ minimum Base Flood Elevation (BFE) _____ NGVD
proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 9,100.00
Fair Market Value (FMV) prior to improvement _____
Substantial Improvement 50% of FMV yes _____ No _____
Method of determining FMV _____

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

Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing Colin Addison State License# CCC057257

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

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

OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 25th day of October, 1998 by C.J. Addison who is personally known to me or has produced or has produced Fl. d. l. and who did (did not) take an oath.

CONTRACTOR SIGNATURE _____
Sworn to and subscribed before me this _____ day of _____, 1998 by _____ who is personally known to me or has produced _____ and who did (did not) take an oath.



Jean H. Barrow
MY COMMISSION # C2763645 EXPIRES
November 30, 2002
BONDED THRU TROY FARM INSURANCE, INC.

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE :

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:
1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. Fireplace drawing: If prefabricated submit manufacturers data.

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

JULY 17, 1995

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

EFFECTIVE DATE OF EXEMPTION 07/11/95

EXEMPTED INDIVIDUAL NAME ADDISON COLIN JOHN S.S. 593-23-2232

BUSINESS NAME ADDISON COLIN JOHN FEIN 593232232

BUSINESS ADDRESS 3 ROYAL PALM WAY APT 306
BOCA RATON, FL 33432

NOTE: Pursuant to Chapter 440.10(1)(g), 2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Oldcastle Westile, Inc.
1900 NW 21st Avenue
Ft.Lauderdale FL 33311

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

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

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

Your application for Product Approval of:
Flat, Shake & Slate Concrete Roof Tile

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

Acceptance No.: 99-0603.01

Expires: 07/01/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

10/25/99
TOWN COPY
16 of 8 MIRAMAR

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Offi

Approved: 07/01/1999

PN 4713



ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR NH
ADDIS-1

DATE (MM/DD/YY)
10/25/99

PRODUCER

Coverall Concept Ins. Agy. Inc
P.O. Box 366
Boca Raton FL 33429
Phone: 561-368-3113 Fax: 561-368-8226

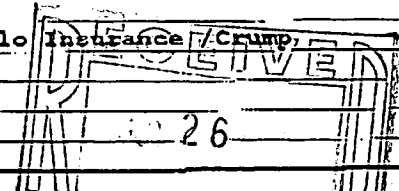
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Boynnton Beach FL 33435-2562

INSURER A: Monticello Insurance Group
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 LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | MCK228614 | 06/29/99 | 06/29/00 | EACH OCCURRENCE \$ 300,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 |
| | | | | | MED EXP (Any one person) \$ excluded |
| | | | | | PERSONAL & ADV INJURY \$ 300,000 |
| | | | | | GENERAL AGGREGATE \$ 300,000 |
| | | | | | PRODUCTS - COM/PROP AGG \$ 300,000 |
| | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | |

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

ROOFING CONTRACTOR

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER:

CANCELLATION

TOWN SEWALL'S POINT
TOWN HALL
1 S. SEWALL'S POINT ROAD
SEWALL'S FL 33496

TOWNSEW

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.

Jeff Cantel



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

Wed. 10-27-99

| PERMIT | OWNER/ ADDRESS | INSPECTION TYPE | RESULTS | REMARKS |
|--------|----------------------------------------|----------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------|
| S 4702 | Ferry 13 N. Ridgeview | footers | PASSED (EXC. UTR OD) COL. BASE RE REV. | - COMP. TEST ✓ - SOIL STAKE ✓ NOTE: FORMED SURVEY WORKED |
| N 4589 | De Goia 130 N.S.P. Rd. (under slab) | fl. - pre-pour u/g | PASSED | |
| N 4677 | Millard 5 Indialucia | final soft | PASSED | |
| S 4705 | Wallenquist - Copaire | dry-in (SHEATH/RATCH) (PM) FINAL | PASSED | 9:05 JOB START; REINSY 10:00-10:30 SHEATHING |
| N 4614 | Subin 8 Palm Court | tin tag | PASSED | FINAL 2:30 PM |
| N 4628 | Hellriegel 11 Castle Hill Way | tie beam (REINSPECT) NO FEE | PASSED | PM (PER CONTE. REQUEST) |
| N 4580 | Zotte 22 Castle Hill | final BLDG - ALL | PASSED | PM if possible - OPEN STORM SHUTTER FULL - REVIEW ALL ELSG. DOCS. |

OTHER: CONE. VIOL. - REPAIR START W/O PERMIT ~~16111111 (CALL HANNO) 10/27/99~~ ✓
 " " - FENCE/FUL " " 24 SIMARA (JC MCKINNEY) ✓
 BEACHWAY - 3602 S.B. OCEAN - REUSED FIRE ALARM SUBMITTALS (SUI SYSTEMS, INC) ✓
 TO CITY OF STUART F.D.

INSPECTOR: _____ **DATE:** _____



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

Fr., 10-29-99

| PERMIT | OWNER/ ADDRESS | INSPECTION TYPE | RESULTS | REMARKS |
|--------|----------------------------------------|------------------------------|-------------------------------------------|------------------------------------------------------------------------------|
| 4595 | Bruner 105 Hillcrest Crt. | driveway | PASSED | CONST. NOT FINISHED. TO BE COMPLETED BY 11/15/99 |
| 4589 | Steve Conway/Const. 130 N. S Pt Rd. | tin toes & metal | PASSED | |
| 4710 | Sadatinis 19 Island Rd. | mail + tin shoes inspect. | PASSED | |
| 4534 | Benton 1 Castlehill | final for C.O. | PASSED w/cond AS NOTED (Doc's req.) | 11:00-12:00 Y&R COURT REQ. 10:AM says plans were stolen from job s. |
| 4713 | McSUMMAY 6 Miramar | final sr. cabinet | PASSED | INSPECT SFPIT REPAIRS @ FINAL. |
| 4503 | LUCIÃO 2 Sabal Crt | temp. el. | FAIL | G-C/ELECT. NOT ON SITE; NO TEMP. POWER REQUEST; FILE. |
| | | | | |
| | | | | |

OTHER: 4595-BRUNER: 105 HILLCREST: prel. review of site & grading w/cond. will increase retention area @ south & improve west drainage from driveway to south into retention area.

INSPECTOR: 

DATE: 10/29/99

8194

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-19-06

BUILDING PERMIT NO. **8194**

Building to be erected for Rita McSwiney Type of Permit Reroof

Applied for by Apostolopoulos + Paulick (Contractor) Building Fee _____

Subdivision MIRAMAR Lot 2 Block _____ Radon Fee _____

Address 16 MIRAMAR Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

1-38-41-009-000-00020-90000 Roofing Fee 120-

Amount Paid \$120- Check # 3020 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 3110- TOTAL Fees 120-

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION

INSPECTIONS

UNDERGROUND PLUMBING _____

UNDERGROUND MECHANICAL _____

STEMWALL FOOTING _____

SLAB _____

ROOF SHEATHING _____

TRUSS ENG/WINDOW/DOOR BUCKS _____

ROOF TIN TAG/METAL _____

PLUMBING ROUGH-IN _____

MECHANICAL ROUGH-IN _____

FRAMING _____

FINAL PLUMBING _____

FINAL MECHANICAL _____

FINAL ROOF _____

UNDERGROUND GAS _____

UNDERGROUND ELECTRICAL _____

FOOTING _____

TIE BEAM/COLUMNS _____

WALL SHEATHING _____

LATH _____

ROOF-IN-PROGRESS _____

ELECTRICAL ROUGH-IN _____

GAS ROUGH-IN _____

EARLY POWER RELEASE _____

FINAL ELECTRICAL _____

FINAL GAS _____

BUILDING FINAL _____

Date: 4/6/06 **Town of Sewall's Point** **BUILDING PERMIT APPLICATION** Permit Number: _____

OWNER/TITLEHOLDER NAME: RITA P McSWINEY Phone (Day) _____ (Fax) _____

Job Site Address: 16 MIRAMAR RD City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) MIRAMAR Lt 2 Parcel Number: 1-38-41-009-000-00020 90000

Owner Address (if different): #16 MIRAMAR RD City: STUART State: FL Zip: _____

Description of Work To Be Done: RE ROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 3110.00
(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: Apostolopoulos + Paulick Phone: 260 5793 Fax: _____

Street: 3425 SW 78th Ave City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CGC003907 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Apostolopoulos + Paulick State: FLA License Number: CGC003907

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.

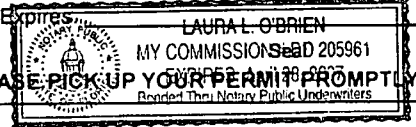
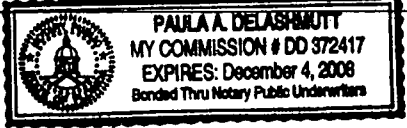
OWNER OR AGENT SIGNATURE (required)
Rita P. McSwiney
State of Florida, County of: MARTIN
This the 4 day of April, 2006
by RITA McSWINEY who is personally
known to me or produced _____
as identification. _____

CONTRACTOR SIGNATURE (required)
Costa Apostolopoulos
On State of Florida, County of: MARTIN
This the 10 day of April, 2006
by COSTA APOSTOLOPOULOS who is personally
known to me or produced _____
As identification. _____

My Commission Expires: Paula A Delashmutt
Notary Public
Seal

My Commission Expires: _____
Notary Public
Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!



RE-ROOF (Revised 12/28/05)

**PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS
FOR RE-ROOF**

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

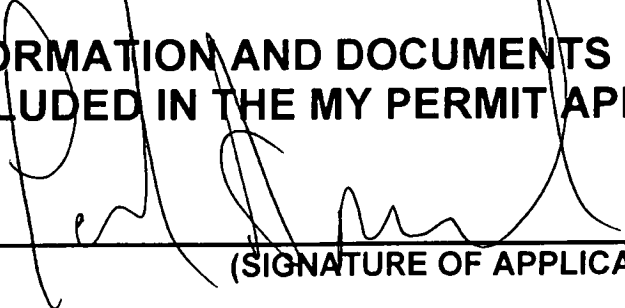
Application form must contain the following information:

1. Property Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

Submittals (2 copies)

1. Product approvals from Miami/Dade or from any testing institute approved by the Florida Building Code for the following items:
 - a. Roof System
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
6. Copy of certificate of workmen's compensation insurance or exemption
7. Copy of certificate of liability insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 4-12-06

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2005

INSURER
BETTER DEAL INSURANCE
 126 SW BAYSHORE BLVD
 PORT ST LUCIE
 32-871-2424
 APOSTOLOPOULOS & PAULICK CONST. INC.
 3425 SW 78TH AVE
 PALM CITY, FL 34990

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

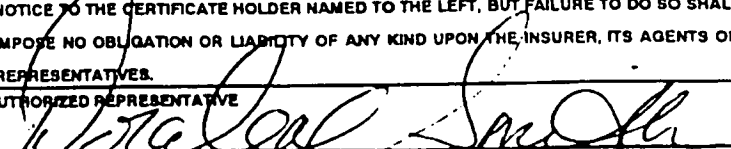
| INSURERS AFFORDING COVERAGE | NAIC# |
|----------------------------------------|-------|
| INSURER A: SCOTTSDALE INSURANCE | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

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.

| ACORD 0050 | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|----------------------------------|-------------------------------------------|---------------------|
| <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 050903 | 07/18/05 | 07/18/06 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | MEDEXP (Any one person) | \$ 5,000 |
| | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | PRODUCTS - COMP/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) | \$ |
| 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 DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | AGGREGATE | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS | OTHER |
| | | | | E.L. EACH ACCIDENT | \$ |
| | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| OTHER | | | | | |

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

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TOWN OF SEWALLS POINT 1 SOUTH SEWALLS POINT SEWALLS POINT FL 34996 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |

STATE OF FLORIDA Department of Professional and Occupational Regulation

FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD

1901 E. PALM BEACH BLVD. SUITE 5057
WEST PALM BEACH, FLORIDA 33411

CERTIFICATION NO.
CGC005907

1973-1974

EXPIRES JUNE 30, 1974

THE PERSON NAMED HEREON IS CERTIFIED AS A
GENERAL CONTRACTOR OF THE STATE OF FLORIDA

DATE: 06/22/73

COSTA APUSTOLOPOULOUS
INDIVIDUAL
15 E OCEAN BLVD
STUART

FL 33494

ATTEST
COMMISSIONER

[Signature]
GOVERNOR

[Signature]
COMMISSIONER OF PROFESSIONAL
AND OCCUPATIONAL REGULATION

[Signature]
EXECUTIVE
DIRECTOR

the business of contracting who does not hold the required certification or registration for the work being performed under this part. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any provision of such order.

(b) A county, municipality, or local licensing board created by special act may issue a cease and desist order to prohibit any person from engaging in the business of contracting who does not hold the required certification or registration for the work being performed under this part.

(3) A contractor shall subcontract all electrical, mechanical, plumbing, roofing, sheet metal, swimming pool, and air-conditioning work, unless such contractor holds a state certificate or registration in the respective trade category, however:

(a) A general, building, or residential contractor, except as otherwise provided in this part, shall be responsible for any construction or alteration of a structural component of a building or structure, and any certified general contractor or certified underground utility and excavation contractor may perform clearing and grubbing, grading, excavation, and other site work for any construction project in the state. Any certified building contractor or certified residential contractor may perform clearing and grubbing, grading, excavation, and other site work for any construction project in this state, limited to the lot on which any specific building is located.

(b) A general, building, or residential contractor shall not be required to subcontract the installation, or repair made under warranty, of wood shingles, wood shakes, or asphalt or fiberglass shingle roofing materials on a new building of his or her own construction.

(c) A general contractor shall not be required to subcontract structural swimming pool work.

(d) A general contractor, on new site development work, site redevelopment work, mobile home parks, and commercial properties, shall not be required to subcontract the construction of the main sanitary sewer collection system, the storm collection system, and the water distribution system, not including the continuation of utility lines from the mains to the buildings.

(e) A general contractor shall not be required to subcontract the continuation of utility lines from the mains in mobile home parks, and such continuations are to be considered a part of the main sewer collection and main water distribution systems.

(f) A solar contractor shall not be required to subcontract minor, as defined by board rule, electrical, mechanical, plumbing, or roofing work so long as that work is within the scope of the license held by the solar contractor and where such work exclusively pertains to the installation of residential solar energy equipment as defined by rules of the board adopted in conjunction with the Electrical Contracting Licensing Board.

(g) No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified or registered as a roofing contractor.

(4)(a) When a certificateholder desires to engage in contracting in any area of the state, as a prerequisite therefor, he or she shall be required only to exhibit to the local building official, tax collector, or other person in charge of the issuance of licenses and building permits in the area evidence of holding a current certificate and to pay the fee for the occupational license and building permit required of other persons.

(b) Notwithstanding the provisions of paragraph (a), a local construction regulation board may deny, suspend, or revoke the authority of a certified contractor to obtain a building permit or limit such authority to obtaining a permit or permits with specific conditions, if the local construction regulation board has found such contractor, through the public hearing process, to be guilty of fraud or a willful building code violation within the county or municipality that the local construction regulation board represents or if the local construction regulation board has proof that such contractor, through the public hearing process, has been found guilty in another county



STATE OF FLORIDA

AC# 1483133

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC003907

07/09/04 040022517

CERTIFIED-GENERAL CONTRACTOR
APOSTOLOPOULOS, COSTA
APOSTOLOPOULOS & PAULICK CONST IN

IS CERTIFIED under the provisions of Ch.489 FS.

Expiration date: AUG 31, 2006

L04070900450

?? ? ?

#

?

1 ? ?

? ? ? ? ?

(\$

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 298-5604

LICENSE 2002-513-005 CERT CGC003907

PHONE (561)223-9347 SIC NO 002332

LOCATION:
3425 SW 78TH AVE PC

CHARACTER COUNTS IN MARTIN COUNTY

| | | | |
|--------------|------------|-------------|--------------|
| PREV. YR. \$ | <u>.00</u> | LIC. FEE \$ | <u>25.00</u> |
| \$ | <u>.00</u> | PENALTY \$ | <u>.00</u> |
| \$ | <u>.00</u> | COL. FEE \$ | <u>.00</u> |
| \$ | <u>.00</u> | TRANSFER \$ | <u>.00</u> |
| TOTAL | | | <u>25.00</u> |

APOSTOLOPOULOS COSTA
APOSTOLOPOULOS & PAULICK CONST INC
3425 SW 78TH AVENUE
PALM CITY FL 34990

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERTIFIED GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

18 DAY OF AUGUST 05
AND ENDING SEPTEMBER 30, 2006

12 05081701 002702

ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
 ACCO-4300121-338744
 4/18/2006 1123127PM

PRODUCER
 Highpoint Risk Services LLC
 14160 Dallas Parkway 8800
 Dallas, TX 75284
 (800) 632-8098 (972) 715-0988
 Telex (972) 408-8450
 INCLUDED: AMS 1/0/E:
 EMERALD STAFFING SERVICES, INC.
 935 HILLCREST AVENUE
 STURTT, FL 34994
 (772) 220-3200 Fax: (772) 220-1645

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

INSURERS AFFORDING COVERAGE


INSURER A: Companion Property and Casualty Insurance Corp
 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.

| TYPE OF INSURANCE | POLICY NUMBER | START DATE | END DATE | LIMITS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIED FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACC <input type="checkbox"/> LOC | | | | EACH OCCURRENCE 0 FIRE DAMAGE (per One Pct) 0 MED EXP (per one person) 0 PERSONAL & ADV INJURY 0 GENERAL AGGREGATE 0 PRODUCTS - COM/PROP ADD 0 |
| 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 (Ex accident) 0 BODILY INJURY (Per person) 0 BODILY INJURY (Per accident) 0 PROPERTY DAMAGE (Per accident) 0 |
| BOATAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT 0 OTHER THAN SA ACC 0 AUTO ONLY: AGG 0 |
| BOILER LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION 0 | | | | EACH OCCURRENCE 0 AGGREGATE 0 0 0 0 |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC77779990001 | 12/01/2005 | 12/01/2006 | X WE STATE THIS IS A E.L. EACH ACCIDENT 0 1000000 E.L. DISEASE - EA EMPLOYEE 0 1000000 E.L. DISEASE - POLICY LIMIT 0 1000000 |
| OTHER | | | | LIMITS 0 LIMITS 0 |

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. This certificate remains in effect, provided the client's account is in good standing with AMS. Coverage is not provided for any employee for which the client is not reporting wages to AMS. Applies to 100% of the employees of AMS leased to EMERALD STAFFING SERVICES, INC., effective 12/01/2005. 2. Project information: APOSTOLOPOULOS PASLICK, INC.
 PLEASE SEE ATTACHED EMPLOYEE ROSTER.

| | | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURED LISTED | CANCELLATION |
| TOWN OF SEWALLS POINT BUILDING DEPARTMENT 1 S SEWALLS POINT RD SEWALLS POINT, FL 349966736 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER MAILED TO IN LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO DELEGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLA

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):

Tr # 1-38-41-009-000-00020, 90000 MICAMAR Lot 2

GENERAL DESCRIPTION OF IMPROVEMENT: Replace Flat Roof

OWNER: Rita P McSwiney

ADDRESS: # 16 MICAMAR Ave

PHONE #: _____ FAX #: _____

CONTRACTOR: AHP Const

ADDRESS: 3425 SW 78th Ave Palm City FL 34996

PHONE #: 260 5793 FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

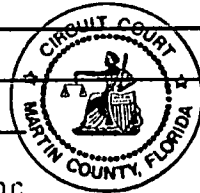
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: 90 days
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

* Rita P. McSwiney
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF April
2006 BY RITA MCSWINEY

OR PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

Paula A. Delashmutt
NOTARY SIGNATURE



THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MRS. SHA EWING, CLERK
BY [Signature] D.C.
DATE 4/10/06

INSTR # 1924145 OR BK 02130 PG 2722 RECD 04/10/2006 09:28:42 AM
Pg 2722 (109)
HARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

NOTICE OF ACCEPTANCE (NOA)

Johns Manville Corporation
717 17th Street
Denver, CO 80202

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Division (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BORA reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Division that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the High Velocity Hurricane Zone of the Florida Building Code.

DESCRIPTION: Johns Manville APP Modified Bitumen Roofing Systems Over Wood Decks

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This consists of pages 1 through 16.

The submitted documentation was reviewed on page 7 of page 16.



FILE COPY

TOWN OF SEWELL'S POINT

THESE PLANS HAVE BEEN

REVIEWED FOR CODE COMPLIANCE

DATE: 4/13/06

[Signature]

BUILDING OFFICIAL

Gene Simmons

NOA No.: 03-0212.01
Expiration Date: 06/14/06
Approval Date: 07/17/03
Page 1 of 16

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: APP Modified Bitumen
Deck Type: Wood
Maximum Design Pressure -52.5 psf
Fire Classification: See General Limitation #1

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

TABLE 1

| <u>Product</u> | <u>Dimensions</u> | <u>Test Specification</u> | <u>Product Description</u> |
|----------------|----------------------------|------------------------------|----------------------------------------------------------------------------------------|
| JM APP Base | 150 sq. ft. roll | ASTM D 5147 | APP modified asphalt, fiberglass reinforced, smooth surfaced base sheet. |
| APPeX 4S | 32.8' x 3.28'; 90 lb. roll | ASTM D 6222, type I, grade S | APP modified asphalt, polyester reinforced, smooth surfaced membrane. |
| APPeX 4.5M | 32.8' x 3.28'; 90 lb. roll | ASTM D 6222, type I grade G | APP modified asphalt, polyester reinforced, mineral surfaced membrane. |
| APPeX 4.5MFR | 32.8' x 3.28'; 90 lb. roll | ASTM D 6222, type I grade G | APP modified asphalt, polyester reinforced, fire-retardant, mineral surfaced membrane. |
| APPcX 180 | 32.8' x 3.28'; 90 lb. roll | ASTM D 6222, type I, grade G | APP modified asphalt, polyester reinforced, smooth surfaced membrane. |
| Bicor MFR | 39-3/8" x 34' | ASTM D 6223 | APP modified asphalt, polyester / glass reinforced, granule surfaced membrane. |
| Tricor MFR | 39-3/8" x 34' | ASTM D 6223 | APP modified asphalt, polyester / glass reinforced, granule surfaced membrane. |
| Bicor S | 39-3/8" x 34' | ASTM D 6223 | APP modified asphalt, polyester / glass reinforced, smooth surfaced membrane. |
| Tricor S | 39-3/8" x 34' | ASTM D 6223 | APP modified asphalt, polyester / glass reinforced, smooth surfaced membrane. |
| PermaPly 28 | 36' x 108'; 72 lb. roll | ASTM D 4601 | Type II asphalt impregnated and coated glass fiber base sheet □ |



NOA No.: 03-0212.01
 Expiration Date: 06/14/06
 Approval Date: 07/17/03
 Page 2 of 16

| <u>Product</u> | <u>Dimensions</u> | <u>Test Specification</u> | <u>Product Description</u> |
|------------------------------------------|-------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Ventsulation | 36" x 36' | ASTM D 4897 Type II | Heavy duty fiber glass base sheet impregnated and coated on both sides with asphalt with or without fine mineral stabilizer. |
| JM Topgard Type B | | ASTM D 1227 | Fire rated, fibered, non-asbestos, clay water base asphalt emulsion. |
| JM Fibrated Aluminum Roof Coating | | ASTM D 2824 | Fire rated, fibered, non-asbestos aluminum coating. |
| JM Premium Fibered Aluminum Roof Coating | | ASTM D 2824 | Fire rated, fibered, non-asbestos asphalt aluminum coating. |

APPROVED INSULATIONS:

TABLE 2

| Product Name | Product Description | Manufacturer (With Current NOA) |
|------------------------------|------------------------------------------------------|----------------------------------------|
| ENRGY 2, ENERGY 3, PSI-25 | Isocyanurate Insulation. | Johns Manville |
| ENRGY 2 Composite | Polyisocyanurate insulation laminated to perlite. | Johns Manville |
| ENRGY 2 Plus | Polyisocyanurate insulation laminated to wood fiber. | Johns Manville |
| Fesco Foam, DuraFoam | Isocyanurate Insulation with perlite facer | Johns Manville |
| Retro-Fit Board, DuraBoard | A high-density perlite roof insulation. | Johns Manville |
| Fesco Board | Rigid perlite roof insulation board. | Johns Manville |
| Fiber Glass Roof Insulation | Fiberglas roof insulation. | Johns Manville |
| ACFoam II | Isocyanurate Insulation | Atlas Roofing Corp. |
| Wood Fiberboard | Regular wood fiber insulation | Generic |
| High Density Wood Fiberboard | High Density Wood Fiber insulation board. | Generic |
| Perlite Insulation Board | Perlite Insulation | Generic |
| Type X Gypsum | Gypsum Wallboard | Generic |
| XPS | Extruded polystyrene | Generic |
| Structodeck | High Density Wood Fiber insulation board. | Masonite |



NOA No.: 03-0212.01
 Expiration Date: 06/14/06
 Approval Date: 07/17/03
 Page 3 of 16

APPROVED FASTENERS:

TABLE 3

| Fastener Number | Product Name | Product Description | Dimensions | Manufacturer (With Current NOA) |
|------------------------|----------------------------|----------------------------------------------|----------------------|----------------------------------------|
| 1. | UltraFast | Insulation fastener for wood and steel. | | Johns Manville |
| 2. | UltraFast ASAP | Pre-assembled Insulation fastener and plate | | Johns Manville |
| 3. | UltraFast Metal Plate | Galvalume AZ55 steel plate | 3" square & 3" round | Johns Manville |
| 4. | Olympic Fastener #12 & #14 | Insulation fastener | | Olympic Mfg. Group |
| 5. | Olympic Fastener ASAP | Pre-assembled Insulation fastener and plate | | Olympic Mfg. Group |
| 6. | Olympic G-2 | Galvalume AZ55 steel plate | 3.5" round | Olympic Mfg. Group |
| 7. | Olympic Standard | Galvalume AZ50 steel plate | 3" round | Olympic Mfg. Group |
| 8. | Tru-Fast | Insulation fastener for steel and wood decks | | The Tru-Fast Corp. |
| 9. | Tru-Fast Plates | Galvalume AZ55 steel plate | 3" round | The Tru-Fast Corp. |

EVIDENCE SUBMITTED:

| Test Agency | Test Identifier | Description | Date |
|---------------------------------|------------------------|-------------------------|-------------|
| Factory Mutual Research Corp. | J.I. 0X0A9.AM | Wind Uplift | 03/25/94 |
| | J.I. 0W6A2.AM | Wind Uplift | 02/05/93 |
| | J.I. 0X7A4.AM | Wind Uplift | 08/26/93 |
| | J.I. 3001482 | | 08/11/98 |
| | J.I. 3002823 | | 04/01/99 |
| | J.I. 3003468 | | 02/02/00 |
| | J.I. 3007148 | | 04/19/00 |
| Underwriters Laboratories, Inc. | R-10400 | Published Annually | |
| Exterior Research & Design, LLC | #4361-2.04.97-1 | PA 114(J) – Wind Uplift | 04/15/97 |
| | 10390A.12.97-1 | PA 114(J) – Wind Uplift | 12/15/97 |
| | 10390A.10.97-1 | PA 114(J) – Wind Uplift | 10/15/97 |



APPROVED ASSEMBLIES

- Membrane Type:** APP
- Deck Type II:** Wood, Insulated, New Construction, Re-roof
- Deck Description:** $1\frac{9}{32}$ " or greater plywood or wood plank
- System Type A(1):** Anchor sheet mechanically fastened; all layers of insulation fully adhered with approved asphalt.

All General and System limitations apply.

Anchor Sheet: Minimum two plies of JM PermaPly 28 or Ventsulation simultaneously fastened to the deck as described below:

Fastening: Anchor sheet shall be lapped 4" and fastened with approved roofing nails and tin caps 9" o.c. at the lap and two rows staggered in the center of the sheet 12" o.c.
Or
Attach anchor sheet using JM Ultrafast fasteners and Metal Plates spaced 9" o.c. in a 4" lap and 12" o.c. in two staggered rows in the center of the sheet.

One or more layers of any of the following insulations:

| Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft² |
|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| ENRGY 2, ENRGY 3, ISO 3 Minimum 1.4" thick | N/A | N/A |
| Fesco Foam, DuraFoam Minimum 1.5" thick | N/A | N/A |
| Fesco Board Minimum $\frac{3}{4}$" thick | N/A | N/A |
| Retro-Fit Board, DuraBoard Minimum $\frac{1}{2}$" thick | N/A | N/A |
| Fiber Glass Roof Insulation Minimum $\frac{3}{4}$" thick | N/A | N/A |

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.

Base Sheet: One ply of JM Glasbase Plus or PermaPly 28 fully adhered to the insulated substrate with approved mopping asphalt at an application rate of 20-40 lbs./sq.

Ply Sheet: (Optional) One or more plies of JM APP Base, APPeX 4S or APPeX 180 heat welded to base sheet.



Membrane: One or more plies of APPeX 4S, APPeX 180, APPeX 4.5M or APPeX 4.5 MFR heat welded.

Surfacing: (Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, JM Topgard Type A, Topgard Type B, JM Aluminum RF CT, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.

Maximum Design Pressure: -52.5 (See General Limitation #7).



- Membrane Type:** APP
- Deck Type II:** Wood, Insulated, New Construction, Re-roof
- Deck Description:** 1 9/32" or greater plywood or wood plank
- System Type B(1):** Base layer of insulation mechanically attached to roof deck. Optional top layer of insulation adhered with approved asphalt.

All General and System limitations apply.

One or more layers of any of the following insulations:

| Base Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft² |
|-------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| ENRGY 2, ENRGY 3, ISO 3 Minimum 1.4" thick | 1 | 1:2 ft ² |
| Fesco Foam, DuraFoam Minimum 1.5" thick | 1 | 1:2 ft ² |
| Structodek FS Minimum 1/2" thick | 1 or 4 | 1:2.67 ft ² |

Note: Base layer shall be mechanically attached with fasteners and density described. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details).

| Top Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft² |
|------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| Retrofit Board, Structodek FS, DuraBoard Minimum 1/2" thick | N/A | N/A |
| Fesco Board Minimum 3/4" thick | N/A | N/A |

Note: Optional top layer of insulation shall be adhered with approved asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down. final membrane substrate.

- Base Sheet:** One ply of JM PermaPly 28 fully adhered to the insulated substrate with approved mopping asphalt at an application rate of 20-40 lbs./sq.
- Ply Sheet:** (Optional) One or more plies of JM APP Base, APPeX 4S or APPeX 180 heat welded to base sheet.
- Membrane:** One or more plies of APPeX 4S, APPeX 180, APPeX 4.5M or APPeX 4.5 MFR heat welded.



Surfacing:

(Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, JM Topgard Type A, Topgard Type B, JM Aluminum RF CT, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.

Maximum Design
Pressure:

-45 (See General Limitation #9).



NOA No.: 03-0212.01
Expiration Date: 06/14/06
Approval Date: 07/17/03
Page 8 of 16

- Membrane Type:** APP
- Deck Type II:** Wood, Insulated, New Construction, Re-roof
- Deck Description:** ¹⁹/₃₂" or greater plywood or wood plank
- System Type B(2):** Base layer of insulation mechanically attached to roof deck. Optional top layer of insulation adhered with approved asphalt.

All General and System limitations apply.

One or more layers of any of the following insulations:

| Base Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft ² |
|---------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| ENRGY 2, ENRGY 3, ISO 3, Fesco Foam, DuraFoam Minimum 1.5" thick | 1 | 1:1.33 ft ² |

Note: Base layer shall be mechanically attached with fasteners and density described. Insulation panels listed are minimum sizes and dimensions; if larger panels are used the number of fasteners per board shall be increased maintaining the same fastener density (See Roofing Application Standard RAS 117 for fastening details).

| Top Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft ² |
|--------------------------------------------------------------|-----------------------------------|-------------------------------------|
| Retrofit Board, Structodek FS, DuraBoard Minimum ½" thick | N/A | N/A |
| Fesco Board Minimum ¾" thick | N/A | N/A |

Note: Optional top layer of insulation shall be adhered with approved asphalt within the EVT range and at a rate of 20-40 lbs/100 ft². Please refer to Roofing Application Standard RAS 117 for insulation attachment. Composite insulation boards used as a top layer shall be installed with the polyisocyanurate face down, final membrane substrate.

- Base Sheet:** One ply of JM PermaPly 28 fully adhered to the insulated substrate with approved mopping asphalt at an application rate of 20-40 lbs./sq.
- Ply Sheet:** (Optional) One or more plies of JM APP Base, APPeX 4S or APPeX 180 heat welded to base sheet.
- Membrane:** One or more plies of APPeX 4S, APPeX 180, APPeX 4.5M or APPeX 4.5 MFR heat welded.



Surfacing:

(Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, JM Topgard Type A, Topgard Type B, JM Aluminum RF CT, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.

Maximum Design
Pressure:

-52.5 (See General Limitation #7).



NOA No.: 03-0212.01
Expiration Date: 06/14/06
Approval Date: 07/17/03
Page 10 of 16

Membrane Type: APP

Deck Type II: Wood, Insulated, New Construction, Re-roof

Deck Description: 1⁹/₃₂" or greater plywood or wood plank

System Type C: All layers of insulation mechanically attached to roof deck. Membrane is subsequently fully or partially adhered to insulation.

All General and System limitations apply.

One or more layers of any of the following insulations:

| Base Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft² |
|-----------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| ENRGY 2, ENRGY 3, ISO 3, Fesco Foam, DuraFoam Minimum 1.5" thick | N/A | N/A |

Note: All layers shall be simultaneously fastened; see top layer below for fasteners and density. Insulation panels listed are minimum sizes and dimensions; if larger panels are used, the number of fasteners shall be increased maintaining the same fastener density. Please refer to Roofing Application Standard RAS 117 for insulation attachment.

| Top Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft² |
|---------------------------------------------------------|-------------------------------------------|--------------------------------------------|
| Retrofit Board, DuraBoard Minimum 1/2" thick | 1, 4 or 8 | 1:2 ft ² |
| Fesco Board Minimum 3/4" thick | 1, 4 or 8 | 1:2 ft ² |

Base Sheet: One ply of JM PermaPly 28 fully adhered to the insulated substrate with approved mopping asphalt at an application rate of 20-40 lbs./sq.

Ply Sheet: (Optional) One or more plies of JM APP Basic, APPeX 4S or APPeX 180 heat welded to base sheet.

Membrane: One or more plies of APPeX 4S, APPeX 180, APPeX 4.5M or APPeX 4.5 MFR heat welded.



Surfacing:

(Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, JM Topgard Type A, Topgard Type B, JM Aluminum RF CT, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.

Maximum Design
Pressure:

-45 (See General Limitation #9).



NOA No.: 03-0212.01
Expiration Date: 06/14/06
Approval Date: 07/17/03
Page 12 of 16

- Membrane Type:** APP
- Deck Type II:** Wood, Insulated, New Construction, Re-roof
- Deck Description:** 1⁹/₃₂" or greater plywood or wood plank
- System Type D:** All insulation is loose laid with preliminary attachment to roof deck. Membrane and/or anchor sheet is subsequently mechanically fastened through insulation to the roof deck.

All General and System limitations apply.

One or more layers of any of the following insulations:

| Base Insulation Layer | Insulation Fasteners (Table 3) | Fastener Density/ft ² |
|---------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| ENRGY 2, ENRGY 3, ISO 3, Fesco Foam, DuraFoam Minimum 1.5" thick | N/A | N/A |
| Fesco Board Minimum 3/4" thick | N/A | N/A |
| Retro-Fit Board, DuraBoard Minimum 1/2" thick | N/A | N/A |

Note: Top layer shall have preliminary attachment, prior to the installation of the base/anchor sheet, at a minimum application rate of two fasteners per board for insulation boards having no dimension greater than 4 ft., and four fasteners for any insulation board having no dimension greater than 8 ft. All layers of insulation and base sheet shall be simultaneously fastened. See base/anchor sheet below for fasteners and density.

Base Sheet: *(Option #1)* One ply of JM APP Base, PermaPly 28, Glasbase Plus or JM Ventsulation mechanically fastened through the insulation to the deck with JM UltraFast, Olympic or Tru-Fast metal plates and fasteners at a 4" side lap 12" o.c. and two rows staggered in the center of the sheet 18" o.c.
(Maximum Design Pressure: -45 psf, See General Limitation #9.)

(Option #2) Minimum two plies of JM PermaPly 28 or JM Ventsulation simultaneously fastened through the insulation to the deck with JM Ultrafast fasteners and Metal Plates spaced 9" o.c. in a 4" lap and 12" o.c. in two staggered rows in the center of the sheet.
(Maximum Design Pressure: -52.5 psf, See General Limitation #7.)

Ply Sheet: (Optional) One or more plies of JM APP Base, APPeX 4S or APPeX 180 heat welded to base sheet.

Membrane: One or more plies of APPeX 4S, APPeX 180, APPeX 4.5M or APPeX 4.5 MFR heat welded.



Surfacing:

(Optional) Install one of the following for all systems that do not achieve acceptable fire ratings through the use of FR membrane sheets.

1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at a rate of 60 lb./sq.
2. Karnak 97, Karnak 97 AF, Monsey Premium Long Life Aluminum Roof Coating Asbestos Free or Monsey Prograde Aluminum, JM Topgard Type A, Topgard Type B, JM Aluminum RF CT, Grundy AL MB aluminum coating at a rate of 1-1/2 gal/sq Monsey Aquabrite, Gardner asphalt emulsion, APOC Sunbright 400 or Henry 229 Aluminum Emulsion at 2½ gal/sq or APOC 212 Aluminum Roof Coating at 3 gal/sq.
3. Grundy 20 F asphalt emulsion, Endure Asphalt Emulsion, APOC 302 or 302 AF applied at 2½ gal/sq with optional 60 lbs./sq. of roofing granules embedded in wet coating.

Maximum Design
Pressure:

See Fastening Options Above



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/26, 2006

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|---------------------------------------------------|--------------------------------------------------------|---------|-------------------------------------------|
| 7390 | Goldman 4 Summer La O/B | Re-inspect only power | PASS | CALL FPL, TO INSPECT WITH INSPECTOR |
| 8078 | Barnhill 4 Ridgeway N. Bayview Court. | Final Pool Screen Incl. | PASS | CLOSE INSPECTOR |
| 8009 | POLSKY 110 Hulcrest Terr O/B | FINAL GENERATOR PAD + ELECTRIC (NOT 9-10 PLEASE) | PASS | CLOSE INSPECTOR |
| 8026 | POLSKY 110 Hulcrest Terr TREASURE COAST GAR | GARAGE DOOR (NOT 9-10 PLEASE) | PASS | CLOSE INSPECTOR |
| 8196 | McSwain 16 Miramar Asst Const. (215-9660) | WORK IN PROGRESS Flat deck 11 AM Please | PASS | INSPECTOR |
| 8198 | McCormack 59 N River Rd Propane Service | Interior rough | PASS | INSPECTOR |
| 8206 | Irzo 11 Heritage O/B | gen'l ad - four | PASS | INSPECTOR |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/28, 2006 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---------------------------------------------------|------------------------------|-------------------|----------------------------------------|
| 7959 | McCORMICK | Dock ONLY | PASS | |
| 14 | 59 N. RIVER RD WILCO CONST. | | | INSPECTOR: <i>[Signature]</i> |
| 7386 | McCormick | Ret. Wall Final | PASS | CLOSE |
| 14 | 59 N. River Rd Pine Orchard | | | INSPECTOR: <i>[Signature]</i> |
| 7118 | SKOPPE Palms St Stuart Roof | Dry in Insp. | Cancel | INSPECTOR: |
| 8067 | Town Hall Park - across street Stuart Fence | final fence | PASS | CLOSE INSPECTOR: <i>[Signature]</i> |
| 6094 | McSweeney | Final flat roof | PASS | CLOSE |
| 11 | 66 Miramar A+P | | | INSPECTOR: <i>[Signature]</i> |
| 7764 | RUCKS | Partial left stucco insp. | PASS | (PARTIAL) |
| 15 | 20 N. Sewall Pt Masterpiece | INSULATION | PASS | INSPECTOR: <i>[Signature]</i> |
| 7819 | Tidikis | Column Steel | PASS | |
| 1 | 12 Crane's Nest Advanced Concepts | <i>(1st rebar)</i> Please | | INSPECTOR: <i>[Signature]</i> |
| OTHER: _____ | | | | |