

2 Oak Hill Way

5363

SFR

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 5363

Date 5/16/01

Type of Permit BLDG-SFR.

Building to be erected for L.R. JOHNSON

Applied for by ALAN B. MORRIS/DRIFTWOOD HOMES (Contractor)

Building Fee 4,078.08

Subdivision CASTLE HILL Lot 1 Block _____

Radon Fee 51.99

Address 2 OAK HILL WAY

Impact Fee 4,024.92

Type of structure S.F.R. W/ACCESSORY STRUCTURE

A/C Fee 120.00

3/17/02 FINAL BLDG FEE (OWNER AFF)
CONSTRUCTION 428,000
424,800
320.00 @ 9.60/1000 = 30.72

Electrical Fee 120.00

Parcel Control Number: 26-37-41-015-000-00010-20000

Plumbing Fee 120.00

Amount Paid \$ 8634.99 Check # 09726 Cash _____ Other Fees (PLAN REV.) 407.81

Roofing Fee 120.00

Total Construction Cost \$ 424,800.00

TOTAL Fees \$9,042.80

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

\$ 30.72 DUE AT TIME OF C.O.

Owner or Lessor's Name: LINNEA R. Linnea R Johnson Phone No: (904) 334-232
Street: 387 NE Maranta Terrace City: Jensen Beach State: Fla Zip: 34957
Legal Description of Property: LOT 1 CASTLE HILL
2 OAK HILL WAY Parcel Number: 26-37-41-015-000-001.00-2600

Location of Job Site: SAME RECEIVED APR - 4 2001

TYPE OF WORK TO BE DONE: NEW SFR
CONTRACTOR/Company Name: ALAN B. MORRIS/DRIFIELD Phone No: (904) 334-2577
Street: 2163 PINE RIDGE ST City: JENSEN BCH State: FL Zip: 34957
State Registration: RK0056789 State License: _____

ARCHITECT: DEREK SANDERS & ASSOC. Phone No. (904) 286-1331
Street: 901 SW MARTIN DOWNS BLVD City: DALMA CITY State: FL Zip: 31990

ENGINEER: DWIGHT WEHNT Phone No. (904) 343-9225
Street: 201 SW PSL BLVD City: PSL State: FL Zip: 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: 3599 Garage Area: 566 Carport: _____ Accessory Bldg: _____
Covered Patio: 645 Scr. Porch: 389 Wood Deck: _____
Type Sewer: MC UTILITIES Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: 300 AMPS

FLOOD HAZARD INFORMATION
Flood zone: A10 Minimum Base Flood Elevation (BFE): 8.0 NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 424,800.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: HERITAGE ELECTRIC State: FL License # HE00089
Mechanical: ASSOCIATED AIR State: FL License # CAC 026432
Plumbing: SOUTH PARK PLUMBING State: FL License # CFC 029690
Roofing: PACIFIC ROOFING State: FL License # CC 056793

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

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

OWNER or AGENT SIGNATURE (Required)
[Signature]
Owner
State of Florida, County of: _____ On this the _____ day of _____, 2000, by _____ who is personally known to me or produced _____ as identification.

CONTRACTOR SIGNATURE (Required)

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

Notary Public
My Commission Expires: _____ (Seal)

Notary Public
My Commission Expires: _____ (Seal)

Number of trees to be removed: 26 Number of trees to be retained: MANY Number of trees to be planted: 0 Number of Specimen trees removed: _____

Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

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

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

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

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official: _____ Date: _____

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



SAVING THE WORLD'S WATER. ONE TAP AT A TIME.

SINCE 1925.

March 12, 2002

Driftwood Homes
2163 Pine Ridge Road
Jensen Beach, FL

RE: Johnson Residence
2 Oak Hill Way
Sewall's Point, FL

To Whom It May Concern:

The irrigation at the above residence was installed with a backflow preventor, rain gauge and low volume irrigation nozzles.

Sincerely,

James Lennon
Water Specialist

SEARP WATER OF FLORIDA, INC DBA ECOWATER SYSTEMS
1499 NW FEDERAL HIGHWAY STUART, FLORIDA 34994-1036
PHONE 772-692-1037 FAX 772-692-5721

OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA
MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit 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 Affidavit'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 \$ 428,000.00.
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.

Affidavit's Signature:

Linn Johnson
Property Address:
2 Oak Hill Way
Sewalls Point Fla

SWORN TO and subscribed before me this 12 day
of March, 2002, by Linn
Johnson, who is personally known to me or
produced _____ as identification.

Helen R. Morris
Notary Public Helen R. MORRIS
My commission expires _____

(Notary Seal)



Helen R. Morris
Commission # CC 967169
Expires SEP. 18, 2004
Bonded Through
Atlantic Bonding Co., Inc.

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 5/16/01

BUILDING PERMIT NO. 5363

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TOTAL Fees \$ 9,042.80

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/27/2001

PRODUCER (561)334-3181 FAX (561)334-7742
Rick Carroll Insurance Agency
2160 N.E. Dixie Highway
P.O. Box 877
Jensen Beach, FL 34958-0877

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 Alan B. Morris
Driftwood Homes & Improvements
2163 Pine Ridge Street
Jensen Beach, FL 34957

INSURER A: Maryland Casualty
INSURER B: FCCI Mutual Insurance
INSURER C:
INSURER D:
INSURER E:

RECEIVED
MAR 27 2001
BY: *[Signature]*

FILE
[Handwritten initials]

COVERAGES

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

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	RCM19308718	06/12/2000	06/12/2001	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
	EXCESS LIABILITY				AGG	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
					AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	001WC01A36634	03/01/2001	03/01/2002	WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$ 100000
					E.L. DISEASE - EA EMPLOYEE	\$ 100000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER					

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

This certificate is for proof of insurance only.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
Ed Arnold		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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.</p> <p>AUTHORIZED REPRESENTATIVE <i>Keith Carroll</i> Keith Carroll/CAW</p>



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: MC00089
Expires September 30, 2001

MORRIS, ALAN B
DRIFTWOOD HOMES
2163 NE PINERIDGE ST
JENSEN BEACH, FL 34957
RESIDENTIAL CONTRACTOR MC

RECEIVED
MAY 16 2001
BY:



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

PGT Industries
1070 Technology Drive
Nokomis FL 34274

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2556

CONTRACTOR ENFORCEMENT SECTION
(305) 375-2466 FAX (305) 375-2908

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

Your application for Product Approval of:
Series FD-101 Outswing Aluminum French Door
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.: 99-0615.01
Expires: 07/22/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 07/22/1999

1 of 3



PCT Industries.ACCEPTANCE No.: 99-0615.01APPROVED : JUL 22 1999EXPIRES : JUL 22 2002**NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS****1. SCOPE**

- 1.1 This approves an outswing aluminum French door, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1.1 The Series FD-101 Outswing Aluminum French Doors and its components shall be constructed in strict compliance with the following documents: Drawing No 944, titled "French Door XX, X" Sheets 1 through 4 of 4, prepared by manufacturer, dated 09/05/97, revised on 6/29/99, signed and sealed by Robert L. Clark, P.E., bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit application of pair of doors and single door only, as shown in approved drawings. Single door unit shall include described in the active leaf of this approval

4. INSTALLATION

- 4.1 The outswing aluminum French doors and its components shall be installed in strict compliance with the approved drawings.
- 4.2 Hurricane protection system (shutters): the installation of this unit will require a hurricane protection system.

5. LABELING

- 5.1 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".

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance
- 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.

Ishaq I. Chanda
Ishaq Chanda, P.E. Product Control Examiner
Product Control Division

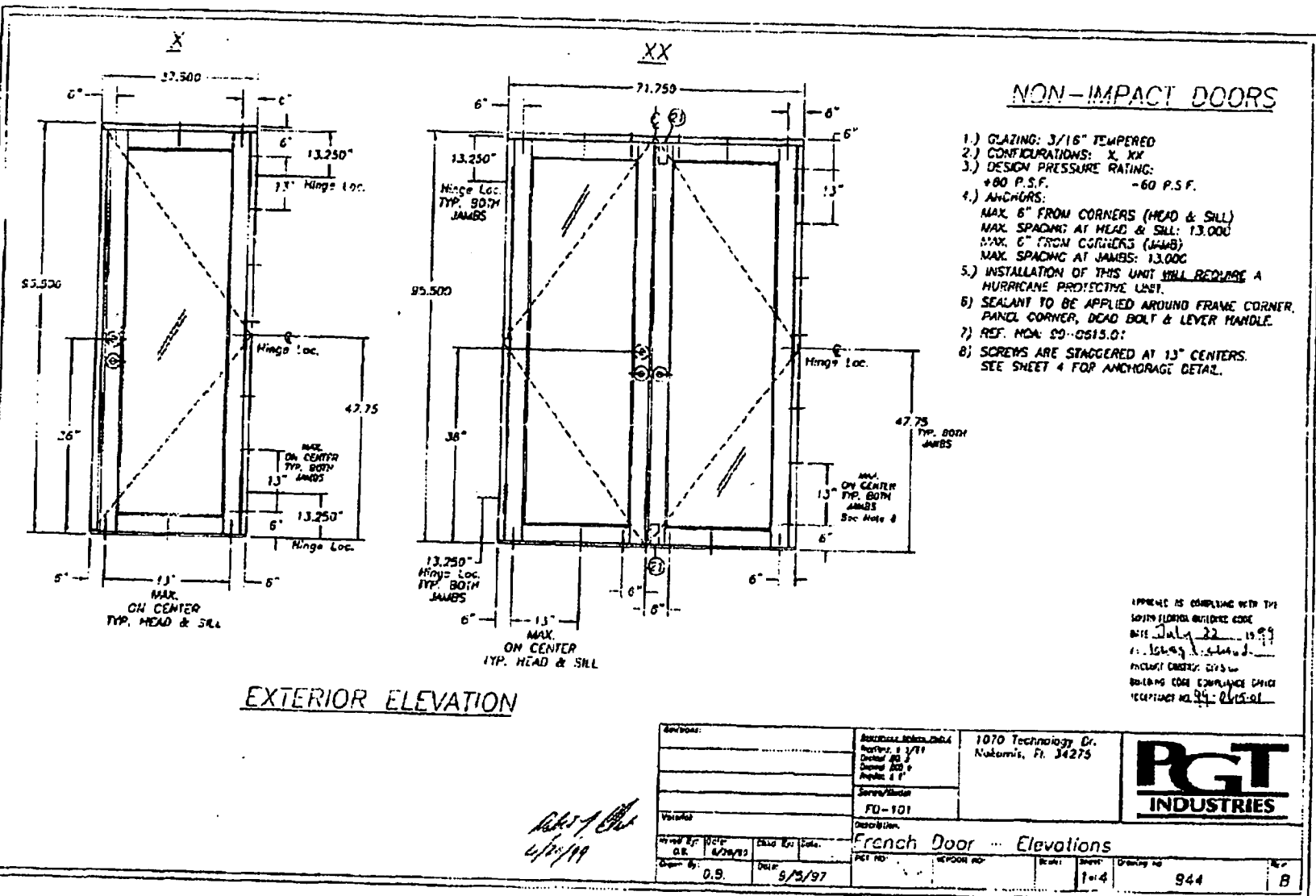
PGT Industries.ACCEPTANCE No.: 99-0615.01APPROVED : JUL 22 1999EXPIRES : JUL 22 2002NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

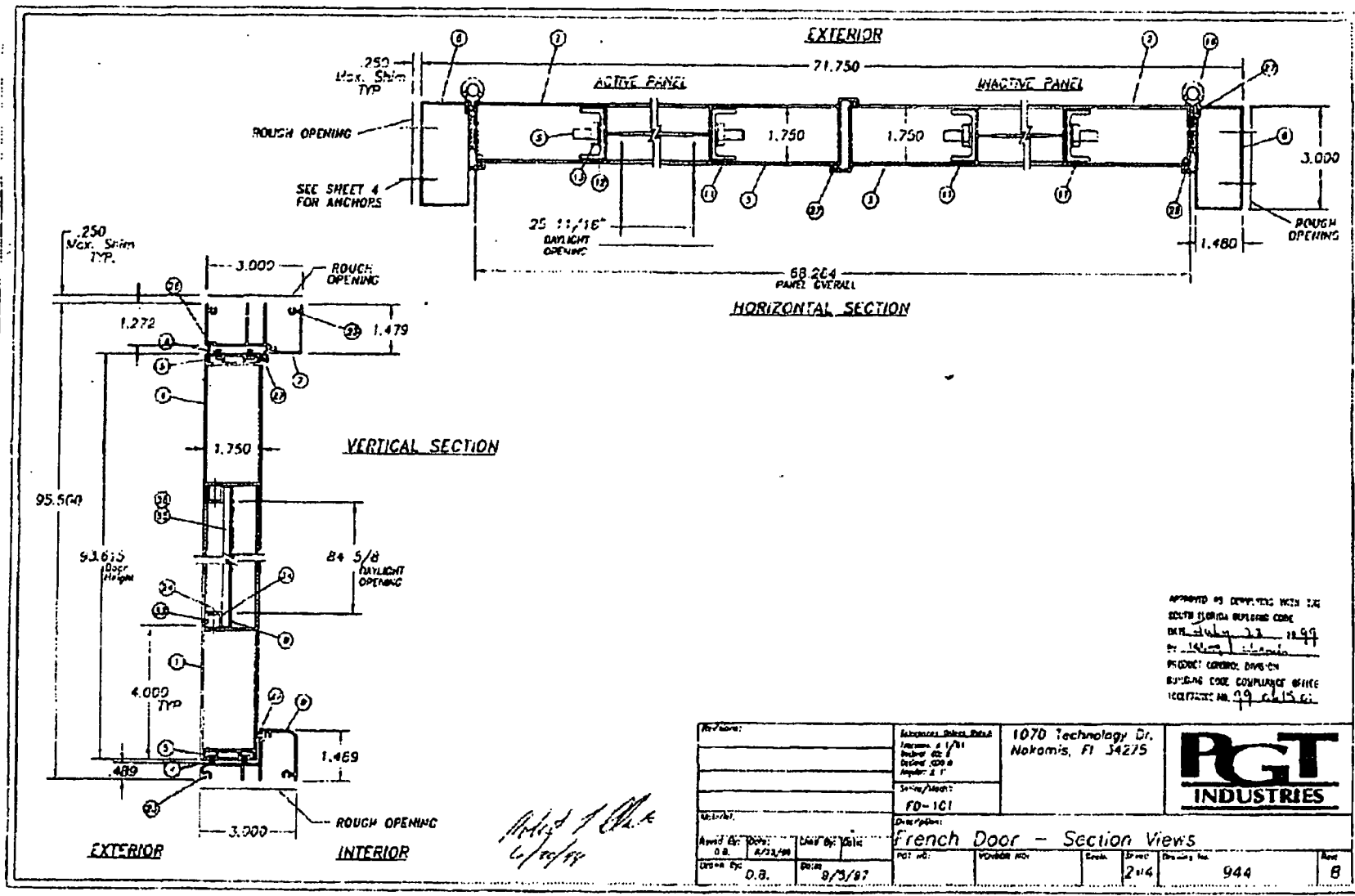
1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with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

Ishaq Chanda
 Ishaq Chanda, P. E., Product Control Examiner
 Product Control Division

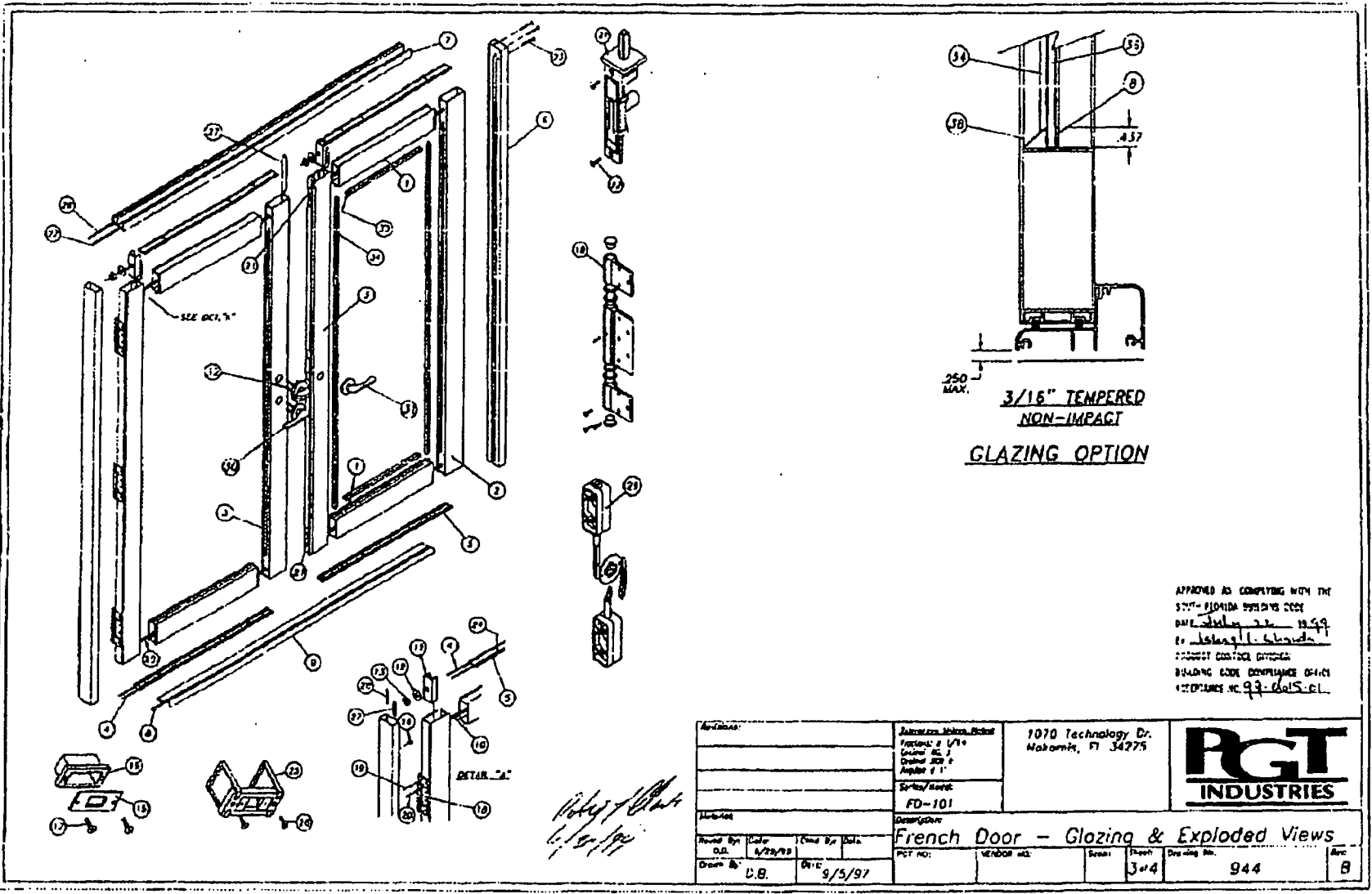
END OF THIS ACCEPTANCE

3 of 3



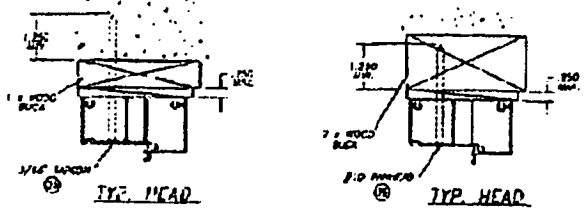


Approved By: _____ Date: _____		1070 Technology Dr. Nokomis, FL 34275			
Prepared By: _____ Date: _____		1070 Technology Dr. Nokomis, FL 34275			
Checked By: _____ Date: _____		1070 Technology Dr. Nokomis, FL 34275		P&T INDUSTRIES	
Drawn By: _____ Date: _____		1070 Technology Dr. Nokomis, FL 34275			
French Door - Section Views					
Project No: _____ Date: _____	Rev: _____ Date: _____	Scale: _____ Date: _____	Sheet No: _____ Date: _____	Total Sheets: _____ Date: _____	Rev: _____ Date: _____

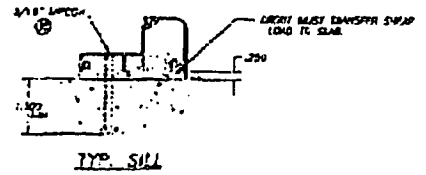
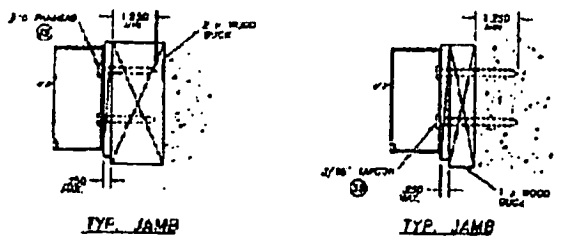


APPROVED AS COMPLYING WITH THE
 2001 FLORIDA BUILDING CODE
 DATE: July 22, 1999
 BY: Robert Clark
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE DIVISION
 1120 PALM BLVD. #93-6015-CL

Address: 1070 Technology Dr. Maitland, FL 32775		
Fabricator: PGT Division: FD Model: FD-101		
Description: French Door - Glazing & Exploded Views		
Drawn By: D.B.	Date: 5/28/97	PCT NO: 944
Drawn By: D.B.	Date: 5/5/97	Sheet: 3 of 4
		Drawing No.: 944
		Rev: B



SCREWS ARE STAGGERED IN JAMBS.
SEE NOTE B ON SHEET 1



ITEM	DESCRIPTION	V.T. #	QTY.	LOCATION	VENUEUR	VENDOR #
1	DOOR HEAD/SL. (AL 6063-15/062 WALL)	60375	2 (1)		ALUMAX	AF-10175
2	DOOR JAMB (AL 6063-15/062 WALL)	60376	2 (1)		ALUMAX	AF-10176
3	DOOR ASSEMBLY (AL 6063-15/062 WALL)	60377	2 (1)		ALUMAX	AF-10177
4	200 x 107 FINISHAL STRIP	60378	4 (1)	(1/2) each door top & bot. top	SCHEGEL CORP.	AF-10178
5	WIRE CHANNEL (AL 6063-15/062 WALL)	60379	4 (1)		ALUMAX	AF-10179
6	FRAME JAMB (AL 6063-15/062 WALL)	60380	2 (1)		ALUMAX	AF-10180
7	FRAME HEAD (AL 6063-15/062 WALL)	60381	1 (1)		ALUMAX	AF-10181
8	SLIPDOOR	62893C			DOOR FORMING	899
9	OUTSW. THRESHOLD (AL 6063-15/062 WALL)	61069	1 (1)		ALUMAX	AF-12379
10	5/16x1/8 IMPROVED ROD	81908A	4 (1)	(1/2) each top & bot. top	FASTEC INDUSTRIAL	
11	TRUSS CLAMP (AL 6063-15/062 WALL)	60375M	8 (1)	(2) ea. door top & bot. top	ALUMAX	AF-10175M
12	5/16x1/8 TRUSS WASHER	78458A	8 (1)	(2) ea. door top & bot. top	FASTEC INDUSTRIAL	
13	5/16x1/8 TRUSS NUT	78457A	8 (1)	(2) ea. door top & bot. top	FASTEC INDUSTRIAL	
14	FRAME SLIP COVER CAP	41722W	10 (1)		VANTA TECH.	41722W
15	STRAP PLATE	77852X	1 (1)		CANCORP	
16	STRAP PLATE INSERT	41721	1 (1)		VANTA TECH.	41721
17	1/2x1/4 SCR. (L.L. HO PHIL)	21034A	2 (2)		MERCHANTS FASTENER	
18	LOCK ASSY.	36362W	2 (1)	(1/2) each jamb	MERCHANTS FASTENER	
19	1/2x1/4 PH. HO PHIL	21031W	20 (1)	(5) hinge - hinge-door jamb	MERCHANTS FASTENER	
20	1/2x1/4 PH. HO PHIL	21032W	20 (1)	(5) hinge - frame jamb	MERCHANTS FASTENER	
21	1/2x1/4 PH. HO PHIL	21033W	20 (1)	(5) hinge - frame jamb	MERCHANTS FASTENER	
22	5/16x1/8 PH. HO PHIL	41720	2 (1)	(1) top & bot. of th. astragal	VANTA TECH.	41720
23	5/16x1/8 PH. HO PHIL	26121W	4 (1)	(2) each door lock	FASTEC INDUSTRIAL	
24	5/16x1/8 PH. HO PHIL	26122W	12 (1)	(1) top & bot. of th. astragal	FASTEC INDUSTRIAL	
25	5/16x1/8 PH. HO PHIL	26123W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
26	5/16x1/8 PH. HO PHIL	26124W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
27	5/16x1/8 PH. HO PHIL	26125W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
28	5/16x1/8 PH. HO PHIL	26126W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
29	5/16x1/8 PH. HO PHIL	26127W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
30	5/16x1/8 PH. HO PHIL	26128W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
31	5/16x1/8 PH. HO PHIL	26129W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
32	5/16x1/8 PH. HO PHIL	26130W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
33	5/16x1/8 PH. HO PHIL	26131W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
34	5/16x1/8 PH. HO PHIL	26132W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
35	5/16x1/8 PH. HO PHIL	26133W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
36	5/16x1/8 PH. HO PHIL	26134W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
37	5/16x1/8 PH. HO PHIL	26135W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
38	5/16x1/8 PH. HO PHIL	26136W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
39	5/16x1/8 PH. HO PHIL	26137W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
40	5/16x1/8 PH. HO PHIL	26138W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
41	5/16x1/8 PH. HO PHIL	26139W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
42	5/16x1/8 PH. HO PHIL	26140W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
43	5/16x1/8 PH. HO PHIL	26141W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
44	5/16x1/8 PH. HO PHIL	26142W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
45	5/16x1/8 PH. HO PHIL	26143W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
46	5/16x1/8 PH. HO PHIL	26144W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
47	5/16x1/8 PH. HO PHIL	26145W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
48	5/16x1/8 PH. HO PHIL	26146W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
49	5/16x1/8 PH. HO PHIL	26147W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
50	5/16x1/8 PH. HO PHIL	26148W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
51	5/16x1/8 PH. HO PHIL	26149W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
52	5/16x1/8 PH. HO PHIL	26150W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
53	5/16x1/8 PH. HO PHIL	26151W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
54	5/16x1/8 PH. HO PHIL	26152W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
55	5/16x1/8 PH. HO PHIL	26153W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
56	5/16x1/8 PH. HO PHIL	26154W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
57	5/16x1/8 PH. HO PHIL	26155W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
58	5/16x1/8 PH. HO PHIL	26156W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
59	5/16x1/8 PH. HO PHIL	26157W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
60	5/16x1/8 PH. HO PHIL	26158W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
61	5/16x1/8 PH. HO PHIL	26159W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
62	5/16x1/8 PH. HO PHIL	26160W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
63	5/16x1/8 PH. HO PHIL	26161W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
64	5/16x1/8 PH. HO PHIL	26162W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
65	5/16x1/8 PH. HO PHIL	26163W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
66	5/16x1/8 PH. HO PHIL	26164W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
67	5/16x1/8 PH. HO PHIL	26165W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
68	5/16x1/8 PH. HO PHIL	26166W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
69	5/16x1/8 PH. HO PHIL	26167W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
70	5/16x1/8 PH. HO PHIL	26168W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
71	5/16x1/8 PH. HO PHIL	26169W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
72	5/16x1/8 PH. HO PHIL	26170W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
73	5/16x1/8 PH. HO PHIL	26171W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
74	5/16x1/8 PH. HO PHIL	26172W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
75	5/16x1/8 PH. HO PHIL	26173W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
76	5/16x1/8 PH. HO PHIL	26174W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
77	5/16x1/8 PH. HO PHIL	26175W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
78	5/16x1/8 PH. HO PHIL	26176W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
79	5/16x1/8 PH. HO PHIL	26177W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
80	5/16x1/8 PH. HO PHIL	26178W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
81	5/16x1/8 PH. HO PHIL	26179W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
82	5/16x1/8 PH. HO PHIL	26180W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
83	5/16x1/8 PH. HO PHIL	26181W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
84	5/16x1/8 PH. HO PHIL	26182W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
85	5/16x1/8 PH. HO PHIL	26183W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
86	5/16x1/8 PH. HO PHIL	26184W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
87	5/16x1/8 PH. HO PHIL	26185W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
88	5/16x1/8 PH. HO PHIL	26186W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
89	5/16x1/8 PH. HO PHIL	26187W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
90	5/16x1/8 PH. HO PHIL	26188W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
91	5/16x1/8 PH. HO PHIL	26189W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
92	5/16x1/8 PH. HO PHIL	26190W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
93	5/16x1/8 PH. HO PHIL	26191W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
94	5/16x1/8 PH. HO PHIL	26192W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
95	5/16x1/8 PH. HO PHIL	26193W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
96	5/16x1/8 PH. HO PHIL	26194W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
97	5/16x1/8 PH. HO PHIL	26195W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
98	5/16x1/8 PH. HO PHIL	26196W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
99	5/16x1/8 PH. HO PHIL	26197W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	
100	5/16x1/8 PH. HO PHIL	26198W	20 (1)	(5) top & bot. of th. astragal	FASTEC INDUSTRIAL	

NOTE QTY'S IN BRACKETS ARE FOR A CONTINGENCY

NOTED AS COMPLYING WITH THE
2001 FLORIDA BUILDING CODE
DATE: JULY 22, 1999
BY: [Signature]
PROJECT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ADDRESS: 601-615-1

Manufacturer: 1070 Technology Dr. Nokomis, FL 34275		
Material: 6063-15 Date of Issue: 8/21/99 Date: 9/5/97		
Description: French Door - Anchorage & Bill of Materials		PGT NO. _____ REVISE NO. _____ DRAW. NO. 414 DATE: 944 BY: B

Handwritten signature and date:
Nobert [Signature]
8/21/99



RECEIVED
MAY 16 2001
BY: _____

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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

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

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

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

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

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

Acceptance No.: 99-0223.07

Expires: 05/01/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

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

Approved: 05/20/1999

1 of 3



James Hardie Building Products, Inc.ACCEPTANCE NO: 99-0223.07APPROVED : MAY 20 1999EXPIRES : 05/01/2002**NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS****1. SCOPE**

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

2. PRODUCT DESCRIPTION

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

3. LIMITATIONS

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

4. INSTALLATION


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

5. LABELING

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

6. BUILDING PERMIT REQUIREMENTS

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



Candido Font PE, Senior Product Control Examiner
Product Control Division

James Hardie Building Products, Inc.ACCEPTANCE NO.: 99-0223.07APPROVED : MAY 20 1999EXPIRES : 05/01/2002**NOTICE OF ACCEPTANCE STANDARD CONDITIONS**

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



Candido Font PE, Senior Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

-3 of 3-

James Hardie Building Products, Inc.

ACCEPTANCE NO: 99-0223.07

APPROVED : MAY 20 1999

EXPIRES : 05/01/2002

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

A DRAWING

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

B TEST

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

C CALCULATIONS

None

D MATERIAL CERTIFICATION

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

E STATEMENT

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

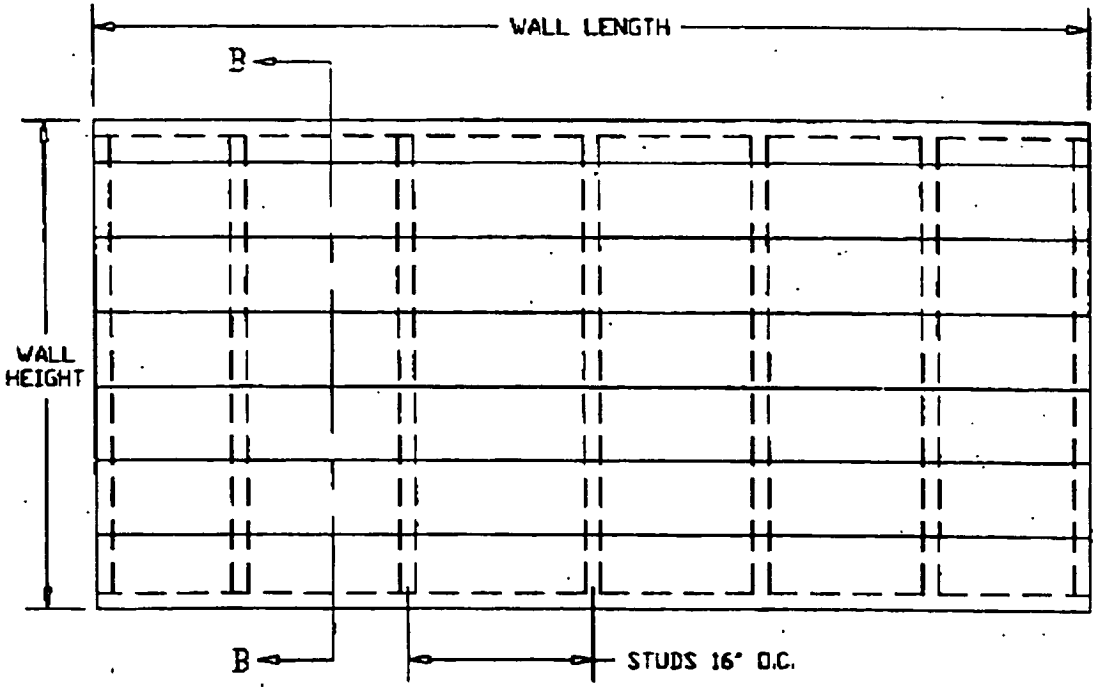


 Candido Font PE, Senior Product Control Examiner
 Product Control Division

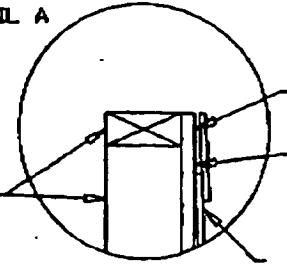
W3000

MAXIMUM BLEVEDEL

05/09/01 WED 15:30 FAX 9549465130



SECTION B-B



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

HARDIPLANK SIDING

HARDIPLANK SIDING INSTALLATION DETAILS
The planks are applied horizontally commencing from the bottom course of a wall with 1/4" side laps at top of the plank. The optional PVC cover molding 5/8" wide is applied to the bottom plate under the bottom plank course. The vertical joints must be over framing members. Optional PVC butt joints inserts are used for on-stud jointing. The planks are to be installed over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. The siding shall be fastened through overlapping planks with 8d x 2 1/2" long galvanized box nails over wood studs or with 18 x 2 1/4" long x 0.315" corrosion resistance N.D. ribbed bugle screws over steel studs. The fasteners shall be placed in the overlapping area 58" o.c. vertically and 16" o.c. horizontally into the studs through the 5/8" plywood sheathing. A distance of 3/4" from the edges shall always be observed.

REVISION INDEX
REV 17/04

DETAIL A

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

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

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

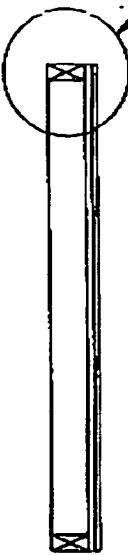
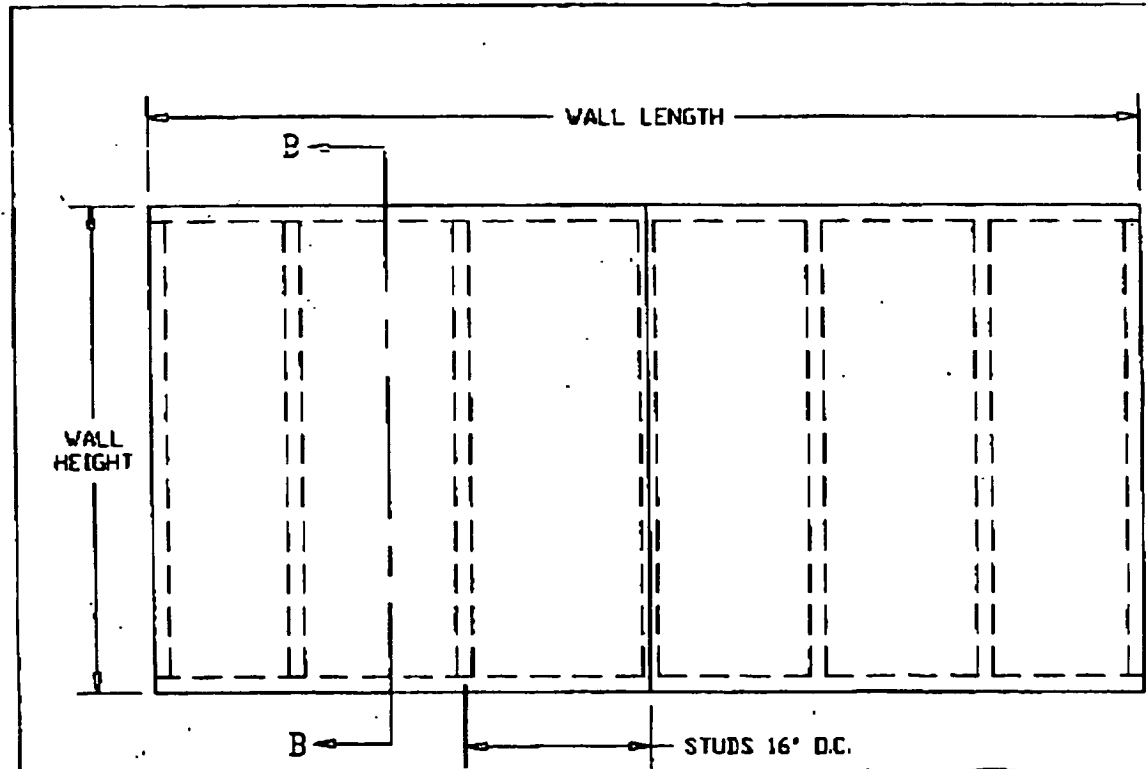
NOTES
1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.
2) STUBS OF METAL OR WOOD WHERE HARDIPLANK WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT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

James Harb
1/13/99

APPROVED AS CORRECTIVE WITH THE SOUTH FLORIDA BUILDING CODE
DATE: 05/13/99
BY: [Signature]
PRODUCT CONTROL INFL: 04
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 99-0228-07

<p>JAMES HARB BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER</p>	<p>10301 ELM AVENUE FONTANA, CA 92337 951-355-6329 FAX: 951-477-0634</p>	
	<p>This drawing and the copyright therein are the property of the above company and accordingly the drawing must not be copied or reproduced in any material form whatsoever.</p>	<p>DATE: 3/31/99 DWG NO.: HPLK-410B SHEET NO.:</p>
<p>TITLE: HARDIPLANK INSTALLATION DETAILS</p>	<p>SCALE: NTS DRAWN BY: R. LAPPIN</p>	<p>APPROVED BY: [Signature] DWG NO.: CE SHEET NO.: 14/11</p>

05/09/01 WED 15:31 FAX 8549465130



DETAIL A

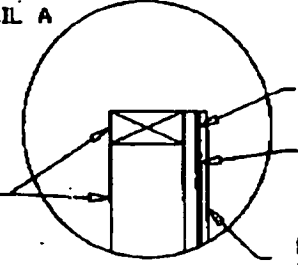
DESCRIPTION
Hardipanel siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

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

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

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

DETAIL A



STUDS (METAL OR WOOD)

SECTION B-B

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

HARDIPANEL SIDING

HARDIPANEL SIDING INSTALLATION DETAILS
The panels are applied vertically, avoiding horizontal joints, over 5/8" (3 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. When installed on wood studs panels shall be fastened with 6d x 2" long galvanized box nails; on steel studs it shall be fastened with 88 x 1 5/8" x 0.315" corrosion resistance HD ribbed bugle screws. The fasteners shall be placed 6" o.c. around the perimeter of the panel and intermediate studs, driven through the plywood sheathing into the studs. All joints shall be over studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from the corners.

Handwritten signature and date: 4/12/99

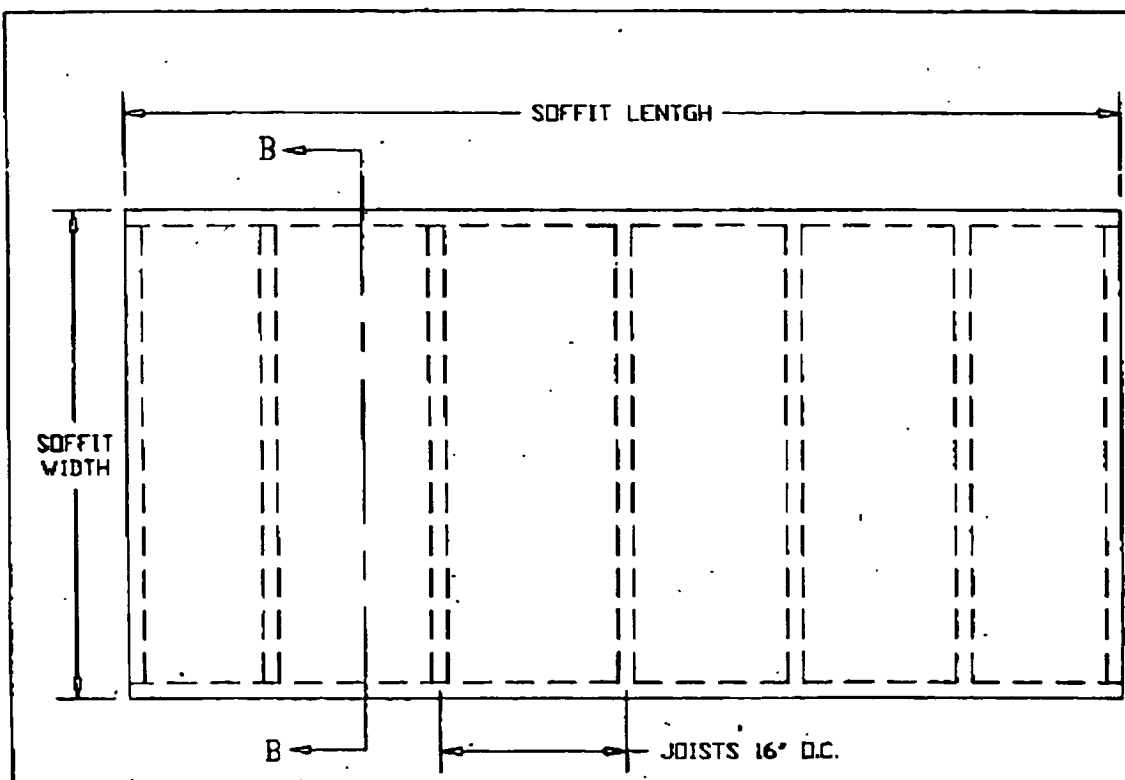
APPROVED AS COMPLIANT WITH THE SOUTH FLORIDA BUILDING CODE
DATE: 4/12/99
BY: [Signature]
PROJECT CONTROL, DATA OR BUILDING CODE COMPLIANCE OFFICE
ADDRESS: NO. 88-2123-07

	10901 ELA AVENUE FONTANA, CA 92337 951-336-6300 FAX: 951-427-0634
	DATE: 3/31/99 DRAWN BY: M/PNL-BK CHECKED BY: TITLE: HARDIPANEL® INSTALLATION DETAILS APPROVED BY: [Signature]
THIS DRAWING AND THE COPYRIGHT THEREIN ARE THE PROPERTY OF THE ABOVE COMPANY AND ACCORDINGLY THE DRAWING MUST NOT BE COPIED OR REPRODUCED IN ANY MATERIAL FORM WHATSOEVER.	DATE: 3/31/99 DRAWN BY: M/PNL-BK CHECKED BY: TITLE: R LAPPIN DATE: 2/11/99

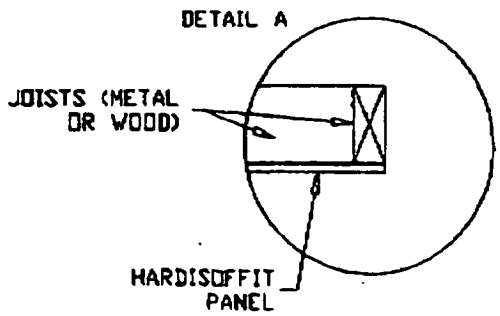
05/08

MCMILLAN BLAUDEL

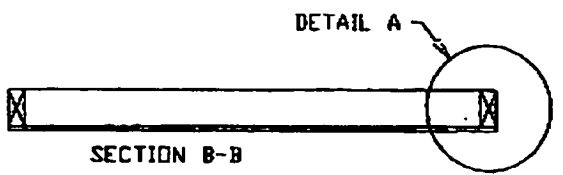
05/08/01 WED 15:31 FAX 8549465130



HARDISOFFIT PANEL INSTALLATION DETAILS
 The soffit panels are to be installed over minimum 2"x4" wood joists or 20 ga. x 3 5/8" x 1 3/8" steel joists spaced a maximum of 16" o.c. When installed on wood joists Hardisoffit shall be fastened with 6d x 2" long galvanized box nails; on steel joists it shall be fastened with 88 x 1 1/4" x 0.315" corrosion resistance H.D. ribbed bugle screws. The fasteners shall be placed 4" o.c. around the perimeter of the panel and intermediate studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from corners.



REVISION BLOCK
NO. 17 DATE:



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

SOFFIT DIMENSIONS

Width	Length	Thickness
≤48"	89.18'	1/4" & 5/16"

DESIGN PRESSURE RATING

Installation	Design Pressure
Wood Frame	±53 PSF
Metal Frame	±53 PSF

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

Handwritten signature and date: 4/15/99

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: 4/15/99
 BY: [Signature]
 PRODUCT ENGINEER, DUEB CO.
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 09-A-123-07

JAMES HARDIE BUILDING PRODUCTS - USA RESEARCH & DEVELOPMENT CENTER	12501 CLM AVENUE FONTANA, CA 92337 909-356-6300 FAX: 909-427-0634
	DATE: 3/31/99 DRAWN BY: HSOFFIT-02 SCALE: NTS CHECKED BY: R LAPPIN JOB NO.: 2414
This drawing and the copyright therein are the property of the above company and accordingly the drawing must not be copied or reproduced in any material form whatsoever.	
TITLE: HARDISOFFIT® INSTALLATION DETAILS APPROVED BY: <u>[Signature]</u> (JOB NO. 09)	



RECEIVED
MAY 16 2001
BY: _____

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE DEPARTMENT
SUITE 1603
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1583
(305) 375-2901
FAX (305) 375-2808


PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

Your application for Product Approval of:
Series 4000 Aluminum Single Hung Window (3/16" annealed glass)
under Chapter 8 of the Metropolitan Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with drawings prepared by Mr. Robert L. Clark, P.E., and test reports prepared by Fenestration Testing Laboratory, Inc.*
has been recommended for acceptance by the Building Code Compliance office to be used in Miami-Dade County, Florida under the conditions set forth herein. This approval contains 3 pages.

This approval shall not be valid after the expiration date stated below. The Office of Building Code Compliance 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, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any amendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office 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.: 98-0218.02
Expires: 08/20/2001


Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 08/20/1998

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No. : 98-0218.02APPROVED : AUG 20 1998EXPIRES : AUG 20 2001NOTICE OF ACCEPTANCE: STANDARD CONDITIONS**1. SCOPE**

- 1.1 This renews the Notice of Acceptance No. 94-1031.03 which was issued on September 21, 1995. It approves an aluminum single hung window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1 The Series 4000 Aluminum Single Hung Window and its components shall be constructed in strict compliance with the following document: Drawing No. 137, Sheet 1 of 4, titled "Single Hung Elevations," Sheet 2 of 4 titled "Single Hung Layout," Sheet 3 of 4 titled "Comparative Analysis," and Sheet 4 of 4 titled "Typ. Single Hung Anchorage," prepared by Vinyl Tech/Progressive Glass Technology, dated March 17, 1998, except for Sheet 3 of 4 which is dated June 10, 1998, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit applications only, as shown in approved drawings.

4. INSTALLATION

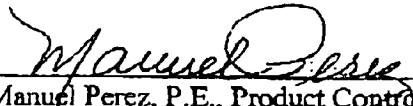
- 4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings.
- 4.2 The installation of this product will require a hurricane protection system.

5. LABELING

- 5.1 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".

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance.
- 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


 Manuel Perez, P.E., Product Control Examiner
 Product Control Division

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 98-0218.02

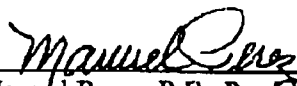
APPROVED : AUG 20 1998

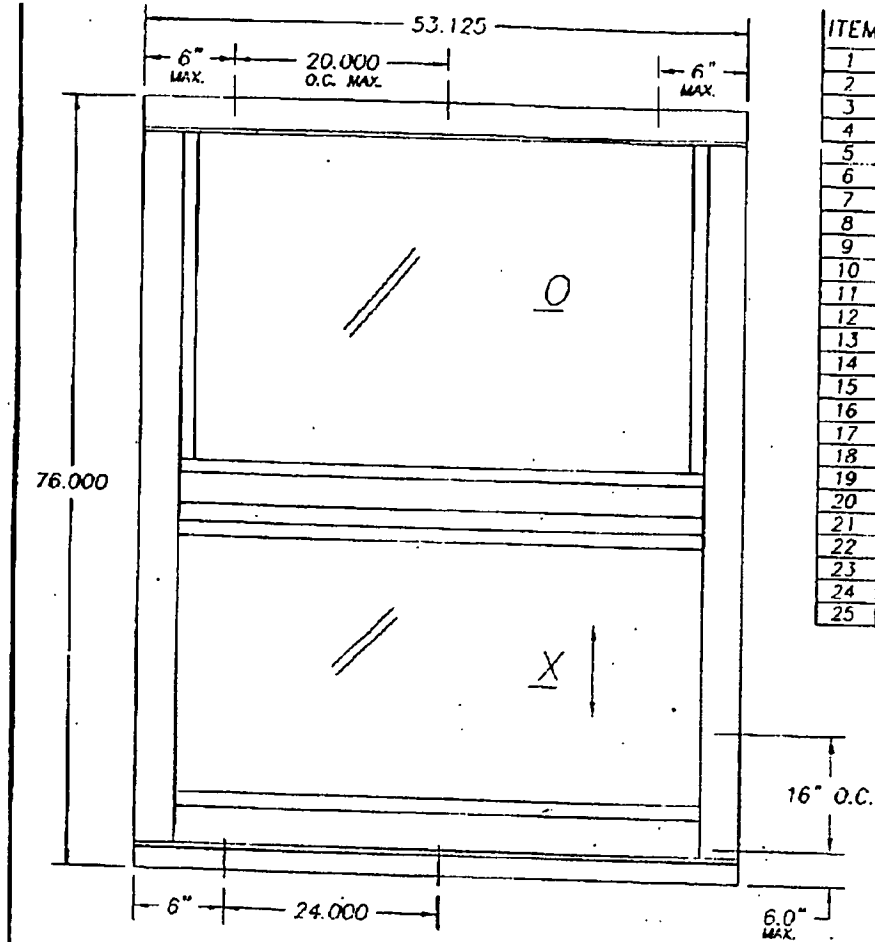
EXPIRES : AUG 20 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE


Manuel Perez, P.E., Product Control Examiner
Product Control Division



NON-IMPACT WINDOWS

- 1.) GLAZING: 3/16" ANNEALED
- 2.) CONFIGURATIONS: O/X
- 3.) SHUTTER REQUIREMENT:
SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS

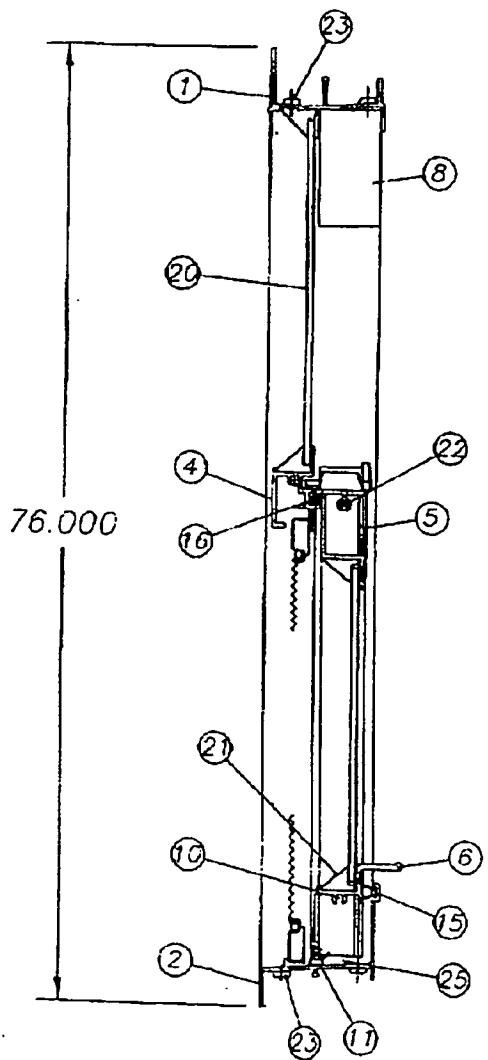
ITEM	DESCRIPTION	V.T. #	VENDOR	VENDOR #
1	FLANGED FRAME HEAD	69563	ALUMAX	AF-9563
2	FLANGED FRAME SILL	66377	ALUMAX	AF-6377
3	FLANGED FRAME JAMB	66379	ALUMAX	AF-6379
4	FIXED MEETING RAIL	69316	ALUMAX	AF-9316
5	SASH TOP RAIL	69336	ALUMAX	AF-9336
6	SASH BOTTOM RAIL	66384	ALUMAX	AF-6384
7	SASH SIDE RAIL	66385	ALUMAX	AF-6385
8	SASH STOP	66387	ALUMAX	AF-6387
9	SASH CAM INSERT (L.H. & R.H.)	41901/41902	VINYL-TECH/P.G.T.	
10	#8 x .750 Ph. Pn. SMS	7834A	MERCHANTS FASTENER	
11	WEATHERSTRIP, VINYL BULB W/LEAF	64664	TEAM PLASTICS	466-4
12	SWEEP LATCH	76722		672204
13	#8 x .625 Ph. Fl. SMS	7858	MERCHANTS EASTENER	
14	WEATHERSTRIP, .187 x .200 fin	62003	SCHLEGEL	FS8319-187
15	WEATHERSTRIP, VINYL BULB .160 DIA.	64667	TEAM PLASTICS	466-7
16	WEATHERSTRIP, 8314-150 x 155	6X831G	SCHLEGEL	
17	BALANCE TAKE-OUT CLIP	7121UM		
18	SILICON	62899	DOW CORNING	899
19	BALANCE		CALDWELL	
20	3/16" ANNEALED GLASS		P.P.G. LOF	
21	3/16" GLAZING BEAD	65030	FLORIDA SCREEN	05-030
22	#8 x 1.500 Qind. Pn. SMS	78112A	MERCHANTS FASTENER	
23	#10 x .750 Ph. Pn. SMS	71034	FASTEC IND. CORP.	
24	#10 x 1.500 Ph. Pn. SMS			
25	1" x 1.5" Open Cell Foam Pad	781PQA		

PRODUCT RENEWED

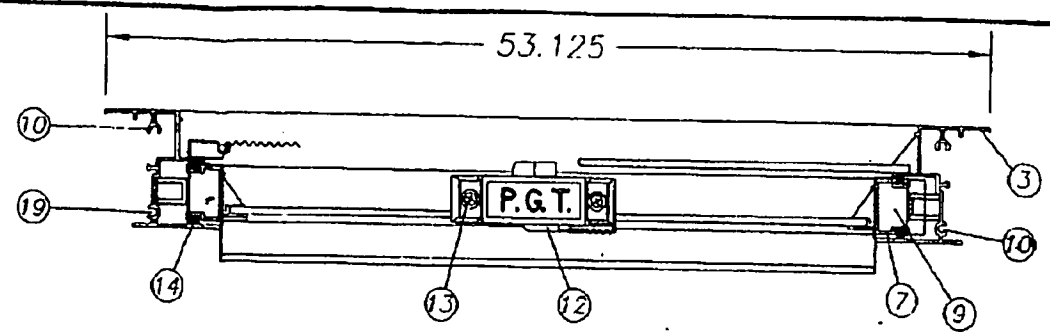
ACCEPTANCE # 98-0218-02
 EXPIRATION DATE August 20, 2001
 By Maureen Jones
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

Material:		VINYL-TECH progressive GLASS technology			
Drawn By:	Date:	Classification:	Prod. Category:	Scale/Abdt:	Sheet:
D.B.	3/17/98		SH	1000	1 of 4
Revised By:	Date:	Description: SINGLE HUNG ELEVATIONS			
Vendor No.:	Scale:	Address:	City:	Drawing No.:	Rev.:
	N.T.S	P.O. BOX 1529		137	
		NOKOMIS, FL. 34274	B		

Robert Allen
4/22/98



VERTICAL SECTION



HORIZONTAL SECTION

PRODUCT RENEWED
 ACCEPTANCE NO. 98 0211.02
 EXPIRATION DATE August 10, 2001
 By *[Signature]*
 PROJECT CODE: FROL DIVISION
 QUALITY CONTROL: JAMES W. DEWEE

Revision:		VINYL TECH / progressive GLASS technology <small>Manufacturer of Single Hung Windows</small>			
Material:	Classification:	Prod. Category:	Series/Model:	Item:	Sheet:
---	---	SH	4000		2 of 4
Drawn By: D.B.	Date: 3/17/98	Description: SINGLE HUNG LAYOUT			
Revised By:	Date:				
Vendor No.:	Scale: N.T.S.	Address: P.O. BOX 1529 NOKOMIS, FL. 34274	Size: B	Drawing No.: 137	

Robert J. [Signature]
 4/22/98

Data from Test Report FTL-1139 for Series SH-4000
 Comparative Analysis Table for Single Hang Windows using 3/16" annealed glass, config. OX

Negative Design Loads based on Comparative Analysis (psf), and Glass Table
 Positive Design Loads based on Comparative Analysis (psf), and Water Test Pressure.

Window Heights	Window Widths					
	19.125	24.000	26.500	32.000	37.000	42.000
26.000	-130.00 +55.33	-127.00 +55.33	-123.00 +55.33	-117.00 +55.33	-119.00 +55.33	-116.00 +55.33
38.375	-120.00 +55.33	-119.00 +55.33	-119.00 +55.33	-117.00 +55.33	-116.00 +55.33	-116.00 +55.33
50.625	-119.00 +55.33	-117.00 +55.33	-116.00 +55.33	-100.00 +55.33	-98.00 +55.33	-98.00 +55.33
63.000	-106.35 +55.33	-95.34 +55.33	-92.26 +55.33	-89.94 +55.33	-87.00 +55.33	-85.33 +55.33
76.000	-82.04 +55.33	-71.51 +55.33	-68.03 +55.33	-63.38 +55.33	-61.84 +55.33	-61.84 +55.33

Window Heights	Window Widths					
	49.000	44.000	48.000	53.125	58.250	63.375
26.000	-119.00 +55.33	-118.00 +55.33	-117.00 +55.33	-117.00 +55.33	-117.00 +55.33	-117.00 +55.33
38.375	-118.00 +55.33	-99.00 +55.33	-102.00 +55.33	-91.00 +55.33	-91.00 +55.33	-91.00 +55.33
50.625	-106.00 +55.33	-101.01 +55.33	-86.00 +55.33	-78.23 +55.33	-78.23 +55.33	-78.23 +55.33
63.000	-85.00 +55.33	-82.00 +55.33	-78.89 +55.33	-68.07 +55.33	-68.07 +55.33	-68.07 +55.33
76.000	-61.80 +55.30	-61.80 +55.30	-61.80 +55.30	-61.80 +55.30	-61.80 +55.30	-61.80 +55.30

NOTES:

- 1.) REFERENCE: TEST FTL-1139
 - 2.) REFERENCE: N.O.A. 94-1031.03
- DESIGN: +55.33 PSF
 -61.8 PSF

NEW N.O.A.# 98-0218.02

PRODUCT RENEWED

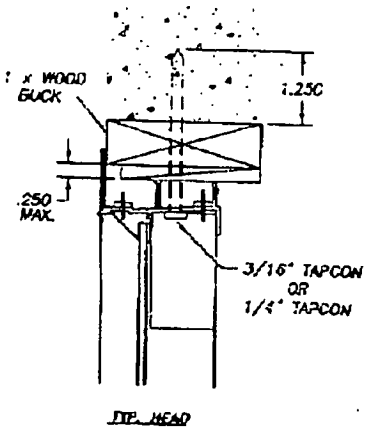
ACCEPTANCE NO. 98-0218.02

REISSUE DATE: August 20, 2001

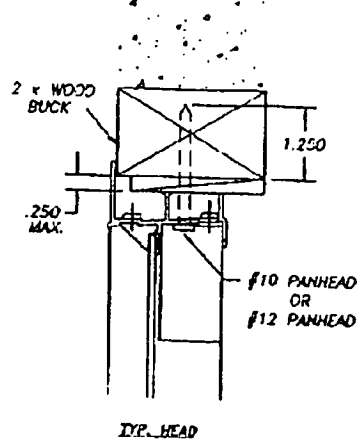
By: *Manuel J. [Signature]*
 (Signature and Stamp)

Robert [Signature]
 6/22/98

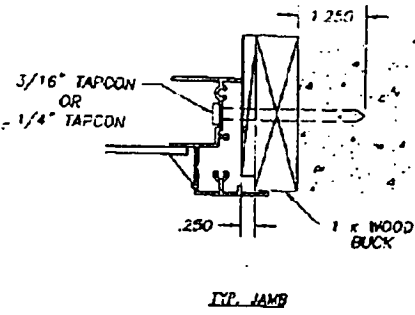
progressive GLASS technology <small>Innovations in Safety and Security</small>	
Material: —	Classification: Fixed Category: SH Series/Window: 4000 Size: FTL-1139 Sheet: 3 of 4
Drawn by: D.B. Date: 6/10/98	Description: COMPARATIVE ANALYSIS
Revised by: — Date: —	Address: P.O. BOX 1529 NOKOMIS, FL. 34274 Size: B Drawing no.: 137 Rev: —
Vendor no.: — Scale: 1X	



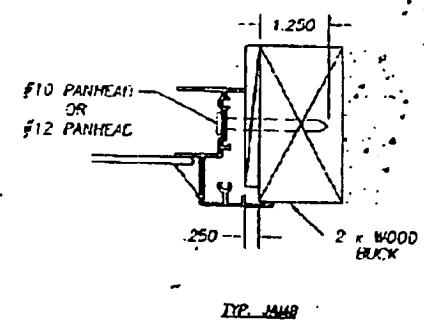
TYP. HEAD



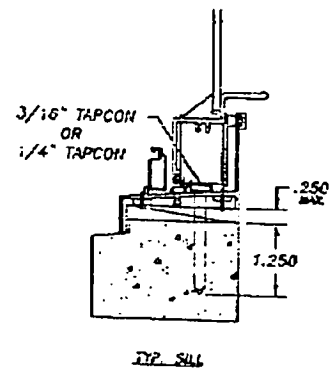
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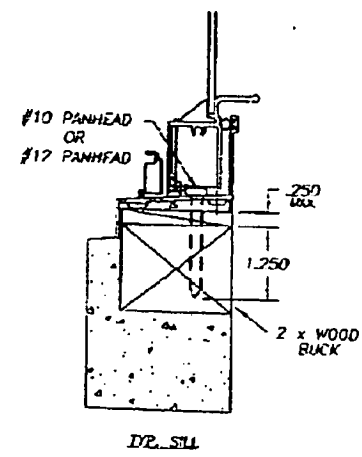
TYP. JAMB



TYP. JAMB



TYP. SILL



TYP. SILL

Robert J. Blank
4/22/98

PRODUCT RENEWED

ACCEPTANCE No. *98-D-218-2L*
 EXPIRATION DATE *August 20, 2001*
 By *Manuel Resendez*
 FEDERAL CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

Manufacturer:		WINDY TECH / progressive GLASS technology			
Material:		Classification:	Prod. Designation:	Series/Model:	Spec:
Drawing No.:		Date:	Description:	Scale:	Sheet:
Revised No.:		Date:	TYP. SINGLE HUNG ANCHORAGE		
Manufacturer:		Scale:	Address:	City:	Drawing No.:
		N.T.S.	P.O. BOX 1529	B	137
			NOKOMIS, FL. 34274		



RECEIVED
MAY 16 2001
BY: _____

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE DEPARTMENT
SUITE 1603
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2909

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Vinyl Tech/Progressive Glass Technology
1070 Technology Drive
Nokomis FL 34275

Your application for Product Approval of:
Series 4000 Aluminum Single Hung Window (DSB annealed glass)
under Chapter 8 of the Metropolitan Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: ***Applicant, along with drawings prepared by Mr. Robert L. Clark, P.E., and test reports prepared by Fenestration Testing Laboratory, Inc.***

has been recommended for acceptance by the Building Code Compliance office to be used in Miami-Dade County, Florida under the conditions set forth herein. This approval contains 3 pages.

This approval shall not be valid after the expiration date stated below. The Office of Building Code Compliance 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, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office 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.: 98-0218.01
Expires: 08/20/2001


Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 08/20/1998

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No. : 98-0218.01APPROVED : AUG 20 1998EXPIRES : AUG 20 2001NOTICE OF ACCEPTANCE: STANDARD CONDITIONS**1. SCOPE**

This renews the Notice of Acceptance No. 95-0515.04 which was issued on August 17, 1995. It approves an aluminum single hung window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

The aluminum single hung window and its components shall be constructed in strict compliance with the following documents: Drawing No. 136, Sheet 1 of 4, titled "Single Hung Elevations," Sheet 2 of 4, titled "Single Hung Layout", Sheet 3 of 4, titled "Comparative Analysis" and Sheet 4 of 4, titled "Typ. Single Hung Anchorage", prepared by Vinyl Tech/Progressive Glass Technology, dated March 10, 1998, except for Sheet 3 of 4 which is dated April 16, 1998, all sheets last revised June 10, 1998, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

This approval applies to single unit applications only, as shown in approved drawings.

4. INSTALLATION


- 4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings.
- 4.2 The installation of this product will require a hurricane protection system.

5. 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".

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
- 6.1.1 This Notice of Acceptance.
- 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


 Manuel Perez, P.E., Product Control Examiner
 Product Control Division

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 98-0218.01

APPROVED : SEP 20 1998

EXPIRES : AUG 20 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

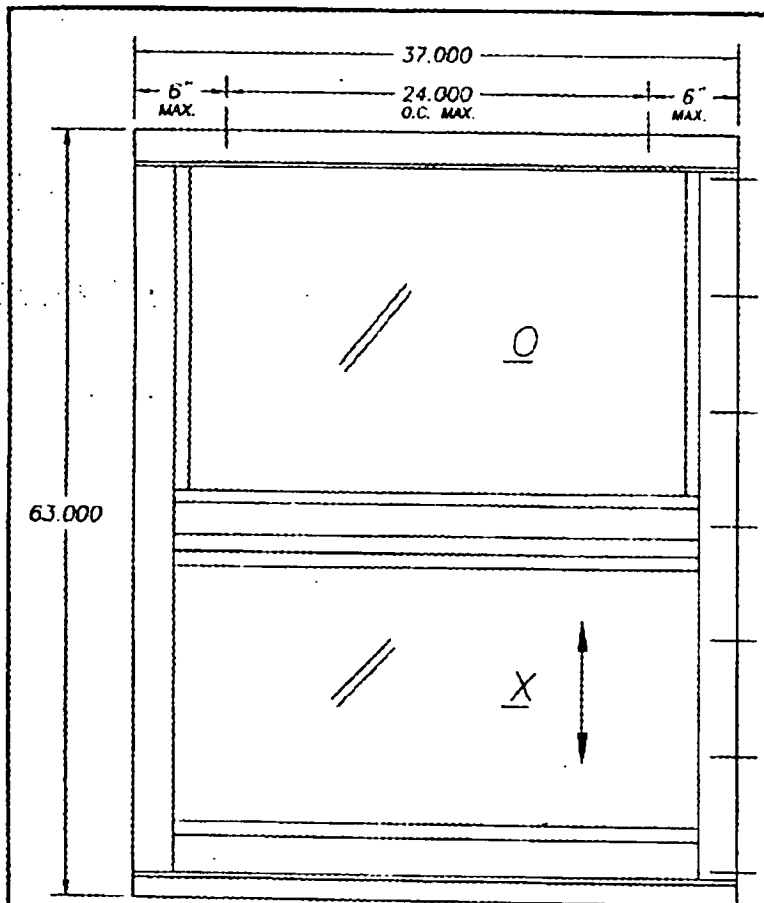
END OF THIS ACCEPTANCE



Manuel Perez, P.E., Product Control Examiner
Product Control Division

10-10-98

05:55 PM 12/15/98 10: VINTL-TECH/PG1 11:00 (CH) 521 0000 11:00 (CH) 521 0000 11:00 (CH) 521 0000



ITEM	DESCRIPTION	V.T. #	VENDOR	VENDOR #
1	FLANGED FRAME HEAD	69563	ALUMAX EXTRUSIONS	AF-9563
2	FLANGED FRAME SILL	66377	ALUMAX EXTRUSIONS	AF-6377
3	FLANGED FRAME JAMB	66379	ALUMAX EXTRUSIONS	AF-6379
4	FIXED MEETING RAIL	69316	ALUMAX EXTRUSIONS	AF-9316
5	SASH TOP RAIL	69336	ALUMAX EXTRUSIONS	AF-9336
6	SASH BOTTOM RAIL	66384	ALUMAX EXTRUSIONS	AF-6384
7	SASH SIDE RAIL	66385	ALUMAX EXTRUSIONS	AF-6385
8	SASH STOP	66387	ALUMAX EXTRUSIONS	AF-6387
9	SASH CAM INSERT (L.H. & R.H.)	41901/41902	VINYL-TECH/P.G.T.	
10	#8 x .750 Ph. Pn. SMS	7834A	MERCHANTS FASTENER	
11	WEATHERSTRIP, VINYL BULB W/LEAF	64664	TEAM PLASTICS	466-4
12	SWEEP LATCH	76722		672204
13	#8 x .625 Ph. Fl. SMS	7858	MERCHANTS FASTENER	
14	WEATHERSTRIP, .187 x .200 fin	62003C	SCHLEGEL	FS8319-187
15	WEATHERSTRIP, VINYL BULB .160 DIA.	64667	TEAM PLASTICS	466-7
16	WEATHERSTRIP, 8314-150 x 155	6X831G	SCHLEGEL	
17	BALANCE TAKE-OUT CLIP	7121UM		
18	SILICON	62899	DOW CORNING	899
19	BALANCE		CALDWELL	
20	DSB ANNEALED GLASS		P.P.G. LOF	
21	GLAZING BEAD	65107	FLORIDA SCREEN	05-107
22	#8 x 1.000 Quad. Pn. SMS	781POA	MERCHANTS FASTENER	

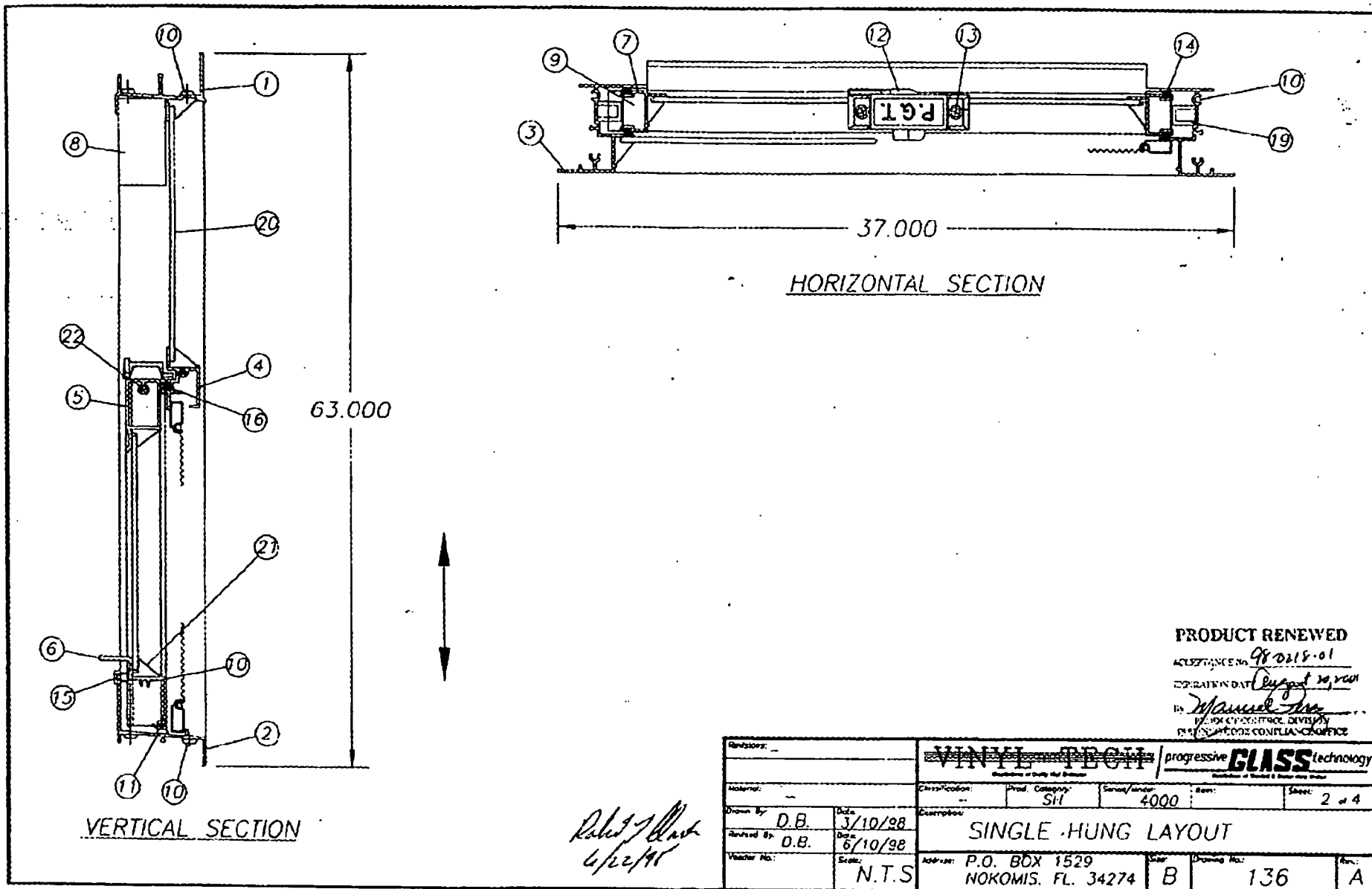
PRODUCT RENEWED
 ACCEPTANCE No. 98-0118-01
 EXPIRATION DATE August 30, 2001
 By: [Signature]
 PRODUCT CONTROL DIVISION

NON-IMPACT WINDOWS

- 1.) GLAZING: DSB ANNEALED
- 2.) CONFIGURATIONS: 0/X
- 3.) SHUTTER REQUIREMENT:
SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS

Robert A. Clark
6/22/98

VINYL-TECH / progressive GLASS technology <small>Number of Units by Order</small>		Number of Units & Name, Unit Size	
Order No.: Date: 3/10/98 Rev'd by: D.B. Date: 6/10/98 Scale: N.T.S.	Description: SINGLE HUNG ELEVATIONS	Prod. Category: SH Series/Model: 4000 Rev:	Sheet: 1 of 4
Address: P.O. BOX 1529 NOKOMIS, FL. 34274	City: B Drawing No.: 136	Rev: A	



PRODUCT RENEWED
 ACCEPTANCE NO. 98-0215-01
 OPERATING DATE 04/20/98
 BY *W. J. ...*
 PRODUCT CONTROL DIVISION
 1515 N. W. 2002 CONFERENCE OFFICE

Robert J. Clark
 6/22/98

Revisors: --		VINYL TECH / progressive GLASS technology <small>Manufacturers of Quality Vinyl Windows</small>			
Material: --	Classification: --	Prod. Category: SH	Series/Order: 4000	Item: --	Sheet: 2 of 4
Drawn By: D.B.	Date: 3/10/98	Description: SINGLE HUNG LAYOUT			
Revised By: D.B.	Date: 6/10/98	Address: P.O. BOX 1529 NOKOMIS, FL. 34274			
Vendor No: --	Scale: N.T.S.	Star: B	Drawing No: 136	Ann: A	

Data from Test Report FTL-1142 for Series SH-4000
Comparative Analysis Table for Single Hung Windows using DSB annealed glass, config. OX

Negative Design Loads based on Comparative Analysis (psf), and Glass Table.
 Positive Design Loads based on Comparative Analysis (psf), and Water Test Pressure.

Window Heights	Window Widths									
	19.125		24.000		26.500		32.000		37.000	
26.000	-130.00	+55.33	-127.00	+55.33	-123.00	+55.33	-111.66	+55.33	-93.36	+55.33
38.375	-120.00	+55.33	-119.00	+55.33	-114.11	+55.33	-86.10	+55.33	-70.39	+55.33
50.625	-91.08	+55.33	-85.87	+55.33	-85.64	+55.33	-75.60	+55.33	-60.07	+55.33
63.000	-65.39	+55.33	-58.62	+55.33	-56.73	+55.33	-55.30	+55.33	-55.30	+55.33

NOTES:

- 1.) REFERENCE: TEST FTL-1142
 - 2.) REFERENCE: N.O.A. 95-0515.04
- DESIGN: +60.6 PSF
 -55.3 PSF

NEW N.O.A # 98-0218.01

PRODUCT RENEWED

ACCEPTANCE No. 98-0218.01

EXPIRATION DATE August 20, 2001

By: Robert M. ...

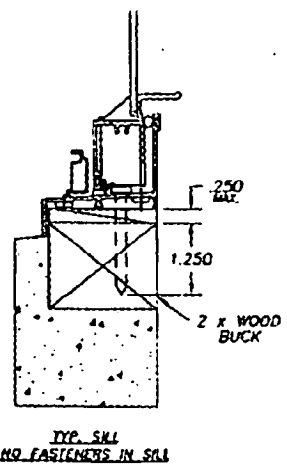
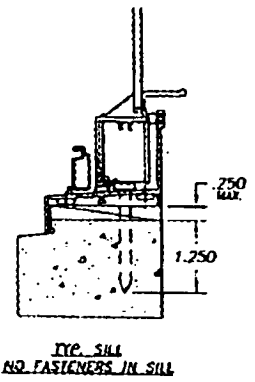
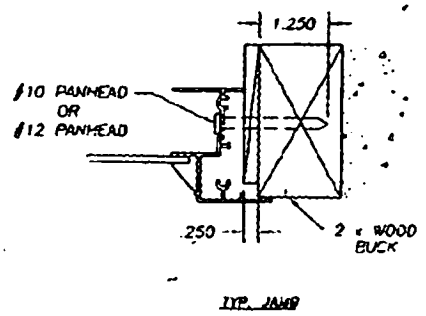
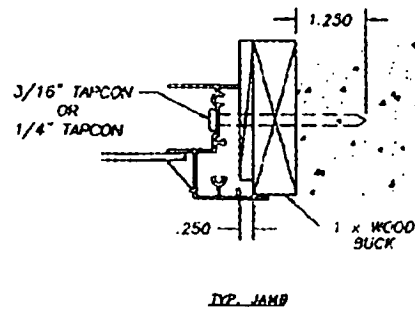
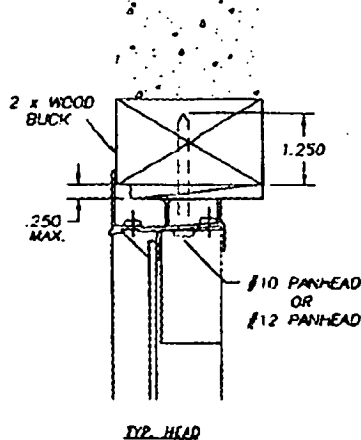
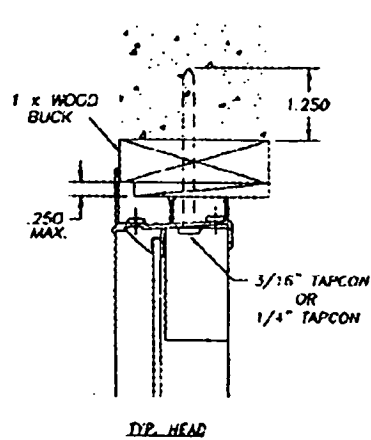
PROGRESSIVE GLASS TECHNOLOGY

10000 ...

Robert M. ...

Part No. -		VINYL TECH / progressive GLASS technology			
Model: -		Classification: -	Prod. Category: SH	Series/Model: 4000	Test: FTL-1142
Drawn By: D.B.	Date: 4/16/98	Description: COMPARATIVE ANALYSIS			
Revised By: D.B.	Date: 6/10/98				
Vendor No.:	Scale: 1X	Address: P.O. BOX 1529 NOKOMIS, FL 34274	Dist: B	Drawing No.: 136	Rev.: A

09:55 NOV 12, 1998 ID: VINYL-TECH/HGI TEL NO: (313) 431-3000 #0000 FILE: 10/19



Robert J. Clark
4/22/98

PRODUCT RENEWED
ACCEPTANCE NO. 98-0218-01
INSTALLATION DATE August 10, 2001
Michael J. [Signature]
FLORIDA WINDOW FILLS INC.
1170 S. CALIFORNIA COMPLIANCE CENTER

Revision: -		VINYL TECH / progressive GLASS technology <small>Advancing the Quality of Building Envelopes</small>			
WINDOZ	Classification	Prod. Category	Series/Model	Name	Sheet
		SH	4000		4 of 4
Drawn By: D.B.	Date: 3/10/98	Description: TYP. SINGLE HUNG ANCHORAGE			
Approved By: D.B.	Date: 6/10/98				
Manufacturer No.:	Spec: N.T.S.	Address: P.O. BOX 1529 NOKOMIS, FL. 34274	Site: B	Drawing No.: 136	Rev.: A



RECEIVED
MAY 16 2001
BY: _____

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

PGT Industries
1070 Technology Drive
Nokomis FL 34274

Your application for Product Approval of:
Series 6000 Aluminum Fixed Window

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.: 99-1110.04

Expires: 12/02/2002

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 01/07/2000

1 of 3



Progressive Glass Technology Industries

ACCEPTANCE No.: 99-1110.04

APPROVED : JAN 07 2000

EXPIRES : Dec. 2, 2002

NOTICE OF ACCEPTANCE SPECIFIC CONDITIONS

1. SCOPE

- 1.1** This renews the Notice of Acceptance No. 96-0409.04, that was issued on December 2, 1998. It approves an aluminum fixed window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County. For the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1** The Series "6000" Aluminum Fixed Window, and its components shall be constructed in strict compliance with the following documents: Drawing No 548, titled " F-600 Picture Window," Sheets 1 through 4 of 4, dated 10/15/99, signed and sealed by Robert L Clark, P.E. They bear the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1** This approval applies to single unit applications, as shown approved drawings.

4. INSTALLATION

- 4.1** The aluminum fixed window and its components shall be installed in strict compliance with the approved drawings.
- 4.2** Hurricane protection system (shutters): The installation of this unit will require a hurricane protective system.

5. LABELING

- 5.1** 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".

6. BUILDING PERMIT REQUIREMENTS

- 6.1** Application for building permit shall be accompanied by copies of the following:
- 6.1.1** This Notice of Acceptance
- 6.1.2** Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3** Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Manuel Perez, P.E. Product Control Examiner
Product Control Division

Progressive Glass Technology Industries

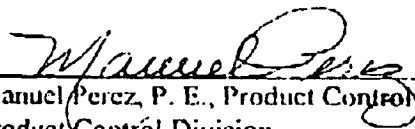
ACCEPTANCE No.: 99-1110.04

APPROVED : JAN 07 2000

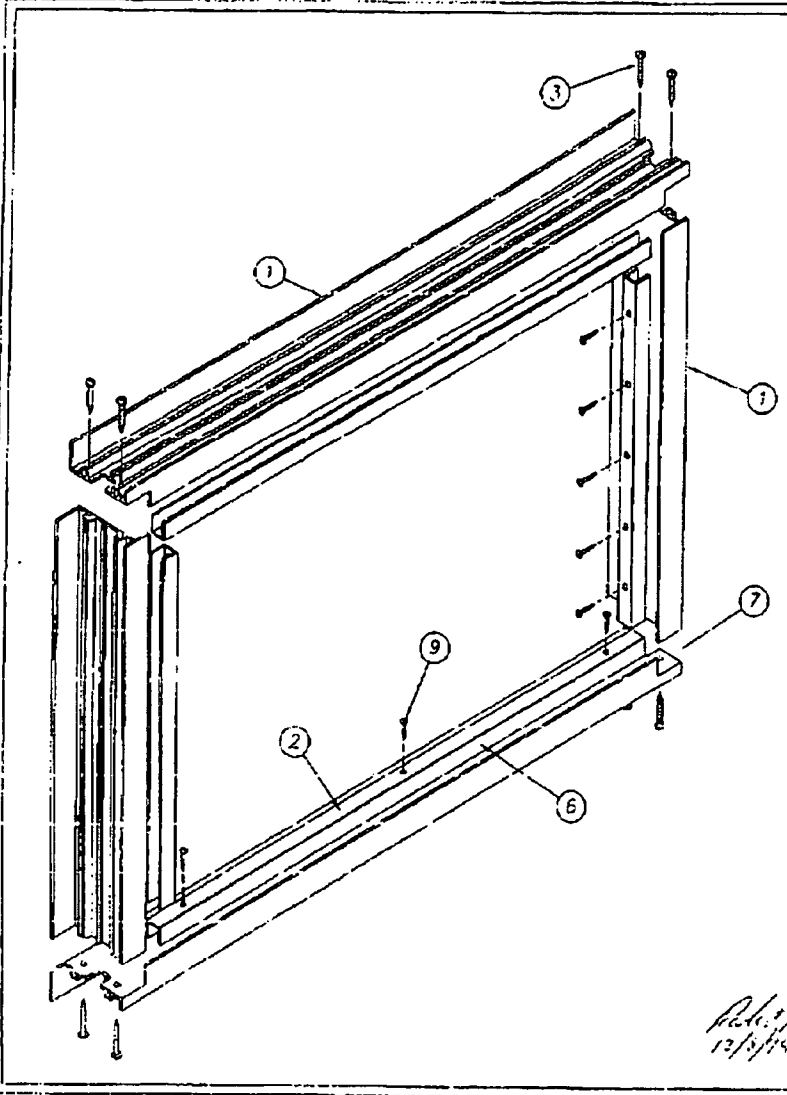
EXPIRES : Dec. 2, 2002

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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


Manuel Perez, P. E., Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE



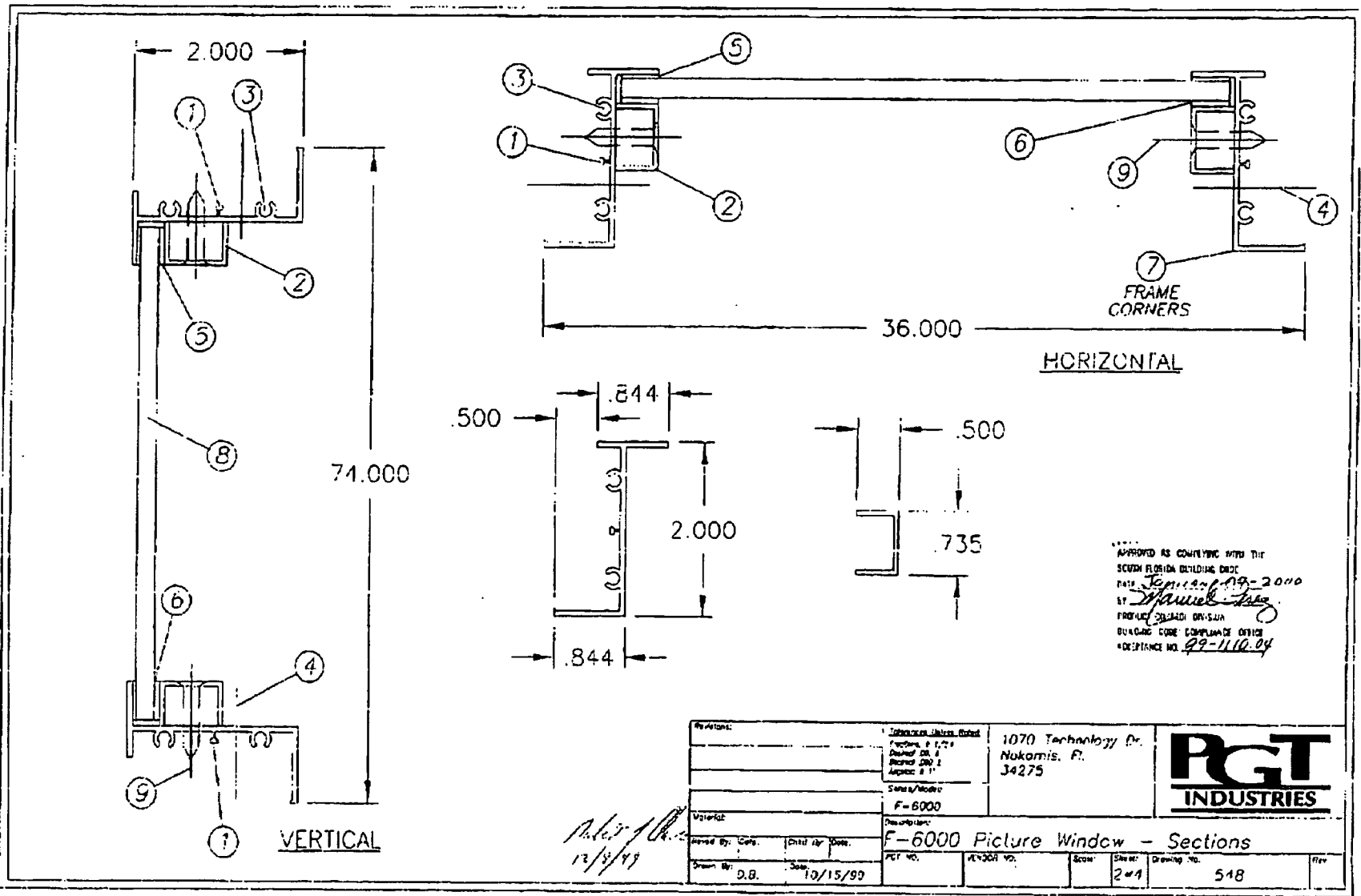
ITEM	PART #	DESCRIPTION	VENDOR	VENDOR #
1	68342	FRAME HEAD, SILL & JAMB	Alumax	AF-8342
2	61168	EXTRUDED GLAZING BEAD	Alumax	AF-1168
3	7834	#8 x 3/4 Pn. Ph. SMS	FASTEC INDUSTRIES	
4		#10 x 2 installation screws	FASTEC INDUSTRIES	
5	62899C	SILICON BACK BEDDING	DOW CORNING	899
6	61308K	CLOSED CELL FOAM TAPE	STIK-II PRODUCTS	1308-1
7	6SM55W	SEAM SEALER	SCHNEE/MOREHEAD	SM5504
8		3/16" ANNEALED	PPG LOF	
9	7PWSW	#6 x 7/8 Fl. Pn. SMS	FASTEC INDUSTRIES	

NON-IMPACT WINDOWS

- 1.) WINDOW SIZE: 36" x 74"
- 2.) GLAZING: 3/16" ANNEALED
- 3.) CONFIGURATIONS: 0
- 4.) SHUTTER REQUIREMENT:
SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS
- 5.) ANCHORS
MAX. 5" FROM EACH CORNER (HEAD, SILL & JAMBS)
MAX. SPACING AT HEAD & SILL: 12"
MAX. SPACING AT JAMB: 12.500"

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE January 29, 2001
BY Maurice [Signature]
PROJECT ENGINEER
BUILDING CODE ENFORCEMENT OFFICE
ACCUMPLANCE NO. 99-1110.04

Revisions: 1. 10/12/99 2. 12/1/99		1070 Technology Dr. Nokomis, FL 34275	
Material: F-500		Description: F-500 Picture Window - Elevation	
Drawn By: D.D. Date: 10/12/99	Checked By: [Blank] Date: [Blank]	P&G No: [Blank] Vendor No: [Blank]	Scale: [Blank] Sheet: 1 of 4 Drawing No: 54B



APPROVED AS COMPLYING WITH THE
 FLORIDA BUILDING CODE
 DATE *September 20, 2000*
 BY *Michael...*
 PROJECT ENGINEER
 BUILDING CODE COMPLIANCE OFFICE
 REFERENCE NO. *99-1160-04*

*Advised by
 12/8/99*

Revisions: 1. <i>INDUSTRY LITERATURE</i> SECTION 4.1.7.1 DATED 01.1 REVISION 01.1 APPROX. 11"		1070 Technology Dr. Nokomis, FL 34275			
Material: F-6000		Description: F-6000 Picture Window - Sections			
Drawn By: <i>G.B.</i>	Date: <i>10/15/99</i>	PGT NO.	REVISION NO.	Scale: <i>2x1</i>	Sheet: <i>518</i>

Note: Numbers in () parentheses are quantity of anchors per side
 Negative Design Loads based on Comparative Analysis (psf.)
 Negative Design Loads based on Glass Table ()

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	38.000 (2)	53.125 (3)
26.000 (2)	103.49	88.58	77.00	N/A
38.375 (4)	91.09	74.18	62.50	N/A
50.625 (3)	83.75	66.83	55.25	N/A
63.000 (4)	79.23	62.32	50.74	N/A
74.000 (4)	75.49	59.00	42.00	N/A

Note: Numbers in () parentheses are quantity of anchors per side
 Negative Design Loads based on Comparative Analysis (psf.)
 Negative Design Loads based on Glass Table ()

Window Heights	Window Widths			
	18.000 (2)	24.000 (2)	30.000 (2)	36.000 (2)
26.000 (2)	109.29	93.15	81.46	81.04
38.375 (4)	94.97	78.73	69.04	66.62
50.625 (3)	87.34	71.40	61.71	59.29
63.000 (4)	83.03	66.89	57.20	54.78
74.000 (4)	80.29	64.15	52.00	49.00

Positive Design Loads based on Comparative Analysis (psf.)
 Positive Design Loads based on Water Pressure.

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	38.000 (2)	53.125 (3)
26.000 (2)	103.00	84.56	77.00	N/A
38.375 (4)	91.06	74.16	62.50	N/A
50.625 (3)	83.75	66.83	55.25	N/A
63.000 (4)	79.23	62.32	50.74	N/A
74.000 (4)	76.49	59.00	42.00	N/A

Positive Design Loads based on Comparative Analysis (psf.)
 Positive Design Loads based on Water Pressure.

Window Heights	Window Widths			
	18.000 (2)	24.000 (2)	30.000 (2)	36.000 (2)
26.000 (2)	100.00	93.15	81.46	81.04
38.375 (4)	84.87	78.73	69.04	66.62
50.625 (3)	87.34	71.40	61.71	59.29
63.000 (4)	83.03	66.89	57.20	54.78
74.000 (4)	80.29	64.15	52.00	49.00

Number of Anchors per Window Size
 Anchors at 6" from each corner & Max. 24" thereafter.

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	38.000 (2)	53.125 (3)
26.000 (2)	8	8	8	10
38.375 (4)	10	10	10	12
50.625 (3)	10	10	10	12
63.000 (4)	12	12	12	14
74.000 (4)	12	12	12	14

Number of Anchors per Window Size
 Anchors at 5" from each corner & Max. 24" thereafter.

Window Heights	Window Widths			
	18.000 (2)	24.000 (2)	30.000 (2)	36.000 (2)
26.000 (2)	100.00	93.15	81.46	81.04
38.375 (4)	84.87	78.73	69.04	66.62
50.625 (3)	87.34	71.40	61.71	59.29
63.000 (4)	83.03	66.89	57.20	54.78
74.000 (4)	80.29	64.15	52.00	49.00

Glass Table 35-E - Maximum Dp.

Window Heights	Window Widths			
	19.125 (2)	26.500 (2)	38.000 (2)	53.125 (3)
26.000 (2)	130	130	130	125
38.375 (4)	130	121	85	58
50.625 (3)	125	89	63	41
63.000 (4)	101	75	57	34
74.000 (4)	85	59	42	29

Glass Table 35-E - Maximum Dp.

Window Heights	Window Widths			
	18.000 (2)	24.000 (2)	30.000 (2)	36.000 (2)
26.000 (2)	130	130	130	125
38.375 (4)	130	125	104	97
50.625 (3)	125	89	77	63
63.000 (4)	109	79	61	57
74.000 (4)	92	66	52	43

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE January 2000
 BY Manuel Fries
 BUILDING CODE COMPLIANCE OFFICE
 ACQUISITION NO. 99-1119.04

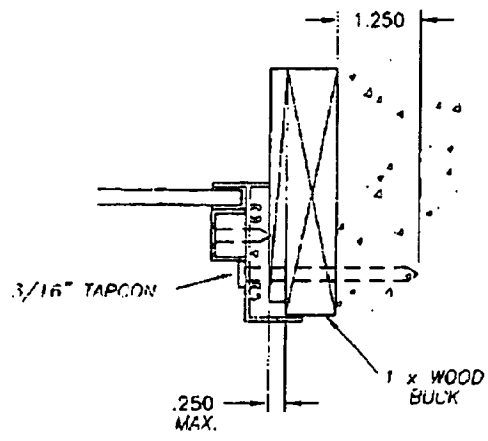
NOTES:
 1.) REFERENCE: TEST FTL-1380
 2.) REFERENCE: N.O.A. 96-U409.04
 DESIGN: +100 PSF
 -110 PSF

NEW N.O.A.#

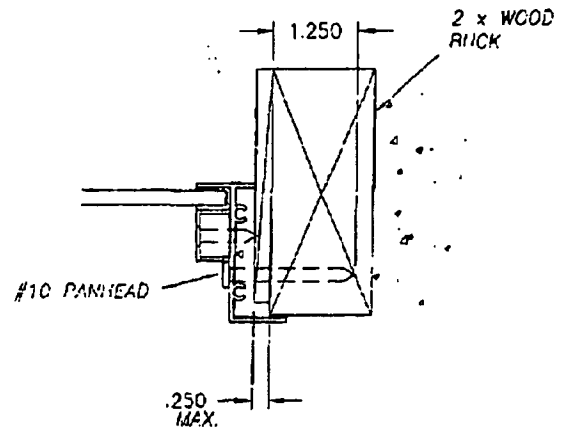
Adel Alkhalaf

Product		Manufacturer/Model Name	1070 Technology Dr. Nokomis, FL 34275	
Material		Product # / Size	F-6000	
Formed by Date:		Order #	F-6000 Picture Window - Comparative Analysis	
Drawn by:	Date:	Rev. no.:	Vendor no.:	Scale:
D.B.	10/15/99			Sheet 3 of 4
				Drawing No. 548





TYP. HEAD, SILL JAMB



TYP. HEAD, SILL JAMB

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE February 03, 2000
 BY [Signature]
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 99-1110.04

Robert M. [Signature]
 12/15/99

Revisions:		:070 Technology Dr. Nakomis, Fl. 34275		RGT INDUSTRIES	
Material:		F-6000			
Approved By: Date:		Checked By: Date:		Derived on:	
Drawn By: D.B.		Date: 10/15/99		F-6000 Picture Window - Anchorage	
REV. NO.	DESCRIPTION	DATE	BY	SCALE	SHRINKING NO.
					548

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1583
(305) 375-2901
FAX (305) 375-2908

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32226


RECEIVED
MAY 16 2001
BY:

Your application for Product Approval of:
"5-V Crimp" Metal Roofing Panels
under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: **Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc.** has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

This approval shall not be valid after the expiration date stated below. The Building Code Compliance Office reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office that this product or material fails to meet the requirements of the South Florida Building Code.

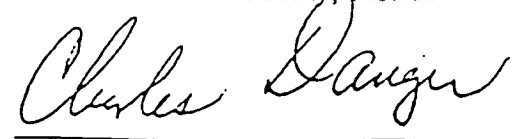
The expense of such testing will be incurred by the manufacturer.

ACCEPTANCE NO.: 98-0429.09 Renews & Revises: 97-0404.05
EXPIRES: 06/23/01


Paul Rodriguez
Product Control Supervisor

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

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


Charles Danger, P.E.
Director
Building Code Compliance Dept.
Miami-Dade County

APPROVED: 06/23/98



PRODUCT CONTROL NOTICE OF ACCEPTANCE ROOFING SYSTEM APPROVAL

Applicant:

Southeaster Metal Manufacturing Co. Inc.
11801 Industry Drive
Jacksonville, FL 32218

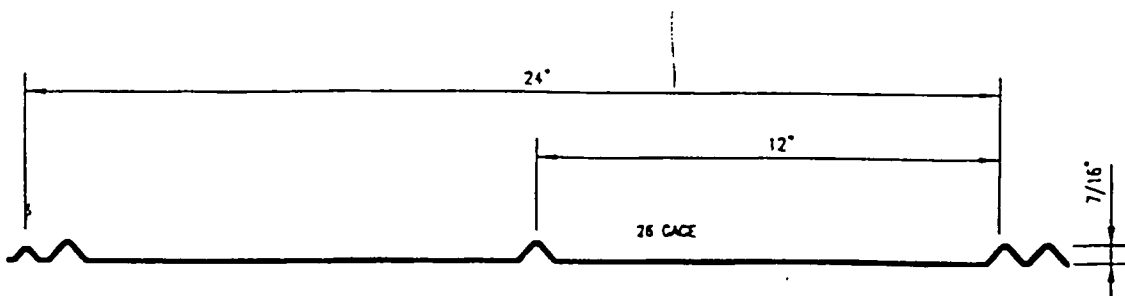
Product Control No.: 98-0429.09Approval Date: June 23, 1998Expiration Date: June 23, 2001

Category: Prepared Roofing
Sub-Category: Panels
Type: Non-Structural
Sub-Type: Metal


Evidence Submitted

Test Agency	Test Identifier	Test Name/Report	Date
Construction Research Laboratory, Inc.	5898A	<u>Direct Deck Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Construction Research Laboratory, Inc.	5898B	<u>Over Battens Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Hurricane Test Laboratories, Inc.	0041-0102-98	UL -580 test PA 125	Jan. 1998

"5-V CRIMP" METAL ROOF PANELS




Page 2 of 5


 Frank Zuloaga, RRC
 Roofing Product Control Examiner


System Description

- SYSTEM A-1S:** "5V-Crimp" 26 ga. Metal Panels
- Deck Type:** Wood, Non-insulated
- Deck Description:** $1\frac{9}{32}$ " or greater plywood or wood plank.
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable design pressure for the 24" wide panel shall be -57.5 psf.
- Deck Attachment:** In accordance with chapter 29 of the SFBC, but in no case it shall be less than # 8 x $1\frac{1}{4}$ " screws or annular ring shank nails spaced at 6" oc. In re-roofing, where deck is less than $1\frac{9}{32}$ " thick (minimum $1\frac{5}{32}$ "") the above attachment method must be in addition to existing attachment.
- Underlayment:** Minimum underlayment shall be a ASTM D 226 Type II installed with a minimum 4" side-laps and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and $1\frac{1}{4}$ " annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys:** Valley construction shall be in compliance with Miami-Dade County Roofing Application Standard PA 133 and with Southeastern Metal Manufacturing Company's current published installation instructions.
- Fire Barrier Board:** For class A or B fire rating, install minimum $\frac{1}{4}$ " thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Partek Insulations, Inc. (with current NOA)"Roctex" or $\frac{5}{8}$ " water resistant type X gypsum sheathing with treated core and facer, over the deck prior to installing the underlayment in compliance with Miami-Dade County Roofing Application Standard PA 133.
- Metal Panels and Accessories:** Install the "5V-Crimp Panels" including flashings penetrations, valleys, and accessories in compliance with Southeastern Metal Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Miami-Dade Roofing Application Standard PA 133.
- "5V-Crimp Panels" shall be installed with a minimum #9 corrosion resistant sealing washer fastener of sufficient length (but not less than 2") to penetrate through the sheathing. Fasteners shall be spaced a minimum of 12" o.c. perpendicular to the slope, in rows spaced 16" o.c. running parallel to the slope of the roof.
- Fastener shall be spaced a minimum of 3" o.c from the end at the eaves and rakes. End panel seams shall be a minimum of 6" and sealed with double bead sealant tape. All perimeter attachment shall be in accordance with Miami-Dade County Protocol PA 111.


 Frank Zuloaga, RRC
 Roofing Product Control Examiner

SYSTEM LIMITATIONS

1. Increased design pressures at perimeter and corner areas, in compliance with chapter 23 of the SFBC, may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer proficient in structural design
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol PA 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved."



Frank Zuloaga, RRC
Roofing Product Control Examiner

SOUTHEASTERN METALS MANUFACTURING CO., INC.
Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32218

ACCEPTANCE NO: 98-0429.09
APPROVED : June 23, 1998
EXPIRES : June 23, 2001

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

Page 5 of 5


Frank Zubog, RRC
Roofing Product Control Examiner

MASTER PERMIT NO. 963

TOWN OF SEWALL'S POINT

Date 5/16/01

BUILDING PERMIT NO. 5364

Building to be erected for LINDA R. JOHNSON

Type of Permit A/C - SUB

Applied for by ASSOCIATED AIR OF PORT ST. LUCIE (Contractor)

Building Fee _____

Subdivision CASTLE HILL Lot 1 Block _____

Radon Fee _____

Address 2 OAK HILL WAY

Impact Fee _____

Type of structure S.F.R. W/ACCESS. STREET

A/C Fee SEE IN 5363

QUALIFIER: JERRY KREBUCK
LIC/CERT: CA-C026432

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed Jerry A. Krebuck
Applicant

Signed [Signature]
Town Building Inspector [Signature]

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

EP ID SB
ASSOA-1
DATE (MM/DD/YYYY) 07/05/00

PRODUCER
Stuart Insurance, Inc.
3070 S W Hupp
Palm City FL 34990
Phone: 561-286-4334 Fax: 561-286-9389
INSUREE

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 Owners Insurance Company
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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLICABLE POLICY PERIOD	20519379	07/10/00	07/10/01	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADULTERY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS/COMPLETED OPERATIONS \$1,000,000
	AUTOMOBILE LIABILITY ALL RISK ALL OWNED AUTOS SCHEDULED AUTOS HIRE & LEASE NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	DAMAGE LIABILITY ALL RISK				AUTO ONLY (Per accident) OTHER THAN AUTO ONLY
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY OTHER				EACH OCCURRENCE DISEASE - EMPLOYER DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Air Conditioning Contractor - Florida Employees Only

CERTIFICATE HOLDER
 City of Sewall's Point
 1 Sewall's Point Rd
 Sewall's Point, Fl.

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.

Joseph E. Coons, CPCU, CIC

Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy, and does not amend, extend or alter the coverage afforded by the policies listed below.

Named Insured(s):

Staff Leasing, L.P. By Staff Acquisition, Inc. The General Partner, And
 The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc.,
 Is The General Partner And Staff Leasing, Inc. Is The Limited Partner
 including Staff Leasing of Texas, L.P., Staff Leasing of Texas II, LP,
 Staff Leasing I, LP
 660 301 Boulevard West, Suite 202
 Bradenton Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

The following insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Type of Insurance	Certificate Exp. Date <small>Continuous extended policy term</small>	Policy Number	Limits	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employers Liability	
			Bodily Injury By Accident	\$1,000,000
			Bodily Injury By Disease	\$1,000,000
			Bodily Injury By Disease	\$1,000,000

Other:

Employees Leased To:

Effective Date: 1/1/01

15279 Associated Air of Port St Lucie Inc

The coverage of workers' compensation policies provides statutory benefits only to the employees of the Named Insured(s) on such policies and is not to be used as a basis for any other purpose.

If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policies unless at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

City of Sewall's Point
 1 Sewall's Point Rd
 Sewall's Point, Fl.

Martin Oosterbruijn
 Authorized Representative

Office: St. Louis, MO 217
 Phone: (877) 427-5567 Date Issued:

AC# 5880965

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/14/2000	99902184	CA-0026432

The CLASS B AIR CONDITIONING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2002

KRENCIK, JERRY ANTHONY
 ASSOCIATED AIR OF PT ST LUC IN
 9203 S INDIAN RIVER DR
 FT PIERCE, FL 34982-7853

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
 SECRETARY

FILE

MASTER PERMIT NO. 5363

TOWN OF SEWALL'S POINT

Date 5/17/01

BUILDING PERMIT NO. 5365

Building to be erected for LINNEA R. JOHNSON

Type of Permit ELECT. SUB

Applied for by HERITAGE ELECTRIC INC (Contractor)

Building Fee _____

Subdivision CASTLE HILL Lot 1 Block _____

Radon Fee _____

Address 2 ONE HILL WAY

Impact Fee _____

Type of structure S.F.R. W/ACCESS. STRUCT.

A/C Fee _____

QUALIFIER: WAYNE GARBER
LIC/CERT. MC CFC ME 00094

Electrical Fee SEE PN 5363

Parcel Control Number: _____

Plumbing Fee _____

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

Roofing Fee _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed Wayne Garber
Applicant

Signed [Signature]
Town Building Inspector

BUILDING PERMIT

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

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LP
HERIT-4

DATE (MM/DD/YY)
03/05/01

PRODUCER
R.V. Johnson Agency, Inc.
2041 SE Ocean Blvd
Stuart FL 34996
Phone: 561-287-3366 Fax: 561-287-4439

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

Heritage Electric Inc
PO Box 1003
Jensen Beach FL 34958-1003

INSURER A: **Auto-Owners Insurance Co**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

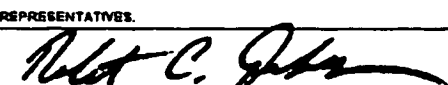
RECEIVED
MAR - 6 2001

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. WITHOUT LIMITING 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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2050838101	02/01/01	02/01/02	EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMPIOP AGG \$ 300,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	9543470400	02/01/01	02/01/02	COMBINED SINGLE LIMIT (EA accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NOT COVERED			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$	NOT COVERED			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NOT COVERED			<input type="checkbox"/> W/C STATU-TORY LIMITS <input type="checkbox"/> OTH-ER F L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLESEXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN024			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996			

CERTIFICATE OF LIABILITY INSURANCE

SP ID F4
HERIT-1

DATE (MM/DD/YY)
07/21/00

Insurance Solutions
Division of Brown & Brown
Box 5888
Lauderdale FL 33310-5888
Phone: 954-776-6675 Fax: 954-776-4327

FILE

McJias

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:	Michigan Mutual Insurance CO
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

RECEIVED

AUG - 4 2000

BY: *[Signature]*

INSURED

Heritage Electric, Inc.
Wayne Garber
P.O. Box 1003
Jensen Beach FL 34958

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
	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 EA ACC \$ AUTO ONLY: AGG \$																
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC131950601	07/23/00	07/23/01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 10%;">OTH-ER</td> <td style="width: 70%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td style="text-align: right;">\$ 100000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td style="text-align: right;">\$ 100000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td style="text-align: right;">\$ 500000</td> </tr> </table>		WC STATUTORY LIMITS	OTH-ER			E.L. EACH ACCIDENT		\$ 100000		E.L. DISEASE - EA EMPLOYEE		\$ 100000		E.L. DISEASE - POLICY LIMIT		\$ 500000
	WC STATUTORY LIMITS	OTH-ER																			
	E.L. EACH ACCIDENT		\$ 100000																		
	E.L. DISEASE - EA EMPLOYEE		\$ 100000																		
	E.L. DISEASE - POLICY LIMIT		\$ 500000																		
	OTHER																				

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

CERTIFICATE HOLDER N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <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.
TOWNSHI The Township of Sewalls Point 1 S Seawall's Point Rd Stuart FL 36996		<i>Thomas E Riley</i>	



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECT CONTRACTORS LICENSING BD

1940 N MONROE ST
TALLAHASSEE

FL 32399-0771

(850) 488-3109

GARBER, WAYNE E
HERITAGE ELECTRIC INC
P O BOX 1003
JENSEN BEACH

FL 34958

See file

RECEIVED
BY: _____



MARTIN COUNTY, FLORIDA

Construction Industry Lic Bd

Certificate of Competency

License: MED0094

Expires September 30, 2001

GARBER, WAYNE E

HERITAGE ELECTRIC

PO BOX 1003

JENSEN BEACH, FL 34958

MASTER ELECTRICIAN

STATE OF FLORIDA AC# 5967778
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ER 0011355 08/30/2000 00900699
REGISTERED ELECTRICAL CONTRACTOR
GARBER, WAYNE E
HERITAGE ELECTRIC INC
(INDIVIDUAL MUST MEET ALL LOCAL
COMPETENCY REQUIREMENTS PRIOR TO
CONTRACTING IN ANY AREA)
HAS REGISTERED under the provisions of Ch. 489 F
Expiration Date: AUG 31, 2002

DETACH HERE

5967778

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECT CONTRACTORS LICENSING BD

DATE	BATCH NUMBER	LICENSE NR
08/30/2000	00900699	ER 0011355

The ELECTRICAL CONTRACTOR
Named Above HAS REGISTERED
Under the provisions of Chapter 489 F
Expiration date: AUG 31, 2002
(INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)

GARBER, WAYNE E
HERITAGE ELECTRIC INC
P O BOX 1003
JENSEN BEACH FL 34958

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

MASTER PERMIT NO. 5363

TOWN OF SEWALL'S POINT

Date 6/13/01

BUILDING PERMIT NO. 5366

Building to be erected for LINNEA R. JOHNSON

Type of Permit PLUMB'G. - SUB

Applied for by SOUTH PARK PLUMBING (Contractor)

Building Fee _____

Subdivision CASTLE HILL Lot 1 Block _____

Radon Fee _____

Address 2 OAK HILL WAY

Impact Fee _____

Type of structure S.F.R. W/ACCESS, STRUCT.

A/C Fee _____

QUALIFIER: DELBERT KEITER
LC/CERT: CF C-029690

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee SBE PN5363

Amount Paid _____ Check # _____ Cash _____ Other Fees (_____) _____
Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature]
Applicant

Signed Edwin B. Arnold / me
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE _____

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

PRODUCER

Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 561-286-4334 Fax: 561-286-9389

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

INSURERS AFFORDING COVERAGE

INSURED

South Park Plumbing, Inc. **FILE**
of Martin County
P. O. Box 768
Port Salerno FL 34992
liel ins.

INSURER A: Assurance Company of America
INSURER B: Bridgefield Insurance Co
INSURER C:
INSURER D:
INSURER E:

RECEIVED
MAR 26 2001
me

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, IT 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	SCP32908593	03/20/01	03/20/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	830-22064	08/17/00	08/17/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

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

Plumbing / State of Florida

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

Sewalls Point Building Dept.
1 S Sewalls Point Road
Stuart FL 34996

SEWAP-1

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

Rick Halcomb, CIC, ARM

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

WINTERCORN, THOMAS ROBERT
SOUTH PARK PLUMBING INC OF MARTIN CO
P O BOX 768
PORT SALERNO

RECEIVED
SEP - 1 2000
BY: *[Signature]*

STATE OF FLORIDA AC# 588838
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CF - C057458 06/31/2000 99033762
CERTIFIED PLUMBING CONTRACTOR
WINTERCORN, THOMAS ROBERT
SOUTH PARK PLUMBING INC OF MARTIN CO
IS CERTIFIED under the provisions of Ch. 489 FS
Expiration Date: AUG 31, 2002

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/21/2000	99033762	CF - C057458

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2002

WINTERCORN, THOMAS ROBERT
SOUTH PARK PLUMBING INC OF MARTIN CO
P O BOX 768
PORT SALERNO FL 34992

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

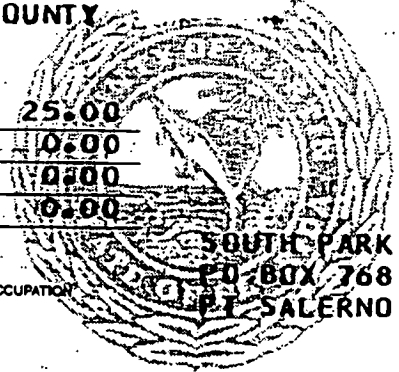
CYNTHIA A. HENDERSON
SECRETARY

MARTIN COUNTY ORIGINAL
2000 COUNTY OCCUPATIONAL LICENSE 2001
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 1973 524 045 CERT _____
PHONE 561 287 2548 SIC NO 0000
LOCATION:
4505 SE DIXIE HWY

CHARACTER COUNTS IN MARTIN COUNTY

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



SOUTH PARK PLUMBING
P O BOX 768
PORT SALERNO FL 34992

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

1 DAY OF OCTOBER 00
AND ENDING SEPTEMBER 30, 2001 12 81001 639 PAID

5367

RE-ROOF

MASTER PERMIT NO. ~~5367~~

TOWN OF SEWALL'S POINT

FILE

Date 6/11/01

BUILDING PERMIT NO. 5367

Building to be erected for LINNEA R. JOHNSON

Type of Permit ~~RE-ROOFING~~ ~~SUB~~

Applied for by PACIFIC PFG

(Contractor) Building Fee _____

Subdivision CASTLE HILL Lot 1 Block _____

Radon Fee _____

Address ~~2020 HILL WAY~~

Impact Fee _____

Type of structure S.F.R. W/ACCESS. STRUCT.

A/C Fee _____

QUALIFIER: RICHARD COMBS
LIC/CERT! CC-CO 56793

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

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

Roofing Fee SEE PN 5363

Total Construction Cost \$ _____ TOTAL Fees _____

Signed _____
Applicant

Signed _____
Town Building Inspector APPEL

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!

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1683
(305) 375-2901
FAX (305) 375-2908

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32226

Your application for Product Approval of:

→ "5-V Crimp" Metal Roofing Panels

DRIFTWOOD HOMES MASTER #

under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: **Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc.** has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

This approval shall not be valid after the expiration date stated below. The Building Code Compliance Office reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office 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.: 98-0429.09
EXPIRES: 06/23/01

Renews & Revises: 97-0404.05

Paul Rodriguez
Paul Rodriguez
Product Control Supervisor

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

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

*6/11/01 TOWN OF SEWALE'S POINT
REUBEN*

Charles Danger
Charles Danger, P.E.
Director
Building Code Compliance Dept.
Miami-Dade County

APPROVED: 06/23/98

FILE *TOWN COPY
2 OAK HILL WAY*

PN 5363
(REG SUB 5367)



PRODUCT CONTROL NOTICE OF ACCEPTANCE ROOFING SYSTEM APPROVAL

Applicant:

Southeaster Metal Manufacturing Co. Inc.
11801 Industry Drive
Jacksonville, FL 32218

Product Control No.: 98-0429.09

Approval Date: June 23, 1998

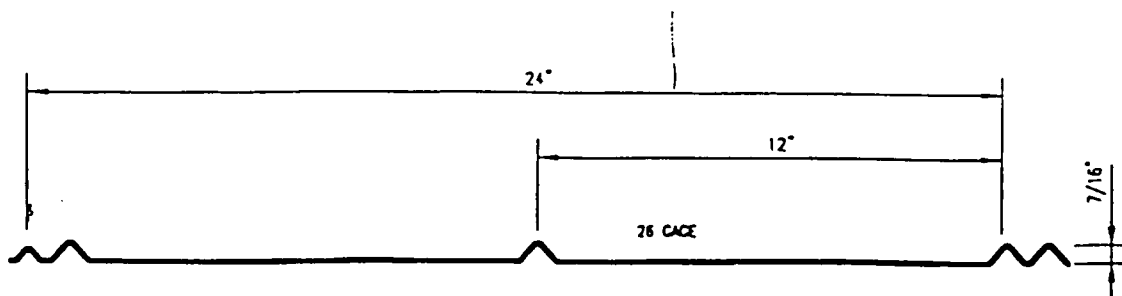
Expiration Date: June 23, 2001


Category: Prepared Roofing
Sub-Category: Panels
Type: Non-Structural
Sub-Type: Metal

Evidence Submitted

Test Agency	Test Identifier	Test Name/Report	Date
Construction Research Laboratory, Inc.	5898A	<u>Direct Deck Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Construction Research Laboratory, Inc.	5898B	<u>Over Battens Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Hurricane Test Laboratories, Inc.	0041-0102-98	UL -580 test PA 125	Jan. 1998

→ "5-V CRIMP" METAL ROOF PANELS




Frank Zuloaga, RRC
Roofing Product Control Examiner

ACCEPTANCE NO. 98-0429.09

System Description

SYSTEM A-1S: "5V-Crimp" 26 ga. Metal Panels

Deck Type: Wood, Non-insulated

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

Slope Range: 2":12" or greater

Maximum Uplift Pressure: The maximum allowable design pressure for the 24" wide panel shall be -57.5 psf.

Deck Attachment: In accordance with chapter 29 of the SFBC, but in no case it shall be less than # 8 x 1 1/4" screws or annular ring shank nails spaced at 6" oc. In re-roofing, where deck is less than 19/32" thick (minimum 15/32") the above attachment method must be in addition to existing attachment.

→ **Underlayment:** Minimum underlayment shall be a ASTM D 226 Type II installed with a minimum 4" side-laps and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.


Valleys: Valley construction shall be in compliance with Miami-Dade County Roofing Application Standard PA 133 and with Southeastern Metal Manufacturing Company's current published installation instructions.

Fire Barrier Board: For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Partek Insulations, Inc. (with current NOA) "Roctex" or 5/8" water resistant type X gypsum sheathing with treated core and facer, over the deck prior to installing the underlayment in compliance with Miami-Dade County Roofing Application Standard PA 133.

Metal Panels and Accessories: Install the "5V-Crimp Panels" including flashings penetrations, valleys, and accessories in compliance with Southeastern Metal Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Miami-Dade Roofing Application Standard PA 133.


"5V-Crimp Panels" shall be installed with a minimum #9 corrosion resistant sealing washer fastener of sufficient length (but not less than 2") to penetrate through the sheathing. Fasteners shall be spaced a minimum of 12" o.c. perpendicular to the slope, in rows spaced 16" o.c. running parallel to the slope of the roof.

Fastener shall be spaced a minimum of 3" o.c from the end at the eaves and rakes. End panel seams shall be a minimum of 6" and sealed with double bead sealant tape. All perimeter attachment shall be in accordance with Miami-Dade County Protocol PA 111.


Frank Zuloaga, RRC
Roofing Product Control Examiner

SYSTEM LIMITATIONS

1. Increased design pressures at perimeter and corner areas, in compliance with chapter 23 of the SFBC, may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer proficient in structural design
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol PA 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved."



Frank Zuloaga, RRC
Roofing Product Control Examiner

SOUTHEASTERN METALS MANUFACTURING CO., INC.
Southeastern Metals Manufacturing Co., Inc.
11801 Industry Drive
Jacksonville, FL 32218


ACCEPTANCE NO. 98-0429.09
→ APPROVED : June 23, 1998
EXPIRES : June 23, 2001

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

Page 5 of 5


Frank Zuloaga, RRC
Roofing Product Control Examiner



RECEIVED
JUN 11 2001
BY: *[Signature]*

May 22, 2001

Town of Sewall's Point

Re: *DRIFTWOOD HOMES*
Johnson Residence
Lot 1, Castle Hill

PK 5363
2 OAK HILL W/RE

To Whom It May Concern:

Please accept this letter as authorization for Robert Austin of Pacific Roofing Corporation to sign on by behalf on the above residence permit.

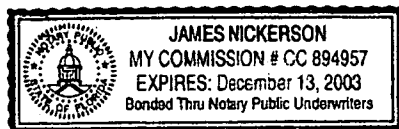
Should you have any questions, please feel free to contact me.

Sincerely,

Richard J. Gomes, Qualifier
Pacific Roofing Corporation

Jim Nickerson - Notary Public

RJG/jn



P.O. Box 2697 • Stuart, Florida 34995
808 SE Dixie Highway • Stuart, Florida 34994

(561) 283-7663 • 1-800-226-3283 (Ext. 9056) • FAX (561) 283-9505 • <http://pacificroofing.com>

License No. CCC056793 & Insured

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/09/2001

PRODUCER (561)746-4546 FAX (561)746-9599
 Tequesta Agency, Inc.
 393 Tequesta Drive
 Tequesta, FL 33469

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.

FILE

INSURERS AFFORDING COVERAGE

INSURED Pacific Roofing Corp., Inc.
 PO Box 2697
 Stuart, FL 34994

INSURER A: Transcontinental Insurance co.
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED
 JAN 10 2001

FILE *Werner*

GO

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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	C2020206931	10/28/2000	10/28/2001	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" 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	C2020206945	10/28/2000	10/28/2001	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN OF SEWALLS POINT ATTN: ED ARNOLD 1 SOUTH SEWALLS POINT ROAD STUART, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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 Charles Martyn III/DEBBIE <i>C.P. Martyn III</i>

Certificate of Insurance

issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, alter the coverage afforded by the policies listed below.

Named Insured(s):

Staff Leasing, LP, By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205

RECEIVED
JAN 11 2001
BY: *[Signature]*



FILE *lie/rai*

Insurer Affording Coverage
Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employer's Liability
			Bodily Injury By Accident \$1,000,000 Each Accident
			Bodily Injury By Disease \$1,000,000 Policy Limit
			Bodily Injury By Disease \$1,000,000 Each Person

Other:

Employees Leased To: 16455 Pacific Roofing Corp Inc **Effective Date:** 1/1/01

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies). not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Town of Sewall Point
Attn Nancy
1 S Sewalls Point Rd
Stuart, FL 34996-6736

[Signature: Martin Oosterbaan]

Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO 12/15/00
Phone: (877) 427-5567 Date Issued

Certificate of Insurance

is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, alter the coverage afforded by the policies listed below.

FILE

Named Insured(s):

Staff Leasing, LP, By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP
600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



Insurer Affording Coverage
Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Employer's Liability	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Bodily Injury By Accident	Each Accident
			\$1,000,000	
			Bodily Injury By Disease	Policy Limit
			\$1,000,000	Each Person

Other:

Employees Leased To: 16459 Pacific Roofing Corp Inc Office **Effective Date:** 1/1/01

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)
Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Town of Sewall Point
1 S Sewalls Point Rd
Stuart, FL 34996-6736



Martin Oosterbaan
Authorized Representative

Office: St. Louis, MO 12/15/00
Phone: (877) 427-5567 Date Issued

BATCH NUMBER



GOMES, NICHOLAS J.
PACIFIC LIFE INSURANCE CO.
P.O. BOX 2497
SEMI

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

RECEIVED
SEP 22 2000
BY: *[Signature]*

FILE
kefms

**SOUTHCOAST PEST CONTROL, INC
SUBTERRANEAN TERMITE CONTROL LIMITED GUARANTEE.
(EXCLUDES FORMOSAN TERMITES)**

Treatment Address 2 OAKHILL WAY STUART, FL. 34996 (JOHNSON)
Original Treatment Date 7/2-7/16-3/12/02 Annual Renewal Commences on 7/2/02
Annual Renewal Fee (not to be increased within first 5 years) \$135.00
Contract # 704042 Area Treated Under This Contract HOUSE & GARAGE

YOUR LIMITED GUARANTEE

IN consideration of sums received and to be received by us for treating the above premises for Subterranean Termites, we guarantee to inspect annually the above premises and to apply any necessary treatment to said premises. AT NO EXTRA COST, if Subterranean Termite infestation is found therein during the period that this Limited Guarantee remains in force. UNDER NO CIRCUMSTANCES, UNLESS PROVIDED IN WRITING, will damage repair be covered under this limited guarantee.

TERMS AND CONDITIONS

Initial payment under this Limited Guarantee for termite treatment performed by us is the amount stated above under "Initial Treatment," receipt of which is hereby acknowledged. Initial period of the Limited Guarantee shall be ONE year(s), commencing on the date of the initial treatment. In addition to initial period you may, at your option, renew this Limited Guarantee annually for a period of ONE additional years by making the above annual renewal payments on or before said renewal date of each subsequent year. If such annual renewal payments are made without lapse during said additional period, this Limited Guarantee shall be for FIVE year(s) from the date of initial treatment. If annual renewal payment is NOT made on or before said renewal date, this Limited Guarantee shall terminate and become null and void as of the renewal date on which said payment is due. Southcoast Pest Control, Inc. reserves the right to adjust the annual renewal rate, if necessary, to offset ever increasing operating costs.

THIS limited Guarantee covers the premises as of the date of initial treatment and in the event the premises are structurally modified, altered, or otherwise changed after the date of initial treatment, this Limited Guarantee shall terminate, unless a prior written agreement shall have been entered into by the owner for the Company to re-inspect the premises, provide additional treatment if necessary and/or adjust the annual renewal payment! Southcoast Pest Control, Inc. will not be held responsible for termite damage which enter structures from outside treated areas or that occur as a result of wood in direct contact with the soil.

BY OWNER OR AGENT

SOUTHCOAST PEST CONTROL, INC



(561)-225-0999

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

~~EDWIN B. ARNOLD~~
GEORGE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: LINNEA JOHNSON ; PROPERTY ADDRESS: 2 OAK HILL WAY.

LEGAL DESCRIPTION: LOT 1 BLOCK _____ SUBDIVISION CASTLE HILL.

GENERAL CONTRACTOR: DRIFTWOOD HOMES. ; LIC/CERT No RR0056789

ADDRESS: 2108 PINE RIDGE ST. JENSEN BEACH FL ; TEL 334-2577; FAX 334-5817

ARCHITECT OR ENGINEER: WBYAM ENGINEERING ; LIC/REG. No. COAP 5414.

ADDRESS: 201 S.W. PAUL ST. LUCIE BLVD. # 104. ; TEL 335-0772; FAX 335-0966

PERMIT NO: 563 ; DATE OF ISSUE: MAY 2001 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: N/A.

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 17 day of MARCH, 20012 .

George Simmons
GEORGE SIMMONS, CBO.
~~Edwin B. Arnold, AtA, CBO~~
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

01380761

230230 1210 82

This document prepared by and accepted by STEVEN L. PERCY, P.A. P.O. Box 1428 Santa Fe Springs 34795

Florida I.D. No. 26-07-41-015-000-00010-00000

RECORDED BY: [Signature] 12/30/98

Dec 30, 1998

Warranty Deed

This instrument, made this 19th day of December, 1998, A.D., between FEGGY MCKENNA aka FEGGY BRADFORD MCKENNA, a married woman, R. RICHARD GARNY, a single man, and BONNIE GARNY, a single woman, as tenants in common, grantor, to LIRNEA R. JOHNSON, a single woman, of the County of Duval, State of Florida, whose address is 2047 NE 120 Road, Miami, Florida 33181, grantee.

RECEIVED MAY 16 2001 BY:

Witnesseth that the grantor, for and in consideration of the sum of Ten & NO/100 (\$10.00) DOLLARS and other good and valuable consideration to grantor in hand paid by grantee, the receipt whereof is hereby acknowledged has granted, bargained and sold to said grantee and grantee's heirs and assigns forever, the following described land, situate, lying and being in the County of Martin, State of Florida to wit:

Lot 1, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, of the Public Records of Martin County, Florida.

Together with all tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

Subject To those matters as shown on the Plat of CASTLE HILL, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida and subject to the Declaration of Covenants and Restrictions for CASTLE HILL.

And the grantor hereby covenants with said grantee that grantor is lawfully seized of said land in fee simple; that grantor has good right and lawful authority to sell and convey said land; that grantor hereby warrants the title to said land and will defend the same against the lawful claims of all persons claiming by, through or under grantor.

In Witness Whereof, the grantor has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

[Signature] FEGGY MCKENNA aka FEGGY BRADFORD MCKENNA Witness

[Signature] FEGGY MCKENNA aka FEGGY BRADFORD MCKENNA 316 E. Toll Gate Drive, Palm Beach Gardens, FL 33410

[Signature] Witness

STATE OF FLORIDA, COUNTY OF [blank]

FEGGY MCKENNA aka FEGGY BRADFORD MCKENNA, acknowledged the foregoing instrument before me this 19th day of December, 1998. She is personally known to me or have produced [Signature] as identification.

My Commission Expires: [Signature] NOTARY PUBLIC

[Signature] NOTARY PUBLIC

RELEASED

Anna Howard
 Witness
Charles L. [unclear]
 Witness

[Signature]
 E. EDWARD GARRY
 2000 SW August Drive, Ft. City, FL 34705

STATE OF FLORIDA
 COUNTY OF MARTIN

E. EDWARD GARRY acknowledged the foregoing instrument before me this 20th day of December, 1999. He is personally known to me or has produced [unclear] identification.

My Comm. Expires [unclear]

[Signature]
 NOTARY PUBLIC

Anna Howard
 Witness
Charles L. [unclear]
 Witness

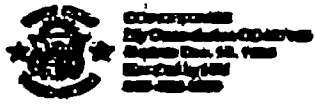
[Signature]
 BONNIE GARRY
 2000 SW August Drive
 Ft. City, FL 34705

STATE OF FLORIDA
 COUNTY OF Martin

BONNIE GARRY acknowledged the foregoing instrument before me this 20th day of December, 1999. She is personally known to me or has produced [unclear] identification.

My Commission Expires

[Signature]
 NOTARY PUBLIC



**BUILDING DEPARTMENT
PLAN REVIEW FEE**

DATE: 4/4/01

NAME: ALAN MORRIS - DRIFTWOOD HOMES

ADDRESS: 2163 PINE RIDGE ST., JENSEN BEACH, FL 34957

PHONE NUMBER: 334-2577

PROJECT ADDRESS: 2 OAK HILL WAY (LOT 1 CASTLE HILL)
ESTIMATED COST OF PROJECT BEING REVIEWED: _____

PROJECT COST \$424,800.

X \$9.60/m = \$4,078.08 ESTIMATED
X 10% = 407.81 BLDG. PERMIT FEE
PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and accurate.

Signature [Handwritten Signature]
Date 4/4/01



DRIFTWOOD HOMES
ALAN B. MORRIS
(561) 334-2577
2163 N.E. PINE RIDGE ST.
JENSEN BEACH, FL 34957

STATE STREET BANK
& TRUST COMPANY
BOSTON, MA 02110
5-2/110

09553

PAY TO THE ORDER OF _____ \$

Town Of Sewalls Point

4/4/2001

**407.81

Four Hundred Seven and 81/100*****

Town Of Sewalls Point

DOLLAR Security feat. Included. Details on ba

[Handwritten Signature]

MEMO _____

STATEMENT OF INSPECTION

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

OWNER: Linnea Johnson ; ADDRESS: 2 Oakhill Way

PROJECT ADDRESS: 2 Oak Hill Way ; LEGAL DESCRIPTION: LOT 1 BLK - SUB Castle Hill

GENERAL CONTRACTOR: Driftwood Homes ; LIC/CERT No. RR0056789

ADDRESS: 2163 Pine Ridge St., Jensen Beach, FL 34957 ; TEL 334-2577; FAX 334-5877

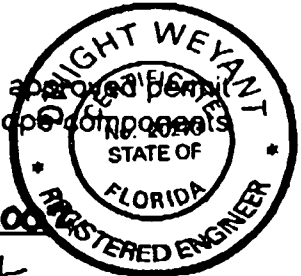
ARCHITECT OR ENGINEER: Weyant Engineering, Inc. ; LIC/REG No. Corp 5414

ADDRESS: 201 SW Port St., Lucie Blvd., #104 ; TEL 335-0772; FAX 335-0866
Port St. Lucie, FL 34984

PERMIT No: 5363 ; DATE OF ISSUE: May 2001 ; DATE OF THIS STATEMENT: March 11, 2002

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.
- To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.
- To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.



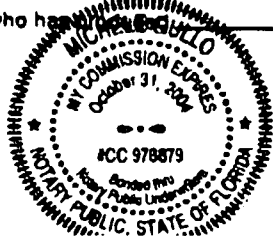
Executed at Port St. Lucie, this 11th day of March, 2002

NAME: Dwight R. Weyant ; SIGNATURE: Dwight R. Weyant Lic. No: 20 273

STATE OF FLORIDA
COUNTY OF St. Lucie

Sworn to and subscribed before me this 11 day of March, 2002, by Dwight R. Weyant, who is personally known to me or who has been identified to me by _____ as identification and who did not take an oath.

(NOTARY SEAL)



Michele Gullo
Name Michele Gullo

I am a Notary Public of the State of Florida and my commission expires: 10-31-04

Record and return to:
CU Title, LLC
1903 S. Congress Ave., Suite 100
Boynton Beach, Fl., 33426

INSTR # 1490460
OR BK 01543 PG 1406
RECORDED 04/05/2001 09:59 AM
MARSHA EWING
MARTIN COUNTY Florida
RECORDED BY T Copus (asst mgr)

PERMIT NO.
TAX FOLIO NO. 26-37-41-015-000-00010-2000

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 Section 713.13 of the Florida Statute, the following information is provided in this Notice of Commencement.

1. Description of Property:

Legal Description: Lot 1, CASTLE HILL, according to the plat thereof, recorded in Plat Book 12, Page(s) 89 of the Public Records of Martin County, Florida.

Street Address: Lot 1 Castle Hill, Sewalls Point

2. General Description of Improvement: Construction of Single Family Home

3. Owner Information:

Full Name: Linnea R. Johnson Phone No. 561-803-3470
Mailing Address: 587 NE Tarrado,
Jensen Beach, FL. 34957

Interest in Property: Fee Simple

Name and Address of fee simple holder(if other than owner)

4. Contractor Name and Address: Driftwood Homes
2163 NE Pine Ridge Street
Jensen Beach, Fl. 34957-5730

5. Surety Name and Address:

6. Lender Name and Address: First Choice Credit Union
1055 S. Congress Ave.,
West Palm Beach, Fl. 33406

7. Persons within the State of Florida (Names and Addresses) designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a.) Florida Statutes.

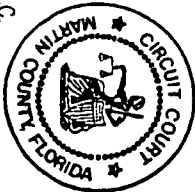
8. In addition to themselves, Owner designates: JOHN NELSON of FIRST CHOICE CREDIT UNION to receive a copy of the Licnor's Notice as provided in Section 713.13(7)(a) Florida Statutes.

9. Expiration Date of Notice of Commencement _____ (the expiration date is one(1) year from the date of recording unless a different date is specified)

Signature of Owner: _____
Printed Name: _____

State of Florida
County of Palm Beach

Sworn to and subscribed before me this 28th day of March, 2001, by Linnea R. Johnson, who produced FED ID as identification.



THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
BY: Marsha Ewing
MARSHA EWING, CLERK
DATE: 05-14-01
D.C.

STATE OF FLORIDA
MARTIN COUNTY

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME LINNEA JOHNSON			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2 OAK HILL LANE			Company NAIC Number
CITY SEWALL'S POINT	STATE FL	ZIP CODE 34996	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2 CASTLE HILL PLAT BOOK 12 PAGE 89			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or #####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other.	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER TOWN OF SEWALL'S POINT 120164		B2. COUNTY NAME MARTIN		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120164 0001	B5. SUFFIX D	B6. FIRM INDEX DATE 6-30-99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6-16-92	B8. FLOOD ZONE(S) A10	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

- FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 8.7 ft.(m)
- b) Top of next higher floor N/A ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- d) Attached garage (top of slab) 8.0 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building 8.0 ft.(m)
- f) Lowest adjacent grade (LAG) 6.0 ft.(m)
- g) Highest adjacent grade (HAG) 7.5 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
- i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Robert Bloomster Jr.
PLS 4134
3-13-02

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, 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.

CERTIFIER'S NAME Robert Bloomster Jr.	LICENSE NUMBER 4134
TITLE Professional Land Surveyor	COMPANY NAME Bloomster Professional Land Surveyors, Inc.
ADDRESS 791 N.E. Dixie Highway	CITY Jensen Beach
SIGNATURE <i>Robert Bloomster Jr.</i>	STATE FL
	DATE 3/13/02
	TELEPHONE 561-334-0868
	ZIP CODE 34957

IMPORTANT: In these spaces, copy the corresponding information from Section A			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2 oak Hill lane			Policy Number
CITY Sewalls Point	STATE FL	ZIP CODE 34996	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

___ . ___ ft.(m)

Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

___ . ___ ft.(m)

Datum:

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

~~GENE SIMMONS~~
~~EDWIN B. ARNOLD~~
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: LINA EA JOHNSON ; PROPERTY ADDRESS: 2 OAK HILL WAY.

LEGAL DESCRIPTION: LOT 1 BLOCK _____ SUBDIVISION CASTLE HILL.

GENERAL CONTRACTOR: DRIFTWOOD HOMES. ; LIC/CERT No. PR0056789

ADDRESS: 2108 PINE RIDGE ST. JENSEN BEACH FL ; TEL 334-2577; FAX 334-5817

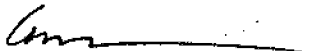
ARCHITECT OR ENGINEER: WBYAM ENGINEERING ; LIC/REG. No. COAP 5414.

ADDRESS: 201 S.W. PORT ST. LUCIE BLVD. # 104. ; TEL 335-0772; FAX 335-0866

PERMIT No: 563 ; DATE OF ISSUE: MAY 2001 ; RENEWAL PERMIT No: N/A ; DATE OF ISSUE N/A.

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 17 day of MARCH, 2002.


GENE SIMMONS CBO.
~~Edwin B. Arnold, AIA, CBO~~
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

**SEWALL'S POINT
BUILDING DEPARTMENT
PLAN REVIEW FEE**

DATE: 4/4/01

NAME: ALAN MORRIS - DRIFTWOOD HOMES

ADDRESS: 2163 PINEKNOGE ST., JENSEN BEACH, FL 34957

PHONE NUMBER: 334-2577

PROJECT ADDRESS: 2 OAK HILL WAY (LOT 1 CASTLE HILL)
ESTIMATED COST OF PROJECT BEING REVIEWED: _____

PROJECT COST \$424,800.

X \$9.60/m = \$4,078.08 ESTIMATED
BLDG. PERMIT FEE
X 10% = 407.81 PLAN REVIEW FEE

The information provided is to the best of my knowledge truthful and -
accurate.

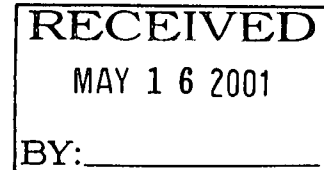
Signature 

Date 4/4/01

Castle Hill

May 14, 2001

FILE



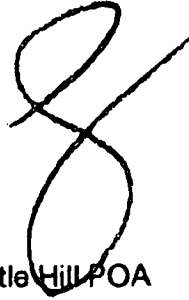
Mr. Daniel Zotta
P.O. Box 807
Stuart, Florida 34995

RE: Lot #1 – Johnson Residence

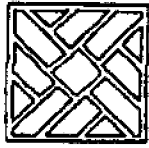
Dear Mr. Zotta,

Thank you for addressing the review board comments. Your plans have been approved as submitted.

Castle Hill Design Review Committee
Gary Kelly, Architect



cc: Steve Conway, Castle Hill POA



KELLY & KELLY ARCHITECTS



119 WEST 6TH STREET, STUART, FL. 34994
(561) 283-3492 * FAX(561) 220-7310 * REG.#8341

DATE: 5/14/01

TOTAL NUMBER OF PAGES 2
(INCLUDING COVER PAGE)

RECIPIENT: MR. ARNOW

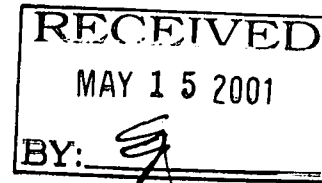
SENDER: DIANA

RECIPIENTS FAX NO: 220-4765

SENDERS COMMENTS:



DEREK SANDERS & ASSOCIATES



MAY 9, 2001

EDWIN B. ARNOLD
SEWALLS POINT BUILDING OFFICAL
SEWALLS POINT, FLORIDA

RE: PLAN REVIEW COMMENTS FOR THE JOHNSON RESIDENCE
LOT 1 CASTLE HILL (CONTRACTOR - DRIFTWOOD HOMES)

ATTAHED PLANS REFLECT MODIFICATIONS PER BUILDING DEPARTMENT
REVIEW AS FOLLOWS :

*REV. 9 March
SPTS
A-1, 2, 3, 4, 5
U-12
M-3, 4-2
4-1, 2, 4-2*

- ✓ 1.) RELOCATION OF IRRIGATION EQUIPMENT PAD.
- ✓ 2.) DETAIL AND LOCATION FOR A/C AND IRRIGATION EQUIPMENT PLATFORMS.
- ✓ 3.) 42" HIGH GUARD RAILS AT ENTRY PORCH AND BREEZEWAY.
- ✓ 4.) INDICATION OF EXTERIOR MAIN ELECTRICAL DISCONNECT
- ✓ 5.) ALL DOOR AND WINDOW POS. AND NEG. PRESSURES MIN. 65 PSF (EXPOSURE " D ")
- ✓ 6.) PROVIDED FIRST AND SECOND FLOOR HVAC PLANS
- ✓ 7.) PROVIDED FIRST AND SECOND FLOOR PLUMBING PLANS

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS OR COMMENTS
(561) 286-1331

THANK YOU
DEREK S. SANDERS

901 S.W. MARTIN DOWNS BLVD.
SUITE 213 PALM CITY, FL. 34990
(P) 561-286-1331 (F) 561-286-3003
e-mail : marlin1@gate.net

RECEIVED
MAY 16 2001
BY: *[Signature]*

COPY



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 536440

DATE 5-14, 2001

Legal Svco. SCHOOL

RECEIVED FROM Driftwood Homes \$ 1,006.03
(NAME OR ORGANIZATION)

FOR Imp fees - Lot 1, Castle Hill

FOR DEPOSIT IN _____ FUND(S)

A. Dalls
PRINCIPAL OR RESPONSIBLE OFFICER

TOWN OF SEWALL'S POINT
Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN: _____

(To be submitted at final electrical inspection in order to turn on electric service) 3349232

Owner: Lynne JOHNSON Address: 587 Maranta Terrace

Project Address: 2 OAK HILL WAY Legal: Lot 1 Blk _____ Subdivision CASTLEHILL

General Contractor ALAN MORRIS Lic/Cert No: R12 006789

Address: 2163 PINE RIDGE ST Tel: 334-2577 Fax: 334-5877

Electrical Contractor: HERITAGE ELEC. INC. Lic/Cert No: ME 00099

Address: PO BOX 1023 Jensen Beach Tel: 334 4675 Fax: None

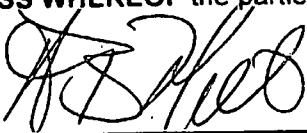
WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electric hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of _____ for the purpose of _____
At the above designated construction now in progress under a valid building permit; and equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are Gene Simmons, Building Official, Town of Sewall's Point, and the above named responsible persons, firms, corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. The temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

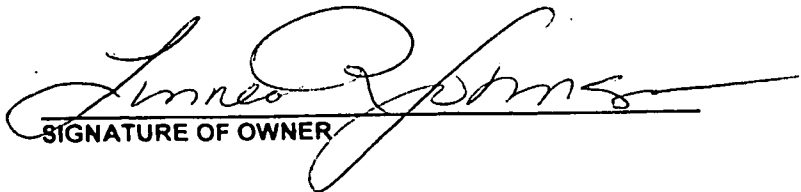
IN WITNESS WHEREOF the parties have caused this agreement to be executed this 26TH day of FEB, 2002



SIGNATURE OF GENERAL CONTRACTOR



SIGNATURE OF ELECTRICAL CONTRACTOR



SIGNATURE OF OWNER



GENE SIMMONS, BUILDING OFFICIAL

Paul? = all dishes



1 Poolijst

Hood

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

~~EDWIN B. ARNOLD~~
GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: LINNEA JOHNSON ; PROPERTY ADDRESS: 2 OAK HILL WAY.

LEGAL DESCRIPTION: LOT 1 BLOCK _____ SUBDIVISION CASTLE HILL.

GENERAL CONTRACTOR: DRIFTWOOD HOMES. ; LIC/CERT No RR0056789

ADDRESS: 2108 PINE RIDGE ST. JENSEN, BEACH FL ; TEL 334-2577; FAX 334-5817

ARCHITECT OR ENGINEER: WBYANT ENGINEERING ; LIC/REG. No. COAP 5414.

ADDRESS: 201 S.W. PORT ST. LUCIE. BLVD. # 104. ; TEL 335-0772; FAX 335-0966

PERMIT No: 5263 ; DATE OF ISSUE: MAY 2001 ; RENEWAL PERMIT No: N/A ; DATE OF ISSUE N/A.

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 17 day of MARCH, 2002.

Gene Simmons
GENE SIMMONS, CBO.
~~Edwin B. Arnold, AIA, CBO~~
Building Official, Town of Sewall's Point

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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

TOWN OF SEWALLS POINT
 IMPACT FEE ALLOCATION

SINGLE FAMILY HOME - 1101 to 2300sf

FACILITY	NEW FEES FOR ORDINANCE 562
PUBLIC BUILDINGS *	198.45
FIRE & EMS AKA EMERGENCY SERVICES	103.27
LAW ENFORCEMENT/CORRECTIONS	135.76
LIBRARY BUILDINGS	279.91
BOAT RAMPS ***	11.02
COMMUNITY PARKS **	174.97
BEACH FACILITIES	77.76
RESOURCE-BASED PARKS AKA REGIONAL PARKS	336.98
CONSERVATION LAND	311.06
TRANSPORTATION/ROADS	2,150.38
TOTAL IMPACT FEES	3,779.56
ADMINISTRATIVE FEE ****	113.39
TOTAL FEE FOR SINGLE FAMILY HOME - 1,101 to 2,300 sf	3,892.95

TOWN OF SEWALLS POINT
IMPACT FEE ALLOCATION

RECEIVED
AUG 30 2009
BY: _____

SINGLE FAMILY 2300sf & OVER

FACILITY	NEW FEES FOR ORDINANCE 562
PUBLIC BUILDINGS *	205.18
FIRE & EMS AKA EMERGENCY SERVICES	106.77
LAW ENFORCEMENT/CORRECTIONS	140.37
LIBRARY BUILDINGS	289.40
BOAT RAMPS ***	11.39
COMMUNITY PARKS **	180.91
BEACH FACILITIES	80.40
RESOURCE-BASED PARKS AKA REGIONAL PARKS	348.40
CONSERVATION LAND	321.60
TRANSPORTATION/ROADS	2,223.27
TOTAL IMPACT FEES	3,907.69
ADMINISTRATIVE FEE ****	117.23
TOTAL FEE FOR SINGLE FAMILY HOME 2,300 sf & OVER	4,024.92

THE FOLLOWING REFLECTS THE EXCEPTIONS IN THE 1991 INTERLOCAL AGREEMENT

* The Town of Sewalls Point agreed to pay 72.5% of the Public Building impact Fees

** The Town of Sewalls Point agreed to pay 50% of the Community Parks Impact Fee.

*** The Town of Sewalls Point agreed to pay 5% of the Boat Ramp Impact Fees

**** PRIOR TO ORDINANCE #562 THE ADMINISTRATIVE FEES WERE DEDUCTED FROM THE TOTAL AND RETAINED BY THE TOWN. UNDER THE NEW ORDINANCE A 3% FEE IS ADDED AND WILL ALSO BE RETAINED BY THE TOWN..

to the building permit's one year time frame. If construction is not completed within the time frame as stated above, otherwise the town will not issue a certificate of occupancy, and the owner will have to reapply to the town for a new building permit. Upon reapplying to the town for a new building permit, the owner will have two options: (1) the owner may renew the permit for another year and pay again to the town a fee equal to the original fee for such the original building permit; (2) the owner may pay ten percent of the cost of the original building permit for each month the applicant exceeds the expiration date, including extensions, of the original building permit up to a maximum of six months from the date the original permit expires. If the building does not have an unconditional certificate of occupancy after this time frame, the applicant must then buy another building permit for one year and pay to the town a fee equal to the fee for the original building permit. The new permit shall provide that the building must be completed within one year or a certificate of occupancy shall not be issued and a further permit will be necessary.

(Code 1978, § 4-19; Ord. No. 276, 12-21-1999)

Sec. 50-37. Deviation from plans.

It shall be unlawful to procure a building permit and thereafter materially deviate from the plans filed with the town when procuring such permit without procuring from the town a supplemental or amended building permit. If there is a material deviation from the plans as originally filed, the original permit shall become void.

(Code 1978, § 4-21)

Sec. 50-38. Certificate of occupancy required; issuance.

(a) No building hereafter erected, altered or extended shall be used, occupied, or, in the event of alteration, reoccupied, until a certificate of occupancy shall have been issued by the town building official stating that the building or proposed use thereof complies with the provisions of the zoning ordinance.

(b) All certificates of occupancy shall be applied for coincident with the application for a building permit. The certificate shall be issued within ten days after the erection or alteration shall have been completed and approved as complying with the provisions of the zoning ordinance.

(c) The town clerk shall maintain a record of all certificates, and copies shall be furnished, upon request, to any person having a proprietary or tenancy interest in the building affected.

(d) No permit for excavation for, the erection or alteration of, or repair of any building shall be issued until an application has been made for a certificate of occupancy.

(e) Before a certificate of occupancy is issued, development permit holders shall provide an as-built survey meeting the requirements prescribed in this subsection. This subsection shall apply to all new building construction and any improvements to existing buildings which alter the dimensions or height of the building. The survey shall:

- (1) Be prepared by a licensed surveyor registered in the state, be signed, dated and sealed, and bear the name, firm or residence address, city, and certificate number of the surveyor and date of the field survey.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: DRIJOHNSON Address: Lot: 1, Sub: CASTLE HILL, Plat: City, State: SEWALLS PT, FL Owner: JOHNSON RES Climate Zone: South	Builder: DRIFTWOOD Permitting Office: Permit Number: Jurisdiction Number:
---	--

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">4</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">3599 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">993.5 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 264.0(p) ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. 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AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 195.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. 2 Others</td><td style="text-align: right;">350.0 ft</td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	4	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	3599 ft ²	___	7. Glass area & type		___	a. Clear - single pane	993.5 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	0.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 264.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Concrete, Int Insul, Exterior	R=5.0, 1958.5 ft ²	___	b. Frame, Wood, Exterior	R=17.5, 1448.0 ft ²	___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. 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Electric Resistance</td><td style="text-align: right;">Cap: 50.0 gallons</td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">EF: 0.90</td><td style="text-align: right;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">(HR-Heat recovery, Solar</td><td></td></tr> <tr><td></td><td style="text-align: right;">DHP-Dedicated heat pump)</td><td></td></tr> <tr><td>15. HVAC credits</td><td></td><td style="text-align: right;">___</td></tr> <tr><td></td><td style="text-align: right;">(CF-Ceiling fan, CV-Cross ventilation,</td><td></td></tr> <tr><td></td><td style="text-align: right;">HF-Whole house fan,</td><td></td></tr> <tr><td></td><td style="text-align: right;">PT-Programmable Thermostat,</td><td></td></tr> <tr><td></td><td style="text-align: right;">RB-Attic radiant barrier,</td><td></td></tr> <tr><td></td><td style="text-align: right;">MZ-C-Multizone cooling,</td><td></td></tr> <tr><td></td><td style="text-align: right;">MZ-H-Multizone heating)</td><td></td></tr> </table>	12. Cooling systems			a. Central Unit	Cap: 34.4 kBtu/hr	___		SEER: 12.40	___	b. Central Unit	Cap: 34.4 kBtu/hr	___		SEER: 12.40	___	c. Central Unit	Cap: 29.8 kBtu/hr	___		SEER: 12.40	___	13. Heating systems			a. Electric Strip	Cap: 34.0 kBtu/hr	___		COP: 1.00	___	b. Electric Strip	Cap: 34.0 kBtu/hr	___		COP: 1.00	___	c. Electric Strip	Cap: 25.5 kBtu/hr	___		COP: 1.00	___	14. Hot water systems			a. Electric Resistance	Cap: 50.0 gallons	___		EF: 0.90	___	b. N/A		___	c. Conservation credits		___		(HR-Heat recovery, Solar			DHP-Dedicated heat pump)		15. HVAC credits		___		(CF-Ceiling fan, CV-Cross ventilation,			HF-Whole house fan,			PT-Programmable Thermostat,			RB-Attic radiant barrier,			MZ-C-Multizone cooling,			MZ-H-Multizone heating)	
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b. Central Unit	Cap: 34.4 kBtu/hr	___																																																																																																																																																																							
	SEER: 12.40	___																																																																																																																																																																							
c. Central Unit	Cap: 29.8 kBtu/hr	___																																																																																																																																																																							
	SEER: 12.40	___																																																																																																																																																																							
13. Heating systems																																																																																																																																																																									
a. Electric Strip	Cap: 34.0 kBtu/hr	___																																																																																																																																																																							
	COP: 1.00	___																																																																																																																																																																							
b. Electric Strip	Cap: 34.0 kBtu/hr	___																																																																																																																																																																							
	COP: 1.00	___																																																																																																																																																																							
c. Electric Strip	Cap: 25.5 kBtu/hr	___																																																																																																																																																																							
	COP: 1.00	___																																																																																																																																																																							
14. Hot water systems																																																																																																																																																																									
a. Electric Resistance	Cap: 50.0 gallons	___																																																																																																																																																																							
	EF: 0.90	___																																																																																																																																																																							
b. N/A		___																																																																																																																																																																							
c. Conservation credits		___																																																																																																																																																																							
	(HR-Heat recovery, Solar																																																																																																																																																																								
	DHP-Dedicated heat pump)																																																																																																																																																																								
15. HVAC credits		___																																																																																																																																																																							
	(CF-Ceiling fan, CV-Cross ventilation,																																																																																																																																																																								
	HF-Whole house fan,																																																																																																																																																																								
	PT-Programmable Thermostat,																																																																																																																																																																								
	RB-Attic radiant barrier,																																																																																																																																																																								
	MZ-C-Multizone cooling,																																																																																																																																																																								
	MZ-H-Multizone heating)																																																																																																																																																																								

Glass/Floor Area: 0.28	Total as-built points: 45420.00	PASS
	Total base points: 50807.00	

I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: JAK


DATE: 3-29-01

I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER/AGENT: _____

DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: [Signature]

DATE: 3/25/02

Summary Energy Code Results

Residential Whole Building Performance Method A

JOHNSON RES
SEWALLS PT, FL

Project Title:
DRIJOHNSON

Class 3 Rating
Registration No. 0
Climate: South

3/29/2001

Building Loads			
Base		As-Built	
Summer:	1.0757E5 points	Summer:	112458 points
Winter:	2781 points	Winter:	6073 points
Hot Water:	8342 points	Hot Water:	8342 points
Total:	118697 points	Total:	126874 points

Energy Use			
Base		As-Built	
Cooling:	38296 points	Cooling:	29998 points
Heating:	3031 points	Heating:	6157 points
Hot Water:	9480 points	Hot Water:	9265 points
Total:	50807 points	Total:	45420 points

<p style="font-size: 24pt; margin: 0;">PASS</p> <p style="font-size: 18pt; margin: 0;">e-Ratio: 0.89</p>

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL,

PERMIT #:

BASE				AS-BUILT						
GLASS TYPES										
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt	Area X	SPM X	SOF =	Points
.18	3599.0	53.20	34465.7	Single, Clear	N	2.0 3.0	20.0	33.94	0.78	532.8
				Single, Clear	E	2.0 8.7	40.0	73.03	0.93	2719.1
				Single, Clear	E	2.0 3.0	10.0	73.03	0.65	471.4
				Single, Clear	N	2.0 3.0	20.0	33.94	0.78	532.8
				Single, Clear	W	2.0 6.0	32.0	65.53	0.86	1806.6
				Single, Clear	E	15.0 7.0	56.0	73.03	0.39	1607.7
				Single, Clear	E	15.0 9.0	48.0	73.03	0.42	1480.2
				Single, Clear	N	2.0 5.0	12.0	33.94	0.88	356.5
				Single, Clear	N	5.0 7.0	19.0	33.94	0.77	499.0
				Single, Clear	W	5.0 7.0	38.0	65.53	0.65	1607.1
				Single, Clear	W	2.0 5.0	41.0	65.53	0.81	2184.9
				Single, Clear	W	2.0 6.0	24.0	65.53	0.86	1354.9
				Single, Clear	NW	2.0 6.0	16.0	45.04	0.88	633.1
				Single, Clear	SW	2.0 6.0	16.0	68.17	0.83	905.8
				Single, Clear	W	2.0 4.0	10.0	65.53	0.75	491.2
				Single, Clear	E	8.0 7.0	38.0	73.03	0.50	1378.6
				Single, Clear	N	14.0 7.0	28.0	33.94	0.64	603.8
				Single, Clear	E	2.0 2.0	10.5	73.03	0.53	408.6
				Single, Clear	N	6.0 9.0	48.0	33.94	0.78	1278.7
				Single, Clear	S	2.0 6.0	64.0	62.19	0.80	3175.9
				Single, Clear	S	2.0 4.0	7.0	62.19	0.67	293.0
				Single, Clear	S	2.0 4.0	14.0	62.19	0.67	586.0
				Single, Clear	W	7.0 7.7	20.0	65.53	0.58	764.2
				Single, Clear	E	7.0 7.0	38.0	73.03	0.53	1478.8
				Single, Clear	E	15.0 7.0	57.0	73.03	0.39	1636.4
				Single, Clear	E	15.0 9.0	48.0	73.03	0.42	1480.2
				Single, Clear	W	2.0 7.0	28.0	65.53	0.89	1633.6
				Single, Clear	NW	2.0 7.0	19.0	45.04	0.90	771.8
				Single, Clear	SW	2.0 7.0	19.0	68.17	0.86	1120.2
				Single, Clear	E	2.0 7.0	57.0	73.03	0.89	3701.6
				Single, Clear	N	3.0 9.0	24.0	33.94	0.90	737.0
				Single, Clear	S	2.0 7.0	38.0	62.19	0.84	1974.0
				Single, Clear	W	2.0 7.0	24.0	65.53	0.89	1400.2
				Single, Clear	S	2.0 4.0	10.0	62.19	0.67	418.6
				As-Built Total:			993.5			42024.2
WALL TYPES				Type	R-Value		Area X SPM		=	Points
Adajcent	0.0	0.0	0.0	Concrete, Int Insul, Exterior	5.0		1958.5	2.00		3917.0
Exterior	3406.5	2.70	9197.6	Frame, Wood, Exterior	17.5		1448.0	1.80		2606.4
Base Total:	3406.5		9197.6	As-Built Total:			3406.5			6523.4

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL, PERMIT #:

BASE				AS-BUILT			
DOOR TYPES Area X BSPM = Points				Type	Area X SPM = Points		
Adjacent	0.0	0.00	0.0				
Exterior	0.0	0.00	0.0				
Base Total:	0.0		0.0	As-Built Total:	0.0		0.0
CEILING TYPES Area X BSPM = Points				Type	R-Value	Area X SPM = Points	
Under Attic	1956.8	0.80	1565.4	Under Attic	30.0	1956.8	0.80 1565.4
Base Total:	1956.8		1565.4	As-Built Total:		1956.8	1565.4
FLOOR TYPES Area X BSPM = Points				Type	R-Value	Area X SPM = Points	
Slab	264.0(p)	-20.0	-5280.0	Slab-On-Grade Edge Insulation	0.0	264.0(p)	-20.00 -5280.0
Raised	0.0	0.00	0.0				
Base Total:			-5280.0	As-Built Total:			-5280.0
INFILTRATION Area X BSPM = Points				Area X SPM = Points			
	3599.0	18.79	67625.2			3599.0	18.79 67625.2
Summer Base Points: 107573.9				Summer As-Built Points: 112458.3			
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier X Credit Multiplier = Cooling Points
				112458.3	0.349	0.970	0.275 1.000 10465.8
				112458.3	0.349	0.970	0.275 1.000 10465.8
				112458.3	0.302	0.970	0.275 1.000 9066.3
107573.9	0.3560		38296.3	112458.3	1.00	0.970	0.275 1.000 29997.9

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL,

PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ornt	Overhang Len	Hgt	Area X	WPM X	WOF =	Points
.18	3599.0	2.02	1311.5	Single, Clear	N	2.0	3.0	20.0	4.91	0.97	95.7
				Single, Clear	E	2.0	8.7	40.0	3.76	1.02	153.1
				Single, Clear	E	2.0	3.0	10.0	3.76	1.07	40.1
				Single, Clear	N	2.0	3.0	20.0	4.91	0.97	95.7
				Single, Clear	W	2.0	6.0	32.0	4.47	1.00	143.0
				Single, Clear	E	15.0	7.0	56.0	3.76	1.24	260.5
				Single, Clear	E	15.0	9.0	48.0	3.76	1.20	215.5
				Single, Clear	N	2.0	5.0	12.0	4.91	0.98	58.0
				Single, Clear	N	5.0	7.0	19.0	4.91	0.97	90.8
				Single, Clear	W	5.0	7.0	38.0	4.47	1.02	172.8
				Single, Clear	W	2.0	5.0	41.0	4.47	1.00	183.6
				Single, Clear	W	2.0	6.0	24.0	4.47	1.00	107.2
				Single, Clear	NW	2.0	6.0	16.0	4.88	0.99	77.4
				Single, Clear	SW	2.0	6.0	16.0	4.09	1.02	66.8
				Single, Clear	W	2.0	4.0	10.0	4.47	1.01	45.0
				Single, Clear	E	8.0	7.0	38.0	3.76	1.13	161.2
				Single, Clear	N	14.0	7.0	28.0	4.91	0.95	131.1
				Single, Clear	E	2.0	2.0	10.5	3.76	1.11	43.8
				Single, Clear	N	6.0	9.0	48.0	4.91	0.97	229.8
				Single, Clear	S	2.0	6.0	64.0	3.55	1.05	237.9
				Single, Clear	S	2.0	4.0	7.0	3.55	1.13	28.1
				Single, Clear	S	2.0	4.0	14.0	3.55	1.13	56.2
				Single, Clear	W	7.0	7.7	20.0	4.47	1.02	91.6
				Single, Clear	E	7.0	7.0	38.0	3.76	1.11	158.6
				Single, Clear	E	15.0	7.0	57.0	3.76	1.24	265.1
				Single, Clear	E	15.0	9.0	48.0	3.76	1.20	215.5
				Single, Clear	W	2.0	7.0	28.0	4.47	1.00	125.0
				Single, Clear	NW	2.0	7.0	19.0	4.88	0.99	92.0
				Single, Clear	SW	2.0	7.0	19.0	4.09	1.01	78.9
				Single, Clear	E	2.0	7.0	57.0	3.76	1.03	219.5
				Single, Clear	N	3.0	9.0	24.0	4.91	0.99	116.5
				Single, Clear	S	2.0	7.0	38.0	3.55	1.03	139.1
				Single, Clear	W	2.0	7.0	24.0	4.47	1.00	107.1
				Single, Clear	S	2.0	4.0	10.0	3.55	1.13	40.1
				As-Built Total:				993.5			4342.3
WALL TYPES				Type		R-Value		Area X		WPM = Points	
Area X BWPM = Points											
Adjacent	0.0	0.0	0.0	Concrete, Int Insul, Exterior		5.0		1958.5		0.90 1762.6	
Exterior	3406.5	0.60	2043.9	Frame, Wood, Exterior		17.5		1448.0		0.38 543.0	
Base Total:	3406.5		2043.9	As-Built Total:				3406.5		2305.6	

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL,

PERMIT #:

BASE				AS-BUILT			
DOOR TYPES Area X BWPM = Points				Type	Area X WPM = Points		
Adjacent	0.0	0.00	0.0				
Exterior	0.0	0.00	0.0				
Base Total:	0.0		0.0	As-Built Total:	0.0		0.0
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points	
Under Attic	1956.8	0.10	195.7	Under Attic	30.0	1956.8	0.10 195.7
Base Total:	1956.8		195.7	As-Built Total:		1956.8	195.7
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points	
Slab	264.0(p)	-2.1	-554.4	Slab-On-Grade Edge Insulation	0.0	264.0(p)	-2.10 -554.4
Raised	0.0	0.00	0.0				
Base Total:			-554.4	As-Built Total:			-554.4
INFILTRATION Area X BWPM = Points				Area X WPM = Points			
	3599.0	-0.06	-215.9		3599.0	-0.06	-215.9
Winter Base Points:			2780.7	Winter As-Built Points:			6073.3
Total Winter Points	X System Multiplier	= Heating Points		Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier X Credit Multiplier = Heating Points
				6073.3	0.364	1.014	1.000 1.000 2238.7
				6073.3	0.364	1.014	1.000 1.000 2238.7
				6073.3	0.273	1.014	1.000 1.000 1679.1
2780.7	1.0900	3031.0		6073.3	1.00	1.014	1.000 1.000 6156.5

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL, PERMIT #:

BASE				AS-BUILT							
WATER HEATING											
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total Multiplier	
4		2370.00	9480.0	50.0	0.90	4		1.00	2316.36	1.00	9265.4
										As-Built Total:	9265.4

CODE COMPLIANCE STATUS														
BASE				AS-BUILT										
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points		Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points
38296.3		3031.0		9480.0		50807.3		29997.9		6156.5		9265.4		45419.9

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.7

The higher the score, the more efficient the home.

JOHNSON RES, Lot: 1, Sub: CASTLE HILL, Plat: , SEWALLS PT, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3599 ft² <input type="checkbox"/></p> <p>7. Glass area & type _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 993.5 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation R=0.0, 264.0(p) ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>9. Wall types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=5.0, 1958.5 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=17.5, 1448.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A _____ <input type="checkbox"/></p> <p>10. Ceiling types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Under Attic R=30.0, 1956.8 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>11. Ducts _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 195.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 2 Others 350.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 34.4 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 12.40 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 34.4 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 12.40 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Central Unit Cap: 29.8 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 12.40 <input type="checkbox"/></p> <p>13. Heating systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip Cap: 34.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Electric Strip Cap: 25.5 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p>14. Hot water systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.90 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits _____ <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

Address of New Home: _____ City/FL Zip: _____



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*



RIGHT-J LOAD AND EQUIPMENT SUMMARY

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

Notes: FAM SIDE

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db **45** °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db **91** °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 60 gr/lb

Heating Summary

Building heat loss 20999 Btuh
Ventilation air 0 cfm
Ventilation air loss 0 Btuh
Design heat load 20999 Btuh

Sensible Cooling Equipment Load Sizing

Structure 20379 Btuh
Ventilation 0 Btuh
Design temperature swing 3.0 °F
Use mfg. data n
Rate/swing multiplier 0.96
Total sens. equip. load 19564 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1216	1216
Volume (ft ³)	11309	11309
Air changes/hour	1.0	0.5
Equiv. AVF (cfm)	189	94

Latent Cooling Equipment Load Sizing

Internal gains 1150 Btuh
Ventilation 0 Btuh
Infiltration 3838 Btuh
Total latent equip. load 4988 Btuh

Total equipment load 24552 Btuh

Heating Equipment Summary

Make n/a
Trade n/a

Efficiency 100.0 EFF

Heating input 0 Btuh
Heating output 0 Btuh
Heating temp rise 0 °F
Actual heating fan 1000 cfm
Heating air flow factor 0.048 cfm/Btuh

Space thermostat

Cooling Equipment Summary

Make Rheem
Trade Rheem RAMB Series
RAMB-030JA
RBHA-17+RCHA-36A1
Efficiency 12.4 SEER

Sensible cooling 20860 Btuh
Latent cooling 8940 Btuh
Total cooling 29800 Btuh
Actual cooling fan **1000** cfm
Cooling air flow factor 0.049 cfm/Btuh

Load sensible heat ratio 80 %

Bold/italic values have been manually overridden

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RIGHT-J CALCULATION PROCEDURES A, B, C, D Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Procedure A - Winter Infiltration HTM Calculation*

1. Winter infiltration AVF	1.0	ach	x	11309	ft ³	x	0.0167	=	189	cfm
2. Winter infiltration load	1.1	x	189	cfm	x	25	°F	Winter TD =	5194	Btuh
3. Winter infiltration HTM	5194	Btuh	/	296	ft ²	Total window =			17.6	Btuh/ft ²
						and door area				

Procedure B - Summer Infiltration HTM Calculation

1. Summer infiltration AVF	0.5	ach	x	11309	ft ³	x	0.0167	=	94	cfm
2. Summer infiltration load	1.1	x	94	cfm	x	16	°F	Summer TD =	1662	Btuh
3. Summer infiltration HTM	1662	Btuh	/	296	ft ²	Total window =			5.6	Btuh/ft ²
						and door area				

Procedure C - Latent Infiltration Gain

0.68	x	60	gr/lb	moist.diff.	x	94	cfm	=	3838	Btuh
------	---	----	-------	-------------	---	----	-----	---	------	------

Procedure D - Equipment Sizing Loads

1. Sensible sizing load												
Sensible ventilation load	1.1	x	0	cfm	vent.	x	16	°F	Summer TD	=	0	Btuh
Sensible load for structure (Line 19)										+	20379	Btuh
Sum of ventilation and structure loads										=	20379	Btuh
Rating and temperature swing multiplier										x	0.96	
Equipment sizing load - sensible										=	19564	Btuh
2. Latent sizing load												
Latent ventilation load	0.68	x	0	cfm	vent.	x	60	gr/lb	moist.diff.	=	0	Btuh
Internal loads =	230	Btuh	x	5	people					+	1150	Btuh
Infiltration load from Procedure C										+	3838	Btuh
Equipment sizing load - latent										=	4988	Btuh

*Construction Quality is: a No. of Fireplaces is: 0

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



RIGHT-J WINDOW DATA

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

W N D W	S K Y	D I R	W A L L	G L A Z	L O W E	S T R M	S H A D	O V H G	N G L Z	A N G L	S H C O	O V R X	O V R Y	W H G T	C H T M	W N A R	S H A R
DIN RM																	
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	85.8	24.0	3.2
a	n	nw	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	60.8	16.0	0.0
a	n	sw	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	74.8	16.0	8.9
KITCHEN																	
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	3.0	85.8	10.0	2.2
NOOK																	
a	n	e	a	c	n	0	n	1	1	90	1.0	8.0	1.0	6.0	85.8	38.0	35.7
a	n	n	a	c	n	0	n	1	1	90	1.0	14.0	1.0	6.0	27.8	28.0	0.0
FAM RM																	
a	n	e	a	c	n	0	n	1	1	90	1.0	2.0	1.0	1.0	85.8	10.5	6.9
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	44.8	64.0	64.0
c	n	n	a	c	n	0	n	1	1	90	1.0	6.0	1.0	8.0	27.8	48.0	0.0
PWDR																	
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	3.0	44.8	7.0	7.0
LAUN RM																	
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	3.0	44.8	14.0	14.0
c	n	w	a	c	n	0	n	1	1	90	1.0	7.0	1.0	6.7	85.8	20.0	14.4



RIGHT-J WORKSHEET

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.		Entire House						DIN RM			KITCHEN			NOOK		
1	Name of room	151.5 ft						33.5 ft			10.0 ft			17.0 ft		
2	Length of exposed wall	151.5 ft						17.0 x 16.0 ft			188.0 x 1.0 ft			9.0 x 12.0 ft		
3	Room dimensions							9.3 ft			9.3 ft			9.3 ft		
4	Ceilings	9.3 ft						9.3 ft			9.3 ft			9.3 ft		
	Condit. Option	d						d			d			d		
5	TYPE OF EXPOSURE	CST NO.	HTM Htg	HTM Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg
5	Gross Exposed walls and partitions	a 14B	3.6	2.3	1409	****	****	312	****	****	93	****	****	158	****	****
		b 13C	1.8	1.4	0	****	****	0	****	****	0	****	****	0	****	****
		c 12H	1.5	1.4	0	****	****	0	****	****	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and glass doors Heating	a 1B	26.1	**	228	5943	****	56	1463	****	10	261	****	66	1724	****
		b 8B	26.1	**	0	0	****	0	0	****	0	0	****	0	0	****
		c 9B	24.8	**	68	1683	****	0	0	****	0	0	****	0	0	****
		d 1B	26.1	**	0	0	****	0	0	****	0	0	****	0	0	****
		e	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and glass doors Cooling	North		27.8	232	****	6457	12	****	335	2	****	61	64	****	1771
		NE/NW		60.8	18	****	973	16	****	973	0	****	0	0	****	0
		E/W		85.8	40	****	3443	21	****	1787	8	****	669	2	****	196
		SE/SW		74.8	7	****	531	7	****	531	0	****	0	0	****	0
		South		0.0	0	****	0	0	****	0	0	****	0	0	****	0
		Horz		0.0	0	****	0	0	****	0	0	****	0	0	****	0
8	Other doors	a 11C	11.8	11.1	0	0	0	0	0	0	0	0	0	0	0	0
		b 11C	11.8	11.1	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
9	Net exposed walls and partitions	a 14B	3.6	2.3	1113	4008	2613	256	920	600	83	299	195	92	332	216
		b 13C	1.8	1.4	0	0	0	0	0	0	0	0	0	0	0	0
		c 12H	1.5	1.4	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
10	Ceilings	a 16G	0.8	1.2	124	102	147	0	0	0	0	0	0	0	0	0
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A	20.3	0.0	152	3068	0	34	678	0	10	203	0	17	344	0
		b	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0
12	Infiltration	a	17.6	5.6	296	5194	1662	56	984	315	10	176	56	66	1160	371
13	Subtotal loss=6+8..+11+12				****	19999	****	****	4046	****	****	938	****	****	3560	****
	Less external heating				****	0	****	****	0	****	****	0	****	****	0	****
	Less transfer				****	0	****	****	0	****	****	0	****	****	0	****
14	Duct loss				****	1000	****	****	202	****	****	47	****	****	178	****
15	Total loss = 13+14				****	20999	****	****	4248	****	****	985	****	****	3738	****
16	Int. gains: People @	300		5	****	1500	2	****	600	0	****	0	****	0	****	0
	Appl. @	1200		1	****	1200	0	****	0	1	****	1200	****	0	****	0
17	Subtot RSH gain=7+8..+12+16				****	****	****	****	5142	****	****	2181	****	****	****	2554
	Less external cooling				****	0	****	****	0	****	****	0	****	****	0	****
	Less transfer				****	0	****	****	0	****	****	0	****	****	0	****
18	Duct gain				****	1853	****	****	514	****	****	218	****	****	255	****
19	Total RSH gain=(17+18)*PLF				****	20379	****	****	5656	****	****	2400	****	****	2810	****
20	Air required (cfm)				****	1000	****	****	202	****	****	47	****	****	178	****

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RIGHT-J WORKSHEET Entire House ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.					FAM RM			PWDR			LAUN RM						
1	Name of room				60.0 ft			12.0 ft			19.0 ft						
2	Length of exposed wall				18.0 x 27.0 ft			6.5 x 12.0 ft			7.0 x 12.0 ft						
3	Room dimensions				9.3 ft heat/cool			9.3 ft heat/cool			9.3 ft heat/cool						
4	Ceilings	Condit. Option															
	TYPE OF EXPOSURE	CST NO.	HTM Htg	HTM Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area	Htg	Clg	
5	Gross Exposed walls and partitions	a 14B	3.6	2.3	558	****	****	112	****	****	177	****	****		****	****	
		b 13C	1.8	1.4	0	****	****	0	****	****	0	****	****		****	****	
		c 12H	1.5	1.4	0	****	****	0	****	****	0	****	****		****	****	
		d	0.0	0.0	0	****	****	0	****	****	0	****	****		****	****	
		e	0.0	0.0	0	****	****	0	****	****	0	****	****		****	****	
		f	0.0	0.0	0	****	****	0	****	****	0	****	****		****	****	
6	Windows and glass doors Heating	a 1B	26.1	**	75	1946	****	7	183	****	14	366	****			****	
		b 8B	26.1	**	0	0	****	0	0	****	0	0	****			****	
		c 9B	24.8	**	48	1188	****	0	0	****	20	495	****			****	
		d 1B	26.1	**	0	0	****	0	0	****	0	0	****			****	
		e	0.0	**	0	0	****	0	0	****	0	0	****			****	
		f	0.0	**	0	0	****	0	0	****	0	0	****			****	
7	Windows and glass doors Cooling	North		27.8	119	****	3306	7	****	195	28	****	788		****		
		NE/NW		60.8	0	****	0	0	****	0	0	0	****	0		****	
		E/W		85.8	4	****	306	0	****	0	0	6	****	484		****	
		SE/SW		74.8	0	****	0	0	****	0	0	0	****	0		****	
		South		0.0	0	****	0	0	****	0	0	0	****	0		****	
		Horz		0.0	0	****	0	0	****	0	0	0	****	0		****	
8	Other doors	a 11C	11.8	11.1	0	0	0	0	0	0	0	0	0				
		b 11C	11.8	11.1	0	0	0	0	0	0	0	0	0				
		c	0.0	0.0	0	0	0	0	0	0	0	0	0				
9	Net exposed walls and partitions	a 14B	3.6	2.3	436	1568	1022	105	377	246	143	514	335				
		b 13C	1.8	1.4	0	0	0	0	0	0	0	0	0				
		c 12H	1.5	1.4	0	0	0	0	0	0	0	0	0				
		d	0.0	0.0	0	0	0	0	0	0	0	0	0				
		e	0.0	0.0	0	0	0	0	0	0	0	0	0				
		f	0.0	0.0	0	0	0	0	0	0	0	0	0				
10	Ceilings	a 16G	0.8	1.2	72	59	86	24	20	29	28	23	33				
		b	0.0	0.0	0	0	0	0	0	0	0	0	0				
		c	0.0	0.0	0	0	0	0	0	0	0	0	0				
		d	0.0	0.0	0	0	0	0	0	0	0	0	0				
		e	0.0	0.0	0	0	0	0	0	0	0	0	0				
		f	0.0	0.0	0	0	0	0	0	0	0	0	0				
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A	20.3	0.0	60	1215	0	12	243	0	19	385	0				
		b	0.0	0.0	0	0	0	0	0	0	0	0	0				
		c	0.0	0.0	0	0	0	0	0	0	0	0	0				
		d	0.0	0.0	0	0	0	0	0	0	0	0	0				
		e	0.0	0.0	0	0	0	0	0	0	0	0	0				
		f	0.0	0.0	0	0	0	0	0	0	0	0	0				
12	Infiltration	a	17.6	5.6	123	2153	689	7	123	39	34	598	191				
13	Subtotal loss=6+8..+11+12				****	8130	****	****	945	****	****	2380	****	****	****	****	
	Less external heating				****	0	****	****	0	****	****	0	****	****	****	****	
	Less transfer				****	0	****	****	0	****	****	0	****	****	****	****	
14	Duct loss				5%	406	****	5%	47	****	5%	119	****	****	****	****	
15	Total loss = 13+14				****	8536	****	****	993	****	****	2499	****	****	****	****	
16	Int. gains:	People @	300	3	****	900	0	****	0	****	0	****	0	****	****	****	
		Appl. @	1200	0	****	0	0	****	0	****	0	****	0	****	****	****	
17	Subtot RSH gain=7+8..+12+16				****	****	6309	****	****	508	****	****	1832	****	****	****	
	Less external cooling				****	****	0	****	****	0	****	****	0	****	****	****	
	Less transfer				****	****	0	****	****	0	****	****	0	****	****	****	
18	Duct gain				10%	****	631	10%	****	51	10%	****	183	****	****	****	
19	Total RSH gain=(17+18)*PLF				1.00	****	6940	1.00	****	559	1.00	****	2015	****	****	****	
20	Air required (cfm)				****	407	341	****	47	27	****	119	99	****	****	****	

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DUCT SYSTEM SUMMARY

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

	HEATING	COOLING
External Static Pressure:	0.00 in H2O	0.00 in H2O
Pressure Losses:	0.00 in H2O	0.00 in H2O
Available Static Pressure:	0.00 in H2O	0.00 in H2O
Friction Rate:	0.150 in/100ft	0.150 in/100ft
Actual AVF:	1000 cfm	1000 cfm

Total Effective Length (TEL): 0 ft

Supply Branch Detail Table

Name	Htg (Btuh)	Clg (Btuh)	Htg (cfm)	Clg (cfm)	Dsn FR	Vel (fpm)	Dia (in)	Rect Sz (in)	Duct Matl	Trnk
DIN RM-A	0	2828	0	139	0.150	707	6	0x 0	VIFx	ST2
DIN RM	0	2828	0	139	0.150	707	6	0x 0	VIFx	ST2
KITCHEN	0	2400	0	118	0.150	600	6	0x 0	VIFx	M
NOOK	0	2810	0	138	0.150	702	6	0x 0	VIFx	ST2
FAM RM-A	0	3470	0	170	0.150	637	7	0x 0	VIFx	ST1
FAM RM	0	3470	0	170	0.150	637	7	0x 0	VIFx	ST1
PWDR	0	559	0	27	0.150	314	4	0x 0	VIFx	M
LAUN RM	0	2015	0	99	0.150	725	5	0x 0	VIFx	M

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Vel (fpm)	Diam (in)	Rect Duct Size (in)	Duct Material	Trunk
st1	Peak AVF	0	341	771	9	0 x 0	VinIFlx	ST3
ST2	Peak AVF	0	415	762	10	0 x 0	VinIFlx	ST3
M	Peak AVF	0	1000	716	16	0 x 0	VinIFlx	
ST3	Peak AVF	0	756	707	14	0 x 0	VinIFlx	M

Bold/italic values have been manually overridden



DUCT TREE DIAGRAM Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

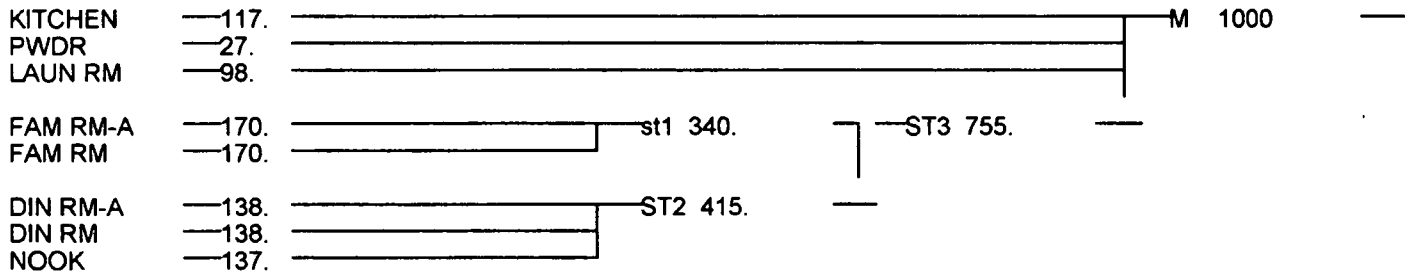
For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

	HEATING	COOLING
External Static Pressure:	0.00 in H2O	0.00 in H2O
Pressure Losses:	0.00 in H2O	0.00 in H2O
Available Static Pressure:	0.00 in H2O	0.00 in H2O
Friction Rate:	0.150 in/100ft	0.150 in/100ft
Actual AVF:	1000 cfm	1000 cfm

Total Effective Length (TEL): 0 ft

Attn: lines indicate branches and trunks, numbers indicate AVF's

SUPPLY TRUNKS AND BRANCHES - SCHEMATIC TREE DIAGRAM



RETURN TRUNKS AND BRANCHES

rb1 —1000 — < —NO TRUNK

Bold/italic values have been manually overridden

Return Branch Detail Table

Name	Diffus Sz (in)	Htg (Btuh)	Clg (Btuh)	Htg (cfm)	Clg (cfm)	Dsn FR	Vel (fpm)	Dia (in)	Rect Sz (in)	Duct Matl	Trunk
rb1	0 x 0	0	20379	0	1000	0.000	0	0	0x 0	VIFx	



RIGHT-J LOAD AND EQUIPMENT SUMMARY

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

Notes: BEDROOMS & LIV RM

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db **45** °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db **91** °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 60 gr/lb

Heating Summary

Building heat loss 25104 Btuh
Ventilation air 0 cfm
Ventilation air loss 0 Btuh
Design heat load 25104 Btuh

Sensible Cooling Equipment Load Sizing

Structure 26352 Btuh
Ventilation 0 Btuh
Design temperature swing 3.0 °F
Use mfg. data n
Rate/swing multiplier 0.96
Total sens. equip. load 25298 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1158	1158
Volume (ft ³)	16707	16707
Air changes/hour	1.0	0.5
Equiv. AVF (cfm)	279	140

Latent Cooling Equipment Load Sizing

Internal gains 460 Btuh
Ventilation 0 Btuh
Infiltration 5670 Btuh
Total latent equip. load 6130 Btuh
Total equipment load 31428 Btuh

Heating Equipment Summary

Make n/a
Trade n/a
Efficiency 100.0 EFF
Heating input 0 Btuh
Heating output 0 Btuh
Heating temp rise 0 °F
Actual heating fan 1200 cfm
Heating air flow factor 0.048 cfm/Btuh

Space thermostat

Cooling Equipment Summary

Make Rheem
Trade Rheem RAMB Series
RAMB-036JA
RBHA-17+RCHA-36A2
Efficiency 12.4 SEER
Sensible cooling ~~24000~~ 24600 Btuh
Latent cooling 10320 Btuh
Total cooling 9800 34400 Btuh
Actual cooling fan 1200 cfm
Cooling air flow factor 0.046 cfm/Btuh

Load sensible heat ratio 81 %

Bold/italic values have been manually overridden

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RIGHT-J CALCULATION PROCEDURES A, B, C, D Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Procedure A - Winter Infiltration HTM Calculation*

1.	Winter infiltration AVF						
	1.0 ach	x	16707 ft ³		x	0.0167	= 279 cfm
2.	Winter infiltration load						
	1.1	x	279 cfm		x	25 °F Winter TD	= 7673 Btuh
3.	Winter infiltration HTM						
	7673 Btuh	/	336 ft ²			Total window = and door area	= 22.8 Btuh/ft ²

Procedure B - Summer Infiltration HTM Calculation

1.	Summer infiltration AVF						
	0.5 ach	x	16707 ft ³		x	0.0167	= 140 cfm
2.	Summer infiltration load						
	1.1	x	140 cfm		x	16 °F Summer TD	= 2455 Btuh
3.	Summer infiltration HTM						
	2455 Btuh	/	336 ft ²			Total window = and door area	= 7.3 Btuh/ft ²

Procedure C - Latent Infiltration Gain

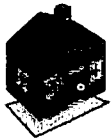
	0.68	x	60 gr/lb moist.diff.		x	140 cfm	= 5670 Btuh
--	------	---	----------------------	--	---	---------	-------------

Procedure D - Equipment Sizing Loads

1.	Sensible sizing load						
	Sensible ventilation load						
	1.1	x	0 cfm vent.		x	16 °F Summer TD	= 0 Btuh
	Sensible load for structure (Line 19)						+ 26352 Btuh
	Sum of ventilation and structure loads						= 26352 Btuh
	Rating and temperature swing multiplier						x 0.96
	Equipment sizing load - sensible						= 25298 Btuh
2.	Latent sizing load						
	Latent ventilation load						
	0.68	x	0 cfm vent.		x	60 gr/lb moist.diff.	= 0 Btuh
	Internal loads = 230 Btuh						+ 460 Btuh
	Infiltration load from Procedure C						+ 5670 Btuh
	Equipment sizing load - latent						= 6130 Btuh

*Construction Quality is: a No. of Fireplaces is: 0

Printout certified by ACCA to meet all requirements of Manual J 7th Ed.



RIGHT-J WINDOW DATA

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

W N D W	S K Y	D I R	W A L L	G L A Z	L O W E	S T R M	S H A D	O V H G	N G L Z	A N G L	S H C O	O V R X	O V R Y	W H G T	C H T M	W N A R	S H A R
BACK BED2																	
a	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	2.0	27.8	20.0	0.0
c	n	e	a	c	n	0	n	1	1	90	1.0	2.0	2.0	6.7	85.8	40.0	0.0
WIC BED2																	
BATH 2																	
a	n	e	a	c	n	0	n	1	1	90	1.0	2.0	1.0	2.0	85.8	10.0	3.3
FRT BED 3																	
a	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	2.0	27.8	20.0	0.0
a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	5.0	85.8	32.0	4.2
BED 3 WIC																	
LIV RM																	
a	n	e	a	c	n	0	n	1	1	90	1.0	15.0	1.0	6.0	85.8	56.0	56.0
a	n	n	a	c	n	0	n	1	1	90	1.0	5.0	1.0	6.0	27.8	19.0	0.0
a	n	w	a	c	n	0	n	1	1	90	1.0	5.0	1.0	6.0	85.8	38.0	19.9
c	n	e	a	c	n	0	n	1	1	90	1.0	15.0	1.0	8.0	85.8	48.0	48.0
d	n	n	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	27.8	12.0	0.0
d	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	4.0	85.8	41.0	6.8



RIGHT-J WORKSHEET

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.				Entire House			BACK BED2			WIC BED2			BATH 2		
1	Name of room			112.5 ft			26.0 ft			5.5 ft			7.0 ft		
2	Length of exposed wall			12.0 x 14.0 ft			5.5 x 6.5 ft			7.0 x 15.0 ft					
3	Room dimensions														
4	Ceilings			11.1 ft heat/cool			9.3 ft heat/cool			9.3 ft heat/cool			9.3 ft heat/cool		
	TYPE OF EXPOSURE	CST NO.	HTM Htg Clg	Area (ft²)	Load (Btuh) Htg Clg		Area (ft²)	Load (Btuh) Htg Clg		Area (ft²)	Load (Btuh) Htg Clg		Area (ft²)	Load (Btuh) Htg Clg	
5	Gross Exposed walls and partitions	a 14B	3.6 2.3	1543	****	****	242	****	****	51	****	****	65	****	****
		b 13C	1.8 1.4	0	****	****	0	****	****	0	****	****	0	****	****
		c 12H	1.5 1.4	0	****	****	0	****	****	0	****	****	0	****	****
		d	0.0 0.0	0	****	****	0	****	****	0	****	****	0	****	****
		e	0.0 0.0	0	****	****	0	****	****	0	****	****	0	****	****
		f	0.0 0.0	0	****	****	0	****	****	0	****	****	0	****	****
6	Windows and glass doors Heating	a 1B	26.1 **	195	5094	****	20	522	****	0	0	****	10	261	****
		b 8B	26.1 **	0	0	****	0	0	****	0	0	****	0	0	****
		c 9B	24.8 **	88	2178	****	40	990	****	0	0	****	0	0	****
		d 1B	26.1 **	53	1385	****	0	0	****	0	0	****	0	0	****
		e	0.0 **	0	0	****	0	0	****	0	0	****	0	0	****
		f	0.0 **	0	0	****	0	0	****	0	0	****	0	0	****
7	Windows and glass doors Cooling	North		27.8	209	****	20	556	****	0	0	****	3	92	****
		NE/NW		0.0	0	****	0	0	****	0	0	****	0	0	****
		E/W		85.8	127	****	40	3432	****	0	0	****	7	575	****
		SE/SW		0.0	0	****	0	0	****	0	0	****	0	0	****
		South		0.0	0	****	0	0	****	0	0	****	0	0	****
		Horz		0.0	0	****	0	0	****	0	0	****	0	0	****
8	Other doors	a 11C	11.8 11.1	0	0	0	0	0	0	0	0	0	0	0	0
		b 11C	11.8 11.1	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
9	Net exposed walls and partitions	a 14B	3.6 2.3	1207	4345	2833	182	654	427	51	184	120	55	198	129
		b 13C	1.8 1.4	0	0	0	0	0	0	0	0	0	0	0	0
		c 12H	1.5 1.4	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
10	Ceilings	a 16G	0.8 1.2	1158	955	1375	168	139	200	36	29	42	105	87	125
		b	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A	20.3 0.0	113	2278	0	26	527	0	6	111	0	7	142	0
		b	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		c	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		d	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		e	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
		f	0.0 0.0	0	0	0	0	0	0	0	0	0	0	0	0
12	Infiltration	a	22.8 7.3	336	7673	2455	60	1370	438	0	0	0	10	228	73
13	Subtotal loss=6+8..+11+12			****	23908	****	****	4202	****	****	325	****	****	916	****
	Less external heating			****	0	****	****	0	****	****	0	****	****	0	****
	Less transfer			****	0	****	****	0	****	****	0	****	****	0	****
14	Duct loss			5%	1195	****	5%	210	****	5%	16	****	5%	46	****
15	Total loss = 13+14			****	25104	****	****	4412	****	****	341	****	****	962	****
16	Int. gains: People @ 300			2	****	600	0	****	0	0	****	0	0	****	0
	Appl. @ 1200			0	****	0	0	****	0	0	****	0	0	****	0
17	Subtot RSH gain=7+8..+12+16			****	****	23957	****	****	5053	****	****	163	****	****	994
	Less external cooling			****	****	0	****	****	0	****	****	0	****	****	0
	Less transfer			****	****	0	****	****	0	****	****	0	****	****	0
18	Duct gain			10%	****	2396	10%	****	505	10%	****	16	10%	****	99
19	Total RSH gain=(17+18)*PLF			1.00	****	26352	1.00	****	5558	1.00	****	179	1.00	****	1093
20	Air required (cfm)			****	1200	1200	****	211	253	****	16	****	8	****	50

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RIGHT-J WORKSHEET Entire House ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.		FRT BED 3						BED 3 WIC			LIV RM					
1	Name of room	28.0 ft						0.0 ft			48.0 ft					
2	Length of exposed wall	17.0 x 14.0 ft						61.0 x 1.0 ft			550.0 x 1.0 ft					
3	Room dimensions	9.3 ft						9.3 ft			20.1 ft					
4	Ceilings	heat/cool						heat/cool			heat/cool					
		Condit. Option		Area		Load (Btuh)		Area		Load (Btuh)		Area		Load (Btuh)		
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	(ft²)	Htg	Clg	(ft²)	Htg	Clg	(ft²)	Htg	Clg	Area	Htg	Clg
5	Gross Exposed walls and partitions	a 14B	3.6	2.3	260	****	****	0	****	****	925	****	****		****	****
		b 13C	1.8	1.4	0	****	****	0	****	****	0	****	****		****	****
		c 12H	1.5	1.4	0	****	****	0	****	****	0	****	****		****	****
		d	0.0	0.0	0	****	****	0	****	****	0	****	****		****	****
		e	0.0	0.0	0	****	****	0	****	****	0	****	****		****	****
		f	0.0	0.0	0	****	****	0	****	****	0	****	****		****	****
6	Windows and glass doors Heating	a 1B	26.1	**	52	1358	****	0	0	****	113	2952	****			****
		b 8B	26.1	**	0	0	****	0	0	****	0	0	****			****
		c 9B	24.8	**	0	0	****	0	0	****	48	1188	****			****
		d 1B	26.1	**	0	0	****	0	0	****	53	1385	****			****
		e	0.0	**	0	0	****	0	0	****	0	0	****			****
		f	0.0	**	0	0	****	0	0	****	0	0	****			****
7	Windows and glass doors Cooling	North		27.8	24	****	673	0	****	0	162	****	4496		****	
		NE/NW		0.0	0	****	0	0	****	0	0	****	0		****	
		E/W		85.8	26	****	2383	0	****	0	52	****	4486		****	
		SE/SW		0.0	0	****	0	0	****	0	0	****	0		****	
		South		0.0	0	****	0	0	****	0	0	****	0		****	
		Horz		0.0	0	****	0	0	****	0	0	****	0		****	
8	Other doors	a 11C	11.8	11.1	0	0	0	0	0	0	0	0	0			
		b 11C	11.8	11.1	0	0	0	0	0	0	0	0	0			
		c	0.0	0.0	0	0	0	0	0	0	0	0	0			
9	Net exposed walls and partitions	a 14B	3.6	2.3	208	750	489	0	0	0	711	2558	1668			
		b 13C	1.8	1.4	0	0	0	0	0	0	0	0	0			
		c 12H	1.5	1.4	0	0	0	0	0	0	0	0	0			
		d	0.0	0.0	0	0	0	0	0	0	0	0	0			
		e	0.0	0.0	0	0	0	0	0	0	0	0	0			
		f	0.0	0.0	0	0	0	0	0	0	0	0	0			
10	Ceilings	a 16G	0.8	1.2	238	196	283	61	50	72	550	454	653			
		b	0.0	0.0	0	0	0	0	0	0	0	0	0			
		c	0.0	0.0	0	0	0	0	0	0	0	0	0			
		d	0.0	0.0	0	0	0	0	0	0	0	0	0			
		e	0.0	0.0	0	0	0	0	0	0	0	0	0			
		f	0.0	0.0	0	0	0	0	0	0	0	0	0			
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A	20.3	0.0	28	567	0	0	0	0	46	932	0			
		b	0.0	0.0	0	0	0	0	0	0	0	0	0			
		c	0.0	0.0	0	0	0	0	0	0	0	0	0			
		d	0.0	0.0	0	0	0	0	0	0	0	0	0			
		e	0.0	0.0	0	0	0	0	0	0	0	0	0			
		f	0.0	0.0	0	0	0	0	0	0	0	0	0			
12	Infiltration	a	22.8	7.3	52	1187	380	0	0	0	214	4887	1564			
13	Subtotal loss=6+8..+11+12				****	4060	****	****	50	****	****	14355	****	****	****	****
	Less external heating				****	0	****	****	0	****	****	0	****	****	****	****
	Less transfer				****	0	****	****	0	****	****	0	****	****	****	****
14	Duct loss				5%	203	****	****	3	****	5%	718	****	****	****	****
15	Total loss = 13+14				****	4263	****	****	53	****	****	15073	****	****	****	****
16	Int. gains: People @	300			0	****	0	0	****	0	2	****	600	****	****	****
	Appl. @	1200			0	****	0	0	****	0	0	****	0	****	****	****
17	Subtot RSH gain=7+8..+12+16				****	****	4208	****	****	72	****	****	13467	****	****	****
	Less external cooling				****	****	0	****	****	0	****	****	0	****	****	****
	Less transfer				****	****	0	****	****	0	****	****	0	****	****	****
18	Duct gain				10%	****	421	10%	****	7	10%	****	1347	****	****	****
19	Total RSH gain=(17+18)*PLF				1.00	****	4629	1.00	****	80	1.00	****	14814	****	****	****
20	Air required (cfm)				****	204	211	****	3	****	4	****	720	****	****	****

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DUCT SYSTEM SUMMARY

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

	HEATING	COOLING
External Static Pressure:	0.00 in H2O	0.00 in H2O
Pressure Losses:	0.00 in H2O	0.00 in H2O
Available Static Pressure:	0.00 in H2O	0.00 in H2O
Friction Rate:	0.150 in/100ft	0.150 in/100ft
Actual AVF:	1200 cfm	1200 cfm

Total Effective Length (TEL): 0 ft

Supply Branch Detail Table

Name	Htg (Btuh)	Clg (Btuh)	Htg (cfm)	Clg (cfm)	Dsn FR	Vel (fpm)	Dia (in)	Rect Sz (in)	Duct Matl	Trnk
BACK BED2-A	0	2779	0	127	0.150	644	6	0x 0	VIFx	st1
BACK BED2	0	2779	0	127	0.150	644	6	0x 0	VIFx	st1
WIC BED2	0	179	0	8	0.150	93	4	0x 0	VIFx	st1
BATH 2	0	1093	0	50	0.150	570	4	0x 0	VIFx	st1
FRT BED 3	0	4629	0	211	0.150	604	8	0x 0	VIFx	st1
BED 3 WIC	0	80	0	4	0.150	42	4	0x 0	VIFx	st1
LIV RM-A	0	4938	0	225	0.150	644	8	0x 0	VIFx	ST2
LIV RM-B	0	4938	0	225	0.150	644	8	0x 0	VIFx	ST2
LIV RM	0	4939	0	225	0.150	644	8	0x 0	VIFx	ST2

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Vel (fpm)	Diam (in)	Rect Duct Size (in)	Duct Material	Trunk
st1	Peak AVF	0	525	669	12	0 x 0	VinIFix	M
st2	Peak AVF	0	675	859	12	0 x 0	VinIFix	M
M	Peak AVF	0	1200	859	16	0 x 0	VinIFix	

Bold/Italic values have been manually overridden



DUCT TREE DIAGRAM Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

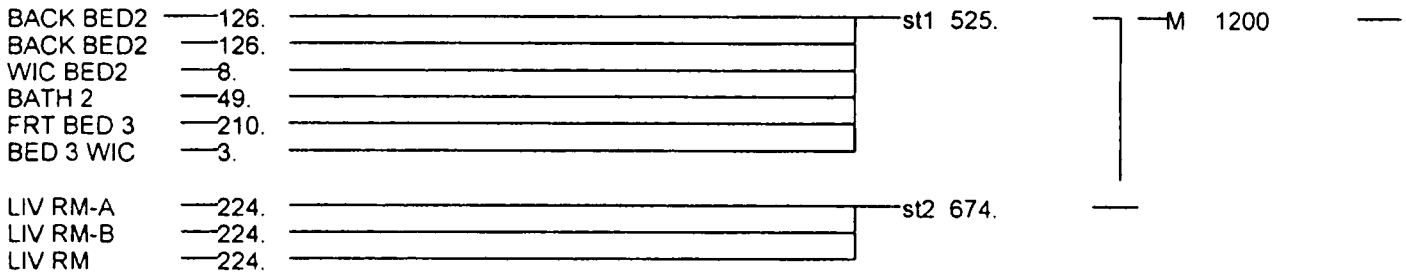
For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

	HEATING	COOLING
External Static Pressure:	0.00 in H2O	0.00 in H2O
Pressure Losses:	0.00 in H2O	0.00 in H2O
Available Static Pressure:	0.00 in H2O	0.00 in H2O
Friction Rate:	0.150 in/100ft	0.150 in/100ft
Actual AVF:	1200 cfm	1200 cfm

Total Effective Length (TEL): 0 ft

Attn: lines indicate branches and trunks, numbers indicate AVF's

SUPPLY TRUNKS AND BRANCHES - SCHEMATIC TREE DIAGRAM



RETURN TRUNKS AND BRANCHES

rb1 —1200 — < —NO TRUNK

Bold/italic values have been manually overridden



RIGHT-J LOAD AND EQUIPMENT SUMMARY

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

Notes: 2ND FLOOR

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 45 °F
Inside db 70 °F
Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
Inside db 75 °F
Design TD 16 °F
Daily range L
Relative humidity 50 %
Moisture difference 60 gr/lb

Heating Summary

Building heat loss 20599 Btuh
Ventilation air loss 0 cfm
Ventilation air loss 0 Btuh
Design heat load 20599 Btuh

Sensible Cooling Equipment Load Sizing

Structure 23720 Btuh
Ventilation 0 Btuh
Design temperature swing 3.0 °F
Use mfg. data n
Rate/swing multiplier 0.96
Total sens. equip. load 22771 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

	Heating	Cooling
Area (ft ²)	1225	1225
Volume (ft ³)	11393	11393
Air changes/hour	1.0	0.5
Equiv. AVF (cfm)	190	95

Latent Cooling Equipment Load Sizing

Internal gains 0 Btuh
Ventilation 0 Btuh
Infiltration 3866 Btuh
Total latent equip. load 3866 Btuh
Total equipment load 26637 Btuh

Heating Equipment Summary

Make n/a
Trade n/a

Efficiency 100.0 EFF

Heating input 0 Btuh
Heating output 0 Btuh
Heating temp rise 0 °F
Actual heating fan 1200 cfm
Heating air flow factor 0.058 cfm/Btuh

Space thermostat

Cooling Equipment Summary

Make Rheem
Trade Rheem RAMB Series
RAMB-036JA
RBHA-17+RCHA-36A2

Efficiency 12.4 SEER

Sensible cooling 24600 24080 Btuh
Latent cooling 9800 40320 Btuh
Total cooling 34400 Btuh
Actual cooling fan 1200 cfm
Cooling air flow factor 0.051 cfm/Btuh

Load sensible heat ratio 86 %

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RIGHT-J CALCULATION PROCEDURES A, B, C, D Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Procedure A - Winter Infiltration HTM Calculation*

1.	Winter infiltration AVF							
	1.0	ach	x	11393	ft ³	x	0.0167	= 190 cfm
2.	Winter infiltration load							
	1.1	x 190	cfm	x	25 °F	Winter TD =		5232 Btuh
3.	Winter infiltration HTM							
	5232	Btuh	/	362	ft ²	Total window =		14.5 Btuh/ft ²
						and door area		

Procedure B - Summer Infiltration HTM Calculation

1.	Summer infiltration AVF							
	0.5	ach	x	11393	ft ³	x	0.0167	= 95 cfm
2.	Summer infiltration load							
	1.1	x 95	cfm	x	16 °F	Summer TD =		1674 Btuh
3.	Summer infiltration HTM							
	1674	Btuh	/	362	ft ²	Total window =		4.6 Btuh/ft ²
						and door area		

Procedure C - Latent Infiltration Gain

0.68	x	60	gr/lb	moist.diff.	x	95	cfm	=	3866	Btuh
------	---	----	-------	-------------	---	----	-----	---	------	------

Procedure D - Equipment Sizing Loads

1.	Sensible sizing load									
	Sensible ventilation load									
	1.1	x	0	cfm	vent.	x	16	°F	Summer TD	= 0 Btuh
	Sensible load for structure (Line 19)									+ 23720 Btuh
	Sum of ventilation and structure loads									= 23720 Btuh
	Rating and temperature swing multiplier									x 0.96
	Equipment sizing load - sensible									= 22771 Btuh
2.	Latent sizing load									
	Latent ventilation load									
	0.68	x	0	cfm	vent.	x	60	gr/lb	moist.diff.	= 0 Btuh
	Internal loads =	230	Btuh	x	0	people				+ 0 Btuh
	Infiltration load from Procedure C									+ 3866 Btuh
	Equipment sizing load - latent									= 3866 Btuh

*Construction Quality is: a

No. of Fireplaces is: 0

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RIGHT-J WINDOW DATA

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

W N D W	S K Y	D I R	W A L L	G L A Z	L O W E	S T R M	S H A D	O V H G	N G L Z	A N G L	S H C O	O V R X	O V R Y	W H G T	C H T M	W N A R	S H A R
------------------	-------------	-------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------	------------------

SITTING AREA

a	n	e	a	c	n	0	n	1	1	90	1.0	7.0	1.0	6.0	85.8	38.0	30.5
---	---	---	---	---	---	---	---	---	---	----	-----	-----	-----	-----	------	------	------

CAT WALK

a	n	e	a	c	n	0	n	1	1	90	1.0	15.0	1.0	6.0	85.8	57.0	57.0
c	n	e	a	c	n	0	n	1	1	90	1.0	15.0	1.0	8.0	85.8	48.0	48.0

BEDRM 4

a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	85.8	28.0	3.1
a	n	nw	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	60.8	19.0	0.0
a	n	sw	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	74.8	19.0	8.8

WIC BED4

BATH 3

MASTER BED

a	n	e	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	85.8	57.0	6.3
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	44.8	38.0	38.0
c	n	n	a	c	n	0	n	1	1	90	1.0	3.0	1.0	8.0	27.8	24.0	0.0

WIC OUT

WIC IN

MASTER BATH

a	n	w	a	c	n	0	n	1	1	90	1.0	2.0	1.0	6.0	85.8	24.0	2.6
a	n	s	a	c	n	0	n	1	1	90	1.0	2.0	1.0	3.0	44.8	10.0	10.0



RIGHT-J WORKSHEET

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.						Entire House			SITTING AREA			CAT WALK			BEDRM 4			
1	Name of room				155.5 ft			17.0 ft			22.0 ft			32.0 ft				
2	Length of exposed wall							108.0 x 1.0 ft			5.0 x 22.0 ft			316.0 x 1.0 ft				
3	Room dimensions																	
4	Ceilings				9.3 ft heat/cool d			9.3 ft heat/cool			9.3 ft heat/cool			9.3 ft heat/cool				
	Condit. Option																	
TYPE OF EXPOSURE		CST NO.	Htg	Clg	Area (ft²)	Load (Btuh)		Area (ft²)	Load (Btuh)		Area (ft²)	Load (Btuh)		Area (ft²)	Load (Btuh)			
						Htg	Clg		Htg	Clg		Htg	Clg		Htg	Clg		
5	Gross Exposed walls and partitions	a 14B b 13C c 12H d e f	3.6 1.8 1.5 0.0 0.0 0.0	2.3 1.4 1.4 0.0 0.0 0.0	0 0 1448 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	0 0 158 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	0 0 205 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	0 0 298 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****		
6	Windows and glass doors Heating	a 1B b 8B c 9B d 1B e f	26.1 26.1 24.8 26.1 0.0 0.0	** ** ** ** ** **	290 0 72 0 0 0	7576 0 1782 0 0 0	**** **** **** **** **** ****	38 0 0 0 0 0	993 0 0 0 0 0	**** **** **** **** **** ****	57 0 48 0 0 0	1489 0 1188 0 0 0	**** **** **** **** **** ****	66 0 0 0 0 0	1724 0 0 0 0 0	**** **** **** **** **** ****		
7	Windows and glass doors Cooling	North NE/NW E/W SE/SW South Horz	27.8 60.8 85.8 74.8 0.0 0.0		228 19 105 10 0 0	**** **** **** **** **** ****	6346 1155 8970 763 0 0	30 0 8 0 0 0	**** **** **** **** **** ****	847 0 647 0 0 0	105 0 0 0 0 0	**** **** **** **** **** ****	2919 0 0 0 0 0	12 19 25 10 0 0	**** **** **** **** **** ****	330 1155 2138 763 0 0		
8	Other doors	a 11C b 11C c	11.8 11.8 0.0	11.1 11.1 0.0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0		
9	Net exposed walls and partitions	a 14B b 13C c 12H d e f	3.6 1.8 1.5 0.0 0.0 0.0	2.3 1.4 1.4 0.0 0.0 0.0	-362 0 1448 0 0 0	-1303 0 2172 0 0 0	-850 0 2050 0 0 0	-38 0 158 0 0 0	-137 0 237 0 0 0	-89 0 224 0 0 0	-105 0 205 0 0 0	-378 0 308 0 0 0	-246 0 290 0 0 0	-66 0 298 0 0 0	-238 0 447 0 0 0	-155 0 422 0 0 0		
10	Ceilings	a 16G b c d e f	0.8 0.0 0.0 0.0 0.0 0.0	1.2 0.0 0.0 0.0 0.0 0.0	1225 0 0 0 0 0	1011 0 0 0 0 0	1455 0 0 0 0 0	108 0 0 0 0 0	89 0 0 0 0 0	128 0 0 0 0 0	110 0 0 0 0 0	91 0 0 0 0 0	131 0 0 0 0 0	316 0 0 0 0 0	261 0 0 0 0 0	375 0 0 0 0 0		
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A b c d e f	20.3 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	156 0 0 0 0 0	3149 0 0 0 0 0	0 0 0 0 0 0	17 0 0 0 0 0	344 0 0 0 0 0	0 0 0 0 0 0	22 0 0 0 0 0	446 0 0 0 0 0	0 0 0 0 0 0	32 0 0 0 0 0	648 0 0 0 0 0	0 0 0 0 0 0		
12	Infiltration	a	14.5	4.6	362	5232	1674	38	549	176	105	1518	486	66	954	305		
13	Subtotal loss=6+8..+11+12				****	19619	****	****	2076	****	****	4660	****	****	3796	****		
	Less external heating				****	0	****	****	0	****	****	0	****	****	0	****		
	Less transfer				****	0	****	****	0	****	****	0	****	****	0	****		
14	Duct loss				5%	981	****	5%	104	****	5%	233	****	5%	190	****		
15	Total loss = 13+14				****	20599	****	****	2179	****	****	4893	****	****	3986	****		
16	Int. gains: People @	300			0	****	0	****	0	****	0	****	0	****	0	****		
	Appl. @	1200			0	****	0	****	0	****	0	****	0	****	0	****		
17	Subtot RSH gain=7+8..+12+16				****	****	21564	****	****	1932	****	****	3579	****	****	5334		
	Less external cooling				****	****	0	****	****	0	****	****	0	****	****	0		
	Less transfer				****	****	0	****	****	0	****	****	0	****	****	0		
18	Duct gain				10%	****	2156	10%	****	193	10%	****	358	10%	****	533		
19	Total RSH gain=(17+18)*PLF				1.00	****	23720	1.00	****	2125	1.00	****	3937	1.00	****	5868		
20	Air required (cfm)				****	1200	1200	****	127	108	****	285	199	****	232	297		

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RIGHT J WORKSHEET

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.				WIC BED4			BATH 3			MASTER BED			WIC OUT			
1 Name of room				3.5 ft			0.0 ft			48.5 ft			7.5 ft			
2 Length of exposed wall				7.0 x 5.0 ft			9.0 x 7.0 ft			19.0 x 19.0 ft			6.5 x 6.0 ft			
3 Room dimensions				9.3 ft heat/cool			9.3 ft heat/cool			9.3 ft heat/cool			9.3 ft heat/cool			
4 Ceilings				Condit. Option			Condit. Option			Condit. Option			Condit. Option			
TYPE OF EXPOSURE	CST NO.	HTM Htg	HTM Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	Area (ft²)	Load (Btuh) Htg	Load (Btuh) Clg	
5	Gross Exposed walls and partitions	a 14B b 13C c 12H d e f	3.6 1.8 1.5 0.0 0.0 0.0	2.3 1.4 1.4 0.0 0.0 0.0	0 0 33 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	0 0 451 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	0 0 70 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	
6	Windows and glass doors Heating	a 1B b 8B c 9B d 1B e f	26.1 26.1 24.8 26.1 0.0 0.0	** ** ** ** ** **	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	95 0 24 0 0 0	2482 0 594 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	
7	Windows and glass doors Cooling	North NE/NW E/W SE/SW South Horz	27.8 60.8 85.8 74.8 0.0 0.0		0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	68 0 51 0 0 0	**** **** **** **** **** ****	1898 0 4353 0 0 0	0 0 0 0 0 0	**** **** **** **** **** ****	**** **** **** **** **** ****	
8	Other doors	a 11C b 11C c	11.8 11.8 0.0	11.1 11.1 0.0	0 0 0	**** **** ****	0 0 0	**** **** ****	0 0 0	0 0 0	**** **** ****	0 0 0	**** **** ****	0 0 0	**** **** ****	
9	Net exposed walls and partitions	a 14B b 13C c 12H d e f	3.6 1.8 1.5 0.0 0.0 0.0	2.3 1.4 1.4 0.0 0.0 0.0	0 0 33 0 0 0	**** **** **** **** **** ****	0 0 50 0 0 0	**** **** **** **** **** ****	0 0 47 0 0 0	-119 0 451 0 0 0	**** **** **** **** **** ****	-428 0 677 0 0 0	**** **** **** **** **** ****	-279 0 639 0 0 0	**** **** **** **** **** ****	0 0 70 0 0 0
10	Ceilings	a 16G b c d e f	0.8 0.0 0.0 0.0 0.0 0.0	1.2 0.0 0.0 0.0 0.0 0.0	35 0 0 0 0 0	**** **** **** **** **** ****	29 0 0 0 0 0	**** **** **** **** **** ****	42 0 0 0 0 0	63 0 0 0 0 0	**** **** **** **** **** ****	52 0 0 0 0 0	**** **** **** **** **** ****	75 0 0 0 0 0	**** **** **** **** **** ****	361 0 0 0 0 0
11	Floors (Note: room perimeter is displ. for slab floors)	a 22A b c d e f	20.3 0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0 0.0	4 0 0 0 0 0	**** **** **** **** **** ****	71 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0	**** **** **** **** **** ****	0 0 0 0 0 0
12	Infiltration	a	14.5	4.6	0	****	0	****	0	0	****	0	****	0	****	0
13	Subtotal loss=6+8..+11+12				****	149	****	****	52	****	****	6324	****	****	****	289
14	Less external heating				****	0	****	****	0	****	****	0	****	****	0	
15	Less transfer				****	0	****	****	0	****	****	0	****	****	0	
16	Duct loss			5%	****	7	****	****	3	****	****	316	****	****	14	
17	Total loss = 13+14				****	157	****	****	55	****	****	6640	****	****	304	
18	Int. gains: People @		300	0	****	0	****	****	0	****	****	0	****	****	0	
19	Appl. @		1200	0	****	0	****	****	0	****	****	0	****	****	0	
20	Subtot RSH gain=7+8..+12+16				****	88	****	****	75	****	****	7589	****	****	145	
21	Less external cooling				****	0	****	****	0	****	****	0	****	****	0	
22	Less transfer				****	0	****	****	0	****	****	0	****	****	0	
23	Duct gain			10%	****	9	****	****	7	****	****	759	****	****	15	
24	Total RSH gain=(17+18)*PLF			1.00	****	97	****	****	82	****	****	8348	****	****	160	
25	Air required (cfm)				****	9	****	****	3	****	****	387	****	****	18	

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RIGHT-J WORKSHEET

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

MANUAL J: 7th Ed.															
1 Name of room		WIC IN						MASTER BATH							
2 Length of exposed wall		0.0 ft						25.0 ft							
3 Room dimensions		8.5 x 6.0 ft						11.0 x 14.0 ft							
4 Ceilings		9.3 ft heat/cool						9.3 ft heat/cool							
		Condit. Option													
TYPE OF EXPOSURE	CST NO.	Htg	Clg	Area (ft²)	Load (Btuh) Htg	Clg	Area (ft²)	Load (Btuh) Htg	Clg	Area	Htg	Clg	Area	Htg	Clg
5 Gross Exposed walls and partitions	a 14B	3.6	2.3	0	****	****	0	****	****		****	****		****	****
	b 13C	1.8	1.4	0	****	****	0	****	****		****	****		****	****
	c 12H	1.5	1.4	0	****	****	233	****	****		****	****		****	****
	d	0.0	0.0	0	****	****	0	****	****		****	****		****	****
	e	0.0	0.0	0	****	****	0	****	****		****	****		****	****
	f	0.0	0.0	0	****	****	0	****	****		****	****		****	****
6 Windows and glass doors Heating	a 1B	26.1	**	0	0	****	34	888	****			****			****
	b 8B	26.1	**	0	0	****	0	0	****			****			****
	c 9B	24.8	**	0	0	****	0	0	****			****			****
	d 1B	26.1	**	0	0	****	0	0	****			****			****
	e	0.0	**	0	0	****	0	0	****			****			****
	f	0.0	**	0	0	****	0	0	****			****			****
7 Windows and glass doors Cooling	North		27.8	0	****	0	13	****	351			****			****
	NE/NW		60.8	0	****	0	0	****	0			****			****
	E/W		85.8	0	****	0	21	****	1833			****			****
	SE/SW		74.8	0	****	0	0	****	0			****			****
	South		0.0	0	****	0	0	****	0			****			****
	Horz		0.0	0	****	0	0	****	0			****			****
8 Other doors	a 11C	11.8	11.1	0	0	0	0	0	0						
	b 11C	11.8	11.1	0	0	0	0	0	0						
	c	0.0	0.0	0	0	0	0	0	0						
9 Net exposed walls and partitions	a 14B	3.6	2.3	0	0	0	-34	-122	-80						
	b 13C	1.8	1.4	0	0	0	0	0	0						
	c 12H	1.5	1.4	0	0	0	233	350	330						
	d	0.0	0.0	0	0	0	0	0	0						
	e	0.0	0.0	0	0	0	0	0	0						
	f	0.0	0.0	0	0	0	0	0	0						
10 Ceilings	a 16G	0.8	1.2	39	32	46	154	127	183						
	b	0.0	0.0	0	0	0	0	0	0						
	c	0.0	0.0	0	0	0	0	0	0						
	d	0.0	0.0	0	0	0	0	0	0						
	e	0.0	0.0	0	0	0	0	0	0						
	f	0.0	0.0	0	0	0	0	0	0						
11 Floors (Note: room perimeter is displ. for slab floors)	a 22A	20.3	0.0	0	0	0	25	506	0						
	b	0.0	0.0	0	0	0	0	0	0						
	c	0.0	0.0	0	0	0	0	0	0						
	d	0.0	0.0	0	0	0	0	0	0						
	e	0.0	0.0	0	0	0	0	0	0						
	f	0.0	0.0	0	0	0	0	0	0						
12 Infiltration	a	14.5	4.6	0	0	0	34	491	157						
13 Subtotal loss=6+8.+11+12				****	32	****	****	2240	****	****	****	****	****	****	****
14 Less external heating				****	0	****	****	0	****	****	****	****	****	****	****
15 Less transfer				****	0	****	****	0	****	****	****	****	****	****	****
16 Duct loss				****	2	****	****	112	****	****	****	****	****	****	****
17 Total loss = 13+14				****	34	****	****	2352	****	****	****	****	****	****	****
18 Int. gains: People @	300	0	****	0	0	0	****	0	****	****	****	****	****	****	****
19 Appl. @	1200	0	****	0	0	0	****	0	****	****	****	****	****	****	****
20 Subtot RSH gain=7+8.+12+16				****	46	****	****	2774	****	****	****	****	****	****	****
18 Less external cooling				****	0	****	****	0	****	****	****	****	****	****	****
19 Less transfer				****	0	****	****	0	****	****	****	****	****	****	****
20 Duct gain				10%	5	****	10%	277	****	****	****	****	****	****	****
19 Total RSH gain=(17+18)*PLF				1.00	51	****	1.00	3052	****	****	****	****	****	****	****
20 Air required (cfm)				****	2	****	****	137	****	****	****	****	****	****	****

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DUCT SYSTEM SUMMARY

Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

	HEATING	COOLING
External Static Pressure:	0.00 in H2O	0.00 in H2O
Pressure Losses:	0.00 in H2O	0.00 in H2O
Available Static Pressure:	0.00 in H2O	0.00 in H2O
Friction Rate:	0.150 in/100ft	0.150 in/100ft
Actual AVF:	1200 cfm	1200 cfm

Total Effective Length (TEL): 0 ft

Supply Branch Detail Table

Name	Htg (Btuh)	Clg (Btuh)	Htg (cfm)	Clg (cfm)	Dsn FR	Vel (fpm)	Dia (in)	Rect Sz (in)	Duct Matl	Trnk
SITTING AREA	0	2125	0	108	0.150	789	5	0x 0	VIFx	M
CAT WALK	0	3937	0	199	0.150	571	8	0x 0	VIFx	M
BEDRM 4-A	0	2934	0	148	0.150	555	7	0x 0	VIFx	st1
BEDRM 4	0	2934	0	148	0.150	555	7	0x 0	VIFx	st1
WIC BED4	0	97	0	5	0.150	56	4	0x 0	VIFx	st1
BATH 3	0	82	0	4	0.150	48	4	0x 0	VIFx	st1
MASTER BED-A	0	4174	0	211	0.150	605	8	0x 0	VIFx	M
MASTER BED	0	4174	0	211	0.150	605	8	0x 0	VIFx	M
WIC OUT	0	160	0	8	0.150	93	4	0x 0	VIFx	st1
WIC IN	0	51	0	3	0.150	30	4	0x 0	VIFx	st1
MASTER BATH	0	3052	0	154	0.150	578	7	0x 0	VIFx	st1

Supply Trunk Detail Table

Name	Trunk Type	Htg (cfm)	Clg (cfm)	Vel (fpm)	Diam (in)	Rect Duct Size (in)	Duct Material	Trunk
st1	Peak AVF	0	471	864	10	0 x 0	VinIFlx	M
M	Peak AVF	0	1200	859	16	0 x 0	VinIFlx	

Bold/italic values have been manually overridden



DUCT TREE DIAGRAM Entire House

ASSOCIATED AIR OF PORT ST. LUCIE

Job: JOHNSON RES 3-29-01

1538 NIEMEYER CIR., PORT ST. LUCIE, FL 34952 Phone: (561) 335-7089 Fax: (561) 335-7508 FAX

Project Information

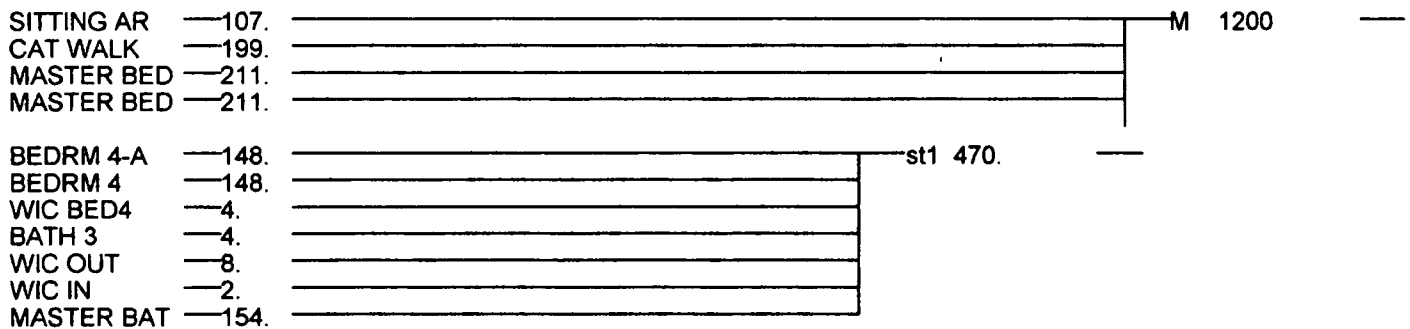
For: DRIFTWOOD CONST.
2163 NE PINE RIDGE ST., JENSEN BEACH, FL
Phone: 334-2577 Fax: 334-5877

	HEATING	COOLING
External Static Pressure:	0.00 in H2O	0.00 in H2O
Pressure Losses:	0.00 in H2O	0.00 in H2O
Available Static Pressure:	0.00 in H2O	0.00 in H2O
Friction Rate:	0.150 in/100ft	0.150 in/100ft
Actual AVF:	1200 cfm	1200 cfm

Total Effective Length (TEL): 0 ft

Attn: lines indicate branches and trunks, numbers indicate AVF's

SUPPLY TRUNKS AND BRANCHES - SCHEMATIC TREE DIAGRAM



RETURN TRUNKS AND BRANCHES

rb1 —1200 — < —NO TRUNK

Bold/italic values have been manually overridden

Return Branch Detail Table

Name	Diffus Sz (in)	Htg (Btuh)	Clg (Btuh)	Htg (cfm)	Clg (cfm)	Dsn FR	Vel (fpm)	Dia (in)	Rect Sz (in)	Duct Matl	Trunk
rb1	0 x 0	0	23720	0	1200	0.000	0	0	0x 0	VIFx	

A. M. ENGINEERING AND TESTING, INC.

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

BUILDING PAD COMPACTION REPORT

FILE
↑

Client: Driftwood Homes

Date: 7/06/01

Contractor: Client

Test No.: 3411

Site: **2 Oak Hill Way**
Stem-wall Backfill

Permit No.: 5363

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the fill inside the stem-wall. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

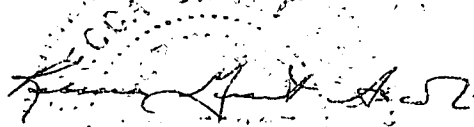
The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
3411	7/6/01	N.W. Corner	0 - 1	112.9	110.7	98.0
		Center	0 - 1		111.1	98.4
		S.E. Corner	0 - 1		110.9	98.2

CONCLUSIONS

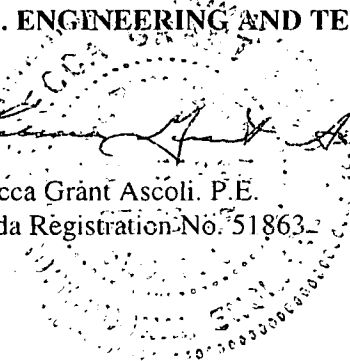
The depth of the fill is approximately three feet. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.



Rebecca Grant Ascoli, P.E.
Florida Registration No. 51863

Copies: Client 1
SP Bldg Dept. - 1



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Wed~~ Wed Fri JUNE 4, 2001; Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5381	HARBOR BAY	IN PROGRESS	Passed	+ PRE-COURT. 105P 5/31/01
N (14)	3240 SE OCEAN ROOFMAN			INSPECTOR: JG/4
5172	ECKNA'	DRIVEWAY	Passed	
S (6)	107 HENRY SEWALL WAY JMC			INSPECTOR: JG/4
5371	VOLPE	DRY IN	Passed	
S (9)	15 MIRIMAK O/B	(T/MTL - KEKROOF)		INSPECTOR: JG/4
5380	GIFFORD	POOL STEEL	Passed	FORMBOARD SURVEY RECEIVED
N (11)	85 N. SPR A+G	+ GROUND		INSPECTOR: JG/4
5372	SHEETS	DRIVEWAY -	Passed	
S (8)	101 S. RIVER SPECIALTY CONCRETE	PRE POUR		ANDREW - 288-4793 INSPECTOR: JG/4
* 5013	DENNIS 16 RIDGELAND FL. & INEST	CLOSE IN (?)	CANCEL	G.C. request all trades Wed 6/6. INSPECTOR:
5363	JOHANSON	TEMP POLE	Passed	Called FPL 10:00
N (10)	2 OAKHILL WAY DRIFTWOOD			INSPECTOR: JG/4

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5379	PAGE	PUDU.	Not finished	
③	8 ST. LUCIE CT. T-COAST PIVERS		Passed	In progress INSPECTOR: J 6/8 ✓
4903	KOCH	POOL - FINAL	Failed	\$30.00 REINS. FEE REQ.
⑤	71 N. RIVER ROAD ALMAR/JACKSON POOLS	(REINSPECTION)	alarm not installed	INSPECTOR: J 6/8 ✓
5368	TRANTNER	STORM SHUTTER -	Passed	PRE REQUISITE FOR C.O.
④	9 MIDDLE ROAD COASTAL ALUM.	FINAL	Passed OK	P.N. 5209 - BALMICK CONT. INSPECTOR: J 6/8 ✓
5229	SEELY	POOL - FINAL	Passed	FINAL SURVEY - POOL/DECK ROW (DELIVER PERMITS)
⑨	37 N.E. LOTTING WAY HARBOR BAY POOLS ("KAREN" 878-8806)	201 8227 11 ⁰⁰ = 11 ¹⁵		INSPECTOR: J 6/8 ✓
5405	HECKENBERG	FTG.	Passed	
⑩	5 N.E. LAGOON IS. CT (ADJ. VAC.) O/B	(2 ENTRY COLUMNS)		INSPECTOR: J 6/8 ✓
4978	RIMER	T/T & MTL		CANCEL BY CONTR. (7:40 PM 6/7/01)
	29 S. RIVER RD. KEAR DEVELOPMENT	(MAIN BLDG) PACIFIC CFG "R06" 263-016		INSPECTOR:
5463	JOHNSON	FTG. (STONE)	Passed	LATE AS POSSIBLE
⑪	2 ORCHARD WAY DRIFTWOOD HOMES (ALUM: 529-2577)			INSPECTOR: J 6/8 ✓
OTHER:	107 HENRY SEWALL WAY - APPROVED T/R PN 0386 TO SITE (W/ROOF SUBMITTALS)			
	19 RIDGELAND - ENGR. MEMO (5/30/01) " " "			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~ 29 ~~NOV~~ 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5363	TONY BOND	W/G. FRAMING	PASSED	WAS BUILT PIPING
	22 S. SEWALL'S POINT RD			DRY. REQ'D.
	DRIFTWOOD HOMES (ALW: 529-2577)			INSPECTOR: SA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5279	LIPPISCH	DOCK FRAMING	PASSED	PIILING & DOCK-
	22 S. SEWALL'S POINT RD			
	TROPIC MARINE (TRINA: 692-4154)			INSPECTOR: SA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	FREUNDENBERG.	FIELD VERIFICATION	VERIFIED	
	115 N. SEWALL'S POINT RD.			
	O/B			INSPECTOR: SA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5397	REIDY	ELECT. W/GRGHT.	PASSED	
	24 N. RIVER RD	FRAMING		
	R.L. SHALER	(INSPEC WSP. WAIVED)		INSPECTOR: SA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5097	KILBRIDE	PROPOSED POOL SAFETY	APPROVED	- see file for det.
	4 LANTRAWA LANE	ACT COMPLIANCE	FINAL	w/comp notes
	TWIN POOLS, INC	SYSTEM.	(WSP. XSGD)	INSPECTOR: SA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5347	ANDREWS	FINAL	PASSED	
	33 N. SEWALL'S POINT RD	(3RD ATTEMPT)		
	TROPIC MARINE			INSPECTOR: SA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	WINTER	FIELD VERIFICATION	VERIFIED	OTR PN 0461
	3 MIDDLE ROAD			
	O/B			INSPECTOR: SA

OTHER: S PALAMA WAY; JAMES CAMPO (286-0330) 2:30 APPT.

POSSIBLE CODE VIOLATION - STAIR CONST. PN 4775

✓ (INSPECTION 10:45 AM; RAIL VERI. EXCEED 4" SPEC (5 4/8 - 5") MIN TRSH < 6". SEW LIX.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/14/03, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ S	5068 WINTER 19 RIDGELAND LEAK	TIE BEAM	Passed	EARLY A.M. IF POSSIBLE INSPECTOR: <u>D 7/6</u>
✓ S	5417 Erb 45 S. Sewalls Pt. Rd. Pacific Roofing	TT/Metal	Passed	Dave 267 0177 INSPECTOR: <u>D 7/6</u>
✓ Z	5262 Johnson 2 Oakhill way Driftwood (A. Morris)	Slab	Passed	Later (called contr. : (1 corner steel to be added) INSPECTOR: <u>D 7/6</u>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Thurs~~, 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5445	SCHULTZ	SEWAGE CHG.	Passed	
S (3)	64 S. SEWALL'S POINT RD RMS ELECTRIC	Pool Disconnect.		INSPECTOR: J 7/16
✓ 5187	JORDAN	RF SHEATHING	Passed	
N (5)	110 N. SEWALL'S POINT ROAD W.D.C. CONSTR., INC. (WAYNE)			INSPECTOR: J 7/16
✓ 5363	THOMPSON	CARPET SLABS	Passed	Late
N (7)	2042 HILL WAY DRIETWOOD HOMES			INSPECTOR: J 7/16
✓ 5068	WILDER	RF-SHEATHING	Passed	
S (1)	19 RIDGELAND DR. LEAP DEVELOPMENT	(PTL - L/R AREA)		INSPECTOR: J 7/16
✓ T/R	CHARDAVOUPE	FIELD VERIF.	Passed	
N (6)	22 FIELDWAY DR. MONTE'S TREE SERVICE			INSPECTOR: J 7/16
5369	ECKNA	STORM SHUTTER -	Passed	
(2)	107 HENRY SEWALL WAY HARRY BLUE	FINAL (REINSPECTION - NO FEE)		INSPECTOR: J 7/16
T/R	KING	Field verif.		? 3347010
(4)	35 W High Pt. Shade Tree Inc.		needs to be clarified	INSPECTOR:
OTHER:	Geller	TI + A	Passed	
(8)	10 Palmetto Dr.			
5442	Pacific Roofing			insp. J 7/16

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 30 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5230	DENNISON 49 W. HIGH POINT O/B	INT. ALE FINAL CANCEL BY OWNER 6:40 PM 7/27		DR DENNISON } RESPON: 594-8093 OFFICE: 225-5955 INSPECTOR:
✓ 5363	JOHNSON 2 OAK HILL WAY	TIE BM		LATE INSPECTED. Workload Controlled by [unclear] INSPECTOR: J 7/30
✓ 5465	TEDESCO 18 N. RIVER RD PACIFIC RFG.	REEROOF - SHEATHING	Passed	Late INSPECTOR: J 7/30
✓ 5452	VITALE 15 KNOWLES ROAD DECOR BATH & KITCHEN	DEMOLITION - ELECTRICAL/UTL. WORK (MIKE SIMPSON 370-1015)	Passed	Wood temp. meter INSPECTOR: J 7/30
✓ 5358	INGRAM 101 N. SEWALL'S POINT RD. BUNFORD COAST.	- TIE BM - GAR. RF. SHEATHING	Passed Passed	partial ✓ INSPECTOR: J 7/30
✓ 5143	GILFORD 85 N. SEWALL'S POINT RD SCOTT J. HOLMES, BLDG. INC.	(PT) ELECT. RGH BALC. CLG. FIXTURES (220-4780)	Passed	all porch coils only INSPECTOR: J 7/30
N T/R	Baron 25 Fieldway Dr. Baron	Field verific.	Passed	INSPECTOR: J 7/30

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5228	FOGLIA	DRIVEWAY	Passed	
N (2)	2 Oakhill Way Dorwood Homes			INSPECTOR: J & I
✓ 5228	FOGLIA	DRIVEWAY	Passed	
S (2)	102 ABBIE COURT FOGLIA CONST.	Prepwr		INSPECTOR: J & I
✓ 5402	BECKER	SHUTTER - FINAL	Passed	PLS. CALL CONTR. W/ RESULTS
S (5)	16 E. HIGH POINT PRO-TEC SHUTTERS	Accord + clear shld. partial only (SUSAN 335-3000)		INSPECTOR: J & I
✓ 5063	ROBINSON	INSULATION	Passed	late AM if possible
S (7)	173 S. RIVER RD. DRIFTWOOD HOMES		(incl. AC-euch)	INSPECTOR: J & I
✓ 5408	CHURCH	REROOF - FINAL	Passed	
S (6)	8 ISLAND RD. PACIFIC REG.			INSPECTOR: J & I
✓ 5406	ECKHA	POOL ENCL. - FINAL	Passed	
S (4)	107 HENRY SEWALL WAY EAST COAST SPECIALTIES			INSPECTOR: J & I
✓ 5187	JORDAN	T/I & MTL	Passed	
N (1)	110 N. SEWALL'S POINT RD W.D.C. CONST. (201-1565)			INSPECTOR: J & I

OTHER: PN 516 / BREDWAY / III HENRY SEWALL WAY / HUTCHINS: (1) TA GC. REG. SUB PERMIT
 → ENCL CC (LANDSCAPE PLAN) TO SITE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURSDAY~~ ~~APRIL 2001~~; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5526 N (9)	PERE 61 N. RIVER RD. OIB	ROUGH PLUMBING	PASSED	INSPECTOR: EA
✓ 5520 S (3)	CARLSON 7 KINGSTON CT. UNITED FENCE (JOB: 335-2627)	FENCE - FINAL	PASSED.	INSPECTOR: EA
✓ 5434 S (4)	LARSEN 11 LAUTANA LAVE UNITED FENCE	FENCE - FINAL	FAILED (PERMIT NOT AVAILABLE TO SIGN)	FENCE/GATE EXCEED 7'-0" MAX. ALLOW. HGT. INSPECTOR: EA
✓ 5455 S (2)	ATEA 103 ABBIE COURT GRIBBED CONST.	TIE BM. (NEED ENGR LTR)	FAILED	FIELD CC FORM BOARD/11 SURVEY TO SITE. OPEN SUBS: R/C & R/G INSPECTOR: ED. EA
✓ 5363 N (8)	JOHNSON 2 OAK HILL WAY DRIFTWOOD	ROOF SHEATHING (PARTIAL)	PASSED	(2100 FL R/F # 151 FL-10010) INSPECTOR: EA
✓ TIR N (7)	YETTI (VACANT) 122 N. SPR ALL CLEAR INC	FIELD VERIF. (REINSPECTION)		TREE LOCATION VERIFIED W/OWNER INSPECTOR:
4874	SMITH 133 S. RIVER RD.	DOCK FINAL PAKE - 284 2645	PASSED	SEE PAGE 2 INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page | of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5352	Clowouts 11 W. High Pt. Molter	Tie beam		Friday
				INSPECTOR:
5455	Aten 103 Abby Ct. Shoreline	Temp El pole	Passed	
①				INSPECTOR: J 10/3
5391	PITTINOS 117 HENRY SEWELL WAY JMC.	FRAMING	Failed	RE-INSPECT.
②				INSPECTOR: J 10/3
5234	RIBELLINO 18 ISLAND RD WILSON	METER	Failed	
③				INSPECTOR: J 6/3
5427	FOGILA 105 APRIL CT. FOGILA	TIE BEAM		Friday
				INSPECTOR:
5363	JOHNSON	SNEAKING	Passed	
⑤	2 OAK HILL WAY DRIFTWOOD	(ALLEN 215-0079)		INSPECTOR: J 6/3
5068	WINER 19 RIDGELAND DR. LEARN DEV.	WINDOW/DOOR INSPECT.	Failed	FAILED - NEED SILL SCREWBOD.
④				INSPECTOR: J 10/3

OTHER: 17 H Sewall, JMC: Fire stoppers / dw screws in doors / foam openings
(SEE No. 2)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri NOV 30, 2001; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	JONSON	TRUSS + BRUCK	Passed	
②	2 OAK HILL WAY. DRIFTWOOD PACIFIC.	TT + Final		INSPECTOR: <i>[Signature]</i>
5302	NOJHEL	O.O.	Passed	(Shaffalera?)
⑤	6 RIDGEVIEW RD. RAYMANO CONST.	ALL TRADES	FAILED.	INSPECTOR: <i>[Signature]</i>
5352	CLEMENTS	TRUSS + BRUCK	Failed	(not ready) Cancelled by Contr.
⑦	11. W. HUGHPOINT RD. MOULTER			INSPECTOR: <i>[Signature]</i>
5213	ENRIQUETZ	C.O. FINAL	Passed	
⑥	1 KINGSPOON CT MORLES.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 2 Oakhill Way

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

- Frame/All trades
- Foam around windows
 - fireplace trap for air intake
 - Plumbg. waterline to be prescribed
 - wiring in access. attic to be protected
 - ~~all~~ FGA nailing
 - signed & sealed trust package

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 12/5/01


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri DEC 5, 2001; Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5185	Jones	Framing/All Trade	Passed	
(3)	14 Herons Nest OAR	Balcony steel		INSPECTOR: <i>[Signature]</i>
	Jones	Framing/All Trade	Failed	
(4)	2 Oakhill way Driftwood			INSPECTOR: <i>[Signature]</i>
5234	MCCARTNEY	ELECTRICAL	Passed	
(8)	45 W. HIGHPOINT WILSON BLDG.	WINDOW		INSPECTOR: <i>[Signature]</i>
5427	FOGLIA	ROOF ENGIN.	Failed	
(5)	105 ABBIE CT. FOGLIA			INSPECTOR: <i>[Signature]</i>
5608	BARLAND	FINAL -	FAILED	
(2)	1 S. VIA LUCINDIA PIONEER	SCREEN ENC		INSPECTOR: <i>[Signature]</i>
5667	WEBER	SLAB.	Passed	
(6)	4 MANDALAY BAFFORD.			INSPECTOR: <i>[Signature]</i>
5565	RUPP	STRAP + PLYWOOD	Passed	
(7)	19 W. HIGH POINT RD. EMMICK	EXT. NAILING		INSPECTOR: <i>[Signature]</i>

OTHER: Logan Island ct. / Tree Permit *[Signature]* check order

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sat Sun, 2001; Page 1 of 2.


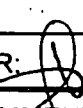
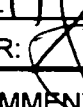
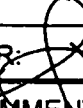

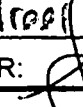
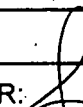
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5448	VORRASO	FRAMING	Passed	
N (9)	21 PERRIWINKLE CRES. RLM CONSTRUCTION	EXR RAIGH IN		INSPECTOR: <i>[Signature]</i>
5455	ATEN	ALL TRADES	Failed	RETRY 25
(4)	103 ABBIE CT. GRIBBEN			INSPECTOR: <i>[Signature]</i>
5515	WALKER	PARTIAL -	Passed	
(2)	6 CRANES NEST IANERO	CO		INSPECTOR: <i>[Signature]</i>
5022	SMITH	COLUMN +	Passed	(partial)
(5)	133 S. RIVER MALARI	TIE BEAM		INSPECTOR: <i>[Signature]</i>
5565	RUPP	ELECTRICAL	Passed	
(6)	19 W. HIGH POINT EMMICK			INSPECTOR: <i>[Signature]</i>
5363	JOHNSON	FRAMING +	Passed	(LATE AS POSSIBLE)
N (11)	2 OAK HILL WAY DRIFTWOOD	PAULS CABLES		INSPECTOR: <i>[Signature]</i>
5319	M' CARTHY	PLUMBING	Failed	
(7)	45 W HIGH POINT RD. ADVANTAGE			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~1/2/01~~, 2001; Page 2 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
55163	Johnson	INSULATION	Passal	7
(3)	2 OAK HILL DUFFWOOD			INSPECTOR: 
5063	Robinson	Pool Deck	Passal	(not checked edge)
(11)	173 S. RIVER Rd. DUFFWOOD			INSPECTOR: 
5621	ABROT.	DRY-IN	Partial	Gate locked
(6)	108. 108 ^{N Sewall Pt.} RIVER DR WOLSKI	Sheathing	Passal	(partial) INSPECTOR: 
5559	Rao	FENCE FINAL	Passal	(Permit ??)
(4)	30 CASTLE HILL WAY LAURENCE			INSPECTOR: 
5567	WEBER	SLAB.	Passal	
(12)	4 MANDALAY. BYFORD.			INSPECTOR: 
	Musa	Satellite Dish		to be not visible from
(9)	18 S. River O/T	Notice mm		ground level street for visibility. INSPECTOR: 
			all o.k	
(5)	4 NE Lagoon Isld. O/T			INSPECTOR: 

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 2 Oathill way

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

Pool Steel/Bond

Parley : wood 2 # 3 cut.
on top

OK, completed

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 1/16/02


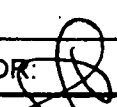
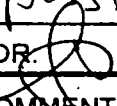
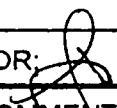
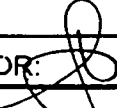
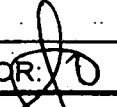
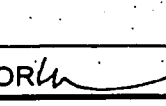
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri January 16, 2001; Page 2 of 3.

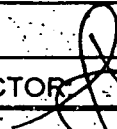
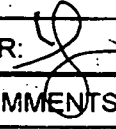




PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5646	Whaley 9 Knowles Rd Cardinal	Sheathing	Passed	Partial INSPECTOR: 
(2)				
5627	SADLER 9 RIVERVIEW DR GRANTS	UNOCCUP. PLUMBING	Passed	 INSPECTOR: 
(6)				
5652	Johnson 2 OAK HILL BLUE HORIZON	POOL STEEL	Failed	(2, 3 cont. at top) later passed INSPECTOR: 
(5)				
5599	WATSON 30 N. RIVER RD. PACIFIC	Sheathing	Passed	(Partial) INSPECTOR: 
(4)				
5022	SMITH 133 S RIVER RD. MCKEAN	TIE BEAM	Passed	 INSPECTOR: 
(5)				
5421	ROBINSON 10 BANYAN	FENCE FINAL	Passed	 INSPECTOR: 
(5)				
5068	WINER 19 RIDGELAND LEAR	A/C	FAILED	 INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Feb 20, 2001 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5602	CANTIER HOLDINGS LTD.	ELEC FINAL	Passed	900
(1)	27 S. RIVER RD. ELEC. CONN.	DOCK		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5636	FRANCIS	SLAB	Passed	
(6)	5 S. RIVER RD. WILKINSON			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5363	JOHNSON	DRIVEWAY	Passed	
(10)	2 OAK HILL WAY. DRIFTWOOD.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5650	WUNER	POOL STEEL	Passed	
(2)	19 RUDWELAND. OLYMPIC			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5388	WALKER	Pool STEEL	Failed	
(J)	6 CRANES NEST OLYMPIC.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5667		Roof Final	Passed	
last.	19 W High Pt. Pacific			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 2 Oakhill way

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

Pool Slab

Need compensation lost

Formboard or tie in survey
for deck + pool equipment.

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 2/20/12

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri FEBRUARY 25, 2004 Page 1 of 1

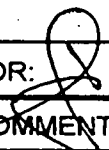


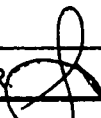

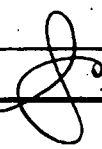
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	John ... 02 Oakhill Way	Pool	Failed	
	Diff wood			INSPECTOR:
SS01	ALMAN. 3 Summer Ln.	LATH. AK. PLUMB	Passed	
	ALMAN.			INSPECTOR:
SS67	WEBER 4 MANDALAY.	STAIR. STEEL	Failed	
	Buford.	ANDY. 201 9153.		INSPECTOR:
IS677	Dr Bruce 2 Cranes West	Window rep.	Passed	
	Masterpiece	(4)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: 26 Simara : Survey drop of
8 E High Pt : Swale ?? Mrs Helman 243 7627 8 E High Pt.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri FEB 27, 200~~1~~² Page 1 of 2.

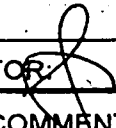
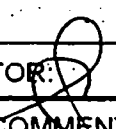
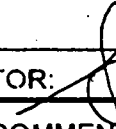
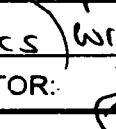
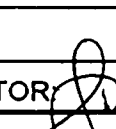
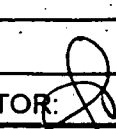
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	TRUSS ENCL A	/	CANCELED
	125 S. RIVER RD.	SHEATHING	/	FRIDAY
	M'CALLY	/	/	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5500	BUSHAR	POOL DECK	Failed	
(2)	10 PALM COURT.			INSPECTOR: 
	SCHILLER			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5455	ATEN.	DRIVEWAY	Passed	
(6)	103 MARIE CT.			INSPECTOR: 
	GRIBBEN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5363	JOHNSON	TEMP. POWER	Passed	? AC dies - ?
(1)	2 OAK HILL WAY			(at Ripe!)
	DRIFTWOOD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	HART	UNDERGROUND	Failed	
(4)	61 S. RIVER RD.	PLUMBING -		INSPECTOR: 
	WINCHIP	EXISTING HOUSE		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5680	KENNEDY	TIN TAG +	Passed	
(3)	3 S. RIDGEVIEW RD.	METAL		INSPECTOR: 
	PACIFIC			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5611	DEGARMO.	TIN TAGS	Passed	
(7)	24 W. HIGH POINT			INSPECTOR: 
	STUMPT.			

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri MARCH 13, 2001 Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5671	ATEN	ROUGH PLUMBING	Passed	
(10)	103 ABILE CT. HARBOR BAY	POOL		INSPECTOR: 
5068	WINEZ	ROUGH ELEC	Passed	
(7)	19 RIDGELAND. WILSON LEAL			INSPECTOR: 
5597		SCREEN BENCH	Passed	
(3)	117 HENRY SEWALLS WAY. PIONEER SCREEN			INSPECTOR: 
5683	GUFFIE	BOAT LIFT.	Failed	not completed (electronics) wrong call
(11)	140 S. SEWALLS PT RD. J & B BOAT LIFT.			INSPECTOR: 
5561	PITTINOS.	POOL FINAL	Passed	
(8)	117 HENRY SEWALLS WAY. POOLS BY GARY			INSPECTOR: 
5279	LIPISCH	DECK FINAL	Failed	Electric
(5)	22 S. SEWALLS PT RD. TROPIC MARLIN		Done =	complete
5363	JOHNSON	FINAL	Passed	
(3)	2 OAK HILL WAY DRIFTWOOD			INSPECTOR: 

OTHER:

~~4875~~ ?

5652

POOL/SPA/DECK

TOWN OF SEWALL'S POINT

Date 1/8/01

BUILDING PERMIT NO. 5652

Building to be erected for LINNEA JOHNSON

Type of Permit POOL/SPA/DECK

Applied for by BLUE HERON POOLS

(Contractor)

Building Fee 240.00

Subdivision CASTLE HILL

Lot 1

Block _____

Radon Fee _____

Address 2 OAK HILL WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Parcel Control Number: _____

PERMIT

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

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

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

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 _____

24 HOUR NOTICE REQUIRED FOR INSPECTIONS -- HAVE ALL REQUIRED PAPERWORK ON SITE
 CALL 287-2455 WORKING HOURS 8:00AM - 4:00PM MONDAY THROUGH FRIDAY
 INSPECTIONS 8:30AM -12:00PM MONDAY, WEDNESDAY & FRIDAY

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.

Renewal: 1/8/03 - 4/8/02 - 3mo - 1/8/02 - 1/8/01

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 1/8/02

BUILDING PERMIT NO. 5652

Building to be erected for LINNEA JOHNSON

Type of Permit POOL/SPA/DECK

Applied for by BLUE HERON POOLS

(Contractor)

Building Fee 240.00

Subdivision CASTLE HILL Lot 1 Block _____

Radon Fee _____

Address 2 OAK HILL WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

2637410150000001020000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 264 ⁰⁰/_{XV}

Check # 2577 Cash _____

Other Fees (PLAN REV.) 24.00

Roofing Fee _____

Total Construction Cost \$ 15,000.00

TOTAL Fees \$264.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Inspector

OFFICIAL

Renewal: 1/8/03 - 4/8/03: 3mo x \$24 = \$72.00 #1531
Renewal 4/8/03 - 6/8/03: 2mo x \$24 = \$48.00 Cash on 5/8/03 /A
MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/8/02 BUILDING PERMIT NO. 5652
Building to be erected for LINNEA JOHNSON Type of Permit POOL/SPA/DECK
Applied for by BLUE HERON POOLS (Contractor) Building Fee 240.00
Subdivision CASTLE HILL Lot 1 Block _____ Radon Fee _____
Address 2 OAK HILL WAY Impact Fee _____
Type of structure SFR A/C Fee _____
Parcel Control Number: _____ Electrical Fee _____
2637410150000001020000 Plumbing Fee _____
Amount Paid 264⁰⁰/_{XV} Check # 2577 Cash _____ Other Fees (PLAN REV.) 24.00
Total Construction Cost \$ 15,000.00 TOTAL Fees \$264.00

Signed [Signature] Applicant
Signed [Signature] Town Building Inspector
OFFICIAL

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: LINNEA JOHNSON Building Permit Number:
City: SEWALL'S POINT State: FLA Zip:
Legal Description of Property: CASTLE HILL LOT 1 Parcel Number: 26-3741015000000102000
Location of Job Site: 2 OAKHILL WAY SEWALL'S POINT Type of Work To Be Done: POOL, SPA, PATIO

CONTRACTOR/Company Name: BLUE HERON POOLS Phone Number: 361 871 8743
Street: 1290 BILTMORE ST City: PORT SAINT LUCIE State: FL Zip: 34983
State Registration Number: CPCAZ5519 State Certification Number: CPCAZ5519 Martin County License Number:

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

ENGINEER: HORNOR ENGINEERS Phone Number: 954-772-4940
Street: 5755 TOWERLINE ROAD City: FT LAUDERDALE State: FL Zip: 33307

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$15,000 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO X

SUBCONTRACTOR INFORMATION

Electrical: HERITAGE ELECTRIC State: FL License Number: ME00094
Mechanical: NA State: License Number:
Plumbing: BLUEHERON POOLS State: FL License Number: CPCAZ5519
Roofing: NA State: License Number:

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessability Code

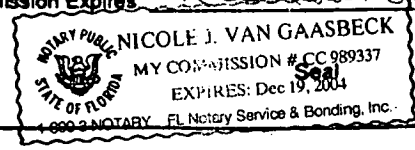
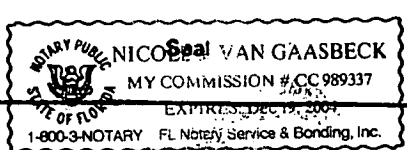
THEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (Required) Linnea Johnson
State of Florida, County of: MARTIN
This the 6th day of DECEMBER, 2001
by Linnea Johnson who is personally
Known to me or produced
as identification.

Notary Public Nicole J. Van Gaasbeck
My Commission Expires:

CONTRACTOR SIGNATURE (Required) Vernon Williams
On State of Florida, County of: MARTIN
This the 6th day of DECEMBER, 2001
by VERNON WILLIAMS who is personally
Known to me or produced
As identification.

Notary Public Nicole J. Van Gaasbeck
My Commission Expires:



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 26-3741-015-000-000 10-20000

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):

Castle Hill Lot One

GENERAL DESCRIPTION OF IMPROVEMENT: pool, spa, patio

OWNER: Linnea Johnson

ADDRESS: 20ak Hill Way, Sewalls Point, Fla

PHONE #: 861-334-9232 **FAX #:** _____

CONTRACTOR: BLUE HERON POOLS

ADDRESS: 1290 BILTMORE ST, PSL, FLA 34983

PHONE #: 871-8943 **FAX #:** same

SURETY COMPANY (IF ANY): na - none STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

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

BOND AMOUNT: _____

LENDER: Fee Simple BY 1 COPY D.C.
DATE 12-28-01

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(1)(A)7., FLORIDA STATUTES:

NAME: na

ADDRESS: _____

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

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

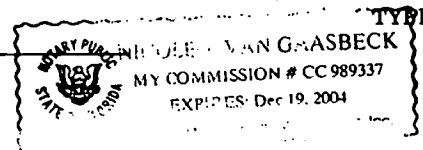
PHONE #: _____ **FAX #:** _____

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.

Linnea Johnson
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5th DAY OF December
19 BY LINNEA JOHNSON
2001

Theresa Van Grassebeck
NOTARY SIGNATURE



PERSONALLY KNOWN X
PRODUCED ID _____
TYPE OF ID _____

FLORIDA

ENGINEERING & TESTING, INC.

Phone: (954) 970-8870 - 970-8819
 (561) 998-7002 • Fax: (954) 975-3934
 1845 N.W. 33rd Street
 Pompano Bch, FL 33064

FIELD DENSITY TESTS OF COMPACTED SOILS AND PROCTOR COMPACTION TEST

DATE: Feb/21/02 ORDER NO: 02 - 674 PERMIT NO. 51652
 CLIENT: Blue Heron Pools
 ADDRESS: 1290 S.W. Biltmore Street Suite "S" Pt. St Lucie, Florida 34984
 PROJECT: Proposed Pool Deck Compaction Test
 ADDRESS: 2 Oak Hillway Sewells Point, Florida
 LOCATION: Between House & Pool Lift 1
 LOCATION: Between House & Pool Lift 2
 LOCATION: _____

FIELD DENSITY METHOD A.S.T.M. D-2922

DRY DENSITY P.C.F. IN THE FIELD	107.2	105.7	
% MOISTURE	8.3	7.6	
% COMPACTION IN THE FIELD	98.5	97.1	
% COMPACTION REQUIRED BY SPECS	95%		
PROCTOR VALUE, P.C.F.	108.9		
OPTIMUM MOISTURE, %	12.1		
LABORATORY NO.	P- 416		
DEPTH IN INCHES	12"		

MATERIAL Brown Sand W/Traces of Rock

REMARKS: _____

ALL TEST RESULTS COMPLY WITH SPECIFICATIONS
UNLESS OTHERWISE NOTED WITH AN ASTERISK(*).

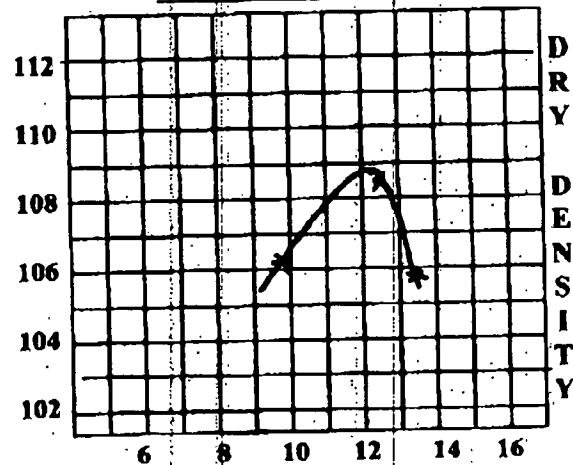
TESTED BY: J.K.
 CHECKED BY: A.W.

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regard to our reports is reserved pending our written approval.

* A density test determines the degree of compaction of the material only. In no way shall a density test replace a soil bearing capacity determination.

PROCTOR T-180 A.A.S.H.T.O. METHOD C

% MOISTURE	DRY DENSITY
9.9	106.1
12.4	108.5
13.2	105.9
100% MAXIMUM DRY DENSITY	
108.9	lbs./cu. ft.



GRADATION TEST
% Passing 3/4" Sieve 99 %

Respectfully submitted,

Allen Witt
 ALLEN WITT, P.E.
 FLORIDA ENGINEERING & TESTING, INC.
 FLORIDA REG. #39681

Member National Association of Women In Construction (N.A.W.I.C.) W/BE

MARTIN COUNTY
BOARD OF COUNTY COMMISSIONERS
2401 SE MONTEREY ROAD . STUART, FL 34996

PERMIT #

Residential Swimming Pools,
Spa and Hot Tub Safety Act

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at

2 OAKHILL WAY SEWALL'S PT., and hereby affirm that one of the following methods
(Please Print Street Address)

has been used to meet the requirements of Chapter 515, Florida Statutes.
(please initial the method(s) used for your pool)

 The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;

 The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs);

X All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;

 All doors providing direct access from the home to the pool are equipped with self closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck;

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

Wanda Wick 12-06-01
CONTRACTOR'S SIGNATURE & DATE

Laura [Signature] 12/6/01
OWNER'S SIGNATURE & DATE

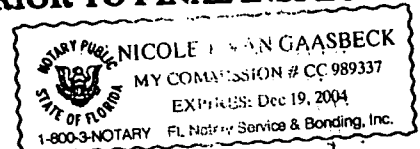
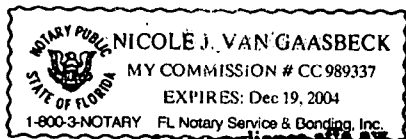
Nicole Van Gaasbeck
NOTARY PUBLIC, STATE OF FL.

Nicole Van Gaasbeck
NOTARY PUBLIC, STATE OF FL.

AS TO CONTRACTOR
PERSONALLY KNOWN X
PRODUCED ID _____
TYPE: _____

AS TO OWNER
PERSONALLY KNOWN X
PRODUCED ID _____
TYPE: _____

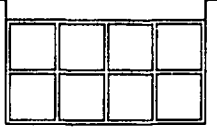
THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPT. PRIOR TO FINAL INSPECTION.



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 1/3/01
 BUILDING OFFICIAL
 GREG SIMMONS

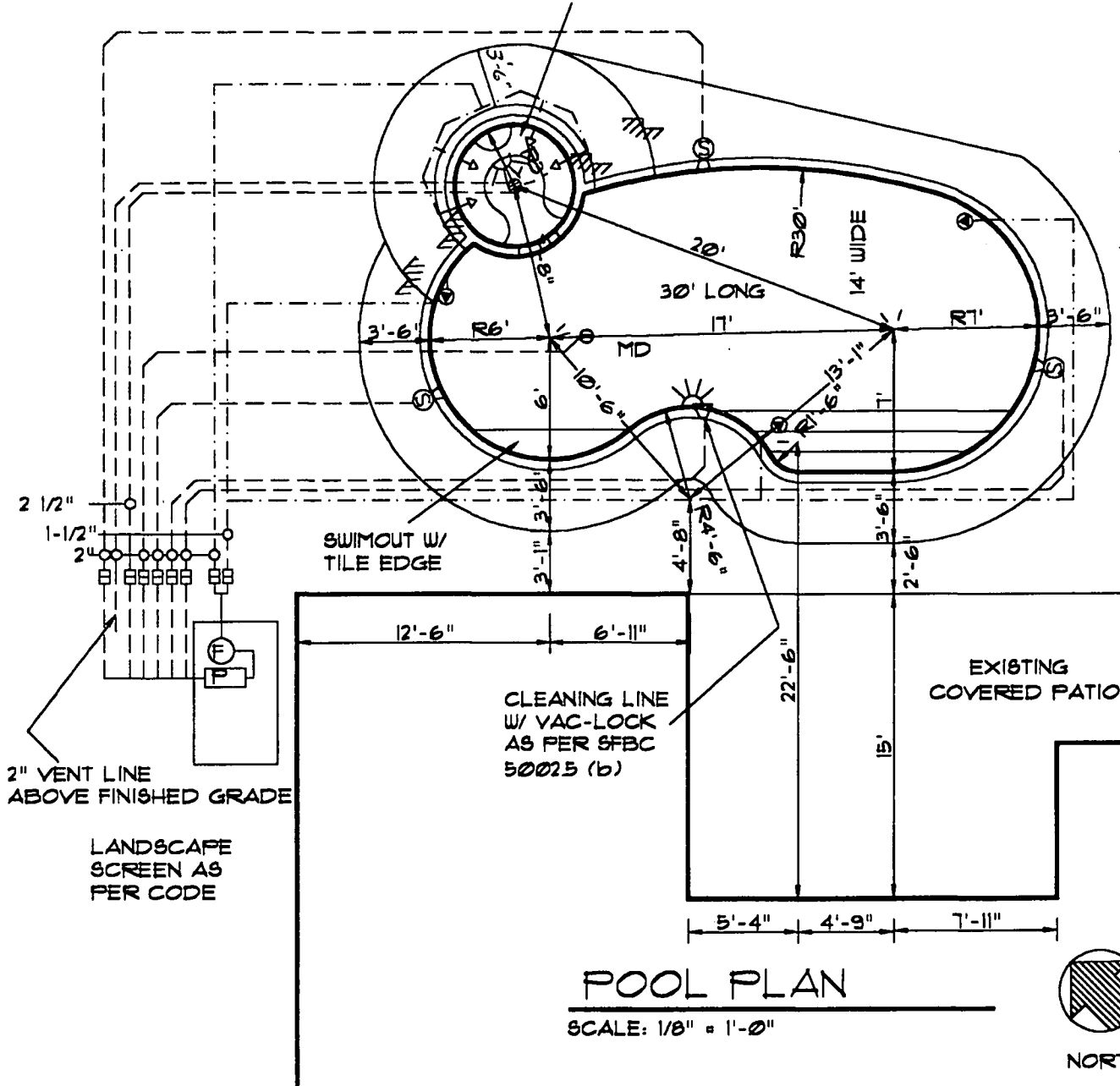
POOL TYPE "0"
NON DIVING

6" DIA SPA RAISED 12" W/ LIGHT, 8 GLASS
 BLOCKS, 1-MD, 4-JETS & 24" SPILLWAY



GLASS BLOCK
 DETAIL (N.T.S.)

NOTE:
 IN GLASS BLOCK AREA PROVIDE STANDARD
 WEIGHT GALVANIZED DUR-O-WAL TRUSS BAR
 (NO.9) OR APPVD EQUIVALENT AT EVERY
 COURSE. WHERE GLASS BLOCK IS 3 OR MORE
 IN HEIGHT PROVIDE 1/2 VERTICAL IN EACH
 MORTAR JOINT. USE TYPE M OR S MORTAR
 ONLY. (SEE S.F.B.C. SECTION 2104.2J)



POOL PLAN
 SCALE: 1/8" = 1'-0"



ENGINEERS NOTE:
 ENGINEER STRONGLY RECOMMENDS CONTRACTOR BUILDS
 FROM PLANS AS APPROVED BY THE LOCAL BUILDING
 DEPARTMENT. HCE IS NOT RESPONSIBLE FOR CONSTRUCTION
 ERRORS RESULTING FROM FAILURE TO COMPLY WITH THIS
 RECOMMENDATION.

CONSTRUCTION NOTES

1) POOL PERIMETER OF 71' DOES NOT INCLUDE 7' OF COMMON POOL/SPA WALL

SPECIFICATIONS	
POOL SIZE:	14' X 30'
POOL PERIMETER:	71'
VOLUME: (GALLONS)	11,713
POOL DEPTH:	3' TO 6'
POOL AREA SQ. FT.:	348
TURNOVER RATE	1.95 HRS.
POOL EQUIPMENT	
POOL PUMP:	2 HP
POOL FILTER:	C-1750
POOL INLETS:	3
SKIMMER:	3
POOL LIGHT:	1-300W
POOL HEATER TYPE:	BY OTHER
POOL HEATER SIZE:	N/A
CLEANING LINE:	VAC
CLEANING SYSTEM:	N/A
CHLORINATOR:	N/A
AUXILLIARY POOL EQUIPMENT	
AUX. POOL PERIMETER	28/19'
AUXILLIARY PUMP:	N/A
AUX. POOL JETS:	4
AUX. POOL LIGHT:	1-100W
AUX. HEATER TYPE:	N/A
AUX. HEATER SIZE:	N/A
RAISED:	12"
STEP(S):	YES
BLOWER:	N/A
TURNOVER RATE:	6.28 MIN.
POOL FINISH ITEMS	
COPING:	BN
TILE:	6"
SWIMOUT:	PER PLAN
LADDER:	N/A
HANDRAIL:	N/A
HANDHOLDS:	YES
INTERIOR FINISH:	GEM
DECK S.F.:	297
CAPPING S.F.:	N/A
DECK TYPE:	SPRAY
WATER FEATURES	
AUX. POOL SPILLWAY SIZE:	24"
LIONS HEAD:	N/A
SPRITZER/SPRAY HEAD:	N/A
THERAPY JETS:	N/A
FOUNTAIN FEATURE:	NO
SHEER DESCENT:	N/A
OTHER:	N/A
OTHER:	N/A
LIGHT FEATURES	
FIBER OPTIC SPOT(S):	N/A
PERIMETER LIGHTS:	N/A
REMOTE :	N/A
LIGHT SWITCH:	YES
COLOR WHEEL:	N/A
# OF COLORS:	N/A
ADDITIONAL FEATURES	
POOL ENCLOSURE:	NONE
FOOTERS L.F.:	N/A
DECO-O-DRAIN:	N/A
PILING POOL:	NO
GLASS BLOCK TYPE:	8" X 8"
GLASS ROWS HT:	16"
GLASS ROWS WTDH.	24"
# OF GLASS BLOCKS:	8

NAME: JOHNSON
 ADDRESS: 587 MARANTA TERRADO
 CITY/STATE: SEWALLS POINT, FLA.

HCE# 01-999-432 JOB#
 DRAWN BY: R.L. DATE: 12/20/01 PAGE 1 OF 4

LOT 1 BLOCK PAGE 89 BOOK 12
 SUBDIVISION: CASTLE HILL
 COUNTY: MARTIN

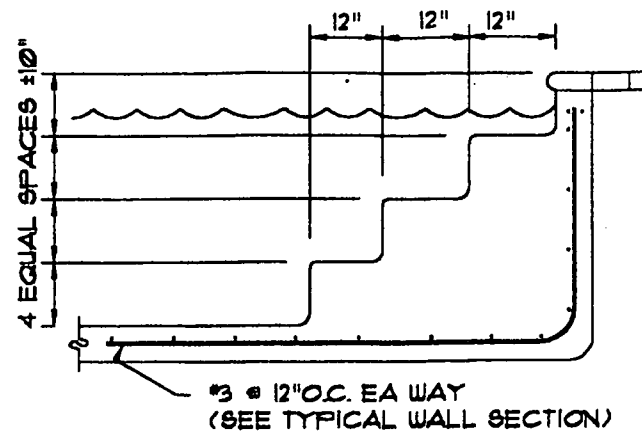
[Signature]
 JOHN M. CARROLL JR. P.E.
 LICENSE # 41610

BLUE HERON POOLS

PHONE NO: (954) 772-4940
 FAX NO: (954) 772-6840
 HORNER CONSULTING ENGINEERS, INC EB#5848
 5755 POWERLINE ROAD, FT. LAUDERDALE FL. 33309

GENERAL NOTES:

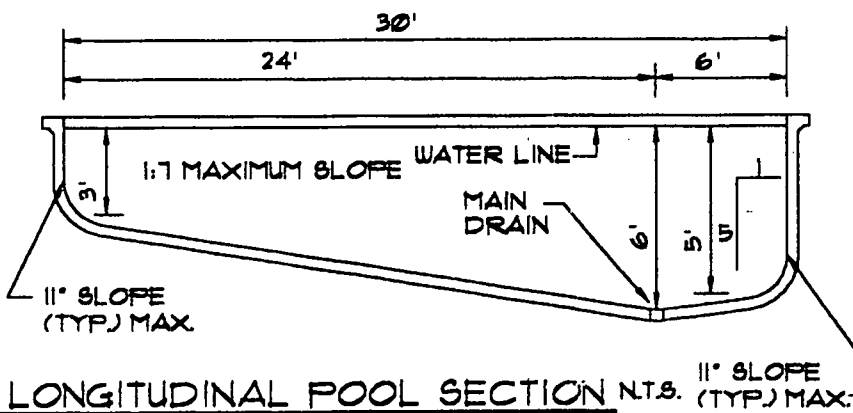
- ALL FLOORS & WALLS OF POOL TO BE PNEUMATICALLY APPLIED CONC. WITH A MIN. 28 DAY COMPRESSIVE STRENGTH OF 2500 PSI.
- ALL REINF. STEEL TO CONFORM TO A.S.T.M. 615 GRADE 40.
- ALL POOL PIPING TO BE SCHED 40 PVC BEARING NSF APPROVAL
- SOIL STATEMENT:
DUE TO RATIONAL ANALYSIS THE SOIL IN THIS AREA HAS A 1500 PSF SAFE BEARING CAPACITY AFTER EXCAVATION AND COMPACTION. SHOULD ANY MUCK, MARL, OR OTHER ORGANIC SOILS BE DISCOVERED ON EXCAVATION THEY SHOULD BE REMOVED IN THEIR ENTIRETY. THIS POOL REQUIRES 1500 PSF BEARING CAPACITY.
- THE POOL CONTRACTOR SHALL ALWAYS TAKE ALL PRECAUTIONS TO PROTECT EXISTING STRUCTURES FROM FAILURE BY SHEETING AND/OR SHORING OR OTHER METHODS THE DESIGN ENGINEER ACCEPTS NO RESPONSIBILITY FOR THE SAFETY OF EXISTING STRUCTURES.
- THIS DESIGN ENGINEER ASSUMES NO RESPONSIBILITY FOR POOL CONSTRUCTION IN EASEMENTS OR REQUIRED SETBACK AREAS. PLOT PLANS NOT PREPARED FROM LEGAL SURVEYS OF THE EXISTING LOT AND RESIDENCE ARE SO INDICATED. THE POOL CONTRACTOR SHALL VERIFY ALL DIMENSIONS IN THE FIELD AND ESTABLISH LOT LINES.
- THE POOL CONTRACTOR SHALL ESTABLISH LOCATIONS OF ALL UTILITIES AT THE SITE. MIN. CLEARANCE DIMENSIONS SHALL BE HELD AS REQUIRED BY THE LOCAL REGULATORY AGENCY. IN GENERAL, HOLD A DISTANCE OF 10 FEET FROM OVERHEAD ELECTRIC LINES TO OPEN POOL WATER.
- TEMPERATURE OF THE WATER SHALL BE SET SO THAT MAX. WATER TEMP. = 102 DEGREES F.
- MIN. 4' FENCE, WITH SELF-LOCKING GATES, REQUIRED AROUND ALL UNSCREENED POOLS.
- THE CONTRACTOR SHALL BACKFILL THE POOL SHELL WITH CAUTION. THE PLUMBING SHALL NOT BE DISTURBED. BACKFILL SHALL BE ACCOMPLISHED WITH CLEAN SANDS, FREE OF ORGANIC MATERIAL AND SHALL BE PLACED IN 12" THICK LAYERS. EACH LAYER SHALL BE COMPACTED TO 90% OF THE SOILS MAXIMUM DENSITY BY TAMPING SOLIDLY. SOILS BELOW THE PATIO SHALL BE PLACED IN A SIMILAR MANNER.
- WHERE PATIOS ARE INDICATED BY OTHERS, THE PATIO DESIGN NOTES SHOWN ON THE TYPICAL WALL SECTION DO NOT APPLY. THE PATIO DESIGN IS BY OTHERS.
- WARNING: TO EMPTY POOL AFTER CONSTRUCTION, FOR REPAIRS OR ANY OTHER REASON, THE HYDROSTATIC UPLIFT PRESSURES BENEATH THE POOL MUST BE ELIMINATED TO PREVENT THE POOL FROM FLOATING UPWARD. THE OWNER MUST CONSULT A POOL CONTRACTOR OR POOL REPAIR CONTRACTOR EXPERIENCED IN ELIMINATING UPLIFT PRESSURES.
- THIS PLAN REMAINS THE PROPERTY OF HORNER CONSULTING ENGINEERS, INC. IT IS NOT TRANSFERABLE FROM ONE CONTRACTOR TO ANOTHER WITH OUT WRITTEN PERMISSION OF HORNER CONSULTING ENGINEERS, INC.



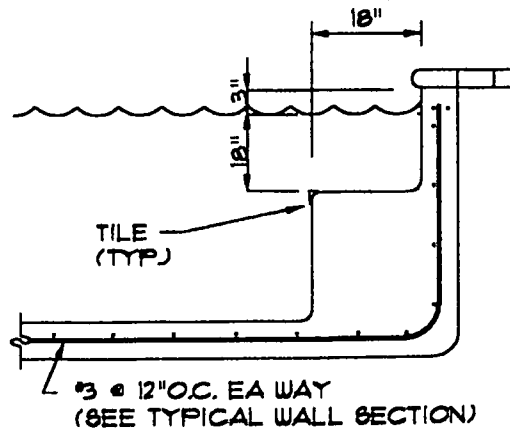
STAIR DETAIL

IMPORTANT NOTE:

NO DIVING BOARD AND NO DIVING IS ALLOWED ON ANY POOL LESS THAN 8'-0" DEEP AND SPECIFICALLY DESIGNED FOR DIVING. THIS POOL IS NOT DESIGNED FOR DIVING.

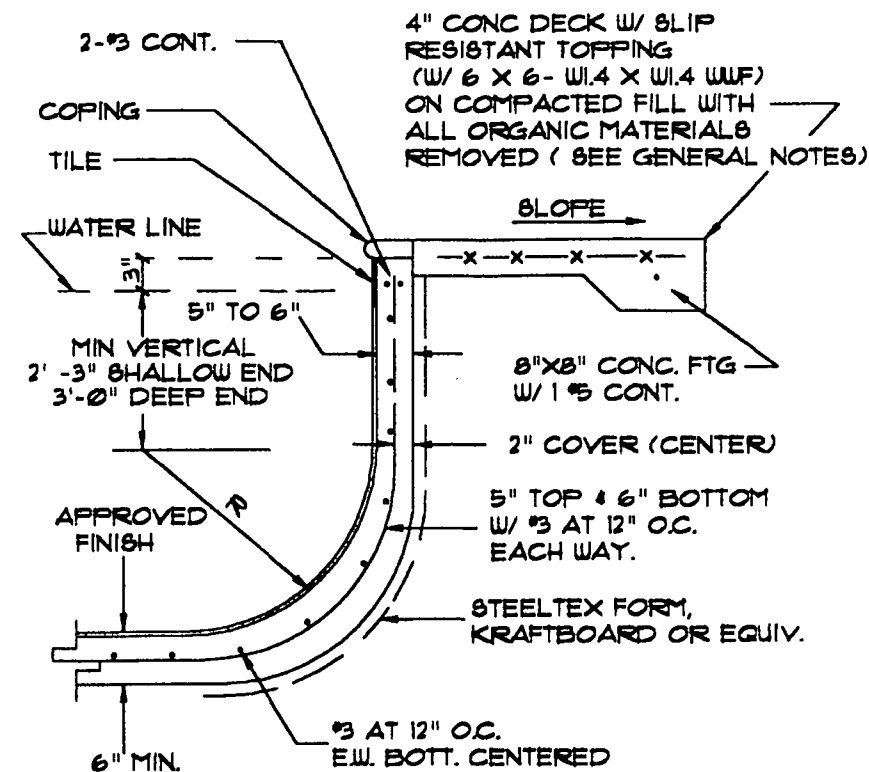


LONGITUDINAL POOL SECTION N.T.S. (TYP) MAX.



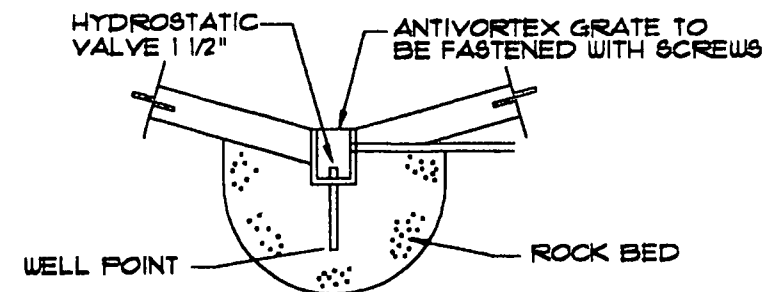
SWIMOUT DETAIL

N.T.S.



TYPICAL WALL SECTION (FOR DEPTHS TO 6'-0") N.T.S.

FIBERMESH MAY BE USED IN LIEU OF WUF.



WELL POINT DETAIL N.T.S.

NAME: JOHNSON
ADDRESS: 587 MARANTA TERRADO
CITY/STATE: SEWALLS POINT, FLA.

HCE# 01-999-432 JOB#
DRAWN BY: R.L. DATE: 12/20/01 PAGE 2 OF 4

LOT 1 BLOCK PAGE 89 BOOK 12

SUBDIVISION: CASTLE HILL

COUNTY: MARTIN

John M. Carroll, Jr.
JOHN M. CARROLL, JR. P.E.
LICENSE # 41610

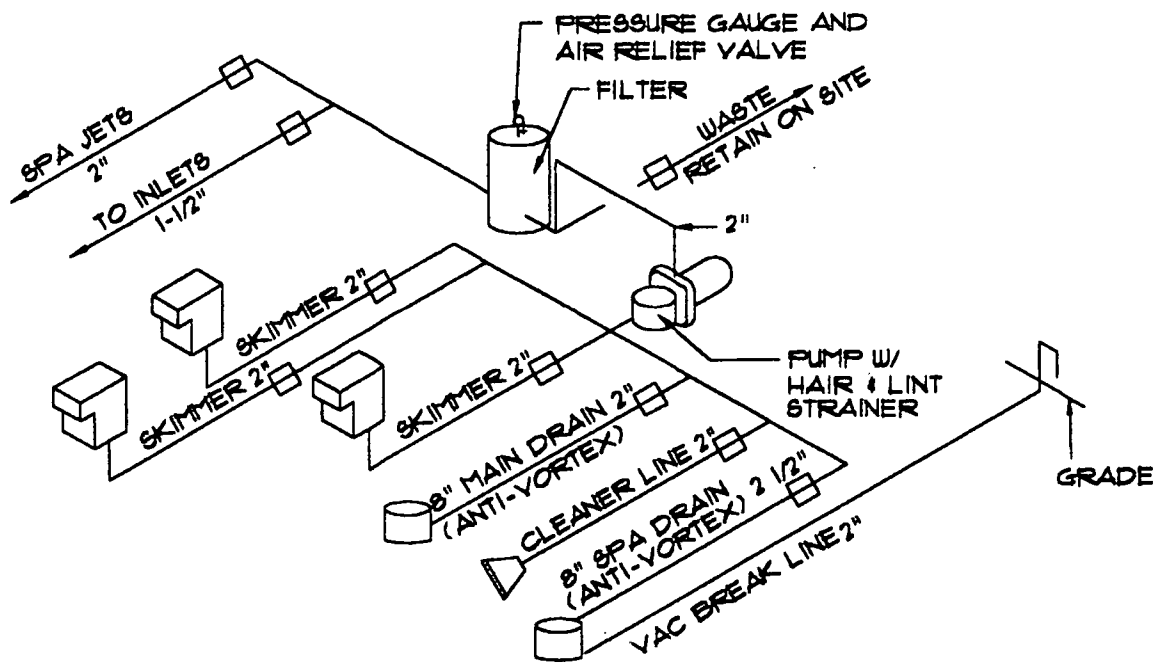
BLUE HERON POOLS



PHONE NO: (954) 772-4940 FAX NO: (954) 772-6860

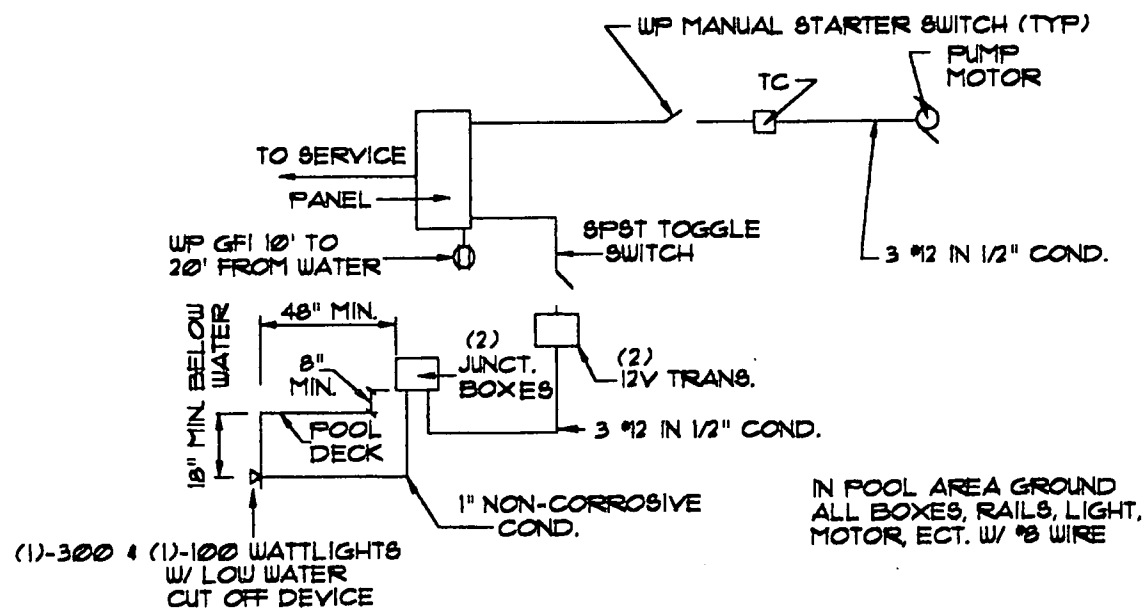
HORNER CONSULTING ENGINEERS, INC EB#5846 5755 POWERLINE ROAD, FT. LAUDERDALE FL. 33309





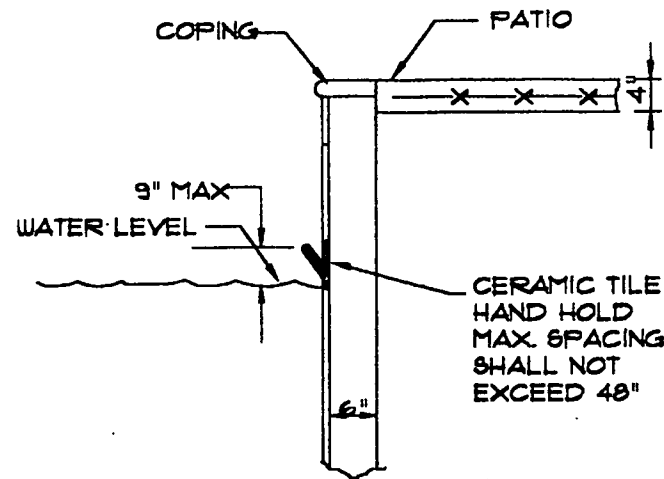
PIPING SCHEMATIC N.T.S.

PUMP FLOW RATE
2 HP 100 GPM @ 60' TDH.



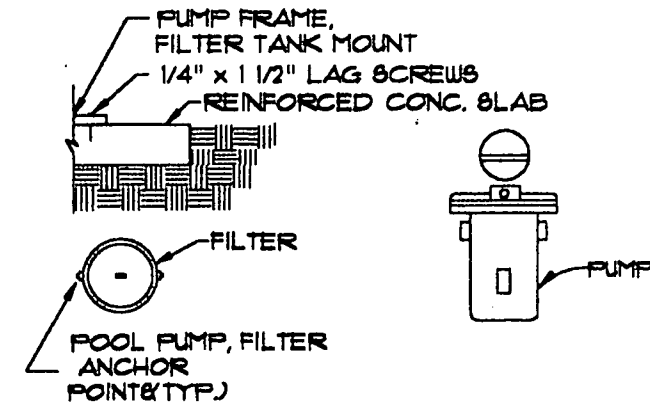
ELECTRICAL DIAGRAM

NOTE: ALL ELECTRICAL SHALL CONFORM W/ N.E.C. ART. 680



HAND HOLD DETAIL N.T.S.

NOTE: PROVIDE A HAND HOLD NO MORE THAN 9" ABOVE THE NORMAL WATER LEVEL.



NOTES: ANCHOR BOLTS THROUGH BASE (1/4" x 1 1/2") LAG SCREWS FOR POOL PUMP & FILTER

POOL EQUIPMENT ANCHORING N.T.S.

SOIL STATEMENT

DUE TO RATIONAL ANALYSIS THE SOIL IN THIS AREA HAS A 1500 PSF SAFE BEARING CAPACITY AFTER EXCAVATION AND COMPACTION. SHOULD ANY MUCK, MARL, OR OTHER ORGANIC SOILS BE DISCOVERED ON EXCAVATION, THEY SHOULD BE REMOVED IN THEIR ENTIRETY. THIS POOL REQUIRES 1500 PSF BEARING CAPACITY.

THIS SWIMMING POOL AND SPA HAS BEEN DESIGNED PER RATIONAL ANALYSIS ACCORDING TO ACCEPTED ENGINEERING PRINCIPLES FOR DESIGN OF POOL & SPA PER S.B.C.C.I. CODE & PALM BEACH CO. SWIMMING POOL & SPA CODE

NAME: JOHNSON
ADDRESS: 587 MARANTA TERRADO
CITY/STATE: SEWALLS POINT, FLA.

HCE# 01-999-432 JOB#
DRAWN BY: R.L. DATE: 12/20/01 PAGE 3 OF 4

JOHN M. CARROLL JR. P.E.
LICENSE # 41610

LOT 1 BLOCK PAGE 89 BOOK 12
SUBDIVISION: CASTLE HILL
COUNTY: MARTIN

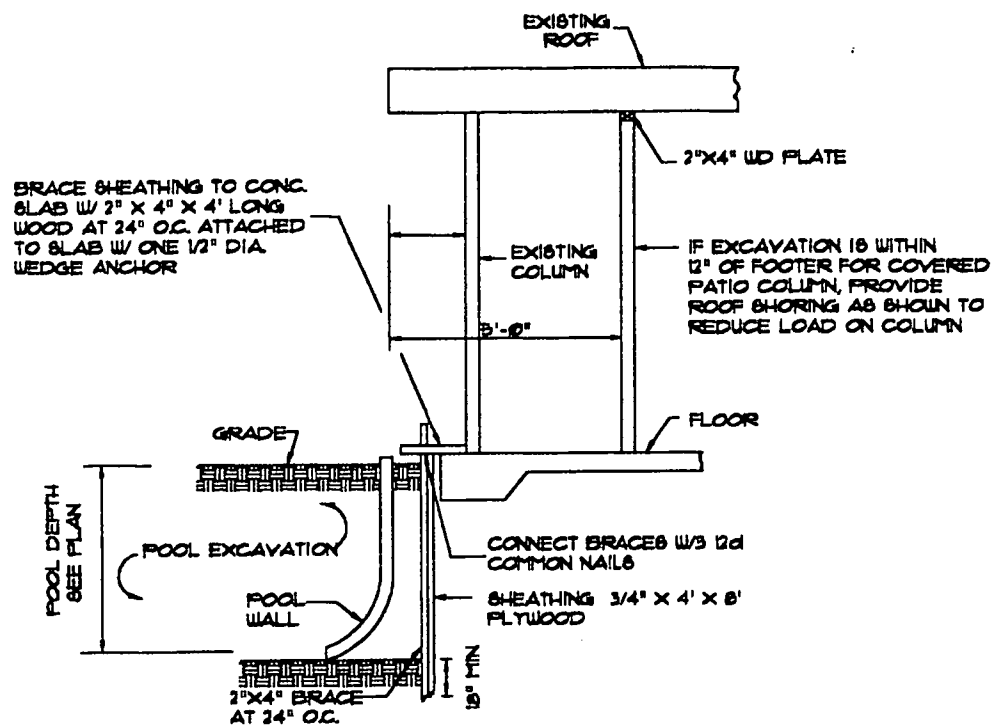
BLUE HERON POOLS



PHONE NO: (954) 772-4940
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HORNER CONSULTING ENGINEERS, INC. EB#5848
5755 POWERLINE ROAD, FT. LAUDERDALE FL. 33309





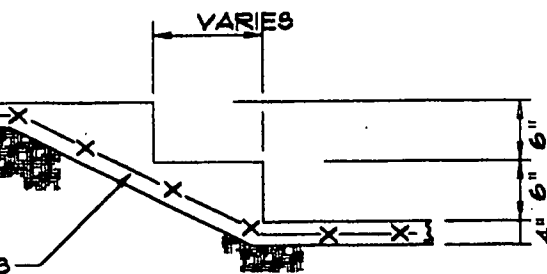
SHEATHING AND SHORING DETAIL

N.T.S.

NOTE :

- SHEATHING WILL BE REQUIRED BETWEEN THE EXISTING SCREENED PORCH AND PROPOSED POOL. SHEATHING SHALL REMAIN UNTIL THE CONCRETE ATTAINS INTIAL STRENGTH AND THE AREA IS BACKFILLED.
- ABOVE REQUIREMENTS ARE MINIMUM AND ACTUAL SHEETING DESIGN SHOULD BE DETERMINED IN THE FIELD IN ACCORDANCE WITH SITE CONDITIONS.
- A TEMPORARY GUTTER IS RECOMMENDED UNTIL AREA IS BACKFILLED.
- IF ANY UNDERMINING OF EXISTING SLAB OCCURS PRIOR TO PLACEMENT OF SHEATHING, FLASH EMBANKMENT WITH SHOTCRETE.

(IF NEEDED)



STEP DETAIL

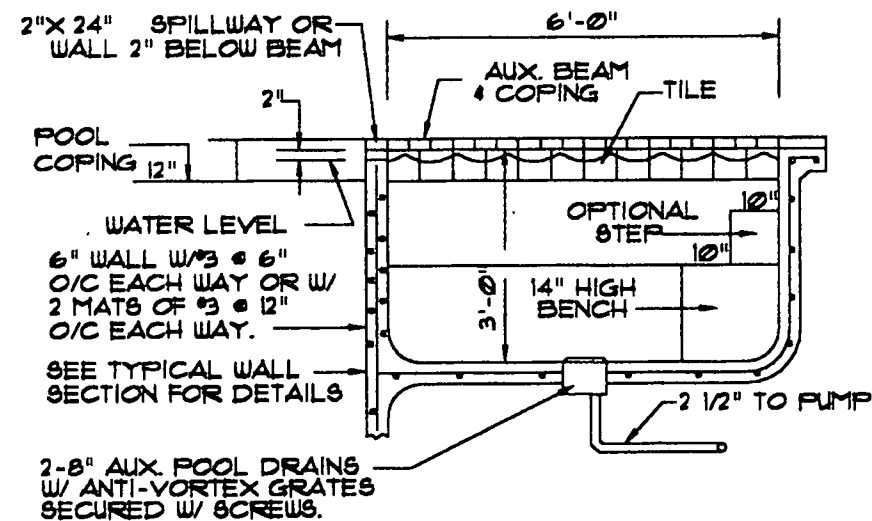
N.T.S.

FIBER MESH MAY BE USED IN LIEU OF W.W.F.

RESIDENTIAL SWIMMING POOL SAFETY ACT COMPLIANCE

THE ^{MUST} (CHECK ONE) CONTRACTOR HOME OWNER AGREES TO COMPLY WITH THE FLORIDA STATUTE OF THE RESIDENTIAL SWIMMING POOL SAFETY ACT 519, BY PROVIDING THE FOLLOWING (CHECK ALL THAT APPLY)

- A BARRIER WHICH ENCLOSES THE POOL AND PROVIDES ISOLATION FROM THE HOME THAT MEETS ALL OF THE FOLLOWING CONDITIONS:
 1. IS AT LEAST 48" HIGH, AND
 2. IS NOT PASSABLE OR CLIMB-ABLE BY SMALL CHILDREN, AND
 3. IS LOCATED AROUND THE PERIMETER OF THE POOL, BUT PLACED A SUFFICIENT DISTANCE FROM THE WATER'S EDGE TO PREVENT A CHILD OR FRAIL, ELDERLY PERSON FROM FALLING INTO THE POOL IF THEY DO GET PAST THE BARRIER, AND
 4. IS NOT SITUATED CLOSE TO PERMANENT STRUCTURES OR EQUIPMENT THAT COULD BE USED TO CLIMB OVER THE BARRIER.
- AN APPROVED (ASTM F1346-91) POOL SAFETY COVER.
- AUDIBLE EXIT ALARMS (MINIMUM 85 DECIBELS AT 10FT) INSTALLED ON ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL.
- SELF-CLOSING AND SELF-LATCHING DEVICES, WITH A RELEASE MECHANISM PLACED NO LOWER THAN 54 INCHES ABOVE THE FLOOR, INSTALLED ON ALL DOORS PROVIDING DIRECT ACCESS FROM THE HOME.



AUX. POOL DETAIL

N.T.S.

NAME: JOHNSON			
ADDRESS: 587 MARANTA TERRADO			
CITY/STATE: SEWALLS POINT, FLA.			
HCE# 01-999-432		JOB#	
DRAWN BY: R.L.		DATE: 12/20/01	PAGE 4 OF 4
LOT 1	BLOCK	PAGE 89	BOOK 12
SUBDIVISION: CASTLE HILL			
COUNTY: MARTIN			
BLUE HERON POOLS			

JOHN M. CARROLL JR. P.E.
LICENSE # 41610

PHONE NO: (954) 772-6940
FAX NO: (954) 772-6860

HORNER CONSULTING ENGINEERS, INC.
5755 POWERLINE ROAD, FT. LAUDERDALE FL. 33309



BOUNDARY SURVEY

LEGAL DESCRIPTION:

LOT 1, CASHE HILL, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 12, PAGE 47 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

SURVEYOR'S NOTES:

1. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND UTILITIES OR/AND ADJACENT TO THIS SITE. THE APPROXIMATE LOCATION OF ALL UTILITIES SHOWN HEREON WERE TAKEN FROM AS-BUILT DRAWINGS AND/OR ON-SITE LOCATION AND SHOULD BE VERIFIED BEFORE CONSTRUCTION.
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOOTINGS OF BUILDINGS OR FENCES ON OR ADJACENT TO THIS SITE.
3. LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHTS OF WAY OF RECORD EXCEPT AS SHOWN ON RECORD PLAT IF ANY.
4. BEARINGS SHOWN HEREON REFER TO AN ASSUMED MERIDIAN OF S55°26'07"E ALONG THE NORTH PROPERTY LINE OF SAID LOT 1.
5. ALL ELEVATIONS SHOWN HEREON REFERENCED TO M.G.M.D. OF 1929.
6. THIS SITE LIES IN FLOOD ZONE AND (BASE ELEVATION = 6.0) AS SEALED AND INTERPRETED ON FEMA MAP NO. 10016A DDD-1-D, DATED JUNE 16, 1992.
7. LEGAL DESCRIPTION FURNISHED BY CLIENT.
8. SITE AREA: 12,947.49 SQUARE FEET OR 0.4579 ACRES
PERVIOUS = 12,633.57 SQ. FT.
IMPERVIOUS = HOUSE WITH PORCHES = 2994.00 SQ. FT., GARAGE = 563.33 SQ. FT., CONCRETE DRIVEWAY, WALK AREA & PATHS = 2754.16 SQ. FT.
9. CITY WATER AND SEWER AVAILABLE.
10. THE GENERAL SLOPE OF THE PROPERTY, RECORDED EASEMENTS FROM THE RECORD PLAT, FILLED AREAS AND DRAINAGE FEATURES ARE AS SHOWN.

CERTIFICATIONS:

1. LINNIE JOHNSON
2. TOWN OF SEWELL'S HILL

SURVEYOR'S CERTIFICATION:

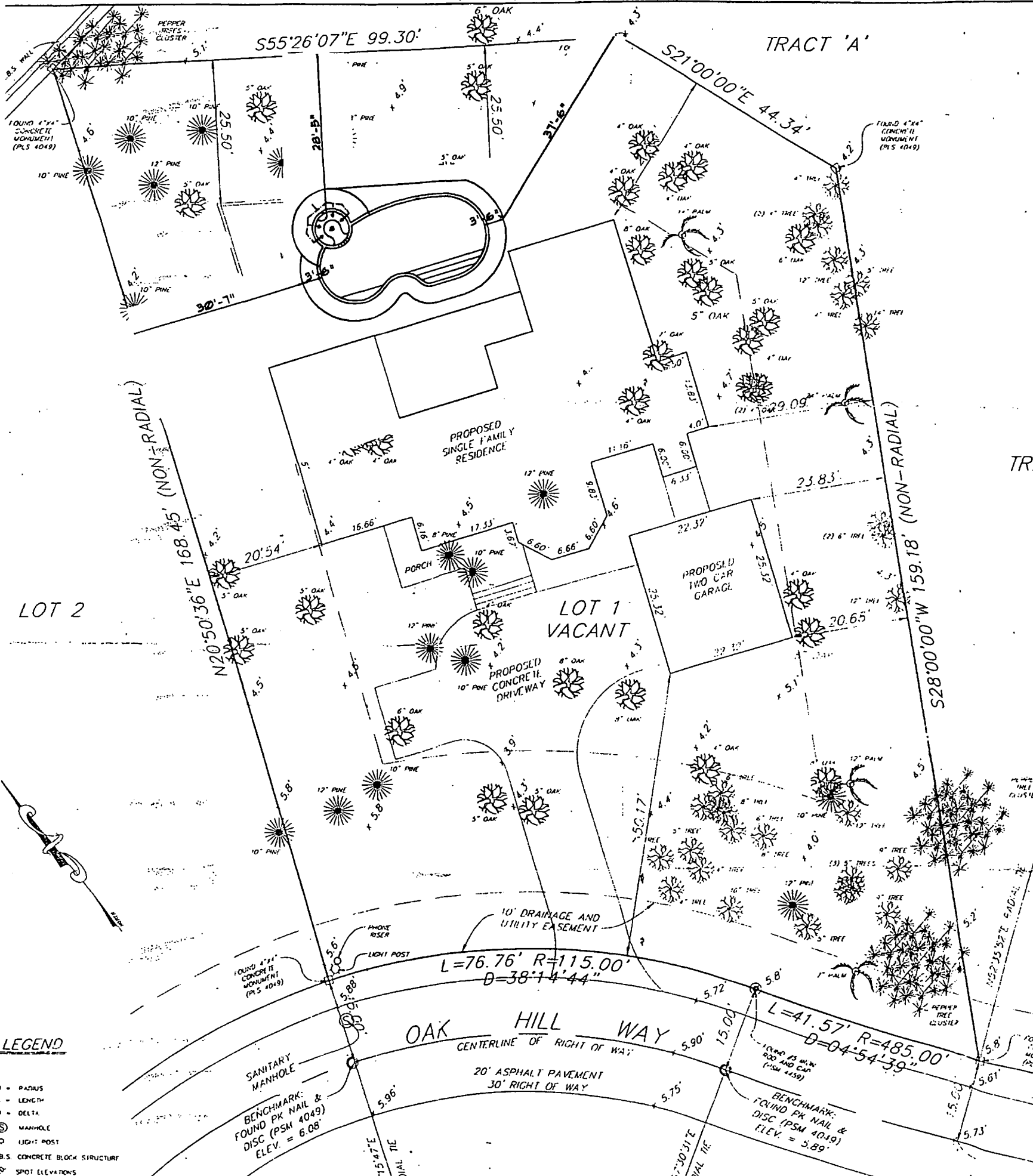
I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT SURVEY AND PREPARED UNDER MY PERSONAL CHARGE AND THAT I AM A LICENSED PROFESSIONAL LAND SURVEYOR AND AMBERS IN COMPLIANCE WITH THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND HAPPENS IN CHAPTER 61G17-6, FLORIDA STATUTES, AND THAT IS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NO OTHER WORKS ATTACHED TO THIS SURVEY AND MY ORIGINAL HANDS SEAL IS ATTACHED TO THE ORIGINAL SURVEY MAP AND MAPS.

[Signature]
 HARRY B. BLOOMSTER, JR.
 PROFESSIONAL LAND SURVEYOR
 NO. 4134 STATE OF FLORIDA

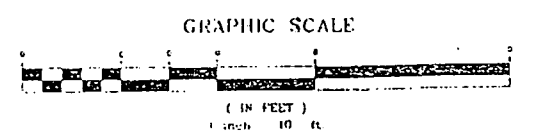
FOR POOL LOCATION ONLY

TRACT 'A'

FOR POOL LOCATION ONLY



- LEGEND**
- RADIUS
 - LENGTH
 - Δ DELTA
 - ⊙ MANHOLE
 - LIGHT POST
 - ⊙ B.S. CONCRETE BLOCK STRUCTURE
 - SPOT ELEVATIONS



BLOOMSTER PROFESSIONAL LAND SURVEYORS, INC.
 L.B. #6016
 791 NORTHEAST DIXIE HIGHWAY
 JENSEN BEACH, FLORIDA 34957
 PHONE 561-334-0868.





SHEET 1 OF 1	
DRAWN BY: Z.C.	DATE: 12/29/00
SCALE: 1" = 10'	DESCRIPTION: MOVED PROP. HOUSE DPK
FIELD BOOK: 12-18-2000	
FIELD NO.: 448746	
A.M. NO.: 3657	
REVISIONS:	BY:

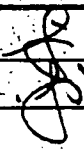
[Handwritten Signature]
 12/29/00
 CASHE HILL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri FEBRUARY 25, 2008 Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Johnson	Pool	Failed	
	02 Cabell way Diff wood			INSPECTOR: 
SS01	ALMAN. 3 Summer Ln.	LATH. AK. PLUMB	Passed	
	ALMAN			INSPECTOR: 
SS67	WEBER 4 MANDALAY.	STAIR. STEEL	Failed	
	Buford. 201 9153.	ANDY.		INSPECTOR: 
IS677	Dr Bruce 2 Cranes Nest	Window rpl.	Passed	
	Masterpiece	(4)		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: 26 Simara : Survey drop of
8 E High Pt : Swale ?? Mrs Helman 283 7627 8 E High Pt. 



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455

CORRECTION NOTICE

ADDRESS: 2 Oakhill way

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

Pool steel + ground

not ready
insp. incomplete

reinspect \$ 30.-

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 1/14/01


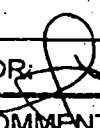
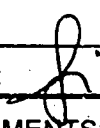
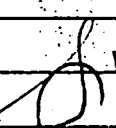
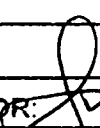
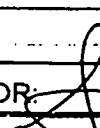
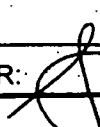
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 19, 2004, Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	TIE BEAM	Failed	
(6)	133 S. RIVER RD. MACARI			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5652	J. Johnson	Concrete + Steel	Failed	
(1)	2 Oakhill way Blue Heron Pools			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5647	Panton	Deck Slab	Passed	
(8)	17 SE Island Rd. Coastal Av			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5636	Francis	Temp Power	Passed	
(5)	11 S. River Rd. Cook Bldg.	(Alteration)		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5627	SADLER	ROUGH PLUMBING	Failed	
(4)	9 RIVERVIEW. SADLER			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4917	ROBINSON	METER FINAL	Failed	
(7)	173 S. RIVER RD KODIAK CONST.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5599	WATSON	SWEATWALK	Failed	
(3)	30 N. RIVER ROAD PACIFIC			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/19, 2008 3 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6270	GOSSEIN	SHEATHING	Passed	Late
	5 DELANO	IN PROGRESS		(High Pt / Madalay)
	CARDINAL ROOFING	ROOF		INSPECTOR:
5460	STANTON	FINAL -	Passed	close
	6 SABLE COURT	ADDITION		(Ridgeland)
	O/B			INSPECTOR:
6171	KURTZ	BUDG FINAL	Passed	close
6062	2 PALMETTO	CHECK ELEC/PLUMB ETC	Passed	close
5832	O/B		Passed	INSPECTOR:
TREE	THURLOW	TREE	Passed	
	18 BANYAN RD			INSPECTOR:
5652	Johnson	Pool Seal	Passed	→ Survey needed → Affidavit needed
	2 Oakhill way			INSPECTOR:
	Blue Heron - Pools			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			both received	5/16/2
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: Heritage Pool / 45 High Pt. Pool / 49 W High Pt ??

5721
FENCE

TOWN OF SEWALL'S POINT

Date 3/14/02

BUILDING PERMIT NO. 5721

Building to be erected for LINNEA JOHNSON Type of Permit FENCE

Applied for by QUALITY FENCE (Contractor) Building Fee 30.00

Subdivision CASTLE HILL Lot 1 Block _____ Radon Fee _____

Address 2 OAK HILL WAY Impact Fee _____

Type of structure SFR A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Parcel Control Number:

2637410150000001020000

Amount Paid \$30.00 Check # 4515 Cash _____ Other Fees (_____)

Total Construction Cost \$ 2,000.00 TOTAL Fees \$30.00

Signed [Signature]
Applicant

Signed Mene Simmons / nk
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 checked="" 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 <u>4/13/02</u> |

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: LINDA JOHNSON Building Permit Number:
City: SEWALLS PT State: FL Zip:
Legal Description of Property: LOT 1 CASTLE HILL Parcel Number: 26-37-41-015-000-00010-20000
Location of Job Site: 2 OAK HILL WAY Type of Work To Be Done: FENCE

CONTRACTOR/Company Name: Quality Fence Co. Phone Number: 879-9126
Street: 498 SW Volusia Ave City: PSC State: FL Zip:
State Registration Number: SPO 2470 State Certification Number: SPO 2470 Martin County License Number: S102470

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: 2000 Estimated Fair Market Value (FMV) Prior
To Improvements: If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
National Electrical Code Florida Energy Code
Florida Accessibility Code

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

OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of:
This the 7th day of March, 2002
by James Kierstead who is personally known to me or produced as identification. Stan M. Gardner

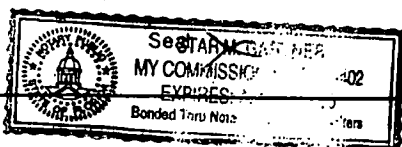
Notary Public

My Commission Expires:

CONTRACTOR SIGNATURE (Required)
On State of Florida, County of:
This the 7th day of March, 2002
by James Kierstead who is personally known to me or produced as identification. Stan M. Gardner

Notary Public

My Commission Expires: 4/13/05



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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):

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: LINNEA JOHNSON

ADDRESS: 2 OAK HILL WAY SEWAKES PD

PHONE #: 301-0305 FAX #: _____

CONTRACTOR: ALAN B. MORRIS

ADDRESS: 2163 PINE RIDGE JENSON BCH, FL 34257

PHONE #: 334-2577 FAX #: _____

SURETY COMPANY(IF ANY) _____

ADDRESS: _____

PHONE # _____ FAX #: _____

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(1)(A)7., FLORIDA STATUTES:

NAME: _____

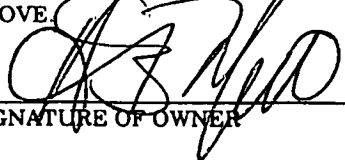
ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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



SIGNATURE OF OWNER _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 19____ BY _____

OR PERSONALLY KNOWN _____ PRODUCED ID _____ TYPE OF ID _____

NOTARY SIGNATURE _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
9/6/01

PRODUCER
Kearns Agency of Florida, Inc.
P O Box 1849
Jensen Beach, Fl. 34958

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.

FILE

INSURERS AFFORDING COVERAGE

INSURED
Quality Fence Contractors Inc.
James Kierstead
2513 SE Richmond St.
Port St. Lucie, Fl. 34952

INSURER A: **Auto Owners Insurance Company**
INSURER B: **Auto Owners Insurance Company**
INSURER C:
INSURER D:
INSURER E:

RECEIVED
SEP 10 2001
BY: [Signature]

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	20533955	5/22/01	5/22/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	42-519-238-00	10/12/01	10/12/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Sales and Installation of Fences - State of Florida

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

Town of Sewalls Point
1 South Sewalls Point Rd.
Sewalls Point, Fl. 34996
fax #220-4765

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 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
Lawrence E. Kearns

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/14/01

INSURER
Brown & Brown, Inc.
1401 Forum Way
Suite 600
West Palm Beach, FL 33401

he/lls
FILE

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

INSURERS AFFORDING COVERAGE

INSURED
AYS Group, Inc. DBA AYS Employee Leasing
2145 14th Avenue #6
Vero Beach, FL 32960

INSURER A: Continental
INSURER B:
INSURER C:
INSURER D:
INSURER E:

RECEIVED
JUN 18 2001
BY: *[Signature]*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	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 EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC138199238	06/15/01	06/15/02	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Coverage is provided for only those employees leased to but not subcontractors of:
 Quality Fence Company 2513 SE Richmond St Ft Pierce Fl 34952 Client #1200

CERTIFICATE HOLDER The Town of Sewells Point Attn Ed Arnold 1 South Sewell Point Rd Stuart, FL 34996	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 <i>[Signature]</i>
---	---



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02470
Expires September 30, 2003

KIERSTEAD, JAMES J

QUALITY FENCE CO

2513 SE RICHMOND ST

PSL, FL 34952

FENCE ERECTION

Expires 2003

Please Put on file







Thank's

KIRK

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~APRIL 3~~, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5627	SADLER	FINAL -	Passed	
(9)	9 RIVERVIEW DR OIB	ALL PLUMBING & ELECTRICAL		INSPECTOR: 
4978	RIMER	FINAL FOR		
(12)	29 S. RIVER RD. LEAR	CO		INSPECTOR:
5673	MCCARTHEY	FENCE - FINAL	Passed	
(11)	3 KINGSTON RD. QUALITY FENCE			INSPECTOR: 
5721	JOHNSON	FENCE -	Passed	
(1)	2 OAK HILL WAY QUALITY	FINAL		INSPECTOR: 
5722	KRAMER	FENCE -	Passed	
(8)	11 S. RIDGEVIEW QUALITY	FINAL		INSPECTOR: 
5688	WHALEN	DECK INSP.	Failed	
(3)	9 KNOWLES RD. TWIN POOLS	(POOL)		INSPECTOR: 
5739	GASIOREK	PRE-POUR - SLAB	Passed	
(2)	67 N. RIVER RD. CONWAY			INSPECTOR: 

OTHER: FPL 3X / will be using form board

CRITIQUE

Owner: Linda Johnson
Contractor: Quality Fence
Contractor's Phone Number: 879-9126

Date: March 12, 2002
Contact Person:
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR A FENCE LOCATED AT 2 OAK HILL WAY

Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number

Submittals (2 copies)

1. Current survey containing the following information: **(ONE MORE REQUIRED)**
 - a. Location of fence marked with marker
 - b. Height of fence for all areas
 - c. Type fence being installed
2. Copy of tax receipt or copy of deed

9640

FENCE REPAIR

&

GATE



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:	9460	DATE ISSUED:	JUNE 2, 2010
SCOPE OF WORK:	FENCE REPAIR & GATE		
CONDITIONS :			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	263741015-000-000102	SUBDIVISION	CASTLE HILL - LOT 1
CONSTRUCTION ADDRESS:	2 OAK HILL WAY		
OWNER NAME:	JOHNSON		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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**

REQUIRED INSPECTIONS

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

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

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

9460

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: Linnea Johnson Phone (Day): 561-301-0305 (Fax) _____

Job Site Address: 2 Oak Hill Way City: Stuart State: FL Zip: 34996

Legal Description: Castle Hill, LOT 1 Parcel Control Number: 26-37-41-015-000-00010-2

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

Scope of work (please be specific): New 4' Gate on west side of house & repair existing fence

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: \$ 392.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

on East side

CONTRACTOR/Company: Stuart Fence Company Phone: 288-1151 Fax: 288-3035

Street: PO Box 2036 City: Stuart State: FL Zip: 34995

State License Number: _____ OR: Municipality: MCFE 3584 License Number: _____

LOCAL CONTACT: Chester Richmond Phone Number: 288-1151

DESIGN PROFESSIONAL: _____ Lic# _____

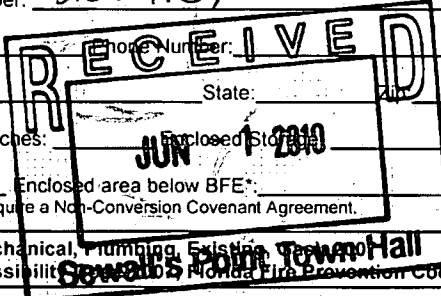
Street: _____ City: _____ State: _____ Zip: _____

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, Electrical, Fire, and Energy), Florida Fire Prevention Code 2007, Florida Energy Code: 2007, Florida Accessibility Code: 2008, Florida Fire Prevention Code 2007.



NOTICES TO OWNERS AND CONTRACTORS:

- 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.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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.
- 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS 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 SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Linnea Johnson

State of Florida, County of: Martin

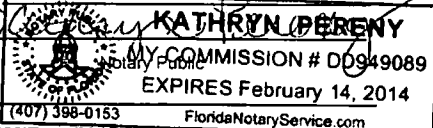
This the 1 day of June, 2010

by Linnea Johnson who is personally

known to me or produced

as identification. KATHRYN PERENY

My Commission Expires: February 14, 2014



CONTRACTOR SIGNATURE: (required)
Chester Richmond

On State of Florida, County of: Martin

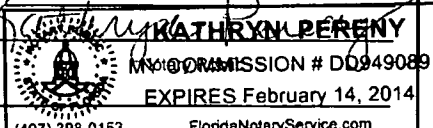
This the 1 day of June, 2010

by Chester Richmond who is personally

known to me or produced

As identification. KATHRYN PERENY

My Commission Expires: February 14, 2014



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



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

Site Provided by...
governmentmax.com T1.11

Summary

print [navigation icons] Address 91 of 91

Parcel Info

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
26-37-41-015-000-00010-2	2 OAK HILL WY	4145	Address	0	1

Summary

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

Summary

Property Location 2 OAK HILL WY
Tax District 2200 Sewall's Point
Account # 4145
Land Use 100 0000 Vacant Residential
Neighborhood 120900
Acres 0.458

Legal Description

Property Information
 CASTLE HILL, LOT 1 PI# 26-37-41-015-000-00010-20000

Search By

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

Owner Information

Owner Information
 JOHNSON, LINNEA R

Mail Information

2 OAK HILL WAY
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$283,500
Market Impr Value \$457,710
Market Total Value \$741,210

Site Functions

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

Recent Sale

Sale Amount \$69,200

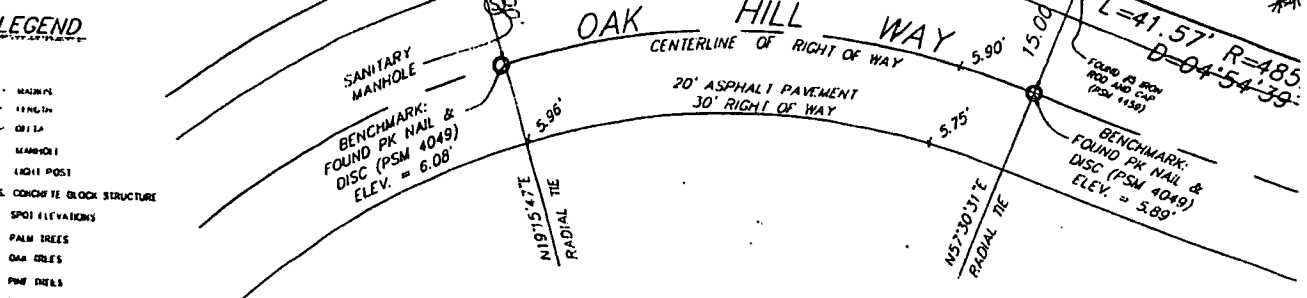
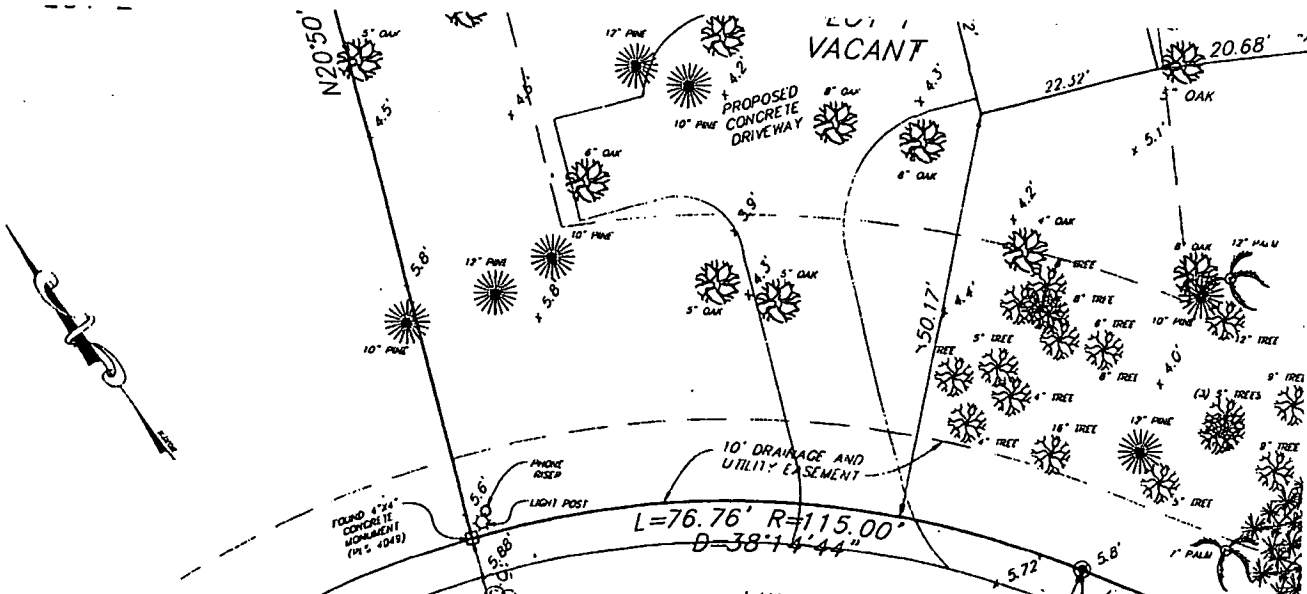
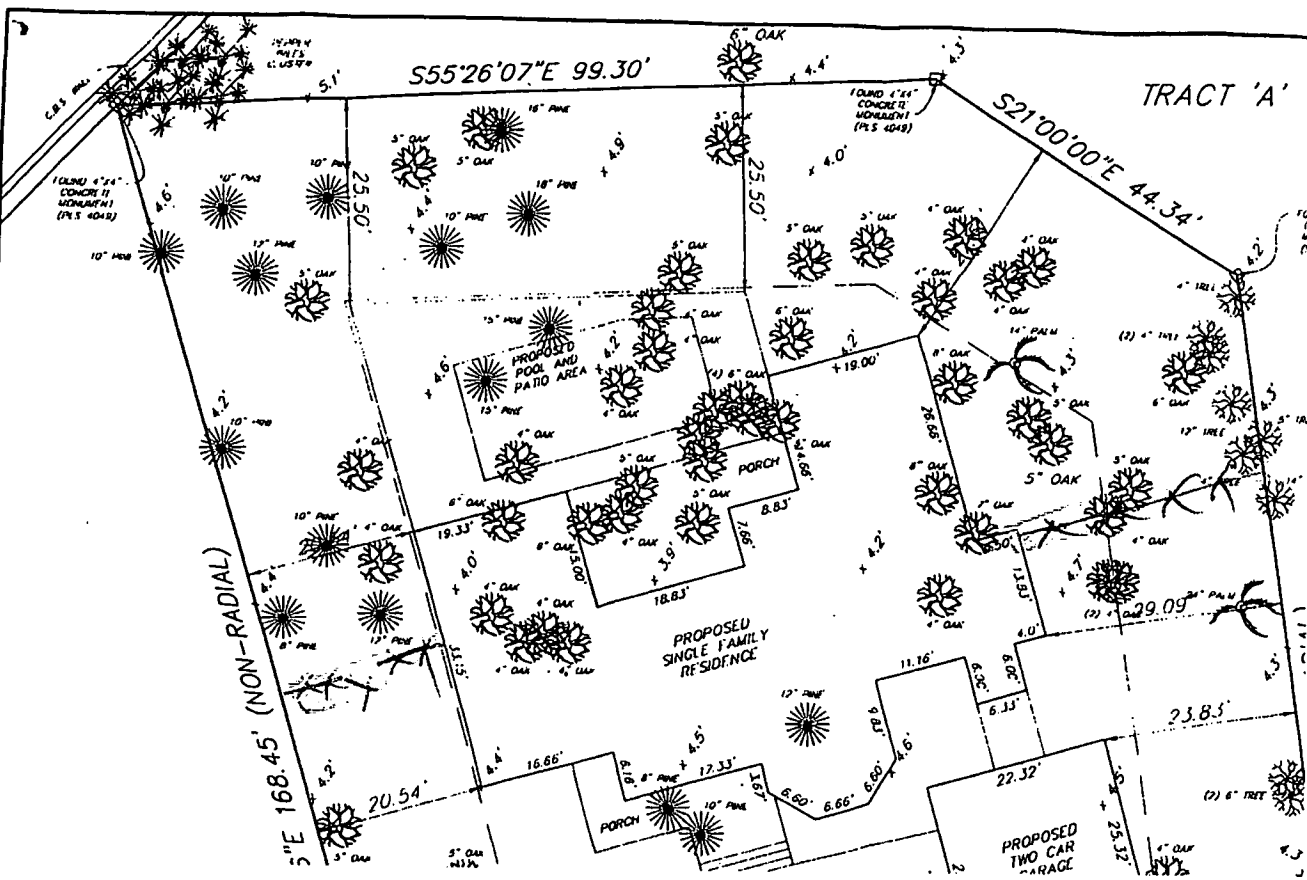
Sale Date 12/18/1998
Book/Page 1360 0442

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010

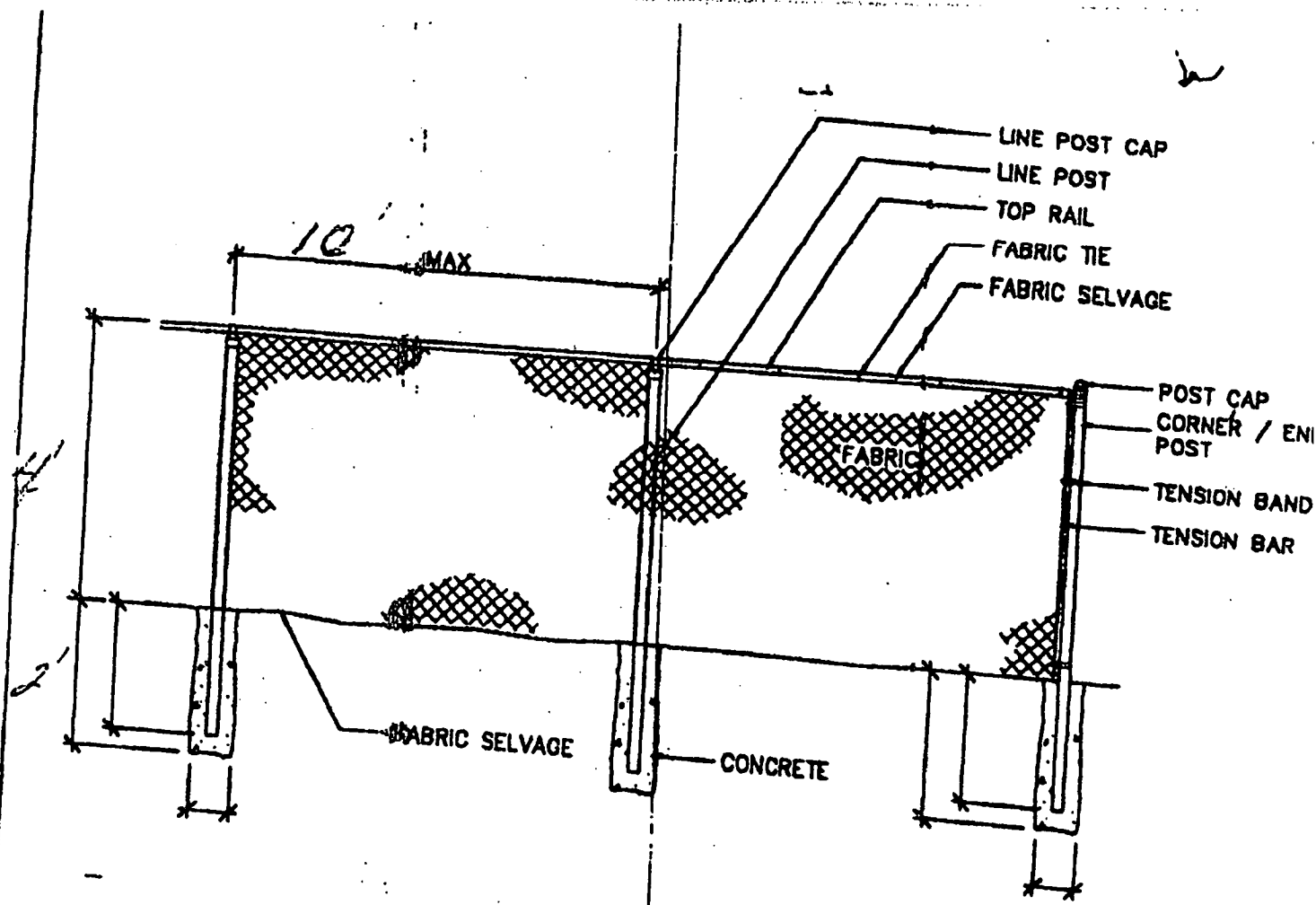




LEGEND

- M - MAINLINE
- - - - - FENCE
- U - UTILITY
- ⊙ - MANHOLE
- - LIGHT POST
- C.B.S. CONCRETE BLOCK STRUCTURE
- ⊕ - SPOT ELEVATIONS
- TR - PALM TREES
- ⊙ - OAK TREES
- ⊙ - PINE TREES

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



CHAIN LINK FENCING DETAIL
Black Vinyl

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-17 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9311	Subin 8 Palm Ct Drehtwood	frame all sitting room	Pass	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9379 1st	Balford 103 Hillcrest Ct Balford	roof sheathing	Pass	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9460	John 2 Oak Hill Way Stuart Fence	Fence Fence	Pass Pass	Close INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9381	Testabo 104 N Sewalls Demorest	final roof final AC final window/ door	CANCEL	NOT READY INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Civello 31 Fieldway	Tree	ok	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10396

PAVER DRIVE, POOL &
PATIO



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:	10396	DATE ISSUED:	MARCH 25, 2013
SCOPE OF WORK:	PAVER PORCH, POOL PATIO, WALKWAYS, DRIVEWAY & STAIRS		
CONTRACTOR:	POOLS BY GREG		
PARCEL CONTROL NUMBER:	263741015-000-000102	SUBDIVISION	CASTLE HILL - LOT 1
CONSTRUCTION ADDRESS:	2 OAK HILL WAY		
OWNER NAME:	COX		
QUALIFIER:	TERRY WIX	CONTACT PHONE NUMBER:	337-9713

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

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

Permit Number: 10396

Date: 3/14/13

OWNER/LESSEE NAME: DUNCAN COX

Phone: 561-308-2567 (Fax)

Job Site Address: #2 DAK HILLWAY City: Sewall's Pt State: FL Zip: _____

Legal Description: LOT 1 CASTLE HILL Parcel Control Number: 263741015000000102

Fee Simple Holder Name: NONE Address: NA

City: NA State: NA Zip: NA Telephone: NA

SCOPE OF WORK (PLEASE BE SPECIFIC): WORK PORCH, POOL PATIO SIDE WALKS & DRIVE

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: \$ 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: POOLS BY GREG INC Phone: 772-332-9213 Fax: 772-332-9287

Qualifiers name: TERRY WIX Street: 8886 S. FED HWY City: BOATSTOWN State: FL Zip: 34952

State License Number: CPC1458338 OR: Municipal License Number: _____

LOCAL CONTACT: HOLLY WOOD Phone Number: 772-332-9213

DESIGN PROFESSIONAL: NO License# _____

Street: NA 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.

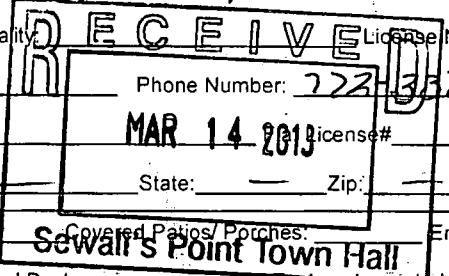
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X MAREZILEY Mike Riley
State of Florida, County of: MARTIN
On This the 12th day of MARCH, 2013
by MIKE RILEY who is personally
known to me or produced _____

As identification: MARIE E. ECKERT
Notary Public, State of Florida
My Comm. Expires Dec 16, 2016
Commission # EE 858669

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X TERRY WIX Terry Wix
State of Florida, County of: MARTIN
On This the 12th day of MARCH, 2013
by TERRY WIX who is personally
known to me or produced _____

As identification: MARIE E. ECKERT
Notary Public, State of Florida
My Comm. Expires Dec 16, 2016
Commission # EE 858669

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE SEE OUR PERMIT PROMPTLY!



**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 3/15/2013 9:51:57 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00010-2	4145	2 OAK HILL WY, SEWALL'S POINT	\$625,060	3/9/2013

Owner Information

Owner(Current)	COX DUNCAN G & JOYCE D
Owner/Mail Address	2 OAK HILL WAY STUART FL 34996
Sale Date	12/6/2012
Document Book/Page	2617 0103
Document No.	2365522
Sale Price	680000

Location/Description

Account #	4145	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 1 PI# 26-37-41-015-000-00010-20000
Parcel Address	2 OAK HILL WY, SEWALL'S POINT		
Acres	.4580		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information

Market Land Value	\$225,000
Market Improvement Value	\$400,060
Market Total Value	\$625,060

INSTR # 2386269
OR BK 2641 PG 216
(1 Pgs)
RECORDED 04/03/2013 12:02:37 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

10396

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

PERMIT #: _____ TAX FOLIO # 263741015 000 000 102
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 1 CASTLE HILL #2 OAK HILLWAY 263741015 000 000 102

GENERAL DESCRIPTION OF IMPROVEMENT: PAVED DRIVE & POOL PATIO

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
Name: MR. D. COX AKA DUNCAN COX
Address: #2 OAK HILLWAY
Interest in property: 89145
Name and address of fee simple title holder (if different from Owner listed above): _____

CONTRACTOR'S NAME: POOL BY GREG INC Phone No.: 337-2717
Address: _____

SURETY COMPANY (if applicable, a copy of the payment bond is attached):
Name and address: _____
Phone No.: NA Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: NA

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: MIKE RILEY Phone No.: _____
Address: _____

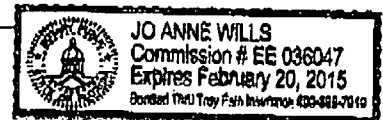
In addition to himself or herself, owner designates MIKE RILEY of POOLS BY GREG INC to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: 772-501-2689

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): NONE

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 of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact
Duncan Cox
Signatory's Title/Office



The foregoing instrument was acknowledged before me this 12 day of MARCH, 2013

By: Duncan Cox as OWNER for _____
Name of person Type of authority Party or behalf of whom instrument was

Jo Anne Willis
Notary's Signature

Personally known or produced identification
Type of identification produced _____

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

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

4-29-13

Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10425	Barrels 3 St Lucie Ct JA Taylor	dry-in metal	FAIL	No mortar? INSPECTOR <i>JA</i>
9531	Barrels 3 St Lucie Ct Metro Renov.	Final Concrete Path	PASS	INSPECTOR <i>JA</i>
10280	Fusoli 505 Sewalls SJR	pool fence pool electric	CANCEL	INSPECTOR
10386	Pitch 3 Timor St Fleming	steel - SPA	PASS	INSPECTOR <i>JA</i>
10387	Robinson 173 S. Niven Ernie LuVola	Porch elect. UG elect NG GAS	PASS	INSPECTOR <i>JA</i>
10248	Berkner 2 N. Sewalls Renar	MISEREN FINAL	PASS	Contact FPL ✓ INSPECTOR
10395	Pool by Greg	Pool	PASS	INSPECTOR



P/N: 10396

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 2 OAKHILL WAY

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

- FRONT ENTRY STEPS ARE PRIMARY INGRESS/EGRESS.
- RISERS ARE NOT TO CODE WITH 1/2" TO 1" VARIATION IN RISE BETWEEN STEPS
- 4 RISERS REQUIRE A GRASPABLE HANDRAIL

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 8-13-18


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **8-13-13** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10396	Corp 2 Oakhill Way Pools by Greg	Final Pool remodel	FAIL	See Correction Note INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10522	Sharfi 73 N River Warrell	tie beams	Pass	 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10561	Opmes 15 Castle Hill Creation Bldg (370-0549 Jim)	door attachment	Pass	 INSPECTOR <i>[Signature]</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
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-8-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10391	Pool	Final	Pass	
	Pool by Greg	reinspect		INSPECTOR [Signature]
10601	Geil	Pool steel, BOND		
LATE AM	34 Rio Vista	& MAIN DRAIN	Pass	
	Soft Custom Pool			INSPECTOR [Signature]
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
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

5/18/01 *rehab*
map

RECEIVED
MAY 16 2001 5:07 ✓
BY: *GA* *WA*

Permit # 0445

Date Issued 5/12/01

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. PROPERTY: 2 OAK HILL WAY

Owner LINNEA JOHNSON Address 507 NE TALLADO Phone 334-9232

Contractor ALAN B. MOREY Address 2163 Pine Ridge Phone 334-2577

Number of trees to be removed (list kinds of trees) 7 PINES, 26 OAKS, Pepper

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

PAID 5/17/01 ch # 09732

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00) 15.00

(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 5/15/01

Approved by Building Inspector *[Signature]* Date 5/12/01

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ **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?

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 5/18/01 1901 TREE REMOVAL PERMIT No 0445

APPLIED FOR BY A.B. Morris, 2 Oakhill Way (Contractor or Owner)

Owner _____

Sub-division _____, Lot _____, Block _____

Kind of Trees 7 Pines, 26 Oaks

No. Of Trees: REMOVE 33

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS all trees marked and within footprint

_____ FEE \$ _____

Signed, Sign. on file
Applicant

Signed, [Signature]
Town Clerk
Bldg. Insp

Pkt verified
5/18

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 4 ~~16 2005~~ TREE REMOVAL PERMIT N^o 2431

APPLIED FOR BY JOHNSON (Contractor or Owner)

Owner 2 OAK HILL WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 2 pine + 1 scrub oak

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (SOS)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box with horizontal lines, likely for site plan or additional notes.

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Linnea Johnson Address 2 Oak Hill Way Phone 219 2368

Contractor self Address _____ Phone _____

No. of Trees: REMOVE 3 Type: 2 pine 1 scrub oak

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

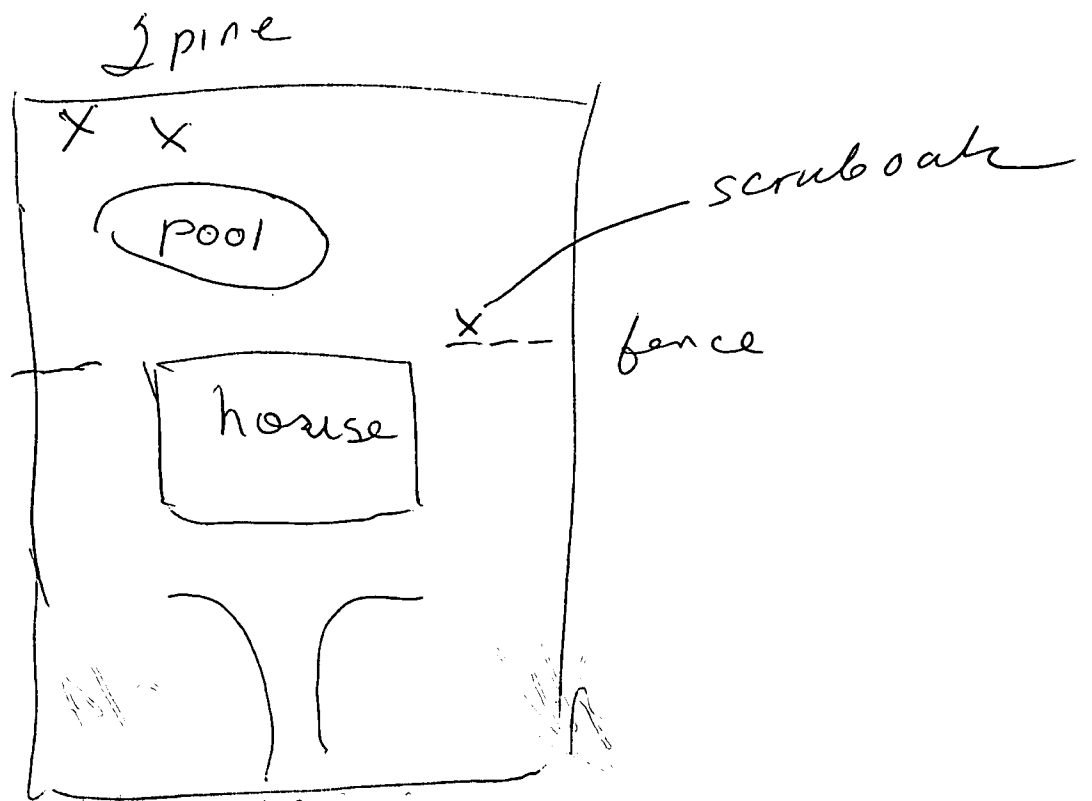
Written statement giving reasons: died from hurricane
storm surge

Signature of Property Owner [Signature] Date 3-4-05

Approved by Building Inspector: [Signature] Date 3/4 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

~~COULD NOT FIND TREES INTENDED FOR REMOVAL~~
~~RESCHEDULE INSPECTION w/ INSPECTOR~~



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/4, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7349	MAUD	FINAL ELEC SR	 	CANCEL
14	21 N RIVER RD	CHANGE	 	
	KRAUSS + CRANE	(LAST PLEASE)	 	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
 	 	 	PASS	
13	2 Oak Hill Way			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6663	GANDI	FINAL ADDITION	FAIL	
	23 N. VIA LUCINDA	+NEW ROOF		
7	White Aluminum			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6719	DONOHUE	FOOTING LATH	FAIL	ELEMENT OF PERMISSIBLE
15	163 S. Sewall's Pt	ELEC A/C 263-3400		DOUB. IN FLOOD PLAIN -
	HAN-SAMMONS	(MID-LATE PLEASE)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7174	GOVEL	DRY-IN	 	RESCHEDULE FOR
 	5 RIVERVIEW RD	 	 	FIRST THING MONDAY -
 	GOLD COAST ROOFING	 	 	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Trees	SEYMOUR	TREE	PASS	
4	73 S. Sewall's Pt			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7110	BIRD	TM-TAG	FAIL	
12	29 LOFTING WAY			INSPECTOR:
	PACIFIC			

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date April 8 ~~6~~ 2005 TREE REMOVAL PERMIT No 2455

APPLIED FOR BY JOHNSON (Contractor or Owner)

Owner 2 OAK HILL WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 PINE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant Signed, [Signature] FEE \$ 0
Town Clerk
BUILDING OFFICIAL

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Linnea Johnson Address 2 Oak Hill Way Phone 219 2368

Contractor Self Owner Address _____ Phone _____

No. of Trees: REMOVE 1 Backyard Type: Pine
by pool

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Dead

Signature of Property Owner Linnea Johnson Date 4-2-05

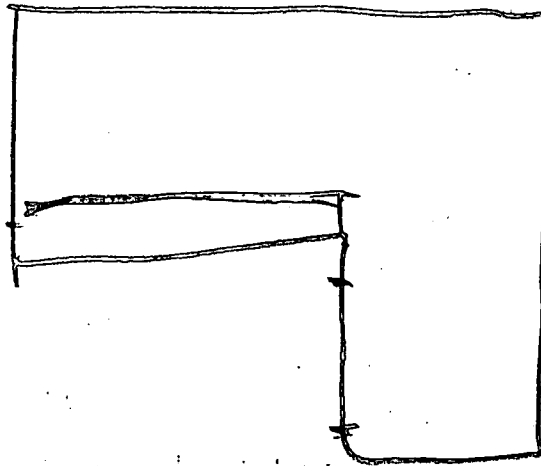
Approved by Building Inspector: [Signature] Date 4/6 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

PINE



POOL



TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 22 10 2005 TREE REMOVAL PERMIT No 2521

APPLIED FOR BY JOHNSON (Contractor or Owner)

Owner 2 Oak Hill Way

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 PINE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed [Signature]
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Linnear Johnson Address 2 Oak Hill Way Phone 219 2368

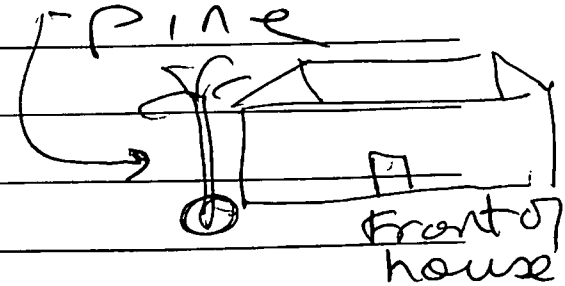
Contractor Self Address _____ Phone _____

No. of Trees: REMOVE 1 Type: PINE

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Dead



Signature of Property Owner [Signature] Date 6-24-05

Approved by Building Inspector: [Signature] Date 6/22 Fee: 0

Plans approved as submitted [checkmark] Plans approved as revised/marked: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date SEPT 21 2005 TREE REMOVAL PERMIT No 2574

APPLIED FOR BY JOHNSON (Contractor or Owner)

Owner 2 OAK HILL WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 PINE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant

Signed

Jane Simmons
Town Clerk
BUILDING OFFICIAL

FEE \$ 0

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

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

[Large empty rectangular box for drawing or additional notes]

PROJECT DESCRIPTION _____

[Lined area for project description]

REMARKS _____

[Lined area for remarks]

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

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Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Linnea Johnson Address 2 Oak Hill Way Phone 219 2368

Contractor self Address _____ Phone _____

No. of Trees: REMOVE 2 Type: Pine (see over)

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

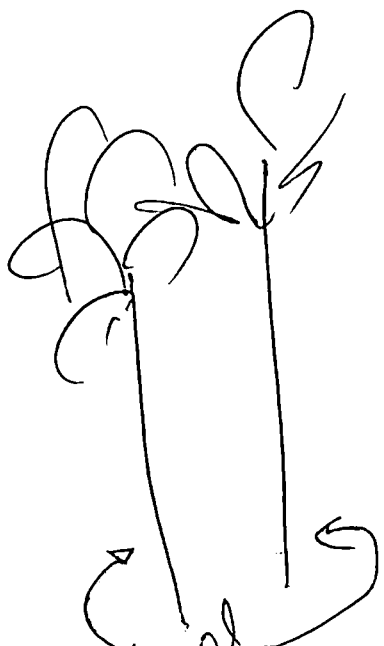
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: dead

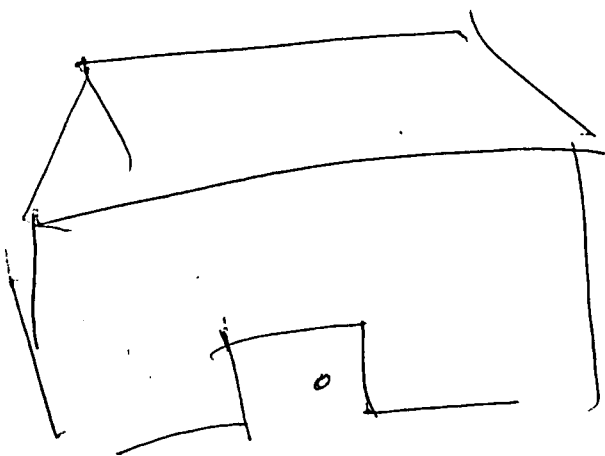
Signature of Property Owner Linnea Johnson Date _____

Approved by Building Inspector: [Signature] Date 9/21 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____



Dead
as
a
door nail!



OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Linnæa Johnson Address 1000 Hillway Phone 2192368

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: pine

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

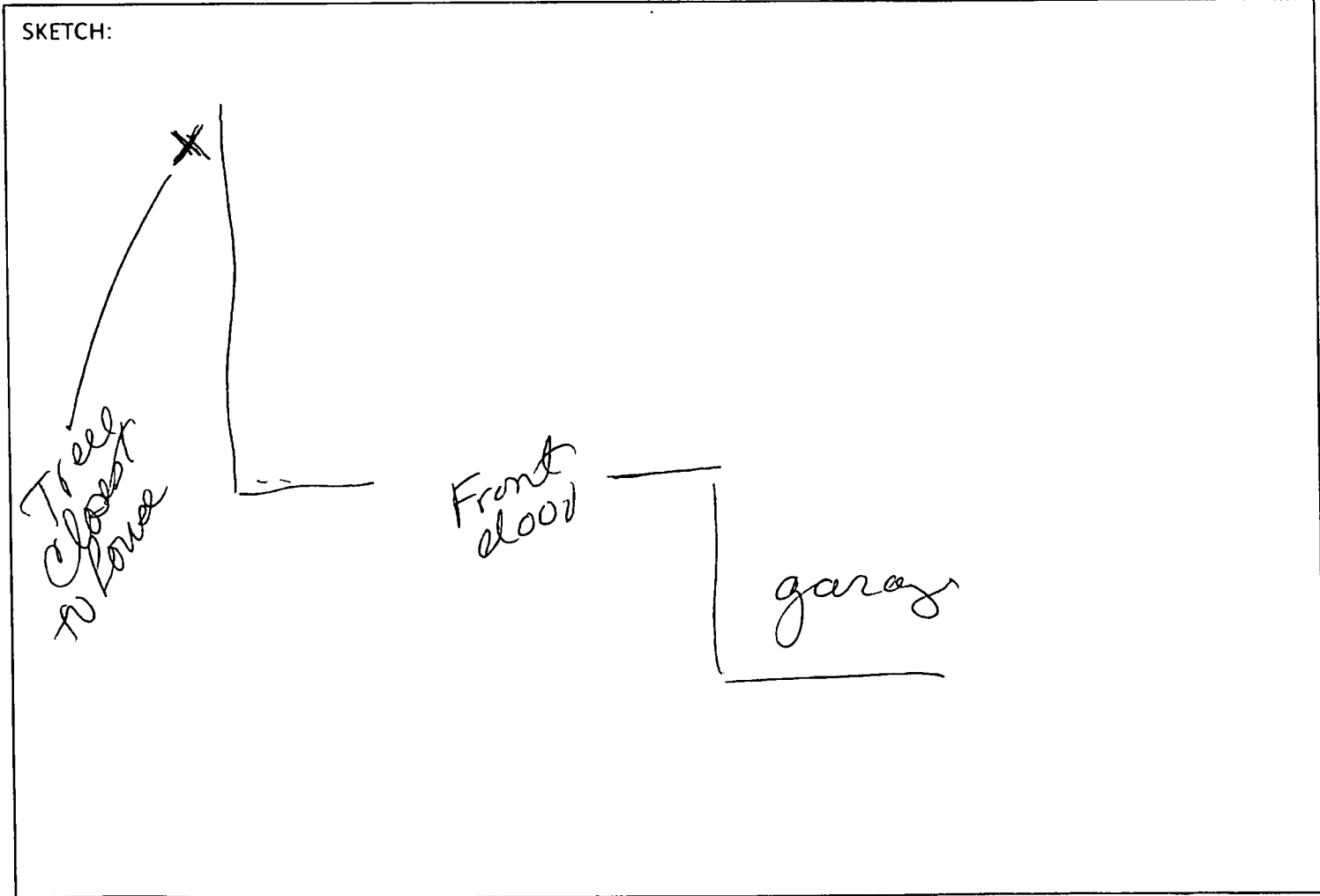
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation top gouched & arborist says not healthy

Signature of Property Owner Linnæa Johnson Date 8-21-07

Approved by Building Inspector: [Signature] Date 8/22 Fee: 0

NOTES: _____





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

FREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Cash Hill POA ^{Marly} 4895 Manne Village Lane 229-3610
Stuart FL Phone 285-0659

Contractor Tri Angle Enterprise Address P.O. Box 2968 Phone 772-475-5511
FT Pierce FL 34954

No. of Trees: REMOVE _____ Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) _____

Signature of Property Owner [Signature] Manager Date 8-5-11

Approved by Building Inspector: [Signature] Date 8-5-11 Fee: N/C

NOTES: This is a trim only

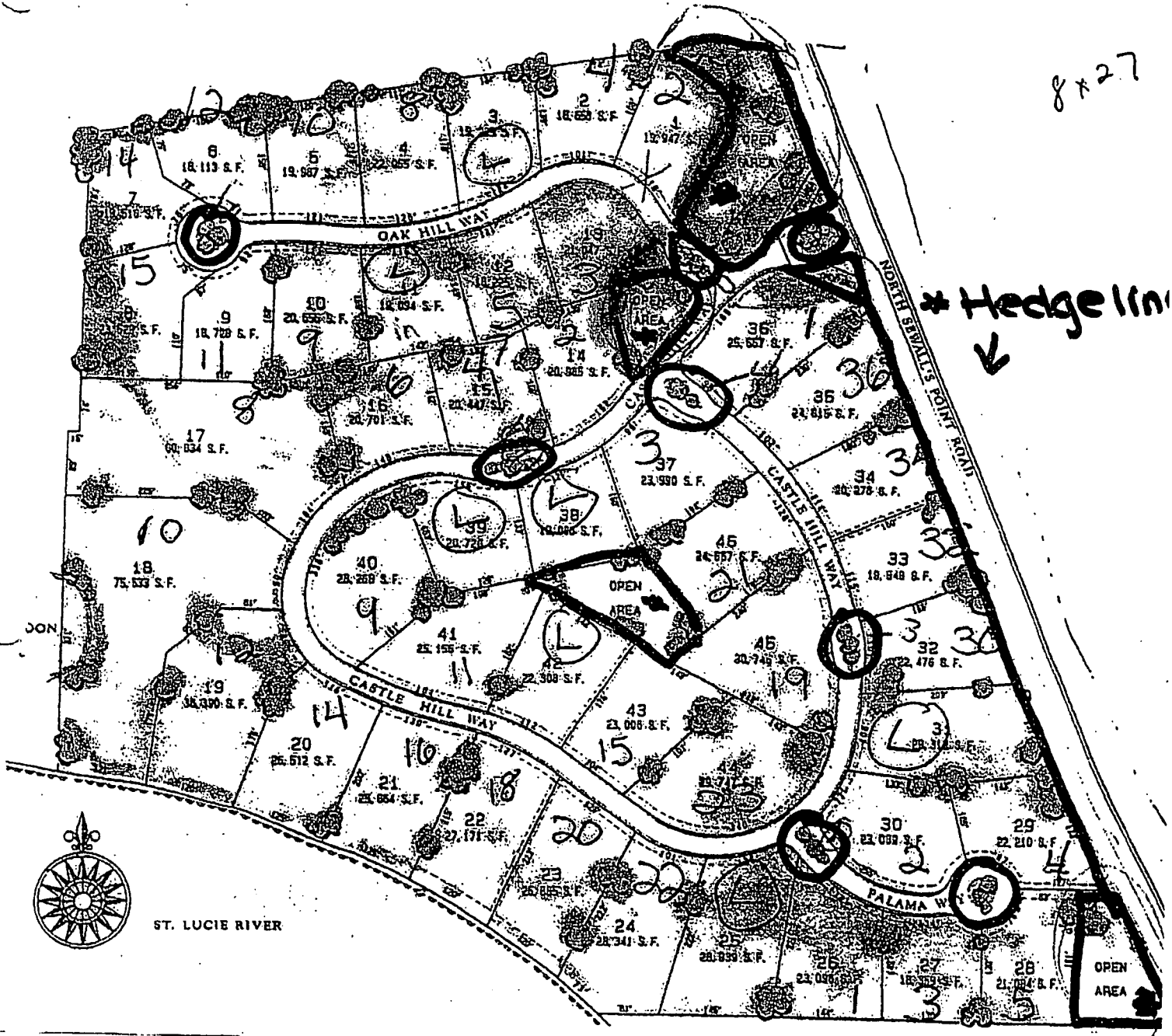
SKETCH:
See enclosed map
We want to cut the 40' plus
Australian Pine Hedge on lot #1
and lot #13 to approx. 20'
These lots are the east &
west lots as you enter property
on the North side
lot 1 address is 2 Oak Hill Way + lot #13 is 3 Oak Hill Way

Castle Hill

24,000

8x27

* Hedge line
↓



ST. LUCIE RIVER

OPEN AREA