

3 Oak Hill Way

T/T/D 5/22 ✓
call Jeff
re: permit renewal

5/9/00 PERMIT EXTENSION FEE CALCULATION:
3 MONTHS (3/10/00 THRU 6/9/00)
@ 10% / MONTH = (3)(347.81) = \$1,043.43

T/5/23
11:00

9

C

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

1 Date 3/10/99 Patrick **BUILDING PERMIT NO. 4565**
3 Building to be erected for MM/KENNEDY Type of Permit _____
4 Applied for by PINNACLES CONST. (Contractor) Building Fee 3478.08
5 Subdivision CASTLE HILL Lot 13 Block _____ Radon Fee 30.00
6 Address 3 OAK HILL WAY Impact Fee 1508.20
7 Type of structure SFR AC Fee 120.00
Electrical Fee 120.00
Parcel Control Number: Plumbing Fee 120.00
26-37-41-015-000-00130-70,000 Roofing Fee 120.00
8 Amount Paid \$5496.28 Check # 1018 Cash _____ Other Fees (_____)
9 Total Construction Cost \$ 363,250.00 TOTAL Fees 5496.28

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

Rado-2753 #4565

Town of Sewall's Point

PLN. _____

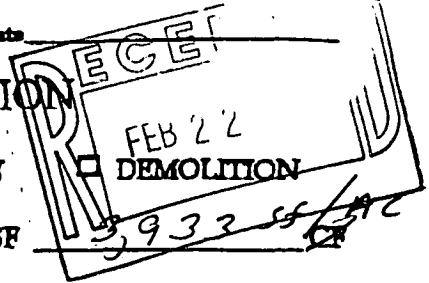
Date _____

BUILDING PERMIT APPLICATION

to construct

NEW CONSTRUCTION ADDITION ALTERATION

RESIDENTIAL COMMERCIAL 6,002 SF



OTHER: _____ CONTRACT PRICE ~~459,250~~ - 362,250

Owner's Name PATRICK D. + MIA M. KENNEDY

Owner's Address 5750 NE ISLAND COVE WAY

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

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

City _____ State _____ Zip _____

Contractor's Name PINNACLE CORE, INC.

Contractor's Address P O Box 1184

City STUART State FL Zip 34995

Job Name KENNEDY RESIDENCE

Job Address LOT 13 CASTLE HILL

City TOWN OF SEWALLS PT. State FL Zip 34996

Legal Description LOT 13, CASTLE HILL, according to Plat thereof recorded in Plat Book 12, Page 89, Martin Co., FL, public records

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

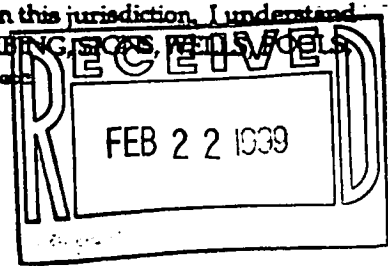
Architect/Engineer's Name JOHN W. OLSON, P.E.

Architect/Engineer's Address 1366 SW JASMINE TRACE, PALM CITY, FL 34990

Mortgage Lender's Name PRINCIPAL RESIDENTIAL MORTGAGE, INC.

Mortgage Lender's Address 1162 SAN JOSE BLVD, BLDG. 200 JACKSONVILLE, FL 32223

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SEPTIC, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS.



OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Patrick D. Kennedy Owner or Agent Date 2-17-99

Jeffrey Seyler Contractor Date 2-17-99

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 17 day of FEB. 1999, by Patrick D. Kennedy who: [] is/are personally known to me, or [X] has/have produced Maryland Drivers License #K530 676135263 as identification, and who did not take an oath.

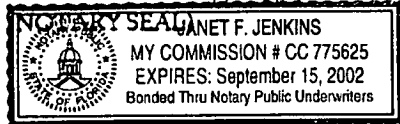


Name: Janet F. Jenkins
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 17 day of FEB. 1999, by J. Jeffrey Seyler who: [] is/are personally known to me, or [X] has/have produced FL. Drivers License # S 460 450 45 2200 as identification, and who did not take an oath.



Name: Janet F. Jenkins
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. MC 00362

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Robert A. Bott Permit Officer

_____ Building Commissioner



Castle Hill

March 8, 1999

Mr. & Mrs. Patrick Kennedy
P. O. Box 538
Stuart, Florida, 34995

RE: Castle Hill, Lot #13

Dear Mr. & Mrs. Kennedy,

The Castle Hill POA Design Review Committee met this evening to review your revised plan submittal for final approval. This note is to inform you that you are now approved for construction to commence, based on your revised submittal and plans dated March 8, 1999.

It looks like it will be a very attractive home. Looking forward to seeing you get underway soon.

Best Regards,

Daniel J. Wilberding
Chairman, Castle Hill POA/DRC

cc. Dick Williams
Gary Kelly

W.M. Kennedy
Lot 13 Castle Hill

Complete Items For
Permit Issue

Pinnacle Inc

PLAN REVIEW
SEWALL'S POINT

Sign - Copy

residential

Town Ordinances

- X Completed application for permit
- X Impact fee receipt
- X Notice of Commencement if over \$2,500.00
- X Applicable permits from other agencies (ie) DEP, Sewer and Irrigation, Road use
- X Approval from homeowners Association or Arch. Review
- X License and insurance for General and Subs, or affidavit for Owner Builder
- X Signed and Sealed building plans
- X Wind load certifications for 140mph. exposure D
- X Survey showing; FFE, flood zone, setbacks, sq. ft. of lot, and impervious surfaces
- X Landscaping Plan
- X Zoning applicable OK
- X Setbacks for zoning OK
- X Flood Zone B-A-10 Elev. 9'
- X First floor Elevation 10' NGVD - see note ① below ②
- X Overall height not to include chimney, vents, cupola 27'
- X Tree permit
- X Florida energy code forms

Plans to include

- Site Plan showing retainage of stormwater and proposed elevations, attach calculations Grade site to retain stormwater
- Driveway and parking plans - Driveway to be swaled to divert stormwater
- Exterior elevations
- Foundation Plan, bottom of all footings 12" below finished grade
- Framing plan showing ceiling heights, egress windows, safety glazing
- Typical wall sections
- Roof Plan with truss engineering
- Door and Window engineering on site for rough inspection
- Electrical Calculations, conformance with 1996 NEC
- Smoke detectors in compliance with NFPA 74 - Smoke Detectors outside of bedrooms Also
- Plumbing riser showing vent, drain sizes will inspect @ rough
- Conformance with South Florida Code for 140mph. wind exposure D
- Storm protection required for all doors and windows - will inspect @ final
- Mechanical Plan showing sizes of ducts
- Cross sections, details, elevations
- Specifications on gravity, uplift connections
- Attic access 22" X 36

- ① Garage is below base flood elevation - provide hydrostatic openings
- ② A.C. + Pool equip outside must be elevated to 9' NGVD
- ③ Water heater - elevate to 9' NGVD min - Pressure relief to exterior untrapped. Thermal expansion on cold water.

Florida Accessibility Code

- Stairs risers 9" max. height, 12" min. depth, nosing 1 1/2" max
- Handrail 32" high
- thresholds max. height 1/2"
- 3 or more steps 30" sq. landing at top, doors not to swing over steps.
- 29" clear openings to toilet facilities *1st Floor change to 2'8" Door Powder Rm.*
-

Local Amendments to the South Florida

Lintels 4-22

- filled cells in lieu of poured columns require #5 bars placed in both jambs of all openings and 2 #5 bars at each corner poured solid and lapped properly
- Copper wiring from load side of meter base
- Wood 6" clearance from grade
- Attic ventillation
- Guardrails for decks, balaconies etc.
- Toilet room ventilation
- Fireplace details *on Rough Insp*
- Gas plan and permit
- Jacuzzi pump access and shock prevention *will inspect*
- Thickened edges on all concrete slabs, 8" width and depth with 1 #3 continous
- ~~MA~~ V-Zone requirements
- Stairwell protection if storage under stairs, type X 5/8 drywall
-

Robert Bott
Plans Examiner

[Signature]
Owner or Builder

2-27-99
Date

9/9/99
Date

JOHN W. OLSON, P.E.

Consulting Structural Engineer
 1366 S.W. JASMINE TRACE
 PALM CITY, FLORIDA 34990
 (561) 288-1328

LETTER OF AUTHORIZATION

TO: SEWALLS POINT BLD'G. DEPT.
SEWALLS POINT, FL.

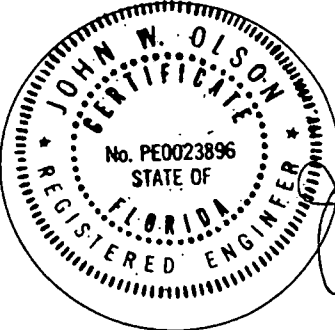
DATE:	4/12/99
RE:	Kennedy Res. Lot 13 Castle Hill
PERMIT NO.:	4565

Gentlemen:

With respect to the above noted project, please be advised of the following changes to the plans approved by this office:

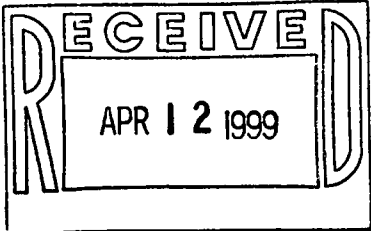
NO.	DESCRIPTION
	With regard to stem wall footing south west corner of foundation A new form with an extension of 4" will be poured & dowelled to existing stem wall footing. This is acceptable.

These changes, substitutions or modifications are approved to the original plans. If any further information is required, please call this office.



SIGNED: John W. Olson
 John W. Olson, P.E.

John W. Olson
 4/12/99



RECEIVED
 JUN 26 2000
 BY:

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
 COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 34,000.00 .

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.

Mark S. James
 Affiant
 Property street address: -

Sworn to and subscribed
 before me this 12th day of
June, ~~2000~~ 2000.

Shawn L. Brown
 Notary Public Virginia
 STATE OF ~~FLORIDA~~ AT LARGE
 My Commission Expires: 9-30-2000

(NOTARY SEAL)

MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN COUNTY, FL

RECORDED & VERIFIED
BY [Signature] D.C.

01401911

99 NOV 18 AM 10:40

This Instrument Prepared By:
William C. McIntyre, Esq.
3561 S.W. Corporate Parkway
Palm City, FL 34990

Grantee S.S. No. _____
Parcel I.D. No. 26-37-41-015-000-00130-70000

REC-0000 1667.40 MARSHA STILLER
REC-0010 MARTIN COUNTY
REC-0000 CLERK OF CIRCUIT COURT
REC-0000 BY [Signature] D.C.

WARRANTY DEED

THIS INDENTURE, made this 13 day of November, 1999 between PATRICK D. KENNEDY and MIA M. KENNEDY, his wife, whose post office address is 5031 Upland Game Road, Roanoke, VA 24014, Grantor*, and KARL THOMAS, a married man, of 3075 S.E. St. Lucie Boulevard, Stuart, Florida 34997, Grantee*.

WITNESSETH: That the Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land situate, lying and being in Martin County, Florida, to-wit:

Lot 13, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, of the Public Records of Martin County, Florida.

SUBJECT to covenants, restrictions, reservations and easements of record, governmental zoning rules, regulations and ordinances, if any, and to taxes for the year 1999 and subsequent years.

TO HAVE AND TO HOLD the same in fee simple forever, together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, subject only to the matters aforesaid,

and said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "Grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence:

[Signature: Jessica Johnson]
Printed name: JESSICA JOHNSON

[Signature: Patrick D. Kennedy] (SEAL)
PATRICK D. KENNEDY

[Signature: Rebecca Gray]
Printed name: Rebecca Gray

[Signature: Jessica Johnson]
Printed name: JESSICA JOHNSON

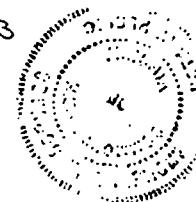
[Signature: Mia M. Kennedy] (SEAL)
MIA M. KENNEDY

[Signature: Rebecca Gray]
Printed name: Rebecca Gray

STATE OF VIRGINIA)
COUNTY OF Roanoke)

The foregoing instrument was acknowledged before me this 13 day of NOV., 1999,
by PATRICK D. KENNEDY and MIA M. KENNEDY, his wife, who are personally known to me
or produced FL. DL as
identification.

Michelle L. Scripps
Printed name: michelle L. Scripps
Notary Public, State of Virginia
Commission No.:
My Commission Expires: 10-31-03



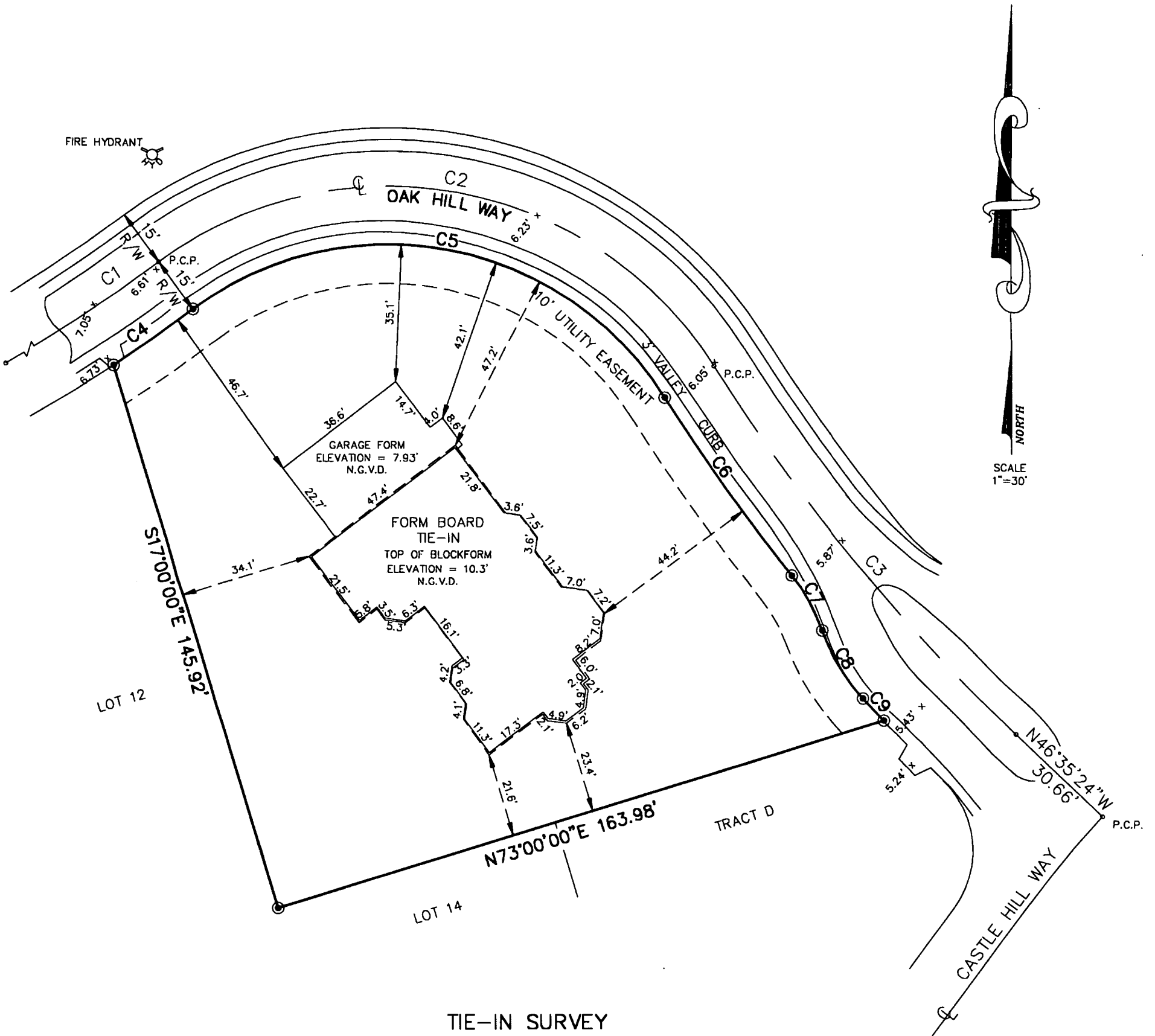
Mo - 285-2682

4565

SURVEYOR'S NOTES:

1. BEARINGS REFER TO SAID PLAT. BEARING BASE IS THE SOUTH LINE OAK HILL WAY
2. LOCATION OF THE PROPOSED RESIDENCE LIES IN FLOOD ZONE B AND ZONE A10 (EL 9'), FEMA MAP PANEL 120164 0001 E, OCTOBER 16, 1996.
3. THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHT-OF-WAYS, EASEMENTS, OR OTHER ENCUMBRANCES.
4. UNDERGROUND UTILITIES NOT LOCATED PER THIS SURVEY.
5. P.C.P. = PERMANENT CONTROL POINT.
6. C = CENTERLINE OF ROAD; R/W = RIGHT-OF-WAY
7. ELEVATIONS REFER TO N.G.V.D. '29 AND ARE BASED FROM BENCHMARK IWB-5, U.S.G.S.

CURVE TABLE					
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C8	20.56'	52.00'	22°39'02"	S31°25'08"E	20.42'
C9	7.83'	521.50'	00°51'35"	S43°10'27"E	7.83'



TIE-IN SURVEY

LOT 13

CASTLE HILL

ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 12, PAGE 89, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA:

FOR

PATRICK D. AND MIA M. KENNEDY

CERTIFICATION VALID TO:

1. STERLING MORTGAGE SERVICES OF THE TREASURE COAST, INC.
2. PRINCIPAL RESIDENTIAL MORTGAGE, INC.
3. WILLIAM C. McINTYRE, P.A.
4. ATTORNEY'S TITLE INSURANCE FUND, INC.
5. PATRICK D. & MIA M. KENNEDY
6. TOWN OF SEWALL'S POINT

AREA TABLE

LOT SIZE: 21,048 SQ. FT.
 LOT COVERAGE: 7,320 SQ. FT.
 LOT COVERAGE: 35%

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

CERTIFICATION:

I HEREBY CERTIFY THAT THE SKETCH SHOWN HEREON IS A CORRECT REPRESENTATION OF A SURVEY DONE UNDER MY DIRECTION AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THERE ARE NO ENCROACHMENTS UNLESS OTHERWISE SHOWN. NO SEARCH OF THE PUBLIC RECORDS MADE FOR ERRORS OR OMISSIONS OF SAID DESCRIPTION. EASEMENTS OF RECORD NOT SHOWN UNLESS FURNISHED. I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH UNDER RULE 61G17-6 F.A.C. BY THE FLORIDA BOARD OF SURVEYORS AND MAPPERS.

CHRISTIAN FENEX

PROFESSIONAL SURVEYOR AND MAPPER
 1850 PALM BEACH ROAD, STUART, FL.
 P.O. BOX 2533, PALM CITY, FL. 34991
 (561)283-2977 (561)283-2979 fax

TIE-IN SURVEY 5/4/99
 STEM WALL TIE-IN 3/24/99
 REVISED 2/15/99
 REVISED 1/28/99




Christian Fenex
 FLORIDA REGISTRATION # 5102
 CHRISTIAN FENEX

PLAT BOOK	PAGE	DATE OF SKETCH	FIELD SURVEY DATE	F.B.	PG.	SCALE
12	89	1/12/99	1/7/99	B1	52	1" = 30'

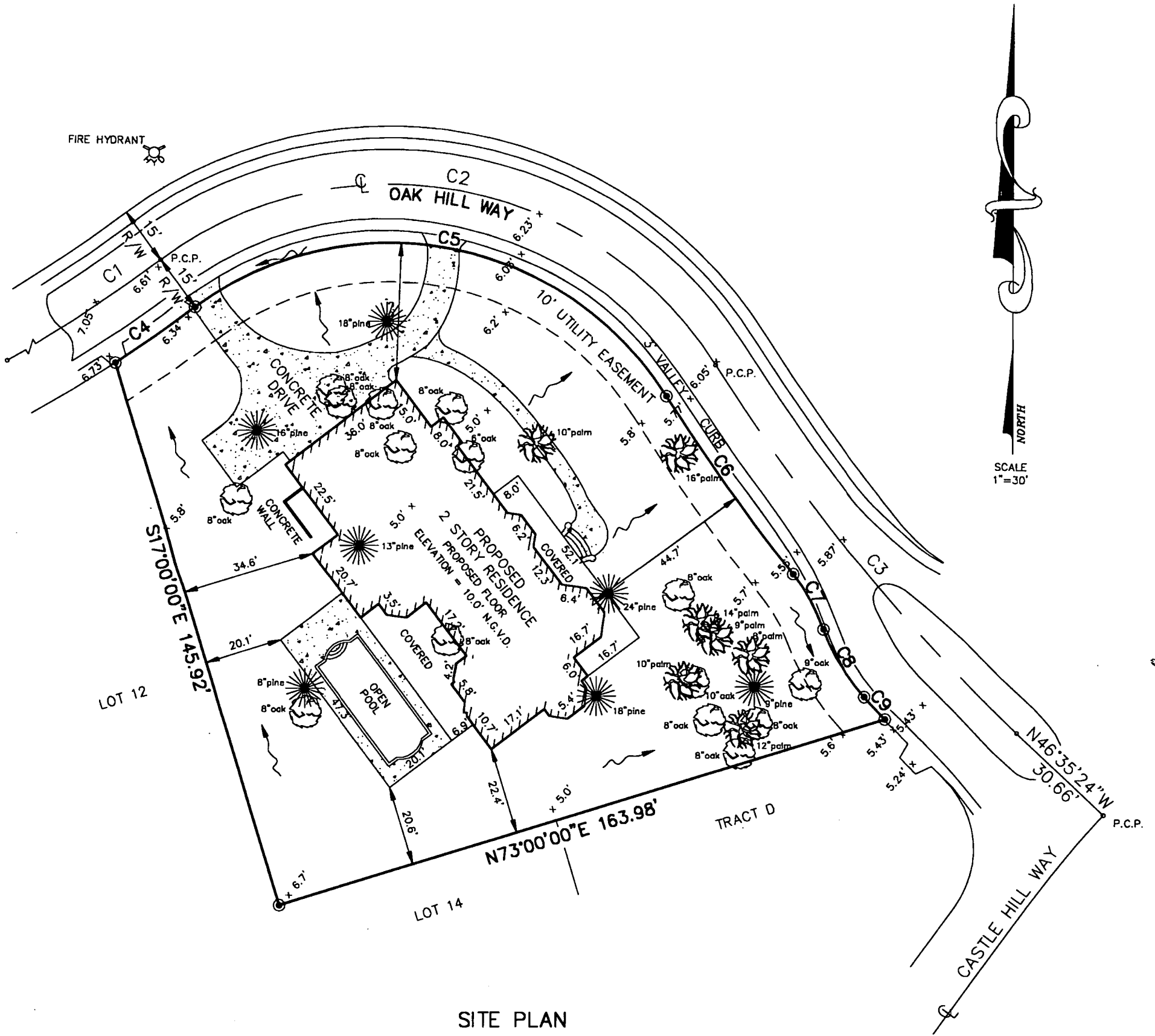
SKETCH NO.
 LOTT3.DWG

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SITE PLAN

LOT 13
CASTLE HILL

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Christian Fenex
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CHRISTIAN FENEX

REVISED 2/15/99
REVISED 1/28/99

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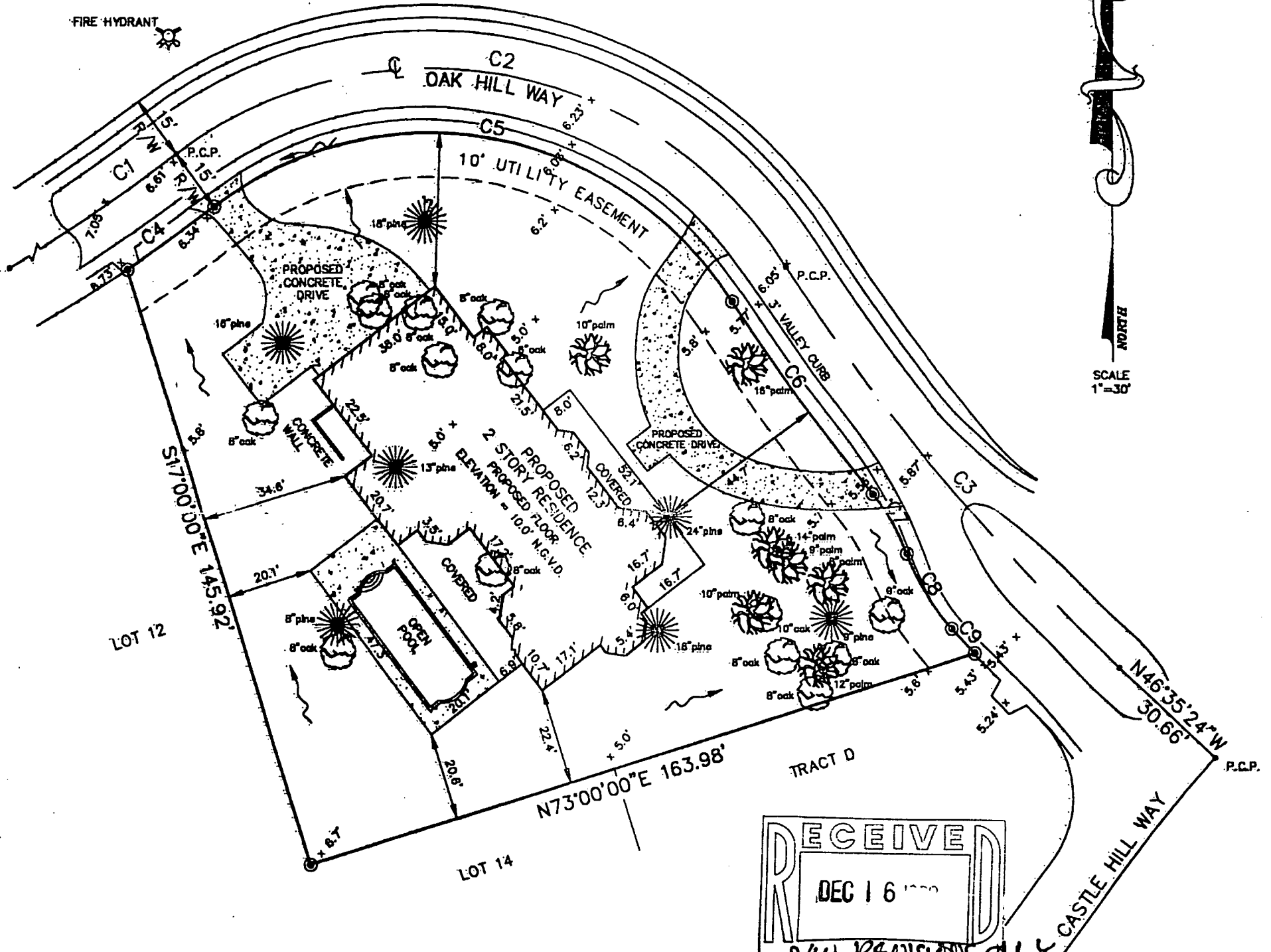
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REVISIONS:

1. REVISED DRIVEWAY 12/1/99



RECEIVED
DEC 16 1999
D/W REVISIONS ONLY

3 OAK HILL WAY
TOWN COPY

SITE PLAN
LOT 13
CASTLE HILL

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5. PATRICK D. & MIA M. KENNEDY
6. TOWN OF SEWALL'S POINT

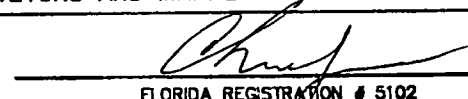
NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

CERTIFICATION:

I HEREBY CERTIFY THAT THE SKETCH SHOWN HEREON IS A CORRECT REPRESENTATION OF A SURVEY DONE UNDER MY DIRECTION AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THERE ARE NO ENCROACHMENTS UNLESS OTHERWISE SHOWN. NO SEARCH OF THE PUBLIC RECORDS MADE FOR ERRORS OR OMISSIONS OF SAID DESCRIPTION. EASEMENTS OF RECORD NOT SHOWN UNLESS FURNISHED. I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH UNDER RULE 61G17-6 F.A.C. BY THE FLORIDA BOARD OF SURVEYORS AND MAPPERS.

CHRISTIAN FENEX
PROFESSIONAL SURVEYOR AND MAPPER
1850 PALM BEACH ROAD, STUART, FL
P.O. BOX 2533, PALM CITY, FL 34991
(561)283-2977 (561)283-2979 fax

REVISED DRIVEWAY 12/1/99
REVISED 2/15/99
REVISED 1/28/99


FLORIDA REGISTRATION # 5102
CHRISTIAN FENEX

PLAT BOOK	PAGE	DATE OF SKETCH	FIELD SURVEY DATE	F.B.	PG.	SCALE
12	89	1/12/99	1/7/99	B1	52	1" = 30'

LOT 13.DWG

6/16/00
105 PER TOW
SCHEDULED

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4765

RECEIVED
JUN 15 2000
BY: GA

FILE

Passed B.G.
(Cook Keys) ✓
KEYS IN
FILE

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4565.

OWNER: P.D. Kennedy ; ADDRESS: 3 Oak Hill Way

PROJECT ADDRESS: 3 Oak Hill Way ; LEGAL: LOT 13 BLK SUB C, 1/2 Hill

GENERAL CONTRACTOR: L & S Design and Const. Inc. ; LIC/CERT No. MC 000362

ADDRESS: PO Box 1022 Street 34995 ; TEL 220-1745 ; FAX 220-4100

ELECTRICAL CONTRACTOR: Cook Elec, Inc. ; LIC/CERT No. ME00152 ERO008000

ADDRESS: 4250 SE Commerce Ave, Stuart, 34997 ; TEL 287-0933 ; FAX 287-9084

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 electrical service 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 AC, Maj. Appl., Heat Water heaters for the purpose of Testing circuits # 3, 4, 16, 8, Box # 1, 3, 5, 7, 11, 2 at the above designated construction now in progress under a valid building permit; and

WHEREAS, it is necessary to have a temporary electric hook-up for testing of 4, 6, 8, 10, 12, 14, 18 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 Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or 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. This 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 14 day of June, 2000.

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

[Signature]
EDWIN B. ARNOLD, BUILDING OFFICIAL

PPL METER RELEASE
6/16/00 11:35 AM
"CORANE"

1/10/00 RE: 3 OAK HILL WAY

§ 7-44

SEWALL'S POINT CODE

FAX TRANSMITTAL _____ PAGES

▷ TO: 546-5581 SAILFISH IRRIG

▷ FROM: 220-4765 E. ARNOLD

TOWN OF SEWALL'S POINT RD

Sec. 7-44. Special devices.

(a) All irrigation systems installed after the effective date of Ordinance No. 231 [August 10, 1994] shall be required to incorporate low-volume irrigation devices and a rain sensor device in the irrigation plan.

1/11 7:45 AM

(b) All new irrigation control systems installed or renovated in homes or commercial structures within the town after the effective date of Ordinance No. 231 [August 10, 1994], regardless of whether the installation is for a new structure or an existing structure, shall be required to incorporate a rain sensor device into the system.

(c) Building permit holders shall be required to present to the building inspector, a letter from an irrigation contractor licensed by the State of Florida confirming that low-volume irrigation devices and automatic rain shutoff devices have been incorporated into the irrigation plan.

(Ord. No. 231, 8-10-94)

Cross reference—Building inspector, Buildings and building regulations, Ch. 4.

Sec. 7-45. Penalty.

(a) Persons who violate section 7-42 of this division (except as permitted in section 7-43) for the first time shall be notified in writing of said violation by the town and shall be given a reasonable time, not to exceed thirty (30) days, to comply with this division. Persons who violation continues after expiration of the notice period or who commit a second violation within a twelve-month period shall be subject to a civil penalty, in addition to any other penalty allowed by law, not to exceed five hundred dollars (\$500.00) per violation, as set by the town commission by resolution.

(b) Persons who violate section 7-44 of this division shall be notified in writing of said violation by the town and given reasonable time, not to exceed thirty (30) days, to comply with this division. Persons who remain in violation of section 7-44 after expiration of the notice period shall be subject to a civil penalty,

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

SEYLER JEFFREY S
L & S DESIGN & CONST INC
BOX 1022
STUART FL 34995

EXPIRES SEPTEMBER 30, 20 00

AUDIT CONTROL NUMBER	37196	CERTIFICATE NUMBER	MC00362
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CERTIFIED CONTRACTOR

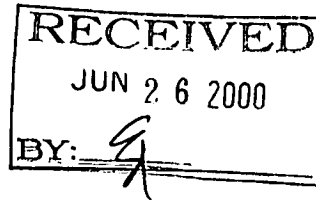
RESIDENTIAL CONTRACTOR MC

SIGNATURE _____

ATTEST: VALERE A. MESSIER
LICENSING ADMINISTRATOR

1101

SAILFISH IRRIGATION



February 02, 2000

Mr. Jeff Seyler
Land & Sea - Timeless Homes
P. O. Box 1022
Stuart, Fl. 34995

Dear Mr. Seyler

Please be advised that the lawn sprinkler system recently installed at lot # 13 in Castle Hill includes a "Mini-Click" rain shut off device and a 1" pressure vacuum breaker installed for backflow prevention. The system also contains "Toro low gallonage" sprinkler nozzles as low volume devices

Sincerely

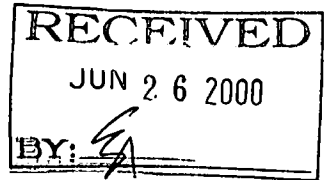
Stanley Peterson
Owner
Sailfish Irrigation
lic. # SP00983

A handwritten signature in black ink, appearing to be "Stanley Peterson", written over the typed name and license number.

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 86.8

The higher the score, the more efficient the home.



KENNEDY, . . .

COPY

ORIGINAL TO OWNER.

<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 3 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3933 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 0.0 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 363.0 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=1.0, 353.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Slab-On-Grade Edge Insulation, 0 R=1.0, 353.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. 1 Others 36.0 ft² <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=4.2, 1479.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=19.0, 869.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Exterior R=19.0, 92.0 ft² <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, 2800.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Under Attic R=30.0, 2800.0 ft² <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, 378.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit <input type="checkbox"/></p> <p style="margin-left: 20px;">c. 2 Others <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip <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>14. Hot water systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. LP Gas <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump) <input type="checkbox"/></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>	<p>Cap: 35.0 kBtu/hr <input type="checkbox"/></p> <p>SEER: 10.00 <input type="checkbox"/></p> <p>Cap: 35.0 kBtu/hr <input type="checkbox"/></p> <p>SEER: 10.00 <input type="checkbox"/></p> <p>Cap: 70.0 kBtu/hr <input type="checkbox"/></p> <p>Cap: 35.0 kBtu/hr <input type="checkbox"/></p> <p>COP: 1.00 <input type="checkbox"/></p> <p>Cap: 50.0 gallons <input type="checkbox"/></p> <p>EF: 0.66 <input type="checkbox"/></p> <p>Cap: 50.0 gallons <input type="checkbox"/></p> <p>EF: 0.93 <input type="checkbox"/></p> <p>MZ-C, <input type="checkbox"/></p>
---	--	---

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: *J. J. Hill*

Date: 6/14/00

Address of New Home: 3 Oak Hill Way

City/FL Zip: Seawall Pt, FL



**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 EnergyStarSM 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.*

RECEIVED

JUN 26 2000

BY: [Signature]

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-007
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>PATRICK D & MIA M. KENNEDY</u>		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>3 Oak Hill Way</u>		Company NAIC Number
CITY <u>SEWALL'S POINT</u>	STATE <u>FLORIDA</u>	ZIP CODE <u>34996</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 13 CASTLE HILL</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>		
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 <u>Town of SEWALL'S POINT - 120164</u>		B2. COUNTY NAME <u>MARTIN</u>	B3. STATE <u>FLORIDA</u>
B4. MAP AND PANEL NUMBER <u>120164 0001</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>10-16-96</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>10-16-96</u>
B8. FLOOD ZONE(S) <u>A10</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>9</u>		

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 29 Conversion/Comments _____
 Elevation reference mark used WB-5 Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10.3</u> ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)	
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>7.4</u> ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft.(m)	
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>7.1</u> ft.(m)	
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6.6</u> ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (sq. cm)	

Christian Fenex
PSM 5102
6/21/00

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 <u>CHRISTIAN FENEX</u>	LICENSE NUMBER <u>5102</u>
TITLE <u>REG. LAND SURVEYOR</u>	COMPANY NAME <u>CHRISTIAN FENEX & ASSOC.</u>
ADDRESS <u>1657 S DIXIE HWY</u>	CITY <u>STUART</u> STATE <u>FL</u> ZIP CODE <u>34994</u>
SIGNATURE <u>Christian Fenex</u>	DATE <u>6/21/00</u> TELEPHONE _____

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. OAK HILL WAY		Policy Number
CITY SEWALL'S POINT	STATE FLORIDA	ZIP CODE 34996
		Company NAIC Number

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

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

REMARKS
SECOND STORY WAS NOT OBTAINABLE

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

REQUIREMENTS FOR COMPLETING THIS FORM

- (1) THIS FORM SHOULD BE COMPLETED ONLY BY AN EMPLOYER OPERATING WITHIN FLORIDA.
- (2) THE CONTRACTORS BELOW ARE REQUIRED TO FURNISH THE LICENSE NUMBER AND TYPE OF ANY CERTIFIED OR REGISTERED LICENSES ISSUED BY THE DEPARTMENT OF PROFESSIONAL REGULATION.
 - (A) GENERAL CONTRACTOR
 - (B) COMMERCIAL CONTRACTOR
 - (C) RESIDENTIAL CONTRACTOR
 - (D) ROOFING CONTRACTOR
 - (E) PLUMBING CONTRACTOR
 - (F) ELECTRIC CONTRACTOR
 - (G) HEATING-A/C CONTRACTOR
 - (H) SWIMMING POOL CONTRACTOR
 - (I) SHEET METAL CONTRACTOR

RENEWAL INFORMATION.

EFFECTIVE JANUARY 1, 1994, THE CERTIFICATE OF ELECTION IS VALID UNTIL THE SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER REVOKES SUCH ELECTION. THIS FORM SHOULD BE SUBMITTED TIMELY ALLOWING IT TO REACH THE DIVISION AT LEAST 31 DAYS PRIOR TO THE DATE THE EMPLOYER WOULD LIKE FOR IT TO BE EFFECTIVE. A \$25.00 NON-REFUNDABLE FILING FEE IS REQUIRED.

ANY FORM RECEIVED INCOMPLETE OR INCORRECT WILL BE RETURNED UNPROCESSED. THE EFFECTIVE DATE OF ANY RETURNED FORM WILL BE 30 DAYS AFTER THE POSTMARK OF THE CORRECTED FORM.

WORKERS' COMPENSATION INSURANCE INFORMATION

NAME OF W.C. CARRIER The Maryland Insurance Group

CARRIER ADDRESS: P. O. Box 31045

CITY, STATE & ZIP Tampa, FL 33631

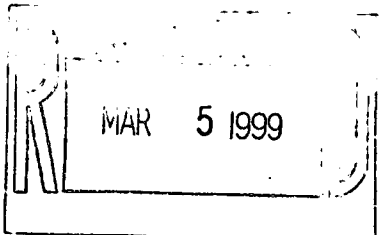
POLICY NUMBER: SCP32724776 EFFECTIVE DATE: 2-26-98

PURSUANT TO SECTION 440.05(3), F.S. PLEASE LIST THE NAME, SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER OF EACH SOLE PROPRIETORSHIP, PARTNERSHIP, OR CORPORATION THAT YOU WILL BE EMPLOYED BY:

NAME: Pinnacle CDRE, Inc. FEIN OR SS#: 65-0764598

NAME: FEIN OR SS#:

NAME: FEIN OR SS#:



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

STATE USE ONLY
EFF. DATE
EMPLOYER #:
POSTMARK DATE / /
This notice shall be valid from the effective date above until a notice of revocation is filed by the sole proprietor, partner, or corporate officer making this election.

MAIL TO: Department of Labor & Employment Security
Bureau of W. C. Compliance
Post Office Box 7800
Tallahassee, FL 32314-7800
Telephone (904) 488-2333

PLEASE TYPE OR PRINT:

SEE REVERSE SIDE OF THIS FORM FOR ELIGIBILITY REQUIREMENTS AND RENEWAL INFORMATION

RE: Pinnacle CDRE, Inc.

(Legal Business Name or Sole Proprietorship, Partnership, or Corporation) (D/B/A if Applicable)

P. O. Box 1184, Stuart, FL 34990 - 3271 S. W Rivers End Way

(Mailing Address)

(Street Address, if different)

Palm City, FL 34990

65-0764598

561-220-9600

(City)

(State)

(Zip)

(Federal Employer Identification Number)

(Telephone #)

Nature of Business or Trade: Real Estate, Construction, Development

Pursuant to Rule 38F-6.009(a), as of 12:01 a.m. 30 days following the date of the mailing of this form, you are hereby notified that the following Sole Proprietor, Partner or Corporate Officer of the above named business does elect to be exempt from the provisions of the Florida Workers' Compensation Law. I understand that "a sole proprietor, partner, or officer of a corporation who elects exemption from this chapter by filing a certificate of election under s. 440.05 may not recover benefits or compensation under this chapter". I further understand that there is a limit of three partners or three corporate officers. I certify that any employee of the business named above is covered by workers' compensation insurance.

REQUIREMENT: LIST CERTIFIED OR REGISTERED LICENSES HELD PURSUANT TO CHAPTER 489 F.S., OR LOCAL OCCUPATIONAL LICENSES.

(1) Type: Residential Contractor Number: MC00361 (2) Type: _____ Number: _____

IMPORTANT: A NON-REFUNDABLE TWENTY FIVE DOLLARS (\$25.00) individual exemption filing fee is required pursuant to Chapter 440.05, F.S. and Rule 38F-6.009 (a), and is payable only by cashier's check or money order to W. C. Administration Trust Fund. Failure to enclose fee and accurately and totally complete this form will result in return of the request and create a delay in certification.

AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS:

I, Craig D. Rich sworn under oath, do depose as follows:

- I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations;
- I hold or have applied for a federal employer identification number;
- I perform or agree to perform specific services or work for specific amounts of money and control the means of performing the services or work;
- I incur the principal expenses related to the service or work that I perform or agree to perform;
- I am responsible for the satisfactory completion of work or services that I perform or agree to perform and is or could be held liable for a failure to complete the work or service;
- I receive compensation for work or services performed for a commission or on a per job or competitive-bid basis and not on any other basis;
- I may realize a profit or suffer a loss in connection with performing work or services;
- I have continuing or recurring business liabilities or obligations; and
- The success or failure of my business depends on the relationship of business receipts to expenditures.

Type/Print Name Craig D. Rich

Signature of Affiant: [Signature]

(Only one Signature Per Form)

Social Security Number: 265-92-5578

Position: OWNER/PROPRIETOR PARTNER CORPORATE OFFICER/TITLE President

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31 DAY OF March Palm City, FLORIDA.

Personally Known To Me

Produced as Identification

[Signature]
Notary Public, State of Florida
My Commission Expires:

OFFICIAL NOTARY SEAL
SONDRA G WYATT
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC470722
MY COMMISSION EXPIRES JULY 14, 1999

Type Of Identification _____

OFFICIAL NOTARY SEAL
SONDRA G WYATT
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC470722
MY COMMISSION EXP. JULY 14, 1999

South Florida Building Code
Section Report

03/31/99

4001	GENERAL
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4001.1 SCOPE:

Heat producing appliances and apparatus, which operate on other than electricity or gas, and all chimneys, flues, vents, for carrying products of combustion and fireplaces, and their connections, shall conform to the requirements of this Chapter. Electrical appliances shall comply with Chapter 45 of this Code and gas appliances shall comply with Chapter 47 of this Code. The storage of flammable liquids shall comply with Chapter 41 of this Code.

4001.2 DEFINITIONS:

- (a) APPLIANCES, HIGH HEAT, are any installations or equipment in which the temperature of the flue gases as they enter the flue is above 1500 degrees F.
- (b) APPLIANCES, MEDIUM HEAT, are any installations or equipment in which the temperature of the flue gases as they enter the flue is between 550 degrees F to 1500 degrees F.
- (c) APPLIANCES, LOW HEAT, are any installations or equipment in which the temperature of the flue gases is up to 550 degrees F.
- (d) CHIMNEYS, FLUES OR VENTS, are conduits or passageways for conveying products of combustion to the outer air and shall be classified as Type A, Type B, or Type C.
- (e) CONDENSATE, is the liquid which separates from a gas due to a reduction in temperature.
- (f) FIREBRICK, is any refractory fire-clay brick which meets the approval of the Building Official.

South Florida Building Code
Section Report

03/31/99

Page 2

4001 GENERAL

- (g) FIRE-CLAY FLUE LINING, is flue lining made of fire clay.
- (h) FLUE COLLAR, is that portion of any appliance designed for the attachment of a draft hood.
- (i) SMOKEPIPE, is the pipe connecting a heat-producing appliance burning solid or liquid fuels to a flue or vent.
- (j) VENT CONNECTOR, is a pipe connecting a heat-producing appliance burning gas fuel to a flue or vent.

4001.3 EQUIPMENT AND APPLIANCES:

Equipment and appliances connected to chimneys, flues, vents and fireplaces shall be of approved types and shall be installed and maintained as set forth herein and, for gas appliances, as set forth in Chapter 47 of this Code.

4001.4 PERMITS REQUIRED:

(a) A permit shall be required to install, repair, or alter any heat-producing appliance or piping or flue or accessory thereto, except gas appliances as set forth in Chapter 47 of this Code and electric appliances as set forth in Chapter 45 of this Code, except that a permit shall not be required for any fully portable appliance which has no physical connection to piping or flue.

(b) Any person desiring a permit to be issued shall, in addition to filing an application therefore, and before such permit is issued, pay a permit fee as required.

4001.5 OCCUPANT HAZARD:

Where heat-producing apparatus is installed in locations where the occupants of the space for reasons of age or physical limitations may, in the opinion of the inspections authority, be required to be protected by additional safeguards, controls and devices shall be designed and installed to be inaccessible or inoperative to unauthorized persons and protective guards or screens installed to prevent physical contact with heated parts.

4001.6 CLEARANCES FOR HEAT PRODUCING APPLIANCES:

Clearances for heat producing appliances shall comply with the standard for Clearances for Heat Producing Appliances, NFPA 89M, as set forth in Section 402 of this Code.

4001.7 WORKMANSHIP:

Heat producing apparatus shall be installed in conformance with the tolerances, quality and methods of construction set forth in Standards

South Florida Building Code
Section Report

03/31/99

Page 3

4001 GENERAL

referenced in this Chapter.

Required Thickness of Metal Smokestacks

Diameter of Stack	Metal Thickness
Not more than 8"	No. 16 gage
More than 8", not over 12"	No. 12 gage
More than 12", not over 16"	No. 10 gage
More than 16", not over 24"	No. 8 gage
More than 24", not over 30"	3/16"
More than 30", not over 43"	1/4"

South Florida Building Code
Section Report

03/31/99

Page

4

4002

Thickness of Metal for Vent Connectors

Diameter in Inches	Minimum Thickness (U.S. Gage)
6-10.....	26
11-29.....	24
30-39.....	22
40-49.....	20
50-up.....	18

South Florida Building Code
Section Report

03/31/99

Page 1

4013 VENT CONNECTORS

4013.1 MATERIALS:

Vent connectors serving fixed appliances shall be of substantial metal construction, but never less than as set forth in the following table:

(Click on "FIGURE" button and select "Vent connectors thickness" figure)

4013.2 DETAILS OF CONNECTION:

(a) No vent connection connected to any gas appliance having pilot provision for automatic or remote control shall be connected to any kitchen ventilation for any chimney flue which is used as a smoke flue for any stove, boiler, heater or other apparatus designed to burn wood, coal, oil, or any fuel other than gas, unless such pilot provision is so designed that the supply of gas to the main burners in connection therewith will be automatically shut off when combustion of gas is not taking place at the pilot.

(b) 2 or more vent connectors shall not be joined to a single flue or vent unless the common vent connector and flue or vent is of sufficient size to serve all the appliances thus connected. The vent connector of a heating appliance shall not be connected into the flue or vent of an incinerator which has the rubbish chute identical with the smoke flue.

(c) No flue or vent shall have vent connections in more than 1 story of a building unless provisions is made for effectively closing vent connector openings with devices made of noncombustible materials, whenever their use is discontinued temporarily, and completely closing such opening with masonry when discontinued permanently. Vent connectors shall be exposed to view throughout their entire length.

(d) Vent connectors serving appliances other than water heaters shall have a rise of not less than 1/4" to the foot.

9

South Florida Building Code
Section Report

03/31/99

Page 2

4013	VENT CONNECTORS
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(e) Provisions for removal of condensates shall be provided. Any 2 inlets shall be separated vertically by not less than the diameter of the larger inlet.

(f) All gas appliances connected to a common vent shall be located in the same story of the building and in the same tenancy thereof except as otherwise provided in NFPA 54.

(g) The horizontal projected length of the vent connector shall not exceed 75% of the vertical projected length of the vent unless the appliance is equipped for forced draft.

(h) Where vent connectors join into a single pipe, connector or flue, they shall be joined by a Y-fitting, discharging the flow in the direction of common passage.

4013.3 CLEARANCES:

Clearances between vent connectors and combustible materials above shall be 18" where use for medium heat appliances and 36" where used for high heat appliances; except that such clearance may be reduced where insulating materials are provided as set forth in NFPA 90B.

South Florida Building Code
Section Report

03/31/99

Page

3

4001

Required Thickness of Metal Smokestacks

Diameter of Stack	Metal Thickness
Not more than 8".....	No. 16 gage
More than 8", not over 12".....	No. 12 gage
More than 12", not over 16".....	No. 10 gage
More than 16", not over 24".....	No. 8 gage
More than 24", not over 30".....	3/16"
More than 30", not over 43".....	1/4"

South Florida Building Code
Section Report

03/31/99

Page

4

4002

Thickness of Metal for Vent Connectors

Diameter in Inches	Minimum Thickness (U.S. Gage)
6-10.....	26
11-29.....	24
30-39.....	22
40-49.....	20
50-up.....	18

This instrument was prepared by and should be returned to:

William C. McIntyre, Esq.
3561 S.W. Corporate Parkway
Palm City, FL 34990

NOTICE OF COMMENCEMENT

STATE OF FLORIDA)
COUNTY OF MARTIN)

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

1. Legal Description of Property:

Lot 13, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, Martin County, Florida, public records.

2. General Description of Improvements: Construction of new single family residence.

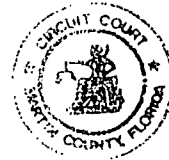
3. a. Name and Address of Owner:

Patrick D. & Mia M. Kennedy
5750 NE Island Cove Way
Stuart, FL 34996

b. Owner's Interest in Property: Fee simple title holder.

4. Contractor Name and Address:

Pinnacle CDRE, Inc.
P.O. Box 1184
Stuart, FL 34995



5. a. Name and Address of Surety on the Payment Bond:

Not Applicable.

b. Amount of the Payment Bond:

Not Applicable.

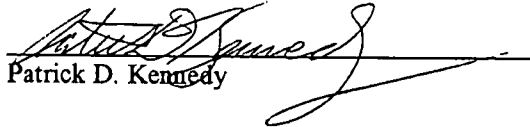
6. Name and Address of Entity Making a Loan for the Construction of the Improvements:

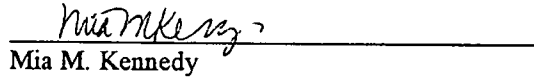
Principal Residential Mortgage, Inc.
11363 San Jose Blvd., Bldg. 200
Jacksonville, FL 32223

7. Name and Address of 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:

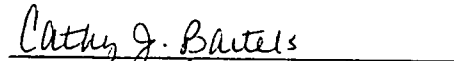
Patrick D. Kennedy
5750 NE Island Cove Way
Stuart, FL 34996

Principal Residential Mortgage, Inc.
c/o Dee Dee
11363 San Jose Blvd., Bldg. 200
Jacksonville, FL 32223


Patrick D. Kennedy

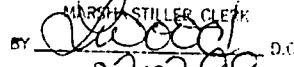

Mia M. Kennedy

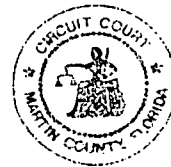
Sworn to and subscribed before me this 1st day of February, 1999,
by Patrick D. Kennedy, and
Mia M. Kennedy, who are
personally known to me.


Printed name: Cathy J. Bartels
Notary Public, State of Florida
Commission No.:
My Commission Expires:

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING 2 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSH STILLER, CLERK
BY  D.C.
DATE 2 2 99



CATHY J. BARTELS
COMMISSION # CC 488013
EXPIRES SEP 23, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

S/N !!!!

RIGHT-J SHORT FORM

2-17-99

Job #:

For: KENNEDY RESIDENCE
 LOT 13 CASTLE HILL
 STUART

FL

	Htg	Clg
Outside db	45	91
Inside db	70	75
Design TD	25	16
Daily Range	-	M
Inside Humid.	-	50
Grains Water	-	60

By: E.C.T.

Const. Quality	a
# of Fireplaces	1

HEATING EQUIPMENT

COOLING EQUIPMENT

Make TRANE
 Model
 Type
 Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 3200 CFM
 Htg Air Flow Factor 0.063 CFM/Btuh

Make TRANE
 Model
 Type
 COP/EER/SEER 0.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 3200 CFM
 Clg Air Flow Factor 0.061 CFM/Btuh

Space Thermostat

Load Sensible Heat Ratio 78

ROOM NAME	AREA SQ. FT.	HTG BTUH	CLG BTUH	HTG CFM	CLG CFM
ENTRY	144	2944	1577	187	96
DINING RM	240	4505	3573	286	217
KITCHEN	324	429	1887	27	115
LAUNDRY	100	560	388	36	24
GUEST BED RM	168	2077	2125	132	129
GUEST BATH	72	1535	962	97	58
FAMILY RM	300	4452	3663	282	223
BREAKFAST	64	2778	4678	176	284
LIVING RM	324	4883	4310	310	262
MASTER BED RM	288	7436	8509	472	517
MASTER BATH	336	2718	4509	172	274
WIC	100	731	459	46	28
STUDY	180	3349	3073	212	187
CABANA BATH	30	1470	699	93	42
POWDER RM	30	40	64	3	4
BED RM 3	231	2005	2201	127	134
BATH 3	96	733	718	47	44
BED RM 4	176	1974	2132	125	130
BED RM 5	176	1898	1832	120	111
BATH 4	45	628	443	40	27
GAME RM	416	3306	4844	210	294
Entire House	3840	50451	52646	3200	3200
Ventilation Air Equip. @ 0.95 RSM		0	0		
Latent Cooling			50014		
			14444		
TOTALS	3840	50451	64458	3200	3200

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: New Project single family res. Address: City, State: _____ Owner: KENNEDY Climate Zone: South	Builder: pinnacle 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: center;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">3</td><td style="text-align: center;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: center;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">3933 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">363.0 ft²</td><td style="text-align: center;">___</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: center;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=1.0, 353.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Slab-On-Grade Edge Insulation, 0</td><td style="text-align: right;">R=1.0, 353.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. 1 Others</td><td style="text-align: right;">36.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Concrete, Int Insul, Exterior</td><td style="text-align: right;">R=4.2, 1479.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 869.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 92.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=30.0, 2800.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Under Attic</td><td style="text-align: right;">R=30.0, 2800.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Unc. AH: Interior</td><td style="text-align: right;">Sup. R=6.0, 378.0 ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</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	3	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	3933 ft ²	___	7. Glass area & type		___	a. Clear - single pane	0.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. 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Central Unit</td><td></td><td style="text-align: right;">Cap: 35.0 kBtu/hr ___ SEER: 10.00 ___</td></tr> <tr><td> c. 2 Others</td><td></td><td style="text-align: right;">Cap: 70.0 kBtu/hr ___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td></td><td style="text-align: right;">Cap: 35.0 kBtu/hr ___ COP: 1.00 ___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. LP Gas</td><td></td><td style="text-align: right;">Cap: 50.0 gallons ___ EF: 0.66 ___</td></tr> <tr><td> b. Electric Resistance</td><td></td><td style="text-align: right;">Cap: 50.0 gallons ___ EF: 0.93 ___</td></tr> <tr><td> c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>15. HVAC credits</td><td></td><td style="text-align: right;">MZ-C, ___</td></tr> <tr><td colspan="3" style="font-size: small;">(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)</td></tr> </table>	12. Cooling systems			a. Central Unit		Cap: 35.0 kBtu/hr ___ SEER: 10.00 ___	b. Central Unit		Cap: 35.0 kBtu/hr ___ SEER: 10.00 ___	c. 2 Others		Cap: 70.0 kBtu/hr ___	13. Heating systems			a. Electric Strip		Cap: 35.0 kBtu/hr ___ COP: 1.00 ___	b. N/A		___	c. N/A		___	14. Hot water systems			a. LP Gas		Cap: 50.0 gallons ___ EF: 0.66 ___	b. Electric Resistance		Cap: 50.0 gallons ___ EF: 0.93 ___	c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)		___	15. HVAC credits		MZ-C, ___	(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: 35.0 kBtu/hr ___ SEER: 10.00 ___																																																																																																																													
c. 2 Others		Cap: 70.0 kBtu/hr ___																																																																																																																													
13. Heating systems																																																																																																																															
a. Electric Strip		Cap: 35.0 kBtu/hr ___ COP: 1.00 ___																																																																																																																													
b. N/A		___																																																																																																																													
c. N/A		___																																																																																																																													
14. Hot water systems																																																																																																																															
a. LP Gas		Cap: 50.0 gallons ___ EF: 0.66 ___																																																																																																																													
b. Electric Resistance		Cap: 50.0 gallons ___ EF: 0.93 ___																																																																																																																													
c. Conservation credits (HR-Heat recovery, Solar DHP-Dedicated heat pump)		___																																																																																																																													
15. HVAC credits		MZ-C, ___																																																																																																																													
(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: 0.09	Total as-built points: 34944.00	PASS
	Total base points: 48405.00	

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

PREPARED BY: DAVIDSON INSUL.


DATE: _____

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: Robert A. B... d

DATE: 2-27-99

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT					
DOOR TYPES Area X BWPM = Points				Type Area X WPM = Points					
Adjacent	42.0	1.30	54.6	Exterior Insulated	32.0	1.80	57.6		
Exterior	176.0	1.80	316.8	Exterior Wood	144.0	2.80	403.2		
				Adjacent Insulated	42.0	1.30	54.6		
Base Total:	218.0		371.4	As-Built Total:	218.0		515.4		
CEILING TYPES Area X BWPM = Points				Type R-Value Area X WPM = Points					
Under Attic	5506.0	0.10	550.6	Under Attic	30.0	2800.0	0.10 280.0		
				Under Attic	30.0	2800.0	0.10 280.0		
Base Total:	5506.0		550.6	As-Built Total:	5600.0		560.0		
FLOOR TYPES Area X BWPM = Points				Type R-Value Area X WPM = Points					
Slab	706.0(p)	-2.1	-1482.6	Slab-On-Grade Edge Insulation	1.0	353.0(p)	-2.27 -800.1		
Raised	36.0	-0.28	-10.1	Raised Wood, Stem Wall	11.0	36.0	0.00 0.0		
				Slab-On-Grade Edge Insulation	1.0	353.0(p)	-2.27 -800.1		
Base Total:			-1492.7	As-Built Total:			-1600.3		
INFILTRATION Area X BWPM = Points				Area X WPM = Points					
	3933.0	-0.06	-236.0		3933.0	-0.06	-236.0		
Winter Base Points:			2090.5	Winter As-Built Points:			2712.2		
Total Winter Points	X System Multiplier	= Heating Points		Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Heating Points
2090.5	1.0900	2278.7		2712.2	1.00	1.014	1.000	1.000	2749.4

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
WATER HEATING											
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank Ratio	X Multiplier	X Credit = Total Multiplier	
3		2370.00	7110.0	50.0	0.66	3		0.50	1531.95	1.00	2297.9
				50.0	0.93	3		0.50	2241.63	1.00	3362.5
										As-Built Total:	5660.4

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
39016.2		2278.7		7110.0		48404.8	
26534.6		2749.4		5660.4		34944.4	

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,

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* = 86.8

The higher the score, the more efficient the home.

KENNEDY, . . .

<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 3 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3933 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 0.0 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 363.0 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=1.0, 353.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Slab-On-Grade Edge Insulation, 0 R=1.0, 353.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. 1 Others 36.0 ft² <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior R=4.2, 1479.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior R=19.0, 869.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Exterior R=19.0, 92.0 ft² <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, 2800.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Under Attic R=30.0, 2800.0 ft² <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, 378.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 35.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit Cap: 35.0 kBtu/hr <input type="checkbox"/> SEER: 10.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. 2 Others Cap: 70.0 kBtu/hr <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 35.0 kBtu/hr <input type="checkbox"/> COP: 1.00 <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>14. Hot water systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. LP Gas Cap: 50.0 gallons <input type="checkbox"/> EF: 0.66 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/> EF: 0.93 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/> (HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, <input type="checkbox"/> (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 EnergyStarTM 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.*

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Omt	Overhang Len Hgt		Area X SPM X SOF =	Points		
.18	3933.0	53.20	37664.3	Single, Tint	NE	2.0	14.0	12.0	42.92	0.98	506.9
				Single, Tint	NE	2.0	14.0	12.0	42.92	0.98	506.9
				Single, Tint	NE	2.0	16.0	24.0	42.92	0.99	1022.5
				Single, Tint	NE	8.0	10.0	16.0	42.92	0.65	443.0
				Single, Tint	NE	8.0	10.0	16.0	42.92	0.65	443.0
				Single, Tint	NE	8.0	10.0	8.0	42.92	0.65	221.5
				Single, Tint	NE	8.0	10.0	8.0	42.92	0.65	221.5
				Single, Tint	NE	8.0	2.0	9.0	42.92	0.46	177.3
				Single, Tint	NE	2.0	5.0	12.0	42.92	0.82	424.8
				Single, Tint	NE	2.0	5.0	12.0	42.92	0.82	424.8
				Single, Tint	SW	10.0	8.0	16.0	57.13	0.48	434.8
				Single, Tint	SW	16.0	10.0	19.0	57.13	0.44	478.2
				Single, Tint	SW	16.0	10.0	19.0	57.13	0.44	478.2
				Single, Tint	SW	16.0	3.0	11.0	57.13	0.39	242.8
				Single, Tint	SW	6.0	7.0	10.0	57.13	0.55	315.0
				Single, Tint	SW	9.0	7.0	10.0	57.13	0.47	269.7
				Single, Tint	SW	13.0	7.0	10.0	57.13	0.42	241.2
				Single, Tint	SW	2.0	8.0	36.0	57.13	0.90	1848.9
				Single, Tint	SW	2.0	5.0	12.0	57.13	0.77	531.1
				Single, Tint	SW	2.0	5.0	12.0	57.13	0.77	531.1
				Single, Tint	SW	2.0	3.0	4.0	57.13	0.62	141.3
				Single, Tint	SW	2.0	5.0	15.0	57.13	0.77	663.9
				Single, Tint	SW	2.0	6.0	7.0	57.13	0.83	331.0
				Single, Tint	SE	2.0	6.0	7.0	62.23	0.82	358.6
				Single, Tint	SE	2.0	6.0	7.0	62.23	0.82	358.6
				Single, Tint	SE	7.0	9.0	35.0	62.23	0.56	1225.8
				Single, Tint	SE	2.0	4.0	4.0	62.23	0.69	172.8
				As-Built Total:				363.0	13015.1		
WALL TYPES				Area X BSPM = Points		Type	R-Value	Area X SPM =		Points	
Adajcent	0.0	0.0	0.0			Concrete, Int Insul, Exterior	4.2	1479.0	2.28	3372.1	
Exterior	2440.0	2.70	6588.0			Frame, Wood, Exterior	19.0	869.0	1.60	1390.4	
						Frame, Wood, Exterior	19.0	92.0	1.60	147.2	
Base Total:				2440.0	6588.0	As-Built Total:		2440.0	4909.7		

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
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BASE				AS-BUILT				
DOOR TYPES	Area X BSPM = Points			Type	Area X SPM = Points			
Adjacent	42.0	2.60	109.2	Exterior Insulated	32.0	6.40	204.8	
Exterior	176.0	6.40	1126.4	Exterior Wood	144.0	9.40	1353.6	
				Adjacent Insulated	42.0	2.60	109.2	
Base Total:	218.0		1235.6	As-Built Total:	218.0		1667.6	
CEILING TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points		
Under Attic	5506.0	0.80	4404.8	Under Attic	30.0	2800.0	0.80	
				Under Attic	30.0	2800.0	0.80	
Base Total:	5506.0		4404.8	As-Built Total:		5600.0	4480.0	
FLOOR TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points		
Slab	706.0(p)	-20.0	-14120.0	Slab-On-Grade Edge Insulation	1.0	353.0(p)	-19.13	
Raised	36.0	-2.16	-77.8	Raised Wood, Stem Wall	11.0	36.0	-0.60	
				Slab-On-Grade Edge Insulation	1.0	353.0(p)	-19.13	
Base Total:			-14197.8	As-Built Total:			-13529.7	
INFILTRATION	Area X BSPM = Points					Area X SPM = Points		
	3933.0	18.79	73901.1			3933.0	18.79	
						73901.1		
Summer Base Points:			109596.0	Summer As-Built Points:			84443.8	
Total Summer Points	X	System Multiplier	= Cooling Points	Total Component	X	Cap Ratio	X	
					X	Duct Multiplier	X	
					X	System Multiplier	X	
					X	Credit Multiplier	= Cooling Points	
				84443.8	0.250	0.970	0.341	0.950
				84443.8	0.250	0.970	0.341	0.950
				84443.8	0.250	0.970	0.341	0.950
				84443.8	0.250	0.970	0.341	0.950
109596.0		0.3560	39016.2	84443.8	1.00	0.970	0.341	0.950
								26534.6

SUPPORT REPORT
WIND CODE: ASCE 7-93

JOB DESCRIPTION: 3453R
WIND MPH: 110 BLDG TYPE: CLOSED

TRUSS DESC	TRUSS SPAN-ft	SUPPORT SIZE-in.	SUPPORT TYPE	BEARING XLOC-ft.	BEARING YLOC-ft.	REACT. MAX.+#	REACT. MAX.-#	MAX WIND UPLFT.-#
A1	38.125	3.250	WALL	0.000	10.125	235		-420
A1	38.125	8.000	WALL	6.500	10.125	3684		-1660
A1	38.125	8.000	WALL	37.458	10.125	2530		-1390
A2	48.125	3.000	WALL	0.000	10.125	267		-700
A2	48.125	11.314	WALL	6.042	10.125	2486		-2590
A2	48.125	8.000	WALL	47.458	10.125	1921		-2240
A3	48.125	3.000	WALL	0.000	10.125	1087	-650	-620
A3	48.125	11.314	WALL	4.042	10.125	3379		-2570
A3	48.125	8.000	WALL	47.458	10.125	1945		-2350
A4	46.583	3.000	WALL	0.000	10.125	1433	-878	-600
A4	46.583	8.000	WALL	3.208	10.125	3489		-2470
A4	46.583	10.314	WALL	45.724	10.125	1919		-2320
A5	45.208	3.000	WALL	0.000	10.125	1386	-833	-600
A5	45.208	8.000	WALL	3.208	10.125	3371		-2400
A5	45.208	8.000	WALL	44.542	10.125	1862		-2260
A6	45.208	3.000	WALL	0.000	10.125	1252	-737	-610
A6	45.208	11.314	WALL	3.417	10.125	3295		-2400
A6	45.208	8.000	WALL	44.542	10.125	1842		-2240
A7	45.208	3.000	WALL	0.000	10.125	151		-340
A7	45.208	11.314	WALL	5.417	10.125	2447		-1100
A7	45.208	8.000	WALL	44.542	10.125	1802		-960
A8	43.333	3.000	WALL	0.000	10.125	437		-830
A8	43.333	11.314	WALL	7.417	10.125	2138		-2340
A8	43.333	10.314	WALL	42.474	10.125	1649		-1940
A9	38.833	3.000	WALL	0.000	10.125	448		-430
A9	38.833	8.000	WALL	8.042	10.125	1957		-950
A9	38.833	7.500	WALL	38.208	10.125	1396		-800
A10	38.833	3.000	WALL	0.000	10.125	244		-430
A10	38.833	8.000	WALL	8.042	10.125	2205		-950
A10	38.833	7.499	WALL	38.208	10.125	1352		-800
A11	38.833	3.000	WALL	0.000	10.125	320		-400
A11	38.833	11.314	WALL	6.292	10.125	2013		-940
A11	38.833	7.498	WALL	38.208	10.125	1469		-840
A12	38.833	3.000	WALL	0.000	10.125	231		-380
A12	38.833	8.000	WALL	5.458	10.125	2057		-940
A12	38.833	7.497	WALL	38.209	10.125	1513		-860
A13	16.500	3.000	WALL	0.000	10.125	573		-970
A13	16.500	101.500	WALL	8.042	10.125	3029		-1060
C1	28.000	6.000	WALL	0.000	19.646	2259		-1410

C1	28.000	6.000	WALL	27.500	19.646	2258	-1410
C2	28.000	6.000	WALL	0.000	19.646	1469	-980
C2	28.000	6.000	WALL	27.500	19.646	1469	-980
C3	28.000	6.000	WALL	0.000	19.646	1309	-760
C3	28.000	6.000	WALL	27.500	19.646	1476	-980
D1	23.167	6.000	WALL	0.000	14.188	2055	-1170
D1	23.167	6.000	WALL	22.667	14.188	1972	-1010
D2	23.167	6.000	WALL	0.000	14.188	1229	-1580
D2	23.167	6.000	WALL	22.667	14.188	1096	-1220
D3	23.167	6.000	WALL	0.000	14.188	1644	-850
D3	23.167	6.000	WALL	22.667	14.188	1105	-570
D4	23.167	6.000	WALL	0.000	15.729	1144	-730
D4	23.167	6.000	WALL	22.667	14.188	1092	-570
D5	23.167	6.000	WALL	0.000	15.729	1230	-1590
D5	23.167	6.000	WALL	22.667	14.188	1096	-1210
D6	23.167	6.000	WALL	0.000	15.729	1253	-780
D6	23.167	6.000	WALL	22.667	14.188	1097	-570
D7	23.167	6.000	WALL	0.000	14.188	1608	-850
D7	23.167	6.000	WALL	22.667	14.188	1129	-570
D8	23.164	5.970	WALL	0.000	14.188	1251	-770
D8	23.164	6.000	WALL	22.664	14.188	1080	-570
E1	8.000	1.500	WALL	0.000	15.729	507	-780
E1	8.000	1.500	WALL	7.875	15.729	507	-750
F1	12.292	8.000	WALL	0.000	10.125	935	-580
F1	12.292	8.000	WALL	11.625	10.125	935	-580
F2	12.292	8.000	WALL	0.000	10.125	1276	-620
F2	12.292	8.000	WALL	11.625	10.125	1296	-630
G1	8.667	8.000	WALL	0.000	6.125	388	-320
G1	8.667	8.000	WALL	8.000	6.125	388	-320
H1	8.042	3.000	WALL	0.000	10.125	751	-510
H1	8.042	7.500	WALL	7.417	10.125	873	-460
H2	8.042	3.000	WALL	0.000	10.125	548	-740
H2	8.042	9.606	WALL	5.559	10.125	63	-490
H2	8.042	3.000	HANGER	7.792	10.125	295	-280
H3	8.042	3.000	WALL	0.000	10.125	547	-730
H3	8.042	8.000	WALL	5.458	10.125	62	-480
H3	8.042	3.000	HANGER	7.792	10.125	297	-280
M1	7.167	3.250	WALL	0.000	10.125	529	-820
M1	7.167	8.000	WALL	6.500	10.125	295	-440
M2	8.708	3.500	WALL	0.000	10.125	598	-870
M2	8.708	11.314	WALL	7.958	10.125	372	-500

M3	10.083	3.250	WALL	0.000	10.125	657	-970
M3	10.083	8.000	WALL	9.417	10.125	441	-630
M4	12.151	3.250	WALL	0.000	10.125	751	-1070
M4	12.151	11.314	WALL	11.208	10.125	542	-790
M5	16.417	3.250	WALL	0.000	10.125	947	-1270
M5	16.417	8.000	WALL	15.750	10.125	747	-1120
M6	16.417	3.250	WALL	0.000	10.125	947	-1270
M6	16.417	8.000	WALL	15.750	10.125	747	-1120
M7	9.229	3.250	WALL	0.000	10.125	590	-940
M7	9.229	3.992	WALL	8.896	10.750	428	-570
M8	16.708	3.250	WALL	0.000	10.125	518	-840
M8	16.708	2.490	WALL	7.021	10.750	312	-440
M9	5.729	3.250	WALL	0.000	10.125	456	-760
M9	5.729	2.750	WALL	5.500	10.750	233	-330
M10	5.729	8.000	WALL	0.000	10.125	458	-760
M10	5.729	2.750	WALL	5.500	10.750	231	-330
FG1	6.208	3.000	HANGER	0.000	8.958	338	-180
FG1	6.208	4.500	WALL	5.833	8.958	342	-180
FG2	11.833	4.000	WALL	0.000	8.958	3361	-1610
FG2	11.833	4.000	WALL	11.500	8.958	3361	-1610
HR6	8.485	4.243	WALL	0.062	10.125	718	-560
HR6	8.485	1.500	NAILED	8.485	10.125	126	-260
HR6	8.485	1.500	NAILED	8.485	11.639	355	
HRA	8.111	10.564	WALL	0.063	10.125	667	-560
HRA	8.111	3.992	WALL	7.778	10.750	498	-260
HR4C	5.657	8.485	WALL	0.062	19.646	524	-490
HR4C	5.657	1.500	NAILED	5.657	19.646	39	-180
HR4C	5.657	1.500	NAILED	5.657	21.661	98	
HR4C1	5.651	3.500	NAILED	-3.120	18.663	139	-320
HR4C1	5.651	6.000	WALL	2.590	19.646	793	-600
HR4C1	5.651	1.500	NAILED	5.651	21.662	71	-410
HR4C1	5.651	1.500	NAILED	5.651	19.646	466	-202
HR4D	5.657	8.485	WALL	0.062	14.188	524	-490
HR4D	5.657	1.500	NAILED	5.657	15.062	39	-180
HR4D	5.657	1.500	NAILED	5.657	16.191	98	
HR4D1	5.559	8.485	WALL	0.000	14.188	293	-180
HR4D1	5.559	1.500	NAILED	5.559	15.045	71	-180
HR4D1	5.559	1.500	NAILED	5.559	16.191	191	
HR2	2.652	10.564	WALL	0.063	6.125	521	-480
HR2	2.652	1.500	NAILED	2.652	6.125	57	-4
HR2	2.652	1.500	NAILED	2.652	7.080	133	-57
J6	6.000	3.000	WALL	0.000	10.125	478	-730

J6	6.000	1.500	NAILED	6.000	10.125	58		-320
J6	6.000	1.500	NAILED	6.000	11.646	178		
J6B	6.000	3.000	HANGER	0.000	10.125	283		-320
J6B	6.000	1.500	NAILED	6.000	10.125	207		-380
J6B	6.000	1.500	NAILED	6.000	11.646	73		
J6F	4.146	8.000	WALL	0.000	10.125	415		-600
J6F	4.146	1.500	NAILED	4.146	10.125	32		-270
J6F	4.146	1.500	NAILED	4.146	12.219	96		
J5F	1.686	8.000	WALL	0.000	10.125	394		-640
J5F	1.686	1.500	NAILED	1.686	10.125	78	-4	-180
J5F	1.686	1.500	NAILED	1.686	10.989	385	-78	
J4	4.000	6.000	WALL	0.000	19.646	410		-600
J4	4.000	1.500	NAILED	4.000	19.646	30		-260
J4	4.000	1.500	NAILED	4.000	21.667	89		
J4D	4.000	6.000	WALL	0.000	14.188	410		-710
J4D	4.000	1.500	NAILED	4.000	15.062	30		-240
J4D	4.000	1.500	NAILED	4.000	16.174	89		
J4D1	4.000	5.995	WALL	0.000	14.188	444		-470
J4D1	4.000	1.500	NAILED	4.000	15.062	91		-220
J4D1	4.000	1.500	NAILED	4.000	15.438	320		
J4F	4.565	8.960	WALL	0.022	10.125	502		-360
J4F	4.565	1.500	NAILED	4.565	10.125	38		-180
J4F	4.565	1.500	NAILED	4.565	12.198	80		
J3F	3.532	8.000	WALL	0.000	10.125	408		-620
J3F	3.532	1.500	NAILED	3.532	10.125	22		-210
J3F	3.532	1.500	NAILED	3.532	11.838	61		
J2	1.875	8.000	WALL	0.000	6.125	385		-620
J2	1.875	1.500	NAILED	1.875	6.125	69	-1	-180
J2	1.875	1.500	NAILED	1.875	7.085	271	-55	
J2D	1.708	1.498	WALL	0.000	15.729	280		-390
J2D	1.708	1.500	NAILED	1.708	15.729	50		-190
J2D	1.708	1.500	NAILED	1.708	17.460	9		
J2F	0.761	3.500	NAILED	-2.382	9.496	107		-180
J2F	0.761	1.500	WALL	0.636	10.125			-180
J2F	0.761	1.500	NAILED	0.761	10.125			-470
J2F	0.761	1.500	NAILED	0.761	10.504	107		
J1D	1.167	1.500	WALL	0.000	15.729	286		-420
J1D	1.167	1.500	NAILED	1.167	15.729	80	-7	-180
J1D	1.167	1.500	NAILED	1.167	17.190	190	-38	
J1F	2.043	8.961	WALL	0.022	10.125	419		-370
J1F	2.043	1.500	NAILED	2.043	10.125	55	-6	-180
J1F	2.043	1.500	NAILED	2.043	11.060	139	-55	
CJ4	4.000	3.000	WALL	0.000	10.125	402		-650
CJ4	4.000	1.500	NAILED	4.000	10.125	31		-180
CJ4	4.000	1.500	NAILED	4.000	11.146	93		

CJ2	2.000	3.000	WALL	0.000	10.125	367		-620
CJ2	2.000	1.500	NAILED	2.000	10.125	46		-180
CJ2	2.000	1.500	NAILED	2.000	10.646	132	-31	
CJ2C	2.000	6.000	WALL	0.000	19.646	381		-620
CJ2C	2.000	1.500	NAILED	2.000	19.646	64		-180
CJ2C	2.000	1.500	NAILED	2.000	20.667	205	-41	
CJ2C1	2.000	3.500	NAILED	-2.292	18.667	150		-180
CJ2C1	2.000	5.113	WALL	1.574	19.646			-180
CJ2C1	2.000	3.500	NAILED	2.000	20.669	150		-570
CJ2D	2.000	6.000	WALL	0.000	14.188	381		-690
CJ2D	2.000	1.500	NAILED	2.000	14.573	64		-180
CJ2D	2.000	1.500	NAILED	2.000	15.174	205	-41	
CJ2D1	1.931	6.000	WALL	0.000	14.188	107		-180
CJ2D1	1.931	1.500	NAILED	1.931	14.557	18		-180
CJ2D1	1.931	1.500	NAILED	1.931	15.174	57		
V1	33.804	405.653	WALL	0.000	14.932	3178		
V2	22.536	270.436	WALL	0.000	15.932	2118		
V3	11.268	135.217	WALL	0.000	16.932	1059		
V4	4.659	55.903	WALL	0.000	20.953	438		-1130
MV2	2.000	24.000	WALL	0.000	16.516	188		-210

STATEMENT OF INSPECTION

RECEIVED
JUN 26 2000
BY: GA

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

FILE

OWNER: PATRICK KENNEDY; ADDRESS: 3 OAK HILL WAY

PROJECT ADDRESS: 3 OAK HILL WAY; LEGAL DESCRIPTION: LOT 13 BLK _____ SUB CASTLE HILL

GENERAL CONTRACTOR: LTS Design and Court Inc; Lic/CERT No. ML 00362

ADDRESS: PO Box 1022 STUART, FL; TEL 220-1745; FAX 220-4100

ARCHITECT OR ENGINEER: JOHN W. OLSON, P.E.; Lic/REG No. PE0023896

ADDRESS: 1366 SW Jasmine, Palm City, FL; TEL 288-1329; FAX _____

PERMIT No: 4565; DATE OF ISSUE: 3/10/99; DATE OF THIS STATEMENT: 6/9/00

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 _____, this 13 day of JUNE, 2000.

JOHN W. OLSON P.E.
NAME: _____; SIGNATURE: John W. Olson; Lic. No: PE 0023896

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

(NOTARY SEAL) John W. Olson
6/23/00
No. PE0023896
STATE OF FLORIDA
REGISTERED ENGINEER

Name _____
I am a Notary Public of the State of Florida and my commission expires: _____

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
Commissioner

E. DANIEL MORRIS
Commissioner

TOWN OF Dear Mr. Arnold -



PLEASE
RECEIVED
FOR JUL 13 2000
Way in the name
of "BY" - Karl
Thomas - my attorney
requested this be
done. Thanks - 288-
Candice Beckham 9397

JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCarthy
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

AMENDED
CERTIFICATE

NCY

OWNER OF RECORD (WD REC'D. 11/18/99; OR 1437 PG 1714) KARL THOMAS.

Single Family Residence Other _____

OWNER: PATRICK KENNEDY ; PROPERTY ADDRESS: 3 OAK HILL WAY 7/20/00

LEGAL DESCRIPTION: LOT 13 BLOCK _____ SUBDIVISION CASTLE HILL

GENERAL CONTRACTOR: L&S DESIGN & CONST., INC. ; LIC/CERT No. MC 00362

ADDRESS: P.O. BOX 1022, STUART, FL. 34995 ; TEL 220-1745 ; FAX 220-4100

ARCHITECT OR ENGINEER: JOHN W. OLSON, PE ; LIC/REG. No. PE0023896

ADDRESS: 1366 SW JASKINE, PALM CITY, FL ; TEL 288-1328 ; FAX _____

PERMIT NO: 4565 ; DATE OF ISSUE: 3/10/99 (EXTENDED TO 7/9/00) ; RENEWAL PERMIT NO: _____ ; DATE OF ISSUE: _____

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 26th day of JUNE, 2000.

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

cc: TOWN CLERK
CHIEF OF POLICE
BLDG. FILE

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



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4552	1 WENDY LN	Pool Deck	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3012 Hill WY. CASTLE HILL	FOOTING	OK	LATE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4255	PLANTATION	FOOTING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4550	6 MIDDLE RD	TIN TAG	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4534	1 CASTLE HILL WY.	STRM WALL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 4501 - CASTLE HILL
 16 S.S. POINT STRBL

#4560 DEMO

INSPECTOR: _____

DATE: 3-29-99

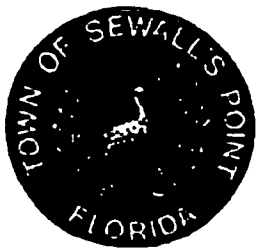


1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	19 ABBY CT	TEMP POLE	OK	CALL FPL. ✓
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4308	HECKENBERG	Pool		
4309	PLANTATION	PLUMB -	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4551	E. HI. POINT	SHEATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4580	ZOTTA 23 CASTLE Hill	ROUGH PL	NO	NO TRUMP F/132 WATER
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	HILLCREST	TEMP POLE	OK	CALL F.P.L. ✓
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4579	76. S.S. Point RD.	ELECT	OK	CALL F.P.L.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4566	3 OAK Hill	STAIR WALL	NO	NO ELECT

OTHER: FRICK - SAND - CASTLE Hill - (3)

INSPECTOR: _____ **DATE:** 7-9-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4573	19 ABBY CT	SLAB	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4572	23 W. Hi. Pt	RAT WALL N. SIDE	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	16 S.S. Pt. Rd	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4467	16 E. Hi. Point	FINAL PHASE I	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	CASTLE Hill 3 OAK Hill way	WOOD WOOD	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	66 S.S. Pt. Allman	TIE TAG	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 7 MARGHERITA -

INSPECTOR: _____

DATE: 4-30-99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS RE-INSPECT
4511	33 N. RIVER	TIE BEAM		10:30 NO ENGINEERING ON BEAM CHANGE
4579	76 S.S. PT RD	S/AB	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	RIDGE LAND	SHEATHING		DID NOT PAY RE-INSPECTION FEE.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4598	McKENNY	DECK-		
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	ISLAND RID	TIE BEAM + COLUMN	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	3 OAK HILL	S/AB		TEMP POWER?
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 15 MANDALAY PLAY HOUSE
 3 SAMARA CK. SCREEN FENC.
 17 MANDALAY

INSPECTOR: _____ **DATE:** 5/5/99

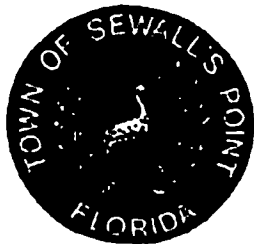


1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
 229

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	SAMARA READ	ROOF SHEATHING	NO	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4479	30 E. HIGH PT.	DRIVEWAY	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	OAK HILL	POORCH	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____
 _____ 3 SAMARA CHECK IF SCREEN REPLACED

INSPECTOR: _____ **DATE:** 5/10/99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4379	10 KNOWLES	FINAL	OK	RE-MODEL
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3 OAK Hill	FORMS	OK	
4501	36 CASTLE Hill	SUB SIDING		
		SHRATTING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	8 SILVER CT	FOOTING - ^{STEM} WALL	NO	-
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** SEP 17 1999



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4578	18 Palm Rd	D.C. ELECT-	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	6 ISLAND WY	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4986	12 OAK Hill WY	INSULATION	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4501	36 CASTLE Hill WY	Sheathing	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4514	126 N. Sewall's Pt	FRAMING + ALL TRADES	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3 OAK Hill WY	TIE BEAM		NOT READY R/R - 106 Fri.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	8 ST. LUC'S CT	FESTER-RESTOR	OK	

OTHER: _____

INSPECTOR: _____

DATE: 5/15/99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3 OAK Hill WY	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4511	33 N. RIVER	TIE BEAM	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
	13 SIMARA	LINTEL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4534	1 CASTLE HILL	SHRATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: SRR- STEVE CONWAY

INSPECTOR: _____ **DATE:** 3/2/99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4534	1 CASTLE HILL WY	FRAMING	OK	JOHN - 284-0442
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4627	3 ST. LUCIE CT	FINAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4501	36 CASTLE HILL WY	ALL SUBS	OK	11:00
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4554	8 ST. LUCIE CT	SLAB - LOWER	OK	PARTIAL; LOWER ONLY
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4563	3 OAK HILL WY	SHEATHING WALLS	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4632	117 HILLCREST	COL + FOOTING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4564 7/6/99	23 S. SEWALLS PT. RD	SITE MTG W/ GC. & ARCH RE; STOP WORK		REVISIONS REQUIRED SUPPORTS FOR ROOF DECK APPROVAL PRIOR TO RE-COMMENCE

OTHER: 7/6/99 PD 4638 14 CASTLE HILL WY;
 FINAL RESPECT: MECH. OK; PLUMB. OK; ELEC. OK; LANDSCAPE. OK; FIRE INSURANCE OK.
 ISSUE C.O. UPON VERIFICATION OF INTERIOR PROP. & E.

INSPECTOR: _____ **DATE:** 7-7-99

6/16/00
INSPECTION
SCHEDULED
Passed B.G.
(Cook Keys)

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
One South Sewall's Point Road
Sewall's Point, Florida 34996
Tel: (561) 287-2455
Fax: (561) 220-4765

RECEIVED
JUN 15 2000
BY: GA

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4565.

OWNER: P.D. Kennedy ; ADDRESS: 3 Oak Hill Way

PROJECT ADDRESS: 3 Oak Hill Way ; LEGAL: LOT 13 BLK SUB Castle Hill

GENERAL CONTRACTOR: L&S Design and Const. Inc. ; LIC/CERT No. MC 000362

ADDRESS: PO Box 1022 Street 34995 ; TEL 220-1745 ; FAX 220-4100

ELECTRICAL CONTRACTOR: Cook Elec, Inc. ; LIC/CERT No. ME00152 ER0008010

ADDRESS: 4250 SE Commerce Ave, Stuart, 34997 ; TEL 287-0933 ; FAX 287-9084

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 electrical service 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 AC, Maj. Appl., Hot Water Heaters for the purpose of Testing System # 3, 4, 16, 8, Box 1, 3, 5, 7, 11, 12 at the above designated construction now in progress under a valid building permit; and

WHEREAS, it is necessary to have a temporary electric hook-up for testing of 4, 6, 8 equipment and completion of building operations as herein above described. 10, 12,

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

1. The parties to this agreement are Edwin B. Arnold, Building Official, Town of Sewall's Point, and the above named responsible persons, firms or 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. This 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 14 day of June, 2000.

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

EDWIN B. ARNOLD, BUILDING OFFICIAL



1998 - 1999

Town of Sewall's Point

Building Department - Inspection Log

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4516	6 ISLAND RD	SHEATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4642	106 N. S. POINT RD	FINAL ROOF	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4503	2 SABLE CT	WALL FOOTINGS	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4632	117 HILLCREST	FRAMING STRAPS ANCHORS	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4597	RIDGELAND	DECK POOL	OK	871-0526
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3 OAKHILL WY	ROOF SHEATHING	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4510	66 S.S. PT. RD	PLUMBING	OK	

OTHER: P.O. 4383 McHWY; 24 SIMARA;
 C.O. reinspect; verify shutter storage
 and layout plan. STILL REQUIRED MODIFIED APPROVAL
 (compliance verification) for behama shutter.

INSPECTOR: _____

RECEIVED
 JUL 14

DATE: _____



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4580	23 CASTLE Hill wy	ALL TRADES	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4566	6 RIDGE LAND	DRIVEWAY	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4378	14 CASTLE Hill wy	Pool FINAL		No PERMIT ON SITE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4260	15 Middle Rd.	S/PB 2 ND Floor	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3 OAK Hill wy.	S/PB	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4383	Mc KINNEY 24 SIMARA ST	(FIRE C.O. RE) (W/VEH. 7/16/99) SHOPPERS - OK		Called FPL (Chere 223-421) permitted power release 7/20/99 11:50 AM
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR: _____ **DATE:** 7/19/99



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

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4646	108 ABBIE CT	Pool STRAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	3 OAK Hill	Pool STRAL	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4566	4 RIDGELAND	SEWER	OK	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 6 MIDDLE ROAD - CHECK PROGRESS -

INSPECTOR: R. May

DATE: 8-3-99

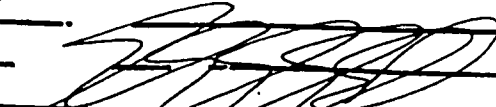


1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log

Mon - 8/30

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy 3 OAKHILL WAY CASTLE HILL	DRY IM	PASSED	10:00 NOT READY; REINSPECT 3:30 (No 4:00 PM reinspect complete)
4655	Lucido 2 Sabel Ct.	cool stat inspect.	Cancelled	8/30/99 Am
4658	Eagles Court 103 Henry Sewall way	stem wall footing inspect	Passed	
4657	Joglin Court 105 Henry Sewall way	stem wall footing inspect	Failed	not ready - call for rework (no fee - rein bill in)
4650	Swissman Court 4 SE Baywood Rd. (HEAVY 354-7730)	rough masonry ground plan	Passed	GROUND ROUGH NOTE: TEMP. PUMP WATER/DUMPSTER 8/31 CONTRACTOR ADVISED
4613	SUBIN 8 PALM COURT (DRIFTWOOD)	TIE KM	Passed	EXR. CTR. REQ.: 2 ADD #5 @ EA LIMIT 016 - NO STRUT
4672	6 MIDDLE ROAD CLEMETS JIM CAMPBELL COMT	FINK	Passed	Temporary closure complete - close permit

OTHER: (1) POSTED STOP WORK ORDER @ 160 S. SEWALL'S POINT ROAD
 (2) DELIVERED FIELD COPY OF APPROVED PLAN REVISIONS (GARAGE FIRE KEYS)
 105 HILLCREST CT.

INSPECTOR:  **DATE:** 8/30/99



1998 - 1999

Town of Sewall's Point

Building Department - Inspection Log

Wed. - 9-1
PAGE 1 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4670 (M.P.) N4619	8 Quail Run Lane (ROOS) 10-11	Pool inspection	PASSED	STL./ BOARD/FORMBOARD COR
4565	CASTLE HILL KENNEDY 30 OAKHILL WAY	ON SITE INSPECTION		CONFIRMED MANDATORY COMPUT REQUIRED: SFBC 4505.1(a)(1)(aa) MAY DISCONNECT ON EXTERIOR
4641 N	INGRAM 101 N. SPR PLAZA MARINE	FINAL DOCK INSP.	FAILED Permit docs illegible - rain	T.P. 10'-7" x 15'-10" TTRC @ 10' WALK BDS NOT @ 1" SAG.; plus 2 10' + 0.
4640 S	AMOS 114 S. SPR TROPIC MARINE	FINAL	CANCELLED BY CONTR. 10:15 9/1	
4657 S	FOGLIA 105 Henry Sewall way	Stemwall footing (reinsp.)	PASSED	7:20 PM REQUEST 1:15 10SP.
4668 S	Barker 12 ISLAND WAY	SLAB WIRING (Re-model)	PASSED	NOT READY FOR FRAMING
4587 S	Guerard 104 ABBIE COURT	Roof + subsiding	PASSED	ROOF COMPLETE (ALL) WALL SUBSIDING (")

OTHER: BOB SMITH STUART F.O. 288-5362 (off message 9:00) re: Benham; WALK THRU w/ CONTR.
 ② 13 SICKEN (READ) NOTICE HAND DELIVERED TO OWNER; UNPERMITTED
 BULKHEAD/RETAINING WALL, EXC.R. DOGS REQUIRED FOR
 "AFTER PART" PERMIT APPL. SUBMITTAL.


INSPECTOR: **DATE:** 9/1/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
~~Mon. 9-13-99~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy 3 Oak Hill Way	mechanical framing	CANCEL	HURRICANE PREP
4628	Hellriegel 11 Castle Hill Way	slab	PASSED	
4553	FADDEN 16 S. SEWALL'S PT. RD.	"ALL TRADES" = FRAMING?	CANCEL	HURRICANE PREP
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	NOT SCHED - ATTEMPT. "ROLL OVER" FRI REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	"HURRICANE FLOOD" IMMEDIATE

OTHER: 1. 2 WE PALM CO. T/R PERMIT INSP. ✓ DRP
 2. POSTED HURRICANE PRECAUTIONS (SPBC) @ ALL BLDG SITES
 3. INSPECTED CONSTRUCTION SITES THROUGHOUT TOWN & POSTED NOTICE OF SPBC HURRICANE PRECAUTIONS.

INSPECTOR:  **DATE:** 9/13/99



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

~~9-17-99~~ ~~FR~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4631	Brutvan 23 W. H. Pt. Rd	temp. el. - footer.	FAIL PASSED	NOT READY; WILL RECHECK 9/22 FRONT P/L RET/WALL
4677	Millard 5 Indialucie Pkwy SO. SIMPE CONST 286-4753	framing FASCIA/SOFFIT REPL.	PASSED	PRE-CONST. INSP. OF EXISTG. + RTL. INST @ E WALL; NO FOOTING IN PROGRESS REQ.; CONTR. TO CALL FLA
4565	Kennedy 3 Oak Hill Wa	mechanics PLUMBING ELECTRICAL	FAILED FAILED PASSED	REINSPECT M/P W/ STRUCT. FRAMING
4655	Lucido 2 Sabal Court	steel/SETBACK GRD REG/LIGHT NICHE	PASSED	FORMBOARD SURVEY REQ 9/16/99
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 1. 10 RIVERVIEW DR. T/R PER. APP. INSP.

INSPECTOR:

DATE: 9/17/99



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

~~Mon 9-20~~

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4589	DeGoia 129 N. Sewall's Pt. Rd.	intermed. frame for strapping	PASSED	after lunch OK TO SHEATH EXTERIOR PERIMETER WALLS.
4683	Bruno 3710 E. Ocean Harbour Bay	U/G through D.I.	PASSED	
4565	Kennedy 2 Oak Hill Vista	framing C.O. INSP. (REINSPECTION)	FAILED PASSED	TRUSS BEARING NOT PER EDGE G. (INSPECTION TERMINATED)
4453	Schlumpf 10 Castle Hill	final storm panels	PASSED	1: PM
4525	Reed 13 Simara	ret wall	FAILED	BLDG., PLUMB, MECH, OR ELECTRIC - OUTSIDE DISCONNECT RE after lunch CANCELED BY CONTR. 9/20 8:45
4620	LARAWAY 15 MIDDLE RD.	PTL. FRAMING (PORCH) call on 9/20 9:10	PASSED	REVIEWED REQUIRED WINDOW & DOOR SUBMITTALS (NOT YET DONE)

OTHER: call via HARBOUR BAY FLOR, SUSAN VOSTER 221-1009 34994
 "FRAMING SIGNS" (3756 S.E. OCEAN) 1310 NEW LARGESIDE TOWN STORM
 - inspected site: NO PERMIT; move to owner; permit appl. w/ Town Comm approval required.

INSPECTOR: _____ **DATE:** _____



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
Wed 9-22-99

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4617	Bruner 105 Hillcrest Court	pool deck	PASSED	NOTE ON PERMIT TO REINSTATE 3" GRP. CLR. TO ST. @ THICKENED EDGE
4692	# Esy 3768 E. Ocean	rough el. # FRAMING (ALL)	PASSED	AM if possible NOTE: CEG. PERMIT 1050 P. @ PLUMB.
4681	Brutvan * 23 E. Hi Pt. Rd.	temp. el.	PASSED	REISSUE 30 DAY RELEASE 00/TODAY (9/22) AS START. PPL RELEASE 9/23/99 8:55 AM - SHERMAN
4685	Kennedy 3 Oak Hill	(REINSPECT)	(ALL - COMPLIANT)	3 COPIES TO CONTR. - FOR DISTR. REQUEST 1ST PM INSP.
		FRAMING	PASSED	
		ROOF FINISH	PASSED	
4678	LUCIOO 3. Sabal Crt	tie beam 3 cells	PASSED	FTG. COMPLIANCE LTR. OFFICE
4672	Toalla 11074 Sewalls Way	stucco / wall tooling	PASSED	NOTE: PROVIDE CC M-DC PLUMBING TO HAVE @ TROPIC (PPG. 15/PG = \$)
4671	Dorrekation 19 Seaside Hill Way	plumbing	CANCEL	

OTHER: * ADVISED CONTRACTOR REP. ON SITE RE: SETBACK VIOLATION OF BRUTVAN - FTG. FORM BOMED LOCATION ON NORTH "ATRIUM WALL".
 PN 4681 - FULL TELEPHONE REPORT TO ARCHITECT (GARY KELLY) @ 12:50 PM. OFFICE
 23 E. HP. (Mtg. w/owner & G.C. @ 3:00 PM. - APPROVED FTG. PER @ CONTRACTOR RISK.

INSPECTOR: [Signature] **DATE:** 9/22/99



1998 - 1999
Town of Sewall's Point
Building Department - Inspection Log
Wed., 9-29-99

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4553	Fadden 16 S. Sewall's Pt. Rd.	insulation	PASSED	
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4651	Demarkonian 19 Castle Hill Way	rough pl.	PASSED	CONTR. TO BRING PERMIT DOCUMENTS TO OFFICE FOR INSPECTION & REISSUE
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4682	Short 38 S. S.P. Rd.	window SHEATHING	PASSED PASSED	FIELD COPY OF WINDOW EGC. TO OWNER @ WSP.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4525	Kennedy 3 Oak Hill	insulation tie beam (wall)	PASSED PASSED	AM INSPECTION (11:00)
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
4691	Wattle 20 N. Ridgerview	temp. pole footing cancel (CONST. SERVICES NOT IN PLACE)	9:30 FAILED 1:15 PASSED	SERVICE HEAD TOO LOW (10' MIN) PASSED TEMP ELEC/WATER/SAN W/INSPECTION - ALL OK.
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS

OTHER: * PN 4691 - 20 N RIDGEVIEW 9/29/99 1:55 PM "CAROL"
 RPE SERVICE ALERT. CALLED IN
 10/4/99 1:05 PM "SHERI"
 ADVISED OF PRIOR CALL IN - SHE WILL EXPEDITE W/SPUR. - NO REOPEN!
INSPECTOR: *[Signature]* **DATE:** 9/29/99

2

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

Wed, 12-15-99

PAGE 2 OF 2

PERMIT	OWNER/ ADDRESS	INSPECTION TYPE	RESULTS	REMARKS
N 4589	De Gioia 130 N.S.P. Rd.	mechanical ELECT. PLUMBING (FRANK - SUBIAU)	PASSED	PM prefer - REINSPECT REQUIRED GROUND FLOOR
S 4658	Foglia 103 H. Sewall	truss eng.	PASSED	
S 4673	Foglia 110 H. Sewall	tie beam	PASSED	
V 4565	Kennedy 3 Oak Hill Way	driveway form	PASSED	AM prefer
S 4761	Foglia 103 H. Sewall Way	main drain steel & bonding	PASSED	
S 4646	Kimmelman 19 Abbie Lane	pool final	PASSED	- SAMPLE FOR POOL SCREEN ENCLOSURE
4753	108 ABBIE CT.	POOL SCREEN ENCL	PASSED	REMAIN STATUS.
V 4527	Seeley 37 Lofting	slab	PASSED (PTC)	- REINSPECTION REQUIRED ALL PAD FTGS.

OTHER: _____

INSPECTOR: _____

[Signature]

12/15/99

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 9, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy	final for	Reject	will call for
4	3 Oak Hill Way	c.o.	No Fee	time
			BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4912	Chico's	framing &	Passed	Phase 2
6	H. Bay Plaza	fire wall	BG.	
	COSTELLO CONST.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4913	Chico's	rough-in	Passed	Phase 2
	MPN 4912 (COSTELLO)	electric	BG.	
	ELECT SUB: LADUNKER'S BEEBEE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4915	Chico's	A/c. rough-in	Passed	Phase 2
	MPN 4912 (COSTELLO)	Duct work	BG.	USING EXISTING
	A/C SUB: BARKER	only.		UNITS.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4926	Chico's	hydrant		FIRE DEPT MADE
	MPN 4912 (COSTELLO)	test		Inspection.
	FIRE SUB: POLHEMUS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4930	Keller	tin-tag	Passed	paid 30XX
10	14 Crane's Nest	metal	BG.	
	PACIFIC REP	(REWORK)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: 4565 ① Add R. leads to GARAGE DOOR ② Add BFI to Island ③ Seal All Holes through ceiling. ④ What is Red wire to GAS TANK? ⑤ Identify Bond wire in Panel. ⑥ 79X Shop AT Meter C.A.V.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-12-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4912	Chico's	screws	Passed	
①	3230 E. Ocean	for dry wall 2nd phase	B.G.	
4957	Nicklas	pool	Passed	
②	21 Castle Hill Way	enclosure final	B.G.	
4857	CONWAY	SPOT CK - CONST &	B.G.	- NEED SUB PERM - PLUMBING/ELECT
③	4 OAK HILL WAY CONWAY CONST 220-0064	INSPECTION STATUS		- " BCU CERT (FL, SLAB) Gave to Steve.
4854	KENNEDY	RE ROOF - STATUS	Passed	DRY-IN (SHED) 3/20
⑤	111 N. SEWALL'S POINT RD A&P REG. (COSTA 220-7505)	VERIFICATION (FINAL?)	B.G.	NATL 3/22 Called Roofer left message to case office
4851	MCKINNEY	PERMIT STATUS VERIF	Passed	FRAMING 3/22/00
⑥	24 SIMARA (O/B) 288-5092	- SLDG. DOOR REPL. (FINAL?)	B.G.	MISSING - OWE SCREW - OWNER WILL CALL S.C.
4865	KENNEDY	FINAL *		DELIVER SURVEY NOTES
④	3 OAK HILL WAY LEB RES. CONST. (JEFF 220-1745)	(REINSPECTION REQUIRED)		- PERMIT RENEWAL REQ (EXP. 6/9/00)
* 4865	1565	Called Jeff - Left message to case office.		Not on Job

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-7-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N ✓ 4859	Abbott	pool	Passed	FINAL "AS BUILT" SURVEY
①	108 N.S.P. Rd. E.S. UNLIMITED	final OWNER TO CALL ED	B.G.	REQ. W/ COMPLETE DECK, (Pending Final Survey)
S ✓ 4761	Foglia	final pool	Passed	re-inspect FINAL SURVEY IN MASTER PIECE
⑤	103 H. Sewall Way STARLITE POOLS			
N ✓ 4949	Corway	pool	Passed	FORMER BOARD SURVEY RECD.
②	4 Oak Hill Way OLYMPIC POOLS	steel		
N ✓ 4628	Hellmigel	tree	Consultation	12" DIA. PALM TRC
④	11 C. Hill Way	removal		
4628	STRATHMORE	REVIEW: PROPOSED RET. WALL/DECKING		ENGR. DUG TO SIDE
N ✓ 4565	Kennedy	plumbing	Reject	re-inspect
③	3 Oak Hill Way VIDARLE CONST.	(PTL. FINAL REINSPECTION)	B.G. NO Fee	Need Gas WATER Heater Vent Hooked up.
S ✓ 4643	HERRMANN	SHEATHING		
⑥	107 HILLCREST CT. A&P RFG.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: T/R APPL. 14 HERON'S NEST - JONES (BAYSHORE LAND MAINT.)

INSPECTOR (Name/Signature): _____

Filed BG.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/16, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4860	Demarkanon	plumbing	X	CANCEL BY COME
X	19 C. Hill Way	rough	X	6/16 AM
	HARBOR BAY POOLS-TRACY	878-8806		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4803	Foglia	truss reinspection	Passed	Picked up 2 Letters FOR TRUSS REPAIR.
②	107 H. Sewall	from trades	Passed	Does NOT include windows + doors.
	FOGLIA		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy	temp. el.	Passed	LTR. REQUEST RCVD
①	3 Oak Hill Way	hook-up	BG.	NOTE: EQUIPMENT CIRCUITS ONLY (INCL. APPL.)
			(Took Keys)	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4643	Arnold HERRMANN	sheeting	Passed	
③	Hillcrest-107	partial dry-	BG.	
	A&P CONST.	in		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy	GAS WATER	Passed	
1B	3 OAK HILL WAY	Heater Hookup	BG.	
		FOR VENT		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

Filed
BG.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-16, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4860	Demarkanan	plumbing	X	CANCEL BY COME
X	19 C. Hill Way	rough	X	6/16 AM
	HARBOR BAY POOLS-TRACY	878-8806		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4803	Foglia	truss reinspection	Passed	Picked up 2 Letters FOR TRUSS REPAIR.
②	107 H. Sewall	from trades	Passed	Does NOT include windows + doors.
	FOGLIA		BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy	temp. el.	Passed	LTR. REQUEST RCVD
①	3 Oak Hill Way	hook-up	BG.	NOTE: EQUIPMENT CIRCUITS ONLY (INCL. APPL.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4643	Arnold HERRMANN	sheathing	Passed	
③	(104) Hillcrest-107	partial dry-	BG.	
	A&P CONST.	in		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	Kennedy	GAS WATER	Passed	
1B	3 OAK Hill Way	Heater Hookup	BG.	
		FOR Vent		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

4939

STORM SHUTTERS

MASTER PERMIT NO. 4565

TOWN OF SEWALL'S POINT

Date 5/23/00 BUILDING PERMIT NO. 4939
 Building to be erected for PATRICK KENNEDY Type of Permit STORM SHUTTER
 Applied for by L&S DESIGN & CONST. (Contractor) Building Fee \$33.60
 Subdivision CASTLE HILL Lot 13 Block _____ Radon Fee _____
 Address 3 OAK HILL WAY Impact Fee _____
 Type of structure SPR (UNDER CONST.) A/C Fee _____
 Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____
 _____ Roofing Fee _____
 Amount Paid \$36.96 Check # 1450 Cash _____ Other Fees (REU) 3.36
 Total Construction Cost \$ 3,500.00 TOTAL Fees \$36.96

Signed _____ Applicant
 Signed _____ Town Building Inspector DEH/CLC

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 TROUGH 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!



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

4939

Bldg. Permit Number: _____

MAY 17 2000

Owner or Titleholder's Name M + M PATRICK KENNEDY Phone No. (540) 724-9790
 Street: 3 OAK HILL WAY City SEWALL PT State: FL Zip _____
 Legal Description of Property: LOT 13 CASTER HILL SUB.

Parcel Number: 26-37-41-015-00000120-70

Location of Job Site: _____

TYPE OF WORK TO BE DONE: INSTALL STORM SHUTTERS

CONTRACTOR/Company Name: L+S Design and Const. Inc Phone No. (561) 220-1745

Street: PO Box 1022 City STUART State: FL Zip 34995

State Registration: _____ State License: MC00362

ARCHITECT: _____ Phone No. () _____

Street: _____ City _____ State: _____ Zip _____

ENGINEER: John Olson Phone No. (561) 288-1328

Street: 1366 SW Jasmine Trace City Palm City State: FL Zip 34880

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____

Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____

Type Sewage: _____ Septic Tank Permit # from Health Dept. _____

New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION

Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 3500.00

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X

Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: _____ State: _____ License # _____

Mechanical: _____ State: _____ License # _____

Plumbing: _____ State: _____ License # _____

Roofing: _____ State: _____ License # _____

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 17th day of May, 2000,

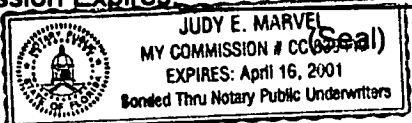
by _____ who is personally

known to me or produced _____

as identification.

[Signature]
Notary Public

My Commission Expires: _____



CONTRACTOR SIGNATURE (Required)

[Signature]
Contractor

State of Florida, County of: _____ On

this the 17th day of May, 2000,

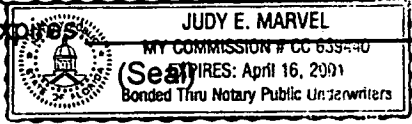
by _____ who is personally

known to me or produced _____

as identification.

[Signature]
Notary Public

My Commission Expires: _____





TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ 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

Handwritten notes:

216
215
3360
3336
3196

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)



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

MetalTech, Inc.
7635 West 2nd Court
Hialeah FL 33014

Your application for Product Approval of:

24 ga. Storm Panel Maximum Impact

under Chapter 8 of the Metropolitan 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 Robert S. Monsour, P.E., and test reports prepared by Construction Testing Corporation and Certified Testing Laboratories.

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 et. seq. and the Standard Conditions on page 3.

This approval shall not be valid after the expiration date stated below. The Office of 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 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.: 98-0304.03

Expires: 10/01/01

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: 10/01/98



MetalTech, Inc.

ACCEPTANCE No. : 98-0304.03

APPROVED : OCT 0 1 1998

EXPIRES : ~~OCT 0 1 2001~~

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. **SCOPE**

This approves a 24 ga. steel storm panel type shutter, 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 24 ga. steel storm panel type shutter and its components shall be constructed in strict compliance with the following documents: Drawing No. 98001, titled "24 ga. maximum impact storm panel", prepared by Ramms Engineering, Inc., dated January 10, 1998, last revised on August 14, 1998, sheets 1 through 7 of 7, 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**

All permanent set components, included but not limited to embedded anchor bolts, threaded cones, metal shields, headers and sills, must be protected against corrosion, contamination and damage at all times.

4. **INSTALLATION**

The 24 ga. steel storm panel type shutter and its components shall be installed in strict compliance with the approved drawings.

5. **LABELING**

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

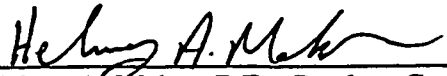
6. **BUILDING PERMIT REQUIREMENTS**

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

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.



Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division

MetalTech, Inc.

ACCEPTANCE No. : 98-0304.03

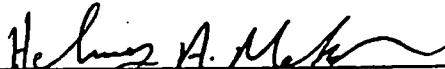
APPROVED : OCT 01 1998

EXPIRES : OCT 01 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS


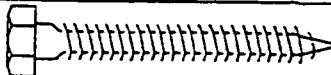
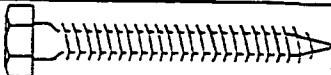
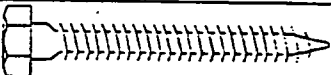
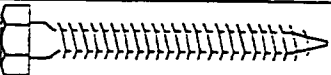
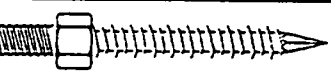
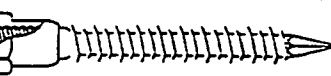
1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control 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 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.

END OF THIS ACCEPTANCE



Helmy A. Makar, P.E. - Product Control Examiner
Product Control Division

ANCHOR SCHEDULE

WOOD APPLICATIONS			UP TO 59.5 PSF					UP TO 71.5 PSF					UP TO 81.5 PSF					UP TO 91.4 PSF				
ANCHOR TYPE	DIA.	SPAN	CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE				
			A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E
 BRASS WOOD BUSHING 1" MIN. PENETRATION	1/4-20	68" SPAN	14	13	5	13	13	12	12	5	12	12	10	7	4	10	10	9	4	4	6	7
		88" SPAN	11	8	4	11	11	9	4	3	6	7	8	3	3	4	3	7		3	3	
		105" SPAN	9	4	4	6	7	8	3	3	4	3										
		124" SPAN	8	3	3	4	3															
 WOOD LAGS 1" MINIMUM TREAD PENETRATION	1/4"	68" SPAN	16	13	8	13	13	15	13	6	13	13	14	9	6	13	13	12	6	5	8	9
		88" SPAN	14	11	6	13	13	12	6	5	8	9	10	4	4	5	4	9	3	4	4	3
		105" SPAN	12	6	5	8	9	10	4	4	5	4										
		124" SPAN	10	4	3	5	4															
 WOOD LAGS 1" MINIMUM TREAD PENETRATION	5/16"	68" SPAN	16	13	10	13	13	16	13	8	13	13	16	10	7	13	13	14	7	6	9	11
		88" SPAN	16	13	7	13	13	14	7	6	9	10	12	5	5	6	5	11	4	5	5	3
		105" SPAN	14	7	6	9	10	12	4	5	6	4										
		124" SPAN	12	4	5	6	4															
 WOOD LAGS 1" MINIMUM TREAD PENETRATION	3/8"	68" SPAN	16	13	11	13	13	16	13	9	13	13	16	12	8	13	13	16	8	7	11	13
		88" SPAN	16	13	9	13	13	16	8	7	10	12	14	5	6	7	6	13	4	6	5	4
		105" SPAN	16	8	7	11	12	14	5	6	6	5										
		124" SPAN	13	5	6	6	5															
 WOOD LAGS 1" MINIMUM TREAD PENETRATION	7/16	68" SPAN	16	13	12	13	13	16	13	10	13	13	16	13	9	13	13	16	9	8	12	13
		88" SPAN	16	13	9	13	13	16	8	8	12	13	16	6	7	8	7	14	5	6	6	4
		105" SPAN	16	9	8	12	13	15	5	7	7	6										
		124" SPAN	15	5	7	7	6															
 1/4" ELCO PANEL MATES 1 7/8" MIN. THREAD PENETRATION	1/4"	68" SPAN	16	13	8	13	13	15	13	6	13	13	14	9	6	13	13	12	6	5	8	9
		88" SPAN	14	11	6	13	13	12	6	5	8	9	10	4	4	5	4	9	3	4	4	3
		105" SPAN	12	6	5	8	9	10	4	4	5	4										
		124" SPAN	10	4	3	5	4															
 1/4" ELCO PANEL MATES 1 7/8" MIN. THREAD PENETRATION	1/4"	68" SPAN	16	13	8	13	13	15	13	6	13	13	14	9	6	13	13	12	6	5	8	9
		88" SPAN	14	11	6	13	13	12	6	5	8	9	10	4	4	5	4	9	3	4	4	3
		105" SPAN	12	6	5	8	9	10	4	4	5	4										
		124" SPAN	10	4	3	5	4															

NOTES:

SPANS AND LOADS SHOWN IN THIS SCHEDULE ARE FOR DETERMINING ANCHOR SPACING ONLY. FOR ALLOWABLE SPANS VS. DESIGN LOADS REFER TO SHEET 4.

WHEN ANCHORING TO WOOD, THE WOOD MUST BE A MINIMUM 2 X 4 EQUAL TO #2 SOUTHERN PINE 0.55 SPECIFIC GRAVITY AND STRUCTURALLY PART OF THE FRAMING STRUCTURE OR SUCURELY ATTACHED TO FRAMING STRUCTURE

SHADED AREAS REPRESENT ANCHOR CONDITIONS THAT ARE NOT ACCEPTABLE.

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE TO WITH STAND THE ADDITIONAL LOADS AND INSURE PROPER ANCHORAGE. SHUTTER SYSTEM MAY BE INTSALL INTO WOOD, CONCRETE OR MASONRY.


 ROBERT S. MONSOUR, PE
 EB-0006024
 RAMMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 01 19 98
 BY Heinz A. Plate
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0304-03

BUILDING CODE COMPLIANCE

REVISIONS	BY
08/14/98	SP

RAMMS ENGINEERING, INC.
Structural Design
 3100 W. 76th STREET, SUITE 311
 PALM BEACH, FLORIDA 33416
 EB 0006024

METALTECH, INC.
 7636 W. SECOND CT. PALM BEACH, FL 33414
 EST. 1957
 GLOBE
 EST. 1957

SEP/JRB/RSM
01/10/98
SHOWN
98001
7
7

ANCHOR SCHEDULE

NOTES:

SPANS AND LOADS SHOWN IN THIS SCHEDULE ARE FOR DETERMINING ANCHOR SPACING ONLY. FOR ALLOWABLE SPANS VS. DESIGN LOADS REFER TO SHEET 4.

MINIMUM EMBEDMENT AND EDGE DISTANCE EXCLUDES STUCCO AND/OR WALL FINISHES.

SHADED AREAS REPRESENT ANCHOR CONDITIONS THAT ARE NOT ACCEPTABLE.

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE TO WITH STAND THE ADDITIONAL LOADS AND INSURE PROPER ANCHORAGE. SHUTTER SYSTEM MAY BE INTSALL INTO WOOD, CONCRETE OR MASONRY.

ANCHOR SPACING vs DESIGN PRESSURE AND CONNECTION TYPE			UP TO 59.6 PSF															UP TO 71.5 PSF														
			POURED CONCRETE					CONCRETE BLOCK					POURED CONCRETE					CONCRETE BLOCK														
			CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE	CONNECTION TYPE											
ANCHOR TYPE	PANEL	E.D.	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E										
	68" SPAN	3"	16	13	11	13	13	16	13	13	13	13	16	13	9	13	13	16	13	11	13	13										
		88" SPAN	3"	16	13	8	13	13	16	13	10	13	13	16	8	7	12	13	16	9	8	12	13									
			105" span	3"	16	9	7	12	13	16	9	8	12	13	15	5	6	7	6	15	5	7	7	6								
	124" span			3"	15	5	6	7	6	15	5	7	7	6																		
				1/4" RAWL ZAMAC NAILIN DRIVE (HAMMER DRIVE)	3"	16	13	10	13	13	16	13	8	13	13	16	13	8	13	13	14	13	7	13	13							
			105" span		3"	16	13	8	13	13	13	10	6	13	13	15	7	6	10	11	11	5	5	7	8							
	124" span				3"	15	7	6	10	11	11	5	5	7	8	13	4	6	6	5	9	3	4	4	3							
		VARIOUS HEAD TYPES (MASONRY SCREWS)		3"	16	13	12	13	13	16	12	7	13	13	16	11	10	13	13	13	6	6	9	10								
			105" span	3"	16	11	10	13	13	13	6	6	9	10	16	7	8	9	7	11	4	5	5	4								
	124" span			3"	16	7	8	9	7	11	4	5	5	4																		
		1/4" x 7/8" 1/2" DIA. RAWL CALK-IN (MACHINE SCREW ANCHOR)		3"	16	13	13	13	13	16	13	9	13	13	16	13	13	13	13	16	13	8	13	13								
			88" SPAN	3"	16	13	11	13	13	16	13	6	13	13	16	13	9	13	13	14	13	5	13	13								
105" span	3"			16	13	11	13	13	14	11	6	13	13	16	12	9	13	13	12	6	5	8	9									
	124" span	3"		16	13	8	13	13	13	10	5	13	13	16	11	7	13	13	11	5	4	7	8									
		1/4" RAWL PERMA-SEAL TAPPER (MASONRY SCREWS)	3"	16	13	10	13	13	14	11	6	13	13	16	10	8	13	13	12	6	5	8	9									
105" span			3"	16	10	8	13	13	12	6	5	8	9	16	6	7	8	6	10	4	4	5	4									
	124" span		3"	16	9	7	12	13	11	5	4	7	8	16	6	5	7	6	9	3	3	4	3									
		1/4" RAWL LOK/BOLT (SLEEVE ANCHOR)	3"	16	13	7	13	13	16	13	8	13	13	16	13	7	13	13	16	13	9	13	13									
88" SPAN			3"	16	13	7	13	13	16	13	10	13	13	16	13	7	13	13	16	13	9	13	13									
	105" span		3"	16	13	7	13	13	16	13	8	13	13	16	8	6	10	12	16	8	7	11	12									
		124" span	3"	16	13	5	13	13	16	13	6	13	13	15	7	5	9	10	15	7	5	9	11									
1/4" RAWL ZAMAC NAILIN DRIVE (HAMMER DRIVE)			3"	16	13	10	13	13	15	13	7	13	13	16	13	7	13	13	13	13	6	13	13									
	105" span		3"	16	12	6	13	13	12	9	5	12	12	13	6	5	9	10	10	5	4	6	7									
		124" span	3"	14	11	5	13	13	11	8	4	11	11	12	6	4	8	9	9	4	4	6	6									
1/4" RAWL PERMA-SEAL TAPPER (MASONRY SCREWS)			3"	15	7	6	10	11	11	5	5	7	8	13	4	6	6	5	9	3	4	4	3									
	105" span		3"	13	6	5	9	10	10	5	4	7	7	11	4	4	5	4	8	3	4	4	3									
		124" span	3"	12	6	4	8	9	9	4	4	6	7	10	4	4	5	4	7	3	3	4	3									
1/4" RAWL LOK/BOLT (SLEEVE ANCHOR)			3"	16	13	13	13	13	16	13	9	13	13	16	16	13	13	13	16	13	7	13	16									
	88" SPAN		3"	16	13	12	13	13	16	12	7	13	13	16	11	10	13	13	13	6	6	9	10									
		105" span	3"	16	13	10	13	13	14	11	6	13	13	16	10	8	13	13	12	6	5	8	9									
124" span			3"	16	13	8	13	13	13	10	5	13	13	16	9	7	12	13	11	5	4	7	8									
	1/4" RAWL PERMA-SEAL TAPPER (MASONRY SCREWS)		3"	16	11	10	13	13	13	6	6	9	10	16	7	8	9	7	11	4	5	5	4									
		105" span	3"	16	10	8	13	13	12	6	5	8	9	16	6	7	8	6	10	4	4	5	4									
124" span			3"	16	9	7	12	13	11	5	4	7	8	16	6	5	7	6	9	3	3	4	3									
	1/4" RAWL ZAMAC NAILIN DRIVE (HAMMER DRIVE)		3"	16	13	13	13	13	16	13	8	13	13	16	13	11	13	13	16	13	6	13	13									
		88" SPAN	3"	16	13	13	13	13	16	13	6	13	13	16	13	9	13	13	14	13	5	13	13									
105" span			3"	16	13	13	13	13	16	12	7	13	13	16	13	11	13	13	13	6	6	9	10									
	124" span		3"	16	13	11	13	13	14	11	6	13	13	16	12	9	13	13	12	6	5	8	9									
		1/4" RAWL PERMA-SEAL TAPPER (MASONRY SCREWS)	3"	16	13	8	13	13	13	10	5	13	13	16	11	7	13	13	11	5	4	7	8									
105" span			3"	16	13	11	13	13	13	6	6	9	10	16	8	9	11	9	11	4	5	5	4									
	124" span		3"	16	12	9	13	13	12	6	5	8	9	16	8	7	10	8	10	4	4	5	4									
		1/4" RAWL LOK/BOLT (SLEEVE ANCHOR)	3"	16	11	7	13	13	11	5	4	7	8	16	7	6	9	7	9	3	3	4	3									
88" SPAN			3"	16	8	9	11	9	11	4	5	5	4																			
	105" span		3"	16	8	7	10	8	10	4	4	5	4																			
		124" span	3"	16	7	6	9	7	9	3	3	4	3																			

REVISIONS	BY
03/20/98	SP
06/12/98	SP
08/14/98	SP

RAMMS ENGINEERING, INC.
Structural Design
 2100 W. 76th STREET, SUITE 311
 MIAMI, FLORIDA 33188
 ED 0006024

METALTECH, INC.
 7835 W. SECOND CT. HIALEAH, FL 33014
 EST. 1957
 EXPANDED WORLD WIDE

SEP/JRB
01/10/98
SHOWN
98001
5
7

BUILDING CODE COMPLIANCE

ROBERT S. MONSOUR, PE
 EB-0006024
 RAMMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE October 01 1998
 BY Heather A. M...
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0304-03

ANCHOR SCHEDULE

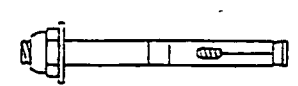
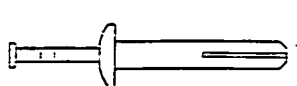
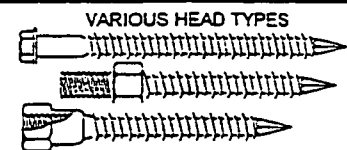

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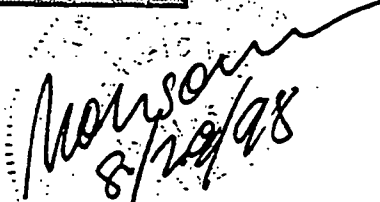
SPANS AND LOADS SHOWN IN THIS SCHEDULE ARE FOR DETERMINING ANCHOR SPACING ONLY. FOR ALLOWABLE SPANS VS. DESIGN LOADS REFER TO SHEET 4.

MINIMUM ENBEDMENT AND EDGE DISTANCE EXCLUDES STUCCO AND/OR WALL FINISHES.

SHADED AREAS REPRESENT ANCHOR CONDITIONS THAT ARE NOT ACCEPTABLE.

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE TO WITH STAND THE ADDITIONAL LOADS AND INSURE PROPER ANCHORAGE. SHUTTER SYSTEM MAY BE INTSALL INTO WOOD, CONCRETE OR MASONRY.

ANCHOR SPACING vs DESIGN PRESSURE AND CONNECTION TYPE			UP TO 81.5 PSF										UP TO 91.4 PSF									
			POURED CONCRETE					CONCRETE BLOCK					POURED CONCRETE					CONCRETE BLOCK				
			CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE					CONNECTION TYPE				
ANCHOR TYPE	PANEL	E.D.	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E
 1/4" RAWL LOK/BOLT (SLEEVE ANCHOR) 1 1/8" MIN. EMBEDMENT	68" SPAN	3"	16	13	8	13	13	16	13	9	13	13	16	9	8	12	13	16	9	9	12	13
		2"	16	12	6	13	13	16	12	7	13	13	16	8	7	11	13	16	8	7	11	13
		1 1/4"	16	11	5	13	13	16	11	6	13	13	15	7	5	10	11	15	7	6	10	11
	88" SPAN	3"	16	6	6	8	7	16	6	7	8	7	14	5	5	6	5	14	5	6	6	5
		2"	14	5	5	7	6	14	5	6	7	6	13	4	4	5	4	13	4	5	5	4
		1 1/4"	13	5	4	6	5	13	5	5	6	5	11	4	4	5	4	11	4	4	5	4
	105" span	3"																				
		2"																				
		1 1/4"																				
	124" span	3"																				
		2"																				
		1 1/4"																				
 1/4" RAWL ZAMAC NAILIN DRIVE (HAMMER DRIVE) 1 3/8" MIN. EMBEDMENT IN CONCRETE 1 1/4" MIN. EMBEDMENT IN BLOCK	68" SPAN	3"	16	11	7	13	13	13	8	6	12	13	15	7	7	10	12	11	5	5	7	9
		2"	15	10	6	13	13	11	7	5	11	11	13	6	5	9	10	10	5	4	7	8
		1 1/4"	14	9	5	13	13	10	6	4	9	10	12	6	4	8	9	9	4	4	6	7
	88" SPAN	3"	13	5	6	7	6	10	4	4	5	4	12	4	5	5	4	9	4	4	4	3
		2"	12	4	5	6	5	9	3	4	4	4	10	3	4	4	3	8	3	3	3	3
		1 1/4"	10	4	4	5	4	8	3	3	4	3	9	3	3	4	3	7	3	3	3	3
	105" span	3"																				
		2"																				
		1 1/4"																				
	124" span	3"																				
		2"																				
		1 1/4"																				
 VARIOUS HEAD TYPES (MASONRY SCREWS) 1/4" RAWL PERMA-SEAL TAPPER 1/4" ELCO PANEL MATES 1 1/2" MIN. EMBEDMENT IN CONCRETE 1 1/4" MIN. EMBEDMENT IN BLOCK	68" SPAN	3"	16	13	11	13	13	15	10	7	13	13	16	11	10	16	18	14	7	6	9	11
		2"	16	13	9	13	13	14	9	5	13	14	16	10	8	14	16	12	6	5	8	9
		1 1/4"	16	13	7	13	13	12	8	4	11	12	16	9	7	12	15	11	5	4	7	8
	88" SPAN	3"	16	8	9	10	9	12	4	5	6	5	16	6	8	8	6	11	3	5	5	3
		2"	16	7	7	9	8	10	4	4	5	4	16	5	6	7	5	9	3	4	4	3
		1 1/4"	16	6	6	8	7	9	4	3	5	4	15	5	5	6	5	8	3	3	4	3
	105" span	3"																				
		2"																				
		1 1/4"																				
	124" span	3"																				
		2"																				
		1 1/4"																				
 1/4-20 x 7/8" , 1/2" DIA. RAWL CALK-IN (MACHINE SCREW ANCHOR) 7/8" MIN. EMBEDMENT	68" SPAN	3"	16	13	12	13	13	15	10	7	14	13	16	13	11	13	13	14	7	6	9	11
		2.5"	16	13	10	13	13	14	9	6	13	13	16	12	9	13	13	12	6	5	8	9
		2"	16	13	8	13	13	12	8	5	11	12	16	11	7	13	13	11	5	4	7	8
	88" SPAN	3"	16	9	9	13	11	12	4	5	6	5	16	7	8	10	7	11	3	5	5	3
		2.5"	16	8	8	11	9	11	4	4	5	4	16	7	7	9	6	9	3	4	4	3
		2"	16	8	6	10	8	9	4	4	5	4	16	6	5	8	6	8	3	3	4	3
	105" span	3"																				
		2.5"																				
		2"																				
	124" span	3"																				
		2.5"																				
		2"																				


 ROBERT S. MONSOUR, PE
 EB-0006024
 RAMMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE October 01 19 98
 BY Helmut A. [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0304-03

BUILDING CODE COMPLIANCE

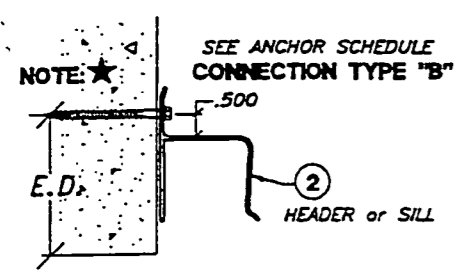
REVISIONS	BY
03/20/98	SP
06/12/98	SP
08/14/98	SP

RAMMS ENGINEERING, INC.
Structural Design
 3100 W. 76th STREET, SUITE 311
 HIALEAH, FLORIDA 33018
 EB 0006024

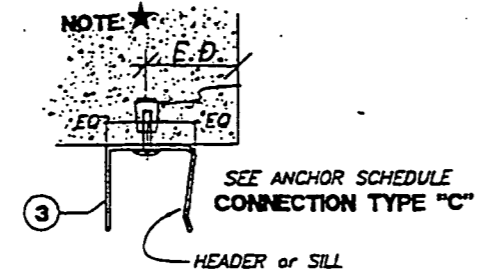
METALTECH, INC.
 EST. 1957 7838 W. SECOND CT. HIALEAH, FL 33014
 REGISTERED WORLDWIDE

SEP / 08 / RSM
01 / 10 / 98
SHOW
98001
6
7

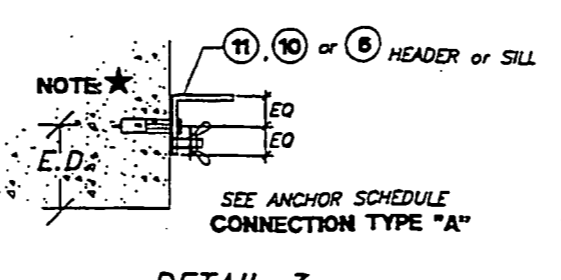
REVISIONS	BY
03/20/98	SP
06/12/98	SP
08/14/98	SP



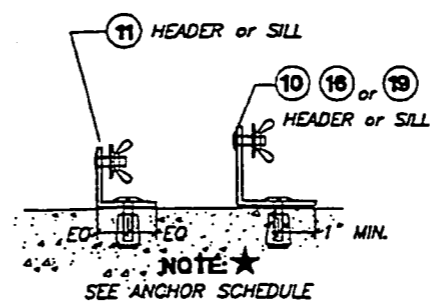
DETAIL 1



DETAIL 2

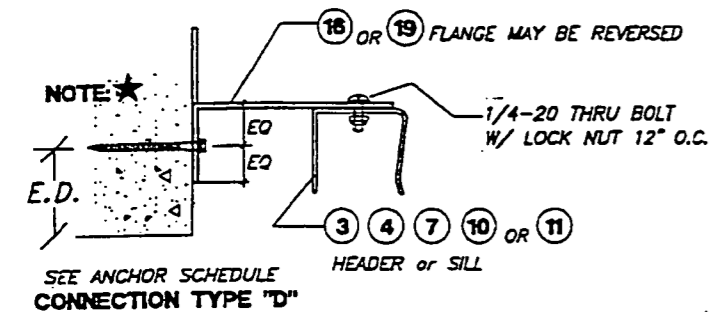
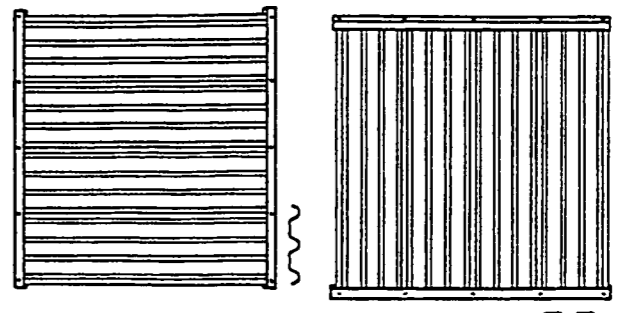


DETAIL 3

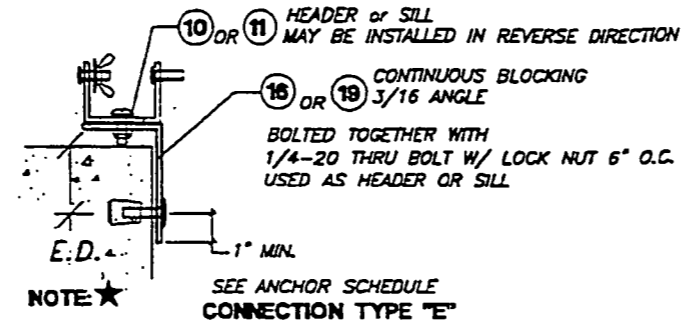


DETAIL 4

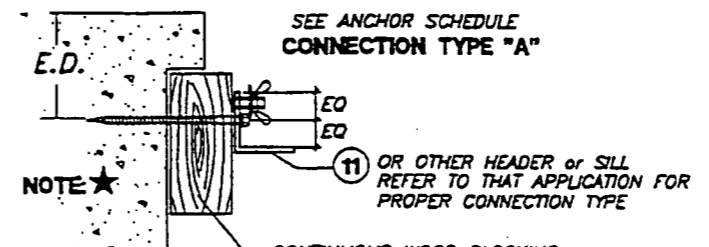
MAXIMUM IMPACT STORM PANEL



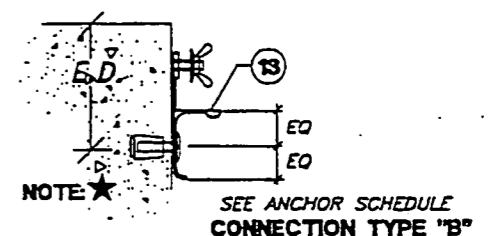
DETAIL 5



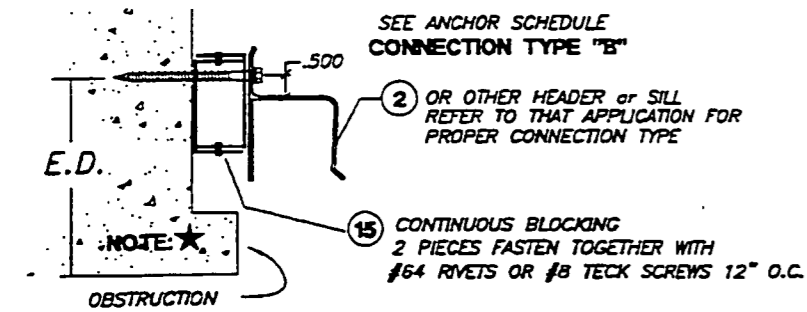
DETAIL 6



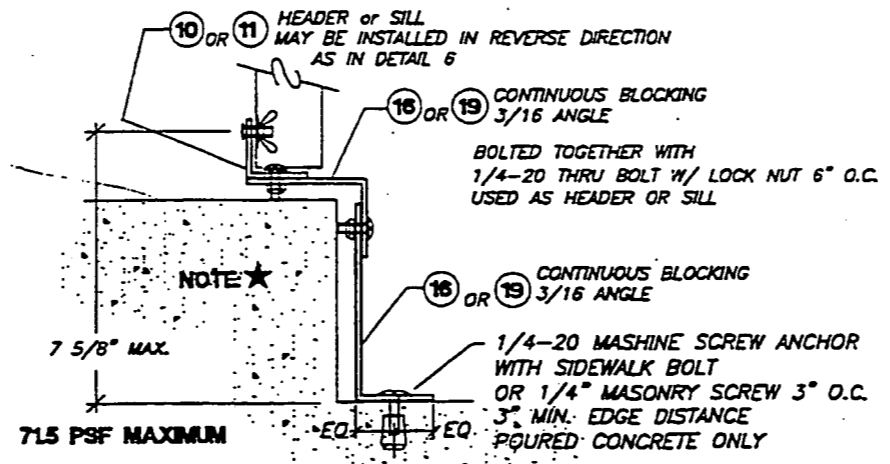
DETAIL 7



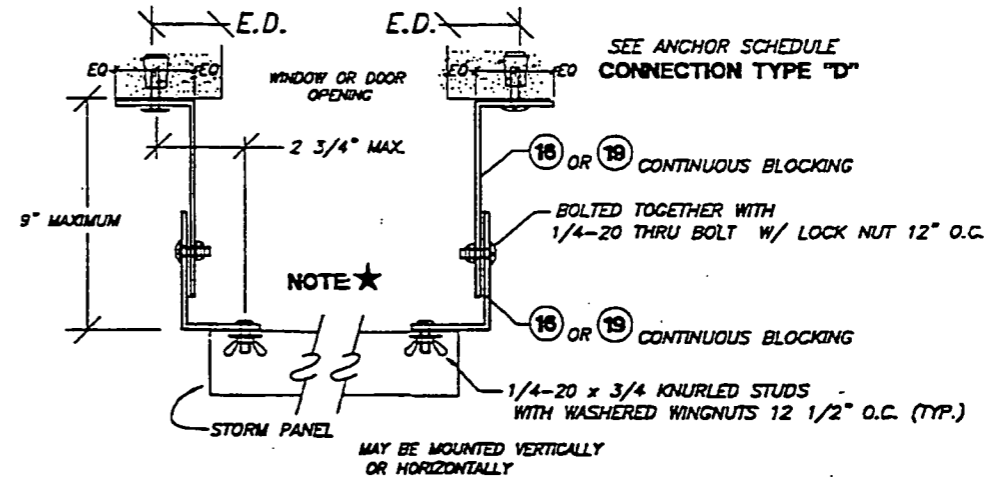
DETAIL 8



DETAIL 9



DETAIL 10

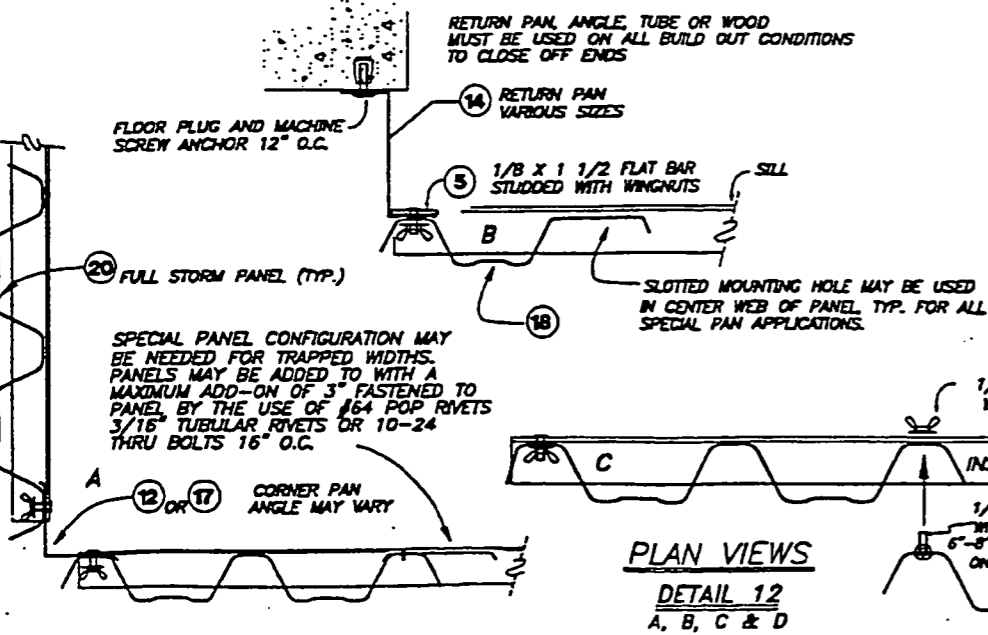


DETAIL 11

NOTE: ★

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE TO WITHSTAND THE ADDITIONAL LOADS AND INSURE PROPER ANCHORAGE. SHUTTER SYSTEM MAY BE INTSALL INTO WOOD, CONCRETE, MASONRY.

WHEN ANCHORING TO WOOD, THE WOOD MUST BE A MINIMUM 2 X 4 EQUAL TO #2 SOUTHERN PINE WITH 0.55 SPECIFIC GRAVITY AND STRUCTURALLY PART OF THE FRAMING STRUCTURE OR SUCURELY ATTACHED TO FRAMING STRUCTURE



DETAIL 12

A, B, C & D

Robert S. Monsour

ROBERT S. MONSOUR, PE
EB-0006024
RAMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE

DATE: October 21, 1998

BY: *Heather A. Miller*

PRODUCT CONTROL DIVISION

BUILDING CODE COMPLIANCE OFFICE

ACCEPTANCE NO. 98-0304-03

BUILDING CODE COMPLIANCE

RAMS ENGINEERING, INC.
Structural Design
3109 W. 76th STREET, SUITE 311
JULIA, FLORIDA 33018
EB 0006024

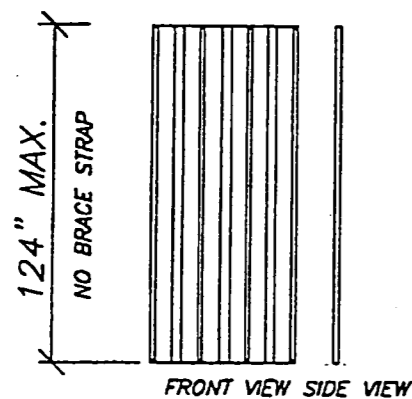
METALTECH, INC.
EST. 1957
7938 W. SECOND CT. HIALEAH, FL 33014

SEP / JRB / RSM
DATE: <u>10/10/98</u>
BY: <i>Heather A. Miller</i>
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. <u>98-0304-03</u>
2
7

THE METALTECH STORM PANELS MAY BE INSTALLED WITH OR WITHOUT THE HORIZONTAL BRACE STRAP. REFER TO PANEL DEFLECTION CHARTS.

24 GAUGE MAXIMUM IMPACT STEEL STORM PANEL

REVISIONS	BY
03/20/98	SP
06/12/98	SP
08/14/98	SP

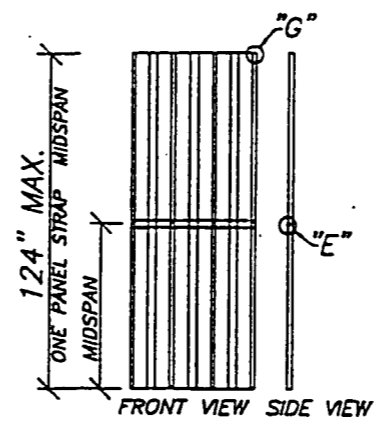


124" MAX. PANEL HEIGHT
NO PANEL STRAP
IS REQUIRED

PANEL DEFLECTION CHART WITHOUT HORIZONTAL STRAP

PANEL HEIGHT	0°-90°	over 90°-124"
WALL MOUNT	2 5/8"	3 1/2"
INSIDE MOUNT	2 5/8"	3 1/2"
BUILD OUT	2 5/8"	3 3/4"

MINIMUM DISTANCE BETWEEN GLASS AND PANEL



124" MAX. PANEL HEIGHT
ONE PANEL STRAP
LOCATED MIDSPAN

PANEL DEFLECTION CHART WITH HORIZONTAL STRAP

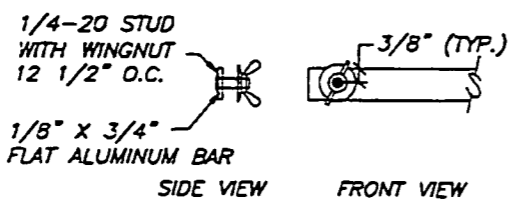
PANEL HEIGHT	0°-104"	104°-124"
WALL MOUNT	2"	2 1/4"
INSIDE MOUNT	2"	2 1/4"
BUILD OUT	2"	2 1/4"

MINIMUM DISTANCE BETWEEN GLASS AND PANEL

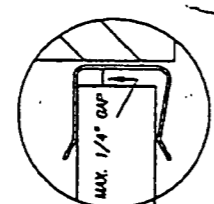
24 ga. STEEL

DESIGN PRESSURE	PANEL SPAN
44.40	124"
47.81	123
51.23	119"
58.06	112"
61.47	109"
66.85	104"
71.46	100"
75.30	95"
81.45	88"
86.83	82"
91.44	78"

HORIZONTAL BRACE STRAP



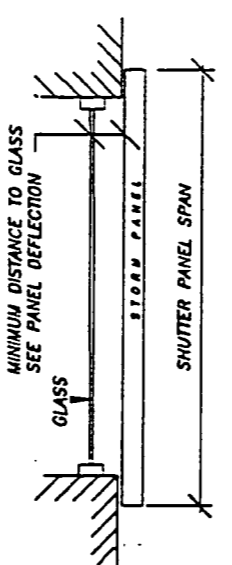
DETAIL "E"



MAXIMUM GAP BETWEEN PANEL AND HEADER IS 1/4" (TYP.)

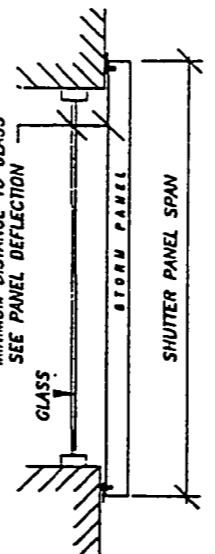
DETAIL "F"

DETAIL 13 ON SHEET 3



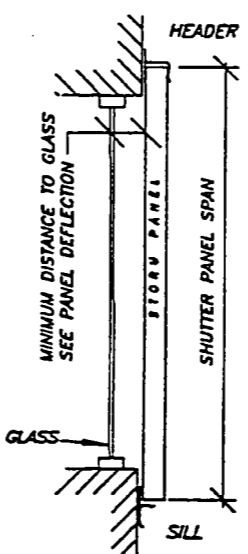
DETAIL 13 ON SHEET 3

DETAIL 3, 4, & 8 ON SHEET 2



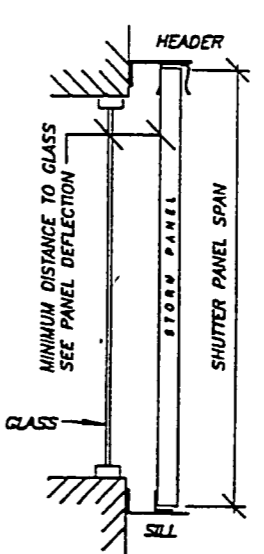
DETAIL 3, 4, & 8 ON SHEET 2

DETAIL 1 ON SHEET 2
DETAIL 15 ON SHEET 3



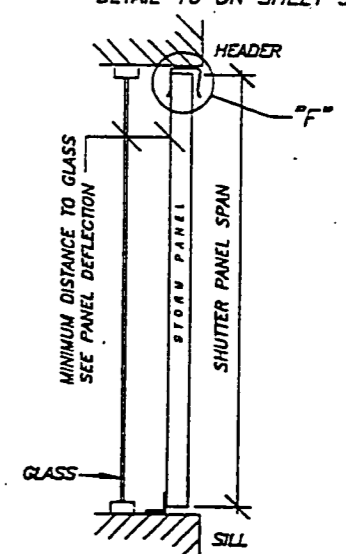
DETAILS 3, 4 AND 8 ON SHEET 2

DETAILS 5, 7, 9, 10 AND 11 ON SHEET 2

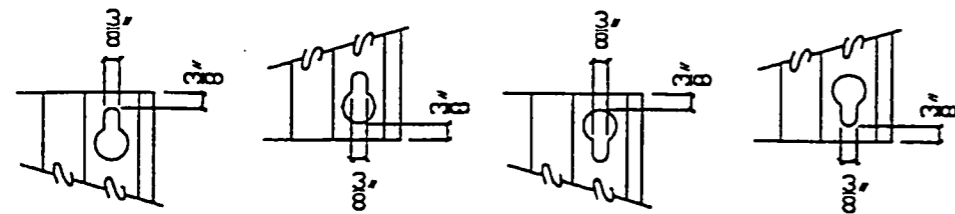


DETAILS 5, 7, 9, 10 AND 11 ON SHEET 2

DETAIL 2 ON SHEET 2
DETAIL 16 ON SHEET 3

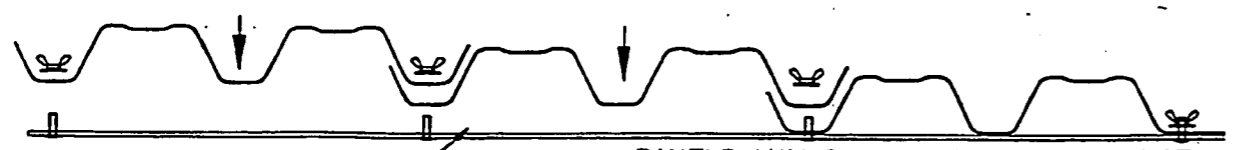


DETAIL 4 ON SHEET 2



FASTENER MUST BE IN NARROW PORTION OF KEY HOLE
MOUNTING HOLE MAY ALSO BE A 9/16" DIA. CIRCLE

DETAIL "G"



HORIZONTAL BRACE STRAP
HEADER AND SILL

PANELS MAY RUN CONTINUOUS BY WIDTH
EITHER HORIZONTALLY OR VERTICALLY

EXPLODED ASSEMBLY

WALL MOUNT
ANCHORING PANEL
TOP & BOTTOM
NO HDR. OR SILL

WALL MOUNT
ANCHORING PANEL
TOP & BOTTOM
WITH STUDDED HDR/SILL

WALL MOUNT
WITH HDR. AND SILL

BUILD OUT
WITH HDR. AND SILL

INSIDE MOUNT
WITH HDR. AND SILL

TYPICAL SECTION VIEWS

Monson
8/20/98
ROBERT S. MONSOUR, PE
EB-0006024
RAMMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 01 19 98
BY Heung A. Mak
PRODUCT CONTROL DIV. S ON
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0304.03

BUILDING CODE COMPLIANCE

RAMMS ENGINEERING, INC.
Structural Design
3100 W. 76th STREET, SUITE 311
MULLEN, FLORIDA 33016
ED 01006024

METALTECH, INC.
EST. 1957 7638 W. SECOND CT. MIALEAH, FL 33014
EXPORTED WORLD-WIDE

SEP/JRB
01/10/98
SHOWN
98001
4
7

COMPLIES WITH:
S.F.B.C. 1994 EDITION FOR DADE COUNTY, SOUTH FLORIDA BUILDING CODE
2314.5 FATIGUE LOAD TESTING AND 2315 IMPACT TESTS

DESIGN CRITERIA:
WIND LOADS PER CHAPTER 23 OF S.F.B.C. PRESSURE REQUIREMENT CALCULATIONS
MUST BE PERFORMED PER ASCE 7-88 "MINIMUM DESIGN LOADS FOR BUILDING AND
OTHER STRUCTURES"

GENERAL NOTES:
ALL ALUMINUM EXTRUSIONS TO BE ALLOY 6063-T6 OR EQUAL
STORM PANELS SHALL BE:
24 GAUGE STEEL, ASTM A653 50 GRADE E MIN. Fy = 80 K.S.I. MINIMUM VALUE
HOT DIP COATED, WITH A NOMINAL WIDTH OF 12 1/2"

THE STORM PANEL SHUTTER MAY BE INSTALLED VERTICALLY OR HORIZONTALLY,
IN ACCORDANCE TO THE DETAILED SPECIFICATIONS HEREIN.

PANELS MAY BE NOTCHED OR MITERED TO ACCOMMODATE AN OBSTRUCTION

ANCHORAGE OF THE SHUTTER SYSTEM TO CONCRETE OR MASONRY SHALL CONSIST OF
THE FOLLOWING OR EQUAL WITH MINIMUM ULTIMATE LOAD VALUES SHOWN

- 1/4" DIA. RAWL LOK/BOLT ANCHOR (SLEEVED DRIVE ANCHOR)
MIN. TENSILE 1190 - MIN. SHEAR 1520 - 1 1/8" MIN. EMBED. IN CONCRETE
MIN. TENSILE 1200 - MIN. SHEAR 1270 - 1 1/8" MIN. EMBED. IN MASONRY
- 1/4"-20 RAWL CALK-IN ANCHOR (MACHINE SCREW ANCHOR) WITH 1/4"-20 BOLTS
MIN. TENSILE 1870 - MIN. SHEAR 1730 - 7/8" MIN. EMBED. IN CONCRETE
MIN. TENSILE 880 - MIN. SHEAR 1340 - 7/8" MIN. EMBED. IN MASONRY
- 1/4" PERMA-SEAL TAPPER BY RAWL (MASONRY SCREWS VARIOUS HEAD TYPES)
MIN. TENSILE 1520 - MIN. SHEAR 1980 - 1 1/2" MIN. EMBED. IN CONCRETE
MIN. TENSILE 880 - MIN. SHEAR 1270 - 1 1/4" MIN. EMBED. IN MASONRY
- 1/4" ZAMAC NAILIN BY RAWL (ZAMAC HAMMER DRIVES)
MIN. TENSILE 980 - MIN. SHEAR 1400 - 1 3/8" MIN. EMBED. IN CONCRETE
MIN. TENSILE 730 - MIN. SHEAR 1320 - 1 1/4" MIN. EMBED. IN MASONRY

ANCHORAGE TO WOOD CONSTRUCTION SHALL BE 1/4" STEEL LAGS OR LARGER
WITH 1" MIN. THREAD PENETRATION, 1/4"-20 BRASS WOOD BUSHINGS OR
1/4" ELCO PANEL MATES WITH 1 7/8" MIN. THREAD PENETRATION.

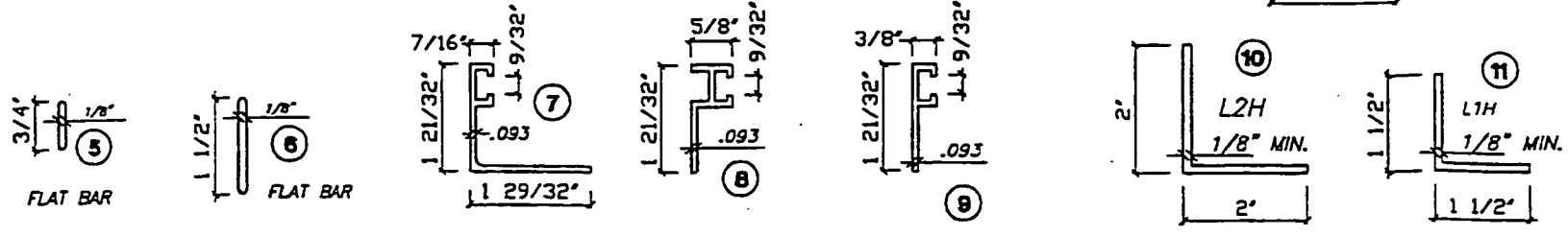
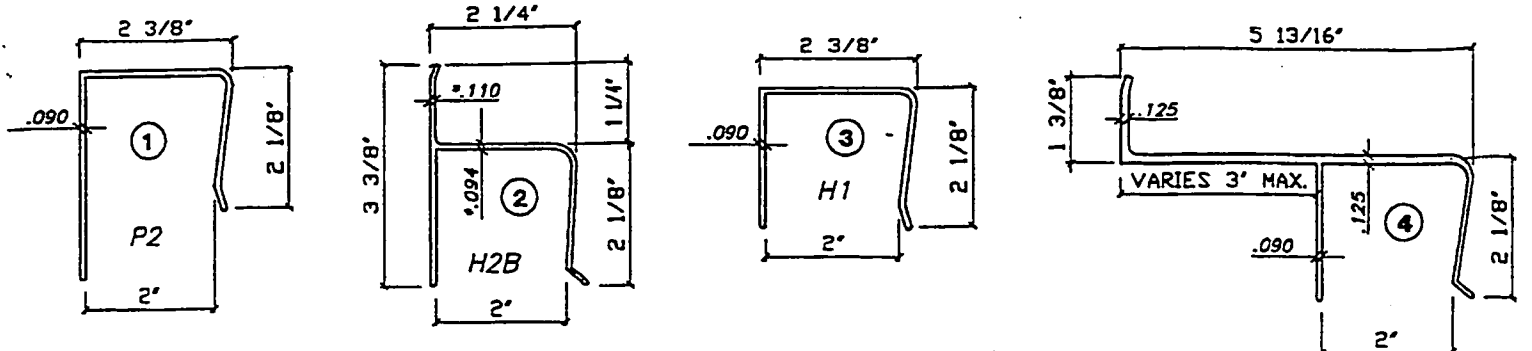
REFER TO SHEETS 5, 6 & 7 OF 7 FOR ANCHOR SPACING AND MINIMUM EMBEDMENTS

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE
STRUCTURE TO WITHSTAND THE ADDITIONAL LOADS AND INSURE PROPER ANCHORAGE.

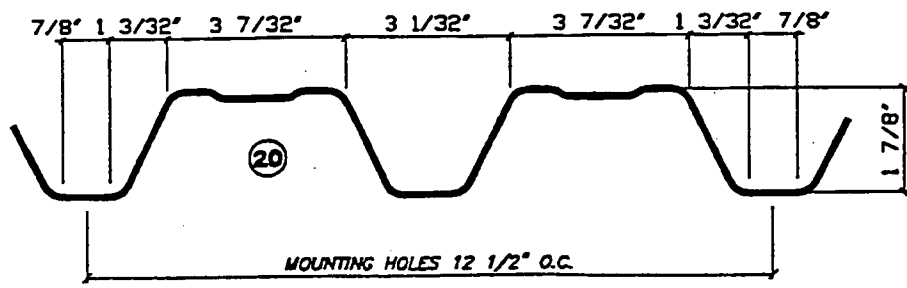
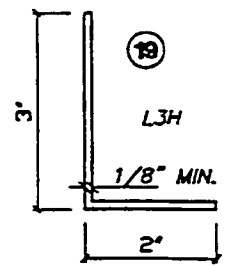
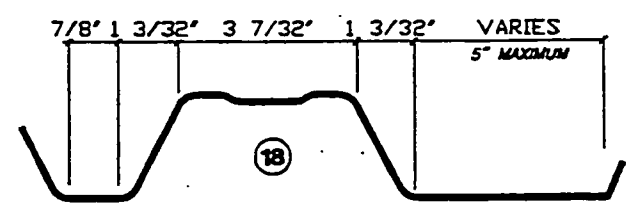
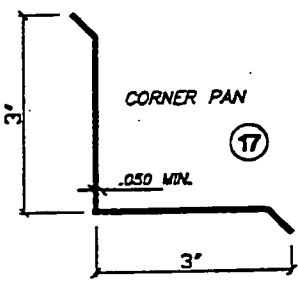
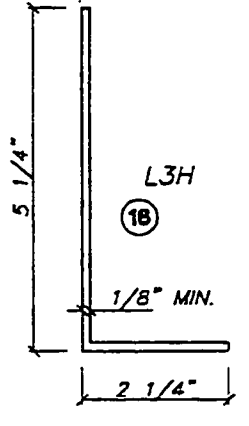
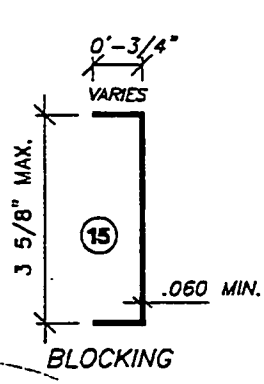
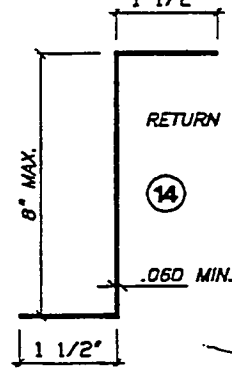
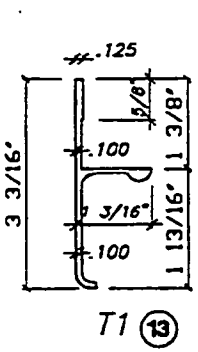
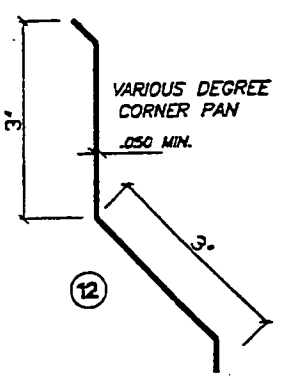
EACH PANEL SHALL BEAR A PERMANENT LABEL OR STAMP SHOWING
" METALTECH, INC. HIALEAH, FL " " DADE COUNTY PRODUCT CONTROL APPROVED "

WARNING TO OWNER OR TENANT LOCATED IN EACH HEADER OR ONE PANEL OF EACH OPENING,
STATING " STORM PANELS WILL NOT OFFER HURRICANE PROTECTION UNLESS ALL REINFORCING
STRAPS OR BOLTS ARE PROPERLY INSTALLED, WHEN REQUIRED "

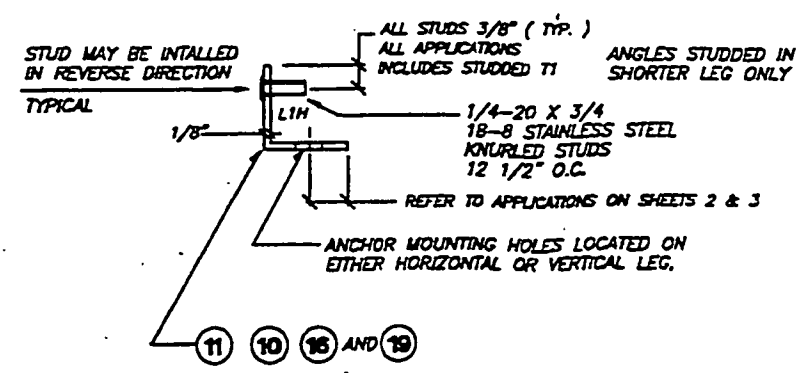
PERMANENT FASTENER COMPONENTS, EMBEDDED ANCHOR BOLTS, THREADED CONES
OR METAL SHIELDS, NOT IN USE, MUST BE PROTECTED AGAINST CORROSION,
CONTAMINATION AND DAMAGE AT ALL TIME.



VARIOUS TYPES OF F-TRACK NOT SHOWN



CROSS SECTIONS



STUDED ANGLE DETAIL

1/8" x 1 1/2" FLAT STUDED STRAP MAY BE USED IN PLACE OF ANGLE

Robert S. Monsour
8/20/98

ROBERT S. MONSOUR, PE
EB-0006024
RAMMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 01 1998
BY Heather H. Miller
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0304-03

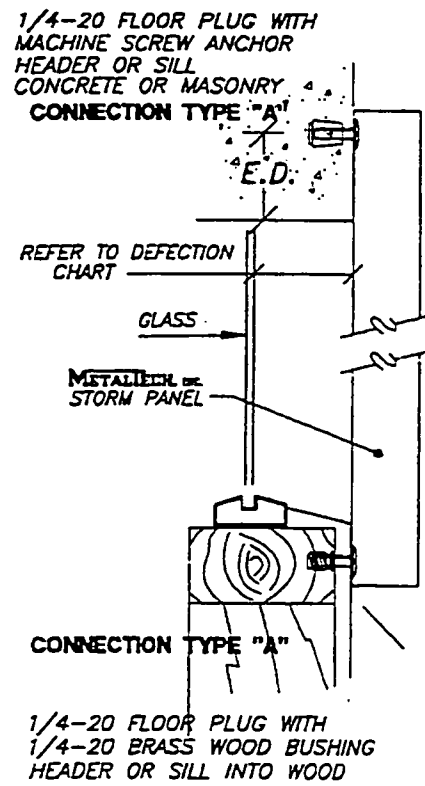
BUILDING CODE COMPLIANCE

REVISIONS	BY
03/20/98	SP
06/12/98	SP
08/14/98	SP

RAMMS ENGINEERING, INC.
Structural Design
2100 W. 76th STREET, SUITE 311
MIAMI, FLORIDA 33018
EB 0006024

METALTECH, INC.
7838 W. SECOND CT. HIALEAH, FL 33014
EST. 1957
WORLD-WIDE
ACCREDITED

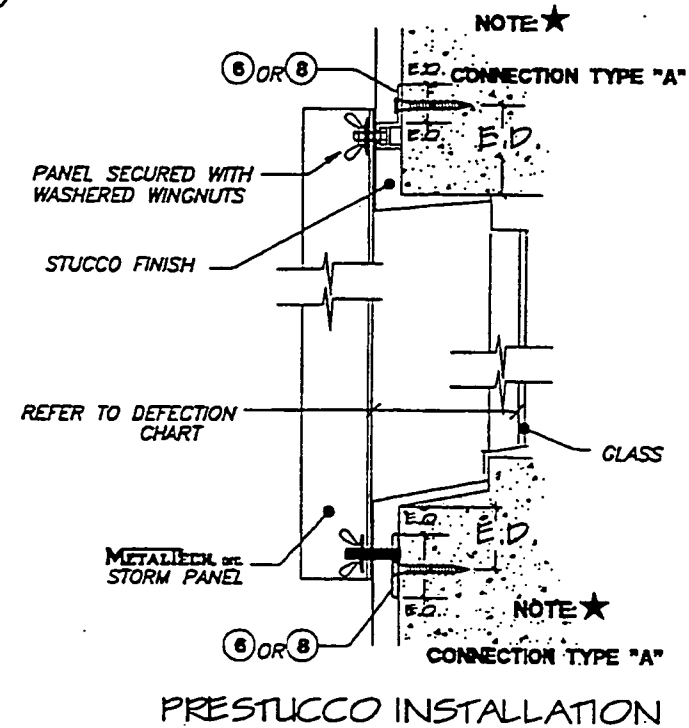
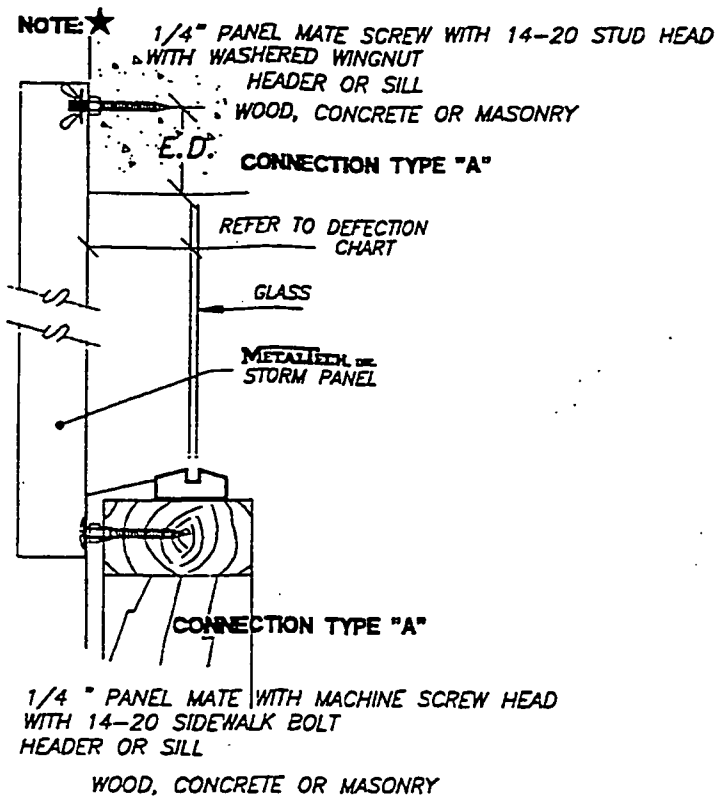
SEP/IRB
01/10/98
SHOWN
98001
1
7



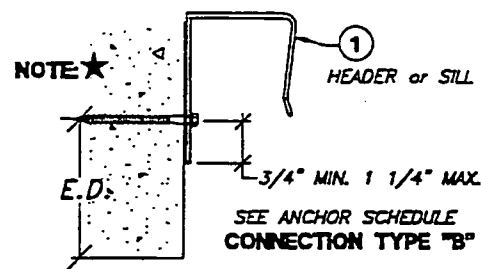
NOTE:
THE METALTECH STORM PANEL MAY BE INSTALLED WITHOUT THE USE OF AN EXTRUDED HEADER OR SILL. THE SHUTTER MAY BE ANCHORED DIRECTLY TO THE STRUCTURE WITH THE USE OF ONE OR A COMBINATION OF DETAIL 13

NOTE★

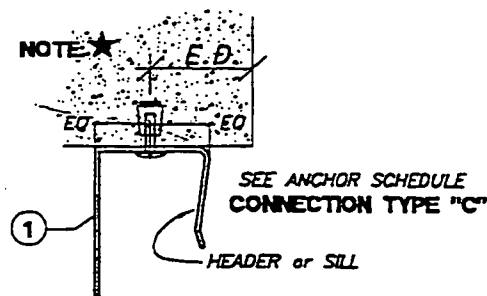
DETAIL 13



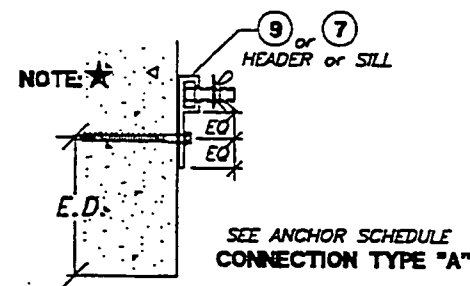
DETAIL 14



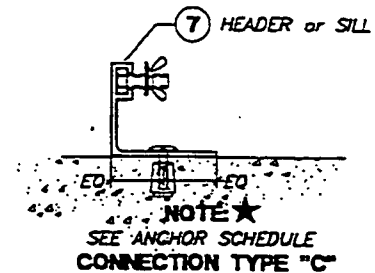
DETAIL 15



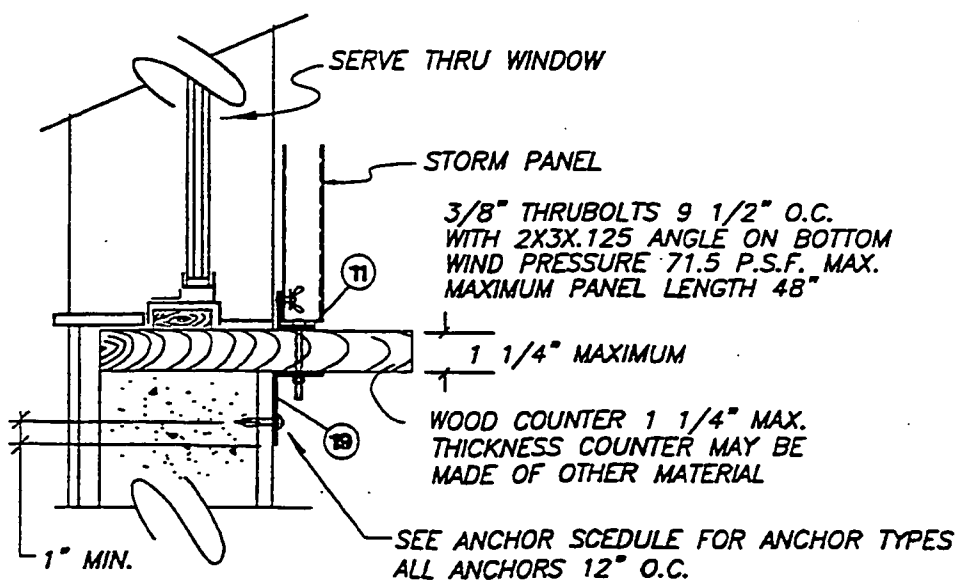
DETAIL 16



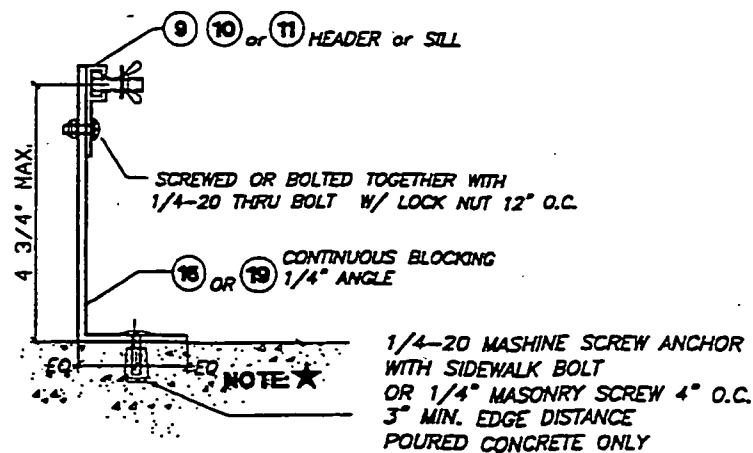
DETAIL 17



DETAIL 18



DETAIL 19



59.5 PSF MAXIMUM / PANEL HEIGHT 109" MAXIMUM

DETAIL 20
ADJUSTABLE HEADER OR SILL

NOTE★

IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE TO WITH STAND THE ADDITIONAL LOADS AND INSURE PROPER ANCHORAGE. SHUTTER SYSTEM MAY BE INSTALLED INTO WOOD, CONCRETE, MASONRY.

WHEN ANCHORING TO WOOD, THE WOOD MUST BE A MINIMUM 2 X 4 EQUAL TO #2 SOUTHERN PINE WITH 0.55 SPECIFIC GRAVITY AND STRUCTURALLY PART OF THE FRAMING STRUCTURE OR SECURELY ATTACHED TO FRAMING STRUCTURE.

Robert S. Monsour
ROBERT S. MONSOUR, PE
EB-0006024
RAMMS ENGINEERING, INC.

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE October 21 1998
BY Helmut A. Hoke
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0304-03

BUILDING CODE COMPLIANCE

REVISIONS	BY
03/20/98	SP
04/20/98	SP
06/12/98	SP
08/14/98	SP

RAMMS ENGINEERING, INC.
Structural Design
2100 W. 76th STREET, SUITE 311
PALM BEACH, FLORIDA 33416
EB 0006024

METALTECH, INC.
7635 W. SECOND CT. PALM BEACH, FL 33014
EST. 1957
CREATED WORLD-WIDE

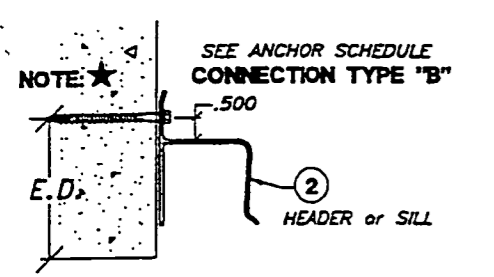
SEP	JRB	RSM
01/10/97		
SHOWN		
98001		
3		
7		

REVISIONS	BY
03/20/98	SP
06/12/98	SP
08/14/98	SP

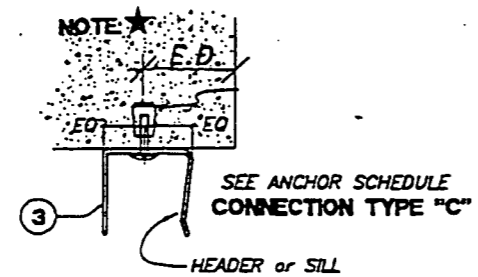
RAMMS ENGINEERING, INC.
Structural Design
 3100 W. 76th STREET, SUITE 311
 HIALEAH, FLORIDA 33012
 EB 0006024

METALTECH, INC.
 7638 W. SECOND CT. HIALEAH, FL 33014
 EST. 1957
 WORLD-WIDE

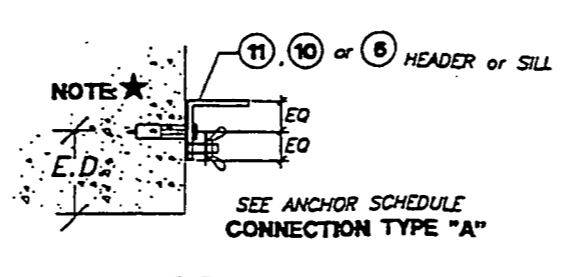
SEP	JRB	RSJ
01/10/98		



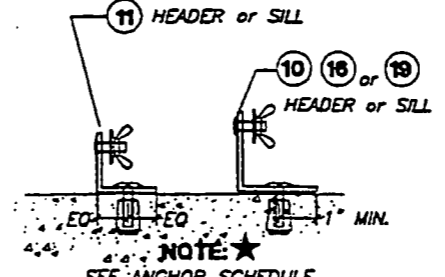
DETAIL 1



DETAIL 2

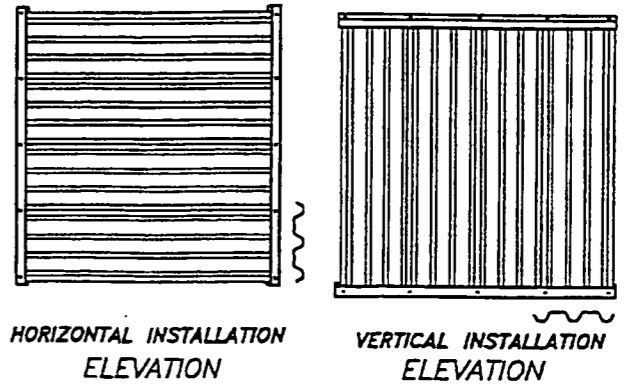


DETAIL 3

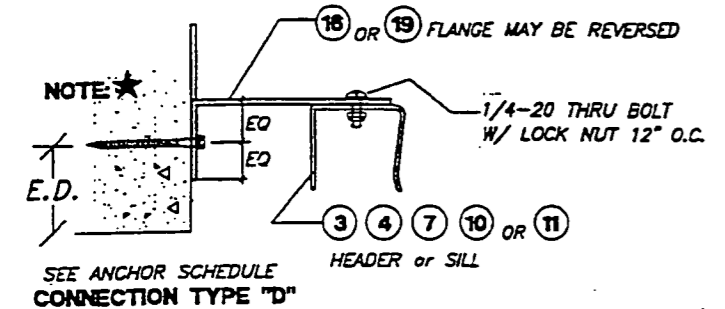


DETAIL 4

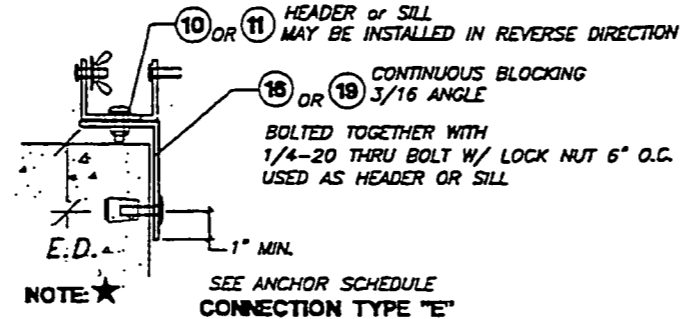
MAXIMUM IMPACT STORM PANEL



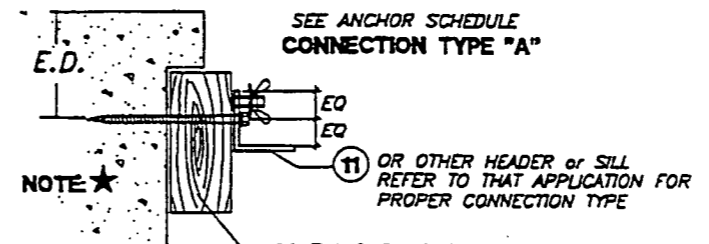
HORIZONTAL INSTALLATION ELEVATION
VERTICAL INSTALLATION ELEVATION



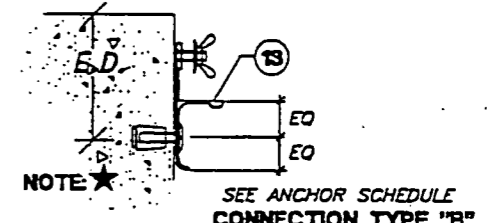
DETAIL 5



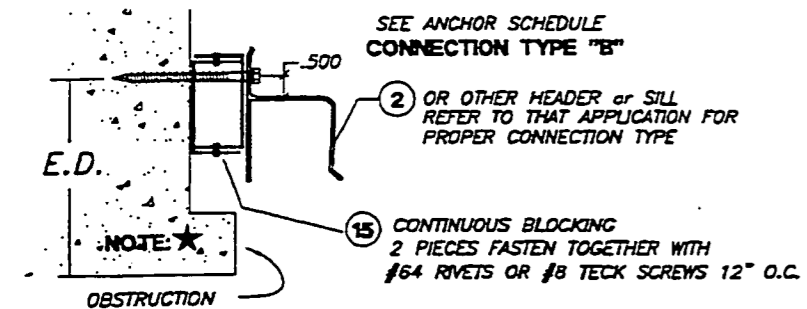
DETAIL 6



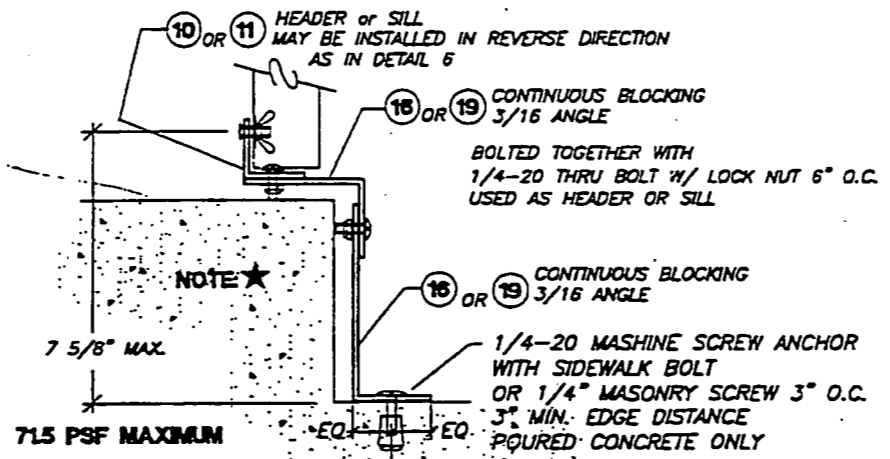
DETAIL 7



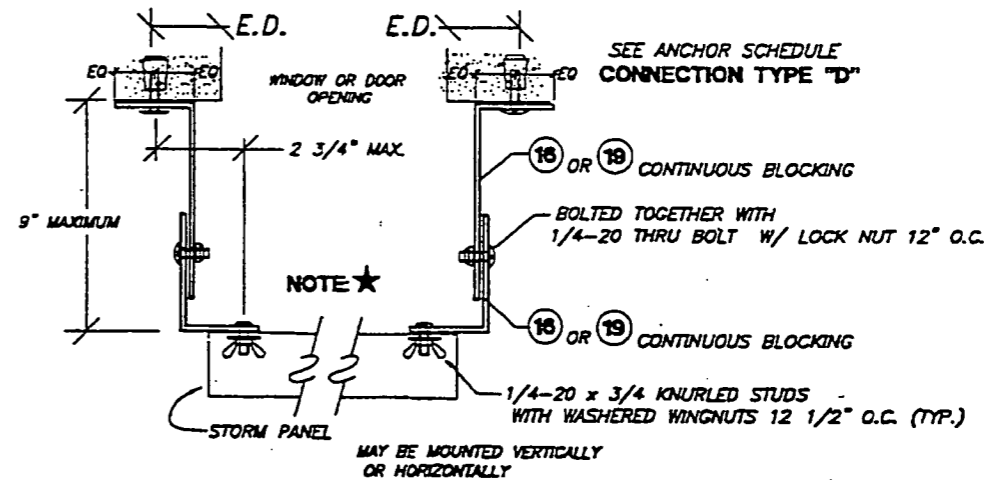
DETAIL 8



DETAIL 9



DETAIL 10



DETAIL 11

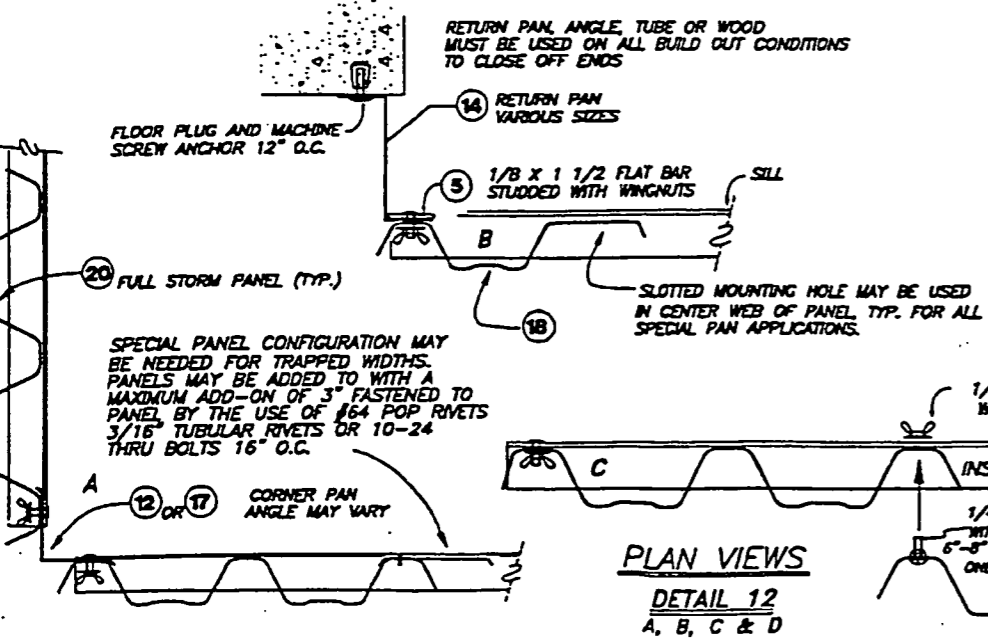
NOTE: ★

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APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: October 21, 1998
 BY: *Robert S. Monsour*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0304-03

Robert S. Monsour
 ROBERT S. MONSOUR, PE
 EB-0006024
 RAMMS ENGINEERING, INC.



PLAN VIEWS
DETAIL 12
A, B, C & D

BUILDING CODE COMPLIANCE

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. McCarthy
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

COPY

CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: PATRICK KENNEDY ; PROPERTY ADDRESS: 3 OAK HILL WAY

LEGAL DESCRIPTION: LOT 13 BLOCK _____ SUBDIVISION CASTLE HILL

GENERAL CONTRACTOR: L&S DESIGN & CONST., INC. ; LIC/CERT No. MC 00362

ADDRESS: P.O. BOX 1022, STUART, FL. 34995 ; TEL 220-1745 ; FAX 220-4100

ARCHITECT OR ENGINEER: JOHN W. OLSON, PE ; LIC/REG. No. PE 0023896

ADDRESS: 1366 SW JASKINE, PALM CITY, FL ; TEL 888-1328 ; FAX _____

PERMIT No: 4565 ; DATE OF ISSUE: 3/10/99 (EXTENDED TO 7/9/00) ; RENEWAL PERMIT No: _____ ; DATE OF ISSUE: _____

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 26th day of JUNE, 2000.

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

cc: TOWN CLERK
CHIEF OF POLICE
BLDG. FILE

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

ROBERT M. WIENKE
Mayor

MARC S. TEPLITZ
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

THOMAS P. BAUSCH
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E. DANIEL MORRIS
Commissioner

TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCarthy
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

AMENDED CERTIFICATE OF OCCUPANCY

OWNER OF RECORD (WD RCD'D. 11/18/99; OR 1437 PG 1714) KARL THOMAS.

Single Family Residence Other

OWNER: PATRICK KENNEDY ; PROPERTY ADDRESS: 3 OAK HILL WAY *7/20/00*

LEGAL DESCRIPTION: LOT 13 BLOCK _____ SUBDIVISION CASTLE HILL

GENERAL CONTRACTOR: L&S DESIGN & CONST., INC. ; LIC/CERT No. MC 00362

ADDRESS: P.O. BOX 1022, STUART, FL. 34995 ; TEL 220-1745 ; FAX 220-4100

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CHIEF OF POLICE
BLOG. FILE

PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE



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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 SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-5-00, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Wagner	dry-wall	Passed	
N ✓ (2)	3 Palama Way Diaz	screws	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4761	Foglia	final pool ✓	Reject	DELIVER FIELD COPY OF SURVEY
S ✓ (6)	103 H. Sewall Way Foglia-STAR LITE POOL		BG.	RAILING NOT BOWDED NO ONE ON JOB
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4955	Rica	driveway -	Partial	South Side
N ✓ (5)	5 Banyan (Indialucie)	partial BUWALMA'S CONC.	BG.	Only.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4939	Kennedy	storm	Passed	
N ✓ (3)	3 Oak Hill Way L & S DENGLER & CONST.	shutters (FINAL) M.P.N. 4565	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	Conway	sub siding	Passed	WALLS & LOWER
N ✓ (4)	4 Oak Hill Way Conway	nails & roof on garage nails	BG.	Roof Only.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4659	Conway	screws -	Passed	
N ✓ (1)	17 NE Luting Conway	dry-wall	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: T/R PERMIT APPL. - 205 SEWALL'S POINT RD.; BAUSCH (O/B)

INSPECTOR (Name/Signature): _____

5109

FENCE

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/12/00 BUILDING PERMIT NO. 5109
 Building to be erected for CANDICE BECKHAM Type of Permit FENCE-CHAIN
 Applied for by UNITED FENCE (Contractor) Building Fee \$30.00
 Subdivision CASTLE HILL Lot 13 Block _____ Radon Fee _____
 Address 3 OAKHILL WAY Impact Fee _____
 Type of structure S.F.R. A/C Fee _____
 Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____
 _____ Roofing Fee _____

Amount Paid \$30.00 Check # 9510 Cash _____ Other Fees (_____)
 Total Construction Cost \$ 1,100.00 TOTAL Fees \$30.00

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

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE 12/26/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction **Remodel** **Addition** **Demolition**

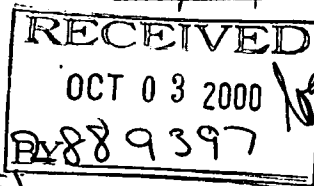
This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

Bldg. Pmt# _____

Town of Sewall's Point

Date 9/28/00

BUILDING PERMIT APPLICATION



Owner's Name: Candice Beckham Phone No. _____
Owner's Present Address: 3 Oak Hill Ave. Sewalls Pt Fl.
Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: 3 Oak Hill Ave Sewalls Pt Fl.
TYPE OF WORK TO BE DONE: 4' Green Vinyl Chainlink Around Backyard
CONTRACTOR INFORMATION
Contractor/Company Name: United Fence Phone No. 335 2627
COMPLETE MAILING ADDRESS: 367 Nottem Dr Ft Pierce Fl 34982
State Registration Mark Co, SPO0541 State License _____
Legal Description of Property Lot 13 Castle Hill Sewalls Pt Fl.
Parcel Number lot 13 Castle Hill Sewalls Pt
Cost of Construction 1100.00

ARCHITECT/ENGINEER INFORMATION

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

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

Total Footage 172'

FLOOD HAZARD INFORMATION

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

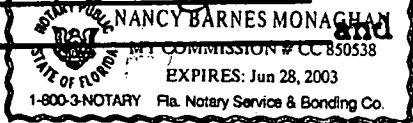
SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical _____ State License _____
Mechanical _____ State License# _____
Plumbing _____ State License# _____
Roofing _____ State License# _____

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

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

Contractor OWNER/ CONTRACTOR MUST SIGN APPLICATION
OWNER or AGENT SIGNATURE _____
Sworn to and subscribed before me this 28th day of September, 1998 by 2000
GEORGE QUINN who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.
CONTRACTOR SIGNATURE _____
Sworn to and subscribed before me this 28th day of September, 1998
by George Quinn who is personally known to me or has produced 2000
and who did (did not) take an oath.



Nancy Barnes Monaghan
Page 1

TREE REMOVAL (Attach sealed survey)

No. of trees to be removed _____ No. to be retained _____ No. to be planted _____

Specimen tree removed _____ Fee _____ Authorized/Date _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

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

ADDITIONAL Required Documents are:

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

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

Approved by Building Official _____

Approved by Town Engineer _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/02/00

PRODUCER
Admiral Insurance Assocs. Inc.
2213 South Kanner Highway
Stuart, FL 34994
561 781-1099

INSURED
George Quinn
dba United Fence & Ste
367 Notlém Dr
Ft. Pierce, FL 34982

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.

COPY

FILE

INSURERS AFFORDING COVERAGE

INSURER A: ESSEX INSURANCE CO.	RECEIVED MAY - 4 2000
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

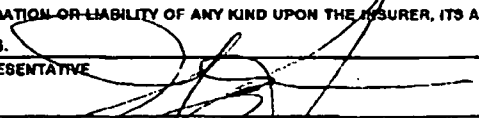
COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	3AP4139	04-30-00	04-30-01	EACH OCCURRENCE \$100,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$100,000 GENERAL AGGREGATE \$200,000 PRODUCTS - COMP/OP AGG \$200,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN 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 <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Fence Installation

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
City of Sewells Point 1 S Sewells Point Road Sewells Point, FL 34996 220-4765		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. AUTHORIZED REPRESENTATIVE 

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the **PAID** Division of Workers' Compensation before completing this form.

By filling this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application - refer to the instruction sheet for more details.

STATE USE ONLY

Effective/Issue Date: _____

Expiration Date: _____

Control Number: _____

Postmark Date: NPD

Received Date: _____

1799-00980018

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY Sole Proprietor Partner Corporate Officer (your corp. title: _____))-0:

NON-CONSTRUCTION INDUSTRY Corporate Officer (your corp. title: _____))

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"):

N/A

RECEIVED
JAN 10 2000

Are you a sole proprietor, partner, or corporate officer in any business entity other than the business to which this application applies?

NO YES list the name of all other businesses in which you have an ownership interest: _____

BUREAU OF W-C COMPLIANCE
WEST PALM BEACH

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>UNITED FENCE & STEEL</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>367 NOTLEM DR</u>		City: <u>FT. PIERCE</u>	State: <u>FLA</u>
County: <u>ST. LUCIE</u>	Phone No.: <u>(904) 3352627</u>	Nature of Business: <u>FENCE INSTALLATION</u>	FEIN: _____
Unemployment Compensation Tax No:	Date Business Established: <u>5.18.78</u>	No. of Employees: <u>NONE</u>	
Zip: <u>34982</u>			

Do you have a certified or registered license issued to you pursuant to Chapter 489, Florida Statutes? YES - identify the license and list the license no. of all licenses issued to you: SP-54, SP-204, 16723, 674 NO

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440, Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefit.

GEORGE QUINN
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

George Quinn
APPLICANT'S SIGNATURE

NOTARY STATE OF FLORIDA, COUNTY OF St. Lucie

054,34,6262 6,4,14
SOCIAL SECURITY NO. mo. day yr

1.10.00
DATE SIGNED

Sworn to and subscribed before me this 10th day of January, 2000, by GEORGE QUINN

Personally Known OR Produced Identification _____ Type of Identification _____

NOTARY SIGNATURE Nancy Barnes Monaghan
LES FORM BCM-250-T
Revised 12/17/98

My Commission Expires 2/28/2003

NANCY BARNES MONAGHAN
NOTARY PUBLIC
EXPIRES: Jun 28, 2003
Service & Bonding Co.


(SEE REVERSE FOR ADDITIONAL INFORMATION)

FILE

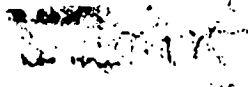
COPY
perusal

FILE
he/rus

RECEIVED
OCT 12 2000
BY: *[Signature]*

 **MARTIN COUNTY, FLORIDA**
Construction Industry Lic Bd
Certificate of Competency
 License: SP00541
 Expires September 30, 2001

QUINN, GEORGE R
 UNITED FENCE CO
 367 NOTLEM DR
 FT PIERCE, FL 34982
 FENCE ERECTION



Job: Candice Beckham

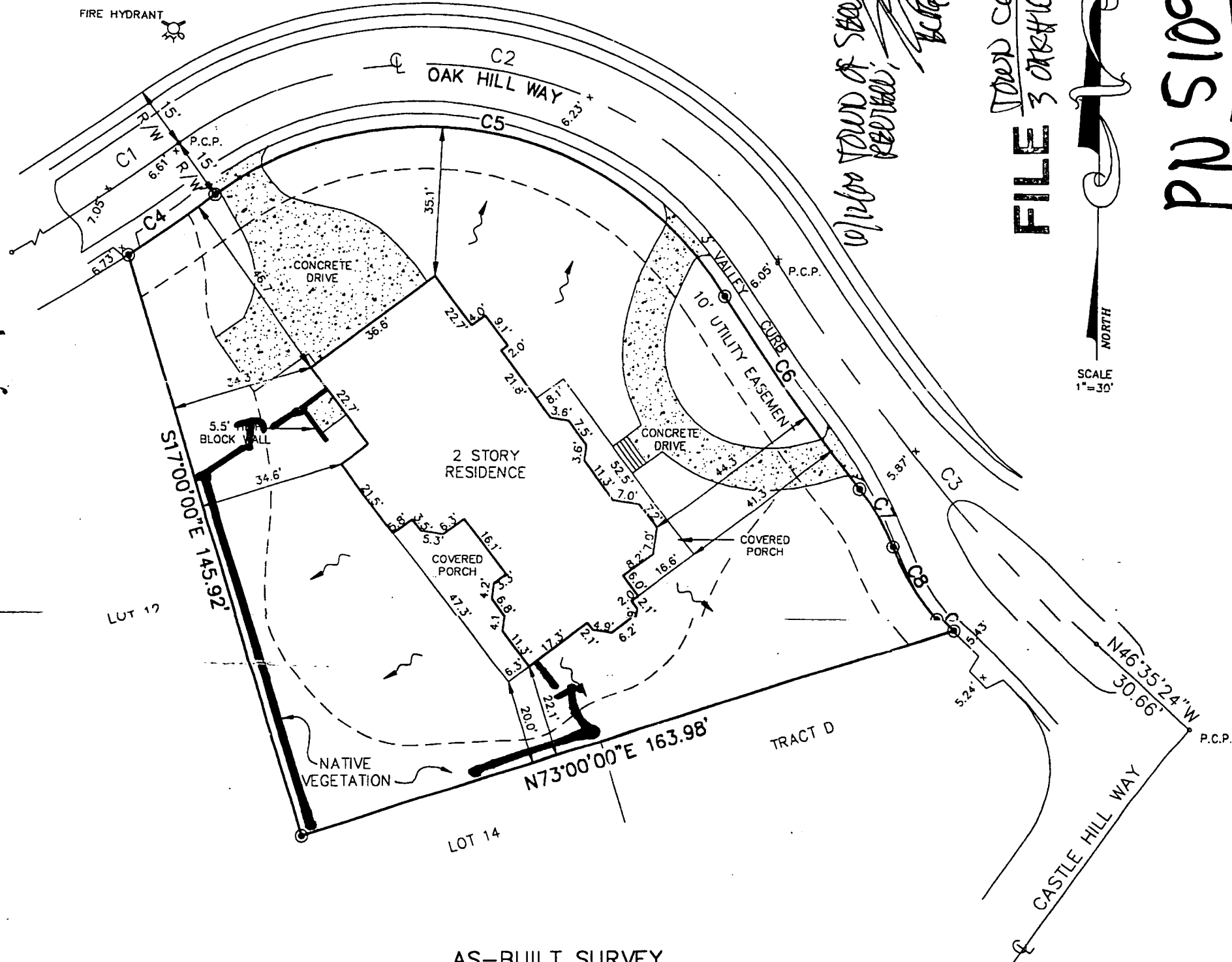
Material List

- All 48" 9 ga. Vinyl Coated Fabric
- All 1 5/8" x 6' x .055 Pipe
- All 1 3/8" x .055 Top Rail
- All 2 1/2" x 6' x .055 Terminal Poles
- All 2 1/2" x 6' x 20 wt Gate Poles
- All 1 3/8" welded FRAME Gates
- All Poles in Concrete
- Maximum Pole Spacing 10'

SURVEYOR'S NOTES:

- BEARINGS REFER TO SAID PLAT. BEARING BASE IS THE SOUTH LINE OAK HILL WAY
- LOCATION OF THE PROPOSED RESIDENCE LIES IN FLOOD ZONE B AND ZONE A10 (EL 9'), FEMA MAP PANEL 120164 0001 E, OCTOBER 16, 1996.
- THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHT-OF-WAYS, EASEMENTS, OR OTHER ENCUMBRANCES.
- UNDERGROUND UTILITIES NOT LOCATED PER THIS SURVEY.
- P.C.P. = PERMANENT CONTROL POINT.
- CL = CENTERLINE OF ROAD; R/W = RIGHT-OF-WAY
- ELEVATIONS REFER TO N.G.V.D. '29 AND ARE BASED FROM BENCHMARK IWB-5, U.S.G.S.
- ~ = SHOWS EXISTING SLOPE DIRECTION.
- CHIMNEY HEIGHT DOES NOT INCLUDE THE RAIN GUARD.

CURVE TABLE					
CURVE	LENGTH	RADIUS	DELTA	CHORD BEARING	CHORD LENGTH
C1	38.96'	400.00'	05°34'50"	N56°29'36"E	38.94'
C2	163.72'	100.00'	93°48'20"	N79°23'39"W	146.04'
C3	123.03'	500.00'	14°05'55"	S39°32'27"E	122.72'
C4	25.15'	415.00'	03°28'20"	N55°26'21"E	25.15'
C5	139.16'	85.00'	93°48'20"	N79°23'39"W	124.13'
C6	56.32'	515.00'	06°15'58"	S35°37'28"E	56.29'
C7	16.29'	50.00'	18°39'50"	N29°25'32"W	16.22'
C8	20.56'	52.00'	22°39'02"	S31°25'08"E	20.42'
C9	7.83'	521.50'	00°51'35"	S43°10'27"E	7.83'



10/12/99 TOWN OF STUART'S POLICE DEPARTMENT, BLDG. OFFICIAL

FILE *TOP COPY 3 ORIGINALS*

PN 5109

NORTH

SCALE 1" = 30'

AS-BUILT SURVEY

LOT 13

CASTLE HILL

ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 12, PAGE 89, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA:

FOR

CANDICE BECKHAM

288-9397

ELEVATION DATA:

FINISHED FLOOR: 10.3'
 ROOF: 36.2'
 CHIMNEY: 38.2'

AREA TABLE

LOT SIZE: 21,048 SQ. FT.
 LOT COVERAGE: 6,215 SQ. FT.
 LOT COVERAGE: 30%
 NATIVE AREA: 5,268 SQ.FT.

CERTIFICATION VALID TO:

- CANDICE BECKHAM
- WILLIAM C. MCINTYRE, P.A.
- ATTORNEY'S TITLE INSURANCE FUND, INC.
- KARL THOMAS

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

CERTIFICATION:

I HEREBY CERTIFY THAT THE SKETCH SHOWN HEREON IS A CORRECT REPRESENTATION OF A SURVEY DONE UNDER MY DIRECTION AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THERE ARE NO ENCROACHMENTS UNLESS OTHERWISE SHOWN. NO SEARCH OF THE PUBLIC RECORDS MADE FOR ERRORS OR OMISSIONS OF SAID DESCRIPTION. EASEMENTS OF RECORD NOT SHOWN UNLESS FURNISHED. I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH UNDER RULE 61G17-6 F.A.C. BY THE FLORIDA BOARD OF SURVEYORS AND MAPPERS.

CHRISTIAN FENEX

PROFESSIONAL SURVEYOR AND MAPPER

1850 PALM BEACH ROAD, STUART, FL.
 P.O. BOX 2533, PALM CITY, FL. 34991
 (561)283-2977 (561)283-2979 fax

UPDATED: 6/28/2000
 REVISED: 1/24/2000
 FINAL SURVEY 1/11/2000
 TIE-IN SURVEY 5/4/99
 STEM WALL TIE-IN 3/24/99
 REVISED 2/15/99
 REVISED 1/28/99

FLORIDA REGISTRATION # 5102
CHRISTIAN FENEX

PLAT BOOK	PAGE	DATE OF SKETCH	FIELD SURVEY DATE	F.B.	PG.	SCALE
12	89	1/12/99	1/7/99	B1	52	1" = 30'

SKETCH NO.
 LOT13.DWG

5117
POOL

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 10/20/08

BUILDING PERMIT NO. 5117

Building to be erected for CANDICE BECKHAM

Type of Permit POOL

Applied for by POOLS BY GREENING

(Contractor) Building Fee \$240.00

Subdivision CASTLE HILL Lot 13

Block _____ Radon Fee _____

Address 3 OAKHILL WAY

Impact Fee _____

Type of structure S.P.R.

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

26-34-41-015-000-00130-70000

Roofing Fee _____

Amount Paid \$240.00

Check # 2608

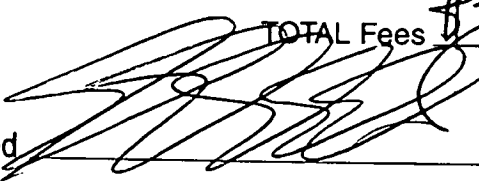
Cash _____

Other Fees (_____)

Total Construction Cost \$ 33,451.00

TOTAL Fees \$240.00

Signed Captal Adams

Signed 

Applicant

Town Building Inspector AMM

POOL / SPA PERMIT

INSPECTIONS

SETBACKS DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 STEEL & BOND DATE _____
 LIGHT NITCHE DATE _____

DECK DATE _____
 ENCLOSURE & LATCH DATE _____
 DOOR ALARM(S) DATE _____
 FINAL DATE _____

DATE _____
 DATE _____
 DATE _____
 DATE 2/16/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

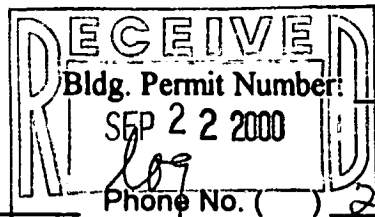
New Construction Remodel Addition Demolition

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!



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

#561-287-2455



Owner or Titleholder's Name CANDICE BECKHAM Phone No. () 288-9397
 Street: 3 OAKHILL WAY City SEWALL'S POINT State: FL Zip 34957
 Legal Description of Property: LOT 13 OF CASTLE HILL

Parcel Number: 263741015000
 Location of Job Site: 3 OAKHILL WAY 00130700

TYPE OF WORK TO BE DONE: POOL INSTALLATION

CONTRACTOR/Company Name: POOLS BY GREG, INC Phone No. (561) 337-9713
 Street: 8886 S. FEDERAL HWY City PORT ST LUCIE State: FL Zip 34952
 State Registration: _____ State License: RP035370

ARCHITECT: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: City Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

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

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 33,451.00
 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: 33,451.80 COST

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: PAYUK State: ER0012840 License # ME00454
 Mechanical: _____ State: _____ License # _____
 Plumbing: POOLS BY GREG, INC. State: RP035370 License # SP00348
 Roofing: _____ State: _____ License # _____

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)
Candice Beckham
 Owner
 State of Florida, County of: MARTIN On this the 31ST day of AUGUST, 2000, by CANDICE BECKHAM who is personally known to me or produced _____ as identification.

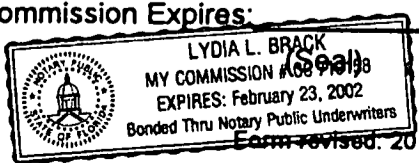
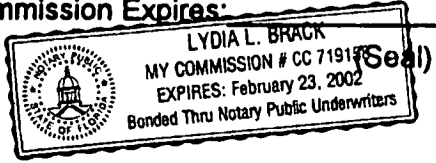
CONTRACTOR SIGNATURE (Required)
Greg Schroeder
 Contractor
 State of Florida, County of: ST LUCIE On this the 31ST day of AUGUST, 2000, by GREG SCHRÖEDER who is personally known to me or produced _____ as identification.

Lydia L. Brack
 Notary Public

Lydia L. Brack
 Notary Public

My Commission Expires: 2/23/2002

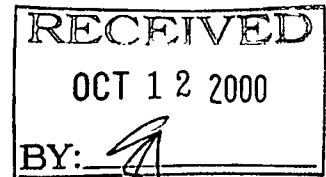
My Commission Expires: 2/23/2002





Castle Hill

Property Owners Association, Inc.
Sewall's Point, Florida
P.O. Box 2013
Stuart, FL 34995-2013



September 26, 2000

FILE

Candice Beckham
3 Oakhill Way
Sewall's Point, Florida 34996

Re: Pool Construction/Approval

Dear Ms. Beckham,

I have received your application seeking approval for the construction of your pool to be completed by Pools By Greg, Inc. Lydia Brack provided the necessary documents and information. The DRC has reviewed the plans and found all to be in order. The installation of the 4 foot high black vinyl chain link style fence is acceptable as it is shown on your plans. However, pursuant to DRC guidelines the fence must be blocked from off site view by landscaping such as a hedge. Specifically, the northern, eastern, and southern exposures. The western exposure will have to be blocked from off site view in the event construction of the empty lot on that side occurs. The plan reflects an "open pool" therefore we are concluding that you do not intend to erect a pool screen enclosure. The construction of a screened pool enclosure would not be approved.

Your pool plan is approved as shown upon the plans with the understanding that the approved fence will be blocked from off site view by additional landscaping. We hope you and your family enjoy your new pool. Please feel free to call any member of the DRC if you have any questions or problems.

Sincerely,



DESIGN & REVIEW COMMITTEE
CASTLE HILL PROPERTY OWNERS ASSOCIATION

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 McCARTY
Chief of Police

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance

NOTICE OF RESIDENTIAL POOL SAFETY REQUIREMENTS

To: All Pool/Spa Contractors
From: Edwin B. Arnold, Building Official 
Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act
Date: Sept. 1, 2000

Section 515.27 of the subject law provides in part as follows:

(1) In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet at least one of the following requirements relating to pool safety features:

(a) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of s. 515.29;

(b) The pool must be equipped with an approved safety pool cover;

(c) All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85 dB A at 10 feet; or

(d) All doors and windows providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches from the floor.

The effective date of this statute is October 1, 2000. All pools completed on or after that date will be required to fully comply with the provisions of the statute. The statute also mandates specific information which must be furnished to buyers on entering into an agreement to build a residential swimming pool. Evidence of compliance with these requirements will be required as part of the building permit application submittal. Please contact me if you have any questions.




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

AJF ENGINEERING & TESTING INC.

P.O. BOX 12059
LAKE PARK, FL 33403

FILE

RECEIVED
DEC 14 2000
BY: 

IN PLACE SOIL DENSITY (NUCLEAR METHOD) ASTM D 2922

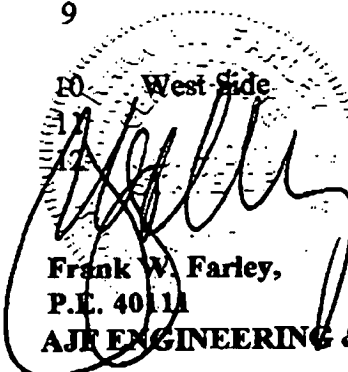
Date: DECEMBER 5, 2000
Job #: P00-2495
Permit #: 5117
Client: POOLS BY GREG

Contractor: POOLS BY GREG

Job Location: ~~3 CAKERS WAY
SEWALL BEACH, FLORIDA~~

Backfill
~~# 5117~~

Test No.	Test Sample Location	Depth	In Place Dry Density	Maximum Dry Density	% Compacted
Density - Pool Deck Backfill					
Below Slab Grade					
1	North Side	0-1'	101.1	104.4	96.8%
2		1-2'	102.6		98.3%
3		2-3'	101.7		97.4%
4	South Side	0-1'	101.8		97.5%
5		1-2'	102.1		97.8%
6		2-3'	100.7		96.5%
7	East Side	0-1'	100.9		96.6%
8		1-2'	101.9		97.6%
9		2-3'	101.0		96.7%
10	West Side	0-1'	101.3		97.0%
11		1-2'	102.8		98.5%
12		2-3'	101.6		97.3%


Frank W. Farley,
P.E. 4011A
AJF ENGINEERING & TESTING INC.

12-5-00

PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE
(561) 564-0940 INDIAN RIVER (561) 845-8876 FAX

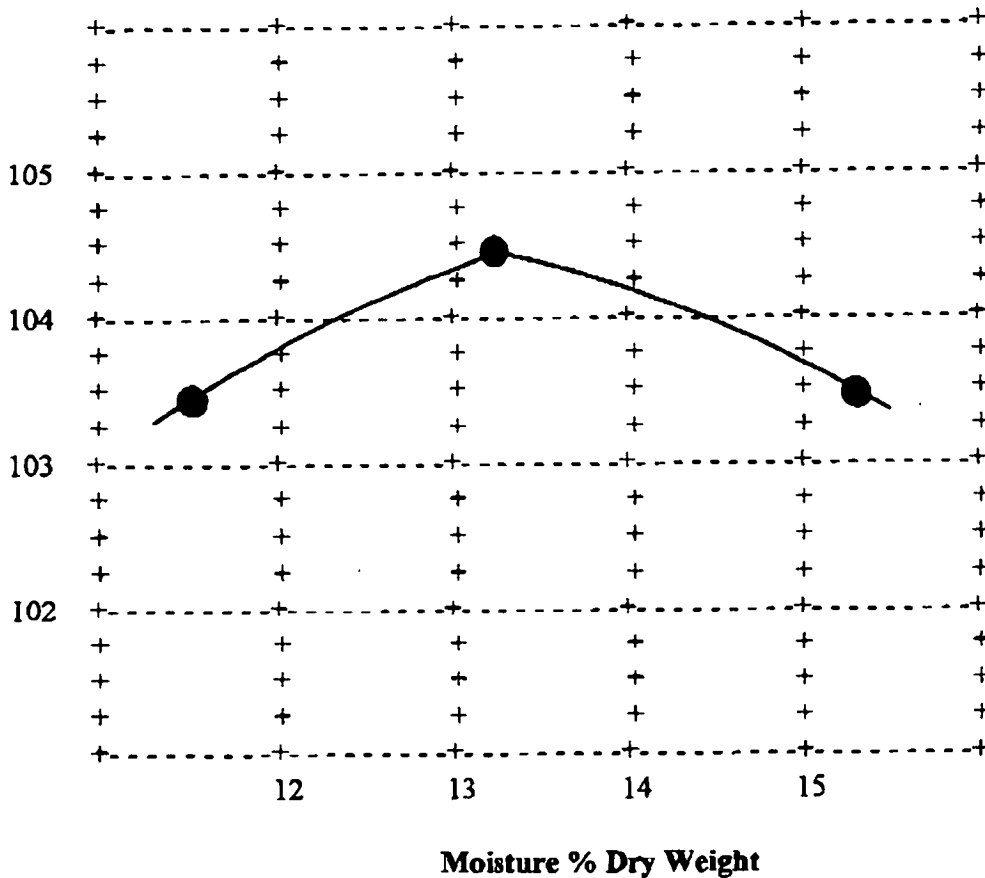
AJF ENGINEERING & TESTING INC.

P.O. BOX 12059
LAKE PARK, FL 33403

5117

SOIL DENSITY REPORT MOISTURE DENSITY RELATIONSHIP T-180

Sample Location	Optimum Moisture	Max. Dry Density	Soil Description	Test No. A
Composite	13.2	104.4	Light Brown Fine Sand	



PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE
(561) 564-0940 INDIAN RIVER (561) 845-8876 FAX



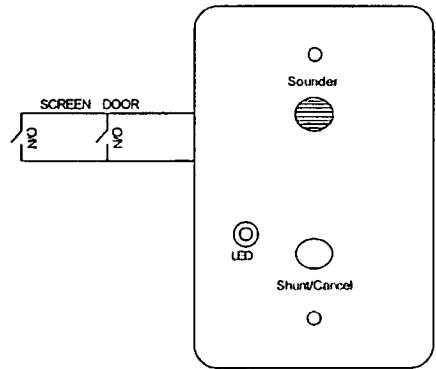
U.L. LISTED POOL ALARM

Installation:

Remove the DPA-10 from the surface mount case. A knockout is provided on the back of the case for wire exit. Attach the surface mount case directly to the wall or it may be mounted to cover a single gang electrical box. Attach the 36 inch lead which extends from the Alarm to the door sensor. Connect the Duracell MN1604 alkaline 9 volt battery. The alarm will beep once during power up indicating a successful diagnostics test. Lay the battery in the bottom of the case and reassemble the DPA-10 with the button toward the bottom of the case and the sounder above. Secure with the two screws provided.

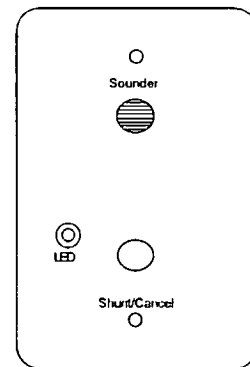
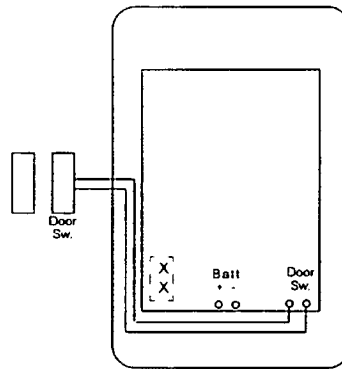
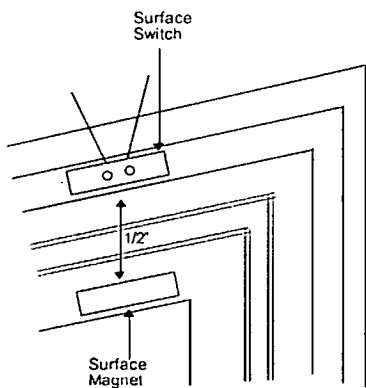
To maintain maximum sounder volume, a low battery mode will be initiated. Should the voltage drop below 8.5 volts, the low battery mode will be triggered and the unit will sound 1 beep approximately every 10 seconds. The battery must be replaced at this time. It is recommended to replace the battery at least once annually.

When the alarm is sounding, it can only be turned off by pressing the cancel button. If the door is still open 15 seconds after the cancel button is pressed, the alarm will sound again and continue until the door is closed and the button is pressed. The LED will flash once every 10 seconds to provide a visual indication that the unit is working correctly. It will flash in rapid succession to visually indicate the unit is in the alarm mode.



Wiring Diagram

3.38" W x 5.41" H x 1.56" D



WARNING: THIS IS NOT A LIFE SAVING DEVICE.

WARRANTY:

One year warranty against workmanship, material and factory defects.

GEORGE RISK INDUSTRIES, INC.
G.R.I. PLAZA
KIMBALL, NE 69145



MADE IN U.S.A.

TOLL-FREE 1-800-445-5218

TOLL-FREE 1-800-523-1227

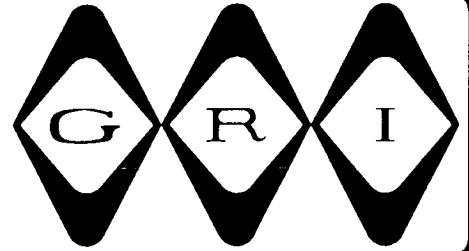
(308) 235-4645

FAX (308) 235-3561

E-MAIL: grisales@megavision.com

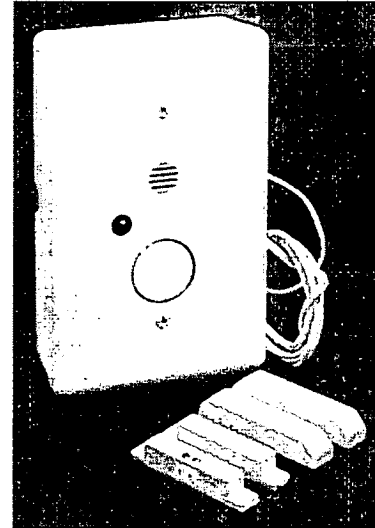
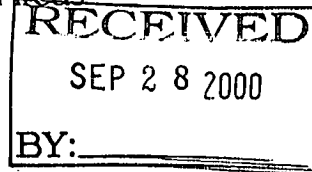
WEB SITE: www.grisk.com

U.L. LISTED POOL ALARM



CLOSED LOOP

- ◆ Monitors Entry To Pool/Spa Areas
- ◆ U.L. Listed
- ◆ Microprocessor Controlled
- ◆ Battery Operated
- ◆ Low Battery Indicator
- ◆ Exceeds Operational Requirements of UBC & BOCA



DPA-10

PART NUMBERS

DPA-10 Instant On
DPA-10D Seven Second Delay

Application:

The GRI DPA-10 Series is designed as an aid to detect unsupervised access to a pool/spa area by a small child. Monitoring a door or window with a magnetic reed switch(es), the DPA-10 Series will sound an alarm should anyone too small to manage the adult pass through feature attempt entrance to the pool/spa area. For maximum protection all moveable openings should be protected in such a manner by the GRI DPA-10 Series. The self contained surface mounted alarm may easily be mounted to the wall of an existing structure.

SPECIFICATIONS:

Battery Type	9 Volt Alkaline Duracell Model MN1604
Typical Battery Life	Approximately 3 to 6 months
Low Battery Mode	8.5 V DC
Mounting Height	Ref. Local Code
Sounder volume	90 dB at 10 Ft. (3.5 M)
Switch	Closed Loop

Description:

The GRI DPA-10 uses a microprocessor to monitor the CLOSED LOOP magnetic reed switch(es), shunt/cancel button, and battery voltage and provides the timing options. Model DPA-10 is set to alarm instantly if the protected door is opened before pressing the shunt/cancel button. Model DPA-10D is set to an initial seven second delay. In which case, the unit will wait 7 seconds upon door opening before alarming. In all cases, depressing the shunt/cancel button will provide a maximum 15 second window of alarm deactivation and automatically reset upon expiration.

The GRI DPA-10 Series operate on a 9 volt battery. U.L. requires that a Duracell alkaline battery Model MN1604 be used.

GEORGE RISK INDUSTRIES, INC.
G.R.I. PLAZA
KIMBALL, NE 69145



MADE IN U.S.A.

TOLL-FREE 1-800-445-5218
TOLL-FREE 1-800-523-1227
(308) 235-4645
FAX (308) 235-3561

E-MAIL: grisales@megavision.com
WEB SITE: www.grisk.com

MARTIN COUNTY
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: CANDICE BECKHAM

CONSTRUCTION ADDRESS: 3 OAKHILL WAY

PERMIT TYPE:

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION

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

SCOPE OF WORK: WIRING ELECTRIC FOR SWIMMING POOL

VALUE OF CONSTRUCTION \$ 500

_____ LOW VOLTAGE

TYPE OF EQUIPMENT: _____ BURGLAR _____ FIRE _____ VACUUM _____ SOUND SYSTEM _____ OTHER

SCOPE OF WORK: _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature]
SIGNATURE OF LICENSED CONTRACTOR

2501 Calusa AVE P.S.L
ADDRESS OF CONTRACTOR

COMPANY OF QUALIFIER'S NAME: PAYUK ELECTRIC - BOB PAYUK
PLEASE PRINT

TELEPHONE NO: 337-4197

FAX NO: 335-1639

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER:
ME00454

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DIVISION. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

***VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: CANDICE BECKHAM

PARCEL CONTROL #: 263 741 015 000 001 307 00

SUBDIVISION: CASTLE HILL LOT: 3 BLK: _____ PHASE: _____


SITE ADDRESS: 3 - OAKHILL WAY

Send or Fax to:
Martin County Building Division
2401 SE Monterey Road
Stuart, FL 34996
Fax # 561-288-5911

This instrument was prepared by
and should be returned to:

William C. McIntyre, Esq.
3561 S.W. Corporate Parkway
Palm City, FL 34990

INSTR # 1442122
OR BK 01491 PG 1762
RECORDED 06/29/2000 09:00 AM
MARSHA STILLER
MARTIN COUNTY Florida
DOC TAX 3,745.00
DEPUTY CLERK S Johnson

RECEIVED
OCT 20 2000
BY: 

Grantee S.S. No. _____
Parcel I.D. No. 26-37-41-015-000-0013.0-70000

WARRANTY DEED

THIS INDENTURE, made this 28th day of June, 2000, between KARL THOMAS, joined by his wife, MICHELE TERRY, whose mailing address is 3075. S.E. St. Lucie Boulevard, Stuart, Florida 34997, of the County of Martin, State of Florida, Grantor, to CANDICE BECKHAM, whose mailing address is 2016 Anglers Cove, Vero Beach, Florida 32963, Grantee.

WITNESSETH: That the Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land situate, lying and being in Martin County, Florida, to-wit:

Lot 13, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, of the Public Records of Martin County, Florida.

SUBJECT to covenants, restrictions, reservations and easements of record, governmental zoning rules, regulations and ordinances, if any, and to taxes for the year 2000 and subsequent years,

TO HAVE AND TO HOLD the same in fee simple forever, together with all of the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, subject only to the matters aforesaid,

and said Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "Grantee" are used for singular or plural, as context requires.

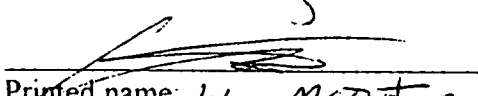
IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence:


Printed name: Barbara J. Benson  (SEAL)
KARL THOMAS


Printed name: Carolyn Binney

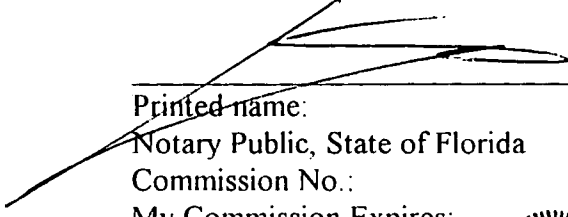

Printed name: Michele Terry (SEAL)
MICHELE TERRY


Printed name: Wm. McIntyre

CANDICE BECKHAM
Mr. Arnold - 10/20/00
Per your request -
Copy of "recorded" Warranty
Deed. -
Candice Beckham

STATE OF FLORIDA)
COUNTY OF MARTIN)

The foregoing instrument was acknowledged before me this 28th day of June, 2000, by KARL THOMAS, joined by his wife, MICHELE TERRY, who are personally known to me or who produced _____ as identification.



Printed name:
Notary Public, State of Florida
Commission No.:
My Commission Expires:



William C. McIntyre
Commission # CC 831840
Expires May 2, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

Lot 13 of Castle Hill

GENERAL DESCRIPTION OF IMPROVEMENT: Pool Installation

OWNER: Candice Beckham

ADDRESS: 3 Oakhill Way - Sewall's Point, FL 34957

PHONE #: 288-9397

FAX #: _____

CONTRACTOR: Pools by Greg, Inc

ADDRESS: 8886 S. Federal Hwy - Port St Lucie, FL 34952

PHONE #: 337-9713

FAX #: 337-9287

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 #: _____

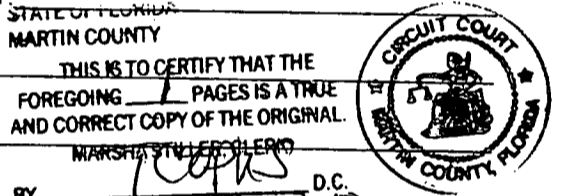
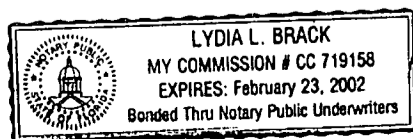
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Candice Beckham
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF AUGUST 192000 BY CANDICE BECKHAM

OR PERSONALLY KNOWN PRODUCED ID TYPE OF ID _____

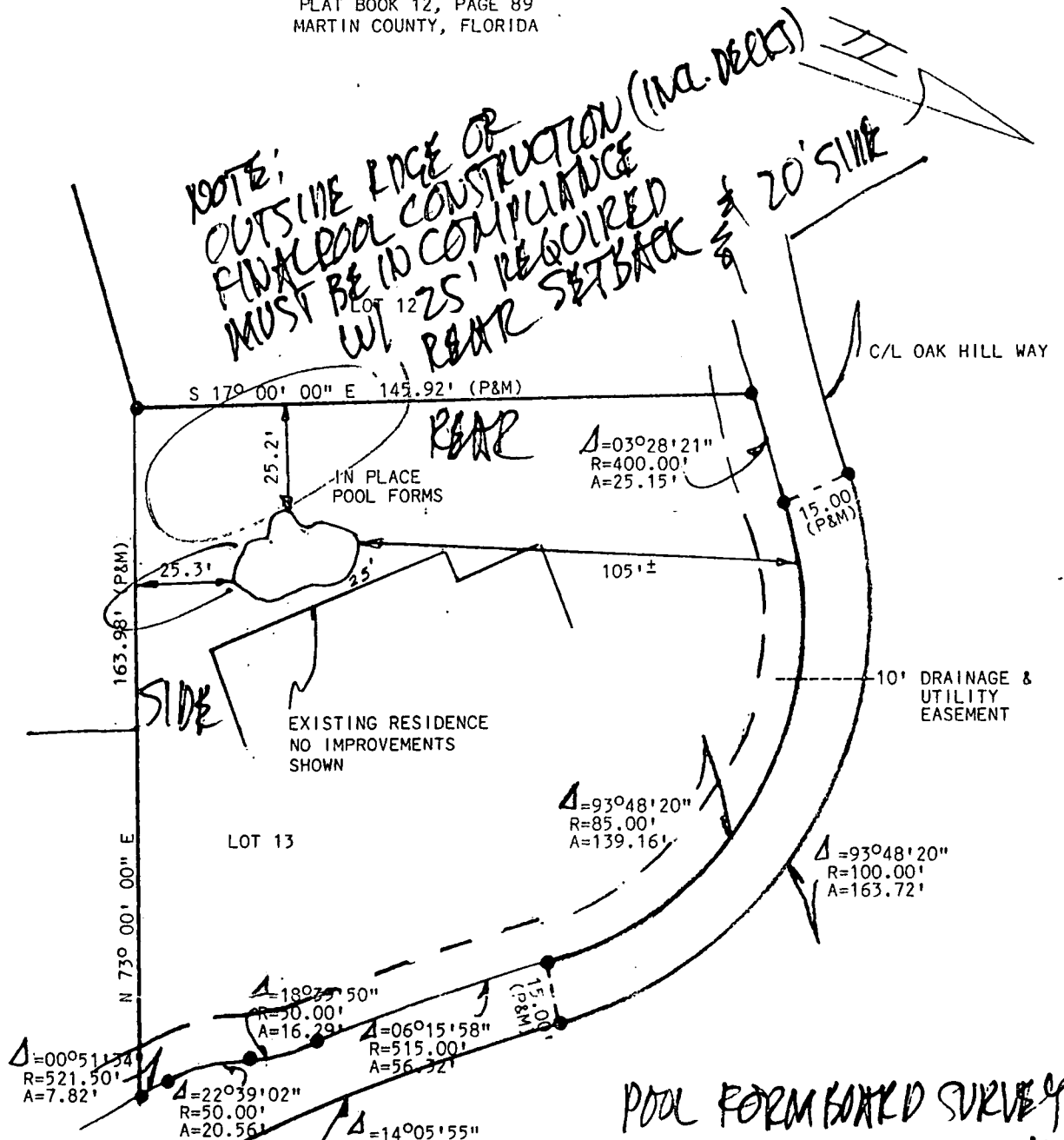
Lydia L. Brack
NOTARY SIGNATURE



BP#5117

LEGAL DESCRIPTION
LOT 13
CASTLE HILL
PLAT BOOK 12, PAGE 89
MARTIN COUNTY, FLORIDA

SHEET 1 OF 1



RECEIVED
 NOV 22 2000
 BY: [Signature]

POOL FORM BOARD SURVEY
 FILE 300K HILL WAY
 TOWN COPY
 NOTE: FINAL SURVEY MUST FULLY COMPLY WITH ALL TOWN ORD.

SETBACKS, LOCATIONS & CITY SEWER & WATER AVAILABILITIES TO BE VERIFIED BY CONTRACTOR

= PLOT PLAN & TOPO SURVEY = BOUNDARY SURVEY = FORM BOARD SURVEY = AS-BUILT SURVEY = ELEV. ARE ASSUMED = ELEV. ARE N.G.V.D., 1929 DATA

LEGEND: D = DEED C = CALCULATED X = EXISTING GRADE PRO. = PRORATION DISTANCE M = MEASURED DISTANCE P = PLAT DISTANCE
 P.C.P. = PERMANENT CONTROL POINT P.R.M. = PERMANENT REFERENCE MONUMENT ELEV. = ELEVATIONS CONC. = CONCRETE
 MON. = MONUMENT C/L = CENTERLINE FD. = FOUND N.G.V.D. = NATIONAL GEODETIC VERTICAL DATUM F.F. = FINISHED FLOOR
 RW = RIGHT OF WAY P.C. = POINT OF CURVE P.R.C. = POINT OF REVERSE CURVE P.T. = POINT OF TANGENT C.M.P. = CALCULATED METAL PIPE
 C = CHORD CB = CHORD BEARING

PN 5117

BEARINGS HEREON ARE REFERRED TO AN ASSUMED VALUE OF S 17° 00' 00" E FOR THE SOUTH PROPERTY
 RW LINE OF LOT 13, SAID BEARING IS IDENTICAL WITH THE PLAT OF RECORD.

NOTES: LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHT-OF-WAY OF RECORD.
 NO SEARCH OF THE PUBLIC RECORDS HAS BEEN MADE BY THIS OFFICE FOR ACCURACY OR OMISSIONS.
 NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.
 THIS SURVEY SUBJECT TO EASEMENTS & ALL OTHER MATTERS OF RECORD AS RECORDED, WHETHER SHOWN ON SURVEY OR NOT.
 THIS SURVEY NOT TO BE USED FOR FENCE INSTALLATION, SPRINKLER SYSTEMS, SHRUBS OR ANY OTHER UTILITIES WITHOUT REVERIFICATION OF PROPERTY CORNERS.

GEORGE M. AYLOR, JR.
 REGISTERED LAND SURVEYOR, FLORIDA CERTIFICATE #4015
 SIGNATURE DATE: 11-21-00

SCALE 1" = 40'
 JOB NO. 13009-00
 FIELD BK. NO. _____
 FIELD WORK DATE 11-20-00
 DATE 11-21-00

AYLOR
 LAND SURVEYING
 4933 S.E. PINE KNOLL WAY, STUART, FLORIDA 34997 - - MAILING ADDRESS
 336B S.E. TRESSLER DRIVE, STUART, FLORIDA 34994 - - OFFICE
 TELEPHONE (561) 287-0664

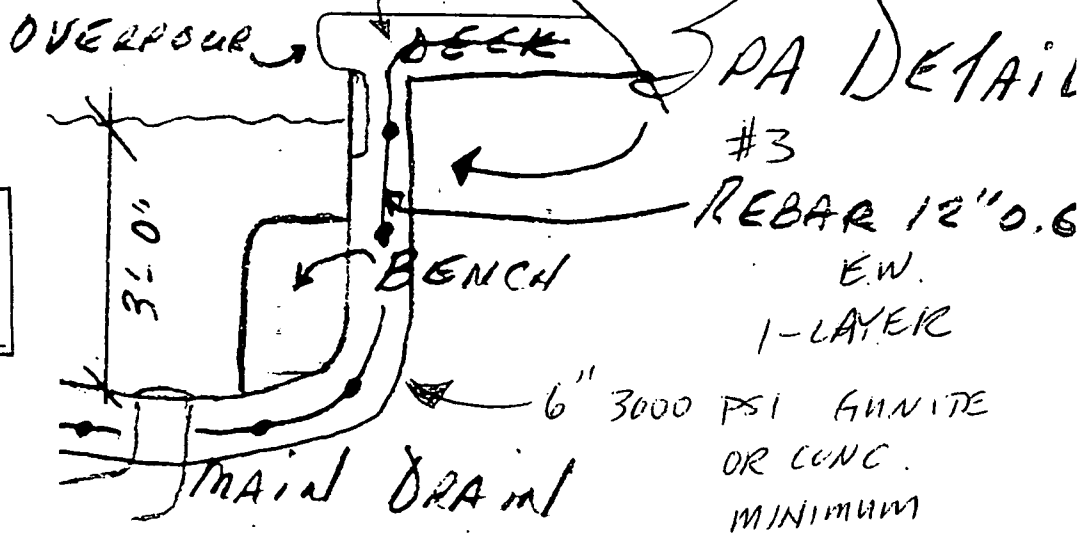
CHECKED BY GMA
 DRAWN BY GMA
 REFERENCES _____
 FLOOD ZONE _____

POOLS by GREG, INC.

SWIMMING POOL FOR:
BECKHAM RESIDENCE
3 OAKHILL WAY
SEWALL'S POINT

R.P. # 0035370

#3 HOOK TO DECK 24" O.C.
IF REQUIRED.



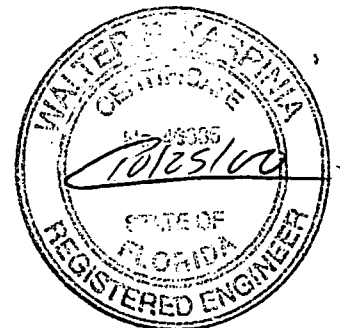
RECEIVED
NOV - 3 2000
BY:

SPA DETAILS

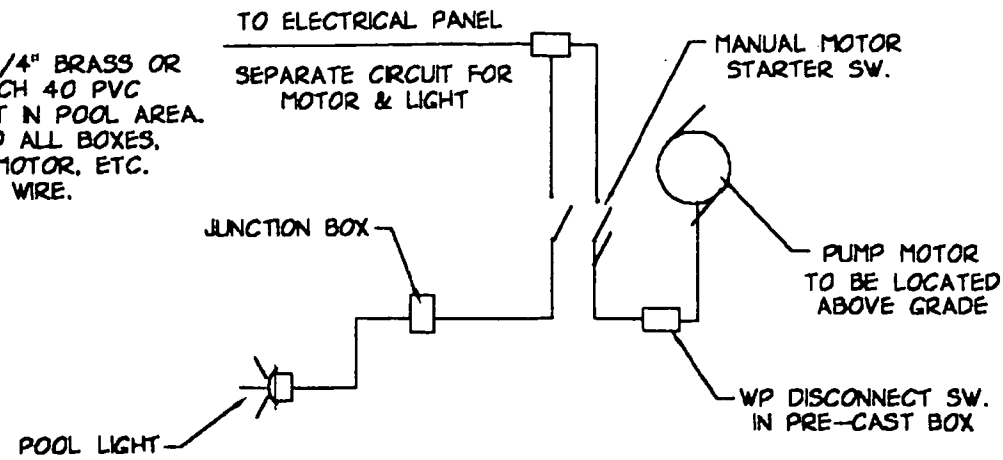
FILE
TOWN COPY
3 OAK HILL WAY

PN 5117

TYPICAL SPA WALL
BLEND TO POOL SHELL



NOTE: 1/4" BRASS OR RIGID SCH 40 PVC CONDUIT IN POOL AREA. GROUND ALL BOXES, LIGHT, MOTOR, ETC. W/ #8 WIRE.



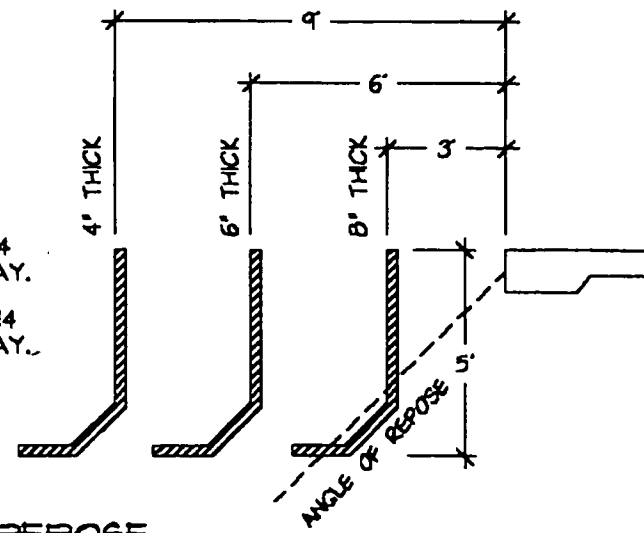
ELECTRICAL DIAGRAM

NO SCALE

NOTE: POOL EQUIPMENT LOCATION MUST COMPLY W/ SETBACKS

OUTSIDE ANGLE OF REPOSE 6' AND FURTHER = 4" THICK W/ #4 REBAR @ 12" O.C. EACH WAY.

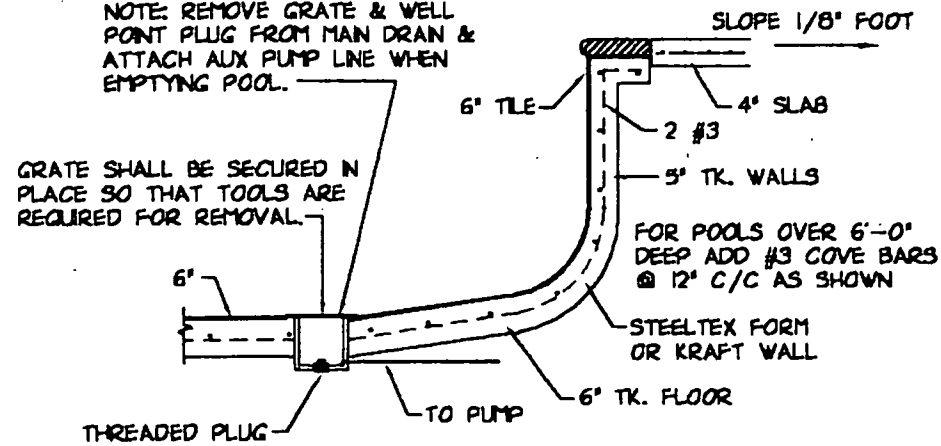
3' TO 6' = 6" THICK W/ #4 REBAR @ 12" O.C. EACH WAY.
0' TO 3' = 8" THICK W/ #4 REBAR @ 12" O.C. EACH WAY.



ANGLE OF REPOSE

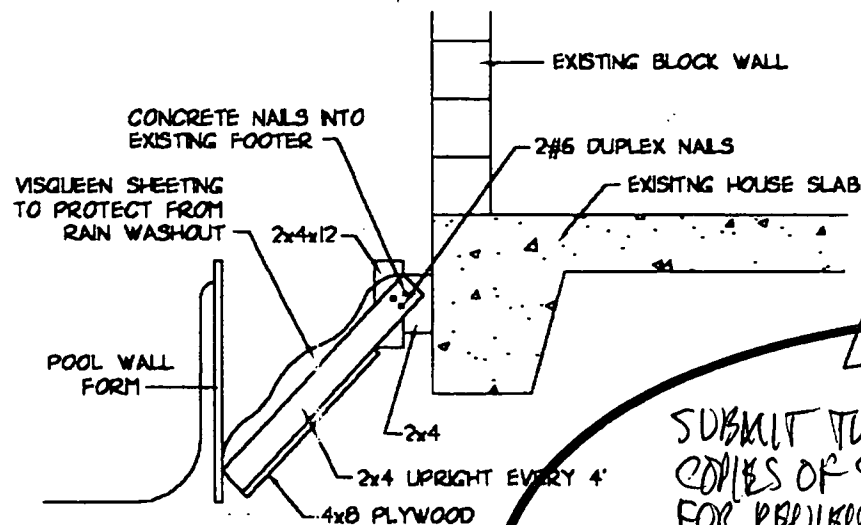
NO SCALE

NOTE: REMOVE GRATE & WELL POINT PLUG FROM MAIN DRAIN & ATTACH AUX PUMP LINE WHEN EMPTYING POOL.



TYP. WALL SECTION & WELL POINT

NO SCALE



SHORING DETAIL

NO SCALE

SUBMIT TWO (2) SEALED COPIES OF SPA BUILDING SITE PLAN FOR REVIEW & APPROVAL PRIOR TO STATE INSPECTION.

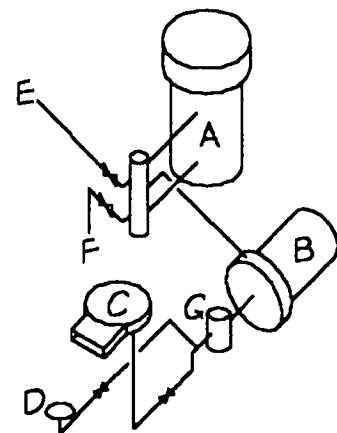
RCUP 11/3/00 COPY ATTACHED

SCALE: 1" = 40'



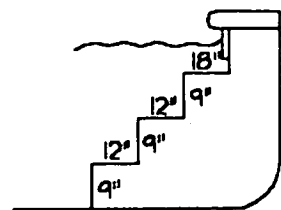
NOTE: ALL POOL PIPING TO BE PVC

- A = FILTER
- B = PUMP
- C = SKIMMER
- D = MAIN DRAIN
- E = RETURN LINE
- F = WASTE
- G = HAIR & LINT CATCHER



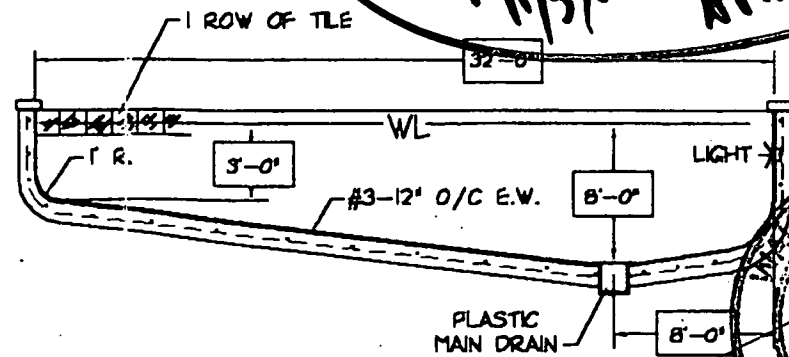
PIPING SCHEMATIC

NO SCALE



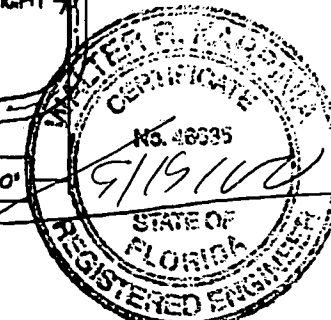
RISER TREAD DETAIL

NO SCALE



TYP. SECTION THRU POOL

NO SCALE



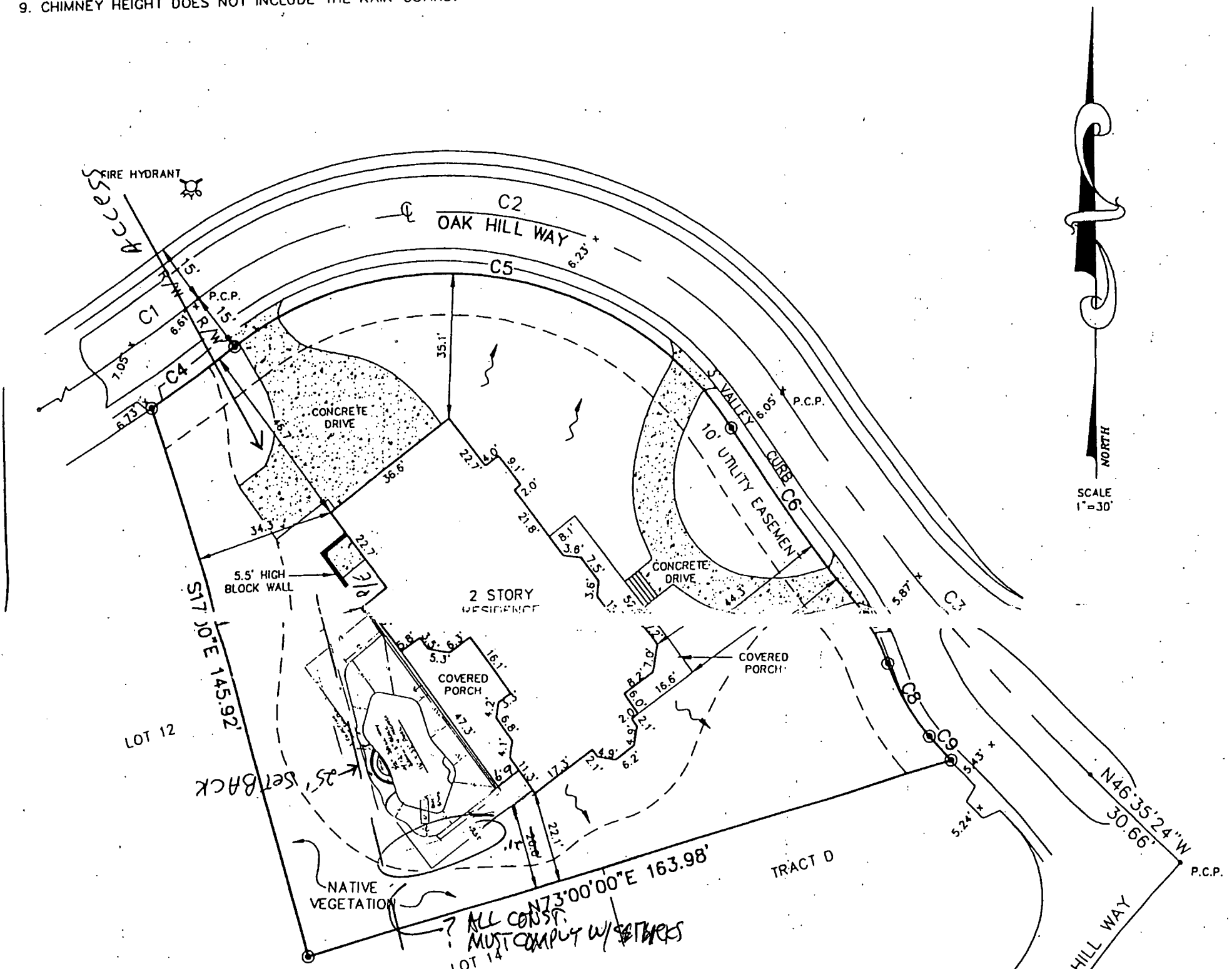
POOLS by GREG, INC.

SWIMMING POOL FOR:
BECKHAM RESIDENCE
3 OAKHILL WAY
SEWALL'S POINT
RP. # 0035370

SURVEYOR'S NOTES:

1. BEARINGS REFER TO SAID PLAT. BEARING BASE IS THE SOUTH LINE OAK HILL WAY
2. LOCATION OF THE PROPOSED RESIDENCE LIES IN FLOOD ZONE B AND ZONE A10 (EL 9'), FEMA MAP PANEL 120164 0001 E, OCTOBER 16, 1996.
3. THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHT-OF-WAYS, EASEMENTS, OR OTHER ENCUMBRANCES.
4. UNDERGROUND UTILITIES NOT LOCATED PER THIS SURVEY.
5. P.C.P. = PERMANENT CONTROL POINT.
6. \odot = CENTERLINE OF ROAD; R/W = RIGHT-OF-WAY
7. ELEVATIONS REFER TO N.G.V.D. '29 AND ARE BASED FROM BENCHMARK IWB-5, U.S.G.S.
8. \sim = SHOWS EXISTING SLOPE DIRECTION.
9. CHIMNEY HEIGHT DOES NOT INCLUDE THE RAIN GUARD.

CURVE TABLE					
CURVE	LENGTH	RADIUS	DELTA	CHORD BEARING	CHORD LENGTH
C1	38.96'	400.00'	05°34'50"	N56°29'36"E	38.94'
C2	163.72'	100.00'	93°48'20"	N79°23'39"W	146.04'
C3	123.03'	500.00'	14°05'55"	S39°32'27"E	122.72'
C4	25.15'	415.00'	03°28'20"	N55°26'21"E	25.15'
C5	139.16'	85.00'	93°48'20"	N79°23'39"W	124.13'
C6	56.32'	515.00'	06°15'58"	S35°37'28"E	56.29'
C7	16.29'	50.00'	18°39'50"	N29°25'32"W	16.22'
C8	20.56'	52.00'	22°39'02"	S31°25'08"E	20.42'
C9	7.83'	521.50'	00°51'35"	S43°10'27"E	7.83'



FORMBOARD & FINAL SURVEY REQUIRED
IN COMPLIANCE WITH TOWN ORDINANCE
AS-BUILT SURVEY

PN 5117

LOT 13
CASTLE HILL
ACCORDING TO THE PLAT THEREOF AS RECORDED IN
PLAT BOOK 12, PAGE 89, PUBLIC RECORDS OF MARTIN
COUNTY, FLORIDA:

ELEVATION DATA:
FINISHED FLOOR: 10.3'
ROOF: 36.2'
CHIMNEY: 38.2'

AREA TABLE
LOT SIZE: 21,048 SQ. FT.
LOT COVERAGE: 6,215 SQ. FT.
LOT COVERAGE: 30%
NATIVE AREA: 5,268 SQ. FT.

- CERTIFICATION VALID TO:**
1. CANDICE BECKHAM
 2. WILLIAM C. McINTYRE, P.A.
 3. ATTORNEY'S TITLE INSURANCE FUND, INC.
 4. KARL THOMAS

FOR
CANDICE BECKHAM
TOWN OF SEWALL'S POINT
REVIEW:
(AS NOTED)
PLG. OFFICIAL

FILE TOWN COPY
3 OAK HILL WAY

NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

CERTIFICATION:
I HEREBY CERTIFY THAT THE SKETCH SHOWN HEREON IS A CORRECT REPRESENTATION OF A SURVEY DONE UNDER MY DIRECTION AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THERE ARE NO ENCROACHMENTS UNLESS OTHERWISE SHOWN. NO SEARCH OF THE PUBLIC RECORDS MADE FOR ERRORS OR OMISSIONS OF SAID DESCRIPTION. EASEMENTS OF RECORD NOT SHOWN UNLESS FURNISHED. I FURTHER CERTIFY THAT THIS SURVEY MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH UNDER RULE 61G17-6 F.A.C. BY THE FLORIDA BOARD OF SURVEYORS AND MAPPERS.

CHRISTIAN FENEX
PROFESSIONAL SURVEYOR AND MAPPER
1850 PALM BEACH ROAD, STUART, FL.
P.O. BOX 2533, PALM CITY, FL. 34991
(561)283-2977 (561)283-2979 fax

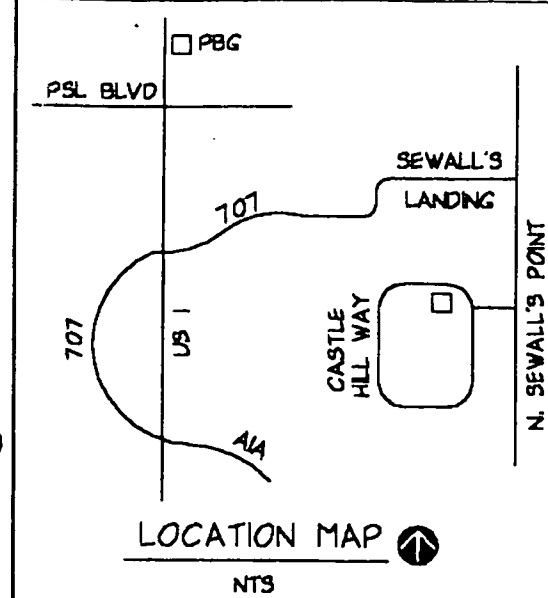
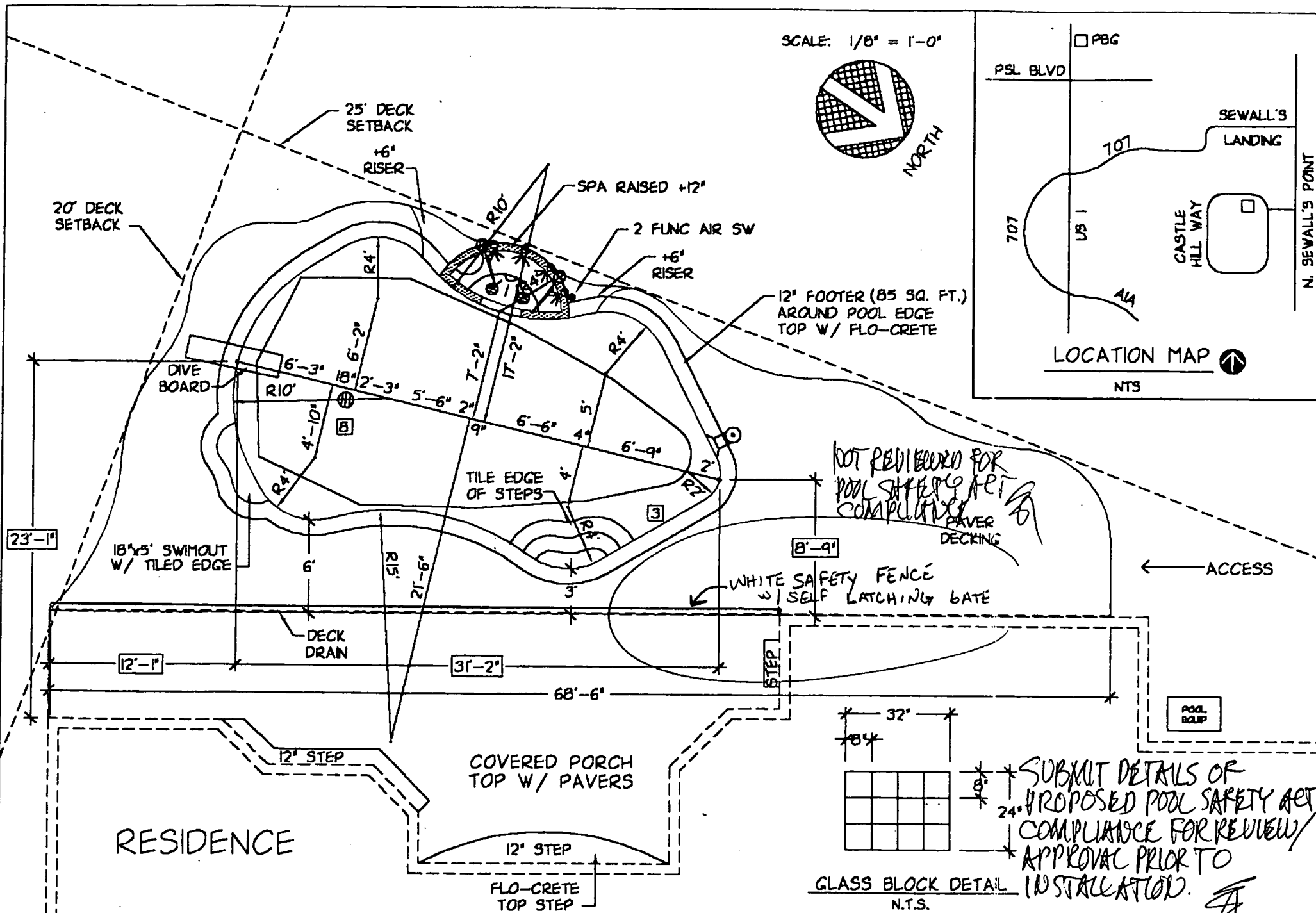
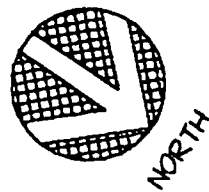
UPDATED: 6/28/2000
REVISED: 1/24/2000
FINAL SURVEY 1/11/2000
TIE-IN SURVEY 5/4/99
STEM WALL TIE-IN 3/24/99
REVISED 2/15/99
REVISED 1/28/99

Christian Fenex
FLORIDA REGISTRATION # 5102
CHRISTIAN FENEX

PLAT BOOK	PAGE	DATE OF SKETCH	FIELD SURVEY DATE	F.B.	PG.	SCALE
12	89	1/12/99	1/7/99	B1	52	1" = 30'

SKETCH NO.
LOT 13.DWG

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



POOL SPECIFICATIONS

MAX WIDTH	32'	MAX LENGTH	32'	WATER & ELECTRIC SUPPLY	ON SITE
MIN DEPTH	3'	MAX DEPTH	8'	BACK WASH LINE	TO GROUND
SHAPE	CUSTOM	ELEVATION	N FIELD	FENCE	By Others FOOTERS INCL
DIRT FROM EXCAVATION	HALL		N/A	ELECTRICAL HOOKUP	BY PAYUK ELECTRIC
LEAVE	INCL	LEAVE & SPREAD	N/A	PATIO	PAVER COLOR CHOICE
LEAVE-MOVE-THEN-SPREAD			N/A	EXISTING PATIO	310 SF PAVERS TERRAZZO INCL
EXTRA FILL & COMPACTION			N/A	PLANTERS	N/A
JOB ENTRANCE	RIGHT SIDE OF HOUSE			DECK-DRAIN	INCL FT. 64 LF.
STEP TILE	RR 694 NT. FINISH	AQUA CLEAR		APPROX GALLONS	18,500
TILE	INCL			PUMP G.P.M.	70
FILTER	PAC FAB CART PUMP	PAC-FAB		APPROX TURNOVER TIME	HR MIN
MOTOR HP.	1.5 HP	TPE CLOCK	INCL		
J. BOX	INCL			BRICK	YES NO
LIGHT	12V 300W	TRANSFORMER	INCL	2 X 6	YES NO
MAIN DRAIN	2"	SKIMMER	AUTOMATIC	6 X 6	YES NO
INLETS	2 IN SPA	THERAPY	4	SHEET TILE	YES NO
S.O. OR LADDER	18" SWIMOUT W/ TILED EDGE			OVERPOUR	YES NO
SLIDE	N/A				
DIVE BB	6" BOARD	SLIDE	N/A		
HEATER	263,000	TANK	OTHERS		
VAC. HEAD	INCL	VAC. HOSE	INCL		
VAC. POLE	INCL	BRUSH	INCL		
LEAF SKIMMER	INCL	TEST KIT	INCL		
CHLORINATOR	IN-LINE	FILL LINE	N/A		
OVERFLOW LINE	N/A	POOL CLEANER/STUB	N/A		
TREE REMOVAL	N/A	STUMP REMOVAL	N/A		

OWNERS HEREBY ASSUME AND AGREE TO THE PROVISIONS OF THE CONTRACT FOR POOL CONSTRUCTION & APPROVE THESE PLANS WHICH ARE MADE PART OF THAT CONTRACT. DATE: _____ OWNER/AGENT: _____

RULES FOR POOLS

- INSTRUCT BABY-SITTERS ABOUT POTENTIAL POOL HAZZARDS TO YOUNG CHILDREN AND ABOUT THE USE OF PROTECTIVE DEVICES, SUCH AS DOOR ALARMS AND LATCHES. EMPHASIZE THE NEED FOR CONSTANT SUPERVISION.
- DURING SOCIAL GATHERINGS AT OR NEAR A POOL, APPOINT A "DESIGNATED WATCHER" TO PROTECT YOUNG CHILDREN FROM POOL ACCIDENTS. ADULTS MAY TAKE TURNS BEING THE "WATCHER" OR OTHERWISE, ADULTS MAY BE PREOCCUPIED AND ASSUME SOMEONE ELSE IS WATCHING THE CHILDREN.
- IF A CHILD IS MISSING, CHECK THE POOL FIRST. SECONDS COUNT IN PREVENTING DEATH OR VISIBILITY. GO TO THE EDGE OF THE POOL AND SCAN THE ENTIRE POOL, BOTTOM AND SURFACE, AS WELL AS THE POOL AREA.
- DO NOT ALLOW A YOUNG CHILD IN THE POOL WITHOUT AN ADULT.
- DO NOT CONSIDER YOUNG CHILDREN TO BE DROWN-PROOF BECAUSE THEY HAVE HAD SWIMMING LESSONS OR ARE WEARING A LIFE JACKET.
- LEARN CPR (CARDIOPULMONARY RESUSCITATION). BABY-SITTERS AND OTHER CARETAKERS, SUCH AS GRANDPARENTS AND OTHER SIBLINGS, SHOULD ALSO KNOW CPR.
- KEEP RESCUE EQUIPMENT BY THE POOL. BE SURE A TELEPHONE IS POOLSIDE WITH EMERGENCY NUMBERS POSTED NEARBY.
- REMOVE TOYS FROM IN AND AROUND THE POOL WHEN IT IS NOT IN USE. TOYS CAN ATTRACT YOUNG CHILDREN TO THE POOL.
- NEVER PROP OPEN THE GATE TO A POOL.
- NO RUNNING, PUSHING, WRESTLING OR DISTURBANCE IN THE POOL AREA.
- NO CHEWING GUM PERMITTED IN THE POOL AREA (RED CROSS SAFETY SUGGESTION FOR THE PREVENTION OF CHOKING).
- DON'T LET LONG HAIR GET NEAR A POOL OUTLET. THE SUCTION CAN CAUSE HAIR OR BODY ENTRAPMENT AND DROWNING.
- HAVE A FIRST AID KIT AT POOLSIDE.
- NEVER SWIM ALONE.
- NO JUMPING OR DIVING IN THE SHALLOW AREA OF THE POOL.
- DON'T ALLOW CHILDREN TO "PLAY" AS THOUGH THEY ARE DROWNING - A FALSE ALARM MIGHT DELAY A RESCUE IN THE EVENT OF A REAL EMERGENCY.
- WHEN DIVING, ALWAYS ENTER THE WATER WITH YOUR ARMS EXTENDED FIRMLY OVERHEAD AND KEEP YOUR HANDS TOGETHER TO PROTECT YOUR HEAD. DIVING INTO SHALLOW WATER CAN RESULT IN CERVICAL SPINE INJURIES CAUSING PERMANENT PARALYSIS. NEVER DIVE INTO AN ABOVEGROUND POOL.
- AVOID THE USE OF ALCOHOL OR OTHER DRUGS AROUND WATER.

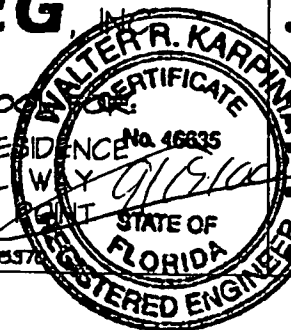
PLAN DATA:

POOL 32' x 32'
S.F. 444
L.F. 85
PATIO PAVERS S.F. 657
SPA 4'x8' S.F. 20 L.F. 18
COMMENTS _____

POOLS BY GREG WANTS YOU TO KNOW: A BARRIER OR ALARM IS NOT A SUBSTITUTE FOR PARENTAL SUPERVISION. NO CHILD SHOULD BE LEFT UNATTENDED. PARENTS SHOULD KNOW THAT ADULT SUPERVISION IS THE ONLY WAY TO PREVENT AN ACCIDENT. THEY SHOULD MAINTAIN CONSTANT EYE CONTACT WITH THE CHILDREN WHENEVER THEY ARE NEAR, OR COULD GET NEAR ANY BODY OF WATER. UNFORTUNATLY, MOST ACCIDENTS OCCUR WHEN THERE IS A LAPSE IN SUPERVISION EVEN FOR A SMALL TIME. NEVERTHELESS, PARENTS SHOULD BE AWARE THAT ANY BODY OF WATER POSES A RISK, ESPECIALLY FOR CHILDREN UNDER 5 YEARS OF AGE. POOLS BY GREG CANNOT BE HELD RESPONSIBLE FOR ANY LOSS, DAMAGE, DEATH OR INJURY DUE TO MALFUNCTION OR FAILURE OF A BARRIER OR ALARM WHEN USED BY THE CUSTOMER FOR ANY REASON BEYOND IT'S CONTROL, UNDER ANY CIRCUMSTANCE, FOR ANY REASON WHATSOEVER. THE CUSTOMER ASSUMES ALL RISKS DIRECTLY OR INDIRECTLY TO MALFUNCTIONING OR FAILURE OF BARRIER OR ALARM. POOLS BY GREG, INC. MAKES NO CLAIMS WHATSOEVER TO THE PREFERENCE OF THESE PRODUCTS.

POOLS by GREG

SWIMMING POOL CONTRACT
BECKHAM RESIDENCE
3 OAKHILL WAY
SEWALL'S POINT
STATE OF FLORIDA
R.P. # 003537



NOT REVIEWED FOR POOL SAFETY ACT COMPLIANCE
SUBMIT DETAILS OF PROPOSED POOL SAFETY ACT COMPLIANCE FOR REVIEW/ APPROVAL PRIOR TO INSTALLATION.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

03/08/2000

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.

Permit FILE

COMPANIES AFFORDING COVERAGE

Attn:
 INSURED
 Pools By Greg, Inc.
 8886 S. Federal Hwy
 Port St Lucie, FL 34952

COMPANY A	CNA Insurance Company
COMPANY B	CNA Insurance Company
COMPANY C	CNA Insurance Company
COMPANY D	Transportation

FILE COPY
Refuse

RECEIVED
 MAR 10 2000
 BY *GA*

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C187665469	03/17/2000	03/17/2001	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 100000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 100000
					FIRE DAMAGE (Any one fire) \$ 5000
					MED EXP (Any one person) \$ 500
B	AUTOMOBILE LIABILITY	B106984768	03/17/2000	03/17/2001	COMBINED SINGLE LIMIT \$ 1,000.00
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
C	EXCESS LIABILITY	U1348692	03/17/2000	03/17/2001	EACH OCCURRENCE \$ 1,000.00
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000.00
	OTHER THAN UMBRELLA FORM				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC173656595	01/01/2000	01/01/2001	WC STATUTORY LIMITS OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 50000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 50000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 50000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Pool Installation and Repair
 Certificate is for Proof of Insurance

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT BLDNG DEPT
 1 SOUTH SEWALL'S POINT RD
 STUART, FL 34994

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Keith Carroll/KAS

Keith Carroll

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

DATE	BATCH NUMBER	LICENSE NBR
01/09/1999	98902841	RP -0035370

The COMMERCIAL POOL/SPA CONTRACTOR
Name below HAS REGISTERED
Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2001

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS
PRIOR TO CONTRACTING IN ANY AREA)

SCHROEDER, GREG W
POOLS BY GREG INC
8886 S FEDERAL HWY
PORT ST LUCIE

FL 34952

RECEIVED
 JUN 26 2000
 BY: AS

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

BUILDING OWNER'S NAME PATRICK D & MIA M. KENNEDY		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3 Oak Hill Way		Company NAIC Number	
CITY SEWALL'S POINT	STATE FLORIDA	ZIP CODE 34996	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 13 CASTLE HILL			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <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 E	B6. FIRM INDEX DATE 10-16-96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10-16-96	B8. FLOOD ZONE(S) A10	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9

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: _____

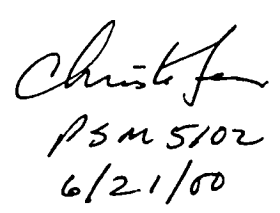
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.)

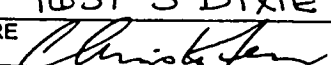
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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 NAVD 29 Conversion/Comments _____
 Elevation reference mark used IWB-5 Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10.3</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>7.4</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>7.1</u> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6.6</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

PSM 5102
6/21/00

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 CHRISTIAN FENEX	LICENSE NUMBER 5102
TITLE REG. LAND SURVEYOR	COMPANY NAME CHRISTIAN FENEX & ASSOC.
ADDRESS 1657 S DIXIE HWY	CITY STATE ZIP CODE STUART FL 34994
SIGNATURE 	DATE TELEPHONE 6/21/00

NOTE: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3 OAK HILL WAY			Policy Number
CITY SEWALLS POINT	STATE FLORIDA	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
SECOND STORY WAS NOT OBTAINABLE

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

EDWIN B. ARNOLD
Building Official

JOSE TORRES, JR.
Maintenance




CERTIFICATE OF COMPLETION

POOL
 Single Family Residence Other _____
 OWNER: CANDICE BECKHAM ; PROPERTY ADDRESS: 3 OAK HILL WAY
 LEGAL DESCRIPTION: LOT 13 BLOCK _____ SUBDIVISION CASTLE HILL
 GENERAL CONTRACTOR: POOLS BY GREG, INC. ; LIC/CERT NO. RP035370
 ADDRESS: 8886 S. FEDERAL HWY., PORT ST. LUCIE, FL 34952 ; TEL 337-9713 ; FAX _____
 ARCHITECT OR ENGINEER: WALTER KARPINIA, P.E. ; LIC/REG. NO. 46635
 ADDRESS: 11406 N. 172ND, JUPITER, FL 33478 ; TEL 743-1400 ; FAX SAME
 PERMIT NO: 5117 ; DATE OF ISSUE: 10/20/00 ; RENEWAL PERMIT NO: N/A ; DATE OF ISSUE: —

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 Completion is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 16TH day of FEBRUARY, 2001.


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

CC: TOWN CLERK
CHIEF OF POLICE
BLDG. FILE



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 SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ Fri ~~11/22~~, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5001	BERCAW	2ND FL. COL/BM	PASSED	(MONDAY-RAINOUT)
5	11 RIVERCREST RENAR		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4965	DANIELSON	RF. SHEATHING	PASSED	(MONDAY-RAINOUT)
4	161 S. RIVER RD. MILLER		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4775	CAMPB	STORM SHUTTERS	X	CANCEL - TO BE RESCHEDULED.
X	5 PALAMA WAY SEAGATE	(REINSPECT-NO FEE)	X	(BY CONTR.) 11/22/00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4943	Botwinick	Insulation	PASSED	
2	27 Emanta 1st Fla.		↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4990	Elder	framing	PASSED	EARLY A.M.
1	4 Emanta owner	ROOF TRUSSES & TIE DOWN.	↗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5123	Picou	foundation	PASSED	CONST. FACILITIES VERIFIED
3	65 S. River Rd. SEAGATE	footings (LOWER LEVEL)	↗	(DUMPS/PORT-O-LET; ELECT. SERV. EXSTG.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5117	Beckham	pool	FAIL	will bring survey
6	2 Oak Hill Way Greg	steel ground	↗	7/1-22-00 AM ADJ'G SEC. REB. @ ANGLE OF WOOD RCVD 11/22 8:45 AM

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-27, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
517	Beckham	Steel	PASSED	
N (5)	3 OAK HILL WAY Greg	around (REINSPECTION)	FA	
✓ 5155	MIRANDA	POOL PLUMB.	PASSED	INSP. ADDED 11/27 8:45
N (6)	34 CASTLE HILL WAY ROBT. DEAN SCHILLER		FA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 12/1, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 4717 ⑨	ZARRO 124 N. SP. RD. BURFORD	CO / WALK THROUGH W/G.C. NOTE: ADD CURB STAKE/POST TO TRAY - USE	PERFORMED ✓	11' DO IT removed C.O. req. - verified work fence; establish procedure for fence
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5136 ①	Geller 10 Palmetto Mahaffey	compaction	Passed	JG M/S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5094 ②	NOHEJL 18 VIA LUCINDIA (S) STEIN & CO.	ROOF - FINAL	Passed	JG M/S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5117 ⑥	BEZKHAM 3 OAKHILL WAY POOLS BY GREG	POOL PLUMBING	Passed	JG M/S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5075 ③	VASQUEZ 82 S. Sewalls Pt Rd. CROZA	SHEATHING	Passed	JG M/S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ C 5123 ⑧	Piceu 65 S. River Rd. Seagate	rec. wall footings partial pour stem wall	PASSED ✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 4855 X	Lagons 24 S. S. P. Rd. owner	meeting w/ engineer on site (COURTESY)	CAUSE	V/C CONTR. 12/8 8:30 UNABLE TO COORD. W/ MGR - WILL TRY FOR P.M.

OTHER: PD 4909 SHEET W/ CONTR & SPEC. INSP. JOE H. C. VARR, PH.D. PR 561-735-0856 @ TOWN HALL AFTER 4855 (HIS REQUIRED INSPECTION @ 24 S. S. P. RD. - WILL SEND INSP. LTR. FOR FILE.

NOTE: ALL INSPECTIONS BY HELMUT G. IMBUE UNDER DIRECT SUPERVISION OF BLDG OFFICER.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ 12/15, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5117	BREKHAM	1150/1122 5712	Pass	COMP. TEST ROAD 12/14/00
N (9)	3 OAK HILL POOLS BY GREGG.		12/15	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4904	MIRANDA	D/W	Passed	
N (10)	34 CASTLE HILL WAY O/B		12/15	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5143	Gifford	stem wall	Pass	12/15
N (11)	85 N.S.P.Rd. Holmes	Garage only		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4777	Zerro	C.O. INST.	PASSED	OK TO RELEASE C.O.
N (12)	124 N.S.P.Rd. Buford	(INCL. STORM SHUTTER PN 5186)		12/18/00 OPEN PUNCH LIST VERIFICATION (104)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5168	Schuck	roof FINISH	Passed	12/15
N (3)	8 Palm Rd. A & W	(3RD RESCHED)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
0388	RAO	UTILITY MARKING	Passed	12/15
(7A)	30 CASTLE HILL WAY (LOT 32) AR. MARTIN	FOR T/12. (BLDG PN 5192)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5075	VASQUEZ	1. T/A & MTL.	Passed	12/15
(13)	82 S. SEWALL'S POINT RD. GROZA BLDGS.	2. PTL. ELECT. RGH (MEDIA ROOM)	Passed	12/15

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~Fri~~ ~~Sat~~ ~~Sun~~ , 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 8209	Tranter	TT + Metal	Passed	2/16
✓ S ⑥	9 Middle Rd. Pacific			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5068	Winer (285-4600)	Slab	rescheduled cancelled	Call Lcar re time
✓ S ⑨	19 Ridgeland Lcar Dev.			485 3082 11 ⁰⁰ LAST INSP. IF POSSIBLE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5013	DENNIS	RAKE BEAM	Passed	2/16
✓ S ⑧	16 RIDGELAND DR. FL. FINEST	+ Header		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5117	BECKHAM	FINAL -	Passed	2/15
✓ N ③	3 OAKHILL WAY POOLS b Greg	POOL	HG:	9 ³³ Fence ?? 260 2767 Chip
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S T/R	MUSSO	FIELD VERI.	Passed	PN 5262
✓ S ④	18 S. RIVER RD. HARRY BLUE		2/16	10 ⁰⁰ 336 2024
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5244	BENZING	COLUMN STL.	Partial	→ Monday 2/19
✓ S ⑦	137 S. RIVER RD O/B (GEE & JENSON) "JERRY" 662-3663		2/16	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5214	ROHLOFF	TILE - IN PROGRESS	OK	2/16
✓ S ⑤	20 RIVERVIEW DR ROOF TILE SPECIALISTS			

OTHER: _____

INSPECTOR (Name/Signature): _____

6925

CHIMNEY REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/11/04 BUILDING PERMIT NO. 6925
 Building to be erected for ~~WANNING BECKHAM~~ Type of Permit REPAIR FIREPLACE CHIMNEY
 Applied for by CONWAY (Contractor) Building Fee _____
 Subdivision CASLE HILL Lot 13 Block _____ Radon Fee _____
 Address 3 OAK HILL WAY Impact Fee N/A
 Type of structure SIA A/C Fee HURRICANE
 Electrical Fee DAMAGES
 Parcel Control Number: _____ Plumbing Fee _____
2637410150000013070000 Roofing Fee _____
 Amount Paid — Check # — Cash _____ Other Fees (_____) _____
 Total Construction Cost \$ 2200.00 TOTAL Fees _____

Signed [Signature] Applicant Signed [Signature] Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 10-5-04

OWNER/TITLEHOLDER NAME CANDICE BECKHAM Phone (Day) 288-9397 (Fax) 220-5859

Job Site Address: 3 OAKHILL WAY City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) CASTLE HILL LOT 13 Parcel Number: _____

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

Description of Work To Be Done: REPLACE CHIMNEY BOX-FIVE PIPE-CAP.

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2200.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: Stephen P. Conway Phone: 285-2673 Fax: _____

Street: P.O. Box 2373 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: CRC053742 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

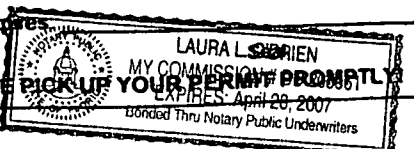
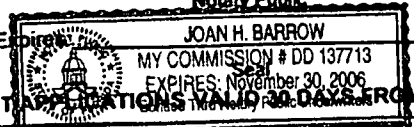
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
X Candice Beckham
State of Florida, County of: Martin
This the 6th day of October, 2004
by Candice Beckham who is personally
known to me or produced Fl. d. l.
as identification Joan H. Barrow

CONTRACTOR SIGNATURE (required)
Stephen P. Conway
On State of Florida, County of: Martin
This the 7th day of October, 2004
by STEPHEN CONWAY who is personally
known to me or produced _____
As identification: Laura L. S. Brien

My Commission Expires _____
Notary Public

My Commission Expires _____
Notary Public



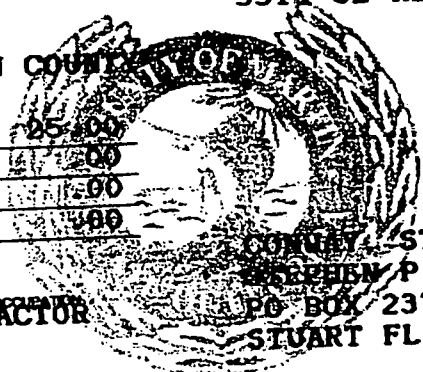
PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 2001-513-005 CERT _____
PHONE (561)220-0061 LIC NO 001521
LOCATION:
5519 SE REEF WAY ST

CHARACTER COUNTS IN MARTIN COUNTY

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



STEPHEN P CONWAY
STEPHEN P CONWAY
PO BOX 2373
STUART FL 34995-2373

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

17 DAY OF SEPTEMBER 2004
AND ENDING SEPTEMBER 30 2005 12 04091701 004052

AC# 1457207

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04062100884

DATE	BATCH NUMBER	LICENSE NBR
06/21/2004	030729136	CRC053742

The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

CONWAY, STEPHEN P
STEPHEN P CONWAY LLC
4 OAK HILL WAY
STUART FL 34996

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

RE-ISSUANCE

01-07-2004



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

TOM GALLAGHER
CHIEF FINANCIAL OFFICER

** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation or the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 09/29/2005

CORPORATE OFFICER/
LLC MEMBER NAME: CONWAY STEPHEN P

FEIN: 059425526

BUSINESS NAME AND
ADDRESS: STEPHEN P CONWAY LLC
416 SE CORTEZ AVE
STUART FL 34994

SCOPE OF BUSINESS OR TRADE: RESIDENTIAL CONTRACTOR

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

QUESTIONS? (850) 488-2333

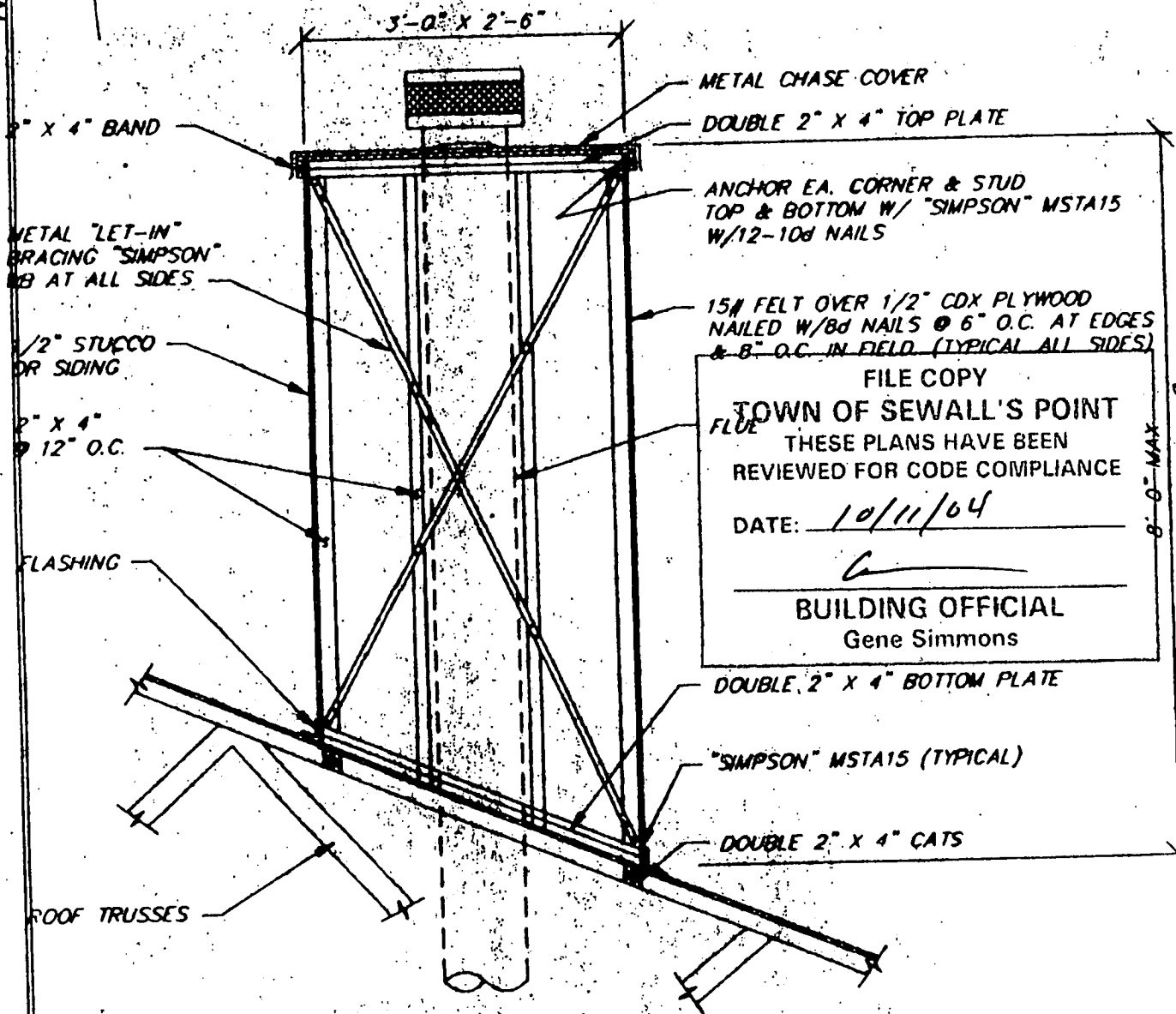
VC-253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **</p> <p>This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.</p> <p>EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 09/29/2005</p> <p>CORPORATE OFFICER/ LLC MEMBER NAME: CONWAY STEPHEN</p> <p>FEIN: 059425526</p> <p>BUSINESS NAME AND ADDRESS: STEPHEN P CONWAY LLC 416 SE CORTEZ AVE STUART FL 34994</p> <p>SCOPE OF BUSINESS OR TRADE: RESIDENTIAL CONTRACTOR</p>	<p>IMPORTANT</p> <p>F This certificate applies only to the corporate officer named on this certificate and applies only within the scope of the business or trade listed hereon.</p> <p>O</p> <p>L A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.</p> <p>D</p> <p>H Pursuant to chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>E</p> <p>R Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p>E</p> <p>QUESTIONS? (850) 488-2333</p>
---	--

CUT HERE

CANDICE BECKHAM
3 OAK HILL WAY
SEWALLS POINT, FL 34996



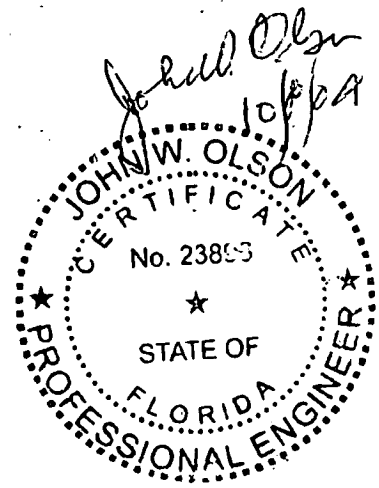
FILE COPY
TOWN OF SEWALL'S POINT
FLU
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 10/11/04
BUILDING OFFICIAL
Gene Simmons

CHIMNEY DETAIL

NOT TO SCALE

NOTE:
INSTALLATION OF FIREPLACE TO CONFORM
WITH MANUFACTURES SPECIFICATIONS.

JOHN W. OLSON, P.E.
1366 S.W. JASMINE TRACE
PALM CITY, FLORIDA 34990



GALV. STEEL STRAP AT EA
TRUSS EMBEDDED 4" IN
CONCRETE TIE BEAM W/
HOOK. (SEE ANCHORING SCHEDULE)

ENGINEERED APPROVED WOOD TRUSSES @ 24" o.c.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{THURS} Fri 7-5, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8605	Carlson/Brennan 3 Tuscan Ln Crystal Lagoon	Pool piping + light	FAIL	INSPECTOR: <i>[Signature]</i>
8454	Wattles 20 N Ridgview Gene Conway	4 th gas tank	PASS	INSPECTOR: <i>[Signature]</i>
8424		INT. DEMO.	PASS	INSPECTOR: <i>[Signature]</i>
	167. S.S.P.A. CONWAY			
8512	Valdes SP 107 N Sewalls Valdes	Pooler		RESCHEDULED INSPECTOR:
6918	Slater 31 NE Lifting Conway	Repl soffit + column FINAL	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8.6	104, 26 N.S.P.A.	PAINT FENCE MAINTENANCE		INSPECTOR:
6925	Beckham 3 Oakhill Way Conway	Chimney final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
OTHER:				

9201

WINDOW REPLACEMENT



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:	9201	DATE ISSUED:	07/13/2009
SCOPE OF WORK:	WINDOW REPLACEMENT		
CONDITIONS :			
CONTRACTOR:	STEPHEN CONWAY		
PARCEL CONTROL NUMBER:	263741-015-000-001307	SUBDIVISION	CASTLE HILL Plot 13
CONSTRUCTION ADDRESS:	3 OAKHILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	S. CONWAY	CONTACT PHONE NUMBER:	220-0064

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING	_____
UNDERGROUND 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**

Date: 7-9-09 Permit Number: _____

OWNER/TITLEHOLDER NAME: Glenn GREENSPAN Phone (Day) _____ (Fax) _____

Job Site Address: 3 Oakhill Way City: Sewalls Pt State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Scope of work (please be specific): REPLACE WINDOWS USING CUSTOMERS NEW

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 _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications) WINDOWS
Estimated Value of Improvements: \$ 1500-

(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

CONTRACTOR/Company: Stephen P. Conway LLC Phone 220-0064 Fax 220-8601

Street: 970 E Ocean Blvd Suite D-232 City: STUART State: FL Zip: 34994

State License Number: CRC 053742 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: N/A Lic# _____ Phone Number: _____

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, Existing, Gas): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

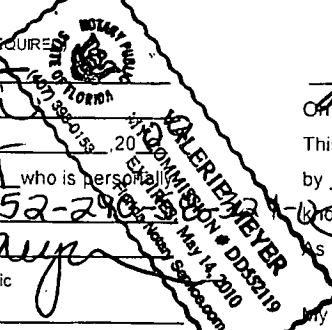
NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS 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.
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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

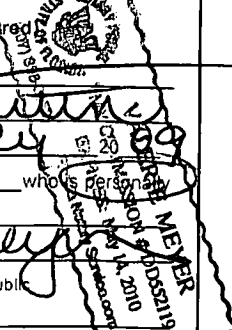
*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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)
Glenn GreenSPAN
State of Florida, County of: Martin
This the 9th day of July, 2009
by Glenn J. GreenSPAN who is personally
known to me or produced FDL# 0652-29
as identification. Valerie Meyer
Notary Public



CONTRACTOR SIGNATURE: (required)
Stephen Conway
State of Florida, County of: Martin
This the 9th day of July, 2009
by Stephen Conway who is personally
known to me or produced _____
as identification. Valerie Meyer
Notary Public



My Commission Expires: _____

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



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

Site Provided by...
 governmax.com T1.14

Summary

print Owner 2 of 2

Parcel Info

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
26-37-41-015-000-00130-7	3 OAK HILL WY	4157	Owner	0	1

Summary

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

Summary

Property Location 3 OAK HILL WY
Tax District 2200 Sewall's Point
Account # 4157
Land Use 101 0100 Single Family
Neighborhood 120900
Acres 0.483

Legal Description
Property Information
 CASTLE HILL, LOT 13

Search By

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

Owner Information
Owner Information
 GREENSPAN GLENN & CINDY

Mail Information
 3 OAK HILL WAY
 STUART FL 34996

Assessment Info
 Front Ft.

Market Land Value \$299,250
Market Impr Value \$731,560
Market Total Value \$1,030,810

Site Functions

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

Recent Sale
Sale Amount \$958,000

Sale Date 8/13/2008
Book/Page 2346 2274

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 6/22/2009



3 OAK HILL WAY

REAR

2ND FL

#4

2ND FL

#5

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7-13-09

BUILDING OFFICIAL

FRONT

ART BEDROOM
1ST FLOOR

SEPARATE WINDOW
1ST FLOOR

#2/3

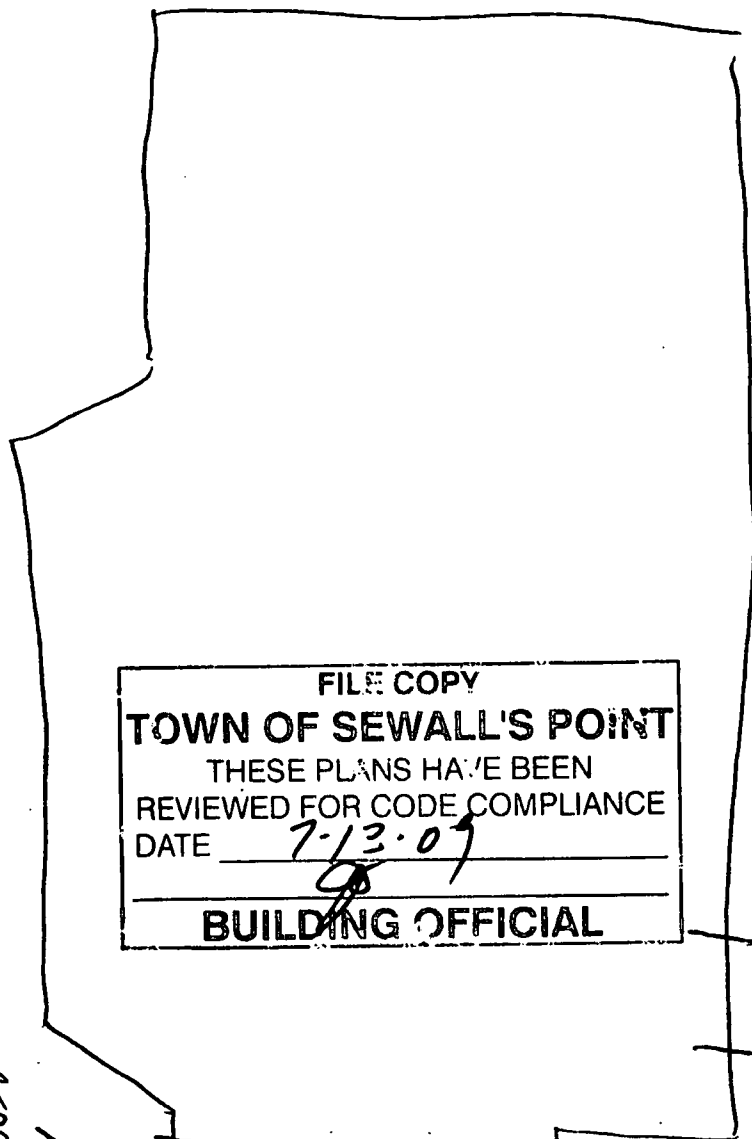
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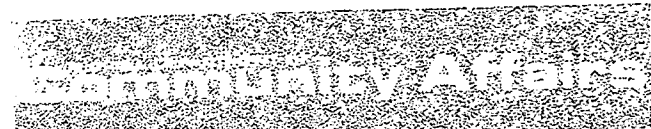
#8

#7

#6

2ND FLOOR





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[Stats & Facts](#)
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Product Approval
USER: Public User

[Product Approval Menu](#) >
 [Product or Application Search](#) >
 [Application List](#) >
 [Application Detail](#)

FL # FL8551-R1
Application Type Revision
Code Version 2007
Application Status Approved
Comments
Archived

Product Manufacturer Eagle Window and Door, Inc
Address/Phone/Email 2045 Kerper Blvd.
 Dubuque, IA 52004-107
 (563) 556-2270 Ext 288
 tbergstrom@eaglewindow.com

Authorized Signature Vivian Wright
 rickw@rwbldgconsultants.com

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category Windows
Subcategory Casement

Compliance Method Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report Wendell W. Haney
Florida License PE-54158
Quality Assurance Entity Window and Door Manufacturers Association-QA
Quality Assurance Contract Expiration Date 12/31/2011
Validated By L.F. Schmidt, P.E.
 Validation Checklist - Hardcopy Received

Certificate of Independence [FL8551 R1 COI Certificate of Independence.pdf](#)

Referenced Standard and Year (of Standard)	Standard	Year
	AAMA/NWDMA 101/I.S.2	1997
	AAMA/NWDMA 101/I.S.2 - NAFS	2002
	AAMA/WDMA/101/I.S.2/A440	2005
	ASTM E1886/1996	2002

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

09/08/2008

Date Validated

09/10/2008

Date Pending FBC Approval

09/17/2008

Date Approved

10/14/2008

Summary of Products		
FL #	Model, Number or Name	Description
8551.1	a. Series 02 Axiom Clad Casement Vent	Extruded Aluminum Clad Wood Vent Casement Window with Insulated Glass
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 8551.1 for Design Pressure Ratings by size, any additional use limitations and installation instructions.		Installation Instructions FL8551 R1 II INST 8551.1.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.1.pdf Created by Independent Third Party: Yes
8551.2	b. Series 02 Axiom Clad Casement Vent	Extruded Aluminum Clad Wood Vent Casement Window Mullled with Extruded Aluminum Clad Wood Vent Casement Window -Insulated Glass
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 8551.2 for Design Pressure Ratings by size, any additional use limitations and installation instructions.		Installation Instructions FL8551 R1 II INST 8551.2.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.2.pdf Created by Independent Third Party: Yes
8551.3	c. Series 02 Axiom Clad Casement Vent	Extruded Aluminum Clad Wood Vent Casement Window Mullled with an Auxiliary Fixed Window -Insulated Glass
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 8551.3 for Design Pressure Ratings by size, any additional use limitations and installation instructions.		Installation Instructions FL8551 R1 II INST 8551.3.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.3.pdf Created by Independent Third Party: Yes
8551.4	d. Series 02 Axiom Clad Casement Vent	Extruded Aluminum Clad Wood Vent Casement Window Mullled with a Casement Fixed Window -Insulated Glass
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 8551.4 for Design Pressure Ratings by size, any additional use limitations and installation instructions.		Installation Instructions FL8551 R1 II INST 8551.4.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.4.pdf Created by Independent Third Party: Yes
8551.5	e. Series 02 Axiom Clad Casement Vent	Extruded Aluminum Clad Wood Vent Casement Window "T" Mullled with an Auxiliary Fixed Window - Insulated Glass
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 8551.5 for Design Pressure Ratings by size, any additional use limitations and installation instructions.		Installation Instructions FL8551 R1 II INST 8551.5.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.5.pdf Created by Independent Third Party: Yes
8551.6	f. Series 02 Axiom Clad Casement Vent	Extruded Aluminum Clad Wood Vent Casement Window "T" Mullled with a Casement Fixed Window -Insulated Glass
Limits of Use		Installation Instructions

<p>Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: No Design Pressure: N/A Other: See INST 8551.6 for Design Pressure Ratings by size, any additional use limitations and installation instructions.</p>		<p>FL8551 R1 II INST 8551.6.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.6.pdf Created by Independent Third Party: Yes</p>
<p>8551.7</p> <p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Note - Window does not meet requirements for use in "Wind Zone 4" (basic wind speed > 140 mph) as defined in ASTM E1996-02. See INST 8551.7 for Design Pressure Ratings, any additional use limitations, installation instructions and product particulars.</p>	<p>g. Series 02 Axiom Clad Casement Vent - Harbor Master</p>	<p>Extruded Aluminum Clad Wood Vent Casement Window with Harbor Master Laminated Insulated Glass</p> <p>Installation Instructions FL8551 R1 II INST 8551.7.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.7.pdf Created by Independent Third Party: Yes</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 8551.8 for Design Pressure Ratings by size, any additional use limitations and installation instructions.</p>	<p>8551.8</p> <p>h. Series 02 Axiom Clad Casement Vent - Harbor Master</p>	<p>Extruded Aluminum Clad Wood Vent Casement Window with Harbor Master Laminated Monolithic Glass</p> <p>Installation Instructions FL8551 R1 II INST 8551.8.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.8.pdf Created by Independent Third Party: Yes</p>
<p>Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: See INST 8551.9 for Design Pressure Ratings by size, any additional use limitations and installation instructions.</p>	<p>8551.9</p> <p>i. Series 02 Axiom Clad Casement Vent - Harbor Master</p>	<p>Extruded Aluminum Clad Wood Vent Casement Window Muller with an Extruded Aluminum Clad Wood Vent Casement Window - Harbor Master Laminated Monolithic Glass</p> <p>Installation Instructions FL8551 R1 II INST 8551.9.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8551 R1 AE EVAL 8551.9.pdf Created by Independent Third Party: Yes</p>

[Back](#)

[Next](#)

DCA Administration

Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100
 (850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:



WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WxH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1			CASE		X	
2	24x60		"		X	
3			"		X	
4	24x46		"		X	
5	24x46		"		X	
6			"		X	
7	26x46		"		X	
8			"		X	
9						
10						
11						
12						
13						
14						
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16						
17						
18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: 600 S.F.

*PERCENTAGE OF NEW GLAZED AREA: 10 %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2007 FBC EXISTING BUILDING 507.3.

*** TYPE WINDOWS**

- | | | |
|------------------|----------------|--------------|
| SH - SINGLE HUNG | AWN - AWNING | SL - SLIDING |
| DH - DOUBLE HUNG | CAS - CASEMENT | FIN - FIXED |

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

INTEREST IN PROPERTY: _____
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

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

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

FLORIDA STATUES: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, 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.

Glenn J Greenspan
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 9th DAY OF July 2009

BY: Glenn J Greenspan AS owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF WHOM INSTRUMENT WAS EXECUTED

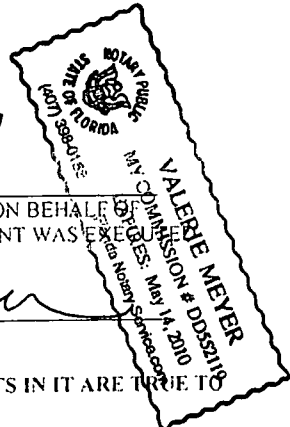
PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED FDLI

Valerie Meyer
NOTARY SIGNATURE/ SEAL

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

Glenn J Greenspan
(Signature of Natural Person Signing Above)





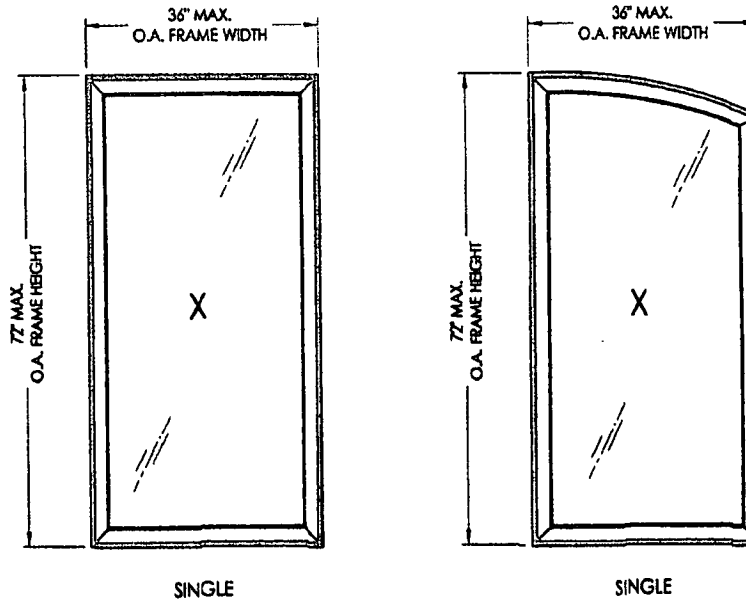
SERIES 02 AXIOM CLAD VENT CASEMENT WINDOW SINGLE UNIT

"NON-IMPACT"

GENERAL NOTES

- This product has been evaluated and is in compliance with the 2007 Florida Building Code (FBC) structural requirements excluding the "High Velocity Hurricane Zone" (HVHZ).
- Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
- When used in areas requiring wind borne debris protection this product is required to be protected with an impact resistant covering that complies with Section 1609.1.2 of the FBC.
- For through the frame anchoring in 2x stud framing construction, anchoring of these units shall be the same as that shown for 2x buck masonry construction.
- Site conditions that deviate from the details of this drawing require further engineering analysis by a licensed engineer or registered architect.

TABLE OF CONTENTS	
SHEET #	DESCRIPTION
1	TYPICAL ELEVATIONS, DESIGN PRESSURES AND GENERAL NOTES
2	GLAZING DETAILS
3	VERTICAL & HORIZONTAL CROSS SECTIONS
4	VERTICAL & HORIZONTAL CROSS SECTIONS
5	VERTICAL CROSS SECTIONS
6	BUCK AND FRAME ANCHORING
7	LOCK LOCATIONS
8	COMPONENTS
9	BILL OF MATERIALS & COMPONENTS



MAX PANEL DIMENSION	MAX D.L.O DIMENSION	GLASS TYPE	DESIGN PRESSURE (PSF)	
			POSITIVE	NEGATIVE
36.00" x 72.00"	29.87" x 65.87"	G1	+70.0	-70.0
32.00" x 66.00"	26.87" x 59.87"	G2	+50.0	-50.0
30.00" x 72.00"	23.87" x 65.87"	G2	+50.0	-50.0
36.00" x 60.00"	29.87" x 53.87"	G2	+60.0	-60.0
36.00" x 36.00"	29.87" x 29.87"	G3	+55.0	-55.0

CASEMENT WINDOW UNITS > 15 SQ.FT. REQUIRE PIANO HINGE.

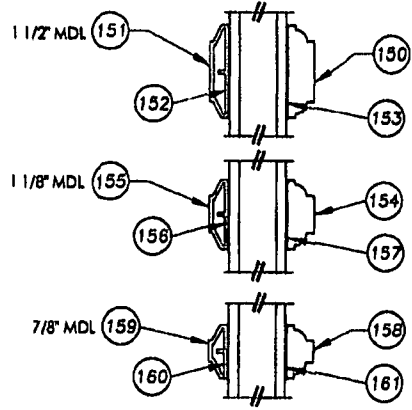
Documents Prepared By:
RW
 BUILDING CONSULTANTS, INC.
 P.O. Box 230, Vero Beach, FL 33595
 Phone No.: 813.659.9187
 Florida Board of Professional Engineers
 Certificate of Registration No. 98113
 5-15-08
 Licensed Professional Engineer
 No. 54198

PRODUCT: SERIES 02 AXIOM CLAD VENT CASEMENT WINDOW
 PART OR ASSEMBLY:
 TYPICAL ELEVATIONS & GENERAL NOTES

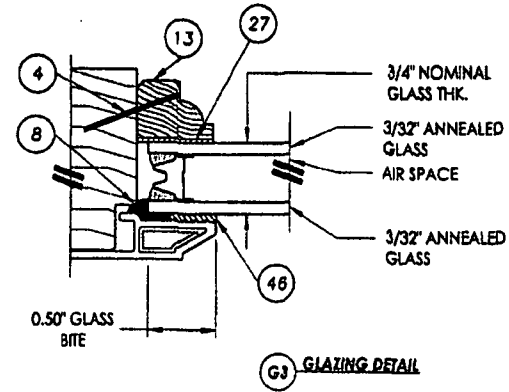
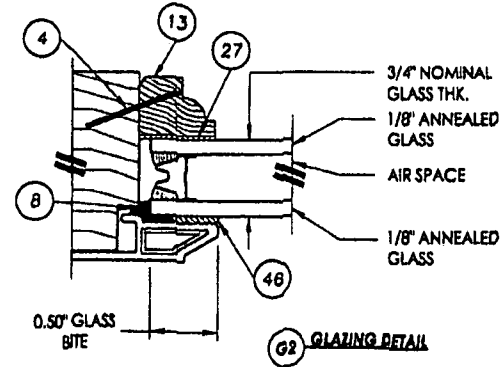
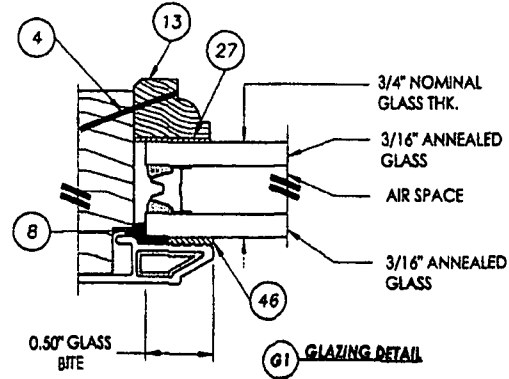
NO.	DATE	BY	REVISIONS

DATE: 04/28/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 1 OF 9

R:\A - Projects\Project Folders\Proj 1101 - 1200\g1146D - RWBC Drawings\BSS1 non-impact\THE REAL VENT CASEMENT WINDOWS.dwg, PL-BSS1.1



OPTIONAL MUNTIN BAR ATTACHMENT TO GLASS

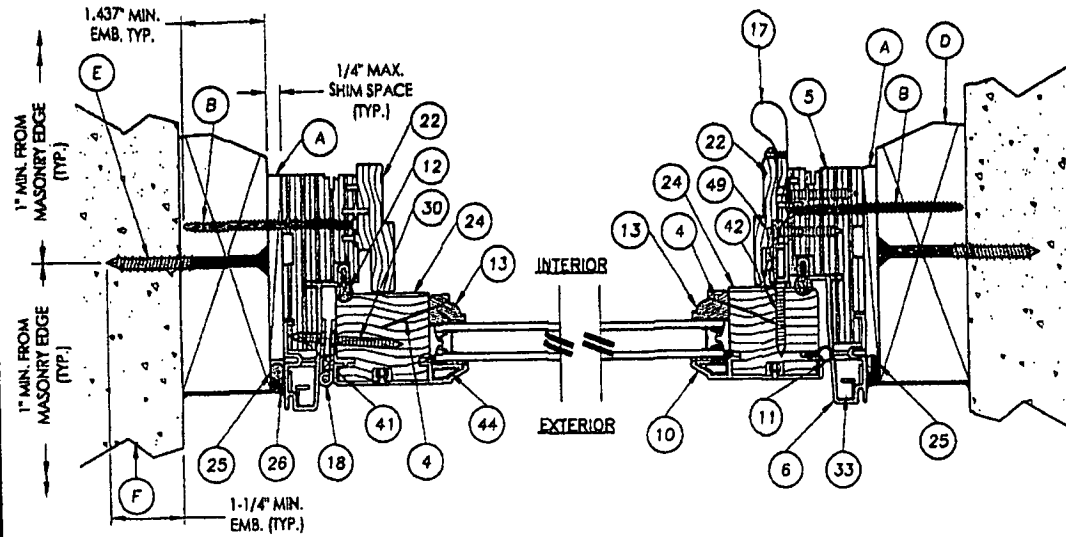
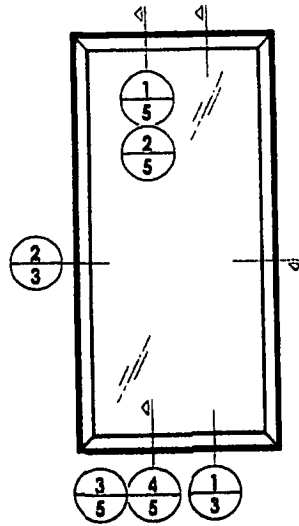


Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Valrico FL 33595
 Phone No.: 813.899.9197
 Florida Board of Professional Engineers
 Certificate of Registration No. 08113
Wendell B. B. 12-15-08
 Licensed Professional Engineer, P.E. No. 941108

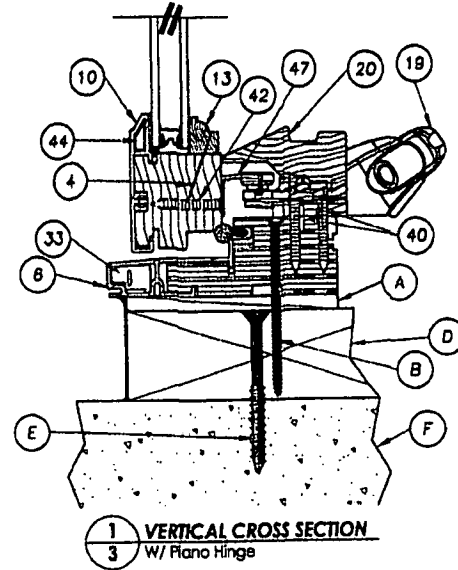
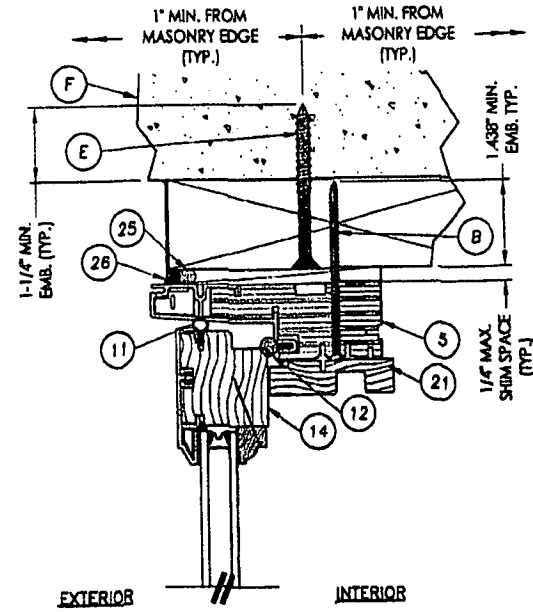
PRODUCT: SERIES 02 Axiom
 CLAD VENT CASEMENT
 WINDOW
 PART OR ASSEMBLY:
 DESIGN PRESSURES &
 GLAZING DETAILS

NO	DATE	BY	REVISIONS

DATE: 04/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.:
 FL-8551.1
 SHEET 2 OF 9



2 HORIZONTAL CROSS SECTION
3 W/ Plano Hinge



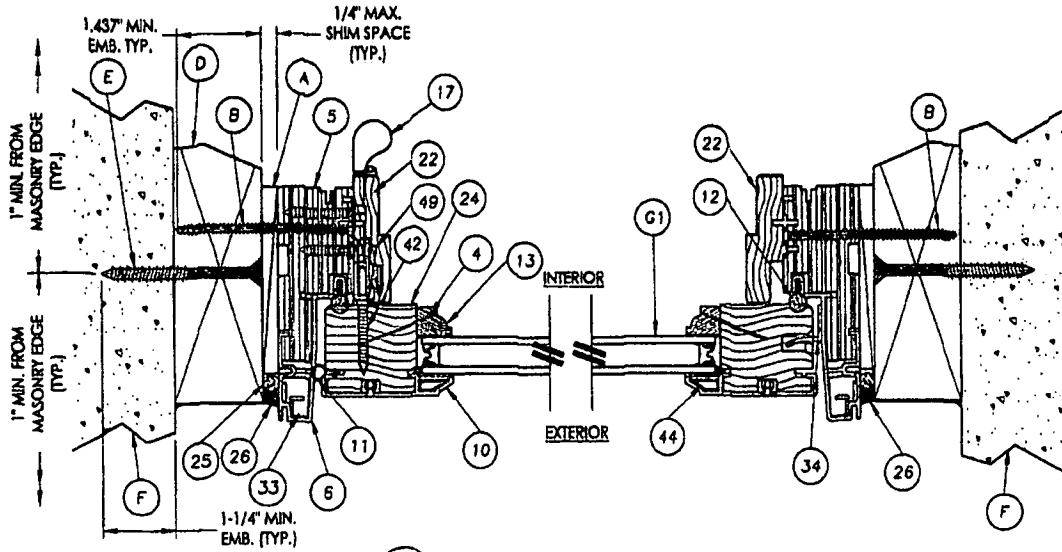
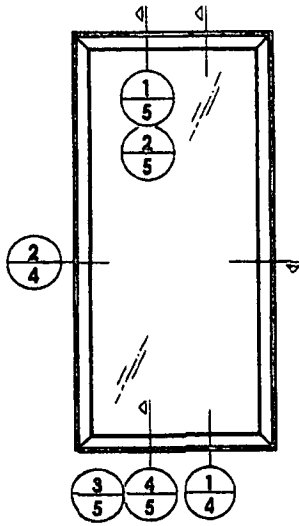
1 VERTICAL CROSS SECTION
3 W/ Plano Hinge

Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Venice FL 33595
 Phone No.: 813.659.197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
Wendell W. Kelly, P.E. No. 54198

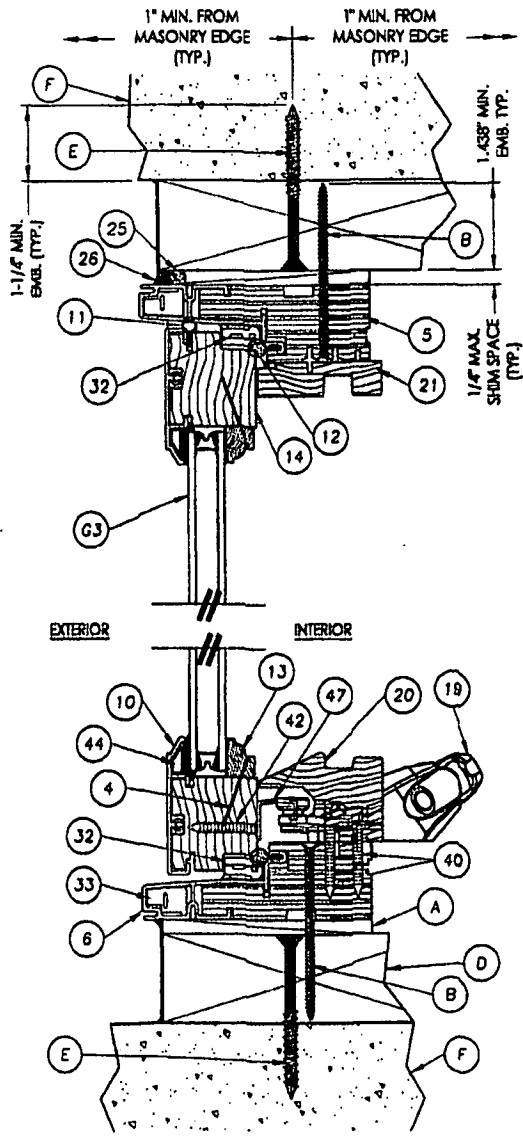
PRODUCT: SERIES OF ANOM CLAD VENT CASEMENT WINDOW
 PART OR ASSEMBLY: VERTICAL & HORIZONTAL CROSS SECTIONS W/ PLANO HINGE

NO.	DATE	BY	REVISIONS

DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHG. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 3 OF 9



2 HORIZONTAL CROSS SECTION
4 W/ Standard Hinge



1 VERTICAL CROSS SECTION
4 W/ Standard Hinge

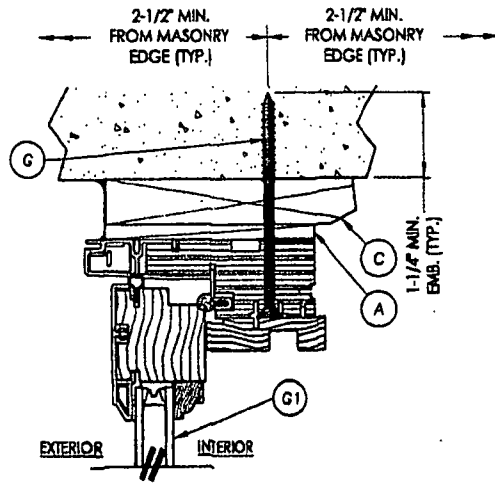
Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Venice FL 33595
 Phone No.: 813.850.1977
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 0813
 W. Hugh P. Fry, P.E. No. 54158

PRODUCT: SERIES OF ANCOM CLAD VENT CASERITT WINDOW FRAME-IMPACT PART OR ASSEMBLY: VERTICAL & HORIZONTAL CROSS SECTIONS W/ CASERITT HINGE

NO.	DATE	BY	REVISIONS

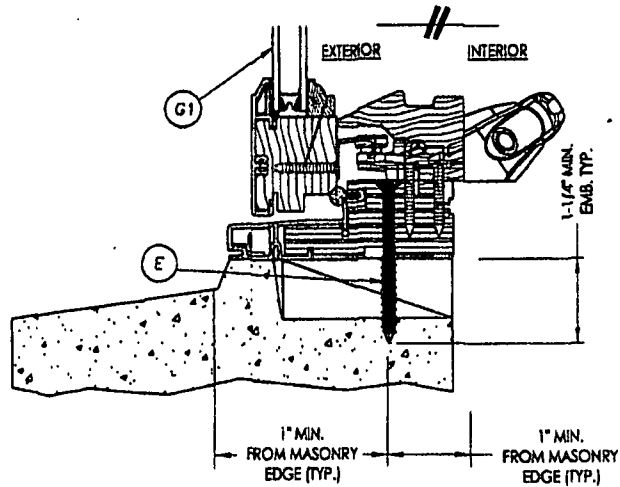
DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 4 of 9

© EDGE F. W. BUILDING CONSULTANTS INC.

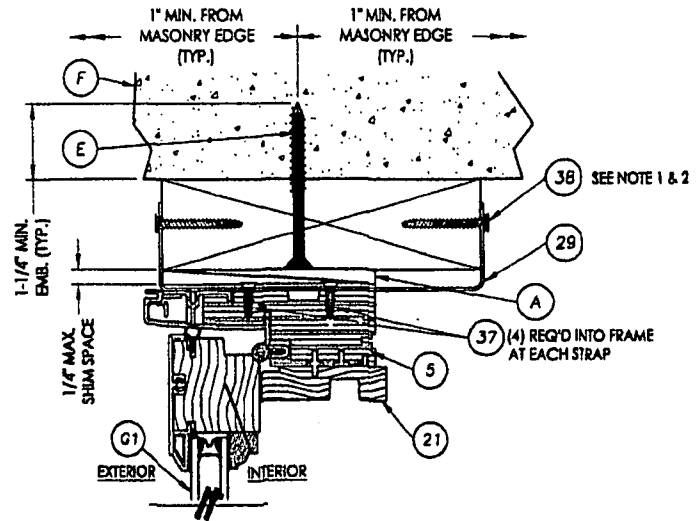


1
5 **VERTICAL CROSS SECTION**
Shown w/ 1X Sub-Buck substituting Concrete screws for screws per Section 1714.5.4.2 of the FBC, this view Representative of Head, Jamb & Sill

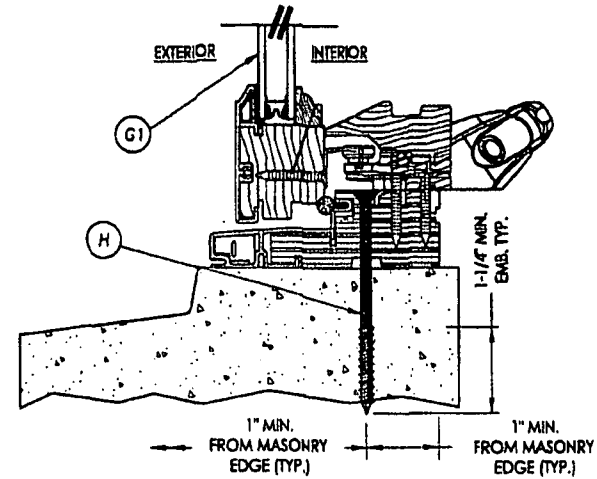
- NOTE**
- For 2x stud construction, the length of the anchors shall be increased an amount equal to the thickness of any sheathing or wall coverings such that penetration of the anchor into the stud shall be no less than that shown in the masonry 2x buck installation herein.
 - Four (4) screws req'd per strap, 2 each face of buck



3
5 **VERTICAL CROSS SECTION**
Masonry SB



2
5 **VERTICAL CROSS SECTION**
Utilizing optional strap anchor item 429 Replacing anchor screws, this view Representative of Head, Jamb as well as the Sill when using a 2X buck @ Sill



4
5 **VERTICAL CROSS SECTION**
Masonry Sill

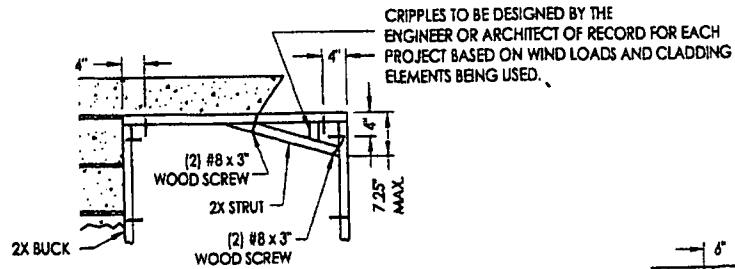
Documents Prepared By:
R.W. BUILDING CONSULTANTS, INC.
 P.O. Box 230 Venice FL 33595
 Phone No.: 813.659.9197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
W. R. W. 8-15-08
 Licensed in Florida

PRODUCT: SERIES 02 AXIOM CLAD VENT CASHEMENT WINDOW PART OR ASSEMBLY VERTICAL CROSS SECTIONS

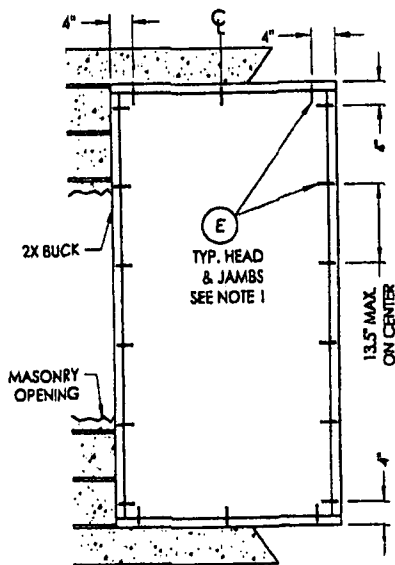
NO.	DATE	BY	REVISIONS

DATE: 4/28/08
 SCALE: N.T.S.
 DWD. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 5 of 9

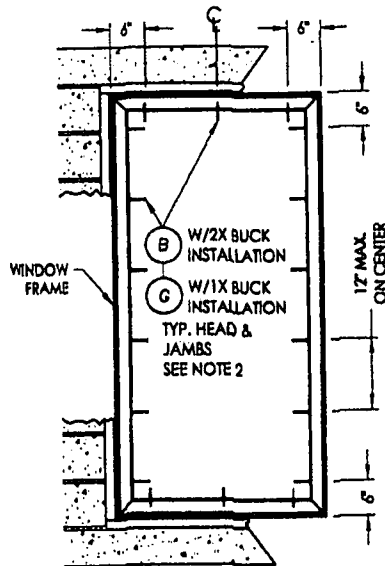
© 2008 R.W. BUILDING CONSULTANTS INC.



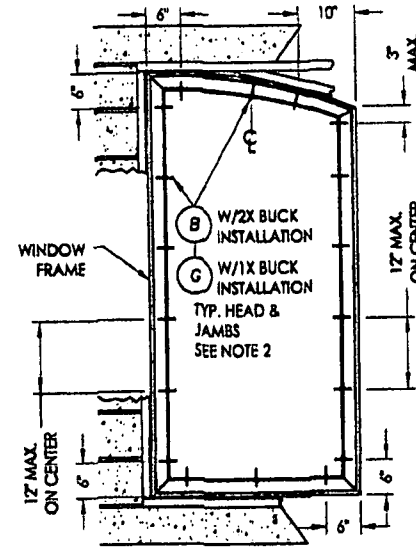
CORNER FRAMING DETAIL



RECTANGULAR BUCK ANCHORING



RECTANGULAR FRAME ANCHORING



RADIUS FRAME ANCHORING

CRIPPLES TO BE DESIGNED BY THE ENGINEER OR ARCHITECT OF RECORD FOR EACH PROJECT BASED ON WIND LOADS AND CLADDING ELEMENTS BEING USED.

NOTES:

1. 1/4" ECo Concrete screws anchoring 2x buck require a minimum 1" clearance to masonry edges, a 1-1/4" minimum embedment and a minimum 4" clearance to adjacent concrete screws. Substitution of equal concrete screws from a different supplier may have different edge distance and center distance requirements. Concrete screw locations at the corners and centerline locations may be adjusted to maintain the minimum edge distance to mortar joints. If Concrete screw locations noted as "MAX. ON CENTER" must be adjusted to maintain the minimum edge distance to mortar joints, additional Concrete screws may be required to ensure the maximum on center dimension is not exceeded.
2. 1/4" ITW concrete screws anchoring frame and/or sill require a minimum 2-1/2" clearance to masonry edges, a 1-1/4" minimum embedment and a minimum 3" clearance to adjacent concrete screws. Substitution of equal concrete screws from a different supplier may have different edge distance and center distance requirements. Concrete screw locations at the corners and centerline locations may be adjusted to maintain the minimum edge distance to mortar joints. If Concrete screw locations noted as "MAX. ON CENTER" must be adjusted to maintain the minimum edge distance to mortar joints, additional Concrete screws may be required to ensure the maximum on center dimension is not exceeded.

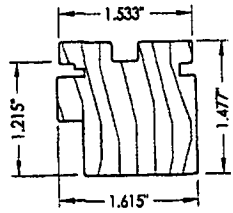
Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero-Beach, FL 33595
 Phone No.: 813.859.9177
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
 Registered Professional Engineer
 License No. 12412

PRODUCT: SERIES 02 ADOOR CLAD VENT CASSEMENT WINDOW, ROOF-MOUNT PART OR ASSEMBLY
 BUCK & FRAME ANCHORING

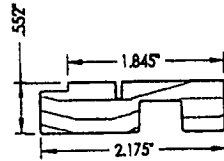
NO.	DATE	BY	REVISIONS

DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 6 of 9

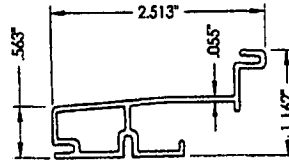
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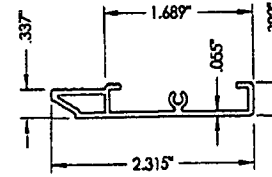
14 SASH RAIL



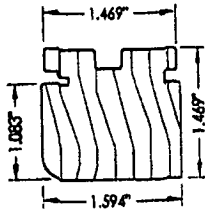
21 HEAD STOP



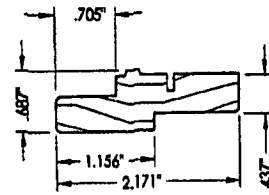
6 FRAME COVER CLADDING



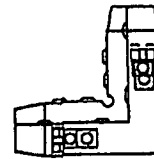
10 SASH CLADDING



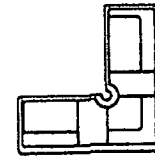
24 SASH STILE



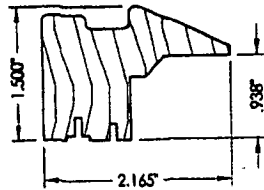
22 STOP COVER



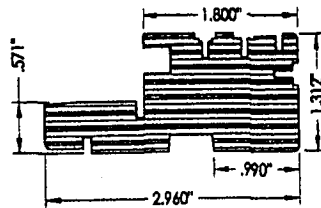
44 SASH CORNER KEY



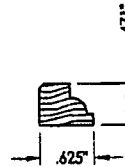
33 FRAME CORNER KEY



20 SILL COVER



5 HEAD, SILL & JAMB
Frame Member



19 GLASS STOP



7 TIE BAR GUIDE

Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33965
 Phone No.: 813.659.9197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 0813
W. W. H. 8-15-08
 W. W. H., P.E. No. 94129

NO.	DATE	BY	REVISIONS

PRODUCT: SERIES 02 ANOM CLAD VENT CASEMENT WINDOW
 PART OR ASSEMBLY: COMPONENTS

DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 8 OF 9

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BILL OF MATERIALS		
ITEM	DESCRIPTION	MATERIAL
A	1/4" MAX. SHIM SPACE	WOOD
B	#8 x 3" PFH SMS	STEEL
C	1X BUCK (SG >= 0.55)	WOOD
D	2X BUCK (SG >= 0.55)	WOOD
E	1/4" x 2-3/4" ELCO TAPCON	STEEL
F	MASONRY - 3,192 PSI MIN. CONCRETE CONFORMING TO ACI 301 OR HOLLOW BLOCK CONFORMING TO ASTM C90	CONCRETE
G	1/4" x 3-3/4" ITW TAPCON	STEEL
H	1/4" x 3-3/4" ELCO TAPCON	STEEL
I	4 18ga x 1-1/4" BRAD TRIM NAIL	STEEL
J	FRAME MEMBER [2.93" X 1.312"] LAMINATED VENEERED LUMBER (LVL)	WOOD (LVL)
K	FRAME CLADDING [1.162" X 2.313"] (6063-T6)	ALUM.
L	THE BAR GUIDE	PLASTIC
M	PECORA 898 SEALANT	SILICONE
N	SASH CLADDING [1.592" X 2.315"] (6063-T6)	ALUM.
O	SASH WEATHERSTRIP	-
P	FRAME WEATHERSTRIP	-
Q	GLASS STOP (CLEAR PINE) [.425" X .471"]	WOOD
R	SASH RAIL (CLEAR PINE) [1.615" X 1.477"]	WOOD
S	MULTI-POINT HANDLE	STEEL
T	2" PIANO HINGE	STAINLESS
U	CASEMENT OPERATOR PIANO	STEEL
V	SILL TRIM / SASH STOP (CLEAR PINE) [2.145" X 1.500"]	WOOD
W	HEAD TRIM / SASH STOP (CLEAR PINE) [2.175" X .552"]	WOOD
X	SIDE TRIM / SASH STOP (CLEAR PINE) [2.171" X .887"]	WOOD
Y	SASH STILE (CLEAR PINE) [1.594" X 1.469"]	WOOD
Z	BACKER ROD	FOAM
AA	SEALANT	SILICONE
AB	POLYETHYLENE FOAM TAPE	FOAM TAPE
AC	STRAP ANCHOR 1.825" X 8.5" X .039" THK.	STEEL
AD	#8 X 1-1/4" PFH WS	STEEL
AE	CASEMENT HINGE	STEEL
AF	FRAME CORNER KEY	ABS COMPOUND
AG	SASH RETAINER	STEEL
AH	GLAZING SHIM (.250" X .065" X 4.0")	NEOPRENE
AI	#8 X 5/8" PFH WS	STEEL
AJ	#8 X 1-1/2" PFH SMS	STEEL
AK	BLIND NAILING SPLINE	VINYL
AL	#7 X 5/8" FHWS S.S.	STAINLESS
AM	#7 X 1-1/4" FH SMS	STAINLESS
AN	SASH CORNER KEY	ABS COMPOUND
AO	GLAZING TAPE .094" X 265" BUTYL TAPE	-
AP	SASH TRACK	STAINLESS
AQ	KEEPER MULTI-POINT	STAINLESS
AR	1-1/2" INTERIOR COLONIAL MDL BAR	WOOD
AS	1-1/2" EXTERIOR MDL BAR (6063 T-6)	ALUMINIUM
AT	1-1/2" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
AU	1-1/2" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
AV	1-1/8" INTERIOR COLONIAL MDL BAR	WOOD
AW	1-1/8" EXTERIOR MDL BAR (6063 T-6)	ALUMINIUM
AX	1-1/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
AY	1-1/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
AZ	7/8" INTERIOR COLONIAL MDL BAR	WOOD
BA	7/8" EXTERIOR MDL BAR (6063 T-6)	ALUMINIUM
BB	7/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
BC	7/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
BD	7/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
BE	7/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE

Documents Prepared By:
 BUILDING CONSULTANTS, INC.
 P.O. Box 230 Norfolk VA 23505
 Phone No. 813.650.9197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
R.W. Williams
 8-15-08

PRODUCT: SERIES 02 ALUMINUM CLAD VENT CASEMENT WINDOW
 PART OR ASSEMBLY: BILL OF MATERIALS

NO.	DATE	BY	REVISIONS

DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 9 of 9

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Fri

10-9

2009

Page

1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8813	Hepworth			
1:30	3 RIVERVIEW Sand Castle	P.O. FINAL	PASS	PENDING SURVEY INSPECTOR <i>J</i>
9201	Spencer	Final	PASS	Close
1st	3 Oak Hill Way Steve Conway	Final	PASS	Close INSPECTOR <i>J</i>
8823	SEBASTIAN 6 W. HIGHL ST O/B	FINAL	RESCHEDULE FOR PM	MON. INSPECTOR <i>J</i>
9229	MAKONANNIS 80. S. RIVER HOCKSTEN	FINAL SIDING & DOOR	PASS	Close INSPECTOR <i>J</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

9399

FENCE



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:	9399	DATE ISSUED:	APRIL 1, 2010
SCOPE OF WORK:	FENCE		
CONDITIONS:			
CONTRACTOR:	RAISING THE BAR		
PARCEL CONTROL NUMBER:	263741-015-000-001307	SUBDIVISION	CASTLE HILL - LOT 13
CONSTRUCTION ADDRESS:	3 OAKHILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	CLINTON BRADLEY	CONTACT PHONE NUMBER:	215-0972

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 9399

Date: Mar 31 2010

OWNER/TITLEHOLDER NAME: Glenn & Cindy Braspen Phone (Day) 772 2840150 (Fax) -

Job Site Address: 3 Oakhill way City: Sewalls Point State: FL Zip: 34996

Legal Description: Castle Hill, Lot 13 Parcel Control Number: 2637410150000013070000

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

Scope of work (please be specific): 27' tall 27' linear feet of Shadow Box wood Fencing

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 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 1050

(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

CONTRACTOR/Company: Clinton Bradley/Raising the Bar Phone: 772 2154972 Fax: 772 4195065

Street: 2773 SW Regal Terrace City: Stuart State: FL Zip: 34997

State License Number: OR: Municipality: Martin License Number: CFE 5041

LOCAL CONTACT: Same Phone Number: Same

DESIGN PROFESSIONAL: RECEIVED L.P. Phone Number:

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, Existing, Gas): 2007 National Electrical Code: 2005 2008 Fire Code: 2007 Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS 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.
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 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)

[Signature]

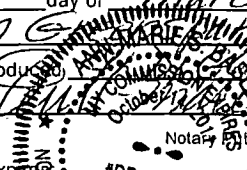
State of Florida, County of: Martin

This the 31st day of March, 2010

by Glenn Braspen who is personally

known to me or produced by [Signature]

as identification. [Signature]



My Commission Expires:

CONTRACTOR SIGNATURE: (required)

[Signature]

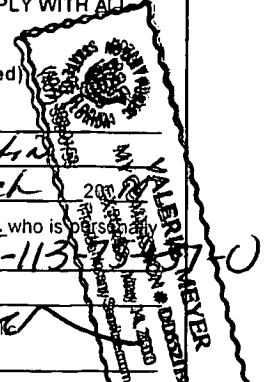
On State of Florida, County of: Martin

This the 31 day of March, 2010

by Clinton M Bradley who is personally

known to me or produced by [Signature]

as identification. [Signature]



My Commission Expires:

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



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.12

Summary

print Owner 2 of 2

Parcel Info

Summary

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

Parcel ID	Unit Address	SerialIndex ID	Order	Commercial	Residential
26-37-41-015-000-00130-7	3 OAK HILL WY	4157	Owner	0	1

Summary

Property Location 3 OAK HILL WY
Tax District 2200 Sewall's Point
Account # 4157
Land Use 101 0100 Single Family
Neighborhood 120900
Acres 0.483

Legal Description
Property Information
 CASTLE HILL, LOT 13

Search By

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

Owner Information
Owner Information
 GREENSPAN GLENN & CINDY

Mail Information
 3 OAK HILL WAY
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$283,500
Market Impr Value \$529,310
Market Total Value \$812,810

Site Functions

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

Recent Sale
Sale Amount \$958,000

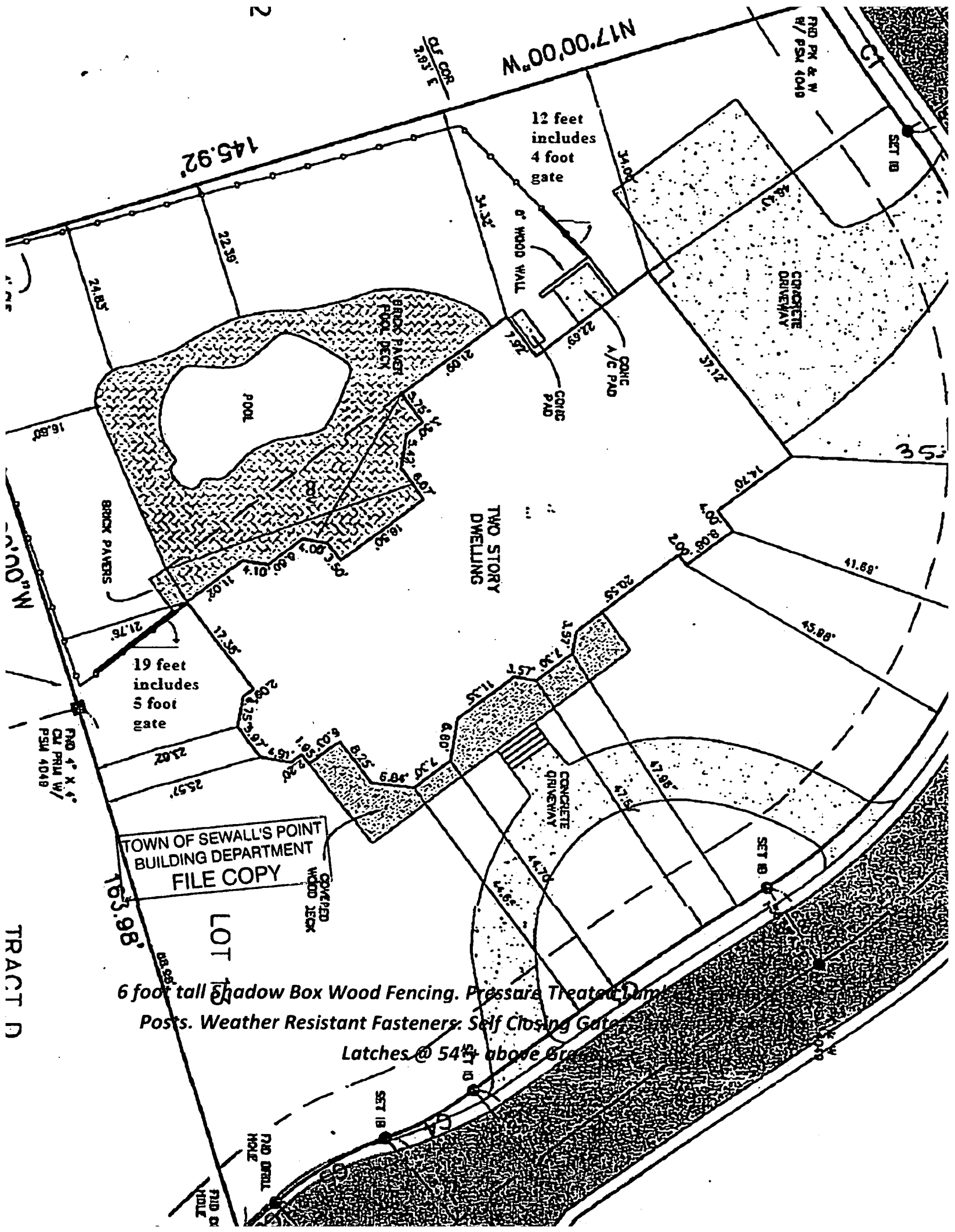
Sale Date 8/13/2008
Book/Page 2346 2274

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 3/18/2010





TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

6 foot tall Shadow Box Wood Fencing. Pressure Treated Lumber
 Posts. Weather Resistant Fasteners. Self Closing Gate
 Latches @ 54" above Grade

TRACT D

LOT 1

163.98'

19 feet includes 5 foot gate

12 feet includes 4 foot gate

TWO STORY DWELLING

BRICK PAVERS

BRICK PAVES POOL DECK

POOL

6' WOOD WALL

GRID PAD

A/C PAD

CONCRETE DRIVEWAY

CONCRETE DRIVEWAY

SET 18

SET 18

SET 18

GRID PAD

GRID PAD

17.00' 00" W

145.92'

17.00' 00" W

RFD PA & W
W/ PSM 4048

RFD 4' X 4'
CU PAVES W/
PSM 4048

COVERED WOOD DECK

6 foot tall Shadow Box Wood Fencing. Pressure Treated Lumber
Posts. Weather Resistant Fasteners. Self Closing Gate
Latches @ 54" above Grade

LOT 1

163.98'

19 feet includes 5 foot gate

12 feet includes 4 foot gate

TWO STORY DWELLING

BRICK PAVERS

BRICK PAVES POOL DECK

POOL

6' WOOD WALL

GRID PAD

A/C PAD

CONCRETE DRIVEWAY

CONCRETE DRIVEWAY

SET 18

SET 18

SET 18

GRID PAD

GRID PAD

17.00' 00" W

145.92'

17.00' 00" W

RFD PA & W
W/ PSM 4048

RFD 4' X 4'
CU PAVES W/
PSM 4048

COVERED WOOD DECK

6 foot tall Shadow Box Wood Fencing. Pressure Treated Lumber
Posts. Weather Resistant Fasteners. Self Closing Gate
Latches @ 54" above Grade

Fence Post →

6' Post

8 foot post

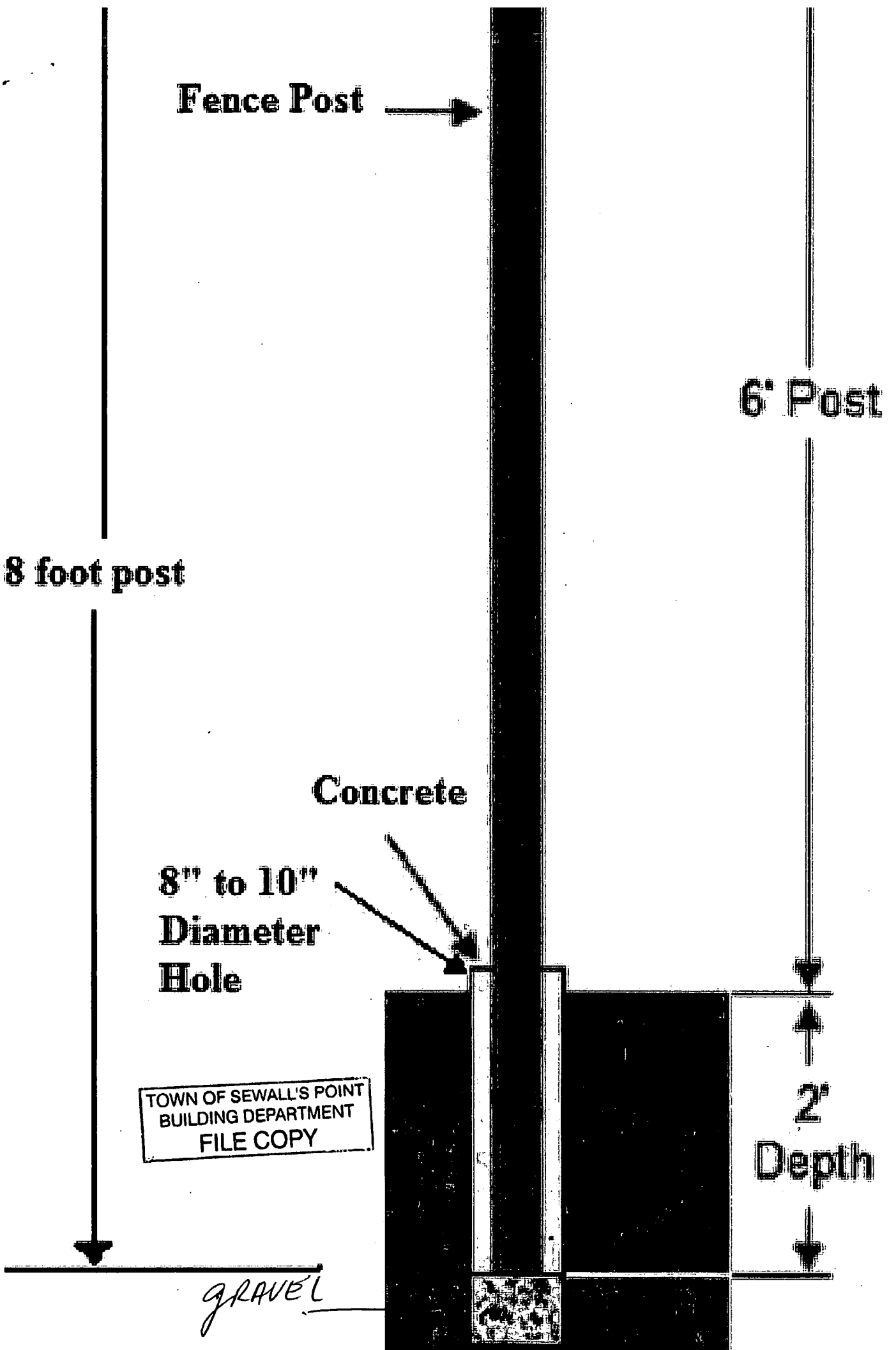
Concrete

**8" to 10"
Diameter
Hole**

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

**2'
Depth**

GRAVEL



Fence bottom will be level with ground and no more than 2" above grade. All gates will have self closing hinges and open outward away from enclosed/pool area and consist of latching locking hardware. Spacing between pickets will be between 3-1/2" & 4-1/4" no greater.

TOWN OF SEWALLS POINT
BIRCHMOUNT APARTMENT

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-12-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9535	Greenspan 3 Oak Hill Way Coastal Ac	Final AC	PASS	Close INSPECTOR <i>JA</i>
9579	Greenspan 3 Oak Hill Way Raising the Bar	Final Fence	PASS	Close INSPECTOR <i>JA</i>
9479	Akrawi 53 S Sewalls James Thomas	tie down dry-in	Pass Pass	Pool Size INSPECTOR <i>JA</i>
9051 1st	Benitana 3602 SE Ocean Comm Contr.	partial rough duct	PASS	INSPECTOR <i>JA</i>
9478	AKRAWI 53 S SEWALLS JAMES THOMAS	STRAPPING R. ELECTRIC	PASS PASS	REMODEL INSPECTOR <i>JA</i>
	SHARFI 93 N. SPY RD	CAVING		INSPECTOR
	Tree Brennan Carlson 7 Kingston Ct	Tree		
	Tree 16 S Via Lucinda	Relocate trees		INSPECTOR

9535

A/C CHANGEOUT



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:	9535	DATE ISSUED:	AUGUST 13, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	COASTAL HEATING & AC		
PARCEL CONTROL NUMBER:	263741015-000-001307	SUBDIVISION	CASTLE HILL-L 13
CONSTRUCTION ADDRESS:	3 OAK HILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	RICHARD WHITEHEAD	CONTACT PHONE NUMBER:	288-4829

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**

Permit Number: 9535

Date: 8-10-10

OWNER/TITLEHOLDER NAME: Greenspan Phone (Day) 219-1779 (Fax) _____

Job Site Address: 3 Oak Hill Way City: Sewalls Pt. State: FL Zip: 34996

Legal Description _____ Parcel Control Number: _____

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

Scope of work (please be specific): HVAC Chg Out - Equip Only

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: \$ 3,600.00
(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 ___ 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

CONTRACTOR/Company: Coastal Heating + Air Cond. Phone: 288-4829 Fax: 280-4997

Street: 7984 SW Jack Jones Drive City: STUART State: FL Zip: 34997

State License Number: CAC058137 OR: Municipality: _____ License Number: _____

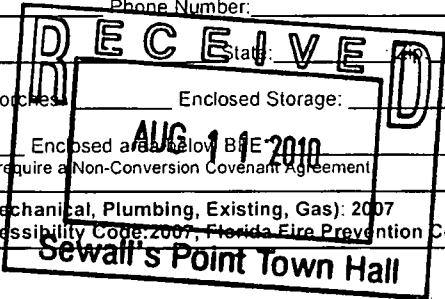
LOCAL CONTACT: Mary Whitehead Phone Number: 288-4829

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

Street: _____ City: _____ State: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Pools: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below Base Flood Elevation _____
* 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): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

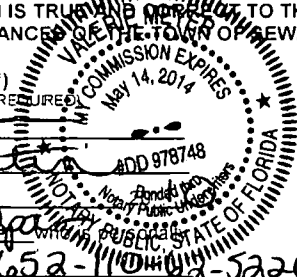
NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS 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.
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 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 OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Cynthia J. Greenspan
State of Florida, County of: Martin
This the 11th day of Aug
by Cynthia J. Greenspan
known to me or produced FDL# 652-11062-5220
as identification. Valerie S. ...
My Commission Expires: _____



CONTRACTOR SIGNATURE (required)
Richard Whitehead
On State of Florida, County of: MARTIN
This the 10 day of AUGUST 2010
by Richard Whitehead who is personally
known to me or produced _____
as identification. Mary G. Maguire
Notary Public
My Commission Expires: 11-12-2012

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

Air Conditioning Change out Affidavit

Residential Commercial _____
Package Unit _____ Yes No (Use Condenser side of form below for equipment listing)
Duct Replacement _____ Yes No - Refrigerant line replacement _____ Yes No
Flushing Existing Refrigerant lines Yes _____ No - Adding Refrigerant Drier Yes _____ No
Rooftop A/C Stand Installation _____ Yes No - Curb Installation _____ Yes No
Smoke Detector in Supply (over 2000 CFM) _____ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Carrier Model# FV4CNFO0
Volts 230 CFM's 875/70 Heat Strip 8 Kw
Min. Circuit Amps 5.1 Wire gauge 8
Max. Breaker size 50 Min. Breaker size 40
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 410a
Location: Existing New _____
Attic/Garage/Closet (specify) Closet
Access: Inside House

Condenser: Mfg Carrier Model# 24ABC630
Volts 230 SEER/EER 16/13 BTU's 28,000
Min. Circuit Amps 16.8 Wire gauge 10
Max. Breaker size 25 Min. Breaker size N/A
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type 410a
Location: Existing New _____
Left/Right/Rear/Front/Roof Rear
Condensate Location outside

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Grand Air Model# F41A1R00
Volts 230 CFM's 875/70 Heat Strip 8 Kw
Min. Circuit Amps 40 Wire gauge 8
Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R-22
Location: Ext. New _____
Attic/Garage/Closet (specify) Closet
Access: Inside House 2nd Floor

Condenser: Mfg Grand Air Model# 386030
Volts 230 SEER/EER _____ BTU's 28,000
Min. Circuit Amps 16.0 Wire gauge 8
Max. Breaker size 25 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R22
Location: Ext. New _____
Left/Right/Rear/Front/Roof Rear
Condensate Location at side

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Richard A. Whittaker

8-10-10
Date

Signature

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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

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

Summary

print [navigation icons] Owner 2 of 3

Tabs

Summary

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Full Legal →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
26-37-41-015-000-00130-7	4157	3 OAK HILL WY, SEWALL'S POINT	\$752,150	08/07/2010

Owner Information

Owner(Current) GREENSPAN GLENN & CINDY
Owner/Mail Address 3 OAK HILL WAY
 STUART FL 34996
Transfer Date 08/13/2008
Document Number 2102013
Document Reference No. 2346 2274

Searches

- Parcel ID
- Owner**
- Address
- Account #
- Land Use
- Legal Description
- Neighborhood
- Sales
- Maps →

		Location/Description	
Account #	4157	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 13
Parcel Address	3 OAK HILL WY, SEWALL'S POINT		
Acres	.4830		

Parcel Type

Land Use 0100 Single Family
Neighborhood 120900 Sewall's Lndg/Castle Hill

Functions

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

Assessment Information

Market Land Value	\$238,000
Market Improvement Value	\$514,150
Market Total Value	\$752,150

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement

**24ABC6
Base™ 16 Air Conditioner
with Puron® Refrigerant
1–1/2 Through 5 Tons**



Product Data

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
INDUSTRY LEADING FILE COPY

FEATURES / BENEFITS

Efficiency

- 14 - 16.5 SEER/11.0- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 76 dBA
- Sound level as low as 74 dBA with accessory sound blanket

Comfort

- System supports Edge® Thermidistat™ or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- Balanced refrigeration system for maximum reliability

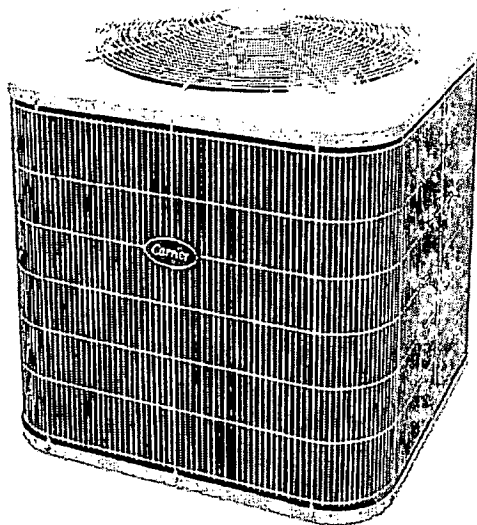
Durability

WeatherArmor™ protection package:

- Solid, durable sheet metal construction
- Dense wire coil guard standard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C)) with accessory kit



Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ABC has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

As an Energy Star® Partner, Carrier Corporation has determined that this product meets the Energy Star® guidelines for energy efficiency. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

MODEL NUMBER NOMENCLATURE

1	2	3	4	5	6	7	8	9	10	11	12	13
N	N	A	A	A/N	N	N	N	A/N	A/N	A/N	N	N
2	4	A	B	C	6	3	6	A	0	0	3	0
Product Series	Product Family	Tier	Major Series	SEER	Cooling Capacity	Grille Variations	Open	Open	Open	Voltage	Series	
24=AC	A=RES AC	B=Base	C=Puron	6=16 SEER		A = Dense W = Standard	0=Not Defined	0=Not Defined	3=208/230-1	0 = Original Series		

24ABC6



Use of the AHRI Certified TM Mark indicates a manufacturer's participation in the program. For verification of certification for individual products, go to www.ahridirectory.org.



This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. However, proper refrigerant charge and proper air flow are critical to achieve rated capacity and efficiency. Installation of this product should follow all manufacturing refrigerant charging and air flow instructions. Failure to confirm proper charge and air flow may reduce energy efficiency and shorten equipment life.

STANDARD FEATURES

Feature	18	24	30	36	42	48 / 49	60 / 61
Puron Refrigerant	X	X	X	X	X	X	X
Maximum SEER *	16.0	16.0	16.5	16.5	16.0	16.0	16.0
Scroll Compressor	X	X	X	X	X	X	X
Field Installed Filter Drier	X	X	X	X	X	X	X
Front Seating Service Valves	X	X	X	X	X	X	X
Internal Pressure Relief Valve	X	X	X	X	X	X	X
Internal Thermal Overload	X	X	X	X	X	X	X
Long Line capability	X	X	X	X	X	X	X
Low Ambient capability with Kit	X	X	X	X	X	X	X
Dense Grille	X	X	X	X	X	X	X

* With approved combinations
X = Standard

PHYSICAL DATA

UNIT SIZE - VOLTAGE, SERIES	18-31	24-30	30-30	36-30	42-30	48-31	49-30	60-30	61-30
Operating Weight lb (kg)	125 (56.7)	147 (66.5)	153 (69.3)	165 (74.8)	213 (96.4)	264 (119.7)	231 (104.8)	272 (123.4)	272 (123.4)
Shipping Weight lb (kg)	154 (69.9)	183 (82.8)	188 (85.2)	204 (92.5)	254 (115.2)	317 (143.8)	269 (222.0)	310 (140.6)	310 (140.6)
Compressor Type	Scroll								
REFRIGERANT	Puron® (R-410A)								
Control	TXV (Puron® Hard Shutoff)								
Charge lb (kg)	4.60 (2.09)	6.00 (2.72)	6.81 (3.09)	7.00 (3.18)	8.62 (3.91)	13.0 (5.90)	9.00 (4.08)	14.50 (6.58)	14.50 (6.58)
COND FAN	Propeller Type, Direct Drive								
Air Discharge	Vertical								Vertical
Air Qty (CFM)	1881	2614	2614	3223	3810	4046	4046	4046	4046
Motor HP	1/12	1/10	1/10	1/12	1/5	1/4	1/4	1/4	1/4
Motor RPM	1100	1100	1100	800	800	800	800	800	800
COND COIL									
Face Area (Sq ft)	11.50	15.10	17.20	17.60	25.15	25.15	25.15	30.15	30.15
Fins per In.	25	25	25	25	25	20	20	20	20
Rows	1	1	1	1	1	2	1	2	2
Circuits	3	4	4	4	6	7	7	8	8
VALVE CONNECT. (In. ID)									
Vapor	3/4	3/4	3/4	7/8	7/8	7/8	7/8	7/8	7/8
Liquid	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8
REFRIGERANT TUBES (In. OD)									
Rated Vapor*	3/4			7/8				1-1/8	
Max Liquid Line †	3/8								

* Units are rated with 25 ft (7.6 m) of lineset length. See Vapor Line Sizing and Cooling Capacity Loss table when using other sizes and lengths of lineset.

† Note: See unit Installation Instruction for proper installation.

† See Liquid Line Sizing For Cooling Only Systems with Puron Refrigerant tables.

REFRIGERANT PIPING LENGTH LIMITATIONS

Liquid Line Sizing and Maximum Total Equivalent Lengths† for Cooling Only Systems with Puron® Refrigerant:

The maximum allowable length of a residential split system depends on the liquid line diameter and vertical separation between indoor and outdoor units.

See Table below for liquid line sizing and maximum lengths :

**Maximum Total Equivalent Length
Outdoor Unit BELOW Indoor Unit**

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with Puron Refrigerant Maximum Total Equivalent Length†: Outdoor unit BELOW Indoor Vertical Separation ft (m)								
			0-5 (0-1.5)	6-10 (1.8-3.0)	11-20 (3.4-6.1)	21-30 (6.4-9.1)	31-40 (9.4-12.2)	41-50 (12.5-15.2)	51-60 (15.5-18.3)	61-70 (18.6-21.3)	71-80 (21.6-24.4)
18000 AC with Puron	3/8	1/4	150	150	125	100	100	75	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	225*	150
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
24000 AC with Puron	3/8	1/4	75	75	75	50	50	--	--	--	--
		5/16	250*	250*	250*	250*	250*	225*	175	125	100
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
30000 AC with Puron	3/8	1/4	30	--	--	--	--	--	--	--	--
		5/16	175	225*	200	175	125	100	75	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
36000 AC with Puron	3/8	5/16	175	150	150	100	100	100	75	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	250*
42000 AC with Puron	3/8	5/16	125	100	100	75	75	50	--	--	--
		3/8	250*	250*	250*	250*	250*	250*	250*	250*	150
48000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	230	160	--
49000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	230	160	--
60000 AC with Puron	3/8	3/8	250*	250*	250*	225*	190	150	110	--	--
61000 AC with Puron	3/8	3/8	250*	250*	250*	225*	190	150	110	--	--

* Maximum actual length not to exceed 200 ft (61 m)

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

**Maximum Total Equivalent Length
Outdoor Unit ABOVE Indoor Unit**

Size	Liquid Line Connection	Liquid Line Diam. w/ TXV	AC with Puron Refrigerant Maximum Total Equivalent Length†: Outdoor unit ABOVE Indoor Vertical Separation ft (m)							
			25 (7.6)	26-50 (7.9-15.2)	51-75 (15.5-22.9)	76-100 (23.2-30.5)	101-125 (30.8-38.1)	126-150 (38.4-45.7)	151-175 (46.0-53.3)	176-200 (53.6-61.0)
18000 AC with Puron	3/8	1/4	175	250*	250*	250*	250*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
24000 AC with Puron	3/8	1/4	100	125	175	200	225*	250*	250*	250*
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
30000 AC with Puron	3/8	1/4	30	--	--	--	--	--	--	--
		5/16	250*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
36000 AC with Puron	3/8	5/16	225*	250*	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
42000 AC with Puron	3/8	5/16	175	200	250*	250*	250*	250*	250*	250*
		3/8	250*	250*	250*	250*	250*	250*	250*	250*
48000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*
49000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*
60000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*
61000 AC with Puron	3/8	3/8	250*	250*	250*	250*	250*	250*	250*	250*

* Maximum actual length not to exceed 200 ft (61 m)

† Total equivalent length accounts for losses due to elbows or fitting. See the Long Line Guideline for details.

-- = outside acceptable range

24ABC6

ELECTRICAL DATA

UNIT SIZE	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE† 60° C	MIN WIRE SIZE† 75° C	MAX LENGTH ft. (m)‡ 60° C	MAX LENGTH ft. (m)‡ 75° C	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA						
18-31	208/230/1-60	253	197	48.0	9.0	0.50	11.8	14	14	67 (20.4)	64 (19.5)	20
24-30				58.3	13.5	0.75	17.7	14	14	46 (14.0)	43 (13.1)	25
30-30				64.0	12.8	0.75	16.8	14	14	44 (13.4)	41 (12.5)	25
36-30				77.0	14.1	0.50	18.1	12	12	57 (17.4)	54 (16.5)	30
42-30				112.0	17.9	1.20	23.6	10	10	85 (25.9)	81 (24.7)	40
48-31				109.0	19.9	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
49-30				117.0	21.8	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
60-30				135.0	21.4	1.20	28.0	8	10	91 (27.7)	56 (17.1)	40
61-30				134.0	25.0	1.20	32.5	8	10	94 (28.7)	58 (17.7)	50

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310-16 of the NEC (NFPA 70). The ampacity of non-metallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 334-80. If other than uncoated (no-plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-Delay fuse.

- FLA - Full Load Amps
- LRA - Locked Rotor Amps
- MCA - Minimum Circuit Amps
- RLA - Rated Load Amps

NOTE: Control circuit is 24-V on all units and requires external power source. Copper wire must be used from service disconnect to unit. All motors/compressors contain internal overload protection.

Complies with 2007 requirements of ASHRAE Standards 90.1

24ABC6

A-WEIGHTED SOUND POWER LEVEL (dBA)

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	76	52.5	59.0	65.5	70.5	64.5	59.0	54.5
024-30	76	57.5	64.0	69.0	71.0	69.0	64.5	60.0
030-30	76	55.0	63.5	68.0	69.5	67.0	63.5	58.5
036-30	76	50.5	59.5	64.5	70.5	62.0	59.5	54.5
042-30	78	52.5	62.0	66.0	73.5	68.0	62.0	55.5
048-31	78	57.5	61.5	66.0	70.5	65.5	59.5	53.5
049-30	78	51.5	62.0	67.5	73.5	69.0	64.5	62.0
060-30	78	55.0	62.5	67.5	70.5	65.0	61.0	53.5
061-30	78	56.5	63.0	65.5	69.0	67.0	61.5	56.0

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

A-WEIGHTED SOUND POWER LEVEL (dBA) WITH SOUND SHIELD

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
018-31	74	55.5	59.0	65.0	68.5	63.5	58.0	52.0
024-30	75	58.0	64.0	69.0	70.5	68.5	64.5	59.5
030-30	75	55.5	63.0	68.0	69.0	67.0	63.0	58.5
036-30	74	51.5	58.5	62.0	65.0	61.0	58.0	52.0
042-30	76	53.0	62.0	65.5	72.0	65.0	61.0	54.0
048-31	76	58.5	61.5	66.0	69.0	64.0	58.5	51.0
049-30	76	53.0	61.5	67.5	72.0	68.0	61.5	59.0
060-30	75	56.5	62.5	66.5	68.0	63.0	59.5	51.5
061-30	75	57.0	63.0	65.5	67.0	65.5	59.0	52.5

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

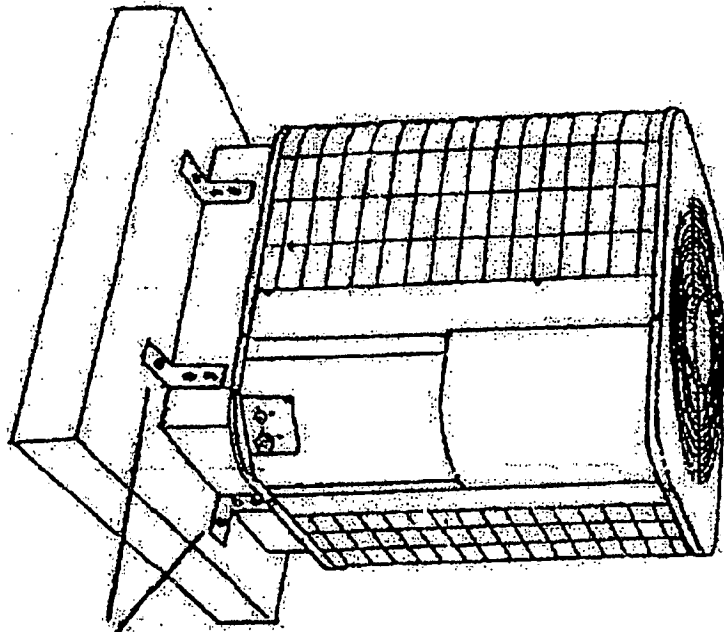
UNIT SIZE - VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18-31	10 (5.6)
24-30	10 (5.6)
30-30	10 (5.6)
36-30	10 (5.6)
42-30	9 (5.0)
48-31	10 (5.6)
49-30	8 (4.4)
60-30	9 (5.0)
61-30	9 (5.0)

COMBINATION RATINGS

AHRI Ref. No.	Model Number	Indoor Model	Furnace Model	Capacity	EER	SEER
3631016	24ABC630A**30	CSPH*4212A**	58ME(B,C)080-16	29,000	13.0	16.0
3631171	24ABC630A**30	CSPH*4212A**	58MV(B,C)060-14	28,600	13.0	16.0
3631223	24ABC630A**30	CSPH*4212A**	58MV(B,C)080-14	28,400	13.0	16.0
3631274	24ABC630A**30	CSPH*4212A**	58MV(B,C)080-20	28,400	13.0	16.0
3631338	24ABC630A**30	CSPH*4212A**	58MV(B,C)100-20	28,200	13.0	16.0
3631396	24ABC630A**30	CSPH*4212A**	58MV(B,C)120-20	28,600	13.0	16.0
3631444	24ABC630A**30	CSPH*4212A**	58MVB040-14	28,400	13.0	16.0
3631519	24ABC630A**30	CSPH*4212A**	58PH*070-16	28,600	13.0	16.0
3631561	24ABC630A**30	CSPH*4212A**	58PH*090-16	28,800	13.0	16.0
3644979	24ABC630A**30	CSPH*4212A**	58VLR105-12	28,600	13.0	16.0
3644978	24ABC630A**30	CSPH*4212A**	58VMR105-12	28,200	13.0	16.0
3631793	24ABC630A**30	CSPH*4212A** + TDR		28,600	12.0	14.0
3804400	24ABC630A**30	FB4CNF030		28,000	12.5	14.5
3693280	24ABC630A**30	FB4CNF030+TXV		28,000	12.5	15.0
3804401	24ABC630A**30	FB4CNF036		28,000	12.5	14.5
3693281	24ABC630A**30	FB4CNF036+TXV		28,000	12.5	15.0
3631709	24ABC630A**30	FE4AN(B,F)003+UI		28,200	13.0	16.0
3631712	24ABC630A**30	FE4AN(B,F)005+UI		28,800	13.0	16.5
3631722	24ABC630A**30	FE4ANF002+UI		28,000	13.0	16.0
3631724	24ABC630A**30	FE5ANB004+UI		29,000	13.0	16.5
3631757	24ABC630A**30	FF1ENP030		27,600	12.0	14.0
3631759	24ABC630A**30	FF1ENP031		28,200	12.5	15.0
3631761	24ABC630A**30	FF1ENP036		28,000	12.0	14.0
3631764	24ABC630A**30	FF1ENP037		28,200	12.5	15.0
3631767	24ABC630A**30	FV4BN(B,F)003		28,200	13.0	16.0
3631770	24ABC630A**30	FV4BN(B,F)005		28,800	13.0	16.0
3631802	24ABC630A**30	FV4BNF002		28,000	13.0	16.0
3631805	24ABC630A**30	FV4CN(B,F)003		28,200	13.0	16.0
3631808	24ABC630A**30	FV4CN(B,F)005		28,800	13.0	16.0
3631818	24ABC630A**30	FV4CNF002		28,000	13.0	16.0
3631846	24ABC630A**30	FX4CN(B,F)036		28,200	12.5	15.0
3631848	24ABC630A**30	FX4CN(B,F)042		28,400	12.0	14.0
3631861	24ABC630A**30	FX4CNF030		28,200	12.5	15.0
3632299	24ABC630A**30	FX4DN(B,F)031		28,400	13.0	15.5
3632300	24ABC630A**30	FX4DN(B,F)037		28,800	13.0	16.0
3631891	24ABC630A**30	FY4ANF030		27,800	11.5	14.0
3631893	24ABC630A**30	FY4ANF036		28,000	11.5	13.5
3631895	24ABC630A**30	FY4ANF042		28,200	11.5	13.5
3804402	24ABC630A**30	FY5BNF030		28,000	12.5	14.5
3693293	24ABC630A**30	FY5BNF030+TXV		28,200	12.5	14.5
3804403	24ABC630A**30	FY5BNF036		28,000	12.0	14.0

24ABC6





ANCHOR CLIPS



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2010.

Certificate of Product Ratings

AHRI Certified Reference Number: 3631802

Date: 8/10/2010

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 24ABC630A**30

Indoor Unit Model Number: FV4BNF002

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: BASE 16 PURON AC

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	28000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

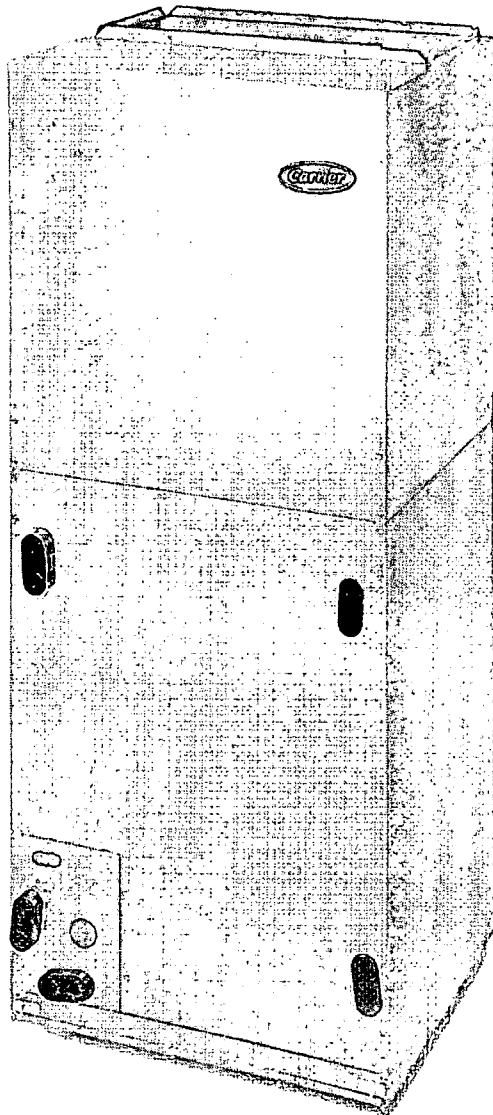
**FV4C
Performance™ Series Fan Coil
Sizes 002 Thru 006**



Turn to the Experts.

Product Data

PREMIUM ENVIRONMENTALLY SOUND FAN COIL



The FV4C is the premium air handler combining the proven technology of Carrier fan coils with environmentally sound Puron® refrigerant. The FV4C achieves an operational advantage when the ECM (Electronically Commutated Motor) is combined with a Carrier Performance™ heat pump with Puron® refrigerant.

With attention to quiet, efficient, and comfortable operation, Carrier has developed a new benchmark for superior indoor comfort and control. ArmorCoat™ provides a tin plating of the indoor coil's copper hairpins. This creates a barrier between the corrosion-causing elements and the coil.

Carrier's heat pump and air conditioning systems now feature Puron® refrigerant (R-410A), the chlorine-free refrigerant that is the future for the residential heating and cooling industry. The FV4C using Puron® refrigerant maximizes performance for environmentally sound systems. In addition to environmental safety, these systems are 30 to 40% more efficient than standard heating and cooling systems, thereby combining excellence in efficiency and environmental safety.

The FV4C provides these benefits due to Carrier's command of ECM technology. These motors are extremely efficient at all speeds, and enable the FV4C to operate at the correct speed to deliver airflow precisely, ensuring proper performance across a wide range of duct static pressures. This adaptive efficiency also makes installation quality easier to achieve for today's demanding homeowner.

Carrier's command of ECM technology may be most evident in the comfort advantages that ECM can deliver. Operation set up steps on the Easy Select™ Board provide the installing technician with alternatives to maximize comfort and efficiency. For true indoor comfort, the homeowner can achieve command of both temperature and humidity in cooling and heating modes.

Another feature which sets the FV4C apart is the factory-installed TXV, which enhances efficiency and provides compressor protecting operation at all recommended conditions. Grooved copper tubing, louvered aluminum fins, and the large face areas of the FV4C refrigerant coils also provide superior efficiency, for high SEER and HSPF performance. Carrier leads the way in condensate control, a hallmark of these multipoise fan coils. All of these featured components are protected within a rugged, prepainted metal cabinet lined with super thick, high density insulation. For neat, high quality installations the unit exterior features sweat refrigerant connections for simple leak free performance, and multiple electrical entry for both high and low voltage service.

For superior technology and unmatched comfort, the environmentally sound and efficient FV4C can't be beat.

MODEL NUMBER NOMENCLATURE

1 2 3 4 5 6 7 8 9 10 11 12
F V 4 C N B 0 0 3 0 0 0

Product

F = Fan Coil

Type

V = Puron® Refrigerant

Position

4 = Multipoise

Series

C

Electrical

N = 208/230v, 1ph-60 Hz

Cabinet/Insulation

B = Modular

F = Single piece

Heating Size

T00 = ArmorCoat™

000 = No Heat

005 = 5 kW

075 = 7.5 kW

008 = 8 kW

010 = 10 kW

011 = 11 kW

015 = 15 kW

Capacity

002 = 18-36,000

003 = 24-42,000

005 = 30-48,000

006 = 30-60,000

FV4C



CERTIFICATION APPLIES ONLY WHEN THE COMPLETE SYSTEM IS LISTED WITH ARI



SPECIFICATIONS

MODEL FV4C	002	003	005	006
COIL				
Refrigerant Metering Device	Puron® Refrigerant (R-410A)			
TXV Size	2 Ton	3 Ton	4 Ton	
Rows/Fins Per In.	3 / 14.5			
Face Area (Sq Ft)	3.46		5.93	7.42
Configuration	A	Slope		A
BLOWER & MOTOR				
Air Discharge	Upflow, Downflow, Horizontal			
CFM (Nominal Clg/Htg)	525 / 470	700 / 630	875 / 785	1050 / 945
	700 / 630	875 / 785	1050 / 945	1225 / 1100
	875 / 785	1050 / 945	1225 / 1100	1400 / 1260
	1050 / 945	1225 / 1100	1400 / 1260	1750 / 1575
Motor HP (ECM)	1/2			3/4
FILTER CLEANABLE				
	21-1/2" (546 mm) by	16-3/8" (417 mm)	19-7/8" (505 mm)	23-5/16" (585 mm)
CABINET CONFIGURATION OPTIONS				
	1 Piece	1 Piece or Modular		Modular

FEATURES

Environmentally Sound Refrigerant Technology

- Puron[®], chlorine-free non-ozone depleting refrigerant
- Thermostatic Expansion Valve (TXV) designed to maximize performance with Puron[®] refrigerant

Energy Efficient Operation

- Electronically Commutating Motor (ECM) operates efficiently at all speeds
- Maximizes efficiency of heating and cooling systems
- Ultra low power consumption during fan only operation

Indoor Weather Control

- Warm, comfortable heating air temperatures
- Unmatched humidity control, especially with Carrier's Thermidistat™ Control

Airflow and Sound Technology

- Diffuser air discharge section for high airflow efficiency and quiet, smooth operation
- High duct static capability
- Unique cabinet design that meets new stringent regulations for air leakage. Meets requirements of a 2% cabinet leakage rate when tested at 1.0 inches of static pressure

Condensate Control and Disposal Technology

- Minimal standing waterless microbial growth for improved IAQ and reduced condensate line clogging and related condensate leakage
- Condensate fittings relocated away from turbulent airflow patterns at the blower entrance for improved condensate control performance
- Overflow feature for slope coil units allows condensate to exit the unit without damage to product under clogged primary and secondary line conditions
- Tested for condensate disposal at conditions much more severe than those required by AHRI
- Primary and secondary drain connections to comply with HUD
- All pans constructed of an injection molded glass-filled polycarbonate engineered resin material, with brass drain connections.
- High density, super thick cabinetry insulation with vapor barrier
- Pre-painted galvanized sheet metal cabinet

Heat Transfer Technology

- Grooved copper tubing
- Lanced sine wave aluminum fins
- Discreet refined counter-flow refrigerant circuitry
- Bi-flow hard shut-off TXV metering device
- ArmorCoat™ coil protection available

Quality Assisting, Ease of Installation and Service Features

- All units multipoise
- Provision made for suspending from roof or ceiling joints
- Modular cabinet on 003 thru 006 units
- Sweat connections for leak free service
- Multiple electrical entry for application flexibility (high and low voltage)
- Low voltage terminal strip, to safely hold connections within the cabinet
- Inspection plate on A-coil models for quick coil cleanliness inspection
- Cabinet construction features innovations designed to prevent cabinet sweating

Controls and Electrical Features

- Easy Select™ Board to maximize comfort, efficiency, and safe heater airflow operation
- Easy plug connection provided for quick installation of accessory heater packages
- 40VA 208/230v transformer
- Replaceable 5-amp blade-type auto fuse protects against transformer secondary short

Filter Features

- Factory supplied filter
- Cleanable polyester filter media
- Filter "springs" out for easy access - no tools required
- Newly improved filter rack area - filter door insulation added for an improved air seal

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 10-12-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9535	Greenspan 3 Oak Hill Way Coastal Ac	Final AC	Pass	Close INSPECTOR <i>JA</i>
9399	Greenspan 3 Oak Hill Way Raising the Bar	Final Fence	Pass	Close INSPECTOR <i>JA</i>
9479	Akrawi 53 S Sewalls James Thomas	tie down dry-in	Pass Pass	Pool Sign INSPECTOR <i>JA</i>
9051 1st	Benitana 3602 SE Ocean Comm Contr.	partial rough duct	Pass	INSPECTOR <i>JA</i>
9478	AKRAWI 53 S SEWALLS JAMES THOMAS	STRAPPING R. ELECTRIC	Pass Pass	REMODEL INSPECTOR <i>JA</i>
	SHARFI 93 N. SPY RD	Camera		INSPECTOR
	Tree Brennan Carlson 7 Kingston Ct	Tree	OK	
	Tree 16 S Via Lucinda	Relocate trees		INSPECTOR

9835

A/C CHANGEOUT



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:	9835	DATE ISSUED:	JULY 15, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	NISA IR		
PARCEL CONTROL NUMBER:	263741015-000-001307	SUBDIVISION	CASTLE HILL – LOT 13
CONSTRUCTION ADDRESS:	3 OAK HILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	466-8115

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 7.13.11 Permit Number: 9835
 OWNER/TITLEHOLDER NAME: Glenn & Cindy Greenspan Phone (Day) 219-1779 (Fax) 219-1781
 Job Site Address: 3 Oak Hill way City: Stuart State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: _____

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

Scope of work (please be specific): AC Changeout

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)

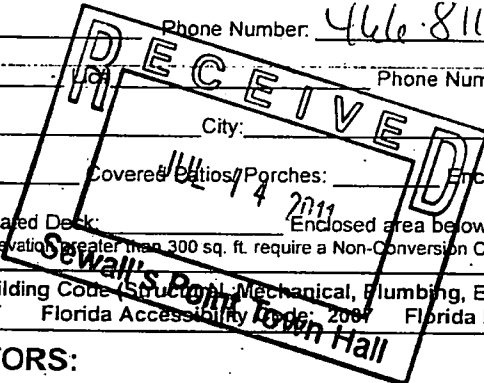
COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4140.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF 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

CONTRACTOR/Company: NISAIR A/C Phone: 466-8115 Fax: 468-9745
 Street: 3700 S. US1 City: FT. PIERCE State: FL Zip: 34982
 State License Number: CAC041199 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Philip Nisa Jr Phone Number: 466-8115

DESIGN PROFESSIONAL: _____ Phone Number: _____

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, Existing, Gas): 2007 Edition
 National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 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 OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Cynthia Greenspan
 State of Florida, County of Martin
 This the 13th day of July, 2011
 by Cynthia Greenspan is personally known to me or produced as identification.
 Notary Public #DD 724736
 My Commission Expires: _____

CONTRACTOR SIGNATURE: (required)
Philip Nisa Jr
 On State of Florida, County of St. Lucie
 This the 13 day of July, 2011
 by Philip Nisa Jr who is personally known to me or produced as identification.
 My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION MUST BE GIVEN TO THE TOWN OF SEWALL'S POINT. 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
Summary

generated on 7/13/2011 8:47:42 AM EDT

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
26-37-41-015-000-00130-7	4157	3 OAK HILL WY, SEWALL'S POINT	\$752,150	7/9/2011

Owner Information

Owner(Current)	GREENSPAN GLENN & CINDY
Owner/Mail Address	3 OAK HILL WAY STUART FL 34996
Sale Date	8/13/2008
Document Book/Page	2346 2274
Document No.	2102013
Sale Price	958000

Location/Description

Account #	4157	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 13
Parcel Address	3 OAK HILL WY, SEWALL'S POINT		
Acres	.4830		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information

Market Land Value	\$238,000
Market Improvement Value	\$514,150
Market Total Value	\$752,150



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

Residential [checked] Commercial

Package Unit Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No - Refrigerant line replacement Yes No

Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No

Rooftop A/C Stand Installation Yes No - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RLUHM361272 Condenser: Mfg Rheem Model# 14AJM30A01
Volts 208/12 CFM's Heat Strip 5 Kw Volts 208/12 SEER/EER 16 BTU's 29200
Min. Circuit Amps 36 Wire gauge 8 Min. Circuit Amps 25 Wire gauge 10
Max. Breaker size 45 Min. Breaker size 40 Max. Breaker size 25 Min. Breaker size 25
Ref. line size: Liquid 3/4 Suction 3/8 Ref. line size: Liquid 3/4 Suction 3/8
Refrigerant type R410A Refrigerant type R410A
Location: Existing [checked] New
Attic/Garage/Closet (specify)
Access:

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Goodman Model# GB33M030 Condenser: Mfg Goodman Model# 22
Volts 208 CFM's 250 Heat Strip 5 Kw Volts SEER/EER BTU's
Min. Circuit Amps 35 Wire gauge 8 Min. Circuit Amps 30 Wire gauge 10
Max. Breaker size 45 Min. Breaker size Max. Breaker size 30 Min. Breaker size 35
Ref. line size: Liquid 3/4 Suction 3/8 Ref. line size: Liquid 3/4 Suction 3/8
Refrigerant type 22 Refrigerant type 22
Location: Ext. [checked] New Location: Ext. New
Attic/Garage/Closet (specify) Left/Right/Rear/Front/Roof
Access: Door Condensate Location Same as Cond.

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature: [Handwritten Signature]

Date: 7/12/11



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 3412355

Date: 7/12/2011

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RHLL-HM3617+RCSL-H*3617

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

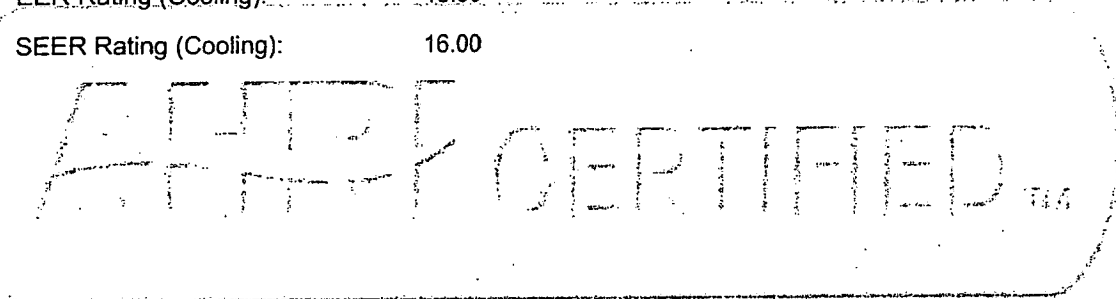
Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 29200

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2011 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129549658334620120

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

generated on 7/13/2011 8:47:42 AM EDT

Summary

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Acres	.4830		

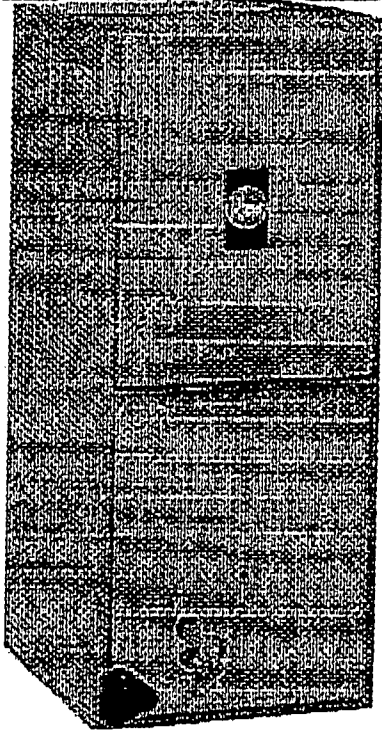
Parcel Type

Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information

Market Land Value	\$238,000
Market Improvement Value	\$514,150
Market Total Value	\$752,150

AIR HANDLERS



AIR HANDLERS

RHLL- High Efficiency

featuring Industry Standard
R-410A Refrigerant

~~R-410A~~

RHSL- Standard Efficiency

featuring Industry Standard
R-410A Refrigerant

~~R-410A~~

Features

- RHLL/RHSL feature GE's new X-13 (ECM) motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1 1/2 ton [5.3 kW] through 5 ton [17.6 kW] models are between 42 1/2 to 55 1/2 inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.



115V/208V/240V/460V Airflow Performance Data—RHLL (X-13 (ECM) Motor)

Model No. RHLL	Tonnage Application	Motor Speed From Factory	Manufacturer Recommended Air-Flow Range (Min/Max) CFM	Blower Size/ Motor HP (W) # of Speed	Motor Speed	X-13 CFM (L/s) Air Delivery/RPM/Watts—115/208/240 Volts									
						External Static Pressure—Inches W.C. (kPa)									
						0.1 [.02]	0.2 [.05]	0.3 [.07]	0.4 [.10]	0.5 [.12]	0.6 [.15]	0.7 [.17]			
-2417 No Heater	1.5 Ton	5	509/681 CFM [240/321 L/s]	10x6 1/3 HP [249] 5 Speed	2	CFM	689 [325]	644 [304]	602 [284]	563 [266]	509 [240]	—	—		
						RPM	580	633	683	728	781	—	—		
						Watts	66	84	86	88	91	—	—		
					3	CFM	—	—	—	—	681 [321]	644 [304]	603 [285]	—	—
						RPM	—	—	—	—	835	879	916	—	—
						Watts	—	—	—	—	136	143	152	—	—
-2417 with 13 KW Heater	1.5 Ton	5	480/666 CFM [231/314 L/s]	10x6 1/3 HP [249] 5 Speed	2	CFM	870 [318]	825 [295]	783 [275]	744 [257]	690 [231]	—	—		
						RPM	608	661	711	756	809	—	—		
						Watts	75	93	95	47	100	—	—		
					3	CFM	—	—	—	—	868 [314]	829 [297]	788 [277]	—	—
						RPM	—	—	—	—	855	899	936	—	—
						Watts	—	—	—	—	144	151	160	—	—
-2417 No Heater	2 Ton	5	730/851 CFM [345/307 L/s]	10x6 1/3 HP [249] 5 Speed	4	CFM	875 [413]	839 [396]	804 [378]	762 [360]	730 [345]	—	—		
						RPM	679	724	765	810	852	—	—		
						Watts	121	131	135	142	143	—	—		
					5	CFM	—	—	—	—	862 [407]	828 [391]	801 [378]	—	—
						RPM	—	—	—	—	904	940	970	—	—
						Watts	—	—	—	—	203	215	228	—	—
-2417 with 13 KW Heater	2 Ton	5	711/826 CFM [336/295 L/s]	10x6 1/3 HP [249] 5 Speed	4	CFM	856 [404]	820 [387]	785 [370]	743 [351]	711 [336]	—	—		
						RPM	707	752	793	838	880	—	—		
						Watts	130	140	144	151	152	—	—		
					5	CFM	—	—	—	—	837 [395]	803 [379]	770 [368]	—	—
						RPM	—	—	—	—	924	960	990	—	—
						Watts	—	—	—	—	211	223	288	—	—
-3617 No Heater	2.5 Ton	5	936/1084 CFM [441/512 L/s]	10x8 1/2 HP [373] 5 Speed	2	CFM	1083 [516]	1050 [496]	1017 [480]	977 [461]	935 [441]	—	—		
						RPM	671	725	764	809	852	—	—		
						Watts	153	168	174	180	188	—	—		
					3	CFM	—	—	—	—	1084 [512]	1040 [491]	1001 [472]	—	—
						RPM	—	—	—	—	896	936	971	—	—
						Watts	—	—	—	—	249	257	261	—	—
-3617 with 18 KW Heater	2.5 Ton	5	910/1059 CFM [429/500 L/s]	10x8 1/2 HP [373] 5 Speed	2	CFM	1068 [504]	1025 [484]	992 [468]	952 [449]	910 [429]	—	—		
						RPM	711	785	804	849	892	—	—		
						Watts	164	179	185	191	198	—	—		
					3	CFM	—	—	—	—	1059 [500]	1015 [479]	976 [461]	—	—
						RPM	—	—	—	—	936	976	1011	—	—
						Watts	—	—	—	—	260	268	272	—	—
-3617 No Heater	3 Ton	5	1130/1275 CFM [533/602 L/s]	10x8 1/2 HP [373] 5 Speed	4	CFM	1270 [599]	1237 [584]	1199 [566]	1165 [550]	1130 [533]	—	—		
						RPM	775	816	848	882	926	—	—		
						Watts	237	249	259	268	277	—	—		
					5	CFM	—	—	—	—	1275 [602]	1244 [587]	1211 [571]	—	—
						RPM	—	—	—	—	963	999	1029	—	—
						Watts	—	—	—	—	338	348	363	—	—
-3617 with 18 KW Heater	3 Ton	5	1105/1250 CFM [521/590 L/s]	10x8 1/2 HP [373] 5 Speed	4	CFM	1245 [588]	1212 [572]	1174 [554]	1140 [538]	1105 [521]	—	—		
						RPM	815	856	886	922	966	—	—		
						Watts	248	260	270	279	286	—	—		
					5	CFM	—	—	—	—	1250 [590]	1219 [575]	1186 [560]	—	—
						RPM	—	—	—	—	1003	1039	1069	—	—
						Watts	—	—	—	—	349	369	374	—	—

Notes: X-13 (ECM) motor speed changes.

All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed tab 2 (low static) and Speed tab 3 (high static) are for lower tonnage. Speed tab 4 (low static) and Speed tab 5 (high static) are for higher tonnage.

X-13 (ECM) air handlers are always shipped from factory at Speed tab 5, except for -4824, which is set at Speed tab 3. For instance, RHLL-HM2417JA is always shipped at high static 2-ton airflow (Speed tab 5). To change to 1.5-ton airflow, move the blue wire to Speed tab 2 or 3 on the X-13 (ECM) motor.

The low static Speed tab 2 (lower tonnage) and 4 (higher tonnage) are used for external static below 0.5" WC. The high static Speed tab 3 (lower tonnage) and 5 (higher tonnage) are used for external static exceeding 0.5" WC. Move the blue wire to the appropriate Speed tab as required by the application needs.

• The airflow for continuous fan (Speed tab 1) is always set at 50% of the Speed tab 4.

• The above airflow table lists the airflow information for air handlers without heater and air handler with maximum heater allowed for each model.

• The following formula can be used to calculate the approximate airflow, if a smaller (N kW) than the maximum heater kit is installed.

Approximate Airflow = Airflow without heater - (Airflow without heater - Airflow with maximum heater) x (N kW/maximum heater kW)

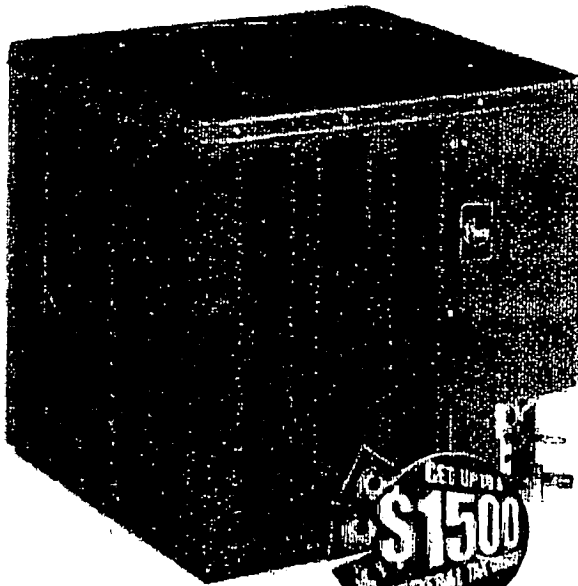
[] Designates Metric Conversions

Rheem Heating, Cooling and Water Heating



Featuring
Industry Standard
R-410A Refrigerant

R-410A



Visit www.Rheem.com
for complete details.*

14AJM-
14.5 SEER Models
Efficiencies up to 17 SEER/13.50 EER
Nominal Sizes 1 1/2 to 5 Tons
[5.28 kW] to [17.6 kW]
Nine Models
Cooling Capacities
19,600 to 56,500 BTU/HR
[5.74 to 16.56 kW]

14.5 SEER VALUE SERIES CONDENSING UNITS

Features

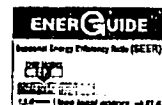
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

Applications

Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.

Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure



"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov."

Rheem - outside
12,000 per ton

Electrical and Physical Data

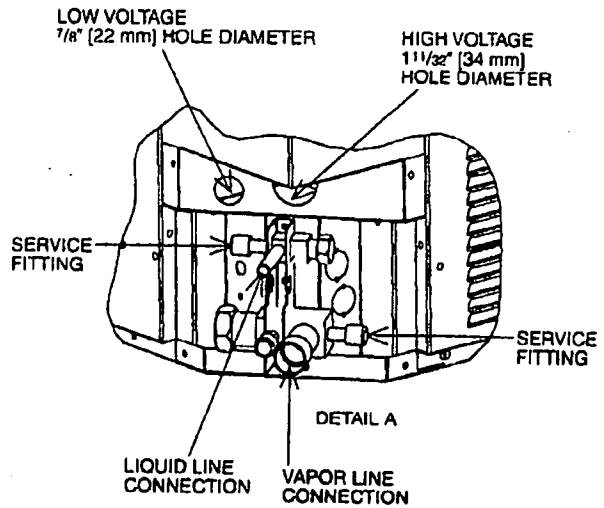
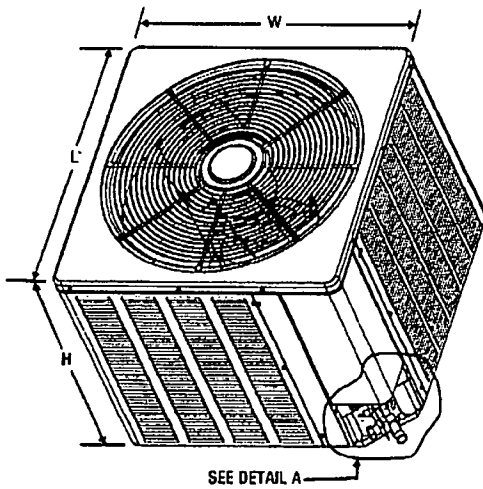
Model No. 14AJM	ELECTRICAL								PHYSICAL					
	Phase Frequency (HZ) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Capacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrigerant Per Circuit Oz. (g)	Weight		
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. (m ²)	No. Rows	CFM (L/s)		Net Lbs. (kg)	Shipping Lbs. (kg)	
Rev. 3/11/2010														
18	1-60-208/230	9/9	48	0.8	12/12	15/15	20/20	16.39 [1.52]	1	2805 [1324]	112 [3175]	154 [69.9]	171 [77.6]	
24	1-60-208/230	13.5/13.5	58.3	0.8	18/18	25/25	30/30	16.39 [1.52]	1	2805 [1324]	105.6 [2994]	154 [69.9]	171 [77.6]	
30	1-60-208/230	12.8/12.8	64	1.4	18/18	25/25	30/30	16.39 [1.52]	1	2915 [1376]	112 [3175]	157 [71.2]	175 [79.4]	
36	1-60-208/230	16.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435 [1621]	130.4 [3697]	181 [82.1]	201 [91.2]	
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550 [1675]	145.12 [4114]	205 [93]	225 [102.1]	
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310 [2034]	216 [6124]	249 [112.9]	269 [122]	
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615 [1706]	213 [6039]	249 [112.9]	269 [122]	
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615 [1706]	241 [6832]	254 [115.2]	274 [124.3]	
60	1-60-208/230	28.4/28.4	134	2.8	36/36	45/45	60/60	21.85 [2.03]	2	4310 [2034]	240 [6804]	254 [115.2]	274 [124.3]	

NOTE: Factory Refrigerant Charge Includes refrigerant for 15 feet of standard line set.

Unit Dimensions

Model No. 14AJM	Unit Dimensions		
	Width "W" Inches (mm)	Length "L" Inches (mm)	Height "H" Inches (mm)
18, 24, 30	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	27 ³ / ₈ [695]
36, 42, 48, 49, 56, 60	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	35 ³ / ₈ [899]

[] Designates Metric Conversions



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-21-11 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9135	Owner/Address/Contractor	Inspection Type	Results	Comments
<u>9AM</u>	<u>Risler</u>		<u>Pass</u>	<u>Close</u>
				INSPECTOR <u>A</u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9188	Wilson	Final		
930	5 St Lucie Ct George Dutz	Gen	PAPB	Close
				INSPECTOR <u>A</u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		FINAL		
		GAS		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	111 S. River	WEDS		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

9838

TRANSFER SWITCH



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:	9838	DATE ISSUED:	JULY 21, 2011
SCOPE OF WORK:	TRANSFER SWITCH FOR GENERATOR		
CONDITIONS :			
CONTRACTOR:	ZANE CARTER ELECTRIC		
PARCEL CONTROL NUMBER:	263741015-000-001307	SUBDIVISION	CASTLE HILL - L 13
CONSTRUCTION ADDRESS:	3 OAK HILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	ZANE CARTER	CONTACT PHONE NUMBER:	692-2048

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

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

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: 7/13/11 Permit Number: 9038

OWNER/TITLEHOLDER NAME: Glen & Cindy Greenspan Phone (Day) 772-219-1779 (Fax) _____

Job Site Address: 3 Oak Hill Way City: Sewalls Point State: FL Zip: 34996

Legal Description Castle Hill Lot 13 Parcel Control Number: 26-37-41-015-000-00-130-74157

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

Scope of work (please be specific): Install 30 Amp Manual Transfer Switch For Portable Generator

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: \$ 590.00
(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 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

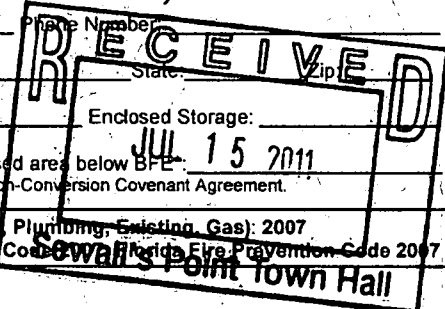
CONTRACTOR/Company: Zane Carter Electric Inc Phone: 772-692-2048 Fax: same
Street: 1143 NW Spruce Ridge Drive City: Stuart State: FL Zip: 34994

State License Number: EC13002342 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Zane Carter Phone Number: 692-2048 / 370-9932

DESIGN PROFESSIONAL: _____ Lic# _____
Street: _____ City: _____ State: _____ Zip: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____
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): 2007
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

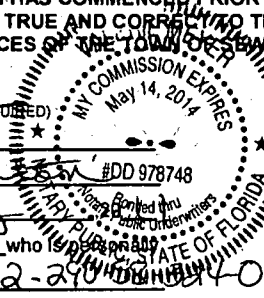
- NOTICES TO OWNERS AND CONTRACTORS:**
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS 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.
 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

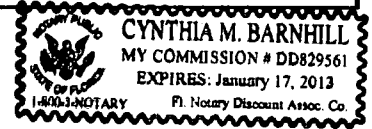
APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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)
Glen Greenspan
State of Florida, County of: Martin
This the 15 day of July
by Glen Greenspan who is personally
known to me or produced FL ID# G652-210000000-0
as identification Valleedonny
Notary Public
My Commission Expires: _____

CONTRACTOR SIGNATURE: (required)
Zane Carter
On State of Florida, County of: Martin
This the 14th day of July 20 11
by ZANE CARTER who is personally
known to me or produced PERSONALLY KNOWN
As identification: Cynthia M. Barnhill
Notary Public
My Commission Expires: 1-17-13



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



**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 7/15/2011 10:54:59 AM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
26-37-41-015-000-00130-7	4157	3 OAK HILL WY, SEWALL'S POINT	\$752,150	7/9/2011

Owner Information

Owner(Current)	GREENSPAN GLENN & CINDY
Owner/Mail Address	3 OAK HILL WAY STUART FL 34996
Sale Date	8/13/2008
Document Book/Page	2346 2274
Document No.	2102013
Sale Price	958000

Location/Description

Account #	4157	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 13
Parcel Address	3 OAK HILL WY, SEWALL'S POINT		
Acres	.4830		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information

Market Land Value	\$238,000
Market Improvement Value	\$514,150
Market Total Value	\$752,150



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

Electrical Load Calculations

Electrical Contractor: Lane Carter Electric Inc License No. EC 13002342
 Phone #: 772-692-2048 Fax #: Same
 Project: Greenspan Location: 3 Oak Hill Way
 Existing Service Feeder Size: 110 Existing Panel Size: 2 x 150 (300)
 Main Breaker Size: 2 X 150 (300) Number of Breakers: _____

Existing Loads

<u>4731</u> Sq. Ft. X 3 watts per sq. ft.....	<u>14343</u> watts
<u>2</u> Appliance cir. @1500 watts each.....	<u>3000</u> watts
<u>1</u> Laundry cir. @ 1500 watts each.....	<u>1500</u> watts
<u>1</u> Range @ 8 kw.....	<u>8000</u> watts
<u>2</u> Dishwasher and disposal @ 1500 watts each.....	<u>3000</u> watts
<u>1</u> Microwave @ 2000 watts.....	<u>2000</u> watts
<u>1</u> Water heater @ 4.5 kw.....	<u>4500</u> watts
Tank less water heater.....	watts
<u>1</u> Dryer @ 5 kw.....	<u>5000</u> watts
<u>1</u> Refrigerator @ 1500 watts.....	<u>1500</u> watts
Bathroom 1 @ 1500 watts.....	watts
<u>1</u> Sprinkler Pump.....	<u>2400</u> watts
<u>1</u> Other <u>Central Vac</u>	<u>1800</u> watts
Other.....	watts
Other.....	watts

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

47043 Subtotal Watts

New Loads

<u>2</u> Pool pump.....	<u>5280</u> watts
<u>1</u> Pool light.....	<u>300</u> watts
Heat pump.....	watts
Chlorine generator.....	watts
Blower.....	watts
Boatlift.....	watts
Other.....	watts
Other.....	watts
Other.....	watts

52623 Total Watts

First 10 kw @ 100%.....	<u>10000</u> watts
Remainder @ 40%.....	<u>17049</u> watts
A/C heat @ 100%.....	<u>33000</u> watts

Total watts 60049 Divided by 240 volts = 250 Amps 300 Amp service provided

Prepared by: Lane Carter Date: 7/14/11

10124

A/H CHANGEOUT



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:	10124	DATE ISSUED:	JUNE 13, 2012
SCOPE OF WORK:	AH CHANGEOUT		
CONTRACTOR:	NIS AIR A/C		
PARCEL CONTROL NUMBER:	263741015000001307	SUBDIVISION	CASTLE HILL - L 13
CONSTRUCTION ADDRESS:	3 OAK HILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	PHIL NISA	CONTACT PHONE NUMBER:	466-8115

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 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 _____
---	--

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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
 One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

Air Conditioning Change out

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
FILE COPY

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier ___ Yes No
 Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Goodman Model# ADUFX4140
 Volts 208 CFM's 800 Heat Strip 5 Kw
 Min. Circuit Amps 25 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Existing New _____
 Attic/Garage/Closet (specify) Attic
 Access: SCAFF

Condenser: Mfg _____ Model# _____
 Volts _____ SEER/EER _____ BTU's _____
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size _____ Min. Breaker size _____
 Ref. line size: Liquid _____ Suction _____
 Refrigerant type TO REMAIN
 Location: Existing _____ New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Goodman Model# GB36M0214
 Volts 208 CFM's 800 Heat Strip 5 Kw
 Min. Circuit Amps 25 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Attic
 Access: SCAFF

Condenser: Mfg Goodman Model# 13024-1
 Volts _____ SEER/EER _____ BTU's _____
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size _____ Min. Breaker size _____
 Ref. line size: Liquid _____ Suction _____
 Refrigerant type _____
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location _____

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature [Signature]

Date 6.6.12



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Glenna Cindy Green span Contractor name: Disair A/C
 Street address: 3 Oakhill Way Jurisdiction: _____
 City: Stuart Permit No.: _____
 Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- _____ Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- _____ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- _____ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 6.6.12

Printed Name: Philip Disa Jr.

Contractor License #: CACO41199

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

[Click here to download a PDF of this report](#)

Customer Information

*This Residence
has 4 systems
we are replacing
1 2 ton A/H.*

Location:
 Street Address: 3 Oak Hill Way, MARTIN, FL 34996
 Latitude, Longitude: 26.6726°, -80.0706°
 Name: Glenn Greenspan
 Phone: 772-219-1779
 Email: example@mail.com

Design Conditions

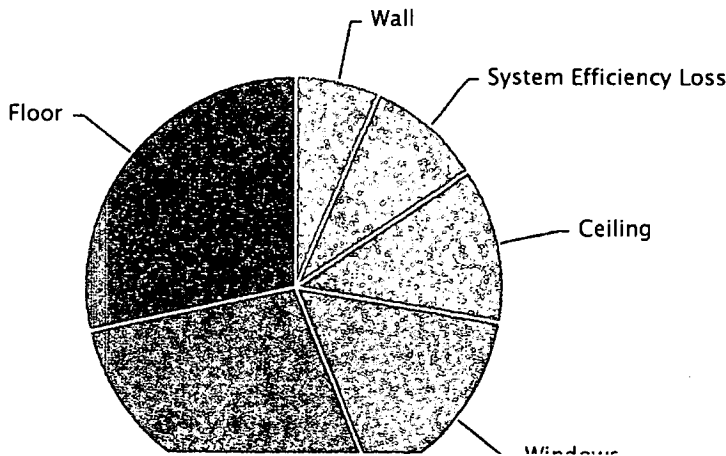
Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64

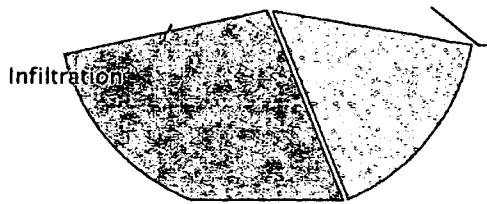
Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference(°F)	23	15

Heating Loads

Area	Btuh	% of load
Wall	3197	6.6
Floor	13855	28.4
Ceiling	5828	12
Windows	7912	16.2
Infiltration	13499	27.7
System Efficiency Loss	4429	9.1
Total:	48721	

Heating Loads
48,721 BTU/hr



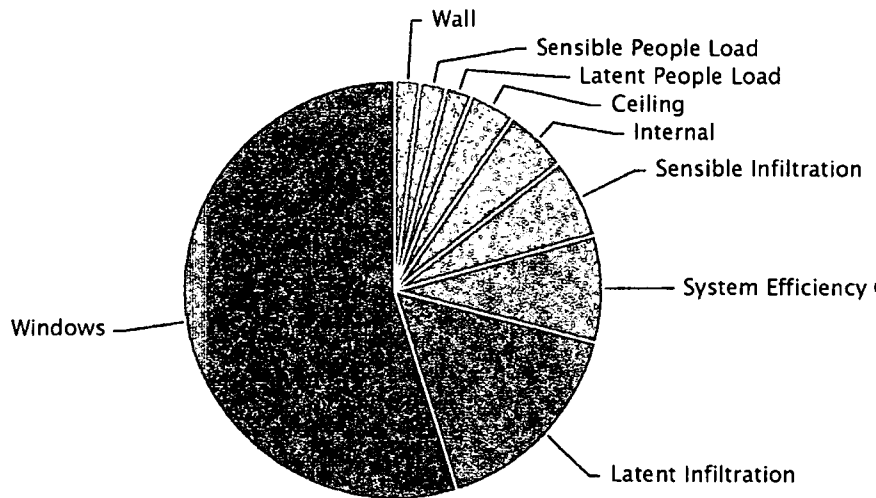


Cooling Loads

Area	Btuh	% of load
Wall	2085	1.9
Ceiling	3801	3.5
Windows	59185	54.9
Sensible Infiltration	6603	6.1
Latent Infiltration	17415	16.2
System Efficiency Gain	8909	8.3
Internal	5364	5
Sensible People Load	2199	2
Latent People Load	2199	2
Total:	107761	
Sensible load	88146	
Latent load	19615	
SHR	0.82	
Capacity at .75 SHR	9.79 Tons	

Cooling Loads

107,761 BTU/hr



Adequate Exposure Diversity

AED Graph



Certificate of Product Ratings

AHRI Certified Reference Number: 5360109

Date: 6/7/2012

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: GSX130241D*

Indoor Unit Model Number: ARUF24B14A*

Manufacturer: GOODMAN MANUFACTURING CO., LP.

Trade/Brand name: GOODMAN, JANITROL, AMANA DISTINCTIONS, EVERREST, ONE HOUR AIR CONDITIONING AND HEATING, ENERGI AIR

Manufacturer responsible for the rating of this system combination is GOODMAN MANUFACTURING CO., LP.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 23000

EER Rating (Cooling): 11.00

SEER Rating (Cooling): 13.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129835588841605260

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-23-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10124
830	Nisler			INSPECTOR <i>[Signature]</i>
10154	BAUER 1 TUSCAN FLAMING POOLS	POOL PIPING	PASS	INSPECTOR <i>[Signature]</i>
10128	TWOITE 112 H. SEWALL WAY	FENCE FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10050	...			
	...			INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

10962

BATHREMODEL



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10962
ADDRESS:	3 OAKHILL WAY
DATE ISSUED:	7/31/2014
SCOPE OF WORK:	BATHROOM REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 24,000.00
---	----------------	----	--------------

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)	\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.	\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.	\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.	\$	-
Total Construction Value:	\$	\$ 24,000.00
Building fee: (2% of construction value SFR or >\$200K)	\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)	\$	240.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp	\$ 200.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	\$ 6.60
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	\$ 6.60
Road impact assessment: (.04% of construction value - \$5 min.)	\$	9.60
Martin County Impact Fee:	\$	
TOTAL BUILDING PERMIT FEE:	\$	\$ 462.80

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp	\$	-	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	n/a	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	n/a	
Road impact assessment: (.04% of construction value - \$5 min.)	\$	n/a	

TOTAL ACCESSORY PERMIT FEE:	\$	-
------------------------------------	----	---



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:	10962	DATE ISSUED:	7/31/2014
SCOPE OF WORK:	BATHROOM REMODEL		
CONTRACTOR:	AGLER TILE & CARPENTRY		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00130-7	SUBDIVISION	CASTLE HILL
CONSTRUCTION ADDRESS:	3 OAKHILL WAY		
OWNER NAME:	GREENSPAN		
QUALIFIER:	KATHERN DODSON	CONTACT PHONE NUMBER:	772-692-0077

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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10962
ADDRESS:	3 OAKHILL WAY
DATE ISSUED:	7/31/2014
SCOPE OF WORK:	BATHROOM REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 24,000.00
---	----------------	----	--------------

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ 24,000.00
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	240.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp.	2.00	\$	200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 6.60
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 6.60
Road impact assessment: (.04% of construction value - \$5 min.)		\$	9.60
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ 462.80

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)		\$	n/a
TOTAL ACCESSORY PERMIT FEE:		\$	-

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10762

Date: _____

OWNER/LESSEE NAME: Cindy Green span Phone (Day) 772-284-0150 (Fax) n/a

Job Site Address: 3 Oak Hill Way City: Sewalls Pt State: FL Zip: 34996

Legal Description 120900 Sewall's Landing / Castle Hill Parcel Control Number: 26-37-41-0160-00-00130-7

Fee Simple Holder Name: n/a Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC): BATH ROOM REMODEL

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 _____ (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 24,000 (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: Agler Tile & Carpet, Inc Phone: (772) 692-0077 Fax: (772) 692-0070

Qualifiers name: Katherine LaDean Dodson Street: 2810 NW Federal Hwy City: Stuart State: FL Zip: 34994

State License Number: 661250637 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Same as above Phone Number: _____

DESIGN PROFESSIONAL: n/a Fla. License# _____

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

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

Carpport: _____ 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.

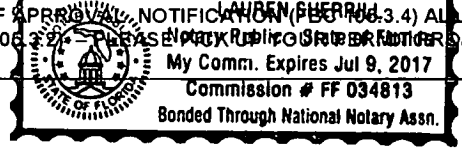
OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Martin On This the 28th day of July, 2014 by Cindy Green span who is personally known to me or produced As identification: [Signature]

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: St Lucie On This the 29 day of July, 2014 by Katherine Dodson who is personally known to me or produced As identification: [Signature]

My Commission Expires: [Notary Seal: LADENE DODSON Commission # EE 131405 Expires September 25, 2015]

My Commission Expires: [Notary Seal: LAUREN PERRY Commission # FF 034813 Expires July 9, 2017]

SINGLE FAMILY PERMITS APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION PERIODS (3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 106.3.2) - PLEASE NOTIFY PUBLIC WORKS DEPARTMENT PROMPTLY!





STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

HAMMOND, DALE BRIAN
FOR HIM PLUMBING, LLC
PO BOX 1355
JENSEN BEACH FL 34957

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

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

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



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CFC1428915 ISSUED: 06/08/2014

CERTIFIED PLUMBING CONTRACTOR
HAMMOND, DALE BRIAN
FOR HIM PLUMBING, LLC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2016 L1406080001266

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

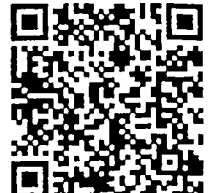
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CFC1428915	

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016



HAMMOND, DALE BRIAN
FOR HIM PLUMBING, LLC
385 NE ELM TERRACE
JENSEN BEACH FL 34957



2013-2014 **MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2014-524-0300 CERT CFC1428915
PHONE (772) 342-8677 SIC NO 238220
LOCATION:
385 NE ELM TER JB

CHARACTER COUNTS IN MARTIN COUNTY

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

TOTAL 3.00

HAMMOND, DALE B.
FOR HIM PLUMBING, LLC
385 NE ELM TERRACE
JENSEN BEACH, FL 34957

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

08 DAY OF JANUARY 20 14
AND ENDING SEPTEMBER 30, 2014

807 2013 01452.0001 PAID



HON. RUTH PIETRUSZEWSKI
REAL ESTATE

MARTIN COUNTY

AD VALOREM TAXES

ACCOUNT NUMBER: 26-37-41-015-000-00130.70000	2013	TAX DISTRICT: 2200			
ASSESSED VALUE: 696,085	EXEMPTIONS: * SEE BELOW *	TAXABLE VALUE: 646,085			
TAXING AUTHORITY	MILLAGE RATE	ASSESSED	EXEMPTIONS	TAXABLE VALUE	TAXES
COUNTY-GENERAL FUND-OP	772-288-5504	5.8300	50,000	646,085	3,766.68
CNTY-F.I.T BOND	772-288-5504	.0368	50,000	646,085	23.78
SCHOOL-GENERAL FUND	772-219-1200	5.0300	25,000	671,085	3,375.56
SCHOOL - DISCRETIONARY	772-219-1200	.7480	25,000	671,085	501.97
SCHOOL CAPITAL OUTLAY	772-219-1200	1.5000	25,000	671,085	1,006.63
CHILDRENS SERVICES ORDNCs	772-288-5758	.3693	50,000	646,085	238.60
FL-INLAND NAVIGATION DIST	561-627-3386	.0345	50,000	646,085	22.29
SOUTH FLORIDA WATER MANAGEMENT	561-686-8800	.4110	50,000	646,085	265.55
TOWN OF SEWALLS PT	772-287-2455	2.3500	50,000	646,085	1,518.30
EXEMPTION:ADDL HX	25,000				
REG HMST	25,000				

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	PHONE	PURPOSE	RATES/BASIS	AMOUNT
COMBINED TAXES & ASSESSMENTS TOTAL:				11,014.91
NON AD VALOREM ASSESSMENTS:				295.55

26 37 41

CASTLE HILL, LOT 13

3 OAK HILL

26-37-41-015-000-00130.70000 2013

GREENSPAN GLENN & CINDY

3 OAK HILL WAY

STUART, FL 34996

*** PAID *** PAID *** PAID ***

11/25/13 PERIOD 01

NOV 1-NOV30	DEC1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
10,574.31	10,684.46	10,794.61	10,904.76	11,014.91	APRIL 1, 2014

HON. RUTH PIETRUSZEWSKI
REAL ESTATE

MARTIN COUNTY

NOV 1-NOV30	DEC1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
10,574.31	10,684.46	10,794.61	10,904.76	11,014.91	APRIL 1, 2014

EX-TYPE	ESCROW	MILLAGE	TAXES LEVIED	REMIT PAYMENT IN U.S. FUNDS TO:
	0043	2200		

VALUES AND EXEMPTIONS	TAXES	10,719.36	HON. RUTH PIETRUSZEWSKI
ASSESSMENT	696,085 WASTE	295.55	3485 SE WILLOUGHBY BLVD
	TOTAL	11,014.91	STUART, FL 34994

26 37 41

CASTLE HILL, LOT 13

26-37-41-015-000-00130.70000 2013

*** PAID *** PAID *** PAID ***

GREENSPAN GLENN & CINDY

11/25/13 PERIOD 01

3 OAK HILL WAY

030-2013-0000839.0000

STUART, FL 34996

\$10,574.31 CK

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

generated on 7/24/2014 4:45:31 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00130-7	4157	3 OAK HILL WAY, SEWALL'S POINT	\$669,770	7/19/2014

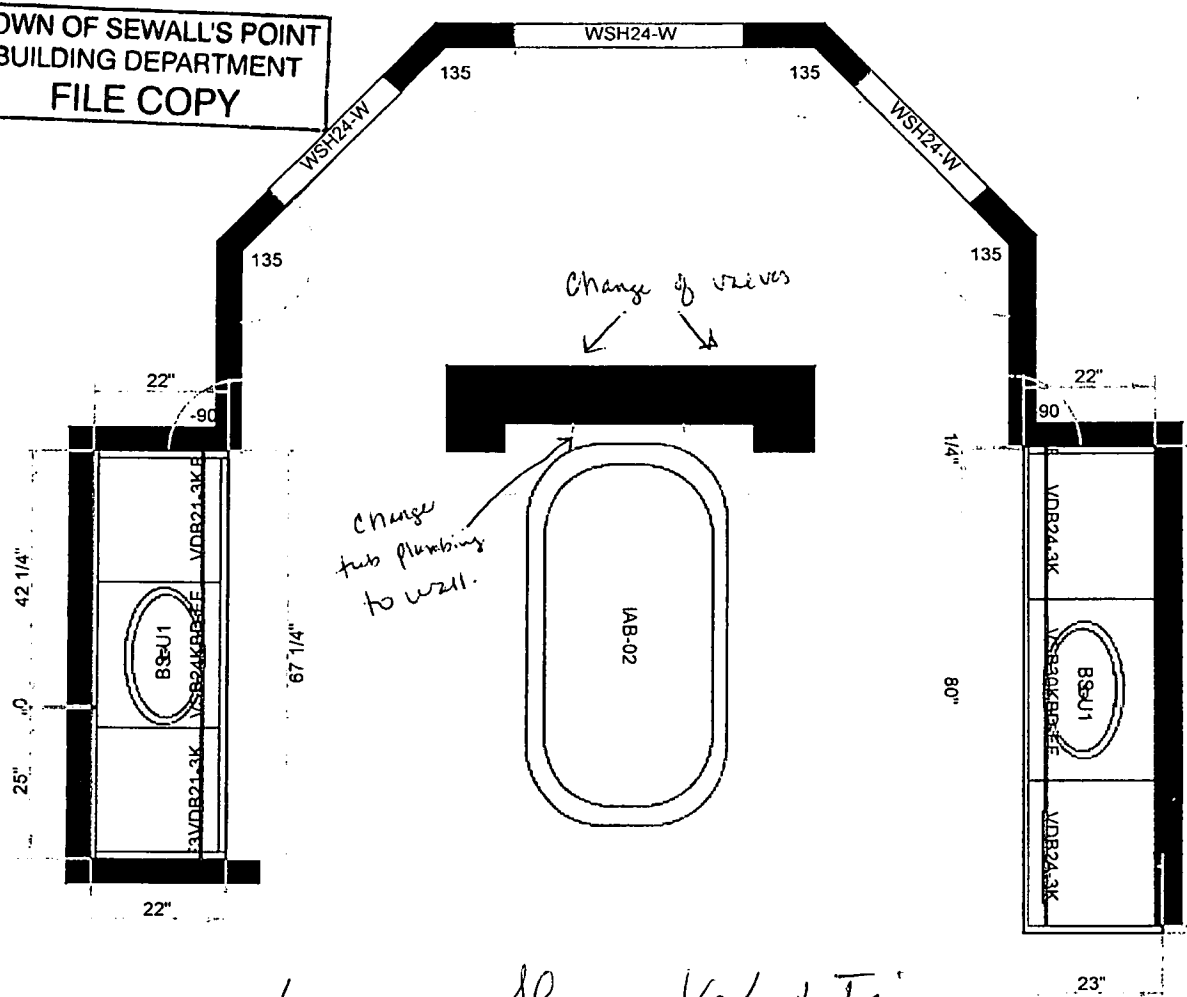
Owner Information	
Owner(Current)	GREENSPAN GLENN & CINDY
Owner/Mail Address	3 OAK HILL WAY STUART FL 34996
Sale Date	8/13/2008
Document Book/Page	2346 2274
Document No.	2102013
Sale Price	958000

Location/Description			
Account #	4157	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 13
Parcel Address	3 OAK HILL WAY, SEWALL'S POINT		
Acres	.4830		


Parcel Type	
Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information	
Market Land Value	\$205,000
Market Improvement Value	\$464,770
Market Total Value	\$669,770

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



1. new Showne Vah & Trin
2. new Ceramic Tile
3. Change Tub plg.

Agler Kitchen Bath & Floors 2810 NW Federal Hwy Stuart, FL 34994 772-692-0077 Design: Greenspan		Kitchen Floor Plan	Designed: 07.24.11 Printed: 07.24.14 Display settings 3/8" = 1'
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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon






 Tue

 Wed

 Thur

 Fri

8/7 - 14 Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10962	Greenspan 3 Oakhill Way Agler Tile Caprentry	Rough-in Plumbing		INSPECTOR 
10873	Serls 4 River Oak Place Electrical Connections	Final Electrical	PASS	INSPECTOR 
10960	Thompson 96 S Sewalls Pt Rd Stuart Roofing	Final Roof	PASS	CLOSE INSPECTOR 
10955	VAN DEUSEN 7 S. VIA LUCINDIA LOOK ELECT	SERVICE CHANGE	PASS	CLOSE INSPECTOR 
	BARON 25 FIELDWAY	TREE	OK	INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/30/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
109162	Greenspan	Final Bath		
	3024 Hill West	Remodel	FAIL	INSPECTOR
	Agler Tile			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10992	Currier	Final		NO EDGE
	107 Hillcrest Ct	Roof	FAIL	METAL (DRIP)
	Durham Bros			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10987	Kudson	Final		
	13 S Via Lucindie	Mechanical	PASS	CLOSE
	Treasure Coast A/c			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10942	Vallecillo	Underground		
	18 S Via Lucindie	electrical	PASS	
	Joseph Lina Svs			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10973	Conch Property	filled cells +		
	19 Lantana	knee wall	PASS	
	Conch Property			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10983	Escobar	Metal +		
	22 E High Pt. Rd	Dry-in	PASS	
	Onshore Roofing			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Miser	Tree		
	21 Island Rd	Removal	OK	
				INSPECTOR <i>JA</i>

TREE

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 8/31/01 19 TREE REMOVAL PERMIT No 0496

APPLIED FOR BY Kimbersmith Tree (Contractor or Owner)

Owner 3 Oak Hill Way

Sub-division , Lot , Block

Kind of Trees Scrub Oak

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE WITHIN 30 DAYS

REMARKS Both trees deceased

FEE \$

Signed, Sign. on file
Applicant

Signed, [Signature]
~~Town Clerk~~
Bldg. Insp.

Field verified
8/31

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 lined box for notes or additional information]

PROJECT DESCRIPTION

[Empty lined area for project description details]

REMARKS

[Empty lined area for remarks]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

8/31/01 SCRD INSP.
8/29/01 REPL. TREES REQ'D.

RECEIVED
AUG 27 2001
BY: EA

Permit: 0196
Date Issued: 8/23

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

Owner Candice Beckham Address 3 OAK HILL WAY Phone 288-9397

Contractor Kimberly Tice Address 2038 SW Embury ST Phone 221-0313

Number of trees to be removed (list kinds of trees) 2 - SCROB OAK | MULTI

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): TREES DEAD (PER CONTR) - NO FEE

Number of trees to be replaced (list kinds of trees): H/A

Number of trees to be replaced (list kinds of trees): H/A

Permit Fee \$ 0 (~~\$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 EA Plans approved as marked _____

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

Signature of applicant Candice Beckham Date submitted 8/27/01

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

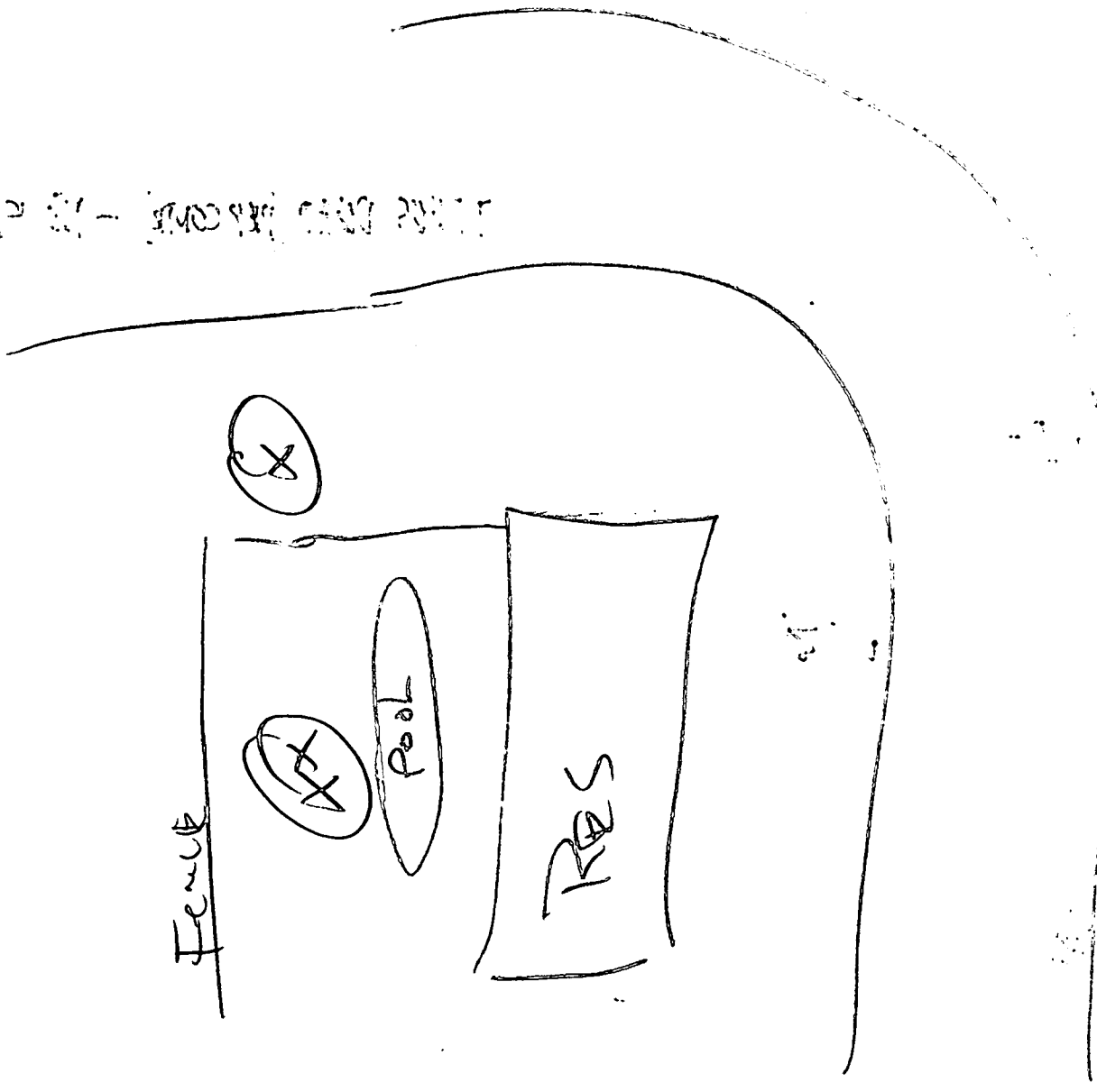
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBTAINING A PERMIT~~ **FEE**. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE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

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

Handwritten scribbles and marks at the top left of the page.

Faint handwritten notes or scribbles at the top right of the page.

Handwritten text: "Handwritten text at the top center of the page, possibly a title or label." (Note: The text is mirrored in the image)



8/29/01 FAX TO: 220-5859

(BECKHAM: 3 OAK HILLWAY)

RE-
8/30/01 FAX TO:
220-5859
(PER REQUEST)

Native vegetative communities: Native vegetative communities are: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red-tip), Cocoplum (green-tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Jamaica Dogwood, Lancewood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Redbay, Saffron Plum, Sand Pine, Scrub Pine Scrub, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, South Florida Coastal Strand, Stoppers, Sugar Berry (Hackberry), Sumac (southern), Torchwood, Tropical Hammock, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove, Wild Coffee and Wild Lime.

Prohibited species: Any of the following species: Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Scheffiera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri AUGUST 31, 2001; Page 1 of 3.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5013	DENNIS	PAVILLION SLAB/	Passed	
S (1)	16 RIDGELAND DR. FL. FINEST CONST.	CTYARD WALL TIE BM.	Passed	INSPECTOR: J 8/31
✓ 5994	ROEMER ORIG. (HARBOR BAY) 3752 S.E. OCEAN THE ROOSTER CO. (BILL: 2605994)	FINAL - C.O.		INSPECTOR: J
✓ 5352	11 W. HIGH POINT CLEMENTS	TIE BM	Passed	(part-part w)
S (2)	W.W. MOLTEN & SON			INSPECTOR: J 8/31
✓ 5161	BREUNER 11 FERRY SEWALL WAY GLEN HUTCHINS	FINAL - C.O.	Passed	INSPECTOR:
✓ 5447	BARLAUD	DECK	Passed	Comp. Test ?
S (3)	1 VIA LUCINDIA HARBOR BAY POOLS		Pending ↑	INSPECTOR: J 8/31
✓ T/R	BECKHAM	FIELD VERIF.	Passed	TREES DEAD - NO FEE
N (19)	3000 HULL WAY TIMBER TREE (ROB PATTERSON: 260-8209)			INSPECTOR: J 8/31
✓ T/R	WALKER	FIELD VERIF.	Passed	TREE DEAD - NO FEE
S (4)	6 CRANE'S NEST C GREEN LAWN			INSPECTOR: J 8/31

OTHER: 23 ISLAND ROAD (MRS. MARTIN 288-4484) VERIFY PERMIT REQ. - DOCK BEHIND

TOWN OF SEWALL'S POINT, FLORIDA

Date JANUARY 25 2006 TREE REMOVAL PERMIT No 2626

APPLIED FOR BY BECKHAM (Contractor or Owner)

Owner 3 Oak Hill Way

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 + All BRAZILIAN PEPPERS
DEAD OAKS 1 HICKORY
WITHIN 30 DAYS (NO FEE)

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant FEE \$ 0
Signed, Hare Simmons (AS) 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 with horizontal lines, likely for site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____



A Head-Beckham AmerInsurance Company

1/23/06

CANDICE BECKHAM
3 OAK HILL WAY
SEWALLS POINT, FL 34996

Sewalls Point Town Hall
Please be advised that
I have contracted with
All Clear Tractor Service
to clean all debris and
dead trees on my LOT 11
in Castle Hill

Candice Beckham
(772) 288-9397

Tel.: (305) 714-4400
www.HBAINS.com

70 Years Serving South Florida



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

ok

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 Cardice Beckham Address ~~3074 Hillside Dr~~ Phone (772) 288-9397

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: ~~OAK~~ HICKORY

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation Knocked down in storm

Signature of Property Owner Cardice Beckham Date 3/10/08

Approved by Building Inspector: *[Signature]* Date 3/10/08 Fee: 0

NOTES: _____

