

4 Oak Hill Way

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 03/06/00
Building to be erected for STEPHEN P. CONWAY
Applied for by CONWAY CONSTRUCTION (Contractor)
Subdivision CASTLE HILL Lot 2 Block _____
Address 4 OAK HILL WAY
Type of structure S.F.R.

BUILDING PERMIT NO. 4857
Type of Permit BLDG - S.F.R.
Building Fee \$3,024.00
Radon Fee 51.40
Impact Fee *1,508.20
A/C Fee 120.00
Electrical Fee 120.00
Plumbing Fee 120.00
Roofing Fee 120.00
Other Fees (PLAN REVIEW) 302.40
TOTAL Fees \$5,366.00

Parcel Control Number:
39-38-41-013-013-00090
Amount Paid 5,063.60 ck. # 2068 Cash _____
302.40 Check # 2649 Other Fees _____
Total Construction Cost \$ 315,000.00

* IMPACT FEE SUBJECT TO
ADJUSTMENT FOR REVISED
FEE SCHEDULE.

Signed Stephen P. Conway
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

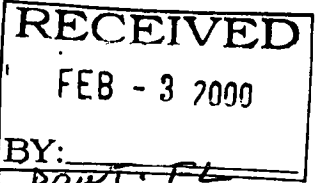
24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455
WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

4857

BUILDING PERMIT APPLICATION



Owner's Name: Stephen P. Conway Phone No. BY:
Owner's Present Address: ONE RIVERCREST CT SEWALLS POINT FL
Fee Simple Titleholder's Name & Address if other than owner

Location of Job Site: #4 OAK HILL WAY (Lot 2)
TYPE OF WORK TO BE DONE: NEW CONSTRUCTION
CONTRACTOR INFORMATION
Contractor/Company Name: STEPHEN P. CONWAY Phone No. 220-0064
COMPLETE MAILING ADDRESS ONE RIVERCREST CT STUART FL 34996
State Registration CRC 053742 State License
Legal Description of Property LOT 2 CASTLE HILL
Parcel Number 39-38-41-013-013 00090

ARCHITECT/ENGINEER INFORMATION

Architect M A CORSON Phone No. 223-8227
Address 7374 SE FIDDLEWOOD LANE HOBE SOUND FL 33455
Engineer
Address Phone No.

Area Square Footage: Living Area 3930 Garage Area 625 Carport
Accessory Bldg. Covered Patio 585 Scr. Porch Wood Deck
Type Sewage: COUNTY Septic Tank Permit # from Health Dept.
NEW electrical SERVICE SIZE 300 AMPS

FLOOD HAZARD INFORMATION

flood zone A10 minimum Base Flood Elevation (BFE) 8 NGVD
proposed finish floor elevation NGVD (minimum 1 foot above BFE)
Cost of construction or Improvement 315,000
Fair Market Value (FMV) prior to improvement 100
Substantial Improvement 50% of FMV yes [checked] No
Method of determining FMV PAID THAT AMT 1-3-00

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

Electrical COOK State License ER 000 8060
Mechanical NISAIR State License# CAC041199
Plumbing BY BISHOP State License# CFC027632
Roofing PACIFIC State License# CCC 056793

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

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

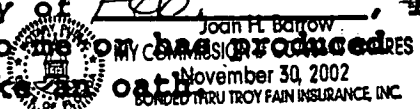
OWNER/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE

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

CONTRACTOR SIGNATURE [Signature]

Sworn to and subscribed before me this 3 day of Feb, 1998 by Stephen Conway who is personally known to me or has produced ___ and who did (did not) take an oath.



[Signature]

5366

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 _____

4851

OWNER'S AFFIDAVIT OF BUILDING COSTS

RECEIVED
JAN 23 2001
BY:

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 \$ 315,000.00.

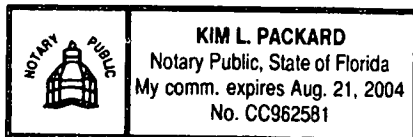
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Stephen P. Conroy
Affiant
Property street address: -
4 OAK HILL WAY
STUART FL 34996

Sworn to and subscribed
before me this 13RD day of
JANUARY, 19⁰¹
20

K. L. Packard
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires: AUG. 21, 2004

(NOTARY SEAL)



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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE OF EXEMPTION 07/08/94
EXEMPTED INDIVIDUAL NAME CONWAY STEPHEN P
SOCIAL SECURITY NUMBER 059-42-5526
BUSINESS NAME CONWAY STEPHEN P
FEDERAL IDENTIFICATION NUMBER 592230790
BUSINESS ADDRESS 1501 DECKER AVE UNIT E-519
STUART, FL 34994

STATE OF FLORIDA AC# 5153386
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CR -C053742 06/04/1998 97903856
CERTIFIED RESIDENTIAL CONTRACTOR
CONWAY, STEPHEN P
INDIVIDUAL
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2000

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/05/99

PRODUCER
GORDON SANDBERG AGENCY
P.O. BOX 149284

ORLANDO, FL 32814
07-894-4831

INSURED
STEPHEN P. CONWAY
5471 S/E REEF WAY
STUART, FL
34997-2558

PERMIT
FILE

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

COMPANIES AFFORDING COVERAGE

- COMPANY A ASSURANCE COMPANY OF AMERICA
- COMPANY B
- COMPANY C
- COMPANY D

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	BINDER# 99-013	03/29/99	03/29/00	GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000
	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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

GENERAL CONTRACTOR

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT ROAD
STUART, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Gordon Sandberg
ACORD CORPORATION 1988

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



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CR -C053742 06/04/1998 97903856
CERTIFIED RESIDENTIAL CONTRACTOR
CONWAY, STEPHEN P
INDIVIDUAL
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2000

MASTER PERMIT NO. 4857

TOWN OF SEWALL'S POINT

Date 03/07/00 BUILDING PERMIT NO. 4858
 Building to be erected for STEPHEN P. CONWAY Type of Permit ELECT. SUB (NO FEE)
 Applied for by COOK ELECTRIC, INC. (Contractor) Building Fee _____
 Subdivision CASTLE HILL Lot 2 Block _____ Radon Fee _____
 Address 4 DAK HILL WAY Impact Fee _____
 Type of structure S.F.P. A/C Fee _____
 ACQUIRER: ROBERT C. COOK
ER0008060 Electrical Fee SEE PN4857
 Parcel Control Number: _____ Plumbing Fee _____

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

Signed [Signature] Applicant (AUTH. LTR. RECD.)
 Signed [Signature] Town Building Inspector OFFICIAL

BUILDING PERMIT ELECT. SUB

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
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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. _____

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MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECT CONTRACTORS LICENSING BD

BATCH NUMBER	LICENSE NBR
3/1998	97903993 ER -0008060

ELECTRICAL CONTRACTOR
 as below HAS REGISTERED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2000
 (INDIVIDUAL MUST MEET ALL LOCAL COMPETENCY REQUIREMENTS
 PRIOR TO CONTRACTING IN ANY AREA)

COOK, ROBERT
 COOK ELECTRIC INC
 PO BOX 1104
 PORT SALERNO FL 34992-1104

LAWTON CHILES
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARREL
 SECRETARY

MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (561) 288-5604

LICENSE 1982 508 133 CERT ME00152

PHONE 561 287 0938 SIC NO 0000

LOCATION:

4250 SE COMMERCE AVE

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>

IS HERERY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **MASTER ELEC.**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 1998 SEC.
 AND ENDING SEPTEMBER 30 1999 998081101 870

COOK ELECTRIC INC
 PO BOX 1104
 PORT SALERNO FL 34992



Castle Hill

REC'D
3/6/00

February 3, 2000

Mr. Steve Conway
One River Crest Court
Stuart, Florida, 34996

RE: Conway Residence, Lot 2

Dear Steve,

The Castle Hill Design Review Committee met this Monday evening to review your plans for your new Castle Hill home. We found it to be a very attractive home and one that will be a great addition to Castle Hill.

You are approved for construction based on the following conditions:

1. Foyer Upper Window

The second floor Foyer fixed glass window and transom shown on the front elevation at 6'-0" wide is somewhat out of scale with the rest of your windows in that it is too large for the gable section of wall that it occupies. The width of the window and circletop should be downsized to 5'-0" wide.

2. Viburnum hedge along driveway

The Committee's Landscape Architect pointed out that the Viburnum hedge along the driveway specified at 24" height x 18" spread will not adequately screen the Garage doors from your neighbor. She recommends material that is 5' high for this location.

Being that the lot next to you is currently undeveloped, the DRC does not feel it is imperative to plant 5' material, as long as the hedge will reach that height in time. You may want to check with your Landscape Architect to confirm that the Viburnum will reach adequate size or consider a different material.

Conway Residence

February 3, 2000 - Page 2

3. Window and French door muntins

All windows and French doors with muntins as shown on plans must have both interior and exterior muntins for a true-divided lite appearance.

Steve, it is not necessary for you to resubmit your plans for any of these items. However, if you could drop us a note with a cut sheet on the window change for our files it would be helpful.

Good luck with your building - it should be a great house!

Best Regards,



Daniel J. Wilberding
Chairman, Castle Hill POA/DRC

cc: Steve Conway, POA Vice President
Gary Kelly
Meg Whitmer

Parcel I.D. No: 26-37-41-015-000-00020
Grantee #1 TIN: _____
Grantee #2 TIN: _____

RECORDED & VERIFIED
BY

00 JAN -3 PM 4:29

01409666

REC'D BY
KAREN GILLER
KAREN GILLER
KAREN GILLER
BY

(Space Above This Line For Recording Data)

WARRANTY DEED

THIS WARRANTY DEED, executed this 3rd day of January, 2000.

by: STEPHEN C. PAGE and CARLA K. PAGE, his wife ("Grantor"), whose post office address is: 1585 S.E. St. Lucie Boulevard, Stuart, Florida 34996

to: STEPHEN P. CONWAY and JENNIFER E. CONWAY, his wife ("Grantee"), whose post office address is: 1 River Crest Court, Stuart, Florida 34990.

[Wherever used herein, the terms "Grantor" and "Grantee" are used for singular or plural, as context requires, and include, bind and inure to the benefit of all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of trustees, corporations, and/or partnerships.]

WITNESSETH:

THAT GRANTOR, for and in consideration of the sum of Ten (\$10.00) Dollars and other good and valuable considerations to Grantor in hand paid by Grantee, the receipt and sufficiency whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee the following real property, situate, lying and being in the County of Martin, State of Florida, more particularly described as follows:

Lot 2, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, of the Public Records of Martin County, Florida.

SUBJECT TO: Taxes for the current and subsequent years and restrictions, reservations, limitations, easements of record, which reference shall not operate to reimpose the same, and zoning ordinances and other land use regulations affecting said property, if any.

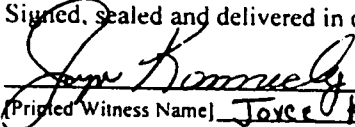
TO HAVE AND TO HOLD the same in fee simple forever.

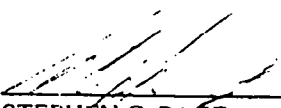
GR EX 1 4 4 7 PM 4 3 1

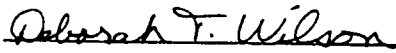
AND GRANTOR HEREBY COVENANTS with Grantee that Grantor is lawfully seized of said land in fee simple; has good right and lawful authority to sell and convey said land; hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.


IN WITNESS WHEREOF, Grantor has executed these presents the day and year first above written.

Signed, sealed and delivered in our presence:


[Printed Witness Name] JOYCE KENNEDY


STEPHEN C. PAGE


[Printed Witness Name] DEBORAH T. WILSON

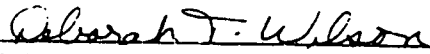

CARLA K. PAGE

STATE OF FLORIDA

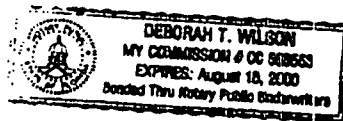
COUNTY OF MARTIN

THE FOREGOING INSTRUMENT was acknowledged before me this 3rd day of January, 2000, by STEPHEN C. PAGE and CARLA K. PAGE who is/are personally known to me or has/have produced Florida Driver's License(s) as identification.

[Notarial Seal]


[Printed Notary Name] DEBORAH T. WILSON
Notary Public, State of Florida

My Commission expires:



DAB Door Company, Inc.


ACCEPTANCE NO.: 98-0901.09

APPROVED : OCT 22 2001

EXPIRES : 08/14/01

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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


Candido Font, PE, Sr. Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This renews the Notice of Acceptance No. 98-0409.04 which was issued on 08/14/98. It approves a Sectional Steel Door 16 ft wide 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 (SFBC) for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the design pressure rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

2.1 The Dab Sectional Door and its components shall be constructed in strict compliance with the following documents: Drawing No. 98-05, titled "Sectional Residential Garage Door" prepared by Al-Farooq Corporation, dated 02/23/98 with latest revision on 08/24/98, Sheet 1 to 3 of 3. It bears the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by Miami-Dade Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

3.1 Units with dimensions equal to or smaller than those shown on the approved drawings shall qualify under this approval.

3.2 This approval requires the manufacturer to do testing of all coils used to fabricate door panels under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Dade County Approved Laboratory selected and paid by the manufacturer. Every 3 months, 4 times a year the manufacturer shall mail to this office a copy of the Test Reports with confirmation that the specimens were selected from coils at the manufacturer's production facilities. And a notarized statement from the manufacturer that only coils with a yield strength of 37,000 PSI or more shall be used to make door panels for Dade County under this Notice of Acceptance.

4. INSTALLATION

4.1 The Sectional Door and its components shall be constructed in strict compliance with the approved drawings.

4.2 The installation of this door does not require a Hurricane Protection System

5. LABELING

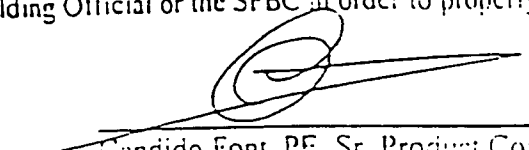
5.1 Each door shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved"

6. BUILDING PERMIT

6.1 Building Permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance, including two copies of the approved drawings as identified in section 2.

6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system.


Candido Font, PE, Sr. Product Control Examiner
Product Control Division

DAB DOOR COMPANY, INC.

ACCEPTANCE NO: 98-0506.07

APPROVED : OCT 01 1998

EXPIRES : OCT 01 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

A DRAWINGS

1. Drawing prepared by Al-Farooq Corporation Titled "Sectional Residential Garage Door", Drawing No.98-12, dated 04/03/98 with latest revision on 07/25/98, Sheet 1 through 3 of 3, signed and sealed by Humayoun Farooq, PE.

B TEST

1. Test Report on Large Missile Impact Test, Cyclic Wind Pressure Test and Force Entry Test, "16'-2" Sectional Residential Garage Door" prepared by Hurricane Engineering & Testing Inc., Report No. Hetei 98-722, dated 04/06/98 signed and sealed by H. M. Medina, PE.
2. Test report on Uniform Static Air Test "16'-2" Overhead Sectional Garage Door", prepared by Hurricane Engineering & Testing Inc., Report No. Hetei 98-720, dated 03/27/98, signed and sealed by H. M. Medina, PE.
3. Test Report on Salt Spray Exposure Test "G40- Painted", prepared by Celotex Corporation Testing Services, Report No. 258592, dated 08/17/98, signed and sealed by R. G. Miller, PE.

C CALCULATION

1. Anchor Verifications dated 04/28/98, pages 1 through 4 of 4 prepared by Al-Farooq Corporation, signed and sealed by H. Farooq, PE.

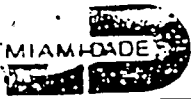
D MATERIAL CERTIFICATION

1. Test Report on Tensile Test "16'-2" w x 24GA steel residential sectional garage door u-bar", prepared by Hurricane Engineering & Testing Inc., Report No. Hetei 98-T86, dated 04/16/98, signed and sealed by H. M. Medina PE.
2. Product Control Notice of Acceptance by Metropolitan Dade County, Acceptance No 95-0626.01, approved on 01/11/96, expiring on 01/11/99, signed by C. Danger.

E STATEMENTS

1. Letter of Non Financial Interest, issued by Al-Farooq Corporation, dated 04/24/98 and signed by H. Farooq PE.
2. Letter of compliance, issued by Al-Farooq Corporation, dated 04/24/98, and signed by H. Farooq PE.


Candido Font, PE, Sr. Product Control Examiner
Product Control Division



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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

DAB Door Company, Inc.
12195 NW 98th Avenue
Hialeah Gardens FL 33016

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

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

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

Your application for Product Approval of:
Sectional Residential Garage Door
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 Dab Door Co. Inc. drawing No 98-05, sheet 1 to 3 of 3, dated 02/23/98, revised on 08/24/98, signed and sealed by H. Farooq-PE* 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.: 98-0901.09 (Revises No.: 98-0409.04)

Expires: 08/14/01

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

dated: 10/22/98



M.A. CORSON & ASSOCIATES, Inc.

ARCHITECTURE STRUCTURAL DESIGN
7374 S. E. Fiddlewood Lane Hobe Sound, Fl. 33455
(561) 223-8227 * Lic.# AA2971

To: Sewall's Point Building Department

Date: 3/7/00

Re: Conway Residence
Lot #2 Castle Hill
Permit #4857

This office approves of the following:

1. The design pressure schedule as submitted on the permitted plans for the above mentioned residence are somewhat excessive. After further research and obtaining data provided by AAMA (American Architectural Manufacturers Association) based on ASCE 7-98, the actual design pressures can be reduced. The specifications submitted for the Andersen windows and the Simpson doors fall within an acceptable range for the tested design pressures, and I hereby approve the use of these products. The installation procedures shall follow the manufactures specifications.

Thank you for your time and consideration. If you have any questions please call.

Sincerely,


Mark A. Corson A.I.A.

cc: file
Conway
bldgsp2

RECEIVED

JAN 23 2001

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

BY:

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

Form for Section A: PROPERTY OWNER INFORMATION. Fields include: BUILDING OWNER'S NAME (Steve Conway), BUILDING STREET ADDRESS (2 OAK HILL WAY), CITY (STUART), STATE (FL), ZIP CODE (34996), PROPERTY DESCRIPTION (LOT 2 CASTLE HILL PLAT BOOK 12 PAGE 89), BUILDING USE (RESIDENTIAL), and LATITUDE/LONGITUDE (OPTIONAL).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

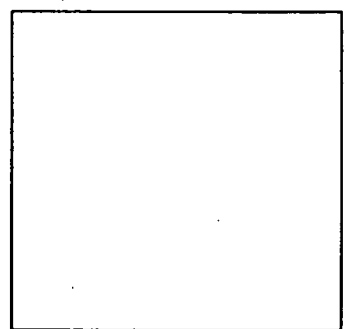
Form for Section B: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION. Fields include: B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER (TOWN OF SEWALL'S POINT 120164), B2. COUNTY NAME (MARTIN), B3. STATE (FLORIDA), B4. MAP AND PANEL NUMBER (120164 0001), B5. SUFFIX (D), B6. FIRM INDEX DATE (6-30-99), B7. FIRM PANEL EFFECTIVE/REVISED DATE (6-16-92), B8. FLOOD ZONE(S) (A10), B9. BASE FLOOD ELEVATION(S) (8.0).

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. [] FIS Profile [X] FIRM [] Community Determined [] Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: [X] 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)

Form for Section C: BUILDING ELEVATION INFORMATION (SURVEY REQUIRED). C1. Building elevations are based on: [] Construction Drawings* [] Building Under Construction* [X] Finished Construction. *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD 1929 Conversion/Comments. Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? [] Yes [] No. a) Top of bottom floor (including basement or enclosure) 8.3 ft(m) b) Top of next higher floor ____ ft(m) c) Bottom of lowest horizontal structural member (V zones only) ____ ft(m) d) Attached garage (top of slab) 8.0 ft(m) e) Lowest elevation of machinery and/or equipment servicing the building 8.0 ft(m) f) Lowest adjacent grade (LAG) 6.0 ft(m) g) Highest adjacent grade (HAG) 7.5 ft(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade i) Total area of all permanent openings (flood vents) in C3h ____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Form for Section D: SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION. This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME Robert Bloomster Jr. LICENSE NUMBER 4134 TITLE Professional Land Surveyor COMPANY NAME Bloomster Professional Land Surveyors, Inc. ADDRESS 791 N.E. Dixie Highway CITY Jensen Beach STATE FL ZIP CODE 34957 SIGNATURE [Signature] DATE 1-22-01 TELEPHONE 561-334-0868

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.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

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

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

COMMENTS

Check here if attachments

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

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

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

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

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

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

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

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

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

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

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

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

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

1/24/01 C.O. DOCUMENT CHECKLIST
4 OAK HILL WAY
STEPHAN P. CONWAY
P.O. 4857 ; ISSUED 3/6/00

✓ PERMIT CURRENT (w/ ONE YEAR)

✓ COST VERIFICATION: PERMIT \$ 315,000.
APPR. \$ 315,000

N/R ADD'L. PERMIT FEE: COST ANT.

✓ OWNER'S AFFIDAVIT OF COST

✓ ARCHITECT/ENGINEER STATE. OF MTP

✓ ELEVATION CERTIFICATE; FINISHED CONSTRUCTION

✓ FINAL "AS BUILT" SURVEY

SUPPLEMENT: MTPS & PERMITS COM. W/ COUNTY & TOWN APP. 2/25-2/12

NOTE: PRODUCT APPROVALS INCOMPLETE

- RA/DC WINDOW APPR. NOT INCL.

HOLD C.O.

IF NO APPROVAL FOR WINDOWS THEN

INSERT NON-COMPLIANCE LTR. IN FILES

(CONTR/OWNER STATES THAT WINDOW SUPPLIER
HAD ASSURED THEM. PROD. APPROVALS WERE

IN PROCESS & WOULD BE PROVIDED @ C.O.

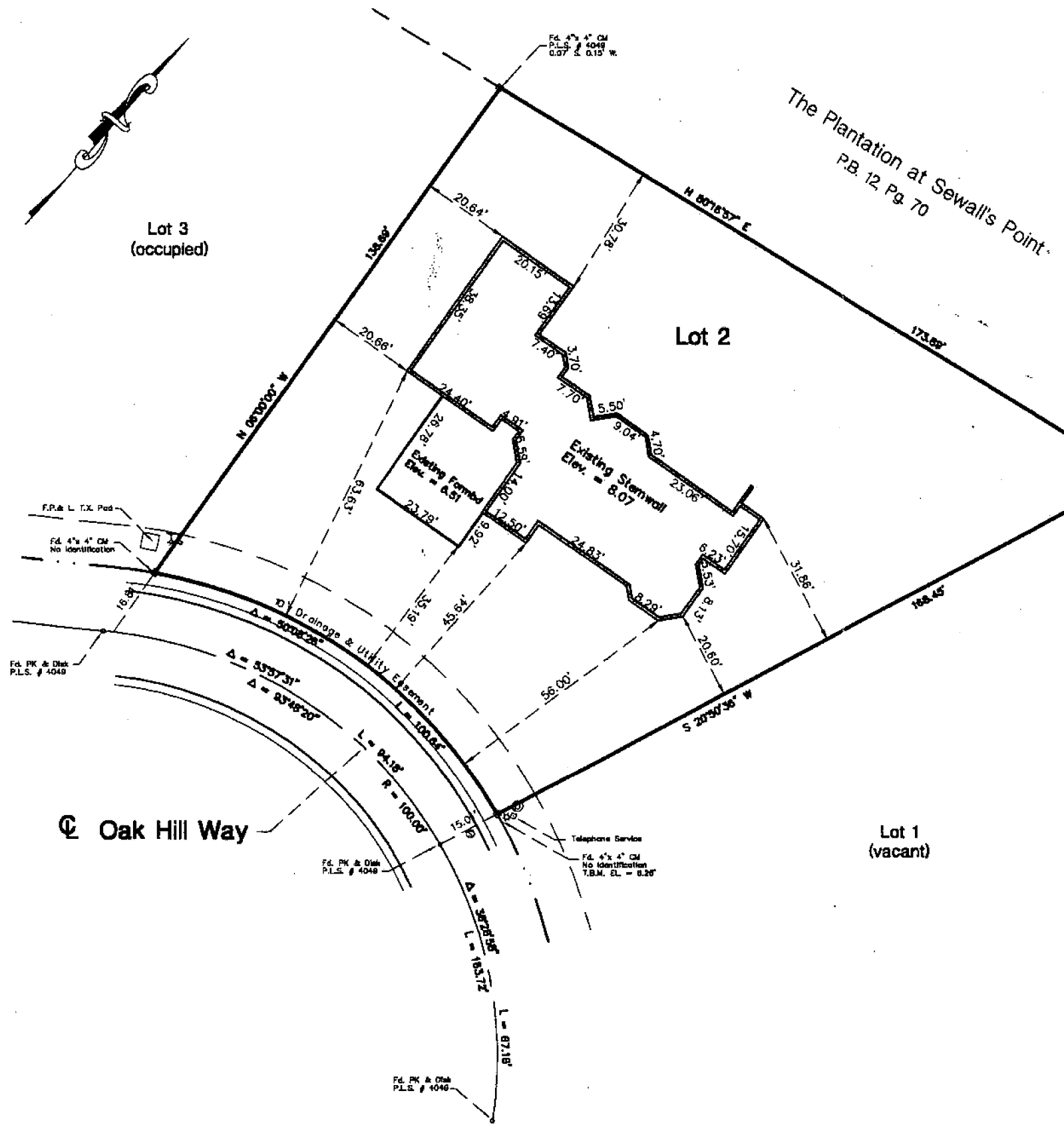
Boundary & Topographic Survey For: Steve Conway

Legal Description

Being all of lot 2, according to the Plat of CASTLE HILL as recorded in Plat Book 12, Page 88, Public records of Martin County, Florida.

General Notes

- The bearings shown hereon are referenced to the Centerline of Castle Hill Way having a bearing of N 36°22'13" E, according to the Plat of CASTLE HILL.
- All above ground fixed improvements, if any, have been located and shown hereon.
- Underground utilities and utility services have not been located on this survey.
- Flood Note: By graphic plotting only, this property is in Zones "A10" (EL 8), "B" & "C" according to the Flood Insurance Rate Map, Community Panel No. 120164 0001 E, effective date August 15, 1978 (revised 10/16/96). The exact designation can only be determined by an elevation certificate.
- The Elevations shown hereon are referenced to N.G.V.D. 1929, and based on Martin County Benchmark "IWM-5" having an elevation of 4.395 feet.



RECEIVED
APR - 4 2000
BY: *[Signature]*

- Legend
- | | |
|--------------------------------------|-----------------------------|
| Fd. ——— Found | (M) ——— Measured Data |
| R/W ——— Right-of-way line | IR ——— Iron Rod |
| PRM ——— Permanent Reference Monument | (P) ——— Plat Data |
| CM ——— Concrete Monument | IP ——— Iron Pipe |
| PP ——— Power Pole | Conc. ——— Concrete |
| (C) ——— Calculated Data | O/M ——— Overhead Utilities |
| ORB ——— Official Records Book | Pg. ——— Page |
| ID ——— Identification Number | TT ——— Tin Tab |
| R/S ——— Road Right-of-Way | (E) ——— Estimated Distances |
| SL ——— Street Light | B ——— Concrete Power Pole |
| SP ——— Steel Power Pole | G ——— Gate Valve |
| FL ——— Fire Hydrant | S ——— Sanitary Manhole |
| WM ——— Water Meter | SM ——— Storm Manhole |
- FORMER COPY
4 OAK HILL*

FILE

Certification

(Not valid unless sealed with an embossed Surveyor's seal)

I HEREBY CERTIFY to Steve Conway that the survey of the property shown hereon was made under my direction on October 26, 1999 and said survey is true and correct to the best of my knowledge and belief. There are no encroachments other than those shown hereon.

I FURTHER CERTIFY that this survey meets the Minimum Technical Standards as set forth by the Florida Board of Land Surveyors pursuant to Section 472.027, Florida State Statutes. No search of the public records has been made by this office. This survey is based on information furnished by the client or the client's representative.

Date of Signature: 4/3/00
Richard W. Busell
 Richard W. Busell
 Professional Surveyor & Mapper
 Florida Certificate No. 3858

PN4857

Richard W. Busell, Inc.
 Survey Sciences, Mapping & Consulting
 1320 S. Federal Highway, Suite 101
 Stuart, Florida 34994
 Phone (561) 220-3360 Fax (561) 220-2317

Boundary & Topographic Survey For:
Steve Conway
 Martin County Florida

Scale: 1" = 20'	Date: 10-26-99	File & Drawing No. 99-2-1099-01-01
Drawn By: jdm	Checked rwb	Sheet 1 of 1

REVISIONS: 1) Added under const. tie-in 4/3/00

PERMIT # 4857

TAX FOLIO # 39-38-41-013-013.00090

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 2 CASTLE HILL

GENERAL DESCRIPTION OF IMPROVEMENT: SINGLE FAMILY HOME

OWNER: STEPHEN P. CONWAY

ADDRESS: ONE RIVERCREST CT STUART FL 34996

PHONE #: 287-7313

FAX #: _____

CONTRACTOR: STEPHEN P. CONWAY

ADDRESS: ONE RIVERCREST CT STUART FL 34996

PHONE #: 220-0064

FAX #: 220-8601

SURETY COMPANY(IF ANY) N/A

ADDRESS: _____

PHONE # _____

FAX #: STATE OF FLORIDA
MARTIN COUNTY

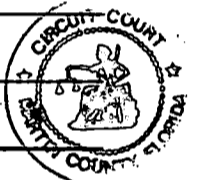
BOND AMOUNT: _____

THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

MARSHA STILLER, CLERK

BY REBUS D.C.

DATE 3-7-00



LENDER: N/A

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: N/A

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 #: _____

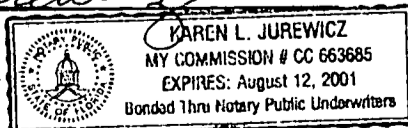
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

Stephen P. Conway
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1st DAY OF April 1999 BY Stephen P. Conway

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

Karen L. Jurewicz
NOTARY SIGNATURE



BUILDING CODE COMPLIANCE OFFICE
 METRO-DADE FLAGLER BUILDING
 140 WEST FLAGLER STREET, SUITE 1603
 MIAMI, FLORIDA 33130-1563
 (305) 375-2901
 FAX (305) 376-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Simpson Door Company
 400 Simpson Avenue
 McCleary WA 98557

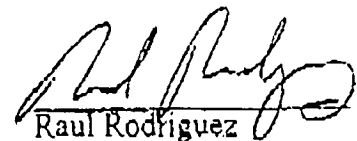
PRODUCT CONTROL DIVISION
 (305) 375-2902
 FAX (305) 372-6339

Your application for Product Approval of:
Series "1501" Dual Panel Full Lite Double Wood Patio Door Entry System
 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. *This is a renewal of NOA 94-1212.06*
 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.: 98-0805.04

Expires: 08/31/01

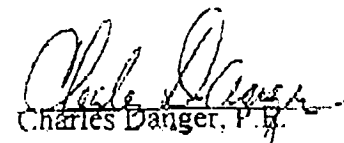


Raul Rodriguez
 Product Control Supervisor

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: 09/17/98

-1-



Simpson Door Company

ACCEPTANCE No. : # 98-0805.04

APPROVED : SEP 17 1998

EXPIRES : August 31, 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. DESCRIPTION OF UNIT

1.1 This renews the notice of Acceptance No. 94-1212.06, which was issued on February 9, 1995. It approves a single lite wood patio door entry system, as described 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.

1.2 Model Designation

Series "1501" Dual Panel Full Lite Double Wood Patio Door Entry System. (Full lite)

1.3 Overall Size

6'-3 1/4" wide by 8'-2 3/4" high x 4 5/8" deep

1.4 Configuration OX

1.5 **No. & Size of Panels:** Two panels each measuring 3' 0" wide by 8'0" by 1 3/4" thick.

2.0 MATERIAL CHARACTERISTICS

2.1 **Frame and Sash Material:** Wood

2.2 Glazing

2.2.1 **Glazing Material:** Both panels have interior glazed using 1/8" thick clear tempered glass.

2.2.2 **Glazing Method :** The glass is glazed using an adhesive bedding and a nailed-in-place interior wood bead stop.

2.2.3 **Davlight Opening Size:** Each lite provides a viewing area of 22" wide by 81" high.

2.3 **Hardware :** The active panel employs four (4) 4" butt hinges. One (1) cylindrical lock set is located at 36" from the bottom edge at the active panel with the dead bolt security lock 42". A secondary 9" slide bolt is located at 1 1/2" from the top left hand interior corner of the active panel with the keeper double screwed to the head at lock positions.

2.4 **Weatherstripping:** A single strip of dual durometer weatherseal is used at the head, hinge jamb and fixed jamb frame. A dual durometer sweep is triple sealed and continuously stapled to the bottom of the active panel. Vinyl wrapped foam dust pads are used at the hinge jamb/sill corner and the jamb frame/sill corners.

2.5 **Panel Construction:** The fixed panel is interior adhered directly to the main frame using an adhesive bond and interior wood stops stapled-in-place on 12" centers. The jamb/sill corners are of triple screw corner construction. Panel top rail/stile corners are of glued double dowel rabbeted corner construction. The panel bottom rail/stile corner are of quadruple dowel rabbeted corner construction. The fixed jamb frame is double lag (1/4" x 3") bolted at the head and sill.


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

ACCEPTANCE No. : # 98-0805.04

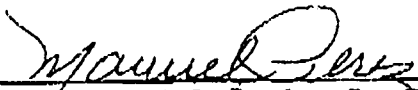
APPROVED : SEP 17 1998

EXPIRES : August 31, 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE


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

Simpson Door Company

ACCEPTANCE No. : # 98-0805.04

APPROVED : SEP 17 1998

EXPIRES : August 31, 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

2.6 Frame Construction: The main frame jamb/head corners are of six (6) staple coped corner construction.

2.7 Interior & Exterior Surface Finish: Clear sealed wood.

2.8 Sealant: The main frame is triple siliconed sealed at the perimeter to the buck. A small-joint sealant is applied to the jamb/sill corners at the dust pad locations.

3. LIMITATIONS

3.1 This approval applies to single unit applications only, as shown on Section 7.

3.2 Units with dimensions smaller than those shown on Section 7 qualify under this approval. Deviations for higher design pressures by downsizing the unit are accepted through comparative analysis approved by this department.

4. INSTALLATION

4.1 Screws and Method of Attachment

SILL : # 10 x 2½" FH SMS located 4" from corners and 9½" apart.

HEAD : # 10 x 2½" FH SMS located 4" from corners and 9½" apart.

JAMBS : # 10 x 2½" FH SMS located 4" from corners and 11½" o.c. An additional two (2) #10 x 2 2½" FH SMS screws at each hinges (total of 8 screws)

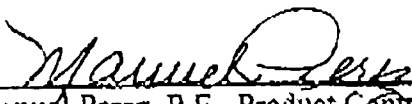
4.2 Sub-bucks shall be of pressure treated material at least 2" nominal thickness, and secured in at least 6 points on each leg with 3" long fasteners or equivalent.

4.3 For retrofit installations where the existing buck is less than the required 2" nominal; use concrete anchors instead of the fastened above, the same diameter and spacing and an appropriate length to go through the buck and penetrate at least 1" into the masonry structure.

4.4 Fasteners must have their own Notice of Acceptance and must be made of stainless steel or have adequate protection against corrosion, per DIN 50018. Aluminum contacting metals not considered compatible shall be properly protected

5. IDENTIFICATION

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


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

Simpson Door Company

ACCEPTANCE No. : # 98-0805.04

APPROVED : SEP 17 1998

EXPIRES : August 31, 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

6. **BUILDING PERMIT REQUIREMENTS**

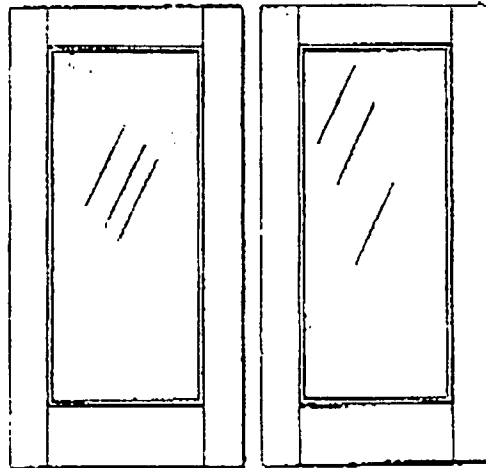
6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 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.

6.2 Note: The installation of this unit will require a hurricane protective system.

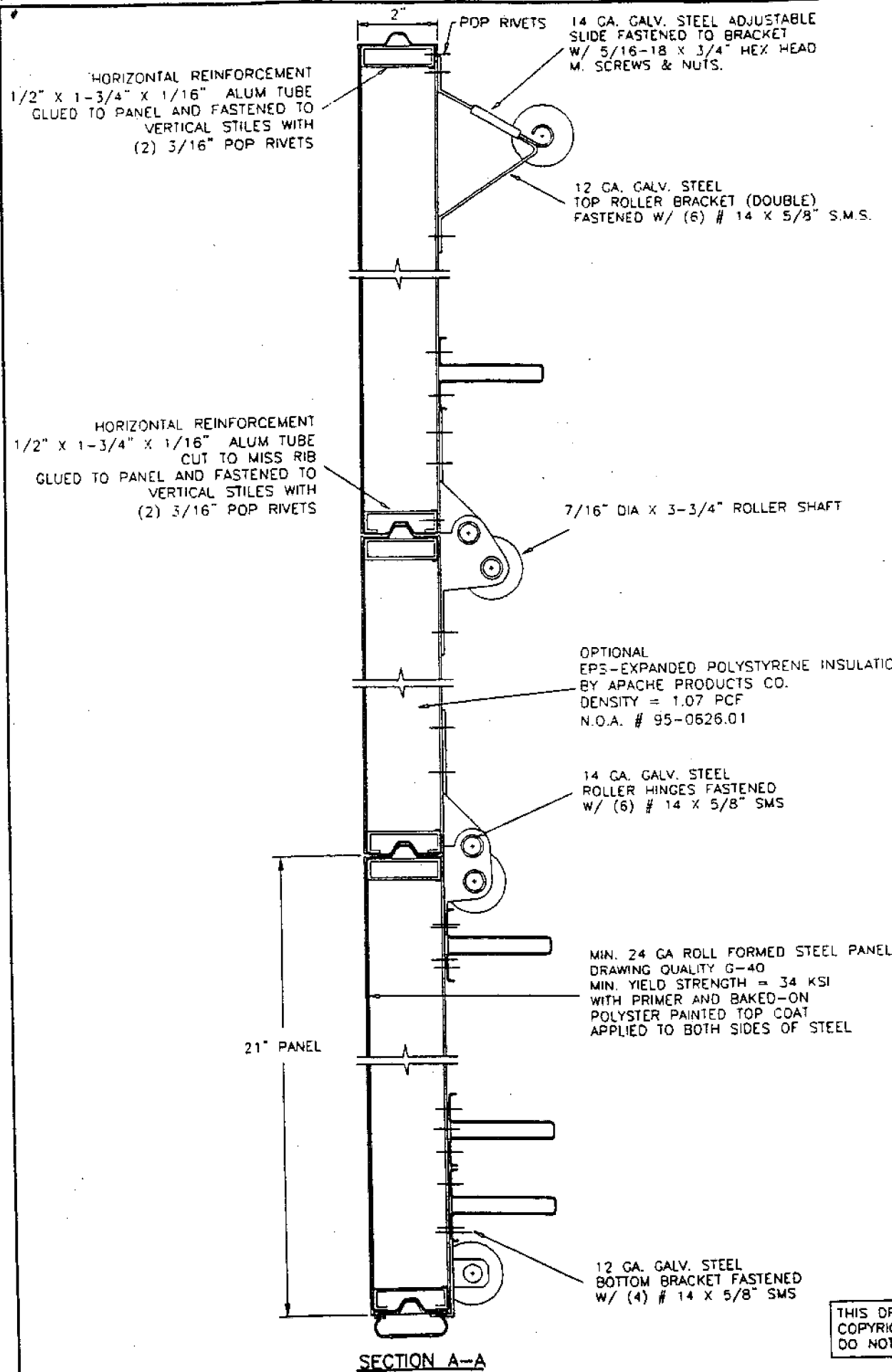
7. TYPICAL ELEVATION:



Design Pressure Rating (Positive)
Design Pressure Rating (Negative)

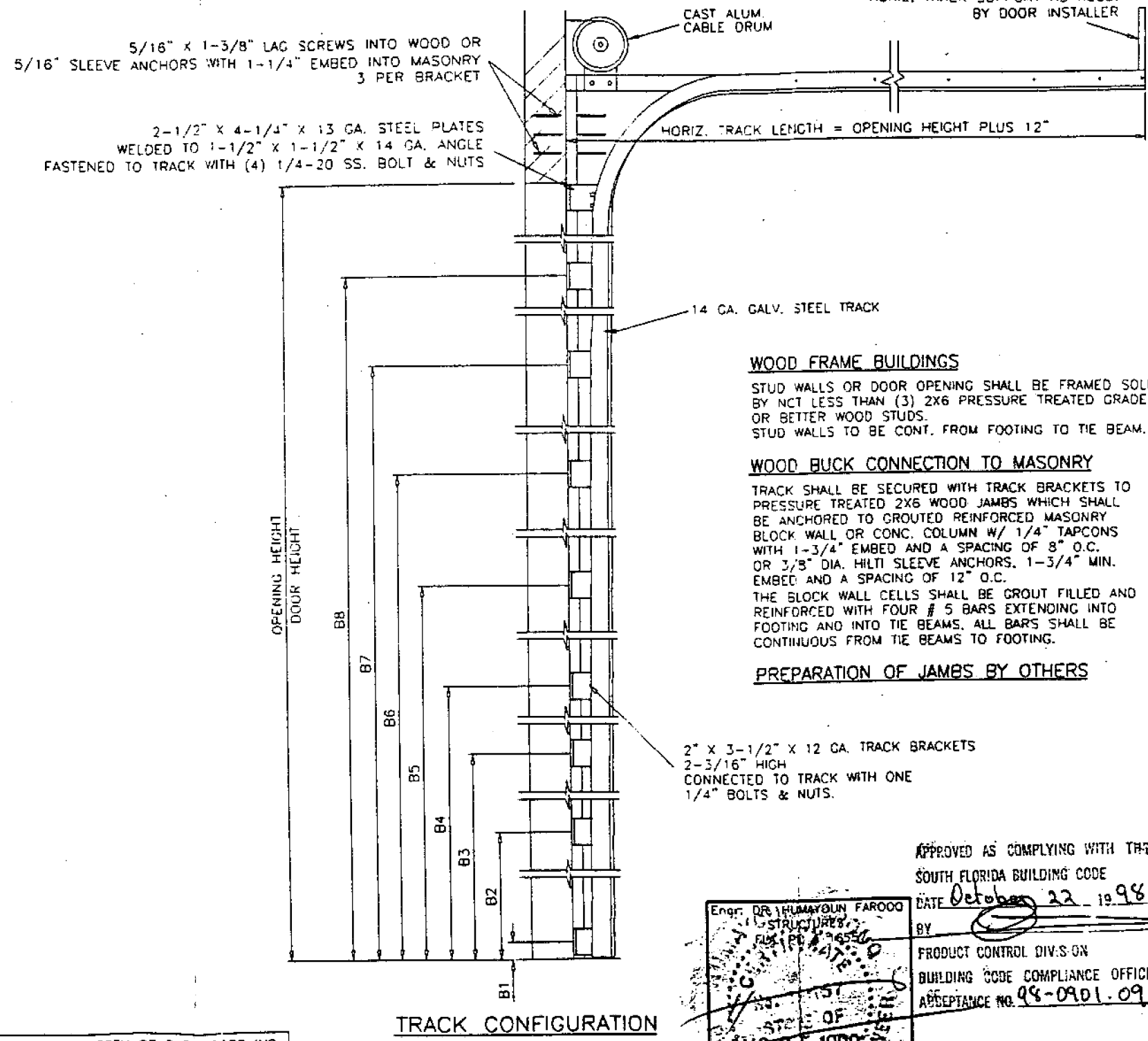
+43.3 PSF
-57.0 PSF

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



DOOR HEIGHT	SECTION HEIGHTS					BRACKET PLACEMENTS							
	1ST	2ND	3RD	4TH	5TH	B1	B2	B3	B4	B5	B6	B7	B8
6'-0"	18"	18"	18"	18"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
6'-6"	21"	18"	18"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
7'-0"	21"	21"	21"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
7'-6"	18"	18"	18"	18"	18"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
8'-0"	21"	18"	18"	18"	21"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"

*-SECTIONS ARE NUMBERED STARTING AT THE BOTTOM
FOR DOORS MORE THAN 8 FT. HIGH, USE ADDITIONAL TOP BRACKETS AT 10" O.C.



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PATENT PENDING

Engr. DR. HUSSAYOUN FAROOQ
STRUCTURES
FIRM # 14550
AUG 25 1998
STATE OF FLORIDA
PROFESSIONAL ENGINEER

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 22, 1998
BY [Signature]
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0901.09

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN

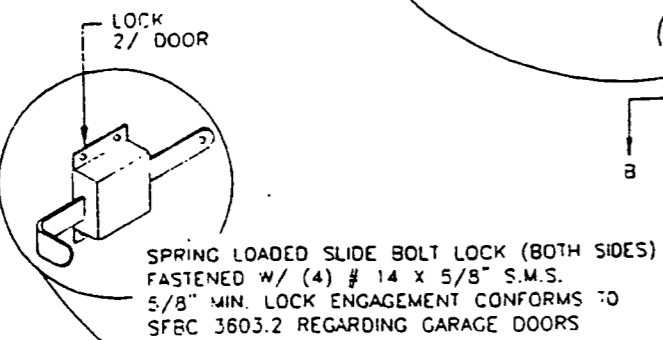
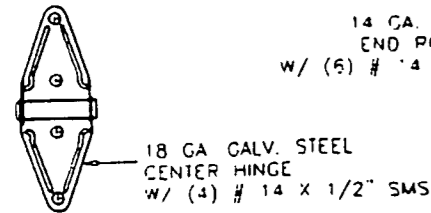
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 264-8100 FAX. (305) 262-6978
GARAGE \98-05DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
12195 N.W. 98 TH. AVE.
HIALEAH GARDENS, FL. 33016
TEL. (305) 556 - 6624

no	date	description

date: 02-23-98
scale:
dr. by: HAMID
chk. by:

drawing no.
98-05
sheet 3 of 3



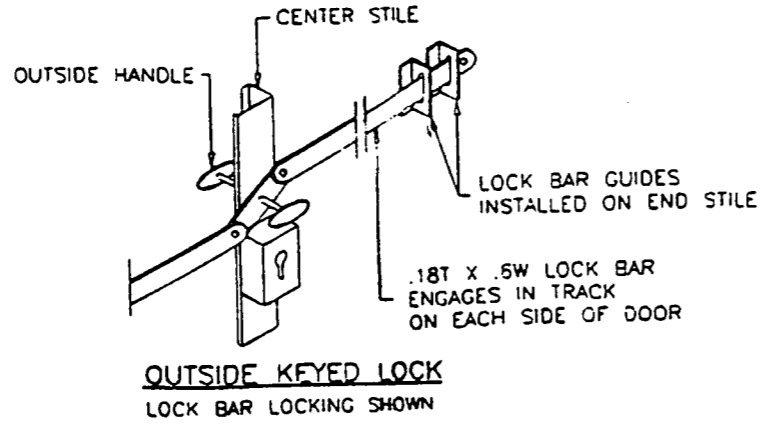
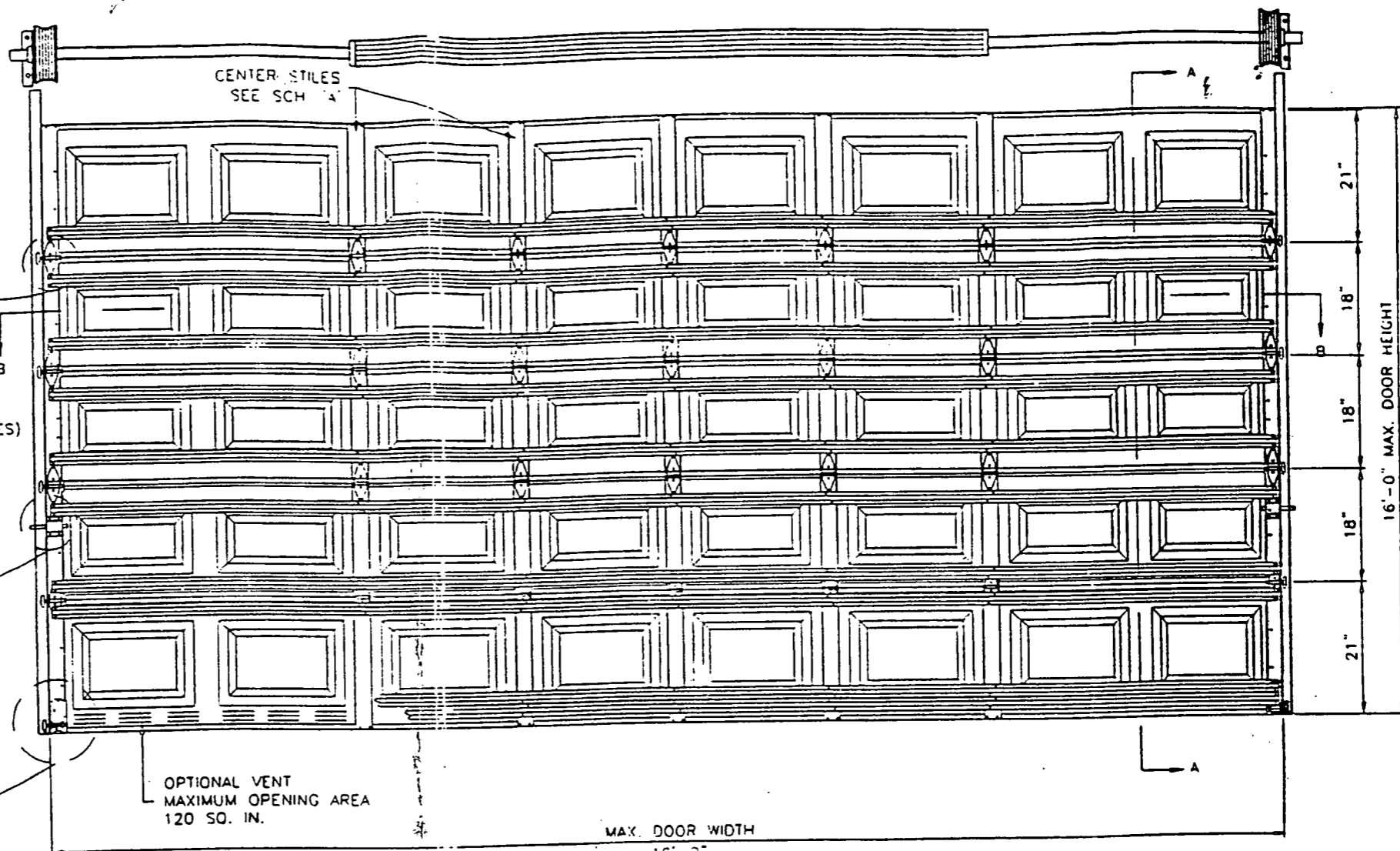
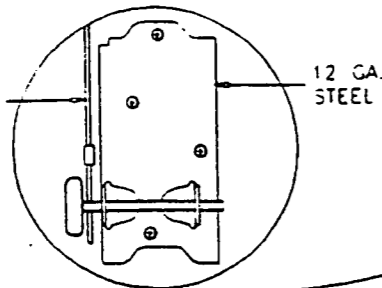
SCHEDULE 'A'

DOOR WIDTHS	# OF CENTER STILES
9'-1" TO 11'-10"	2
12'-0" TO 13'-10"	3
14'-0" TO 15'-10"	4
15'-11" TO 16'-10"	5

DOOR HEIGHT	CONSISTS OF
5'-6"	2 SECTIONS 18" 12 SECTIONS 21"
5'-9"	1 SECTION 18" 13 SECTIONS 21"
7'	4 SECTIONS 21" -
7'-3"	-
7'-6"	5 SECTIONS 18" -
7'-9"	4 SECTIONS 18" 11 SECTION 21"
8'	3 SECTIONS 18" 12 SECTIONS 21"
8'-3"	2 SECTIONS 18" 13 SECTIONS 21"
8'-6"	1 SECTION 18" 14 SECTIONS 21"
8'-9"	5 SECTIONS 21" -
9'	6 SECTIONS 18" -
9'-3"	5 SECTIONS 18" 11 SECTION 21"
9'-6"	4 SECTIONS 18" 12 SECTIONS 21"
9'-9"	3 SECTIONS 18" 13 SECTIONS 21"
10'	2 SECTIONS 18" 14 SECTIONS 21"
10'-3"	1 SECTION 18" 15 SECTIONS 21"
10'-6"	6 SECTIONS 21" -
10'-9"	8 SECTIONS 18" 1 SECTION 21"
11'	5 SECTIONS 18" 12 SECTIONS 21"
11'-3"	4 SECTIONS 18" 13 SECTIONS 21"
11'-6"	3 SECTIONS 18" 14 SECTIONS 21"
11'-9"	2 SECTIONS 18" 15 SECTIONS 21"
12'	1 SECTIONS 18" 16 SECTIONS 21"
12'-3"	7 SECTIONS 21" -
12'-6"	8 SECTIONS 18" 12 SECTIONS 21"
12'-9"	5 SECTIONS 18" 13 SECTIONS 21"
13'	4 SECTIONS 18" 14 SECTIONS 21"
13'-3"	3 SECTIONS 18" 15 SECTIONS 21"
13'-6"	2 SECTIONS 18" 16 SECTIONS 21"
13'-9"	1 SECTION 18" 17 SECTIONS 21"
14'	8 SECTIONS 21" -
14'-3"	8 SECTIONS 18" 3 SECTIONS 21"
14'-6"	5 SECTIONS 18" 4 SECTIONS 21"
14'-9"	4 SECTIONS 18" 5 SECTIONS 21"
15'	3 SECTIONS 18" 6 SECTIONS 21"
15'-3"	2 SECTIONS 18" 7 SECTIONS 21"
15'-6"	1 SECTION 18" 8 SECTIONS 21"
15'-9"	9 SECTIONS 21" -
16'	8 SECTIONS 18" 4 SECTIONS 21"

7 X 7 GALV. AIRCRAFT TYPE CABLE & NICO-PRESS SLEEVE
 W/ MIN 5 TO 1 SAFETY FACTOR

12 GA. STEEL



**INSIDE ELEVATION
 RAISED PANEL EMBOSSED DOOR**

DAB DOOR MODEL 824
 MAX. SIZE 16'-2" WIDE X 16'-0" HIGH

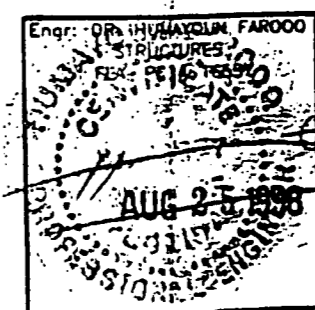
DESIGN PRESSURE RATING = + 48.0 PSF
 - 52.0 PSF

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PATENT PENDING

GENERAL NOTES

1. THIS STRUCTURE IS DESIGNED AS PER THE SOUTH FLORIDA BUILDING CODE 1994 EDITION FOR DADE COUNTY. ALSO FOR WIND LOADS AS PER ASCE 7-88 USING CORRESPONDING LOADS.
2. ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
3. ALL BOLTS, NUTS AND WASHERS SHALL BE ZINC PLATED CARBON STEEL.
4. ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.

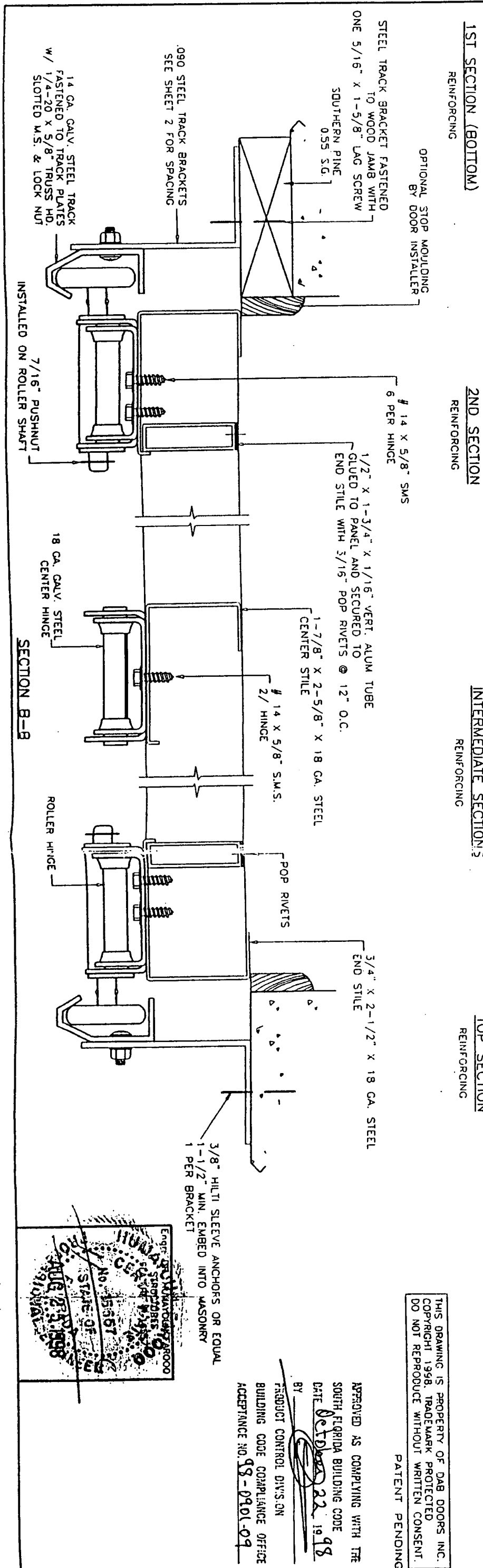
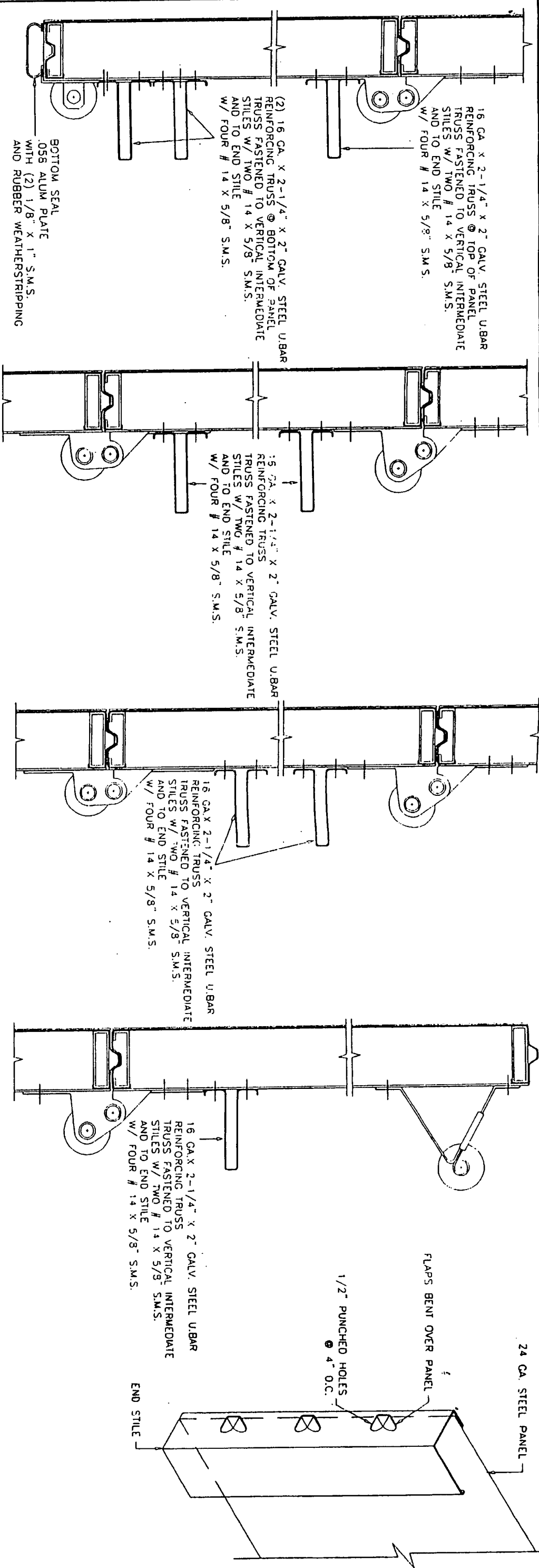


APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE October 22 1998
 BY [Signature]
 PRODUCT CONTROL DIV'S ON
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0901-09

REVISIONS:

NO.	DATE	DESCRIPTION
A	07/08/98	GENERAL REVISION
B	08/24/98	DPT INSULATION ADDED

date: 02-23-98
 scale: 1/2" = 1'-0"
 dr. BY: HAMID
 ch. BY:
 drawing no.
98-05
 sheet 1 of 3



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PATENT PENDING

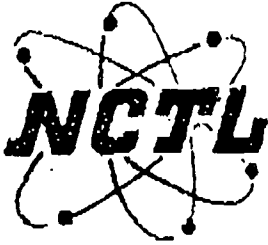
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 22, 1998
 BY [Signature]
 PRODUCT CONTROL DIV'S ON
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0901-09

Eng. ESTIMATOR/PROO
 HUMANI
 No. 15567
 STATE OF FLORIDA
 AUG 23 1998
 9/10/98

drawing no. 98-05	date: 02-23-98	revisions:
scale:	dr. by: HAMID	no. date by description
cht. by:		

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
 12195 N.W. 98 TH. AVE.
 HIALEAH GARDENS, FL. 33016
 TEL.(305) 556 - 6624

AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174.
 TEL. (305) 264-8100 FAX. (305) 262-6978
 GARAGE\98-05DAB



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1358 • FAX (407) 240-8882

STRUCTURAL COMPREHENSIVE PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-2202-5

TEST DATE: 04-30-99

REPORT DATE: 08-02-99

CLIENT: Seasonsfield, Incorporated
355 Center Court
Venice, FL 34292

TEST SPECIMEN: Seasonsfield Incorporated's Series "1700" Aluminum Clad Casement Primary Window with Transom

TEST SPECIFICATION: AAMA/NWDA 101/U.S. 2-97, "Voluntary Specifications for Aluminum and Poly Vinyl Chloride (PVC) Prime Windows and Glass Doors", ASTM E 283-91, "Standard Test Method for Determining the Rate of Air Leakage Through Exterior Windows, Curtain Walls, and Doors Under Specified Pressure Differences Across the Specimen." ASTM E 330-90, "Structural Performance of Exterior Windows, Curtain Walls, and Doors by Uniform Static Air Pressure Difference." ASTM E 331-86, "Standard Test Method for Water Penetration of Exterior Windows, Curtain Walls, and Doors by Uniform Static Air Pressure Difference."

TEST SPECIMEN DESCRIPTION

GENERAL: The specimen tested was a double mullied aluminum clad wood casement primary window measuring 3'-1/4" wide by 6'-5-1/4" high overall. Each active vent panel measured 2'-11-1/2" wide by 6'-1-3/16" high. The casement vent panel was supported to the head and sill using a concealed slide/pivot hinge system. A standard dual arm roto-gear operator system was located at the sill 7" in from the frame jamb. One metal cam-type sweep lock was located at 20" from each end of the lock stile jamb. Keepers were fastened to the vent stile at lock positions. One metal snubber clip was located at 20" from each end of the frame jamb. The frame and vent panels employed an exterior aluminum cladding. An aluminum cladding was fastened to the wood frame using (# 8 x 1/4") self drilling screws. One (1) extruded aluminum mullion bar was located at each exterior and interior of each casement aluminum frame lock stile jamb. Main frame was of triple screw butt-type corner construction. Vent panels were of slot and tenon corner construction.

INSTALLATION FASTENERS: The specimen was fin mounted to the test buck using eighteen (18) (# 8 x 1-1/2") PHS; six (6) at each jamb and three (3) at head and sill.

GLAZING: Vent panels were exterior glazed using sealed double insulated glass. The overall insulated glass thickness was 3/4" consisting of two lites of 1/8" annealed glass and one air space created by a swiggle seal spacer system with a silicone back bedding and a rigid vinyl glazing bead. Glass Bite 3/8"

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.1.2	Air Infiltration 6.24 psf (25 mph)	0.01 CFM/FT	0.30 CFM/FT
2.1.3	Water Resistance - 5.0 GPH/FT ² WTP = 6.00 psf	No Entry	No Entry
2.1.4.2	Uniform Load Structural 40.0 psf exterior 40.0 psf interior	0.009" 0.004"	0.293" 0.293"

OPTIONAL PERFORMANCE

2.3	Water Resistance - 5.0 GPH/FT ² WTP = 15.00 psf	No Entry	No Entry
2.4.2	Uniform Load Structural 60.0 psf exterior 60.0 psf interior	0.017" 0.027"	0.293" 0.293"

TEST COMPLETED: 08-27-97

Special Note: Identical test results were obtained on the following main frame:

- Configuration 6. Sloped sill flush mounted. Thermal break and non-thermal break.
- Configuration 6A. Sloped sill fin mounted. Thermal break and non-thermal break.
- Configuration 6B. Snap sill flush mounted. Thermal break and non-thermal break.
- Configuration 6C. Snap sill fin mounted. Thermal break and non-thermal break.

Each test specimen meets the performance criteria level of F-HC40 of the AAMA/NWDA\101\U.S. 2-97 specification.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

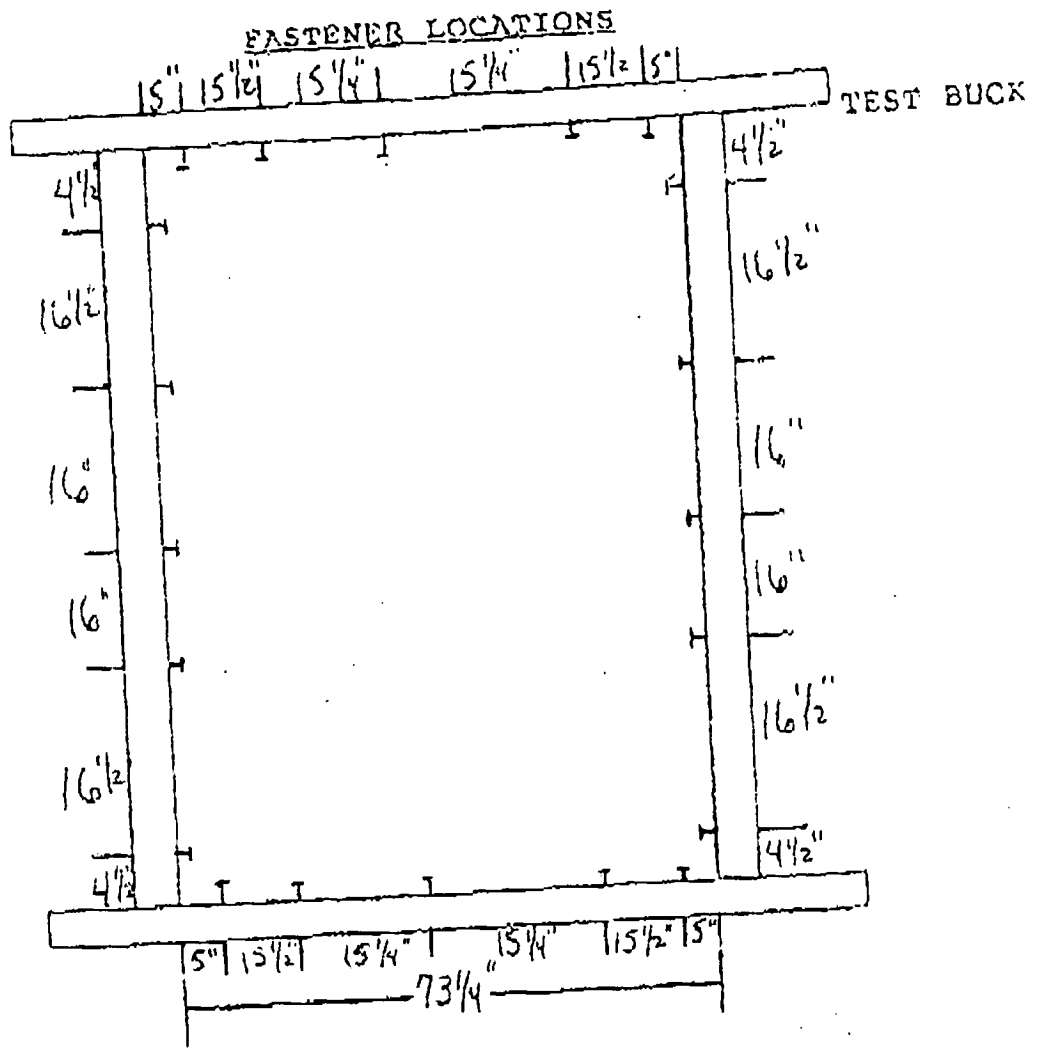
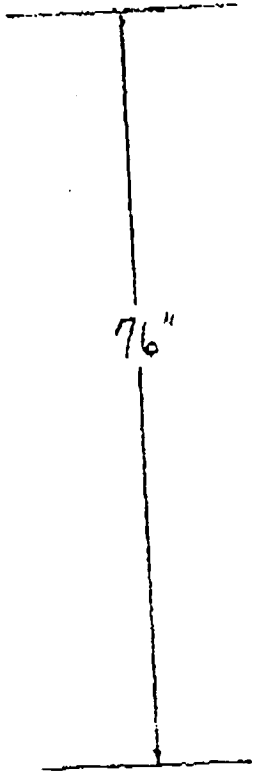
NATIONAL CERTIFIED TESTING
LABORATORIES, INC.

MICHAEL E. LANE
Division Manager

JOHN WILLIAMS
Technician

MELD/ld

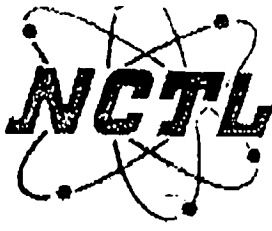
9/19/97



The test specimen was mounted to the test buck using TWENTY (20) (#6 x 2") screws, T at location shown

METRO-DADE COUNTY REQUIRED

NATIONAL CERTIFIED TESTING LABORATORIES
 JOB NO.: NCTL-210-1975-6
 COMPANY: SEASONSHIELD INC.
 TEST DATE: 8-27-97



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1356 • FAX (407) 240-8882

FORCED ENTRY RESISTANCE TEST REPORT

REPORT NO: NCTL-210-1975-8F
TEST DATE: 08-27-97
REPORT DATE: 09-04-97
EXPIRATION DATE: 08-31-01

CLIENT: Seasonsshield Incorporated
355 Center Court
Venice, Florida 34292

TEST SPECIMEN: Seasonsshield Incorporated's Series "1600" Fixed Aluminum Clad Wood Primary Picture Window.

TEST SPECIFICATION: ASTM F 588-97 Test Methods for Resistance of Window Assemblies to Forced Entry Excluding Glazing.

TEST SPECIMEN DESCRIPTION

GENERAL: The test specimen tested was a fixed aluminum clad wood primary window measuring 5'1-1/4" wide by 6'4" high overall. The daylight opening measured 4'10" wide by 5'11-1/4" high. Frame members were of extruded aluminum and was of butt-type corner construction using three (3) (# 6 x 1") self-tapping screws. Frame members were poured and debridged urethane thermal barrier debridged to 1/8". The fixed extruded aluminum frame employed an interior wood liner. The wood liner was fastened to main frame using twenty-four (24) (# 6 x 1/2") self-tapping screws. Six (6) at each jamb and six (6) at head and sill.

INSTALLATION: The frame was flush mounted to the test buck using twenty (20) (# 6 x 2") screws.

GLAZING: The fixed lite was interior glazed using 3/16" tempered glass with a silicone back-bedding and a wooden glass stop.

INTERIOR SURFACE FINISH: Unfinished wood.

EXTERIOR SURFACE FINISH: White painted aluminum clad.

SEALANT: Frame corners employed a small-joint sealant.



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1358 • FAX (407) 240-8882

STRUCTURAL COMPREHENSIVE PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-2202-5
TEST DATE: 04-30-99
REPORT DATE: 08-02-99

CLIENT: Seasonsfield, Incorporated
335 Center Court
Venice, FL 34292

TEST SPECIMEN: Seasonsfield Incorporated's Series "1700" Aluminum Clad Casement Primary Window with Transom.

TEST SPECIFICATION: AAMA/NWDA 101/S. 2-97, Voluntary Specifications for Aluminum and Poly Vinyl Chloride (PVC) Prime Windows and Glass Doors". ASTM E 283-91, "Standard Test Method for Determining the Rate of Air Leakage Through Exterior Windows, Curtain Walls, and Doors Under Specified Pressure Differences Across the Specimen." ASTM E 330-90, "Structural Performance of Exterior Windows, Curtain Walls, and Doors by Uniform Static Air Pressure Difference." ASTM E 331-86, "Standard Test Method for Water Penetration of Exterior Windows, Curtain Walls, and Doors by Uniform Static Air Pressure Difference."

TEST SPECIMEN DESCRIPTION

GENERAL: The specimen tested was a double mullied aluminum clad wood casement primary window measuring 3-1/4" wide by 6'5-1/4" high overall. Each active vent panel measured 2'11-1/8" wide by 6'1-3/16" high. The casement vent panel was supported to the head and sill using a concealed slide/pivot hinge system. A standard dual arm roto-gear operator system was located at the sill 7" in from the frame jamb. One metal cam-type sweep lock was located at 20" from each end of the lock stile jamb. Keepers were fastened to the vent stile at lock positions. One metal snubber clip was located at 20" from each end of the frame jamb. The frame and vent panels employed an exterior aluminum cladding. An aluminum cladding was fastened to the wood frame using (# 8 x 1/4") self drilling screws. One (1) extruded aluminum mullion bar was located at each exterior and interior of each casement aluminum frame lock stile jamb. Main frame was of triple screw butt-type corner construction. Vent panels were of slot and tenon corner construction.

INSTALLATION FASTENERS: The specimen was fin mounted to the test buck using eighteen (18) (# 8 x 1-1/2") PHS; six (6) at each jamb and three (3) at head and sill.

GLAZING: Vent panels were exterior glazed using sealed double insulated glass. The overall insulated glass thickness was 3/4" consisting of two lites of 1/8" annealed glass and one air space created by a swiggle seal spacer system with a silicone back bedding and a rigid vinyl glazing bead. Glass Bite 3/8"

WEATHERSTRIP: A single strip of bulb vinyl weatherstrip was located at each frame head and jamb. A single leaf vinyl weatherstrip was located at each frame sill and at each vent panel's exterior perimeter.

WEEPS: No weeps employed.

INTERIOR SURFACE FINISH: Unfinished pine wood.

EXTERIOR SURFACE FINISH: White painted aluminum.

SEALANT: Frame corners and exterior face of mullions were sealed with a silicone chalk.

INSECT SCREEN: One (1) insect screen measuring 2'11-3/4" wide by 6'2-3/8" high was of butt-type corner construction with nylon corner keys. The screen employed fiberglass mesh cloth with a solid vinyl spline; two pull tabs; two spring retainer springs.

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.1.2 (ASTM E 283-91)	Air Infiltration 1.57 psf (25 mph)	0.03 CFM/FT ²	0.30 CFM/FT ²
2.1.3 (ASTM E 331-86)	Water Penetration - (3.0 GPH/FT ²) WTP = 6.00 psf	No Entry	No Entry

OPTIONAL PERFORMANCE

4.3 (ASTM E331)	Water Resistance - (3.0 GPH/FT ²) WTP = 9.00 psf	No Entry	No Entry
4.4.2 (ASTM E330)	Uniform Load Structural 90.0 psf exterior 90.0 psf interior	See Note # 1	

Note No. 1: At 57.0 psf interior pressure, the active vent's glass shattered due to excessive deflection.

TEST COMPLETED: 04-30-99

This report is comprehensive in nature in which it outlines the results and the order in which they occurred.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

Barry Patton
2/4/99

NATIONAL CERTIFIED TESTING
LABORATORIES, INC.

John Williams

JOHN WILLIAMS
Technician



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1356 • FAX (407) 240-8882

STRUCTURAL PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-1975-6
TEST DATE: 08-27-97
REPORT DATE: 09-04-97
EXPIRATION DATE: 08-31-01

CLIENT: Seasonshield Incorporated
355 Center Court
Venice, FL 34292

TEST SPECIMEN: Seasonshield Incorporated's Series "1600" Fixed Aluminum Clad Wood Primary Picture Window.
(F-HC40)

TEST SPECIFICATION: AAMA/NWWDA/101/1.S. 2-97, "Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors."

TEST SPECIMEN DESCRIPTION

GENERAL: The test specimen tested was a fixed aluminum clad wood primary window measuring 6'1-1/4" wide by 6'4" high overall. The daylight opening measured 5'10" wide by 5'11-1/4" high. Frame members were of anodized aluminum and was of butyl type corner construction using three (3) (# 6 x 1") self-tapping screws. Frame members were poured and debridged urethane thermal barrier debridged to 1/8". The fixed extruded aluminum frame employed an interior wood liner. The wood liner was fastened to main frame using twenty-four (24) (# 6 x 1/2") self-tapping screws. Six (6) at each jamb and six (6) at head and sill.

INSTALLATION: The frame was flush mounted to the test buck using twenty (20) (# 6 x 2") screws.

GLAZING: The fixed lite was interior glazed using 3/16" annealed glass with a silicone back-bedding and a wooden glass stop.

INTERIOR SURFACE FINISH: Unfinished wood.

EXTERIOR SURFACE FINISH: White painted aluminum.

SEALANT: Frame corners employed a small-joint sealant.

WEATHERSTRIP: A single strip of bplb vinyl weatherstrip was located at each frame head and jamb. A single leaf vinyl weatherstrip was located at each frame sill and at each vent panel's exterior perimeter.

WEEPS: No weeps employed.

INTERIOR SURFACE FINISH: Unfinished pine wood.

EXTERIOR SURFACE FINISH: White painted aluminum.

SEALANT: Frame corners and exterior face of mullions were sealed with a silicone chalk.

INSECT SCREEN: One (1) insect screen measuring 2'11-3/4" wide by 6'2-3/8" high was of butt-type corner construction with nylon corner keys. The screen employed fiberglass mesh cloth with a solid vinyl spline; two pull tabs; two spring retainer springs.

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.1.2 (ASTM E 283-91)	Air Infiltration 1.57 psf (25 mph)	0.03 CFM/FT ²	0.30 CFM/FT ²
2.1.3 (ASTM E 331-86)	Water Penetration - (5.0 GPH/FT ²) WTP - 6.00 psf	No Entry	No Entry

OPTIONAL PERFORMANCE

4.3 (ASTM E331)	Water Resistance - (5.0 GPH/FT ²) WTP = 9.00 psf	No Entry	No Entry
4.4.2 (ASTM E330)	Uniform Load Structural 90.0 psf exterior 90.0 psf interior	See Note # 1	

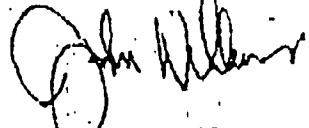
Note No. 1: At 57.2 psf interior pressure, the active vent's glass shattered due to excessive deflection.

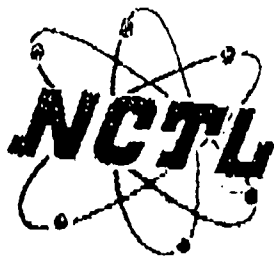
TEST COMPLETED: 04-30-99

This report is comprehensive in nature in which it outlines the results and the order in which they occurred.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

NATIONAL CERTIFIED TESTING
LABORATORIES, INC.


JOHN WILLIAMS
Technician



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1366 • FAX (407) 240-8882

STRUCTURAL PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-1975-6
TEST DATE: 08-27-97
REPORT DATE: 09-04-97
EXPIRATION DATE: 08-31-01

CLIENT: Seasonshield Incorporated
355 Center Court
Venice, FL 34292

TEST SPECIMEN: Seasonshield Incorporated's Series "1600" Fixed Aluminum Clad Wood Primary Picture Window.
(F-HC40)

TEST SPECIFICATION: AAMA/NWWDA/101/1.S. 2-97, "Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors."

TEST SPECIMEN DESCRIPTION

GENERAL: The test specimen tested was a fixed aluminum clad wood primary window measuring 6'1-1/4" wide by 6'4" high overall. The daylight opening measured 5'10" wide by 5'11-1/4" high. Frame members were of extruded aluminum and was of butt-type corner construction using three (3) (# 6 x 1") self-tapping screws. Frame members were poured and debridged urethane thermal barrier debridged to 1/8". The fixed extruded aluminum frame employed an interior wood liner. The wood liner was fastened to main frame using twenty-four (24) (# 6 x 1/2") self-tapping screws. Six (6) at each jamb and six (6) at head and sill.

INSTALLATION: The frame was flush mounted to the test buck using twenty (20) (# 6 x 2") screws.

GLAZING: The fixed lite was interior glazed using 3/16" annealed glass with a silicone back-bedding and a wooden glass stop.

INTERIOR SURFACE FINISH: Unfinished wood.

EXTERIOR SURFACE FINISH: White painted aluminum.

SEALANT: Frame corners employed a small-joint sealant.

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.1.2	Air Infiltration 6.24 psf (25 mph)	0.01 CFM/FT	0.30 CFM/FT
3.1.3	Water Resistance - 5.0 GPH/FT ² WTP = 6.00 psf	No Entry	No Entry
7.1.4.2	Uniform Load Structural 40.0 psf exterior 40.0 psf interior	0.009" 0.004"	0.293" 0.293"

OPTIONAL PERFORMANCE

4.3	Water Resistance - 5.0 GPH/FT ² WTP = 15.00 psf	No Entry	No Entry
1.4.2	Uniform Load Structural 60.0 psf exterior 60.0 psf interior	0.017" 0.027"	0.293" 0.293"

TEST COMPLETED: 08-27-97

Special Note: Identical test results were obtained on the following main frame:

- Configuration 6. Sloped sill flush mounted. Thermal break and non-thermal break.
- Configuration 6A. Sloped sill fin mounted. Thermal break and non-thermal break.
- Configuration 6B. Snap sill flush mounted. Thermal break and non-thermal break.
- Configuration 6C. Snap sill fin mounted. Thermal break and non-thermal break.

Each test specimen meets the performance criteria level of F-HC40 of the AAMA/NWDA/101 U.S. 2-97 specification.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

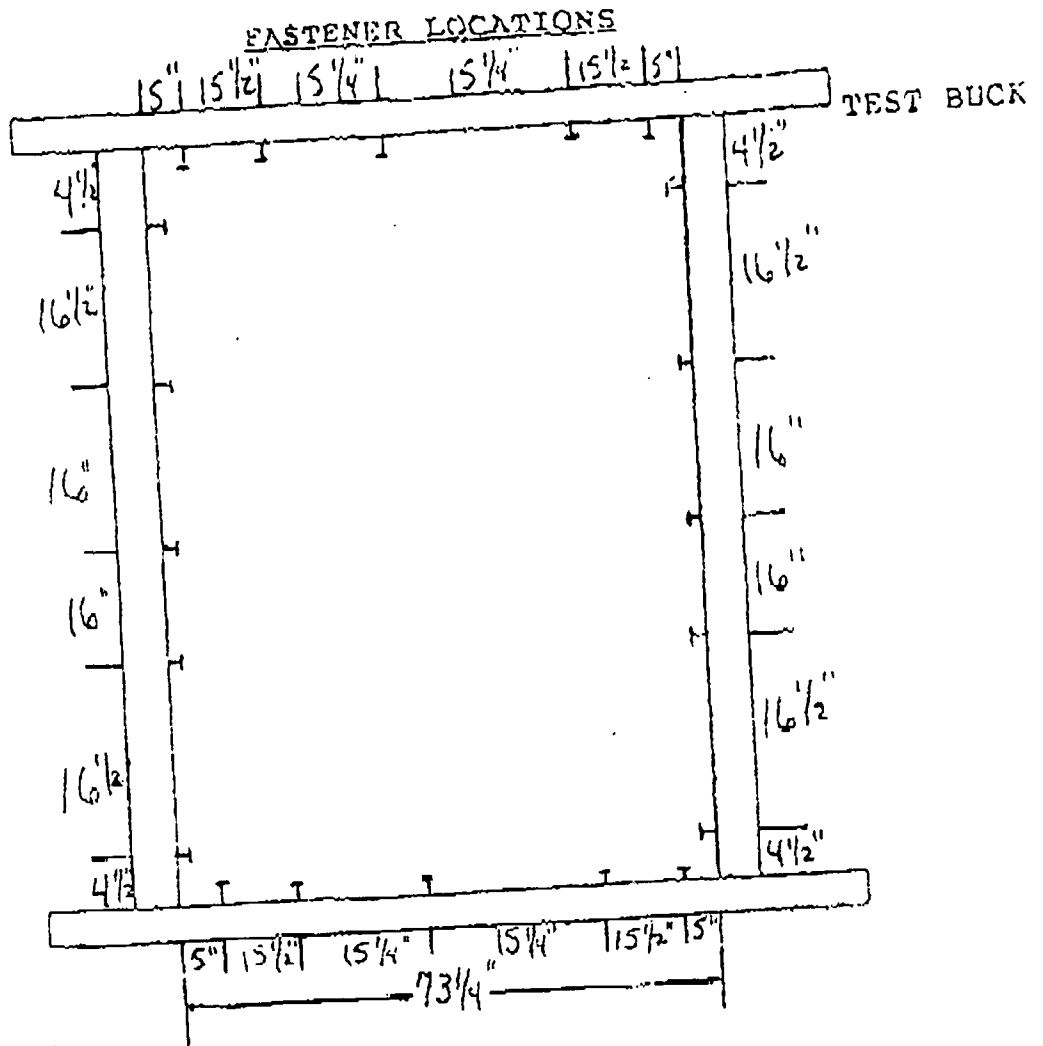
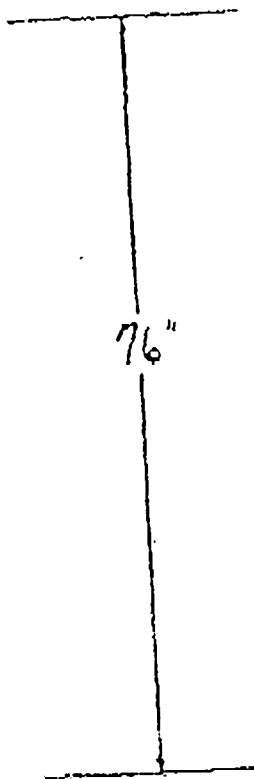
NATIONAL CERTIFIED TESTING
LABORATORIES, INC.

MICHAEL E. LANE
Division Manager

JOHN WILLIAMS
Technician

MEL0-Ad

9/19/97



The test specimen was mounted to the test buck using TWENTY (20) (#6 x 2") screws, T at location shown

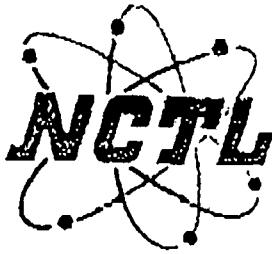
METRO-DADE COUNTY REQUIRED

NATIONAL CERTIFIED TESTING LABORATORIES

JOB NO.: NCTL-210-1975-6

COMPANY: SEASONSHIELD INC.

TEST DATE: 8-27-97



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1356 • FAX (407) 240-8882

FORCED ENTRY RESISTANCE TEST REPORT

REPORT NO: NCTL-210-1975-8F
TEST DATE: 08-27-97
REPORT DATE: 09-04-97
EXPIRATION DATE: 08-31-01

CLIENT: Seasonsshield Incorporated
355 Center Court
Venice, Florida 34292

TEST SPECIMEN: Seasonsshield Incorporated's Series "1600" Fixed Aluminum Clad Wood Primary Picture Window.

TEST SPECIFICATION: ASTM F 588-97 Test Methods for Resistance of Window Assemblies to Forced Entry Excluding Glazing.

TEST SPECIMEN DESCRIPTION

GENERAL: The test specimen tested was a fixed aluminum clad wood primary window measuring 5'1-1/4" wide by 6'4" high overall. The daylight opening measured 4'10" wide by 5'11-1/4" high. Frame members were of extruded aluminum and was of butt-type corner construction using three (3) (# 6 x 1") self-tapping screws. Frame members were poured and debridged urethane thermal barrier debridged to 1/8". The fixed extruded aluminum frame employed an interior wood liner. The wood liner was fastened to main frame using twenty-four (24) (# 6 x 1/2") self-tapping screws. Six (6) at each jamb and six (6) at head and sill.

INSTALLATION: The frame was flush mounted to the test buck using twenty (20) (# 6 x 2") screws.

GLAZING: The fixed lite was interior glazed using 3/16" tempered glass with a silicone back-bedding and a wooden glass stop.

INTERIOR SURFACE FINISH: Unfinished wood.

EXTERIOR SURFACE FINISH: White painted aluminum clad.

SEALANT: Frame corners employed a small-joint sealant.

Seasonshield Incorporated

NCTL-210-1975-8F

TEST RESULTS

PARAGRAPH NO.

TITLE OF TEST

MEASURED

ALLOWED

10.2.4.2

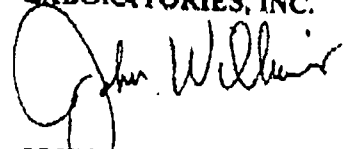
Type D Window Assembly

Meets as stated

TEST COMPLETED: 08-27-97

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

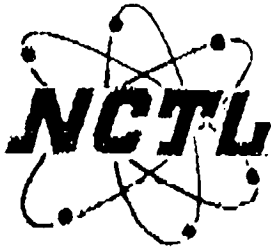
NATIONAL CERTIFIED TESTING
LABORATORIES, INC.



JOHN WILLIAMS
Technician

JW/d

Bary D. Portnoy
9/10/99



NATIONAL CERTIFIED TESTING LABORATORIES

1484 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1356 • FAX (407) 240-8882

STRUCTURAL PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-1975-8

TEST DATE: 08-27-97

REPORT DATE: 09-04-97

EXPIRATION DATE: 08-31-01

CLIENT: Seasonshield Incorporated
355 Center Court
Venice, FL 34292

TEST SPECIMEN: Seasonshield Incorporated's Series "1600" Fixed Aluminum Clad Wood Primary Picture Window.
(F-HC60) (Downsized)

TEST SPECIFICATION: AAMA/NWDA/101/U.S. 2-97, "Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors."

TEST SPECIMEN DESCRIPTION

GENERAL: The test specimen tested was a fixed aluminum clad wood primary window measuring 5'1-1/4" wide by 6'4" high overall. The daylight opening measured 4'10" wide by 5'11-1/4" high. Frame members were of extruded aluminum and was of built-up type corner construction using three (3) (# 6 x 1") self-tapping screws. Frame members were poured and debridged urethane thermal barrier debridged to 1/8". The fixed extruded aluminum frame employed an interior wood liner. The wood liner was fastened to main frame using twenty-four (24) (# 6 x 1/2") self-tapping screws. Six (6) at each jamb and six (6) at head and sill.

INSTALLATION: The frame was flush mounted to the test buck using twenty (20) (# 6 x 2") screws.

GLAZING: The fixed lite was interior glazed using 3/16" annealed glass with a silicone back bedding and a wooden glass stop.

INTERIOR SURFACE FINISH: Unfinished wood.

EXTERIOR SURFACE FINISH: White painted aluminum.

SEALANT: Frame corners employed a small-joint sealant.

08/17/00 THU 08:42 FAX +

SEASONSHIELD, INC

005

Seasonshield Incorporated

-2-

NCTL-210-1975-8

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.1.2	Air Infiltration 6.24 psf (25 mph)	0.01 CFM/FT	0.30 CFM/FT
2.1.3	Water Resistance - 5.0 GPH/FT ² WTP = 6.00 psf	No Entry	No Entry
2.1.4.2	Uniform Load Structural 60.0 psf exterior 60.0 psf interior	0.031" 0.034"	0.293" 0.293"

OPTIONAL PERFORMANCE

2.3	Water Resistance - 5.0 GPH/FT ² WTP = 15.00 psf	No Entry	No Entry
	Uniform Load Structural 90.0 psf exterior 90.0 psf interior	0.046" 0.056"	0.293" 0.293"

TEST COMPLETED: 08-27-97

Special Note: Identical test results were obtained on the following main frame:

- Configuration 8. Flush mount sloped sill. Thermal break and non-thermal break.
- Configuration 8A. Sloped sill fin mounted. Thermal break and non-thermal break.
- Configuration 8B. Snap sill flush mounted. Thermal break and non-thermal break.
- Configuration 8C. Snap sill fin mounted. Thermal break and non-thermal break.

Each test specimen meets the performance criteria level of F-HC60 (Downsized) of the AAMA/NWWDA\10\U.S. 2-97 specification

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

NATIONAL CERTIFIED TESTING
LABORATORIES, INC.

FASTENER LOCATIONS

Head & Side IDENTICAL

13 3/16" Typ. * 4" Typ.

TEST BY

4" Typ.

17" Typ.

OPPOSITE
JAMB
IDENTICAL

6 1/4"

5 1/4"

The test specimen was mounted to the test buck using Twenty (20) (#6 x 2") screws located at location shown

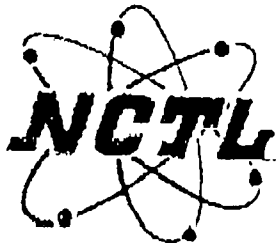
METRO-DADE COUNTY REQUIRED

NATIONAL CERTIFIED TESTING LABORATORIES

JOB NO.: NCTL-210-1975-8

COMPANY: Seacoastshield Inc.

TEST DATE: 8-27-97



NATIONAL CERTIFIED TESTING LABORATORIES

1464 GEMINI BOULEVARD • ORLANDO, FLORIDA 32837
PHONE (407) 240-1358 • FAX (407) 240-8882

STRUCTURAL PERFORMANCE TEST REPORT

REPORT NO.: NCTL-210-1975-7

TEST DATE: 08-27-97

REPORT DATE: 09-04-97

EXPIRATION DATE: 08-31-01

CLIENT: Seasonsfield Incorporated
355 Center Court
Venice, FL 34292

TEST SPECIMEN: Seasonsfield Incorporated's Series "1600" Fixed Aluminum Clad Wood Primary Picture Window.
(F-HC100) (Flush Mount) (Sloped Sill)

TEST SPECIFICATION: AAMA/NWDA/101/I.S. 2-97, "Voluntary Specifications for Aluminum, Vinyl (PVC) and Wood Windows and Glass Doors."

TEST SPECIMEN DESCRIPTION

GENERAL: The test specimen tested was a fixed aluminum clad wood primary window measuring 6'1-1/4" wide by 6'4" high overall. The daylight opening measured 5'10" wide by 5'11-1/4" high. Frame members were of extruded aluminum and was of butt-type corner construction using three (3) (# 6 x 1") self-tapping screws. Frame members were poured and debridged urethane thermal barrier debridged to 1/8". The fixed extruded aluminum frame employed an interior wood liner. The wood liner was fastened to main frame using twenty-four (24) (# 6 x 1/2") self-tapping screws. Six (6) at each jamb and six (6) at head and sill.

INSTALLATION: The frame was flush mounted to the test buck using twenty (20) (# 6 x 2") screws.

GLAZING: The fixed lite was interior glazed using 3/16" tempered glass with a silicone back-bedding and a wooden glass stop.

INTERIOR SURFACE FINISH: Unfinished wood.

EXTERIOR SURFACE FINISH: White painted aluminum clad.

SEALANT: Frame corners employed a small-joint sealant.

TEST RESULTS

<u>PARAGRAPH NO.</u>	<u>TITLE OF TEST</u>	<u>MEASURED</u>	<u>ALLOWED</u>
2.1.2	Air Infiltration 6.24 psf (25 mph)	0.01 CFM/FT	0.30 CFM/FT
2.1.3	Water Resistance - 5.0 GPH/FT ² WTP = 6.00 psf	No Entry	No Entry
2.1.4.2	Uniform Load Structural 100.0 psf exterior 100.0 psf interior	0.039" 0.041"	0.293" 0.293"

OPTIONAL PERFORMANCE

4.3	Water Resistance - 5.0 GPH/FT ² WTP = 15.00 psf	No Entry	No Entry
	Uniform Load Structural 150.0 psf exterior 150.0 psf interior	0.044" 0.061"	0.293" 0.293"

TEST COMPLETED: 08-27-97

Special Note: Identical test results were obtained on the following main frame:

- Configuration 7. Sloped sill flush mounted. Thermal break and non-thermal break.
- Configuration 7A. Sloped sill fin mounted. Thermal break and non-thermal break.
- Configuration 7B. Snap sill flush mounted. Thermal break and non-thermal break.
- Configuration 7C. Snap sill fin mounted. Thermal break and non-thermal break.

Each test specimen meets the performance criteria level of F-HC100 of the AAMA/NWDA/101/1.S. 2-97 specification.

Detailed drawings were available for laboratory records and compared to the test specimen at the time of this report. A copy of this report along with representative sections of the test specimen will be retained by NCTL for a period of four (4) years. The results obtained apply only to the specimen tested.

**NATIONAL CERTIFIED TESTING
LABORATORIES, INC.**

MICHAEL E. LANE
Division Manager

JOHN WILLIAMS
Technician

Bayo Portney
MEL/ad
2/19/97

RECEIVED
DEC 14 2000
BY: SA

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

WSP, Sched.
12/15/00 ✓

FILE

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN 4857

OWNER: S. Conway ; ADDRESS: ~~4342 W. ...~~

PROJECT ADDRESS: SAME ; LEGAL: LOT 2 BLK SUB CASTLE HILL

GENERAL CONTRACTOR: Stephen P. Conway ; LIC/CERT No.

ADDRESS: 9 RIVERVIEW DR STUART FL ; TEL 220-0064 ; FAX 220-8601

ELECTRICAL CONTRACTOR: COOK ELECTRIC INC. ; LIC/CERT No. EL0002265

ADDRESS: 4250 SE Commerce AVE STUART ; TEL 287-0938 ; 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 AND POOL EQUIP. for the purpose of WOOD FLOOR INSTALLATION / Final Completion 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 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 5 day of December, 2000.

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
EDWIN B. ARNOLD, BUILDING OFFICIAL

FILE

MASTER PERMIT NO. 4857

TOWN OF SEWALL'S POINT

Date 8/10/00

BUILDING PERMIT NO. 5042

Building to be erected for STEPHEN P. CONWAY

Type of Permit PLMBG-SUB

Applied for by PLUMBING BY BISHOP, INC.

(Contractor)

Building Fee _____

Subdivision CASTLE HILL Lot 2 Block _____

Radon Fee _____

Address 4 OAK HILL WAY

Impact Fee _____

Type of structure S.F.R. (UNDER CONST.)

A/C Fee _____

QUICKER! GARY BISHOP
CR-C027632

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee SEE PN 4857

Roofing Fee _____

Amount Paid _____

Check # _____

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ _____

TOTAL Fees _____

Signed _____

Gary Bishop

Applicant

Signed _____

[Signature]

Town Building Inspector [Signature]

BUILDING PERMIT

PLMBG-SUB

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

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

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

CERTIFICATE OF INSURANCE

The company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not amend, extend, or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy numbered and described below.

CERTIFICATE HOLDER:

TOWN OF SEWALL'S POINT
1 S SEWALL'S POINT ROAD
SEWALL'S POINT, FL 34996

COPY
FILE
Lee/In

INSURED:
PLUMBING BY BISHOP INC
PO BOX 3223
STUART, FL 34995-3223

RECEIVED
AUG 10 2000
BY: *[Signature]*

FILE
Herrn

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (+LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY and Medical Expense	77-AC-039344-3001 NATIONWIDE PROPERTY & CASUALTY CO.	09-17-99	09-17-00	Any One Occurrence..... \$ 500.000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org \$ 500.000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON \$ 5.000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 100.000
				General Aggregate* \$ 1.000.000
				Prod/Comp Ops Aggregate* . \$ 500.000
<input type="checkbox"/> Other Liability				
AUTOMOBILE LIABILITY	77-BA-039344-3002	09-17-99	09-17-00	
<input checked="" type="checkbox"/> BUSINESS AUTO	NATIONWIDE PROPERTY & CASUALTY CO.			Bodily Injury (Each Person) \$
<input checked="" type="checkbox"/> Owned				(Each Accident) \$
<input checked="" type="checkbox"/> Hired				Property Damage (Each Accident) \$
<input checked="" type="checkbox"/> Non-Owned				Combined Single Limit \$ 300.000
EXCESS LIABILITY				Each Occurrence \$
<input type="checkbox"/> Umbrella Form				Prod/Comp Ops/Disease Aggregate* \$
	77-WC-039344-3003	09-17-99	09-17-00	STATUTORY LIMITS
<input checked="" type="checkbox"/> Workers' Compensation and Employers' Liability	Nationwide Mutual Insurance Co.			BODILY INJURY/ACCIDENT ... \$ 100.000
				Bodily Injury by Disease EACH EMPLOYEE \$ 100.000
				Bodily Injury by Disease POLICY LIMIT \$ 500.000

DESCRIPTION OF OPERATIONS/LOCATIONS
VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Peter G. Meder Jr

Effective Date of Certificate: 09-17-1999
Date Certificate Issued: 08-10-2000

Authorized Representative: JOSEPH R. MEDER, JR.
Countersigned at: 963 CENTRAL PARKWAY
STUART, FL 34994

STATE OF FLORIDA AC# 5885934
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CF - C027632 06/19/2000 99902237
CERTIFIED PLUMBING CONTRACTOR
BISHOP, GARY R.
PLUMBING BY BISHOP, INC.
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2002

FILE

MASTER PERMIT NO. 4857

TOWN OF SEWALL'S POINT

Date 8/22/00

Building to be erected for STEPHEN P. CONWAY

BUILDING PERMIT NO. 5074

Applied for by NISSAIR AIR CONDITIONING

Type of Permit A/C - SUB.

Subdivision CASTLE HILL Lot 2 Block

Building Fee

Address 4 OAK HILL WAY

Radon Fee

Type of structure SPR (UNDER CONST.)

Impact Fee

QUALIFIER: PHILIP NISSA
CA-C041199

A/C Fee SEE PN 4857

Parcel Control Number:

Electrical Fee

Plumbing Fee

Roofing Fee

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

Total Construction Cost \$ _____ TOTAL Fees _____

Signed [Signature] Applicant

Signed [Signature] Town Building Inspector OFFICIAL

BUILDING PERMIT

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

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

FP ID SB
NISAI-1

DATE (MM/DD/YY)
12/17/99

PRODUCER

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

FILE *pernel*

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

INSURERS AFFORDING COVERAGE

INSURED

Nisair Air Conditioning
Personalized Services Inc dba *UC/IS*
1501 Decker Ave, Suite D404
Stuart FL 34994

FILE

INSURER A: Hanover Insurance Company
INSURER B: Auto Owners Insurance Co
INSURER C: AmComp Preferred Insurance Co
INSURER D:
INSURER E:

COPY

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	VDJ5520388	12/20/99	12/20/00	EACH OCCURRENCE	\$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 500,000
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY	96-826-376	12/20/99	12/20/00	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
						\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV4070238	01/01/00	01/01/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
					E.L. EACH ACCIDENT	\$ 100,000
					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	OTHER					

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

Air Conditioner Contractor - Florida Employees Only

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

TOWNS-1
Town of Sewalls Point
fax 220-4765
Attn: Edwin Arnold
1 S Sewalls Point Road
Stuart FL 34996

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

Joseph E. Coons, CPCU. CIC.



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD
 7960 ARLINGTON EXPRESSWAY
 STE 300
 JACKSONVILLE FL 32211-7467 (904) 727-6530

NISA, PHILIP ANTHONY JR
 NISAIR AIRCONDITIONING
 1501 DECKER AVE
 #D-404
 STUART FL 34994

STATE OF FLORIDA ACP 58835
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CA -C041199-06/16/2000 990333
 CLASS B CERTIFIED AIR COND CON
 NISA, PHILIP ANTHONY JR
 NISAIR AIRCONDITIONING
 IS CERTIFIED Under the provisions of Ch. 489
 Expiration Date: AUG 31, 2002

DETACH HERE

AC# 5883542
 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/16/2000	99033374	CA -C041199

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

NISA, PHILIP ANTHONY JR
 NISAIR AIRCONDITIONING
 1501 DECKER AVE
 #D-404
 STUART FL 34994

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSO
 SECRETARY

MARTIN COUNTY ORIGINAL

1999 COUNTY OCCUPATIONAL LICENSE 2000

Larry C. O'Brien, Tax Collector, P.O. Box 8013, Stuart, FL 34995
(888) 288-4604

CHARACTER COUNTS IN MARTIN COUNTY

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

IS NEEDED TO REGISTER IN THE BUSINESS PROFESSION OR OCCUPATION

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 OCTOBER 99

AND EXPIRES SEPTEMBER 30 2000 9999081302 1620 PAID

LICENSE 1986 518 989 CERT RA0018072
PHONE 561 283 0904 SC NO 0800

LOCATION: 1501 DECKER AVE
STUART FL 34994

REARMAINTENANCE SERVICE INC

1501 DECKER AVENUE D-404
STUART FL 34994



COOK ELECTRIC INC

(561) 287-0938 ELECTRICAL CONTRACTORS Lic.# ER0008060 FAX 287-9084

4250 S.E. COMMERCE AVE.
P.O. Box 1104
PORT SALERNO, FL 34992

TO: Building Department - Town of Sewall's Point
FROM: Robert C. Cook, Qualifier for
Cook Electric, Inc. ME00152 / ER0008060
RE:

Conway Residence
Lot # 2, Castle Hill
4 Oak Hill Way
Stuart, Fl. 34996
Builder: Stephen P. Conway
Building Permit: #4857

With reference to the above job, I hereby authorize Steven Ingmire or Matthew Cook to pickup and sign for electrical permits.

Robert C. Cook
Robert C. Cook, Qualifier

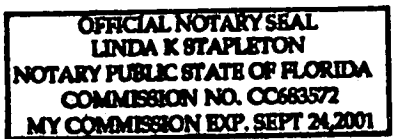
STATE OF FLORIDA COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this MAR 7, 00 by Robert C. Cook, who is personally Date Name of Person Acknowledging known to me and did not take an oath.

Notary Public: Linda K Stapleton
Signature

Notary Public: Linda K. Stapleton
Print Name

Notary Stamp:



ACORD. CERTIFICATE OF LIABILITY INSURANCE OP ID BC COOKE-1 DATE (MM/DD/YY) 01/17/00

PRODUCER
Plastridge Agency, Inc.
 811 S. E. Ocean Blvd.
 Stuart FL 34994-2427

Jean Reed Parks
 Phone No. 561-287-5532 Fax No. 561-287-5572

INSURED
Cook Electric
 PO Box 1104
 Pt. Salerno FL 34992

FILE
permed
FILE
u0/1/05

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

COMPANIES AFFORDING COVERAGE	
COMPANY A	Old Dominion Ins.
COMPANY B	Comp Options/BC-BS
COMPANY C	
COMPANY D	

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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	MPG26908	12/01/99	12/01/00	GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000 PERSONAL & ADV INJURY \$ 500000 EACH OCCURRENCE \$ 500000 FIRE DAMAGE (Any one fire) \$ 500000 MED EXP (Any one person) \$ 10000								
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	B1G26908	12/01/99	12/01/00	COMBINED SINGLE LIMIT \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$								
A	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CUG24347R	12/01/99	12/01/00	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000								
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL <input type="checkbox"/> OTHER	S21UB152D382399R	12/01/99	12/01/00	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$ 500000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$ 500000	EL DISEASE - POLICY LIMIT	\$ 500000	EL DISEASE - EA EMPLOYEE	\$ 500000
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$ 500000												
EL DISEASE - POLICY LIMIT	\$ 500000												
EL DISEASE - EA EMPLOYEE	\$ 500000												
A	Property Section	MPG26908	12/01/99	12/01/00									
A	Acct Rec/Val Paper	MPG26908	12/01/99	12/01/00									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Electrical contractors

CERTIFICATE HOLDER
 TOWNSE1
 Town of Sewall's Point
 Dale Brown
 Building Inspector
 1 S Sewall's Point Road
 Stuart FL 34996

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
Jean Reed Parks
 Jean Reed Parks

Lennox Objective Guide to Installation Comparison

 Nisair Airconditioning Inc.,
 1501 Decker Ave D-404
 Stuart, Fla
 1-407-283-0904

02/01/:0 LOGIC 1000 RESIDENTIAL LOADS ANALYSIS PAGE 1

THE CONWAY RESIDENCE

PREPARED FOR: MR. & MRS. CONWAY

PREPARED BY: JOSE

FILE TITLE: CONWAY2
 DESIGN TEMPERATURES (DEGREES F)
 WINTER INSIDE 68 WINTER OUTSIDE 45
 SUMMER INSIDE 75 SUMMER OUTSIDE 91
 DAILY TEMPERATURE RANGE INDICATOR M
 DESIGN GRAINS RELATIVE HUMIDITY 41
 DEGREES NORTH LATITUDE 27
 SUMMER AIR CHANGES PER HOUR 0.4
 WINTER AIR CHANGES PER HOUR 0.7

			AREA	BTUH	BTUH
			SQ FT	LOSS	GAIN
ROOM -	1 FAMILY RM IN ZONE 1	21 X 19			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5		238	328	280
	OVERHANG = 2.0				
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-W		3	80	148
	TINT-PLAIN SHADING-DRAPES OR BLINDS				
	SHADING COEFFICIENT = 1 REVEAL = 1.5				
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-W		11	292	740
	TINT-PLAIN SHADING-DRAPES OR BLINDS				
	SHADING COEFFICIENT = 1 REVEAL = 4.0				
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5		184	254	216
	OVERHANG = 2.0				
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N		12	319	226
	TINT-PLAIN SHADING-DRAPES OR BLINDS				
	SHADING COEFFICIENT = 1 REVEAL = 1.5				
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N		44	1,169	827
	TINT-PLAIN SHADING-DRAPES OR BLINDS				
	SHADING COEFFICIENT = 1 REVEAL = 4.0				
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5		56	77	65
	OVERHANG = 2.0				
DOOR	8C SLDNG DR, 1 PN CLR GLASS METAL F FACING-E		90	2,380	4,092
	TINT-PLAIN SHADING-DRAPES OR BLINDS				
	SHADING COEFFICIENT = 1 REVEAL = 2.0				
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-E		17	446	445
	TINT-PLAIN SHADING-DRAPES OR BLINDS				

THE CONWAY RESIDENCE

				AREA	BTUH	BTUH
				SQ FT	LOSS	GAIN
SHADING COEFFICIENT = 1 REVEAL = 0.5						
CEILING	16G	LIGHT R-30 INSULATION		399	303	421
FLOOR	19I	CARPETED FLOOR + R-19		399	220	0
WINTER INFILTRATION		102 CFM			2,569	
SUMMER INFILTRATION		58 CFM				1,021
						1,617 L
PEOPLE	4					1200
						920 L
DUCT		LOSS MULT=.20 GAIN MULT=.20			1,687	1,936
TOTAL FOR ROOM 1		4,788 CU FT		399	10,124	11,619
						2,537 L
ROOM -	2 P RM/LAUNDRY IN ZONE 1		16 X 14			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		157	217	185
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5		8	213	344
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		40	55	47
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		40	55	47
WALL	13H3	R-19 + 1/2 INCH BEAD BOARD R-.5 OVERHANG = 10.0		85	117	56
CEILING	16G	LIGHT R-30 INSULATION		224	170	237
FLOOR	19I	CARPETED FLOOR + R-19		224	124	0
WINTER INFILTRATION		5 CFM			116	
SUMMER INFILTRATION		3 CFM				46
						73 L
MECHANICAL VENTILATION		125.0 CFM			3,163	2,200
PEOPLE	1					300
						230 L
APPLIANCES						1200
DUCT		LOSS MULT=.20 GAIN MULT=.20			846	932
TOTAL FOR ROOM 2		2,240 CU FT		224	5,075	5,593
						3,788 L

THE CONWAY RESIDENCE

			AREA	BTUH	BTUH
			SQ FT	LOSS	GAIN
ROOM -	3 BRKFST/KIT IN ZONE 1	21 X 20.5			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		178	246	209
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0		8	213	150
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0		33	877	620
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0		16	425	301
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		25	35	29
WALL	13C R-11 + 1/2 INCH GYPSUM R-.5 OVERHANG = 9.0 PARTITION TEMP DIFF FOR WIN= 23 FOR SUM=16		70	145	69
WALL	13C R-11 + 1/2 INCH GYPSUM R-.5 OVERHANG = 9.0 PARTITION TEMP DIFF FOR WIN= 23 FOR SUM=16		81	168	80
DOOR	10D SOLID CORE		24	254	121
WALL	13C R-11 + 1/2 INCH GYPSUM R-.5 OVERHANG = 9.0 PARTITION TEMP DIFF FOR WIN= 23 FOR SUM=16		30	62	30
CEILING	16G LIGHT R-30 INSULATION		431	327	455
FLOOR	19I CARPETED FLOOR + R-19		431	238	0
WINTER INFILTRATION	47 CFM			1,179	
SUMMER INFILTRATION	27 CFM				469
					LATENT GAIN
					743 L
MECHANICAL VENTILATION	75.0 CFM			1,898	1,320
PEOPLE	4				1200
					LATENT GAIN
					920 L
APPLIANCES					1200
DUCT	LOSS MULT=.20 GAIN MULT=.20			1,213	1,251
TOTAL FOR ROOM 3	4,305 CU FT		431		
				7,277	7,505
					LATENT
					3,754 L
ROOM -	4 DIN RM IN ZONE 1	14 X 12			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		132	182	155

THE CONWAY RESIDENCE

			AREA SQ FT	BTUH LOSS	BTUH GAIN
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	36	956	677
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	55	76	65
WALL	13H3	R-19 + 1/2 INCH BEAD BOARD R-.5 OVERHANG = 9.0	155	214	102
CEILING	16G	LIGHT R-30 INSULATION	168	128	177
FLOOR	19I	CARPETED FLOOR + R-19	168	93	0
WINTER INFILTRATION		21 CFM		524	
SUMMER INFILTRATION		12 CFM			208
					330 L
PEOPLE	4				1200
					920 L
DUCT		LOSS MULT=.20 GAIN MULT=.20		435	517
TOTAL FOR ROOM	4	1,680 CU FT	168	2,607	3,102
					1,250 L
ROOM -	5	FOY/LIV AREA IN ZONE 1			
		28 X 22			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	221	304	259
DOOR	8C	SLDNG DR, 1 PN CLR GLASS METAL F FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	48	1,275	691
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	84	2,231	1,579
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 8.0	9	239	169
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 8.0	6	159	113
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	33	863	611
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	358	494	421
DOOR	8C	SLDNG DR, 1 PN CLR GLASS METAL F FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 3.5	48	1,275	691

THE CONWAY RESIDENCE

						AREA	BTUH	BTUH
						SQ FT	LOSS	GAIN
WINDOW	1C	SNGLE PN CLR GLASS	METAL FRM	FACING-S		18	478	338
		TINT-PLAIN	SHADING-DRAPES OR BLINDS					
		SHADING COEFFICIENT = 1 REVEAL = 4.0						
WINDOW	1C	SNGLE PN CLR GLASS	METAL FRM	FACING-S		22	584	414
		TINT-PLAIN	SHADING-DRAPES OR BLINDS					
		SHADING COEFFICIENT = 1 REVEAL = 1.0						
WINDOW	1C	SNGLE PN CLR GLASS	METAL FRM	FACING-S		4	100	71
		TINT-PLAIN	SHADING-DRAPES OR BLINDS					
		SHADING COEFFICIENT = 1 REVEAL = 0.5						
CEILING	16G	LIGHT	R-30 INSULATION			616	468	650
FLOOR	19I	CARPETED FLOOR + R-19				616	340	0
WINTER INFILTRATION		156 CFM					3,950	
SUMMER INFILTRATION		89 CFM						
				SENSIBLE GAIN				1,570
				LATENT GAIN				2,487 L
PEOPLE	4			SENSIBLE GAIN				1200
				LATENT GAIN				920 L
DUCT		LOSS MULT=.20	GAIN MULT=.20				2,552	1,756
							-----	-----
TOTAL FOR ROOM	5	12,320 CU FT				616		
				SENSIBLE			15,314	10,534
				LATENT				3,407 L
ROOM -	6	DEN IN ZONE 1		14 X 14				
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD	R-.5			91	125	106
		OVERHANG = 2.0						
WINDOW	1C	SNGLE PN CLR GLASS	METAL FRM	FACING-N		50	1,315	931
		TINT-PLAIN	SHADING-DRAPES OR BLINDS					
		SHADING COEFFICIENT = 1 REVEAL = 2.0						
CEILING	16G	LIGHT	R-30 INSULATION			196	149	207
FLOOR	19I	CARPETED FLOOR + R-19				196	108	0
WINTER INFILTRATION		28 CFM					721	
SUMMER INFILTRATION		16 CFM						
				SENSIBLE GAIN				287
				LATENT GAIN				454 L
PEOPLE	4			SENSIBLE GAIN				1200
				LATENT GAIN				920 L
DUCT		LOSS MULT=.20	GAIN MULT=.20				484	546
							-----	-----
TOTAL FOR ROOM	6	1,960 CU FT				196		
				SENSIBLE			2,901	3,277
				LATENT				1,374 L

THE CONWAY RESIDENCE

				AREA	BTUH	BTUH
				SQ FT	LOSS	GAIN
DUCT		LOSS MULT=.20	GAIN MULT=.20		548	560
					-----	-----
TOTAL FOR ROOM	8		870 CU FT	87		
					3,290	3,360
						1,872 L
ROOM -	9	MSTR STE/BTH IN ZONE 1	31.5 X 26			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		210	290	247
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5		55	1,461	1,034
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		295	407	347
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.5		30	797	1,551
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		135	186	159
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.5		15	398	282
CEILING	16G	LIGHT R-30 INSULATION		819	622	865
FLOOR	19I	CARPETED FLOOR + R-19		819	452	0
WINTER INFILTRATION		58 CFM			1,456	
SUMMER INFILTRATION		33 CFM				
						579
						917 L
MECHANICAL VENTILATION		50.0 CFM			1,265	880
PEOPLE	2					600
						460 L
DUCT		LOSS MULT=.20	GAIN MULT=.20		1,467	1,309
					-----	-----
TOTAL FOR ROOM	9		8,190 CU FT	819		
					8,801	7,852
						2,771 L
ROOM -	10	BD RM #3/BTH IN ZONE 1	22 X 13			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		120	166	141
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5		20	531	898
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5		216	298	254

THE CONWAY RESIDENCE

			AREA SQ FT	BTUH LOSS	BTUH GAIN
		OVERHANG = 2.0			
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	4	100	71
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	10	266	188
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	50	69	59
CEILING	16G	LIGHT R-30 INSULATION	286	217	302
FLOOR	19I	CARPETED FLOOR + R-19	286	158	0
		WINTER INFILTRATION 19 CFM		491	
		SUMMER INFILTRATION 11 CFM			195
					LATENT GAIN 309 L
		MECHANICAL VENTILATION 50.0 CFM		1,265	880
		PEOPLE 2			600
					LATENT GAIN 460 L
		DUCT LOSS MULT=.20 GAIN MULT=.20		712	718
		TOTAL FOR ROOM 10 2,860 CU FT	286		
				4,273	4,306
					LATENT 2,163 L
		ROOM - 11 LOFT/LAND'G IN ZONE 1 20 X 14			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	72	99	84
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	50	1,328	2,443
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	104	144	123
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	4	100	71
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	230	317	270
DOOR	8C	SLONG DR, 1 PN CLR GLASS METAL F FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	40	1,063	576
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	48	66	56
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	11	292	502

THE CONWAY RESIDENCE

	AREA SQ FT	BTUH LOSS	BTUH GAIN
CEILING 16G LIGHT R-30 INSULATION	280	213	296
FLOOR 19I CARPETED FLOOR + R-19	280	155	0
WINTER INFILTRATION 60 CFM		1,525	
SUMMER INFILTRATION 34 CFM			
			SENSIBLE GAIN 606
			LATENT GAIN 961 L
PEOPLE 2			SENSIBLE GAIN 600
			LATENT GAIN 460 L
DUCT LOSS MULT=.20 GAIN MULT=.20		1,060	1,125
TOTAL FOR ROOM 11 2,520 CU FT	280	-----	-----
		6,361	6,752
			1,421 L
ROOM - 12 BD RM #2/BTH IN ZONE 1 19.5 X 16			
WALL 12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	95	131	112
WINDOW 1C SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	30	797	564
CEILING 16G LIGHT R-30 INSULATION	312	237	329
FLOOR 19I CARPETED FLOOR + R-19	312	172	0
WINTER INFILTRATION 17 CFM		437	
SUMMER INFILTRATION 10 CFM			
			SENSIBLE GAIN 174
			LATENT GAIN 275 L
MECHANICAL VENTILATION 50.0 CFM		1,265	880
PEOPLE 2			SENSIBLE GAIN 600
			LATENT GAIN 460 L
DUCT LOSS MULT=.20 GAIN MULT=.20		608	532
TOTAL FOR ROOM 12 3,120 CU FT	312	-----	-----
		3,647	3,191
			2,129 L

THE CONWAY RESIDENCE

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STRUCTURE TOTALS	46,953 CU FT		4,028	
		SENSIBLE		72,241 71,165
		LATENT		27,256 L

MINIMUM Cooling Capacity needed is 98,422 btu
 at 91 degrees outside and 75 degrees inside

Maximum desired Sensible Cooling Capacity is 81,840 btu
 (115% of Sensible Load)

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***** Version 92.10 *****

* This Heating and Cooling Load Computation was produced using the procedures *
 * and tables of the Air Conditioning Contractors of America's Manual J, *
 * Seventh Edition. The accuracy of the calculated loads depends upon the *
 * accuracy of the data used and the accuracy of the Manual J load calculation *
 * procedures for the given conditions. No warranty, either expressed or *
 * implied, is given by Lennox Industries Inc. with respect to the accuracy *
 * and/or sufficiency of the information provided by this report. *

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.7

The higher the score, the more efficient the home.

MR. & MRS. CONWAY, Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3930 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 937.9 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Raised Wood, Post or Pier R=19.0, 2450.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Raised Wood, Stem Wall R=19.0, 1430.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=19.0, 4633.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent R=19.0, 240.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 100.0 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=19.0, 1986.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Con. AH: Interior Sup. R=6.5, 100.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.5, 100.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 98.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 10.00 <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>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 72.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 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. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.97 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance Cap: 80.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.97 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

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



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE 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.*

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

Project Name: THE CONWAY HOME Address: Lot: 2, Sub: CASTLE HILL, Plat: City, State: STUART, FL Owner: MR. & MRS. CONWAY Climate Zone: South	Builder: OWNER Permitting Office: Permit Number: Jurisdiction Number:
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<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3930 ft² <input type="checkbox"/></p> <p>7. Glass area & type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 937.9 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Raised Wood, Post or Pier R=19.0, 2450.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Raised Wood, Stern Wall R=19.0, 1430.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=19.0, 4633.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent R=19.0, 240.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 100.0 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=19.0, 1986.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Con. AH: Interior Sup. R=6.5, 100.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.5, 100.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 98.0 kBtu/hr SEER: 10.00 <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>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 72.0 kBtu/hr 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. Electric Resistance Cap: 50.0 gallons EF: 0.97 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance Cap: 80.0 gallons EF: 0.97 <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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Glass/Floor Area: 0.24	Total as-built points: 51898.00	PASS
	Total base points: 54931.00	

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

PREPARED BY: JOSE

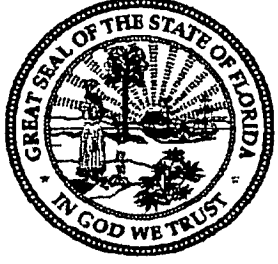
DATE: 2-1-2000

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: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES				Type/SC	Ornt	Overhang		Area X	SPM X	SOF =	Points
.18	X	Conditioned	X			Len	Hgt				
.18	3930.0	53.20	37635.6	Single, Clear	N	2.0	4.0	44.0	33.94	0.84	1249.9
				Single, Clear	N	2.0	1.5	12.0	33.94	0.68	276.8
				Single, Clear	N	14.0	1.0	16.0	33.94	0.61	329.1
				Single, Clear	N	11.5	1.0	33.0	33.94	0.61	678.8
				Single, Clear	N	2.0	11.0	8.0	33.94	0.97	263.5
				Single, Clear	N	2.0	11.5	48.0	33.94	0.97	1585.8
				Single, Clear	N	2.0	11.5	33.5	33.94	0.97	1106.7
				Single, Clear	N	2.0	8.0	6.0	33.94	0.94	191.5
				Single, Clear	N	2.0	8.0	9.0	33.94	0.94	287.3
				Single, Clear	N	2.0	0.5	84.0	33.94	0.61	1727.8
				Single, Clear	N	2.0	2.0	49.5	33.94	0.72	1210.7
				Single, Clear	N	2.0	11.0	20.0	33.94	0.97	658.7
				Single, Clear	N	2.0	0.5	55.0	33.94	0.61	1131.3
				Single, Clear	N	2.0	0.5	40.0	33.94	0.61	822.8
				Single, Clear	N	2.0	0.5	30.0	33.94	0.61	617.1
				Single, Clear	E	18.0	2.0	89.6	73.03	0.36	2367.0
				Single, Clear	E	18.0	0.5	16.8	73.03	0.36	443.8
				Single, Clear	E	2.0	13.0	18.0	73.03	0.98	1283.8
				Single, Clear	E	2.0	11.0	7.0	73.03	0.96	492.2
				Single, Clear	E	2.0	1.5	30.0	73.03	0.47	1019.8
				Single, Clear	E	2.0	0.5	11.0	73.03	0.36	290.6
				Single, Clear	W	2.0	4.0	11.0	65.53	0.75	540.3
				Single, Clear	W	2.0	1.5	3.0	65.53	0.50	98.5
				Single, Clear	W	2.0	0.5	8.0	65.53	0.40	212.0
				Single, Clear	W	2.0	0.5	20.0	65.53	0.40	530.0
				Single, Clear	W	2.0	0.5	50.0	65.53	0.40	1325.1
				Single, Clear	S	5.0	1.0	36.0	62.19	0.43	958.3
				Single, Clear	S	8.0	0.5	3.8	62.19	0.43	99.8
				Single, Clear	S	11.0	3.5	48.0	62.19	0.43	1277.8
				Single, Clear	S	11.0	1.0	11.0	62.19	0.43	292.8
				Single, Clear	S	11.0	1.0	11.0	62.19	0.43	292.8
				Single, Clear	S	2.0	1.0	11.0	62.19	0.45	306.3
				Single, Clear	S	2.0	4.0	18.0	62.19	0.67	753.4
				Single, Clear	S	2.0	13.0	18.0	62.19	0.97	1082.0
				Single, Clear	S	2.0	1.5	15.0	62.19	0.48	449.9
				Single, Clear	S	2.0	0.5	10.0	62.19	0.43	266.2
				Single, Clear	S	2.0	1.0	3.8	62.19	0.45	104.4
				As-Built Total:				937.9			26624.8

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,	PERMIT #:
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BASE				AS-BUILT						
WALL TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points				
Adajcent	340.0	1.0	340.0	Frame, Wood, Exterior	19.0	4633.0	1.60 7412.8			
Exterior	4633.0	2.70	12509.1	Frame, Wood, Adjacent	19.0	240.0	0.60 144.0			
				Frame, Wood, Adjacent	11.0	100.0	1.00 100.0			
Base Total:	4973.0		12849.1	As-Built Total:		4973.0	7656.8			
DOOR TYPES	Area X BSPM = Points			Type		Area X SPM = Points				
Adjacent	24.0	2.60	62.4	Adjacent Wood		24.0	3.80 91.2			
Exterior	0.0	0.00	0.0							
Base Total:	24.0		62.4	As-Built Total:		24.0	91.2			
CEILING TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points				
Under Attic	1986.0	0.80	1588.8	Under Attic	19.0	1986.0	1.50 2979.0			
Base Total:	1986.0		1588.8	As-Built Total:		1986.0	2979.0			
FLOOR TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points				
Slab	0.0(p)	0.0	0.0	Raised Wood, Post or Pier	19.0	2450.0	1.58 3863.7			
Raised	3880.0	-2.16	-8380.8	Raised Wood, Stem Wall	19.0	1430.0	-0.40 -572.0			
Base Total:			-8380.8	As-Built Total:			3291.7			
INFILTRATION	Area X BSPM = Points					Area X SPM = Points				
	3930.0	18.79	73844.7			3930.0	18.79 73844.7			
Summer Base Points:	117599.8			Summer As-Built Points:	114488.1					
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Cooling Points
117599.8	0.3560		41865.5	114488.1	1.000	1.002	0.341	0.950		37179.5
					1.00	1.002	0.341	0.950		37179.5

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,	PERMIT #:
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BASE				AS-BUILT							
GLASS TYPES				Type/SC	Ornt	Overhang		Area X	WPM X	WOF =	Points
.18	X	Conditioned	X BWPM' = Points			Len	Hgt				
.18	3930.0	2.02	1432.1	Single, Clear	N	2.0	4.0	44.0	4.91	0.98	211.9
				Single, Clear	N	2.0	1.5	12.0	4.91	0.96	56.6
				Single, Clear	N	14.0	1.0	16.0	4.91	0.95	74.5
				Single, Clear	N	11.5	1.0	33.0	4.91	0.95	153.7
				Single, Clear	N	2.0	11.0	8.0	4.91	1.00	39.1
				Single, Clear	N	2.0	11.5	48.0	4.91	1.00	234.7
				Single, Clear	N	2.0	11.5	33.5	4.91	1.00	163.8
				Single, Clear	N	2.0	8.0	6.0	4.91	0.99	29.2
				Single, Clear	N	2.0	8.0	9.0	4.91	0.99	43.9
				Single, Clear	N	2.0	0.5	84.0	4.91	0.95	391.3
				Single, Clear	N	2.0	2.0	49.5	4.91	0.97	235.0
				Single, Clear	N	2.0	11.0	20.0	4.91	1.00	97.8
				Single, Clear	N	2.0	0.5	55.0	4.91	0.95	256.2
				Single, Clear	N	2.0	0.5	40.0	4.91	0.95	186.3
				Single, Clear	N	2.0	0.5	30.0	4.91	0.95	139.8
				Single, Clear	E	18.0	2.0	89.6	3.76	1.29	434.4
				Single, Clear	E	18.0	0.5	16.8	3.76	1.29	81.5
				Single, Clear	E	2.0	13.0	18.0	3.76	1.01	68.4
				Single, Clear	E	2.0	11.0	7.0	3.76	1.01	26.7
				Single, Clear	E	2.0	1.5	30.0	3.76	1.15	130.0
				Single, Clear	E	2.0	0.5	11.0	3.76	1.29	53.3
				Single, Clear	W	2.0	4.0	11.0	4.47	1.01	49.5
				Single, Clear	W	2.0	1.5	3.0	4.47	1.03	13.8
				Single, Clear	W	2.0	0.5	8.0	4.47	1.03	36.9
				Single, Clear	W	2.0	0.5	20.0	4.47	1.03	92.2
				Single, Clear	W	2.0	0.5	50.0	4.47	1.03	230.5
				Single, Clear	S	5.0	1.0	36.0	3.55	1.44	184.3
				Single, Clear	S	8.0	0.5	3.8	3.55	1.44	19.2
				Single, Clear	S	11.0	3.5	48.0	3.55	1.44	245.7
				Single, Clear	S	11.0	1.0	11.0	3.55	1.44	56.3
				Single, Clear	S	11.0	1.0	11.0	3.55	1.44	56.3
				Single, Clear	S	2.0	1.0	11.0	3.55	1.43	55.8
				Single, Clear	S	2.0	4.0	18.0	3.55	1.13	72.2
				Single, Clear	S	2.0	13.0	18.0	3.55	1.00	63.7
				Single, Clear	S	2.0	1.5	15.0	3.55	1.39	73.9
				Single, Clear	S	2.0	0.5	10.0	3.55	1.44	51.2
				Single, Clear	S	2.0	1.0	3.8	3.55	1.43	19.0
				As-Built Total:		937.9			4428.8		

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL, PERMIT #:

BASE				AS-BUILT					
WALL TYPES	Area	X BWPM =	Points	Type	R-Value	Area X WPM =	Points		
Adajcent	340.0	0.5	170.0	Frame, Wood, Exterior	19.0	4633.0 0.30	1389.9		
Exterior	4633.0	0.60	2779.8	Frame, Wood, Adjacent	19.0	240.0 0.30	72.0		
				Frame, Wood, Adjacent	11.0	100.0 0.50	50.0		
Base Total:	4973.0		2949.8	As-Built Total:		4973.0	1511.9		
DOOR TYPES	Area	X BWPM =	Points	Type		Area X WPM =	Points		
Adjacent	24.0	1.30	31.2	Adjacent Wood		24.0 1.90	45.6		
Exterior	0.0	0.00	0.0						
Base Total:	24.0		31.2	As-Built Total:		24.0	45.6		
CEILING TYPES	Area	X BWPM =	Points	Type	R-Value	Area X WPM =	Points		
Under Attic	1986.0	0.10	198.6	Under Attic	19.0	1986.0 0.30	595.8		
Base Total:	1986.0		198.6	As-Built Total:		1986.0	595.8		
FLOOR TYPES	Area	X BWPM =	Points	Type	R-Value	Area X WPM =	Points		
Slab	0.0(p)	0.0	0.0	Raised Wood, Post or Pier	19.0	2450.0 -0.01	-17.1		
Raised	3880.0	-0.28	-1086.4	Raised Wood, Stem Wall	19.0	1430.0 -0.10	-143.0		
Base Total:			-1086.4	As-Built Total:			-160.1		
INFILTRATION	Area	X BWPM =	Points			Area X WPM =	Points		
	3930.0	-0.06	-235.8			3930.0 -0.06	-235.8		
Winter Base Points:			3289.5	Winter As-Built Points:			6186.1		
Total Winter Points	X System Multiplier		= Heating Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	= Heating Points
3289.5	1.0900		3585.5	6186.1	1.000	1.042	1.000	0.950	6121.8
				6186.1	1.00	1.042	1.000	0.950	6121.8

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,	PERMIT #:
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BASE				AS-BUILT						
WATER HEATING										
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X Ratio	X Multiplier	X Credit	= Total Multiplier
4		2370.00	9480.0	50.0	0.97	4	0.38	2149.20	1.00	3306.5
				80.0	0.97	4	0.62	2149.20	1.00	5290.3
				As-Built Total:						8596.8

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
41865.5		3585.5		9480.0		54931.1	
							Cooling Points
							+ Heating Points
							+ Hot Water Points
							= Total Points
							37179.5
							6121.8
							8596.8
							51898.0

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

Lennox Objective Guide to Installation Comparison

 Nisair Airconditioning Inc.,
 1501 Decker Ave D-404
 Stuart, Fla
 1-407-283-0904

02/01/:0

LOGIC 1000 RESIDENTIAL LOADS ANALYSIS

PAGE 1

THE CONWAY RESIDENCE

PREPARED FOR: MR. & MRS. CONWAY

PREPARED BY: JOSE

FILE TITLE: CONWAY2

DESIGN TEMPERATURES (DEGREES F)

WINTER INSIDE 68 WINTER OUTSIDE 45

SUMMER INSIDE 75 SUMMER OUTSIDE 91

DAILY TEMPERATURE RANGE INDICATOR M

DESIGN GRAINS RELATIVE HUMIDITY 41

DEGREES NORTH LATITUDE 27

SUMMER AIR CHANGES PER HOUR 0.4

WINTER AIR CHANGES PER HOUR 0.7

			AREA SQ FT	BTUH LOSS	BTUH GAIN
ROOM -	1 FAMILY RM IN ZONE 1	21 X 19			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		238	328	280
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.5		3	80	148
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 4.0		11	292	740
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		184	254	216
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.5		12	319	226
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 4.0		44	1,169	827
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		56	77	65
DOOR	8C SLONG DR, 1 PN CLR GLASS METAL F FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 2.0		90	2,380	4,092
WINDOW	1C SNGLE PN CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS		17	446	445

THE CONWAY RESIDENCE

				AREA	BTUH	BTUH
				SQ FT	LOSS	GAIN
SHADING COEFFICIENT = 1 REVEAL = 0.5						
CEILING	16G	LIGHT R-30 INSULATION		399	303	421
FLOOR	19I	CARPETED FLOOR + R-19		399	220	0
WINTER INFILTRATION		102 CFM			2,569	
SUMMER INFILTRATION		58 CFM				1,021
						1,617 L
PEOPLE	4					1200
						920 L
DUCT		LOSS MULT=.20 GAIN MULT=.20			1,687	1,936
TOTAL FOR ROOM 1		4,788 CU FT		399	10,124	11,619
						2,537 L
ROOM -	2 P RM/LAUNDRY IN ZONE 1		16 X 14			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		157	217	185
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5		8	213	344
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		40	55	47
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		40	55	47
WALL	13H3	R-19 + 1/2 INCH BEAD BOARD R-.5 OVERHANG = 10.0		85	117	56
CEILING	16G	LIGHT R-30 INSULATION		224	170	237
FLOOR	19I	CARPETED FLOOR + R-19		224	124	0
WINTER INFILTRATION		5 CFM			116	
SUMMER INFILTRATION		3 CFM				46
						73 L
MECHANICAL VENTILATION		125.0 CFM			3,163	2,200
PEOPLE	1					300
						230 L
APPLIANCES						1200
DUCT		LOSS MULT=.20 GAIN MULT=.20			846	932
TOTAL FOR ROOM 2		2,240 CU FT		224	5,075	5,593
						3,788 L

THE CONWAY RESIDENCE

			AREA	BTUH	BTUH
			SQ FT	LOSS	GAIN
ROOM -	3 BRKFST/KIT IN ZONE 1	21 X 20.5			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		178	246	209
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0		8	213	150
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0		33	877	620
WINDOW	1C SNGL PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0		16	425	301
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		25	35	29
WALL	13C R-11 + 1/2 INCH GYPSUM R-.5 OVERHANG = 9.0		70	145	69
WALL	13C R-11 + 1/2 INCH GYPSUM R-.5 OVERHANG = 9.0 PARTITION TEMP DIFF FOR WIN= 23 FOR SUM=16		81	168	80
DOOR	10D SOLID CORE		24	254	121
WALL	13C R-11 + 1/2 INCH GYPSUM R-.5 OVERHANG = 9.0 PARTITION TEMP DIFF FOR WIN= 23 FOR SUM=16		30	62	30
CEILING	16G LIGHT R-30 INSULATION		431	327	455
FLOOR	19I CARPETED FLOOR + R-19		431	238	0
WINTER INFILTRATION	47 CFM			1,179	
SUMMER INFILTRATION	27 CFM				469
					LATENT GAIN 743 L
MECHANICAL VENTILATION	75.0 CFM			1,898	1,320
PEOPLE	4				SENSIBLE GAIN 1200 LATENT GAIN 920 L
APPLIANCES					1200
DUCT	LOSS MULT=.20 GAIN MULT=.20			1,213	1,251
TOTAL FOR ROOM	3 4,305 CU FT		431		
				7,277	7,505
					LATENT 3,754 L
ROOM -	4 DIN RM IN ZONE 1	14 X 12			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0		132	182	155

THE CONWAY RESIDENCE

			AREA SQ FT	BTUH LOSS	BTUH GAIN
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	36	956	677
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	55	76	65
WALL	13H3	R-19 + 1/2 INCH BEAD BOARD R-.5 OVERHANG = 9.0	155	214	102
CEILING	16G	LIGHT R-30 INSULATION	168	128	177
FLOOR	19I	CARPETED FLOOR + R-19	168	93	0
WINTER INFILTRATION		21 CFM		524	
SUMMER INFILTRATION		12 CFM			208
					330 L
PEOPLE	4				1200
					920 L
DUCT		LOSS MULT=.20 GAIN MULT=.20		435	517
TOTAL FOR ROOM	4	1,680 CU FT	168	2,607	3,102
					1,250 L
ROOM -	5	FOY/LIV AREA IN ZONE 1			
		28 X 22			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	221	304	259
DOOR	8C	SLDNG DR, 1 PN CLR GLASS METAL F FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	48	1,275	691
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	84	2,231	1,579
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 8.0	9	239	169
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 8.0	6	159	113
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	33	863	611
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	358	494	421
DOOR	8C	SLDNG DR, 1 PN CLR GLASS METAL F FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 3.5	48	1,275	691

THE CONWAY RESIDENCE

		AREA	BTUH	BTUH	
		SQ FT	LOSS	GAIN	
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 4.0	18	478	338
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	22	584	414
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	4	100	71
CEILING	16G	LIGHT R-30 INSULATION	616	468	650
FLOOR	19I	CARPETED FLOOR + R-19	616	340	0
WINTER INFILTRATION		156 CFM		3,950	
SUMMER INFILTRATION		89 CFM			1,570
					2,487 L
PEOPLE	4				1200
					920 L
DUCT		LOSS MULT=.20 GAIN MULT=.20		2,552	1,756
TOTAL FOR ROOM 5		12,320 CU FT	616		
				15,314	10,534
					3,407 L
ROOM - 6	DEN IN ZONE 1				14 X 14
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	91	125	106
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 2.0	50	1,315	931
CEILING	16G	LIGHT R-30 INSULATION	196	149	207
FLOOR	19I	CARPETED FLOOR + R-19	196	108	0
WINTER INFILTRATION		28 CFM		721	
SUMMER INFILTRATION		16 CFM			287
					454 L
PEOPLE	4				1200
					920 L
DUCT		LOSS MULT=.20 GAIN MULT=.20		484	546
TOTAL FOR ROOM 6		1,960 CU FT	196		
				2,901	3,277
					1,374 L

THE CONWAY RESIDENCE

			AREA	BTUH	BTUH
			SQ FT	LOSS	GAIN
ROOM -	7	GUEST RM IN ZONE 1			
					15 X 14
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	112	155	132
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	18	478	338
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	167	230	196
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	18	478	1,699
CEILING	16G	LIGHT R-30 INSULATION	210	159	222
FLOOR	19I	CARPETED FLOOR + R-19	210	116	0
WINTER INFILTRATION		21 CFM		524	
SUMMER INFILTRATION		12 CFM			208
					LATENT GAIN
					330 L
PEOPLE	2				SENSIBLE GAIN
					LATENT GAIN
					600
					460 L
DUCT		LOSS MULT=.20 GAIN MULT=.20		428	679
TOTAL FOR ROOM	7	2,100 CU FT	210	2,569	4,075
					LATENT
					790 L
ROOM -	8	CABANA IN ZONE 1			
					14.5 X 6
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	143	197	168
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	7	186	869
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	40	55	47
DOOR	8C	SLDNG DR, 1 PN CLR GLASS METAL F FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 9.0	20	531	288
CEILING	16G	LIGHT R-30 INSULATION	87	66	92
FLOOR	19I	CARPETED FLOOR + R-19	87	48	0
WINTER INFILTRATION		16 CFM		393	
SUMMER INFILTRATION		9 CFM			156
					LATENT GAIN
					248 L
MECHANICAL VENTILATION		50.0 CFM		1,265	880
PEOPLE	1				SENSIBLE GAIN
					LATENT GAIN
					300
					230 L

THE CONWAY RESIDENCE

		AREA SQ FT	BTUH LOSS	BTUH GAIN
DUCT	LOSS MULT=.20 GAIN MULT=.20		548	560
TOTAL FOR ROOM 8	870 CU FT	87		
			3,290	3,360
				1,872 L
ROOM - 9	MSTR STE/BTH IN ZONE 1			
	31.5 X 26			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	210	290	247
WINDOW	1C SNGL Pn CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	55	1,461	1,034
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	295	407	347
WINDOW	1C SNGL Pn CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.5	30	797	1,551
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	135	186	159
WINDOW	1C SNGL Pn CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.5	15	398	282
CEILING	16G LIGHT R-30 INSULATION	819	622	865
FLOOR	19I CARPETED FLOOR + R-19	819	452	0
WINTER INFILTRATION	58 CFM		1,456	
SUMMER INFILTRATION	33 CFM			
				579
				917 L
MECHANICAL VENTILATION	50.0 CFM		1,265	880
PEOPLE	2			600
				460 L
DUCT	LOSS MULT=.20 GAIN MULT=.20		1,467	1,309
TOTAL FOR ROOM 9	8,190 CU FT	819		
			8,801	7,852
				2,771 L
ROOM - 10	BD RM #3/BTH IN ZONE 1			
	22 X 13			
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	120	166	141
WINDOW	1C SNGL Pn CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	20	531	898
WALL	12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5	216	298	254

THE CONWAY RESIDENCE

			AREA SQ FT	BTUH LOSS	BTUH GAIN
		OVERHANG = 2.0			
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	4	100	71
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	10	266	188
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	50	69	59
CEILING	16G	LIGHT R-30 INSULATION	286	217	302
FLOOR	19I	CARPETED FLOOR + R-19	286	158	0
WINTER INFILTRATION		19 CFM		491	
SUMMER INFILTRATION		11 CFM			195
					309 L
MECHANICAL VENTILATION		50.0 CFM		1,265	880
PEOPLE	2				600
					460 L
DUCT		LOSS MULT=.20 GAIN MULT=.20		712	718
TOTAL FOR ROOM 10		2,860 CU FT	286	4,273	4,306
					2,163 L
ROOM - 11		LOFT/LAND'G IN ZONE 1			
		20 X 14			
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	72	99	84
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-W TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	50	1,328	2,443
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	104	144	123
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-S TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	4	100	71
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	230	317	270
DOOR	8C	SLONG DR, 1 PN CLR GLASS METAL F FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	40	1,063	576
WALL	12H3	R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	48	66	56
WINDOW	1C	SNGLE PN CLR GLASS METAL FRM FACING-E TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	11	292	502

THE CONWAY RESIDENCE

	AREA SQ FT	BTUH LOSS	BTUH GAIN
CEILING 16G LIGHT R-30 INSULATION	280	213	296
FLOOR 19I CARPETED FLOOR + R-19	280	155	0
WINTER INFILTRATION 60 CFM		1,525	
SUMMER INFILTRATION 34 CFM			606
			961 L
PEOPLE 2			600
			460 L
DUCT LOSS MULT=.20 GAIN MULT=.20		1,060	1,125
TOTAL FOR ROOM 11 2,520 CU FT	280	6,361	6,752
			1,421 L
ROOM - 12 BD RM #2/BTH IN ZONE 1 19.5 X 16			
WALL 12H3 R-19 + 1/2 INCH GYPSUM BOARD R-.5 OVERHANG = 2.0	95	131	112
WINDOW 1C SNGLE PN CLR GLASS METAL FRM FACING-N TINT-PLAIN SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 0.5	30	797	564
CEILING 16G LIGHT R-30 INSULATION	312	237	329
FLOOR 19I CARPETED FLOOR + R-19	312	172	0
WINTER INFILTRATION 17 CFM		437	
SUMMER INFILTRATION 10 CFM			174
			275 L
MECHANICAL VENTILATION 50.0 CFM		1,265	880
PEOPLE 2			600
			460 L
DUCT LOSS MULT=.20 GAIN MULT=.20		608	532
TOTAL FOR ROOM 12 3,120 CU FT	312	3,647	3,191
			2,129 L

THE CONWAY RESIDENCE

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STRUCTURE TOTALS          46,953 CU FT          4,028
                          SENSIBLE          72,241  71,165
                          LATENT           27,256  L
  
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MINIMUM Cooling Capacity needed is  98,422 btu
at  91 degrees outside and 75 degrees inside
  
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Maximum desired Sensible Cooling Capacity is  81,840 btu
(115% of Sensible Load)
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***** Version 92.10 *****
* This Heating and Cooling Load Computation was produced using the procedures *
* and tables of the Air Conditioning Contractors of America's Manual J, *
* Seventh Edition. The accuracy of the calculated loads depends upon the *
* accuracy of the data used and the accuracy of the Manual J load calculation *
* procedures for the given conditions. No warranty, either expressed or *
* implied, is given by Lennox Industries Inc. with respect to the accuracy *
* and/or sufficiency of the information provided by this report. *
*****
  
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ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 83.7

The higher the score, the more efficient the home.

MR. & MRS. CONWAY, Lot 2, Sub: CASTLE HILL, Plat: , STUART, FL,

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 4 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 3930 ft² <input type="checkbox"/></p> <p>7. Glass area & type _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane 937.9 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane 0.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane 0.0 ft² <input type="checkbox"/></p> <p>8. Floor types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Raised Wood, Post or Pier R=19.0, 2450.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Raised Wood, Stern Wall R=19.0, 1430.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>9. Wall types _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=19.0, 4633.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Adjacent R=19.0, 240.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 100.0 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=19.0, 1986.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A _____ <input type="checkbox"/></p> <p>11. Ducts _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Con. AH: Interior Sup. R=6.5, 100.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Garage Sup. R=6.5, 100.0 ft <input type="checkbox"/></p>	<p>12. Cooling systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit Cap: 98.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 10.00 _____ <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>13. Heating systems _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip Cap: 72.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">COP: 1.00 _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">b. 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. Electric Resistance Cap: 50.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.97 _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Resistance Cap: 80.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.97 _____ <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits _____ <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits MZ-C, MZ-H <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

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



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE 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.*

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name:	THE CONWAY HOME	Builder:	OWNER
Address:	Lot: 2, Sub: CASTLE HILL, Plat:	Permitting Office:	
City, State:	STUART, FL	Permit Number:	
Owner:	MR. & MRS. CONWAY	Jurisdiction Number:	
Climate Zone:	South		

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: right;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: right;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: right;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">4</td><td style="text-align: right;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: right;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">3930 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">937.9 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td> d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: right;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Raised Wood, Post or Pier</td><td style="text-align: right;">R=19.0, 2450.0ft²</td><td style="text-align: right;">___</td></tr> <tr><td> b. Raised Wood, Stem Wall</td><td style="text-align: right;">R=19.0, 1430.0ft²</td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>9. 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Ducts</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Con. AH: Interior</td><td style="text-align: right;">Sup. R=6.5, 100.0 ft</td><td style="text-align: right;">___</td></tr> <tr><td> b. Sup: Unc. Ret: Unc. AH: Garage</td><td style="text-align: right;">Sup. R=6.5, 100.0 ft</td><td style="text-align: right;">___</td></tr> </table>	1. New construction or existing	New	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	4	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	3930 ft ²	___	7. Glass area & type		___	a. Clear - single pane	937.9 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	0.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Raised Wood, Post or Pier	R=19.0, 2450.0ft ²	___	b. Raised Wood, Stem Wall	R=19.0, 1430.0ft ²	___	c. N/A		___	9. Wall types		___	a. Frame, Wood, Exterior	R=19.0, 4633.0 ft ²	___	b. Frame, Wood, Adjacent	R=19.0, 240.0 ft ²	___	c. Frame, Wood, Adjacent	R=11.0, 100.0 ft ²	___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=19.0, 1986.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.5, 100.0 ft	___	b. Sup: Unc. Ret: Unc. AH: Garage	Sup. R=6.5, 100.0 ft	___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td></td><td style="text-align: right;">Cap: 98.0 kBtu/hr SEER: 10.00</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: right;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td></td><td style="text-align: right;">Cap: 72.0 kBtu/hr COP: 1.00</td></tr> <tr><td> b. 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Glass/Floor Area: 0.24	Total as-built points: 51898.00	PASS
	Total base points: 54931.00	

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

PREPARED BY: _____ **JOSE**


DATE: _____ **2-1-2000**

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: _____

DATE: _____

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,	PERMIT #:
--	-----------

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BSPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X SPM X SOF =	Points		
.18	3930.0	53.20	37635.6	Single, Clear	N	2.0	4.0	44.0	33.94	0.84	1249.9
				Single, Clear	N	2.0	1.5	12.0	33.94	0.68	276.8
				Single, Clear	N	14.0	1.0	16.0	33.94	0.61	329.1
				Single, Clear	N	11.5	1.0	33.0	33.94	0.61	678.8
				Single, Clear	N	2.0	11.0	8.0	33.94	0.97	263.5
				Single, Clear	N	2.0	11.5	48.0	33.94	0.97	1585.8
				Single, Clear	N	2.0	11.5	33.5	33.94	0.97	1106.7
				Single, Clear	N	2.0	8.0	6.0	33.94	0.94	191.5
				Single, Clear	N	2.0	8.0	9.0	33.94	0.94	287.3
				Single, Clear	N	2.0	0.5	84.0	33.94	0.61	1727.8
				Single, Clear	N	2.0	2.0	49.5	33.94	0.72	1210.7
				Single, Clear	N	2.0	11.0	20.0	33.94	0.97	658.7
				Single, Clear	N	2.0	0.5	55.0	33.94	0.61	1131.3
				Single, Clear	N	2.0	0.5	40.0	33.94	0.61	822.8
				Single, Clear	N	2.0	0.5	30.0	33.94	0.61	617.1
				Single, Clear	E	18.0	2.0	89.6	73.03	0.36	2367.0
				Single, Clear	E	18.0	0.5	16.8	73.03	0.36	443.8
				Single, Clear	E	2.0	13.0	18.0	73.03	0.88	1283.8
				Single, Clear	E	2.0	11.0	7.0	73.03	0.86	492.2
				Single, Clear	E	2.0	1.5	30.0	73.03	0.47	1019.8
				Single, Clear	E	2.0	0.5	11.0	73.03	0.36	290.6
				Single, Clear	W	2.0	4.0	11.0	65.53	0.75	540.3
				Single, Clear	W	2.0	1.5	3.0	65.53	0.50	98.5
				Single, Clear	W	2.0	0.5	8.0	65.53	0.40	212.0
				Single, Clear	W	2.0	0.5	20.0	65.53	0.40	530.0
				Single, Clear	W	2.0	0.5	50.0	65.53	0.40	1325.1
				Single, Clear	S	5.0	1.0	36.0	62.19	0.43	958.3
				Single, Clear	S	8.0	0.5	3.8	62.19	0.43	99.8
				Single, Clear	S	11.0	3.5	48.0	62.19	0.43	1277.8
				Single, Clear	S	11.0	1.0	11.0	62.19	0.43	292.8
				Single, Clear	S	11.0	1.0	11.0	62.19	0.43	292.8
				Single, Clear	S	2.0	1.0	11.0	62.19	0.45	306.3
				Single, Clear	S	2.0	4.0	18.0	62.19	0.67	753.4
				Single, Clear	S	2.0	13.0	18.0	62.19	0.97	1082.0
				Single, Clear	S	2.0	1.5	15.0	62.19	0.48	449.9
				Single, Clear	S	2.0	0.5	10.0	62.19	0.43	266.2
				Single, Clear	S	2.0	1.0	3.8	62.19	0.45	104.4
				As-Built Total:				937.9			26624.8

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL, PERMIT #:

BASE				AS-BUILT						
WALL TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points				
Adajcent	340.0	1.0	340.0	Frame, Wood, Exterior	19.0	4633.0	1.60 7412.8			
Exterior	4633.0	2.70	12509.1	Frame, Wood, Adjacent	19.0	240.0	0.60 144.0			
				Frame, Wood, Adjacent	11.0	100.0	1.00 100.0			
Base Total:	4973.0		12849.1	As-Built Total:		4973.0	7656.8			
DOOR TYPES	Area X BSPM = Points			Type		Area X SPM = Points				
Adajcent	24.0	2.60	62.4	Adajcent Wood		24.0	3.80 91.2			
Exterior	0.0	0.00	0.0							
Base Total:	24.0		62.4	As-Built Total:		24.0	91.2			
CEILING TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points				
Under Attic	1988.0	0.80	1588.8	Under Attic	19.0	1988.0	1.50 2979.0			
Base Total:	1988.0		1588.8	As-Built Total:		1988.0	2979.0			
FLOOR TYPES	Area X BSPM = Points			Type	R-Value	Area X SPM = Points				
Slab	0.0(p)	0.0	0.0	Raised Wood, Post or Pier	19.0	2450.0	1.58 3863.7			
Raised	3880.0	-2.16	-8380.8	Raised Wood, Stem Wall	19.0	1430.0	-0.40 -572.0			
Base Total:			-8380.8	As-Built Total:			3291.7			
INFILTRATION	Area X BSPM = Points					Area X SPM = Points				
	3930.0	18.79	73844.7			3930.0	18.79 73844.7			
Summer Base Points:	117599.8			Summer As-Built Points:	114488.1					
Total Summer Points	X System Multiplier	=	Cooling Points	Total Component	X Cap Ratio	X Duct Multiplier	X System Multiplier	X Credit Multiplier	=	Cooling Points
117599.8	0.3560		41865.5	114488.1	1.000	1.002	0.341	0.950		37179.5
										37179.5

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL, PERMIT #:

BASE				AS-BUILT							
GLASS TYPES											
.18 X Conditioned X BWPM = Points Floor Area				Type/SC	Ornt	Overhang Len Hgt		Area X WPM X WOF =	Points		
.18	3930.0	2.02	1432.1	Single, Clear	N	2.0	4.0	44.0	4.91	0.98	211.9
				Single, Clear	N	2.0	1.5	12.0	4.91	0.96	56.6
				Single, Clear	N	14.0	1.0	16.0	4.91	0.95	74.5
				Single, Clear	N	11.5	1.0	33.0	4.91	0.95	153.7
				Single, Clear	N	2.0	11.0	8.0	4.91	1.00	39.1
				Single, Clear	N	2.0	11.5	48.0	4.91	1.00	234.7
				Single, Clear	N	2.0	11.5	33.5	4.91	1.00	163.8
				Single, Clear	N	2.0	8.0	6.0	4.91	0.99	29.2
				Single, Clear	N	2.0	8.0	9.0	4.91	0.99	43.9
				Single, Clear	N	2.0	0.5	84.0	4.91	0.95	391.3
				Single, Clear	N	2.0	2.0	49.5	4.91	0.97	235.0
				Single, Clear	N	2.0	11.0	20.0	4.91	1.00	97.8
				Single, Clear	N	2.0	0.5	55.0	4.91	0.95	256.2
				Single, Clear	N	2.0	0.5	40.0	4.91	0.95	186.3
				Single, Clear	N	2.0	0.5	30.0	4.91	0.95	139.8
				Single, Clear	E	18.0	2.0	89.6	3.76	1.29	434.4
				Single, Clear	E	18.0	0.5	16.8	3.76	1.29	81.5
				Single, Clear	E	2.0	13.0	18.0	3.76	1.01	68.4
				Single, Clear	E	2.0	11.0	7.0	3.76	1.01	28.7
				Single, Clear	E	2.0	1.5	30.0	3.76	1.15	130.0
				Single, Clear	E	2.0	0.5	11.0	3.76	1.29	53.3
				Single, Clear	W	2.0	4.0	11.0	4.47	1.01	49.5
				Single, Clear	W	2.0	1.5	3.0	4.47	1.03	13.8
				Single, Clear	W	2.0	0.5	8.0	4.47	1.03	36.9
				Single, Clear	W	2.0	0.5	20.0	4.47	1.03	92.2
				Single, Clear	W	2.0	0.5	50.0	4.47	1.03	230.5
				Single, Clear	S	5.0	1.0	36.0	3.55	1.44	184.3
				Single, Clear	S	8.0	0.5	3.8	3.55	1.44	19.2
				Single, Clear	S	11.0	3.5	48.0	3.55	1.44	245.7
				Single, Clear	S	11.0	1.0	11.0	3.55	1.44	56.3
				Single, Clear	S	11.0	1.0	11.0	3.55	1.44	56.3
				Single, Clear	S	2.0	1.0	11.0	3.55	1.43	55.8
				Single, Clear	S	2.0	4.0	18.0	3.55	1.13	72.2
				Single, Clear	S	2.0	13.0	18.0	3.55	1.00	63.7
				Single, Clear	S	2.0	1.5	15.0	3.55	1.39	73.9
				Single, Clear	S	2.0	0.5	10.0	3.55	1.44	51.2
				Single, Clear	S	2.0	1.0	3.8	3.55	1.43	19.0
				As-Built Total:				937.9			4428.8

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL, PERMIT #:

BASE				AS-BUILT					
WALL TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points			
Adajcent	340.0	0.5	170.0	Frame, Wood, Exterior	19.0	4633.0	1389.9		
Exterior	4633.0	0.60	2779.8	Frame, Wood, Adjacent	19.0	240.0	72.0		
				Frame, Wood, Adjacent	11.0	100.0	50.0		
Base Total:	4973.0		2949.8	As-Built Total:		4973.0	1511.9		
DOOR TYPES Area X BWPM = Points				Type		Area X WPM = Points			
Adjacent	24.0	1.30	31.2	Adjacent Wood		24.0	45.6		
Exterior	0.0	0.00	0.0						
Base Total:	24.0		31.2	As-Built Total:		24.0	45.6		
CEILING TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points			
Under Attic	1986.0	0.10	198.6	Under Attic	19.0	1986.0	595.8		
Base Total:	1986.0		198.6	As-Built Total:		1986.0	595.8		
FLOOR TYPES Area X BWPM = Points				Type	R-Value	Area X WPM = Points			
Slab	0.0(p)	0.0	0.0	Raised Wood, Post or Pier	19.0	2450.0	-17.1		
Raised	3980.0	-0.28	-1088.4	Raised Wood, Stem Wall	19.0	1430.0	-143.0		
Base Total:			-1088.4	As-Built Total:			-160.1		
INFILTRATION Area X BWPM = Points						Area X WPM = Points			
	3930.0	-0.06	-235.8			3930.0	-235.8		
Winter Base Points:			3289.5	Winter As-Built Points:			6186.1		
Total Winter X System = Heating Points	Multiplier		Heating Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier			Heating Points		
3289.5	1.0900		3585.5	6186.1	1.000	1.042	1.000	0.950	6121.8
				6186.1	1.00	1.042	1.000	0.950	6121.8

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL, PERMIT #:

BASE				AS-BUILT								
WATER HEATING												
Number of Bedrooms	X	Multiplier	= Total	Tank Volume	EF	Number of Bedrooms	X	Tank X Ratio	Multiplier X Credit	= Total Multiplier		
4		2370.00	9480.0	50.0	0.97	4		0.38	2149.20	1.00	3306.5	
				80.0	0.97	4		0.62	2149.20	1.00	5290.3	
As-Built Total:											8596.8	

CODE COMPLIANCE STATUS											
BASE					AS-BUILT						
Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points	Cooling Points	+	Heating Points	+	Hot Water Points	= Total Points
41865.5		3585.5		9480.0	54931.1	37179.5		6121.8		8596.8	51898.0

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: Lot: 2, Sub: CASTLE HILL, Plat: , STUART, FL,

PERMIT #:

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

STATEMENT OF INSPECTION

RECEIVED

JAN 23 2001

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

BY: _____

OWNER: Stephen P. Conway; ADDRESS: 4 OAK HILL WAY STUART, FL 34996

PROJECT ADDRESS: 4 OAK HILL WAY; LEGAL DESCRIPTION: LOT 2 BLK _____ SUB CASTLE HILL

GENERAL CONTRACTOR: STEPHEN P. CONWAY; LIC/CERT No. CPC053742

ADDRESS: 9 RIVERVIEW DR. STUART, FL 34996; TEL 220-0069 220-8601; FAX _____

ARCHITECT OR ENGINEER: MARK A. CORSON; LIC/REG No. AA2971

ADDRESS: 800 S.E. OCEAN BLVD. SUITE C, STUART, FL 34994; TEL 223-8227; FAX 223-8234

PERMIT No: 4857; DATE OF ISSUE: 3-6-00; DATE OF THIS STATEMENT: 1/23/01

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

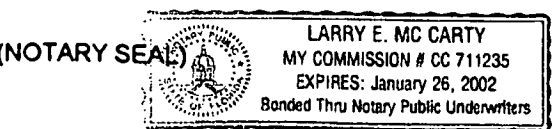
- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or 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 23 day of 01, _____.

NAME: Mark A. Corson; SIGNATURE: [Signature]; Lic. No: C625-541-61-389

STATE OF FLORIDA Manatee
COUNTY OF _____

Sworn to and subscribed before me this 23 day of 01, _____, by Mark A. Corson, who is personally known to me or who has produced FL. d.L. as identification and who did not take an oath.



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

MASTER PERMIT NO. 4857

TOWN OF SEWALL'S POINT

Date 1/15/00

BUILDING PERMIT NO. 5227

Building to be erected for STEVE CONWAY

Type of Permit STORM SHUTTERS

Applied for by EXPERT SHUTTER SERVICES (Contractor)

Building Fee \$74.48

Subdivision CASTLE HILL Lot 2 Block _____

Radon Fee _____

Address 4 OAK HILL WAY

Impact Fee _____

Type of structure S.F.R. (UNDER CONST.)

A/C Fee _____

Electrical Fee _____

Parcel Control Number:
39-38-41-013-013-00090

Plumbing Fee _____

Roofing Fee _____

Amount Paid _____ Check # _____ Cash _____ Other Fees (PLAN REV.) 7.45

Total Construction Cost \$ 7,758.00

TOTAL Fees \$81.93

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>1/22/01</u>

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

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

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: Conway, Steve

ADDRESS: 4 Oak Hill way Sewalls Point FL 34997

PHONE #: 561 223-7620

FAX #: _____

CONTRACTOR: EXPERT SHUTTER SERVICES

ADDRESS: 1626 SW BILTMORE ST, PORT ST. LUCIE, FL 34984

PHONE #: 871-1915

FAX #: 871-0990

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

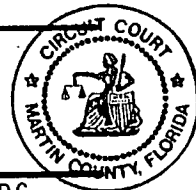
STATE OF FLORIDA
MARTIN COUNTY

FAX #: _____

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

MARSHA EWING, CLERK

BY [Signature] D.C.
DATE 1-12-01



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 718.180 XAY7, 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 718.180(XB), FLORIDA STATUTES.

PHONE #: _____

FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

C500 745 50 180-D FL
9th DAY OF Jan
10th

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
192001 BY Steve Conway

OR
PERSONALLY KNOWN _____
PRODUCED ID [initials]
TYPE OF ID Florida license

[Signature]
NOTARY SIGNATURE

BETTY JEAN LEONARD
Notary Public - State of Florida
My Commission Expires Apr 8, 2001
Commission # CC636652

BUILDING PERMIT APPLICATION

Owner or Titleholder's Name CONWAY, STEVE Phone No. () 223-7620
Street: 4 OAK HILL WAY City SEWALL'S POINT State: FL. Zip 34997
Legal Description of Property: _____

Parcel Number: _____
Location of Job Site: 4 OAK HILL WAY - SEWALL'S POINT, FL. 34997

TYPE OF WORK TO BE DONE: HURRICANE SHUTTERS
CONTRACTOR/Company Name: EXPERT SHUTTER SERVICES Phone No. () 871-1915
Street: 1626 S.W. BILTMORE ST. City PORT ST. LUCIE State: FL. Zip 34984
State Registration: _____ State License: _____

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

ENGINEER: WALTER TILIT - TILECO Phone No. (305) 871-1531
Street: 6595 N.W. 36TH ST. City MIRGINIAGARDES State: FL. Zip 33166

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
Covered Patjo: _____ Scr. Porch: _____ Wood Deck: _____ SHUTTERS X
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: \$ 7,758.00
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

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

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

CONTRACTOR SIGNATURE (Required)
Martin Heissenberg
Contractor
State of Florida, County of: Martin On
this the 15th day of January, 2001
by M. Heissenberg who is personally
known to me or produced Fl. d.l.
as identification.

Notary Public
My Commission Expires: _____
(Seal)

Notary Public
My Commission Expires: _____
John H. Bernaw
MY COMMISSION # 6673345 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

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

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)

PRODUCER
SID BANACK INSURANCE AGENCY
1201 U.S. HWY.1 - #445
NORTH PALM BEACH FL 33408
PHONE: 561-627-1144
FAX: 561-625-1266

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

INSURED
EXPERT SHUTTER SERVICES, INC.
1626 BILTMORE DR.
PORT ST. LUCIE FL 34592

COMPANY A: CNA INSURANCE CO.
COMPANY B: WESTERN SURETY COMPANY
COMPANY C:
COMPANY D:
COMPANY E:

RECEIVED
AUG 24 2000
BY: *[Signature]*

COPY *lie/lu* FILE

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	1 073650053	JUN 5 00	JUN 5 01	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any One Fire) \$ 100,000				
					MED. EXP (Any One Person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS-COMP/OP AGG. \$ 2,000,000
	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 \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE-EA EMPLOYEE \$
					E.L. DISEASE-POLICY LIMIT \$
B	OTHER: LICENSE & PERMIT BOND	42540665	OCT 1 99	SEP 30 01	\$2,000 LICENSE & PERMIT BOND

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWN OF SEWALL'S POINT
[] []
1 SOUTH SEWALL'S POINT RD.

STUART FL 34996-

Attention:

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

[Signature]

Certificate of Insurance

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

Named Insured(s):

FILE

RECEIVED
 JAN 8 - 2001
 BY:

**CNA
 RISK MANAGEMENT**

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

Insurer Affording Coverage
 Continental Casualty Company

Coverages:

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

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

Other:

Employees Leased To:
 12334 Expert Shutter Services

Effective Date: 1/1/01

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

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

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

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

Certificate Holder:

Town of Sewalls Point
 Attn: Arnold
 1 S Sewalls Point Rd
 Stuart, FL 34996-6736



Martin Oosterbaan

Martin Oosterbaan
 Authorized Representative

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



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP01515
Expires September 30, 2001

HEISSENBERG, MICHAEL P
EXPERT SHUTTER SERVICES
1626 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

**MARTIN COUNTY ORIGINAL
2000 COUNTY OCCUPATIONAL LICENSE 2001**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

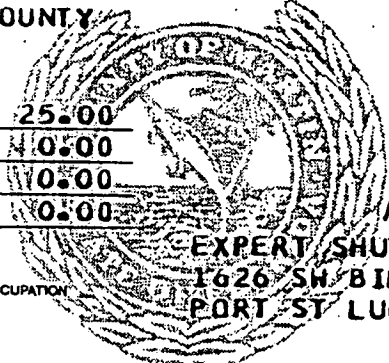
LICENSE 1991 520 010 CERT SP 01515

PHONE 561 336 9056 SIC NO 1541

LOCATION:
1626 SW BILTMORE ST

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>0.00</u>
\$		TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



FILE #10772
FILE 6000
he/m
Permit
PRM

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

**EXPERT SHUTTER SERVICES
1626 SW BILTMORE ST
PORT ST LUCIE FL 34984**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF **OCTOBER** 00
AND ENDING SEPTEMBER 30, **2001** 12 81001 **971 PAID**

COPY

RECEIVED
JAN 15 2001
BY: *[Signature]*



CITY OF PORT ST. LUCIE

121 S.W. Port St. Lucie Boulevard
Port St. Lucie, Florida 34984-5099

TERM: OCTOBER 1, 2000 TO SEPTEMBER 30, 2001

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.
LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

BUSINESS ADDRESS: **1626 SW BILTMORE STREET**

LICENSE NO.: **104430/01-1013**

CLASSIFICATION: **CONT CONTRACTOR**
ISSUED TO: **EXPERT SHUTTER SERVICES**
1626 SW BILTMORE STREET

Discount **0.00**
FEE: **105.00**

PORT ST LUCIE FL 34984

[Signature]
CITY LICENSE OFFICIAL

Fees: **105.00** Late Fees: **0.00** VALID AT THE ABOVE BUSINESS ADDRESS ONLY
152/077 KA **0.00** Total this payment: **105.00**

PERIOD BEGINNING October 1, 19 99 AND EXPIRING ON: September 30, 19 2000

Contractor's Decal: _____
License Fee: \$50.00
Decals (Extra): 1.00

OCCUPATIONAL LICENSE TAX CERTIFICATE

**TOWN OF SOUTH PALM BEACH
PALM BEACH COUNTY, FLORIDA**

License No.: **5716**

Nature of Business: ALUMINUM SPECIALTIES - CONTRACTOR

Name of Business: EXPERT SHUTTER SERVICES

Amount Paid: \$51.00

Owner/Corporate Name: MICHAEL HEISSENBERG

Date Paid: 10/1/99

Address: 1626 SW BILTMORE STREET

City, State, Zip: PORT ST LUCIE, FLORIDA 34984

NOTE: This License Certificate is renewable every SEPTEMBER of each fiscal year.



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Eastern Metal Supply, Inc.
3600 23rd Ave., South
Lake Worth FL 33461

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

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

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

Your application for Product Approval of:

~~0.650" Galvalume Aluminum Storm Panel Shutter~~

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

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

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

Acceptance No.: 00-0602.04

~~Expires 02/17/2004~~

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

1/15/00 TOWN OF SEWALL'S POINT
REVIEW:
BLDG OFFICIAL

Francisco J. Quintana, R.A.

Director
Miami-Dade County
Building Code Compliance Office

FILE 1 of 3 TOWN COPY
4 ORK HILL WAY

Approved: 08/17/2000

PN 5227



Eastern Metal Supply, Inc.

ACCEPTANCE No. : 00-0602.04

APPROVED : AUG 17 2000

EXPIRES : 08/07/2003

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This renews the Notice of Acceptance No. 98-0817.16, which was issued on October 8, 1998. I approve an Aluminum Storm Panel 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

This Aluminum Storm Panel shutter and its components shall be constructed in strict compliance with the following documents: ~~Drawing No. 98-172, titled "0.050" Bertha Storm Panel", prepared by Tilteco, Inc., dated July 7, 1998, last revision #1 dated July 7, 1998, sheets 1 through 8 of 8, signed and sealed by Walter A. Tiliit Jr., P.E., bearing the Miami-Dade County Product Control Approval and Renewal stamps with the Notice of Acceptance numbers and approval dates 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

This Aluminum Storm Panel 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".

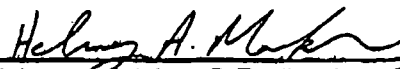
6. BUILDING PERMIT REQUIREMENTS

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

Eastern Metal Supply, Inc.

ACCEPTANCE No. : 00-0602.04


APPROVED : AUG 17 2000

EXPIRES : 08/07/2003

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 resal 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



EXPERT

SHUTTER SERVICES INC.

"We're Taking The Shutter Industry By Storm"

INVOICE

DATE	11/23/00
CONDO	

BILLING INFORMATION
<p>Conway, Steve 4 Oak Hill Way Sewalls, Pt. Fl. 34997</p>

INSTALLATION ADDRESS
<p>Conway, Steve 4 Oak Hill Way Sewalls, Pt. Fl. 34997</p>

INVOICE #	PHONE 1	PHONE 2	TERMS	DUE DATE
5458	561 223-7620		Due on receipt	11/23/00

QUANTITY	DESCRIPTION	AMOUNT
1	Dade County Code Approved Aluminum Storm Mill Panels 114 x 79 Window	377.00
2	Dade County Code Approved Aluminum Storm Mill Panels 36 x 100 Entry	306.00
1	Dade County Code Approved Aluminum Storm Mill Panels 78 x 79 Window	262.00
1	Dade County Code Approved Aluminum Storm Mill Panels 30 x 55 Window	71.00
1	Dade County Code Approved Aluminum Storm Mill Panels 60 x 55 Window	141.00
1	Dade County Code Approved Aluminum Storm Mill Panels 30 x 79 Window	102.00
1	Dade County Code Approved Aluminum Storm Mill Panels 60 x 79 Window	202.00
1	Dade County Code Approved Aluminum Storm Mill Panels 132 x 100 French Doors	552.00
1	Dade County Code Approved Aluminum Storm Mill Panels 120 x 113 Window	567.00
1	Dade County Code Approved Aluminum Storm Mill Panels 30 x 113 Window	145.00
1	Dade County Code Approved Aluminum Storm Mill Panels 36 x 55 Window	86.00
	Shutters Are Dade County Approved. Delivery Time Is 5 To 7 Weeks. There Is A 5 Year Warranty On Parts And Labor. Shutters Must Be Maintained Properly. Deposit Received: 11/22/00 Check #3156 For \$2481.00 Thank You. Palma Way Add On 12/7/00	
1	Dade County Code Approved Aluminum Storm Mill Panels Wh. Tr. 36 x 104 Entry	158.00
1	Dade County Code Approved Aluminum Storm Mill Panels Wh. Tr. 48 x 73 Window	149.00

SPECIAL INSTRUCTION:

SALES REPRESENTATIVE	DATE	PUCHASER	TOTAL	\$7,758.00
TT	11/23/00		DEPOSIT	\$2481.00
			BALANCE	\$5277.00

BUYERS RIGHT TO CANCEL

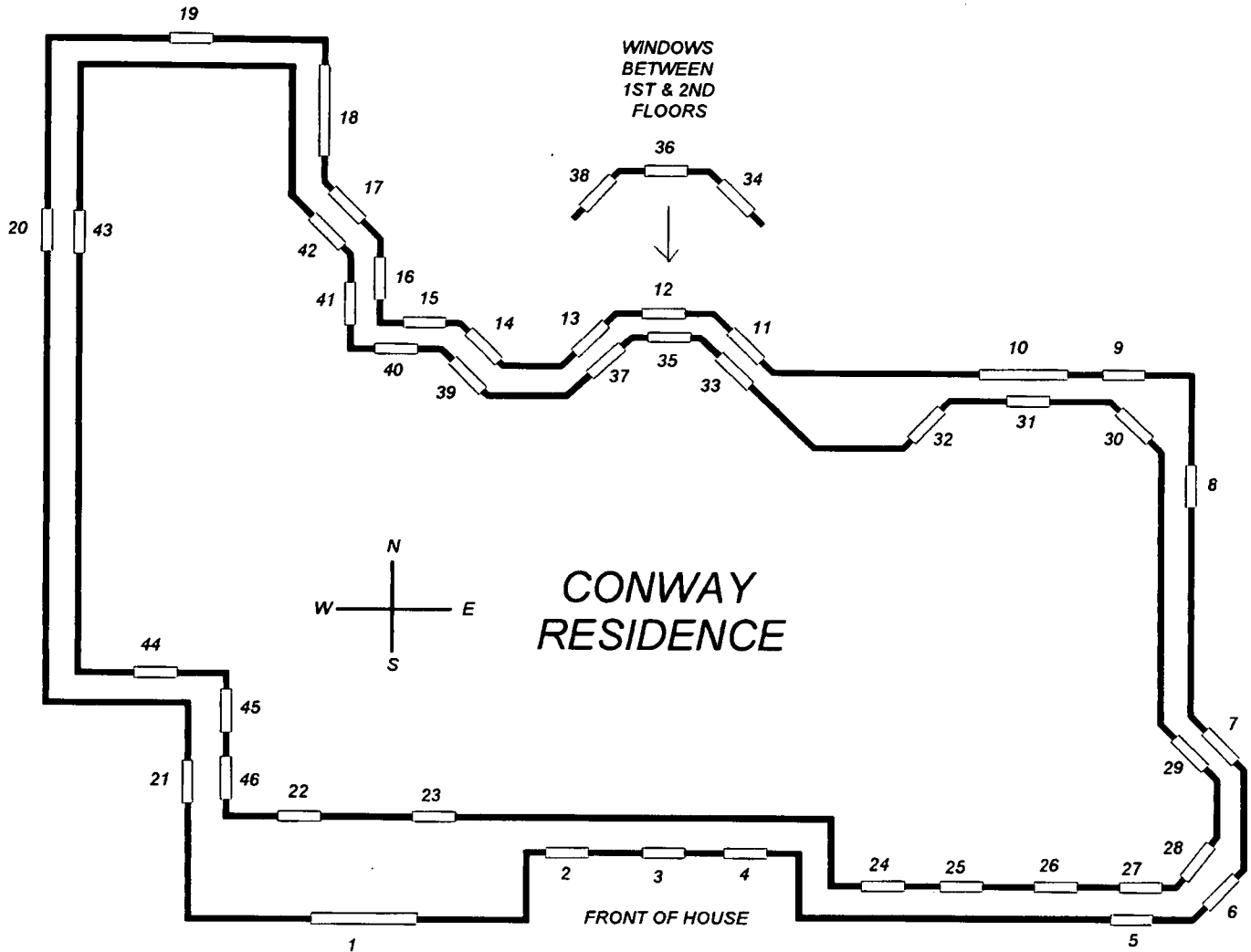
THIS IS A HOME SOLICITATION SALE, AND IF YOU DO NOT WANT THE GOODS OR SERVICE, YOU MAY CANCEL THIS AGREEMENT BY PROVIDING WRITTEN NOTICE TO THE SELLER IN PERSON, BY TELEGRAM, OR BY MAIL. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE DELIVERED OR POST MARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS AGREEMENT. IF YOU CANCEL THIS AGREEMENT, THE SELLER MAY NOT KEEP ALL OR PART OF ANY CASH DOWN PAYMENT. BALANCE DUE UPON COMPLETION. ALL CHECKS PAYABLE TO EXPERT SHUTTER SERVICES INC. WE RESERVE THE RIGHT TO ADD ON 1.5% PER MONTH ON ANY OVERDUE INVOICES.



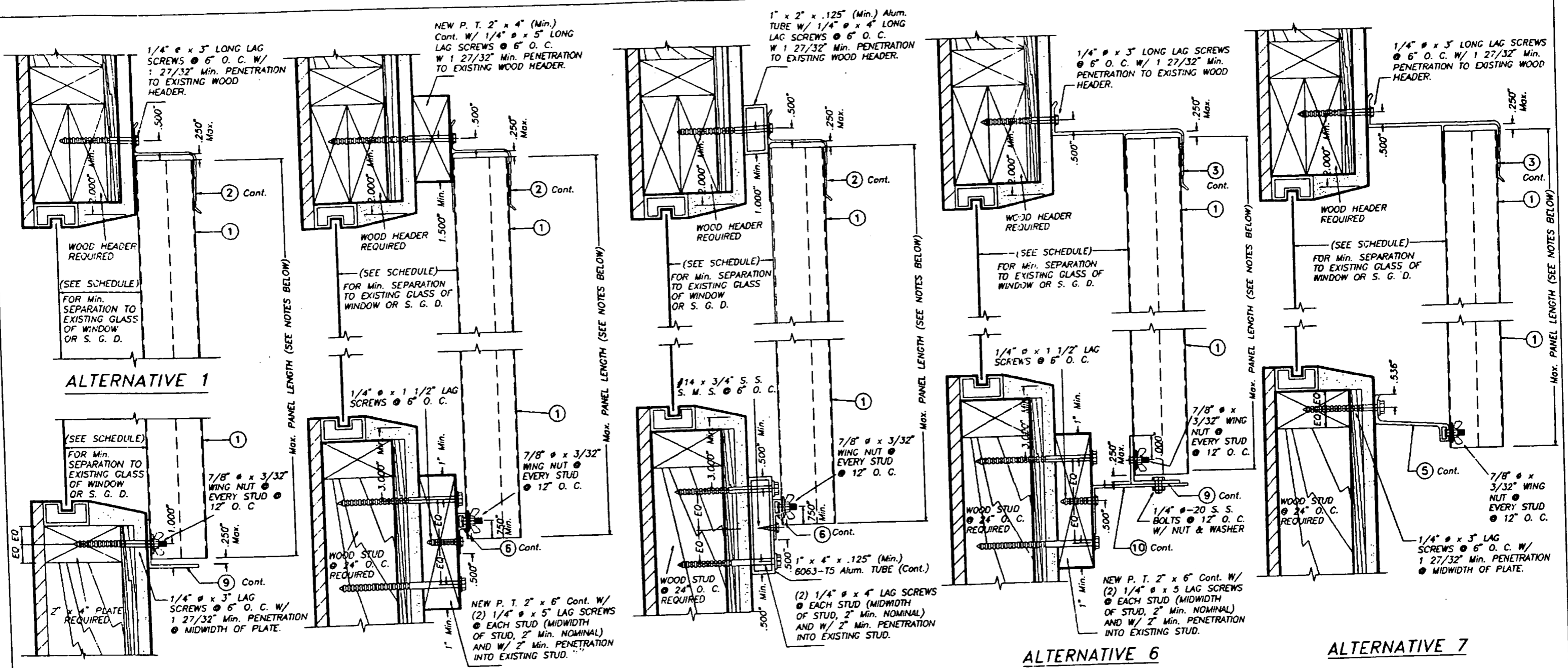
EXPERT

SHUTTER SERVICES INC.

"We're Taking The Shutter Industry By Storm"



#	PANEL QUANTITY	PANEL HEIGHT	UPPER TRACK	LOWER TRACK	#	PANEL QUANTITY	PANEL HEIGHT	UPPER TRACK	LOWER TRACK
1	6.50	111.00	DIRECT	'F' TRACK	24	4.50	30.00	'F' TRACK	'F' TRACK
2	8.50	82.00	'F' TRACK	'F' TRACK	25	5.50	74.00	DIRECT	'F' TRACK
3	6.00	144.00	DIRECT	'F' TRACK	26	5.50	51.00	'F' TRACK	'F' TRACK
4	2.00	41.00	DIRECT	DIRECT	27	3.50	62.00	'F' TRACK	'F' TRACK
5	3.50	72.00	'F' TRACK	'F' TRACK	28	3.50	62.00	'F' TRACK	'F' TRACK
6	3.50	72.00	'F' TRACK	'F' TRACK	29	3.50	56.00	'F' TRACK	'F' TRACK
7	3.50	72.00	'F' TRACK	'F' TRACK	30	2.00	62.00	'F' TRACK	'F' TRACK
8	2.50	52.00	'F' TRACK	'F' TRACK	31	6.50	62.00	'F' TRACK	'F' TRACK
9	3.00	103.00	'F' TRACK	'F' TRACK	32	2.00	62.00	'F' TRACK	'F' TRACK
10	9.50	80.00	'F' TRACK	'F' TRACK	33	3.50	80.00	'F' TRACK	'F' TRACK
11	3.50	100.25	'F' TRACK	'F' TRACK	34	3.50	30.00	'F' TRACK	'F' TRACK
12	6.50	80.00	'F' TRACK	'F' TRACK	35	6.50	80.00	'F' TRACK	'F' TRACK
13	3.50	103.50	'F' TRACK	'F' TRACK	36	6.50	30.00	'F' TRACK	'F' TRACK
14	2.50	56.00	'F' TRACK	'F' TRACK	37	3.50	80.00	'F' TRACK	'F' TRACK
17	5.00	56.00	'F' TRACK	'F' TRACK	38	3.50	30.00	'F' TRACK	'F' TRACK
16	2.50	80.00	'F' TRACK	'F' TRACK	39	2.50	62.00	'F' TRACK	'F' TRACK
17	5.00	80.00	'F' TRACK	'F' TRACK	40	5.00	62.00	'F' TRACK	'F' TRACK
18	11.50	103.25	'F' TRACK	'F' TRACK	41	2.50	62.00	'F' TRACK	'F' TRACK
19	10.00	114.50	'F' TRACK	'F' TRACK	42	8.00	86.25	'F' TRACK	'F' TRACK
20	2.50	114.00	'F' TRACK	'F' TRACK	43	5.50	120.00	'F' TRACK	'F' TRACK
21	3.00	50.00	'F' TRACK	'F' TRACK	44	2.00	41.00	DIRECT	DIRECT
22	3.00	62.00	'F' TRACK	'F' TRACK	45	2.50	62.00	'F' TRACK	'F' TRACK
23	2.00	41.00	DIRECT	DIRECT	46	2.50	62.00	'F' TRACK	'F' TRACK



WALL MOUNTING INSTALLATIONS
 SECTIONS A SCALE: 1/4" = 1"

NOTE FOR COMBINATION OF SECTIONS:
 WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19% M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: October 08, 98
 BY: Helmut A. Pflafer
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817.16

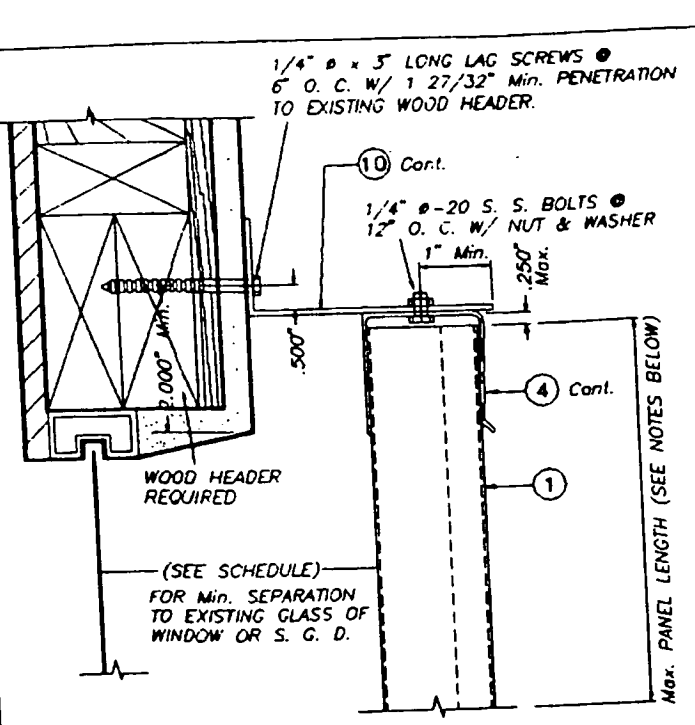
DADE COUNTY

TILECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 6295 N.W. 38th St., Ste. 217, VIRGINIA GARDENS, FL 33186
 Phone: (305)871-1530 Fax: (305)871-1531
 WALTER A. TILLIT JR., P. E.
 FLORIDA LIC. # 44167

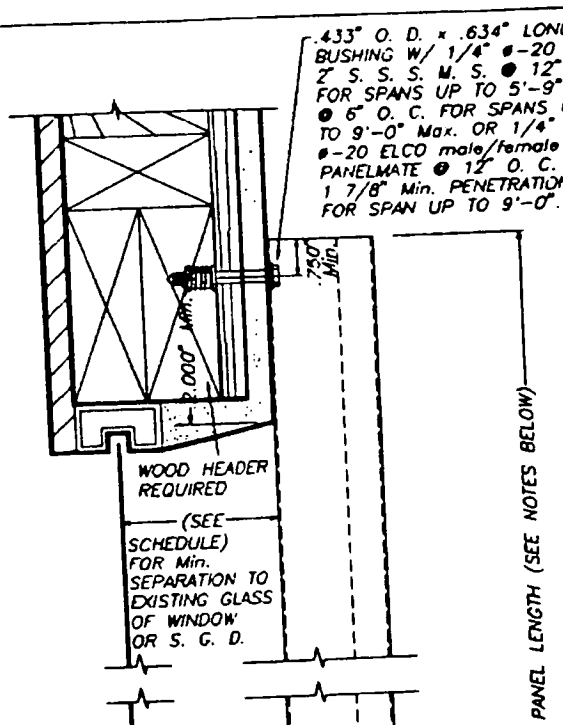
0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3600 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No
REV. No.	DESCRIPTION	DATE
1	OLD 08-331	7/7/98
2		

SHEET 7 OF 8

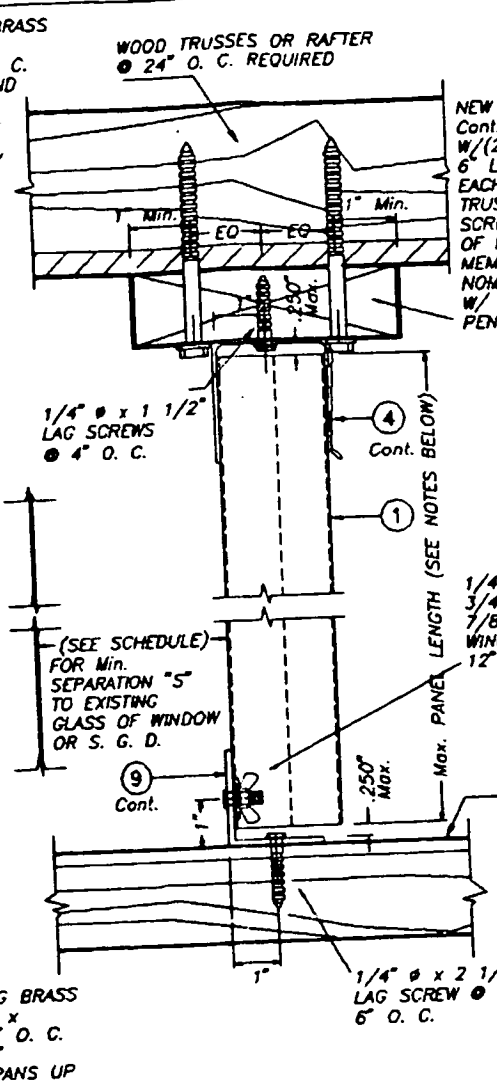
MAY 03 2000



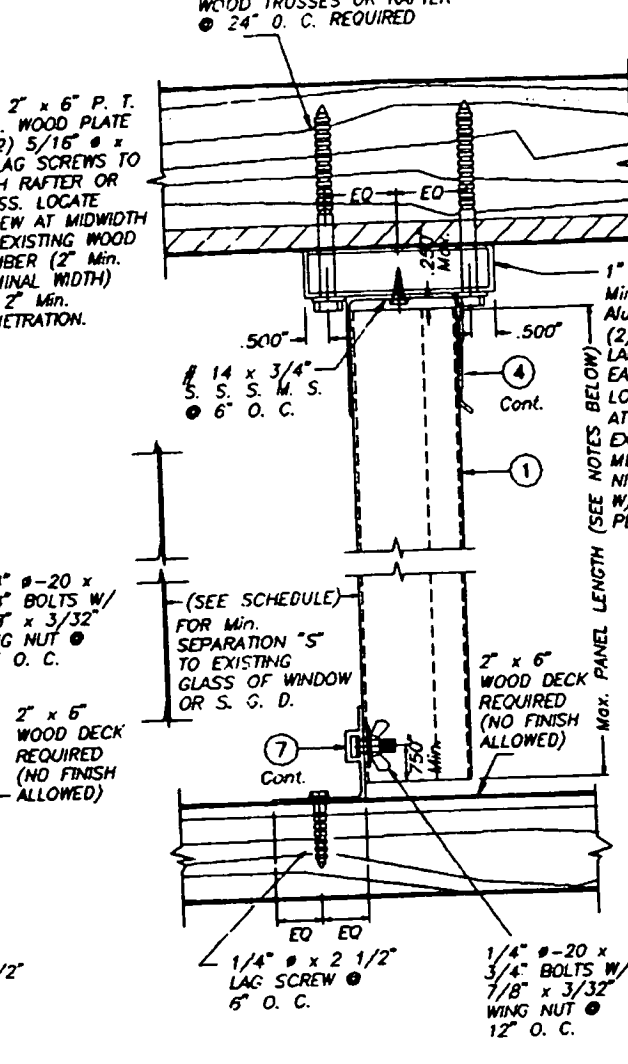
ALTERNATIVE 8



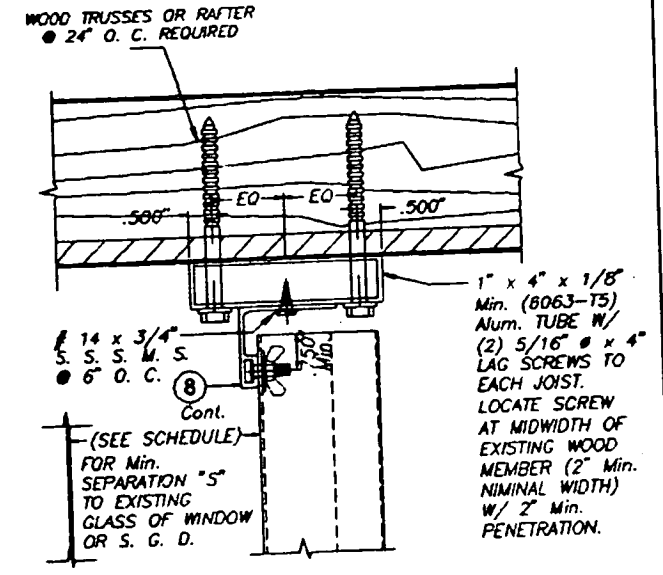
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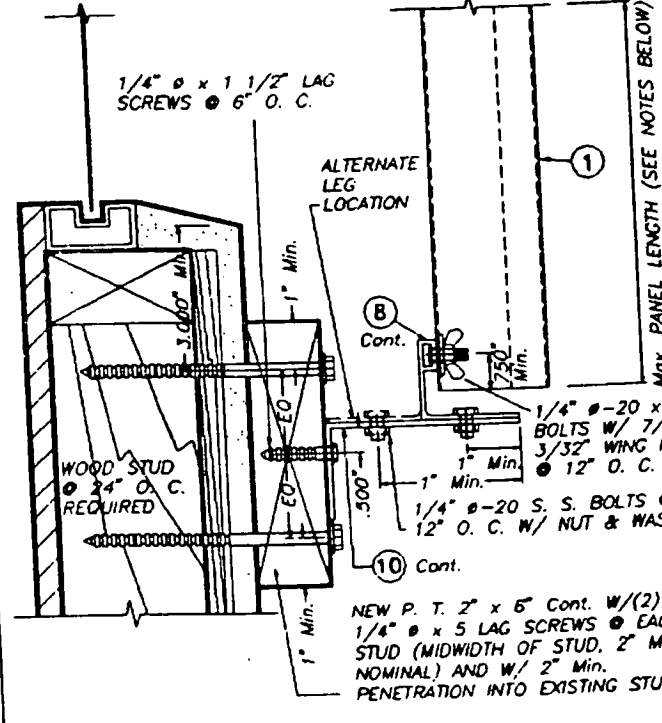
ALTERNATIVE 2



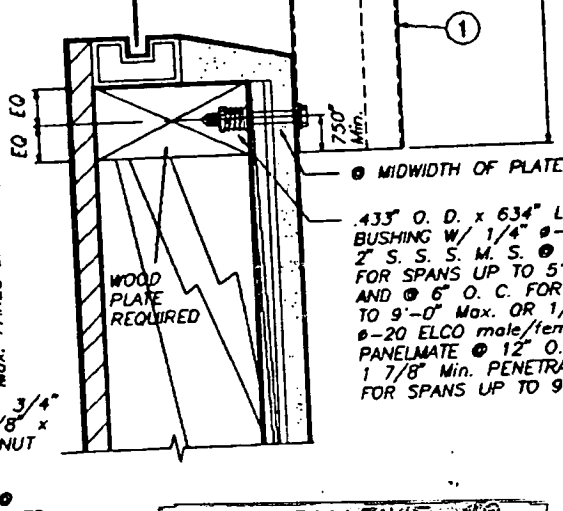
ALTERNATIVE 3



ALTERNATIVE 4



ALTERNATIVE 9



ALTERNATIVE 10

WALL MOUNTING INSTALLATIONS
SECTIONS A

SCALE: 1/4" = 1"

CEILING & FLOOR MOUNTING INSTALLATIONS
SECTIONS B

SCALE: 1/4" = 1"

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE October 08 1998
BY Walter A. Tillit
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0817-16

DADE COUNTY

NOTE FOR COMBINATION OF SECTIONS:
FLOOR/ WALL/ CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

NOTES:
1. INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
2. NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19% M. C. W/ SPECIFIC DENSITY OF 0.55.
3. FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

MAY 03 2000

TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
3600 N.W. 38th St., Ste. 510 217, WIRVANA GARDENS, FL 33165
PHONE: (305)871-1530 FAX: (305)871-1531
WALTER A. TILLIT JR., P. E.
FLORIDA LIC. # 44167

0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3600 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98
2		

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND C.B.S. STRUCTURES *

E. D. = EDGE DISTANCE

MAXIMUM DESIGN LOAD W (p.s.f.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" **										APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH "L" (ft.)
	TAPCONS		RAWL ZAMAC NAILIN		RAWL CALK-IN		CF TAP-GRIP		PANELMATES			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+65.0, -77.0	6"	N/A	3"	N/A	6"	N/A	3 1/2"	N/A	2 1/2"	N/A	1 (TOP)	9'-0" OR LESS
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	1 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	2 (TOP)	
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	2 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	3 (TOP)	
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	3 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	4 (TOP)	
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	4 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	5 (TOP)	
	12"	5 1/2"	9 1/2"	6 1/2"	12"	8"	10"	5"	7 1/2"	7 1/2"	5 (BOTTOM)	
	9 1/2"	N/A	6 1/2"	N/A	10"	N/A	7"	N/A	5"	N/A	6 (TOP/BOTTOM)	
	8 1/2"	N/A	5 1/2"	N/A	8 1/2"	N/A	6"	N/A	4 1/2"	N/A	7 (TOP/BOTTOM)	
	N/A	N/A	N/A	N/A	12"	6"	12"	6"	6"	6"	8 (TOP/BOTTOM)	
	+62.0, -73.3	6"	N/A	6"	N/A	6"	N/A	6"	N/A	6"	N/A	
6"		6"	6"	6"	6"	6"	6"	6"	6"	6"	2 (BOTTOM)	
6"		N/A	6"	N/A	6"	N/A	6"	N/A	5"	N/A	6 (TOP/BOTTOM)	
6"		N/A	5"	N/A	6"	N/A	5 1/2"	N/A	4"	N/A	7 (TOP/BOTTOM)	
N/A		N/A	N/A	N/A	6"	6"	6"	6"	6"	6"	8 (TOP/BOTTOM)	

* SEE SHEET 7 & 8 OF 8 FOR ANCHORS TYPE & SPACING FOR INSTALLATIONS INTO WOOD FRAME BUILDINGS.
 ** MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACINGS SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (Min. E. D. FOR RAWL CALK-IN ANCHORS & ELCO PANELMATE IS 2 1/2").

ACTUAL E. D.	FACTOR		
	TAPCON/ZAMAC NAILIN/PANELMATES	RAWL CALK-IN	CF TAP-GRIP
3"	.86	.75	1.00
2 1/2"	.71	.50	.80
2"	.50	-	-

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 08, 1998
 BY Helmut A. Meier
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

DADE COUNTY

[Signature]
 MAY 03 2000

TILTECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 6525 N.W. 30th St., Ste. 217, VIRGINIA GARDENS, FL 33186
 Phone: (305)871-1530 Fax: (305)871-1531
 WALTER A. TILLIT Jr., P. E.
 FLORIDA Lic. # 44167

0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3600 23rd Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98
2	-	-

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND C.B.S. STRUCTURES *

E. D. = EDGE DISTANCE

MAXIMUM DESIGN LOAD W (p.s.f.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" **										APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH "L" (ft.)
	TAPCONS		RAWL ZAMAC NAILIN		RAWL CALK-IN		CF TAP-GRIP		PANELMATES			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+55.0, -65.0	8"	N/A	4"	N/A	8"	N/A	5"	N/A	3 1/2"	N/A	1 (TOP)	9'-0" OR LESS
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	1 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	2 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	2 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	3 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	3 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	4 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	4 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	5 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	5 (BOTTOM)	
	11 1/2"	N/A	7 1/2"	N/A	12"	N/A	8 1/2"	N/A	6"	N/A	6 (TOP/BOTTOM)	
	10"	N/A	6 1/2"	N/A	10 1/2"	N/A	7"	N/A	5"	N/A	7 (TOP/BOTTOM)	
N/A	N/A	N/A	N/A	12"	12"	12"	6"	6"	6"	8 (TOP/BOTTOM)		
+55.0, -65.0	6"	N/A	6"	N/A	6"	N/A	6"	N/A	6"	N/A	2 (TOP)	9'-0" TO 10'-0"
	6"	6"	6"	6"	6"	6"	6"	6"	6"	6"	2 (BOTTOM)	
	6"	N/A	6"	N/A	6"	N/A	6"	N/A	5 1/2"	N/A	6 (TOP/BOTTOM)	
	6"	N/A	5 1/2"	N/A	6"	N/A	6"	N/A	4 1/2"	N/A	7 (TOP/BOTTOM)	
	N/A	N/A	N/A	N/A	6"	6"	6"	6"	6"	6"	8 (TOP/BOTTOM)	

* SEE SHEET 7 & 8 OF 8 FOR ANCHORS TYPE & SPACING FOR INSTALLATIONS INTO WOOD FRAME BUILDINGS.
 ** MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACINGS SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (Min. E. D. FOR RAWL CALK-IN ANCHORS & ELCO PANELMATE IS 2 1/2").

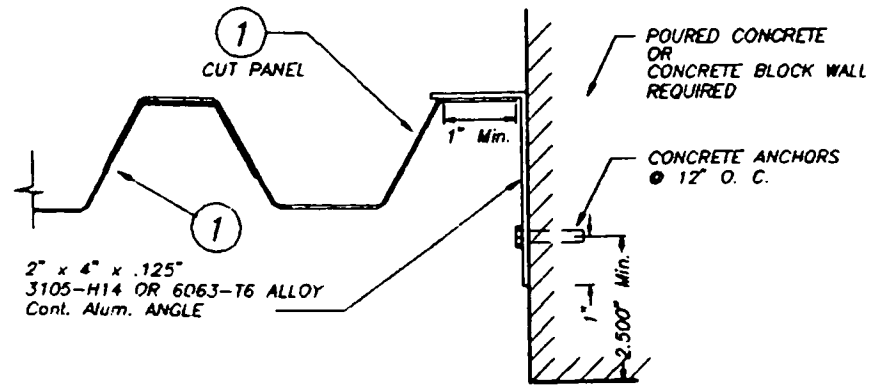
ACTUAL E. D.	FACTOR		
	TAPCON/ZAMAC NAILIN/PANELMATES	RAWL CALK-IN	CF TAP-GRIP
3"	.86	.75	1.00
2 1/2"	.71	.50	.80
2"	.50	-	-

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 08 19 98
 BY Heather A. Hester
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

DADE COUNTY

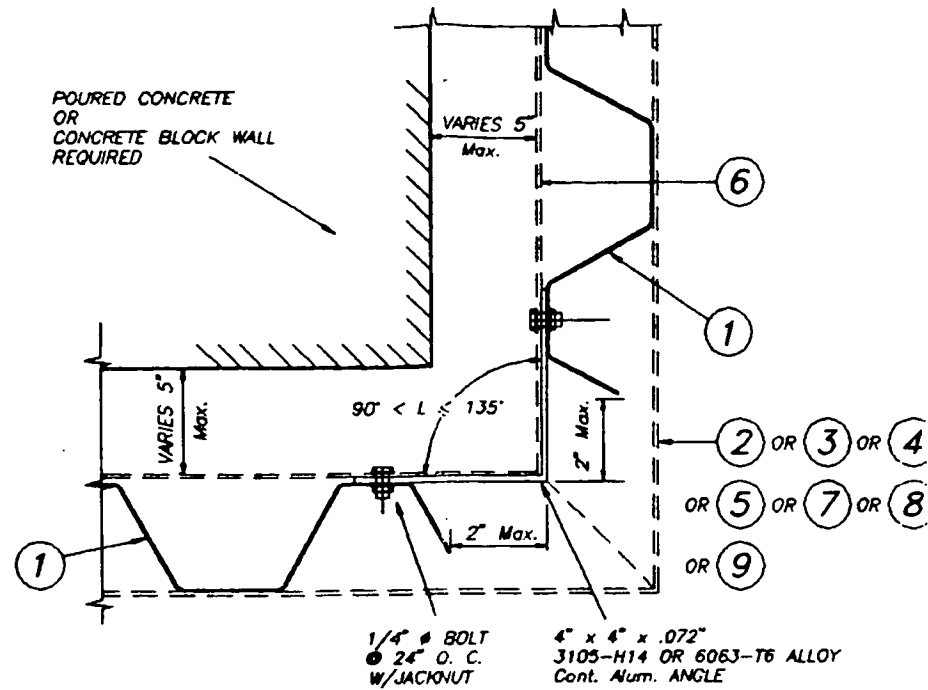
David J. ...
 MAY 03 2000

 TILLIT TESTING & ENGINEERING COMPANY 8995 N.W. 36th St., Ste. 217, VIRIDIA GARDENS, FL 33188 Phone: (305)871-1530 Fax: (305)871-1531 WALTER A. TILLIT Jr., P. E. FLORIDA Lic. # 44167	0.050" BERTHA STORM PANEL	AS SHOWN SCALE
	EASTERN METAL SUPPLY, INC 3600 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247	7/7/98 DATE
	98 - 172 DRAWING No	
	SHEET 5 OF 8	



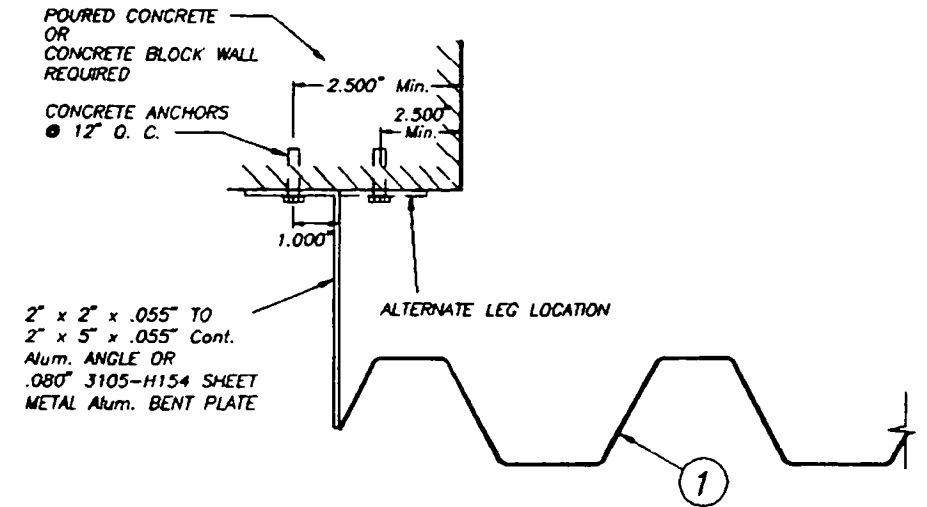
CASE A (Plan)

SCALE: 1/4" = 1"



CASE B (Plan)

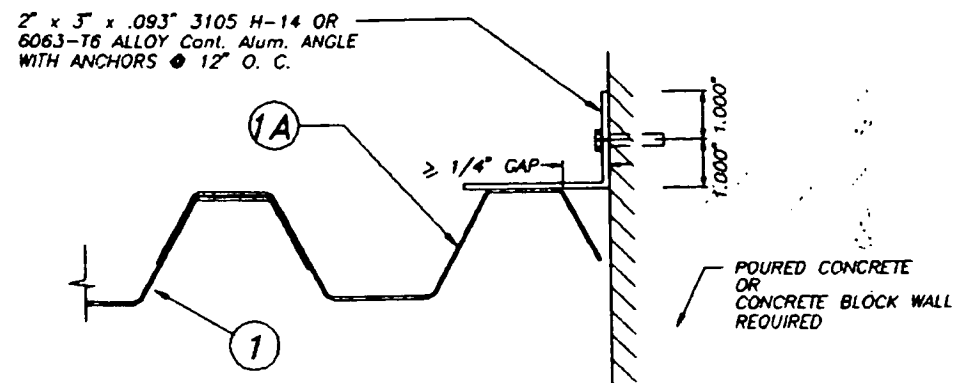
SCALE: 1/4" = 1"



CASE C (Plan)

SCALE: 1/4" = 1"

END CLOSURES DETAILS



CASE D (Plan)

SCALE: 1/4" = 1"

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM PANEL LENGTH "L" SCHEDULE

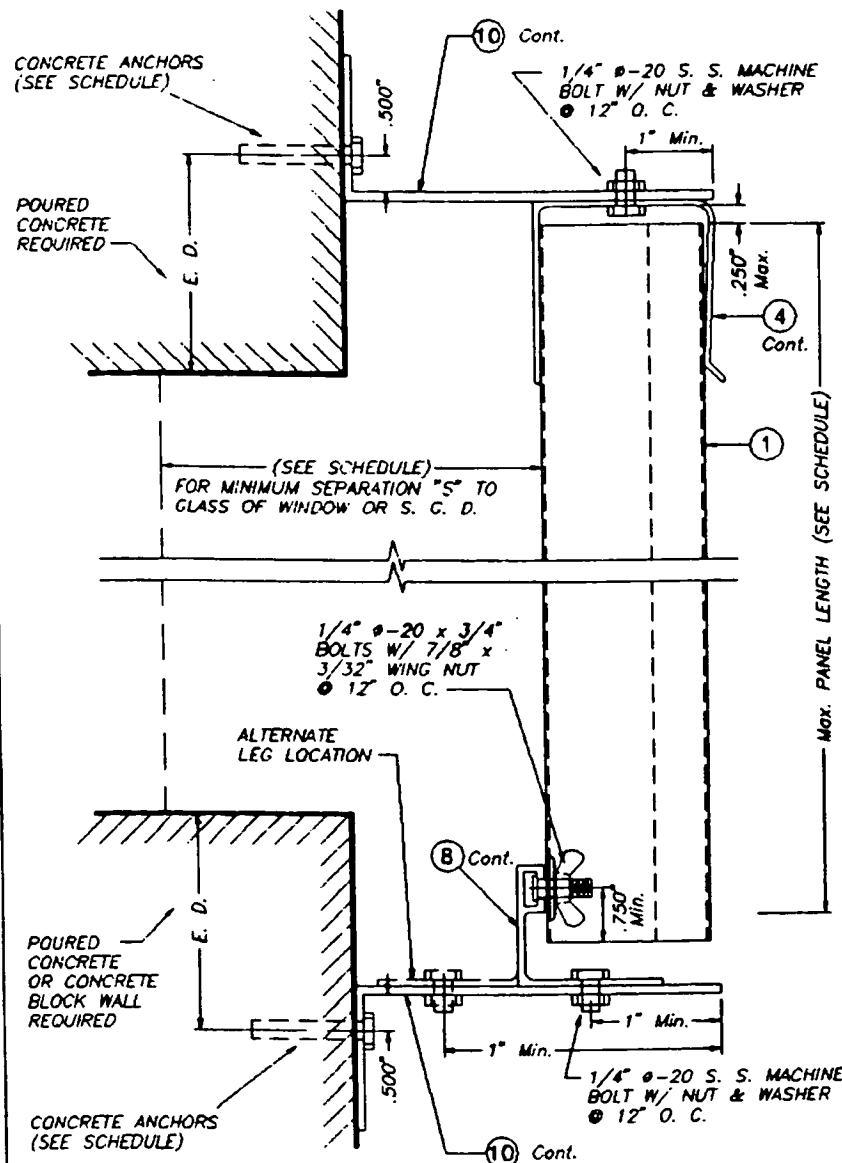
MAXIMUM DESIGN PRESSURE RATING W (p.s.f.)	Max. PANEL LENGTH L (ft.) (SEE SECTIONS)	MINIMUM SEPARATION TO GLASS	APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM
+65.0, -77.0	8'-0" OR LESS	2 1/4"	1 THRU 8
+65.0, -77.0	>8'-0" TO 9'-0"	3 11/16"	1 THRU 8
+62.0, -73.3	>9'-0" TO 10'-0"	3 7/8"	2, 6, 7 & 8

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 08 1998
 BY Heather A. Hester
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

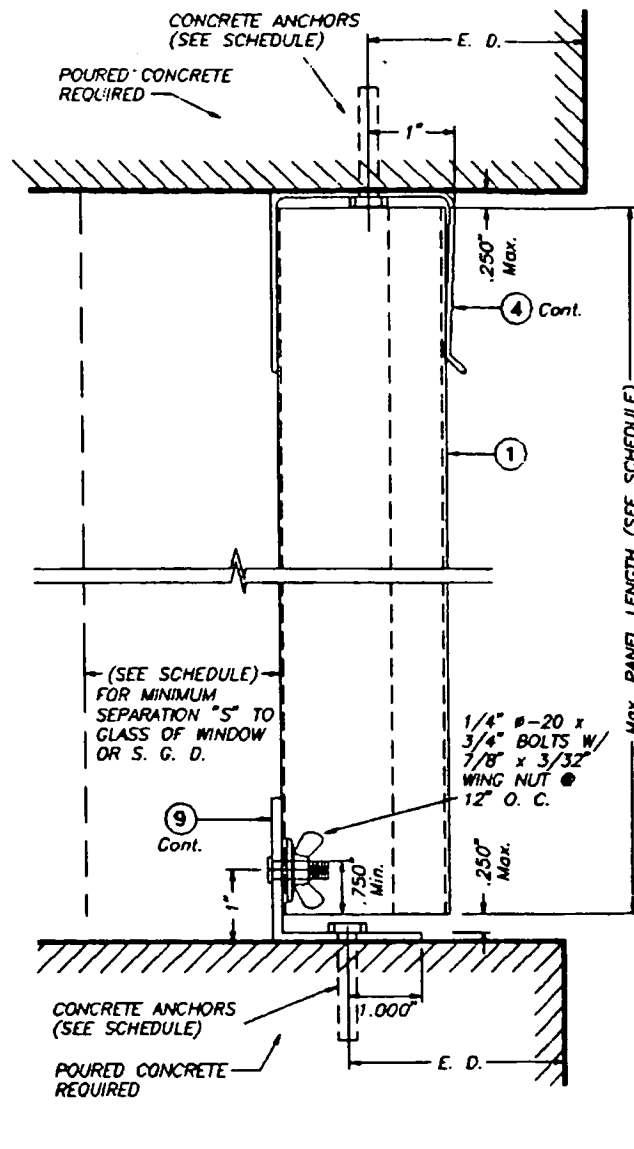
DADE COUNTY

Walter A. Tillit Jr.
 MAY 03 2000

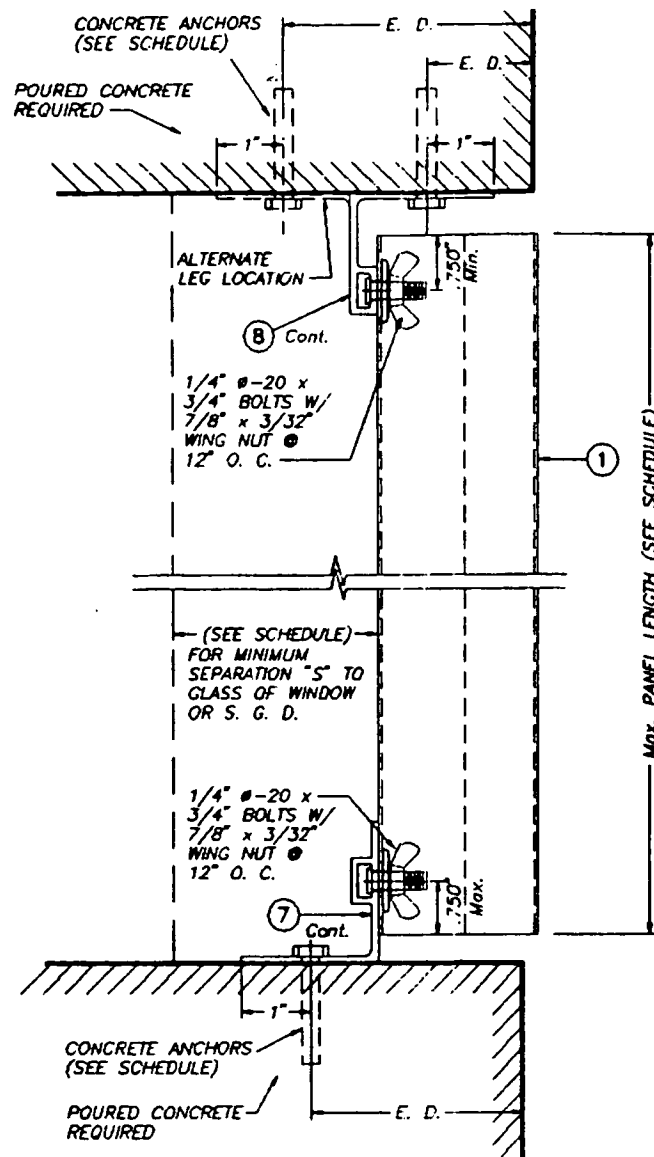
 TILTECO INC. TILLIT TESTING & ENGINEERING COMPANY 8595 N.W. 300 th St., Ste. 217, VIRGINIA GARDENS, FL 33166 Phone: (305)871-1530 Fax: (305)871-1531 WALTER A. TILLIT Jr. P. E. FLORIDA Lic. # 44167	0.050" BERTHA STORM PANEL EASTERN METAL SUPPLY, INC 3800 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247	AS SHOWN SCALE 7/7/98 DATE 98 - 172 DRAWING No SHEET 4 OF 8																	
	<table border="1"> <thead> <tr> <th>REV. No</th> <th>DESCRIPTION</th> <th>DATE</th> <th>REV. No</th> <th>DESCRIPTION</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>OLD 98-331</td> <td>7/7/98</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>	REV. No	DESCRIPTION	DATE	REV. No	DESCRIPTION	DATE	1	OLD 98-331	7/7/98	2			2			3		
REV. No	DESCRIPTION	DATE	REV. No	DESCRIPTION	DATE														
1	OLD 98-331	7/7/98	2																
2			3																



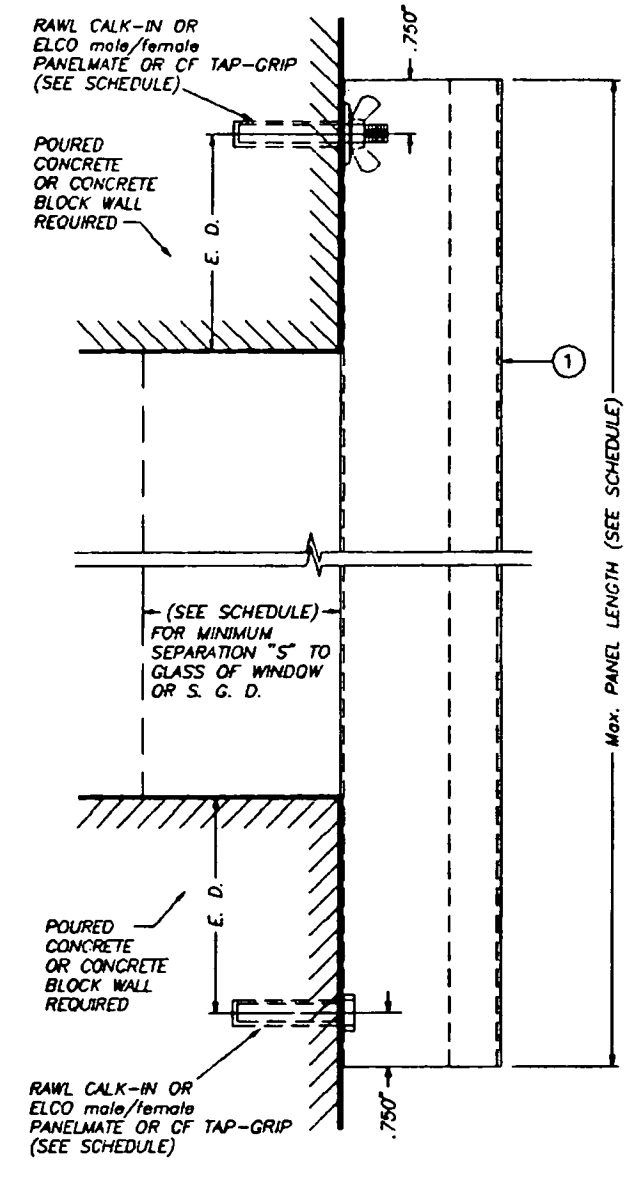
BUILD OUT INSTALLATION
- SECTION 5 SCALE: 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 6
 SCALE: 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 7
 SCALE: 3/8" = 1"



WALL MOUNTING INSTALLATION (D. M.)
- SECTION 8 SCALE: 3/8" = 1"

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEET 5 & 6 OF 8)

NOTE FOR COMBINATION OF SECTIONS:
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE October 08, 1998
 BY Walter A. Tillit Jr.
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

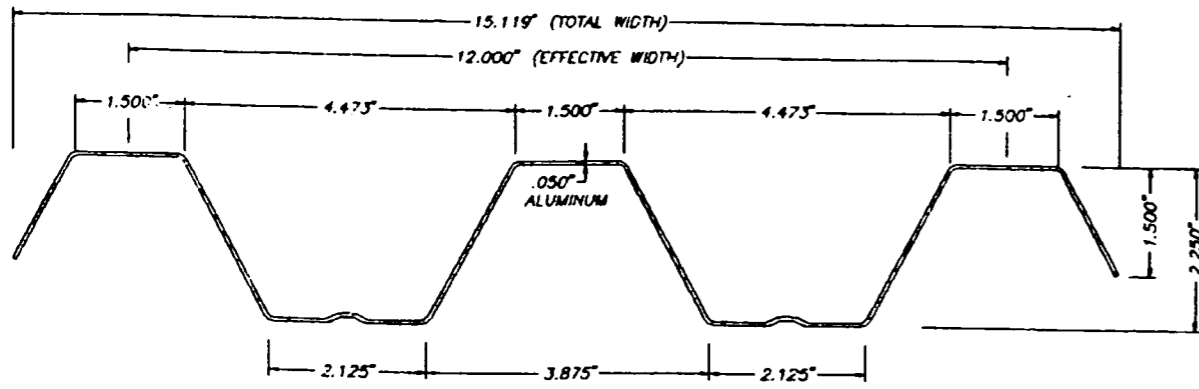
DADE COUNTY

TILECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 2595 N.W. 38th St., Ste. 217, VIRGINIA GARDENS, FL 33186
 Phone: (305)871-1530 Fax: (305)871-1531
 WALTER A. TILLIT JR., P. E.
 FLORIDA LIC. # 44167

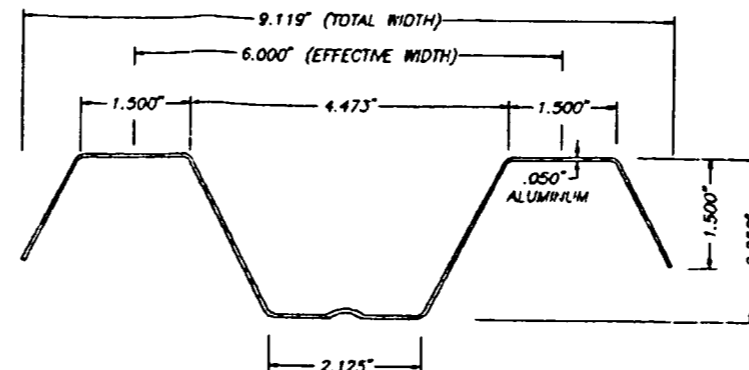
0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3800 23rd Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98
2	-	-

98 - 172
DRAWING No
SHEET 3 OF 8

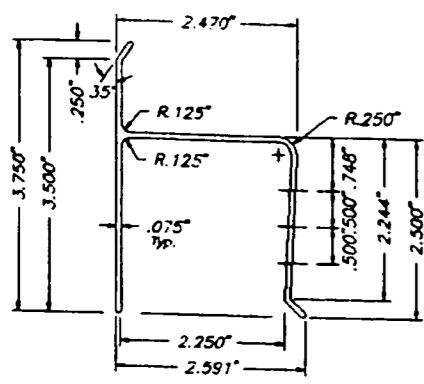
Walter A. Tillit Jr.
 MAY 03 2000



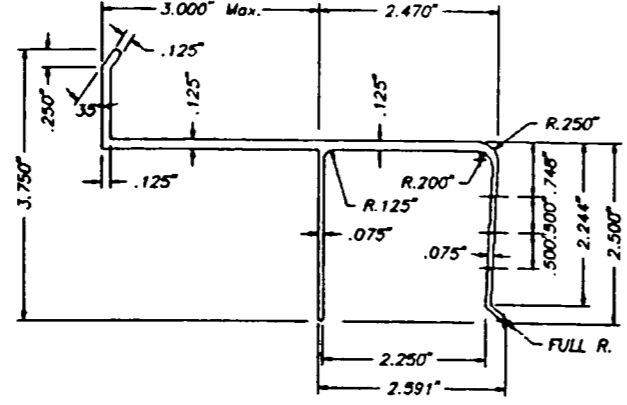
① PANEL
SCALE: 3/8" = 1"



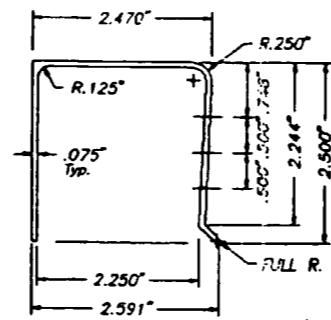
①A HALF PANEL
SCALE: 3/8" = 1"



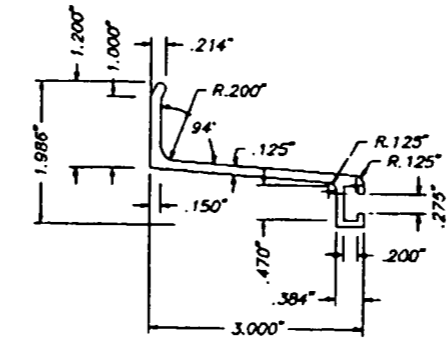
② "h" HEADER
SCALE: 3/8" = 1"



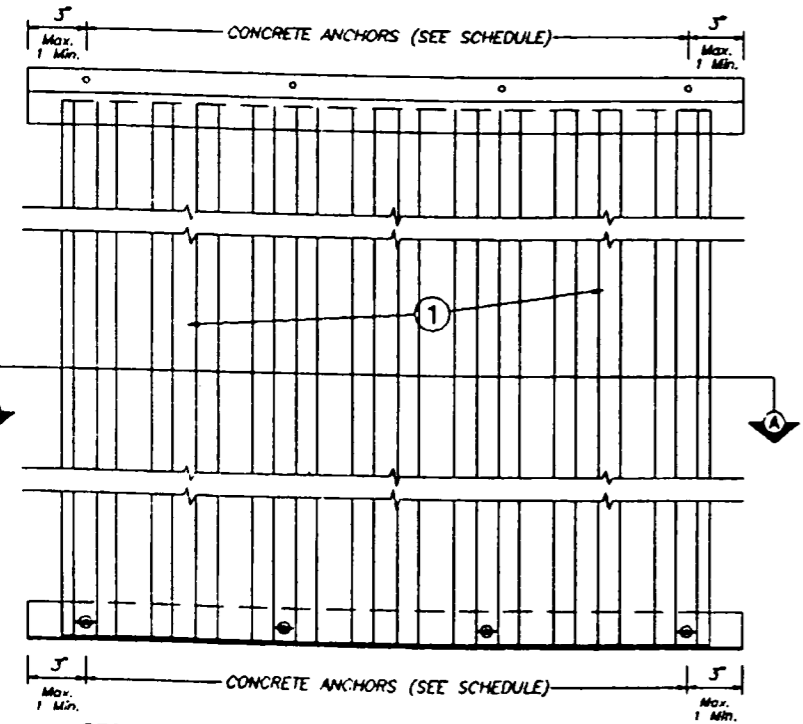
③ 3" Max. "U" BUILD OUT
SCALE: 3/8" = 1"



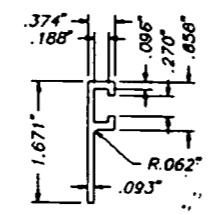
④ "U" HEADER
SCALE: 3/8" = 1"



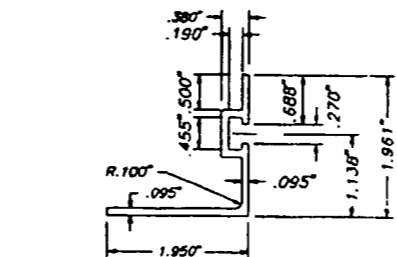
⑤ 3" ANGLE BUILD OUT BRACKET
SCALE: 3/8" = 1"



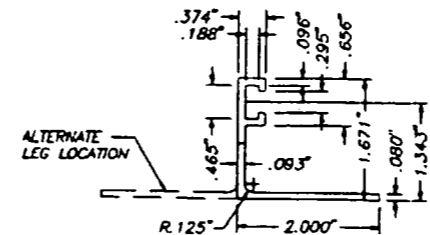
STORM PANEL TYPICAL ELEVATION
N.T.S.



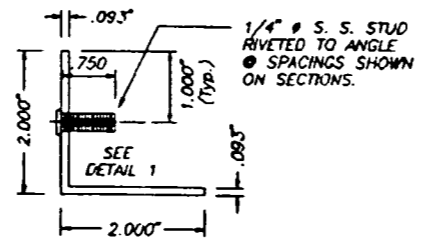
⑥ "F" TRACK
SCALE: 3/8" = 1"



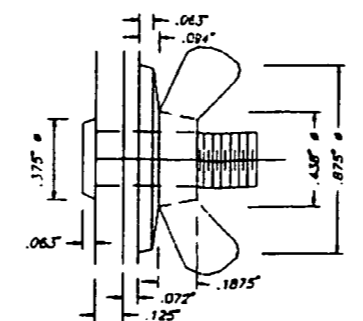
⑦ REVERSED "F" ANGLE TRACK
SCALE: 3/8" = 1"



⑧ "F" TRACK ANGLE
SCALE: 3/8" = 1"



⑨ STUDDED ANGLE
6063-T5 ALUM. ALLOY
SCALE: 3/8" = 1"

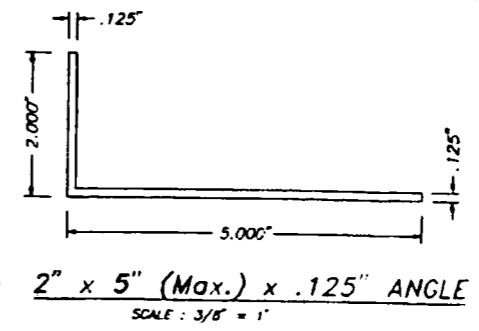


DETAIL 1: STUD W/ WING NUT

GENERAL NOTES:

- STORM PANEL HAS BEEN DESIGNED IN ACCORDANCE WITH THE DADE COUNTY, 1994 EDITION OF THE SOUTH FLORIDA BUILDING CODE. DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 6 OF ASCE 7-88, WITH 110 m.p.h. BASIC WIND SPEED. STORM PANEL'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTIONS 2315 & 2314 RESPECTIVELY OF THE ABOVE MENTIONED CODE AS PER AMERICAN TEST LAB REPORT # 1022.01-98.
 - ALL ALUMINUM SHEET METAL PANELS SHALL HAVE 5052-H32 ALLOY OR 3004-H34 ALLOY.
 - ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T5 ALLOY UNLESS OTHERWISE NOTED.
 - ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 SERIES.
 - BOLTS TO BE 2024-T4 ALUMINUM ALLOY, GALVANIZED OR STAINLESS STEEL WITH 36 ksi MINIMUM YIELD POINT.
 - ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
 - TO EXISTING POURED CONCRETE:
 - 1/4" Ø TAPCON ANCHORS AS MANUFACTURED BY I.T.W. RAMSET OR ELCO INDUSTRIES.
 - 1/4" Ø CF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" Ø RAWL ZAMAC NAILIN ANCHORS AS MANUFACTURED BY THE RAWL PLUG COMPANY, INC.
 - 1/4" Ø x 7/8" RAWL CALK-IN ANCHORS OR ELCO male & female "PANELMATE" AS MANUFACTURED BY THE RAWL PLUG COMPANY AND ELCO INDUSTRIES, RESPECTIVELY.
 - TO EXISTING CONCRETE BLOCK WALL:
 - 1/4" Ø TAPCON ANCHORS AS MANUFACTURED BY I.T.W. RAMSET OR ELCO INDUSTRIES.
 - 1/4" Ø CF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" Ø RAWL ZAMAC NAILIN ANCHORS AS MANUFACTURED BY THE RAWL PLUG COMPANY, INC.
 - 1/4" Ø x 7/8" RAWL CALK-IN ANCHORS OR ELCO male & female "PANELMATE" AS MANUFACTURED BY THE RAWL PLUG CO. AND ELCO INDUSTRIES, RESPECTIVELY.
- NOTES:
- MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON ANCHORS IS 1 3/4"; FOR RAWL ZAMAC NAILIN IS 1 3/8"; & FOR ELCO PANELMATES IS 1 7/8", AND FOR CF TAP-GRIP ANCHORS IS 1 1/4".
 - 7/8" RAWL CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" #20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES A.1) & A.2). ABOVE.
- MINIMUM EMBEDMENT OF TAPCON ANCHORS, RAWL ZAMAC NAILIN, ELCO PANELMATES AND CF TAP-GRIP, INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4".
 - 7/8" RAWL CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" #20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES IN B.1) & B.2) ABOVE.
- ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.
- PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1 THRU 8 (SHEET 2 & 3 OF 8) EXCEPT THAT HEADERS 2, 3 & 4 SHALL NOT BE USED.
 - IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE THIS SHUTTER SHALL ONLY BE ATTACHED TO CONCRETE, BLOCK OR WOOD FRAME BUILDINGS.

CONCRETE ANCHORS SHALL BE PLACED AT BOTTOM OF EACH PANEL.
SEE SHEET 2 & 3 OF 8 FOR HORIZONTAL INSTALLATION DETAILS.
FOR BEST PRODUCT CONTROL APPROVED.



⑩ 2" x 5" (Max.) x .125" ANGLE
SCALE: 3/8" = 1"

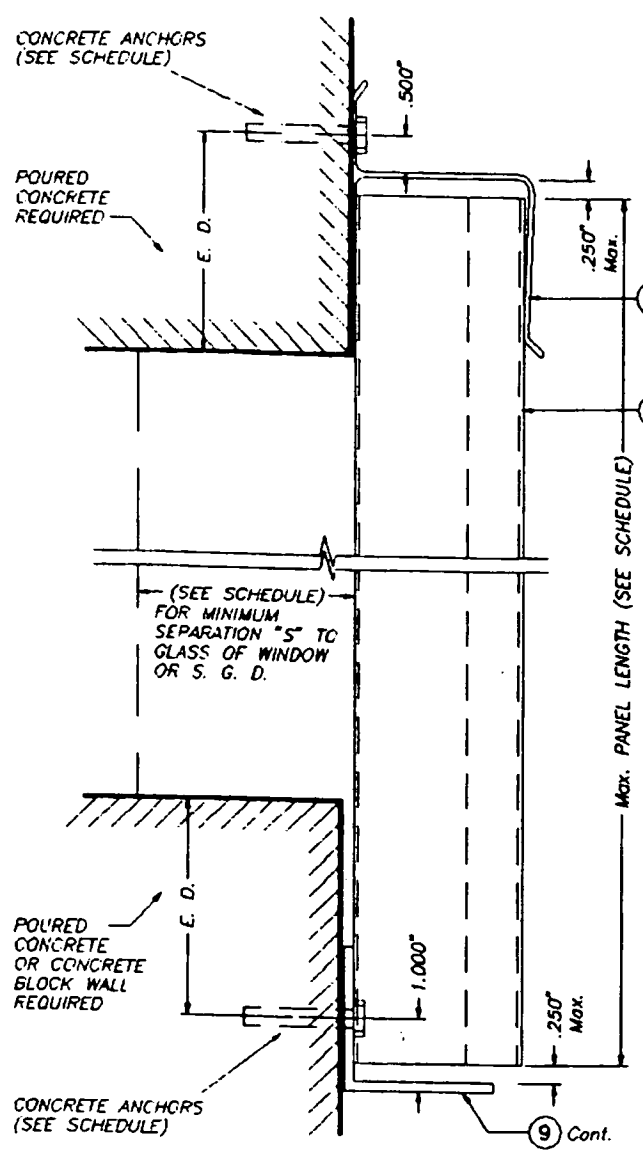
APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 09 1998
BY Heather A. Mader
PRODUCT CONTR. DIV.
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0817-16

DADE COUNTY

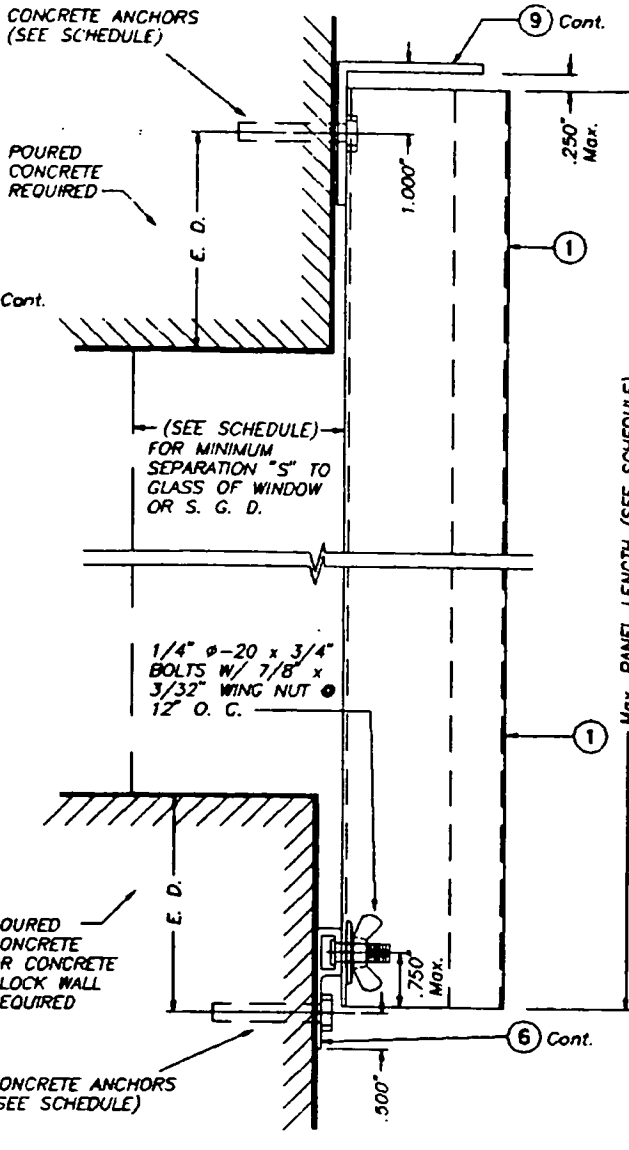
TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
6595 N.W. 36th St., Ste 217, VIRIDIA GARDENS, FL 33166
Phone: (305)871-1530 Fax: (305)871-1531
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44167

0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3600 25th. Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE
1	051-00-331	7/7/98
2		
3		

MAY 03 2000



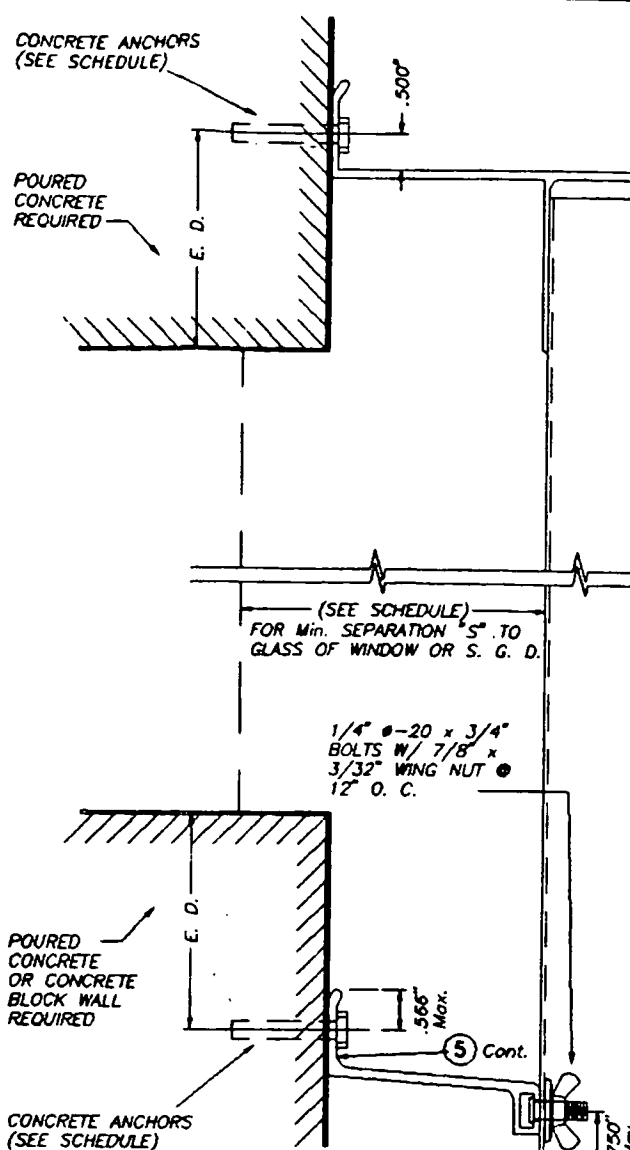
SECTION 1 ANCHOR



SECTION 2 WALL MOUNTING INSTALLATION

SECTION 2

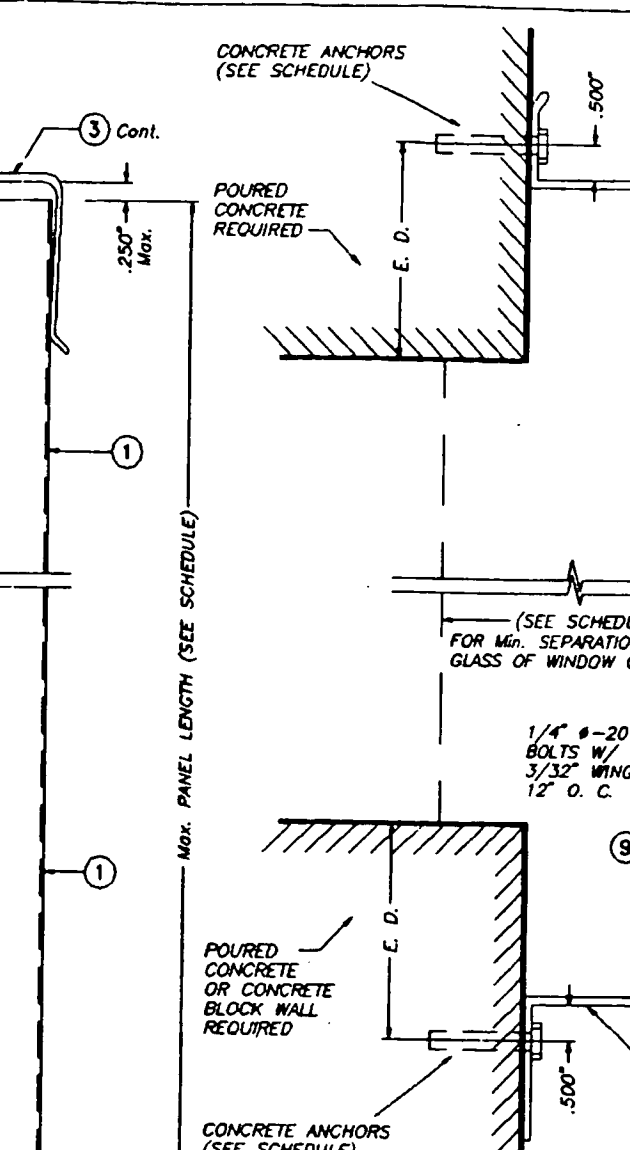
SCALE: 3/8" = 1"



SECTION 3 BUILD OUT INSTALLATION

SECTION 3

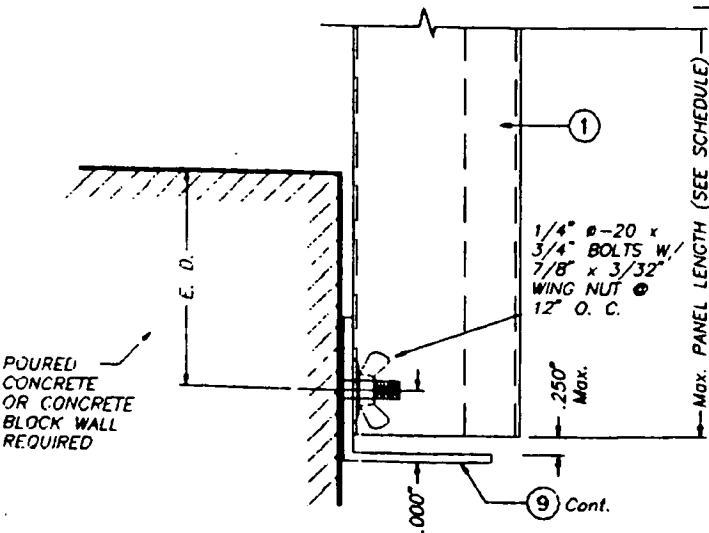
SCALE: 3/8" = 1"



SECTION 4 BUILD OUT INSTALLATION

SECTION 4

SCALE: 3/8" = 1"



SECTION 1 STUD

SECTION 1 WALL MOUNTING INSTALLATION

SECTION 1

SCALE: 3/8" = 1"

NOTE: DETAIL OF SECTION 1 STUD VALID ALSO FOR WALL MOUNTING INSTALLATION - SECTION 2 (TOP)

E. D. = EDGE DISTANCE
(SEE SCHEDULE ON SHEETS 5 & 6 OF 8)

NOTE FOR COMBINATION OF SECTIONS:
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE October 08 1998
BY ALTER A. TILLIT
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0817-16

DADE COUNTY

TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
6395 N.W. 30th St., Ste 217, VIRGINIA GARDENS, FL 33166
Phone: (305)871-1530 Fax: (305)871-1531
ALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44167

0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3600 23rd Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172
REV. No	DESCRIPTION	DATE
1	OLD #8-331	7/7/98
2		
DRAWING No		SHEET 2 OF 8

ALTER A. TILLIT
MAY 03 2000

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/22/01, 2000: Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4890	Seely	0-way steel	Passed	Very early 1/22
①	37 NE Lofting Gribben			
5218	Foglia	pool screen	Passed	1/22
⑤	105 H. Sewall Way			
4857	Conway	c.o.	Passed	10: if possible
③	4 Oak Hill Way	walk-thru → Final 1/24	walk through vacuum	breakers, toilet water 1/22
5159	BRENT/HALL	PLUMB'G. RGH.	Passed	PLUMB'G/ELECT. SUB PERMITS NOT ISSUED.
④	6 KNOWLES ROAD O/B			(4 drops, 2 forms)
4723	KOCH	FINAL - WALK THRU (C.O.)	walk through only, they will try to be ready 1/24?	1/22
②	71 N. RIVER RD. W. B. BROWN, INC.			
5221	CONWAY	EXPERIMENTAL -	Passed	1/22
	CONWAY	FINAL		
	EXPERIMENTAL			
5234	McC Cartney	temp pole	Passed	1/22
	45 W Highpoint Wilson		walk through	Documents completed for green/denial

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-8, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4748	Dunn	final	Passed	Bill; CALL ME FROM SITE.
(6)	7 Via Lucindia No. TYRELL COAST.	CARPORT ADDN.	B.G.	Gave me Survey. FOR ED.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4711	Guerard	final	Passed	Enclosure only.
(8)	104 Abbie Crt. ADVANTAGE POOL BLURS	pool enc.	B.G.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4823	Benzig	final	Passed	
(7)	137 S. River Rd. EAST COAST SPEER.	pool enc.	B.G.	Screen Boarded.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	Conway	temp. 3/19/00	Elec. OK	VERIFY DUMPSTER/WATER/SAN
(2)	4 Oak Hill Way Need water	elec. Dumpster + part. test	OK	CONTR. TO DELIVER RCD'D W/D \$ SCHOOL IMPACT FEE RPT/T/R FEE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4717	Zano	stair led slab	Partial	
(1)	124 W S. Pt Rd	inspect. LATE	B.G.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4651	Demarkarian	Re-inspect	Partial	Pending Revised
(3)	19 Castle Hill Way	all trades	B.G.	plan for moving Pi 1st Fl. + 2nd Fl. BRICK + Loft.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellewell	all trades	Reject	Need Firestops thru out.
(4)	11 Castle Hill Way			

OTHER: 1. T/R APPL. 15 S. RIVER RD. - AYRES; no access - dog house on premises
no one home

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-17, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4867	Conway	Foster pnc	Passed	
③	4 DAK HILL way Castle Hill	floor steel	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4628	Hellriegel	wire lath	Reject	only 1/2 done.
①	11 Castle Hill STRATHMORE		BG.	Jeff Had Dade Approved stickers FOR DOORS - PAID \$50 EACH.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4732	TETTAMANTI 19 LOFTING WAY GARY HUFNAGEL 284-6224	ROOF SHEATHING	PASSED g	Called in 3/17 EBA to inspect late PM.
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 Fri 4-5, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4726	Cicoria	dock	Passed	
④	126 N.S.P. Rd. Ella/Tropic	final	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4867	Yorraso	roof final	Passed	
②	21 Periwinkle Cres (FLAT) Pacific		Bg.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4856	DeCroce	dry-in & sheathing	Passed	
⑦	2 Riverview Capps & Huff		Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4863	Lino	final for	Passed	Fix Swale on S. side
⑧	6 Island Holmes	c.o.	Bg.	Scott Getting Specs. for impact doors.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	CONWAY		Passed	FORWARD SURVEY ROAD 4A
⑤	4 OAK HILL WAY CASTLE HILL	PRE/POUR SEWALL/GARAGE SLAB	Bg	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4722	Kuch	2nd floor ←	Passed	↑ roof truss
③	71 No. River Rd Brown	sheathing nail pattern	Bg.	→ tie-down Picked up TRUSS ENG. for Repair
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4527	Seely	2nd floor tie beam	Passed Bg.	late as
⑥	37 Lofting Way Gribben	* meters? nail part of roof	Passed Bg.	possible

OTHER: EPA. T/R PERMIT APPL. - BAROK; 24 N. VIA LUCINDIA ✓
 " T/R " " - FRICK; 21 PALM RD. ✓ OR

* Wants meter on house. Told him No. (37 Lofting Way)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~APRIL 24~~, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	Conway	tie-down	Passed	
N ②	7 Oak Hill Way Conway	for floor	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4659	Conway	insulation	Passed	Insulate windows
N ①	17 Lofting Way Conway		BG	Arched.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4803	Foglia	tin-tag $\frac{1}{2}$	Passed	
S ③	101 H. Sewall Way Pacific	metal	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4882	Woods	soil poison	Passed	PLUMB'G SUB (PD 4885) ISSUED
④	116 S. River Rd. EMMICK CONST. INC.	footers foundation	BG	FIELD COPY OF STRUCT. REV.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4877	LOYOLA/OSBORNE	TEMP. ELECT.	Passed	(w/ req. request Friday a.m. march)
②A	20 CASTLE HILL WAY (LOT 23) BUFORD CONST.	(RON TAYLOR, INC.) SUB PD 4879	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4732	Hufnager	Chimney Stopping	Passed	
①B	19 Lofting way TETTAMANTI		BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: A. T/R PERMIT APPLICATION: 24 S. SEWALL'S POINT RD. (VILLA) RESEARCH (REPL. REG.)
 B. " " " ; 3 CASTLE HILL WAY (WILSON) APPROVED
 C. " " " ; 6 MIDDLE ROAD (CLEMETS) RESCHEDULE
 D. PD 4613; 8 PALM COURT (SUBID/ALAN MORRIS) - DELIVER EXECUTED TEMP. ELECT. AGMT.

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-28, 2000; Page 1 of 1.

	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
X	4797	Kennedy	pool	Passed	Shape of Pool
N	(3)	111 N.S.P.Rd. A&G	steel & ground	BG	Changed. Need Revision.
	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	4868	Pitsiokis	final (ROOF)	Passed	
S	(7)	28 W. High Point Pacific		BG	
X	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	4864	Nehme	roof	Passed	
S	(4)	19 S.S.P.Rd. Stein	final	BG	
X	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	4812	Tidikis	metal &	Passed	
X	(5)	6 Kingston PACIFIC	tintag	Bg	
	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N	4857	Conway	strapping for	Partial	Returned Tree Survey
X	(2)	4 Oak Hill Way Conway	exterior wall prior to sheathing	BG	
	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S	4842	Tidikis	6" pl. ei	Passed	A/C (COMPLETE) QUAC. TO OFFICE
X	(6)	6 Kingston	rough strap tie down & framing	BG	TO SIGN PERMIT - NEED W/C INS (no one on job)
	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
	4737	De Goia	pool	Passed	(130 main permit)
N	(1)	128 N.S.P.Rd. OLYMPIC POOLS	plumbing	BG	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4588	Grimes 15 Castle Hill O/B; (ROB BARKER 545-3468 262-706 cell)	final* 2:PM *	Passed BG	Ed will do inspection PTL.C.O. 2/11/00; MECH. VENT SYST. REQ.
4740	Griffis 140 S S P. Rd. MASTER PLAD BLDG & REMOD.	final	Passed BG	
4857	Conway Const. 4 Oak Hill Way	Partial Exterior WALL STRAPPING	Passed BG	
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 Fri 5/15/00, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4857	conway	2nd floor	Passed	2nd Fl. EAST
	4000...	strapping	B.G.	1/2 of house.
		EAST 1/2		Exterior only.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4662	Foglia	Bahama	Passed	
	106 H. Sewall Way	shutters	B.G.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4786	Subin	pool final	Reject	Picked up 2 surveys.
	8 Palm Court		No Fee	FOR ED TO CHECK FROM RILAN MORRIS.
				NO PLAN ON JOB.
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 Fri 5-19-00, 2000; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4904 (4)	Miranda 34 C. Hill Way owner	footer	Reject BG.	Steel not to PLAN.
		*	Passed	Brought Revision to off
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4857 (5)	Conway 4 Oak Hill Way owner	strapping 2nd Fl. Exterior walls only.	Passed BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4569 (11)	Guerrard 104 Abbie Court	pool final	Reject BG	No Plan or Permit on Job Also has screen Ev
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4786 (1)	Subin Palm Court (Knowles & C.)	pool final	Passed BG.	
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: * 4904 Brought Revision to use 3-#6 BARS ON Bottom

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~THU~~ ~~THU~~ , 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4771	Van Weaner	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 LIFE 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 (Indielucie)	partial BUWALAH'S CONC.	BG.	only.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4939	Kennedy	storm	Passed	
N/✓ (3)	3 Oak Hill Way L&S DESIGN & 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)	17 NE Lutina 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 Lutina Conway	dry-wall	BG.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: T/R PERMIT APPL. - 20 S. SEWALL'S POINT RD.; BAUSCH (O/B)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri , 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4970	Castle Hill	electrical		NOT READY 2:15
5	north end of gate well - SERVICE EXPERTS	change	FPL ^{CARL STRA}	as close to 1: as possible
		485-0326 Bob	223-4208	Appx. 2:30 (NOT READY)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4955	Rica	driveway	Passed	as early as possible
1	5 Banyan Rd. BROWLDR'S COPE.	3rd Phase Form Bd.	BQ	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4889	Pawlick	sliding glass doors	Passed	
7	102 Hillcrest PINE ORESTAD BUNKS.	(FINAL)	BQ	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	Conway	roof railing	Passed	
3	4 Oak Hill Way CONWAY CONG.	Partial	BQ	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4797	KEANEY	DECK	Passed	Gave Survey to Sup
2	111 N. SEWALL'S POINT RD. A&G CONG. POOLS; TRACY 878-7752	(REINSPECTION)	BQ	POURING POOL AREA ONLY NOT SOUTH EXTENSION
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4927	PICEU	FENCE	Passed	Front only
8	65 S. RIVER RD. QUALITY FENCE - JIM 879-9126	(FINAL)	BQ	5' High metal
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4950	Wattles	pool steel	Passed	FORWARDED SURVEY RECD.
9	20 N. Ridgeview OLYMPIC POOLS (APN 469)		BQ	FILED COPY TO JOB.

OTHER: J/R PERMIT APPL; 161 S. RIVER RD - DANIELSON (DAVID MILLER); BP 4965 ✓ AS NOTED
" " " ; 11 CASTLE HILL WAY - HELLEREGAL (STRATHMORE) ✓ AS NOTED
" " " ; HILLCREST H.O.A. - ✓ PASSED

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.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4957	Nicklas	pool	Passed	
②	21 Castle Hill Way	enclosure final	B.G.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	CONWAY	SPOT CK - CONST	B.G.	- NEED SUB PERM - PLUMBING/ELECT
③	4 OAK HILL WAY CONWAY CONST 220-0064	INSPECTION STATUS		- " BCBU CERT (FL, SLAB, Garage to Garage)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
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.	DATE 3/22 Called Roofer left message to case office
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
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.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4565	KENNEDY	FINAL *		DELIVER SURVEY NOTES
④	3 OAK HILL WAY WEBB RES. CONST. (JEFF 220-1745)	(REINSP. REQUIRED.)		- PERMIT RENEWAL REQ (EXP. 6/9/00)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
*	4565	Called Jeff - Left message to CALL OFFICE. NOT ON JOB.		

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-31-00, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ✓ 4904	Miranda 34 Castle Hill owner	slab-REINSF.	OK Bg	COMP. TEST RUN. Need Termito Cert ON VACATION
✓ S ✓ 4943	Botwinick / 15 th FLORIDA 27. Emerita 4945 Leonard Bros. LLC	slab electric	OK Bg	PVC Pipe in SLAB
✓ S ✓ 4843	Tidikis 6 Kingston D.S. Contractors	disconnect re-connect	OK Bg	mid-day
✓ S ✓ 4755	Clements 6 Middle Rd. Campbell	rough framing	Reject w/ Fee	9:30 if possible See list attached
✓ S ✓ 4857	Conway 4 Oak Hill Way DeCirie	metal	OK Bg	
✓ S ✓ 4921	Schramm 109 S. Sewalls EMMICK CONST	framing 721-5641	OK Bg	
✓ S ✓ 4691	Wattles 20 No. Ridgeview Driftwood	final	OK Bg	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-9, 2000;

Page 1 of 0

W. 144-20-117
2032
2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4797	Kennedy	final pool		NO FINAL SURVEY
X	111 N. S. P. Rd. 878- As G Pools 7752	Contractor advised will re-schedule.	CAD	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4978	Finner/Bird	footer	PASSED	COMP. TEST/SURVEY RCUD
9	29 S. River Leor	(STUDLO)	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4951	Stukel	insulation	PASSED	REQ. LATE INSP.
7	7 Lantana Lane Masterpiece		EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5213	Dorris	temp.	PASSED	FPL 223-4208 ^{SHRUB} CONTR
8	16 Ridgeland Florida's Finest	pole	EA	called 12:55 PM 8/
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4723	Koch	truss	PASSED	
5	71 N. River Rd. Brown	engineering PINK-ALL	EA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4857	Conway	plumbing		PLUMB SUB-PERMIT REQ.
3	24 Oak Hill Way owner	rough newest w/g.c.	CANCEL (RES)	- RESCHED w/ ALL REG. INSP (M/P)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5031	Jugheters on	metal	PASSED	SHEATHING INSP. 8/2 OK
4	70 N. River Stuart Roofing		EA	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-16, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4769	Sadler	final roof	CANCEL	PASSED TO OTHER
S X	12 Middle Rd. Altec BATTERY; 747-6900	CONTRACTOR TO CALL		REWORKING T/F & MTC IMP. PRIOR TO COMMENCE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4990	Elder	slab / GROUND RFTW	PASSED	POW. FORMED. SOW. / COMP. T
S ①	4 Emarita Way		Σ	SPICERSONWAY.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4963	Johnson	sheathing	CANCEL	Contractor call 8/16 9:05 (PROB) - will reschedule
N ⑧	Equal Run Pacific			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4994	Chico's	final	PASSED	
N ⑩	Harbour Bay Castello	shutters	Σ	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4651	DERMARK PLAD	FINAL TEMP. POWER	PASSED	DISTR. PANEL LOCKS
N ⑥	19 CASTLE HILL WAY STRATHMORE	(WALK W/PRO)	Σ	REWORKED - REWSP. 8/16 (IF SCHED.) - NO PER
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5051	Eljote	form board	PASSED	9: - 10: if possible
S ②	25 W. High Point Van Lynn	for steps	Σ	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4857	Conway	SEPT 15/00	PASSED	
N ⑤	1050 HILLWAY	FRAMING	Σ	

OTHER: ✓ TR (VACANT - adj. to 15 PALMER; GUSTAFSON - MONTA'S TREE SERVICE ✓)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-23, 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5048	Lydon ²²¹⁻⁰⁴⁶⁷ ₂₈₅₋₁₈₄₉	electrical	✓	BLUE SUB PN 5049
S X	167 S.S.P. Rd owner	called owner & advised - he will recheck after permit issued	✓	NOT ISSUED TO OWNER
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5059	Whalen	plywood	PASSED	after lunch
N (7)	9 Knowles Rd. Cardinal	nailing SHEATHING	✓	OK to dig-in; spot check @ ST & NTC INSP.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4857	Conway	insulation	PASSED	
N (6)	Hook Hill Way owner		✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5054	Mike Vennis	structure	PASSED	side door will
N (8)	H Bay Florist 3758 E. Ocean	FRAMING - NON-STREET INT. DIV. WALL	✓	be unlocked NOTED ON PERMIT THAT STRUCT. F.D. FLOOR INSP. REQ.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4975	Steinhøj	pool deck	PASSED	VERIFIED 15' REQ. SIDE
S (2)	106 Hillcrest Andrews		✓	SETBACK & TERMINATE SINKY REQUIREMENTS w/OWNER
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4978	Hoge	dock final	PASSED	
S (3)	8 St Lucie Court Tropic		✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5045	Lopez	final	PASSED	
S (4)	5 Middle Rd. Major	awnings (REINSPECT)	✓	

OTHER: T/R APPL. ARCH. 18 PALM ROAD - MONTE'S TREE SERVICE ✓ APPROVED

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ 9/29, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4797	KENNEDY	POOL - FINAL	PASSED*	"AS BUILT" SURVEY REC'D 9/27
N (8)	111 N. S.P. RD. A&G. CONC. POOLS	(RESCHEDULED)	✗	- FIELD COPY TO SITE * FIELD COPY - POOL CONST.
✓ 4732	Tetamanti	final	PASSED	
N (5)	19 Lofting Way Hufnagel	FIELD (LSP.)	✗	
✓ 5029	Berile	framing	PASSED	
N (9)	17 Fieldway Dr. EAST COAST ALUM.	(WINDOW REPL.)	✗	
✓ 705	Daniels on	equipment	PASSED	A/C PAD SCREEN
(1)	161 S River Rd Miller	walls (a/c pad)	✗	WALL STL. PER ENGR. DWG 7/2/00 ✓
✓ 4897	Van Wagner	final pool	PASSED	
(6)	3 Paloma Way RHR Pools		✗	
✓ 4257	Conway	screw off	PASSED	
(7)	4 Oak Hill Way Conway	dry well	✗	
5 5096	Chontos	dry-in 1/2	NOT READY	9:30 NO ONE ON SITE
(2)	83 S.S.P. Rd. A & W CHRIS 260-2731 (NOB) JOHN 260-2505 (NOB)	metal 283-8100	CANCEL	NO ACCESS; NO MISC. PER CHRIS 10:15

OTHER: CODE COMPLIANCE VERIFICATION: LYON; 167 S. SEWALLS POINT RD. (PN 5048) OK (10)
LQ. PUMPTER REMOVED/REB. CONT. EMPTY
- DEKMARKKIAN; 19 CASTLE HILL WAY (PN 4651)
GUTTER/DRY WELL & DIVERTER @ REAR - ON SITE RETENTION OK (11)
(COMPLAINT: NICKLAS 21 CASTLE HILL WAY 286-7009)

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Thu 12-15, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5123 (6)	Piceu 65 S. River Rd. Seagate	Pl. under-ground 1st floor	Passed 12/15	- FIBED COPY OF PLUMBING PLANS TO SITE.
✓ S 5107 (1)	McCartney 45 W. Hi. Pt. Rd. O/B	sheathing carport (ROOF)	Passed 12/15	
✓ S 4978 (1)	Rimer-Bird 29 S. River Rd. Leor	ret. wall - vert. steel	Passed 12/15	
✓ N 4857 (8)	Conway 4 Oak Hill same	electrical Temp. power (A/C & POOL EQUIP.)	Passed 12/15	TEMP. YWR. LTR REG. REC'D 12/15 - FPL YWR. RBL. 12/15 1:00
✓ S 5185 (4)	JONES 14 HERONS NEST O/B	TEMP. POLE FPL PWR RBL. 12/15 1:00	Passed 12/15	- PRACTICE WATER CONT. LOT 4/4/00 KPR. VADUWY METER FOR INST. EQ - REG. VADUWY METER & POLES.
✓ S 5148 (2)	SIEGEL 16 ISLAND RD. TREASURE COAST	FINAL - HURRICANE SHUTTER	Passed 12/15	
✓ S 5182 (5)	OAKLEY 99 S. Sewalls Pt Rd STEVE BOROVIKA	FINAL - DRIVEWAY	Passed 12/15	

OTHER: NOTE: ALL INSPECTIONS BY HELMUT GIMPLE
UNDER DIRECT SUPERVISION OF BLDG. OFFICER. 12/15/00

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/12/22 / 2022 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4890	Seely 37 NE Lofting Gribben	0-way steel	Passed	Very early 5/1/22
5218	Foglia 105 H. Sewall Way	pool screen	Passed	5/1/22
4857	Conway 7 Oak Hill Way	c.o. walk-thru	Failed	10: if possible walk through 5/1/22 vacuum breaker, toilet w/o
5159	BRENT/HALL 6 KNOWLES ROAD O/B	PLUMB'G. RGH.	Passed	PLUMB'G/ELECT. SUB PERMITS NOT ISSUED. (4 drops, 2 forms)
4723	KOCH 71 N. RIVER RD. W. B. BROWN, INC.	FINAL - WALK THRU (C.O.)	Walkthrough only, they will try to be ready 1/24 ?	5/1/22
5227	CONWAY 4 OAKHILL WAY EXPERT SHUTTER	STORM SHUTTER - FINAL	Passed	5/1/22
5274	McC Cartney 45 W Highpoint Wilson	temp pole	Passed	5/1/22 walk through, Documents completed for driveway/denialitis

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri, 12/24/01, 2000; Page 2 of 2

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PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4723	KOCH	Co final	PASSED	1. RECDSP. 1/26 W/APR. (10/20)
(H)	71 N. RIVERCRS. W.B. BROWN		(AS DATED)	2. BRCC. RAILING TOO LOW (COND. C.O. W/USE)
5001	BERGAW	TIM TAG & NAFT	Passed	5/24 (acc. chimney)
(A)	11 RIVERCREST CT. RENNAR HOMES	part of structural tie down	Passed	5/24
5172	ECKNER	SLAB INSP.	Passed	COMP. TEST REC'D 11/20/00
(Q)	107 HENRY SEWALL WAY JMC CONST. (287-0590)		(2F2)	5/24 + 6 dowels missing
TR	Burgund	Tree replacem. l.	Passed	7 Q Palms 4 5"
(C)	4 SE Banyan Rd. SwissA		?	5/24 → El. Pale !!
4157	CONWAY	FINIS (w/DOCUMENT)	PASSED	CONDITIONAL C.O. PERMITS
	4 ONE HILL WAY		(AS DATED)	RESOLUTION OF WINDOW
	CONWAY		?	NON-COMPLIANCE (NOT M-D)
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): _____

4949

POOL/DECK

MASTER PERMIT NO. 4857

TOWN OF SEWALL'S POINT

Date 5/26/00

BUILDING PERMIT NO. 4949

Building to be erected for STEPHEN P. CONWAY

Type of Permit POOL/DECK

Applied for by OLYMPIC POOLS OF STUART

(Contractor) Building Fee \$240.00

Subdivision CASTLE HILL Lot 2

Block _____

Radon Fee _____

Address 4 OAK HILL WAY

Impact Fee _____

Type of structure S.F.R. (UNDER CONST.)

A/C Fee _____

Parcel Control Number: _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid \$240.00 Check # 2919 Cash _____

Other Fees (_____)

Total Construction Cost \$ 16,000.00

TOTAL Fees \$240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFELIA

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 <u>5/26/01</u> <u>[Signature]</u>

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!**

ROBERT M. WIENKE
Mayor

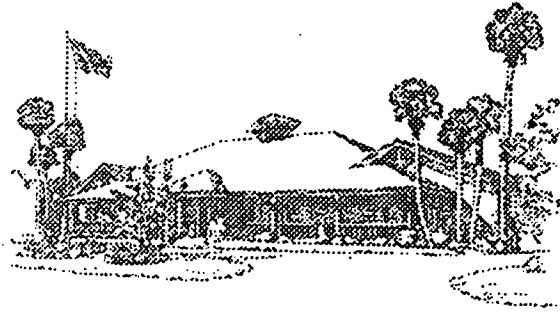
MARC S. TEPLITZ
Vice Mayor

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: Olympic Pools of Stuart
1565 SW Martin Highway
Palm City, FL 34990

From: Edwin B. Arnold, Building Official 

Subj: Preston de Ibern/McKenzie Merriam
Residential Swimming Pool Safety Act

Date: Sept. 1, 2000

COPY

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.

Department records indicate you have the following outstanding pool permits in our jurisdiction:

PN 4853	17 NE Lofting Way	Conway
PN 4949	4 Oak Hill Way	Conway
PN 4950	20 N. Ridgeview	Wattles
PN 5012	124 N. Sewall's Point Road	Zarro
PN 5029	6 Lantana Lane	Page

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. 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



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

Bldg. Permit Number: _____

Owner or Titleholder's Name Stephen P. Conway Phone No. (561) 287-7313
 Street: One Rivercrest Court City Stuart State: FL Zip 34991
 Legal Description of Property: Lot #2 Castle Hill
 Parcel Number: 39-38-41-013-013-00020

Location of Job Site: 4 Oak Hill Way
 TYPE OF WORK TO BE DONE: Swimming Pool

CONTRACTOR/Company Name: Olympic Pools of Stuart, Corp Phone No. (561) 286-6020
 Street: 1565 SW Martin Hwy City Palm City State: FL Zip 34990
 State Registration: _____ State License: CP6039888

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: _____ 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: \$ 16,000
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO
 Method of determining Fair Market Value: _____

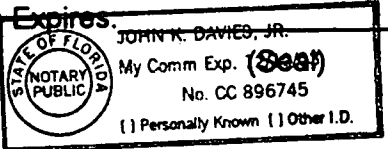
SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: Olympic Pools State: FL License # CP6039888
 Roofing: _____ State: _____ License # _____

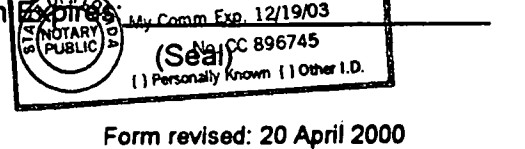
Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand 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)
X [Signature]
 Owner
 State of Florida, County of: Martin On this the 25 day of May, 2000, by Kira Smith who is personally known to me or produced as identification.
[Signature]
 Notary Public

CONTRACTOR SIGNATURE (Required)
X [Signature]
 Contractor
 State of Florida, County of: Martin On this the 25 day of May, 2000, by Kira Smith who is personally known to me or produced as identification.
[Signature]
 Notary Public

My Commission Expires _____


My Commission Expires _____


TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 39-38-41-013-013-00090

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 718, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

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

Lot #2 Castle Hill 4 Oak Hill Way

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming Pool w/ Spa

OWNER: Stephen P Conway

ADDRESS: One Rivercreek Ct. Stuart, FL 34996

PHONE #: 220-0064/287-7313 FAX #: 220-8601

CONTRACTOR: Olympic Pools of Stuart Corp

ADDRESS: 1565 S.W. Martin Hwy Palm Bay, FL 34990

PHONE #: 286-6070 FAX #: 286-6952

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OF OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 718.18(1X)(A), 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 718.18(1X)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

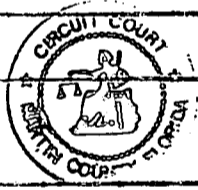
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

X Stephen Conway
SIGNATURE OF OWNER

John H. Borrow
MY COMMISSION # CCY63845 EXPIRES November 30, 2002 BONDED THRU TROY FAIN INSURANCE, INC.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF April 2002 BY S. Conway PERSONALLY KNOWN

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA STOLFF, CLERK
BY T. COPLEY D.C.
DATE 4-28-02



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/28/2000

PRODUCER (561)334-3181 FAX (561)334-7742

Keith Carroll Insurance Agency
2160 N.E. Dixie Highway
P.O. Box 877
Pensacola Beach, FL 34958-0877
Attn:

FILE
permy
Ext:

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

COMPANIES AFFORDING COVERAGE

COMPANY A Transcontinental Ins Co
COMPANY B CNA
COMPANY C Associated Industries of Florida
COMPANY D

RECEIVED
MAR 28 2000
BY: *[Signature]*

INSURED
Olympic Pools Of Stuart Corporation
1565 Sw Martin Highway
Palm City, FL 34990-1370

FILE
UC/INS

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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C113132148	02/01/2000	02/01/2001	GENERAL AGGREGATE \$ 100000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 100000
	<input checked="" 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	C1028001140	02/01/2000	02/01/2001	COMBINED SINGLE LIMIT \$ 1,000,000
	<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 \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2000313225	02/01/2000	02/01/2001	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 500,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT

MASTER 2000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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
7960 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE FL 32211-7467

(904) 727-6530

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

STATE OF FLORIDA AC# 5173
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CP -C039888 06/17/1998 97904
CERT COMMERCIAL POOL/SPA CONT
SMITH, KIM S
OLYMPIC POOLS OF STUART CORP

IS CERTIFIED under the provisions of Ch. 489
Expiration Date: AUG 31, 2000

DETACH HERE

AC# 5173165

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

DATE	BATCH NUMBER	LICENSE NBR
06/17/1998	97904058	CP -C039888

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2000

SMITH, KIM S
OLYMPIC POOLS OF STUART CORP
1565 SW MARTIN HWY
PALM CITY FL 34990-3390

RICHARD T. FARRE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-14-00, 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	B.G.	REQ. W/ COMPLETE DECK, OWNER TO CALL ED (Pending Final Survey)
S ✓ 4761	Foglia	final pool	Passed	re-inspect FINAL SURVEY IN MASTER PICE
⑤	103 H. Sewall Way STARLITE POOLS			
N ✓ 4949	Corway	pool	Passed	FORMBOARD SURVEY RECD.
②	2 Oak Hill Way OLYMPIC POOLS	steel		
N ✓ 4628	Hellmigel	tree removal	Consultation	12" DIA. PALM TREE
4628	STRATHMORE	REVIEWED: PROPOSED RET. WALL/WALKWAY		ENGR. DUG TO SIDE
N ✓ 4565	Kennedy	plumbing	Reject	re-inspect
③	2 Oak Hill Way VIDWELL 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 B&G.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

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

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/27, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 1978	Rimer	ret. wall	PASSED	REVIEWS REV. 9/25
S (4)	29 So. River Lear Dev.	footer at studio	✗	- COPY TO SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4775	Campo	landscape	VERIFIED	11:00; T/R DOCS TO SITE
N (8)	5 Palama Way Seagate	arch. review	REPL. TREE REQUR.	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4956	Foglia	pool final	PASSED	
S (2)	101 H. Sewall Foglia STARLITE POOL BLDG	PLUMB'G. (PER G.C.)	✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5096	Chontos	sheathing	PASSED	10:50 NOT READY; REINSPECTION
S (7)	83 S. S.P. Rd. A & W		✗	1:00 ✓
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4959	Tetamarti	final	PASSED	
N (8B)	19 Lofting Way Grea	pool	✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4959	Tetamarti	final	DUPLICATE	
X	19 NE Lofting Way	pool		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4949	4 Oak Hill Way OLYMPIC POOLS	Pool Plumbing	PASSED	

OTHER: LYON; 167 S. SEWALL'S POINT RD - VERIFY DUMPSTER EMPTY (5 DAY NOTICE 9/22)
 (2) PU 5048 ✓ MET W/OWNER ON SITE; PICKUP SCHED FOR THUR. 9/28; WILL REPLACE W/SMALLER UNIT TO COMPLETE PROJECT. ✗

INSPECTOR (Name/Signature): _____ ✗

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ~~1/24/01~~ , 2000; Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
V S 5151	WEIGAND	DOCK ALT./BOAT	Passed	1/26
2	1185. SEWALLS HUNT RD. BLUE WATER MARINE	LIFT RELOC. FINAL		
V N 4895	SEELY	PTL D/W IDSP.	Partial	1/26
9	37 NE. LORTING WAY GRIBBEN			
V S 5171	BAKSH	ROOF - FINAL	Passed	1/26 (Permit ?? who)
6	8 HERONS NEST PACIFIC			
V S 5234	MCCARTNEY	STEEL +	See again as 11 ⁰⁰ after corr.	
1	45 W. HIGHPOINT WILSON BLDG.	FOOTER	Passed	1/26
V J 5241	BENNIHANA	SHEATHING	Partial	1/26 → Trim, etc, woodrot
7	3602 SE OCEAN PACIFIC			
V S 5221	JOHEM	ELECTRICAL	Passed	1/26
5	22 RIDGELAND DR. BRESSER	Irrig. pump.		
V J 4949	CONWAY	POOL - FINAL	Passed	REVD. POOL SAFETY ACT
8	4 ORP HILL WAY OLYMPIC POOL (FRAM 286-600)		PASSED	COMPLIANCE DATA - BAKR

OTHER: 12 HERON'S NEST: BAKER (287-5685)
 Q. AS TO POSSIBLE DOCK RIPARIAN
 BACKCROUCHMENT (14 HERON'S NEST); REQUIRE "AS BUILT" SURVEY
 * Not inspected 1/26

INSPECTOR (Name/Signature): _____

5712

HURRICANE SHUTTERS

TOWN OF SEWALL'S POINT

Date 3/13/02

BUILDING PERMIT NO. 5712

Building to be erected for JOHNSON

Type of Permit HURRICANE SHUTTERS

Applied for by EXPERT SHUTTER SERVICES (Contractor)

Building Fee \$48.00

Subdivision CASTLE HILL Lot 2 Block _____

Radon Fee _____

Address 4 OAK HILL WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

2637410150000002000000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 48.00 Check # 1384 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 5,054.00

TOTAL Fees \$48.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL
- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL
- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION

INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND 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

Building Permit Number: _____

Owner or Titleholder Name: JOHNSON City: SEWELL'S PT. State: FL. Zip: 34976

Legal Description of Property: CASTLE HILL, LOT 2 Parcel Number: _____

Location of Job Site: 4 OAK HILL, SEWALL'S PT. Type of Work To Be Done: HURRICANE SHUTTERS

CONTRACTOR/Company Name: EXPERT SHUTTER SERVICES INC. Phone Number: 871-1915

Street: 1626 SW. BILTMORE ST. City: PORT ST. LUCIE State: FL. Zip: 34984

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP 01515

ARCHITECT _____ Phone Number: _____

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

ENGINEER WALTER TILLIT Phone Number: (305) 871-1530

Street: 6595 N.W. 36th ST., STE. 217 City: VIRGINA GARDENS State: FL. Zip: 33166

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

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

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD

Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$5054.00 Estimated Fair Market Value (FMV) Prior

To Improvements: _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNANCE, 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) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) X
National Electrical Code _____ Florida Energy Code _____ Florida Accessibility Code _____

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)
[Signature]
State of Florida, County of: Martin
This the 6th day of March, 2002
by A. Morris who is personally
known to me or produced
as identification. Joan H. Barrow

Notary Public
My Commission Expires
Seal
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Martin
This the 6th day of March, 2002
by M. Heissenberg who is personally
known to me or produced
as identification. Joan H. Barrow

Notary Public
My Commission Expires
Seal
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF _____

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 718, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

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

4 OAK HILL, SEWALLS POINT, FL. 34996

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALLATION OF SHUTTERS

OWNER: JOHNSON

ADDRESS: SAME

PHONE #: 334-2577 TAX #: _____

CONTRACTOR: EXPERT SHUTTER SERVICES

ADDRESS: 11026 SW BILTMORE ST, PORT ST. LUCIE, FL 34984

PHONE #: 871-1915 TAX #: 871-0990

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____ TAX #: _____

BOND AMOUNT: _____

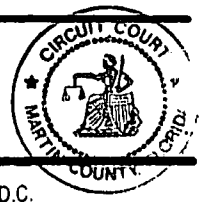
LENDER: _____

ADDRESS: _____

PHONE #: _____ TAX #: _____

STATE OF FLORIDA
MARTIN COUNTY

TAX #: _____ THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



BY: T. CAPLES D.C.

DATE: 3-6-02

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 718.180(1)(a), FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ TAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES

OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 718.180(1)(b), FLORIDA STATUTES.

PHONE #: _____ TAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:

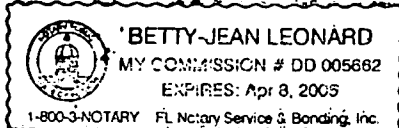
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2/15/2002 DAY OF _____
18 BY Allen B. Mays

[Signature]
OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

NOTARY SIGNATURE





EXPERT

SHUTTER SERVICES INC.

"We're Taking The Shutter Industry By Storm"

INVOICE

DATE	2/12/2002
CONDO	

BILLING INFORMATION
Morris, Alan B. 2163 Pine Ridge St. Jensen Beach, Fl. 34957

INSTALLATION ADDRESS
Castle Hill 4 Oak Hill Sewalls Pt.

INVOICE #	PHONE 1	PHONE 2	TERMS	DUE DATE
7895	561-334-2577		Due on receipt	2/12/2002

QUANTITY	DESCRIPTION	AMOUNT
1	Dade County Code Approved Aluminum Storm Mill Panels 78 x 67 Window	211.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 81 Window	139.00
1	Dade County Code Approved Aluminum Storm Mill Panels 78 x 81 Window	256.00
1	Dade County Code Approved Aluminum Storm Mill Panels 72 x 104 Entry	298.00
2	Dade County Code Approved Aluminum Storm Mill Panels 42 x 67 Window	229.00
1	Dade County Code Approved Aluminum Storm Mill Panels 54 x 67 Window	146.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 43 Window	74.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 88 Entry	149.00
1	Dade County Code Approved Aluminum Storm Mill Panels 54 x 43 Window	95.00
1	Dade County Code Approved Aluminum Storm Mill Panels 30 x 43 Window	54.00
2	Dade County Code Approved Aluminum Storm Mill Panels 72 x 67 Window	390.00
2	Dade County Code Approved Aluminum Storm Mill Panels 36 x 17 Window	52.00
1	Dade County Code Approved Aluminum Storm Mill Panels 60 x 17 Window	43.00
2	Dade County Code Approved Aluminum Storm Mill Panels 72 x 104 FD	595.00
1	Dade County Code Approved Aluminum Storm Mill Panels 84 x 81 Window	275.00
3	Dade County Code Approved Aluminum Storm Mill Panels 54 x 81 Window	531.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 43 Window	74.00
1	Dade County Code Approved Aluminum Storm Mill Panels 72 x 88 FD	256.00
2	Dade County Code Approved Aluminum Storm Mill Panels 78 x 31 Window	197.00
2nd Floor		
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 81 Window	139.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 81 Window	139.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 81 Window	139.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 81 Window	139.00

SPECIAL INSTRUCTION:				

SALES REPRESENTATIVE	DATE	PURCHASER	TOTAL	
TT	2/12/2002		DEPOSIT	
			BALANCE	\$5045.00

BUYERS RIGHT TO CANCEL

THIS IS A HOME SOLICITATION SALE, AND IF YOU DO NOT WANT THE GOODS OR SERVICE, YOU MAY CANCEL THIS AGREEMENT BY PROVIDING WRITTEN NOTICE TO THE SELLER IN PERSON, BY TELEGRAM, OR BY MAIL. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE DELIVERED OR POST MARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS AGREEMENT. IF YOU CANCEL THIS AGREEMENT, THE SELLER MAY NOT KEEP ALL OR PART OF ANY CASH DOWN PAYMENT. BALANCE DUE UPON COMPLETION. ALL CHECKS PAYABLE TO EXPERT SHUTTER SERVICES INC. WE RESERVE THE RIGHT TO ADD ON 1.5% PER MONTH ON ANY OVERDUE INVOICES.



EXPERT

SHUTTER SERVICES INC.

"We're Taking The Shutter Industry By Storm"

INVOICE

DATE	2/12/2002
CONDO	

BILLING INFORMATION

**Morris, Alan B.
2163 Pine Ridge St.
Jensen Beach, Fl. 34957**

INSTALLATION ADDRESS

**Castle Hill
4 Oak Hill
Sewalls Pt.**

INVOICE #	PHONE 1	PHONE 2	TERMS	DUE DATE
7895	561-334-2577		Due on receipt	2/12/2002

QUANTITY	DESCRIPTION	AMOUNT
1	Dade County Code Approved Aluminum Storm Mill Panels 72 x 100 FD	286.00
1	Dade County Code Approved Aluminum Storm Mill Panels 42 x 81 Window	139.00
Shutters Are Dade County Approved. Delivery Time 4 Weeks 5 Year Warranty For Parts And Labor. Shutters Must Be Maintained Properly.		

SPECIAL INSTRUCTION:

SALES REPRESENTATIVE	DATE	PURCHASER	TOTAL	\$5,045.00
TT	2/12/2002		DEPOSIT	
			BALANCE	\$5045.00

BUYERS RIGHT TO CANCEL

THIS IS A HOME SOLICITATION SALE, AND IF YOU DO NOT WANT THE GOODS OR SERVICE, YOU MAY CANCEL THIS AGREEMENT BY PROVIDING WRITTEN NOTICE TO THE SELLER IN PERSON, BY TELEGRAM, OR BY MAIL. THIS NOTICE MUST INDICATE THAT YOU DO NOT WANT THE GOODS OR SERVICES AND MUST BE DELIVERED OR POST MARKED BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER YOU SIGN THIS AGREEMENT. IF YOU CANCEL THIS AGREEMENT, THE SELLER MAY NOT KEEP ALL OR PART OF ANY CASH DOWN PAYMENT. BALANCE DUE UPON COMPLETION. ALL CHECKS PAYABLE TO EXPERT SHUTTER SERVICES INC. WE RESERVE THE RIGHT TO ADD ON 1.5% PER MONTH ON ANY OVERDUE INVOICES.



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP01515
Expires September 30, 2003

HEISSENBERG, MICHAEL P
EXPERT SHUTTER SERVICES
1626 SW BILTMORE ST
PSL, FL 34984
ALUMINUM/CONCRETE CONTRACTOR

**2001-2002 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 8013, Stuart, FL 34995
(888) 288-6804

LICENSE 1991-520-010 CERT SP-01515
PHONE (561)336-9056 BIC NO 01541

LOCATION:
1626 SW BILTMORE ST PSL

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>	

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF SEPTEMBER 2001
AND ENDING SEPTEMBER 30, 2002

**HEISSENBERG, MICHAEL PAUL
EXPERT SHUTTER SERVICES
1626 SW BILTMORE ST
PORT ST LUCIE FL 34984**

12 01091301 004032



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

09/19/2001

PRODUCER (561)334-3181 FAX (561)334-7742

Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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

INSURERS AFFORDING COVERAGE

INSURED Expert Shutter Services Inc.
 1626 SWBiltmore Street
 Port St. Lucie, FL 34984

INSURER A: CNA **RECEIVED**
 INSURER B:
 INSURER C: SEP 20 2001
 INSURER D:
 INSURER E: BY:

FILE
begin

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	2050034885	06/05/2001	06/05/2002	EACH OCCURRENCE \$ 1,000,00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,00
					PERSONAL & ADV INJURY \$ 1,000,00
					GENERAL AGGREGATE \$ 2,000,00
					PRODUCTS - COMP/OP AGG \$ 2,000,00
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

This insurance is for proof of insurance only

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

Town of Sewalls Point
 Building Department
 Attn: Bldg Inspector
 1 S. Sewalls Pt Road
 Sewalls Point, FL 34996

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

AUTHORIZED REPRESENTATIVE

Keith Carroll/CAW

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/22/02

PRODUCER
Risk Transfer Solutions
315 East Robinson Street
Suite 580
Orlando, FL 32801

1-407-481-9363

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

INSURERS AFFORDING COVERAGE

INSURED
Alpha Staff Group, Inc.
100391-2/03/02
1801 Clint Moore Road
Suite 115
Boca Raton, FL 33487

INSURER A: First Commercial Mutual Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1537800	12/31/01	01/01/03	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				

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

Coverage is extended to the leased employees of alternate employer:
Expert Shutter Services, Inc.

CERTIFICATE HOLDER

Expert Shutter Services, Inc.
Town of Sewall Point
1 S Sewall Point Rd.
Stuart, FL 34996-6736

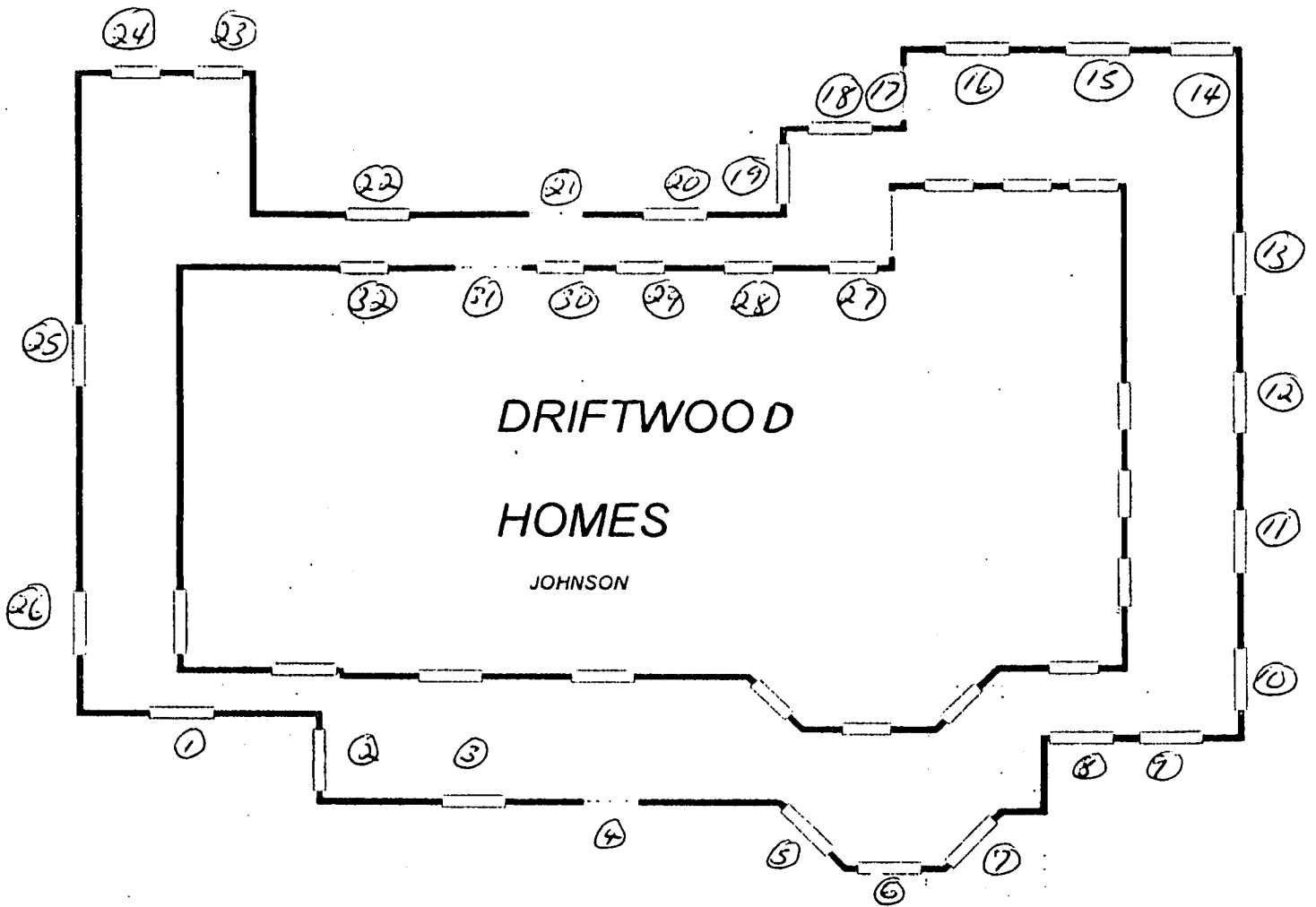
ADDITIONAL INSURED; INSURER LETTER:

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



#	PANEL QUANTITY	PANEL HEIGHT	UPPER TRACK	LOWER TRACK	#	PANEL QUANTITY	PANEL HEIGHT	UPPER TRACK	LOWER TRACK
1	3.50	69.00	'H" TRACK	'F" TRACK	17	100.00	30.00	'H" TRACK	2 X 2 STUD
2	3.50	81.75	'H" TRACK	'F" TRACK	18	82.00	74.00	'H" TRACK	'F" TRACK
3	6.50	82.00	'H" TRACK	'F" TRACK	19	82.00	51.00	'H" TRACK	'F" TRACK
4	6.00	98.00	'H" TRACK	2 X 2 STUD	20	82.00	62.00	'H" TRACK	'F" TRACK
5	3.50	69.00	'H" TRACK	'F" TRACK	21	97.75	62.00	'H" TRACK	2 X 2 STUD
6	4.50	69.00	'H" TRACK	'F" TRACK	22	82.00	56.00	'H" TRACK	'F" TRACK
7	3.50	69.00	'H" TRACK	'F" TRACK	23	44.50	62.00	'H" TRACK	'F" TRACK
8	3.50	44.75	'H" TRACK	'F" TRACK	24	90.00	62.00	'H" TRACK	2 X 2 STUD
9	3.00	81.50	'H" TRACK	2 X 2 STUD	25	31.50	62.00	'H" TRACK	'F" TRACK
10	4.50	44.50	'H" TRACK	'F" TRACK	26	31.50	80.00	'H" TRACK	'F" TRACK
11	2.50	44.50	'H" TRACK	'F" TRACK	27	82.00	30.00	'H" TRACK	'F" TRACK
12	6.50	69.00	'H" TRACK	'F" TRACK	28	81.00	80.00	'H" TRACK	'F" TRACK
13	6.50	69.00	'H" TRACK	'F" TRACK	29	82.00	120.00	'H" TRACK	'F" TRACK
14	3.00	16.25	'H" TRACK	'F" TRACK	30	82.00	41.00	'H" TRACK	'F" TRACK
15	5.00	16.25	'H" TRACK	'F" TRACK	31	96.75	62.00	'H" TRACK	'F" TRACK
16	3.00	16.25	'H" TRACK	'F" TRACK	32	82.00	62.00	'H" TRACK	'F" TRACK



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Eastern Metal Supply, Inc.
3600 23rd Ave., South
Lake Worth FL 33461

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

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

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

Your application for Product Approval of:
0.050" Bertha Aluminum Storm Panel Shutter
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

Acceptance No.: 00-0602.04

Expires: 08/07/2003

Raul Rodriguez
Chief Product Control Division

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

BUILDING CODE & PRODUCT REVIEW COMMITTEE

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

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 08/17/2000

1 of 3

Eastern Metal Supply, Inc.

ACCEPTANCE No. : 00-0602.04

APPROVED : AUG 17 2000

EXPIRES : 08/07/2003

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

This renews the Notice of Acceptance No. 98-0817.16, which was issued on October 8, 1998. It approves an Aluminum Storm Panel 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

This Aluminum Storm Panel shutter and its components shall be constructed in strict compliance with the following documents: Drawing No. 98-172, titled "0.050" Bertha Storm Panel", prepared by Tilteco, Inc., dated July 7, 1998, last revision #1 dated July 7, 1998, sheets 1 through 8 of 8, signed and sealed by Walter A. Tillit Jr., P.E., bearing the Miami-Dade County Product Control Approval and Renewal stamps with the Notice of Acceptance numbers and approval dates 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

This Aluminum Storm Panel 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".

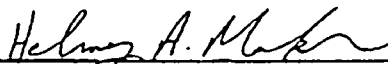
6. BUILDING PERMIT REQUIREMENTS

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

Eastern Metal Supply, Inc.

ACCEPTANCE No. : 00-0602.04


APPROVED : AUG 17 2000

EXPIRES : 08/07/2003

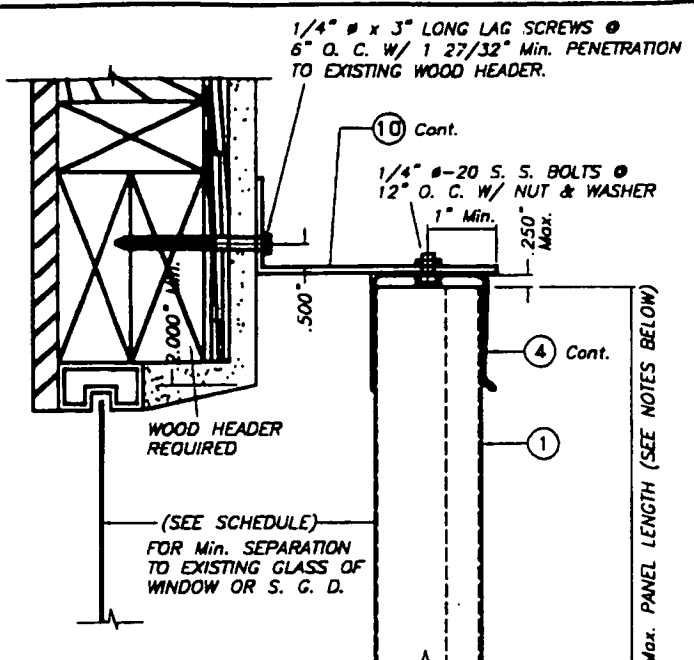
NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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.

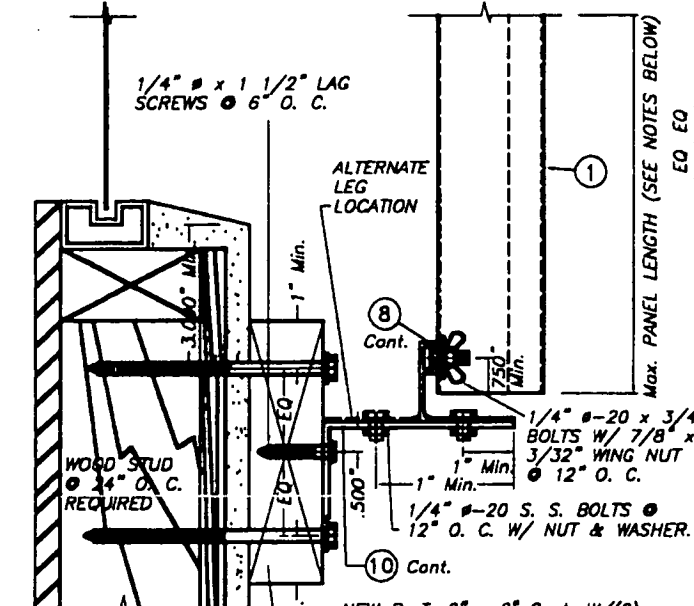
END OF THIS ACCEPTANCE



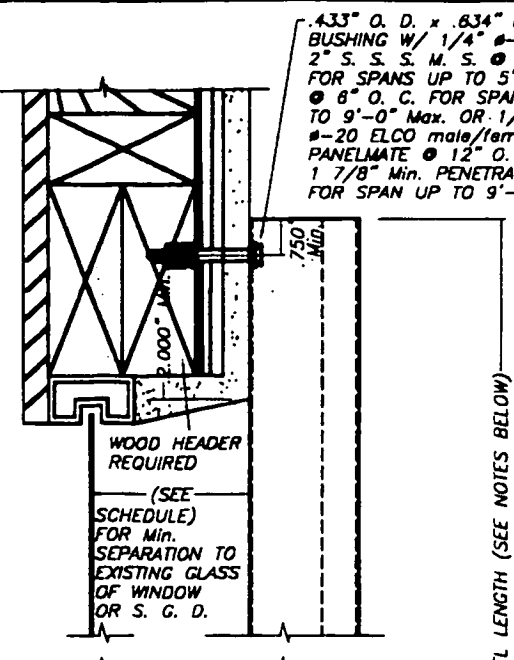
Helmy A. Makar, P.E. -Product Control Examiner
Product Control Division



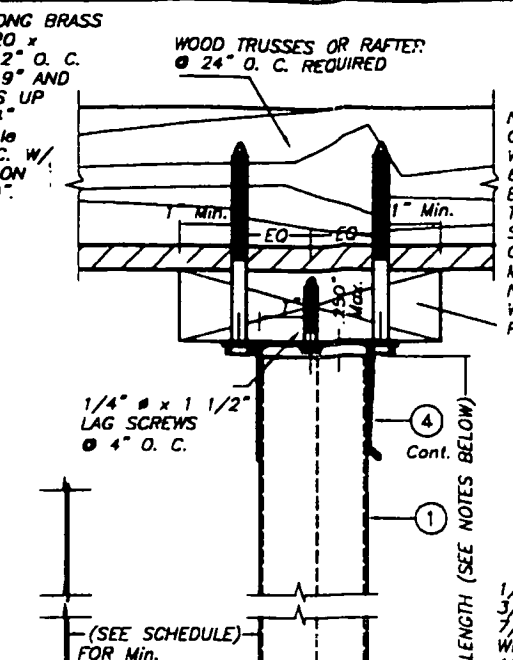
ALTERNATIVE 8



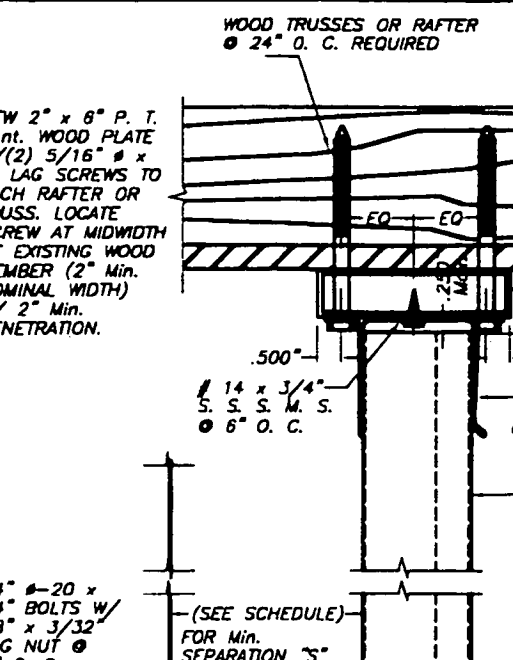
ALTERNATIVE 9



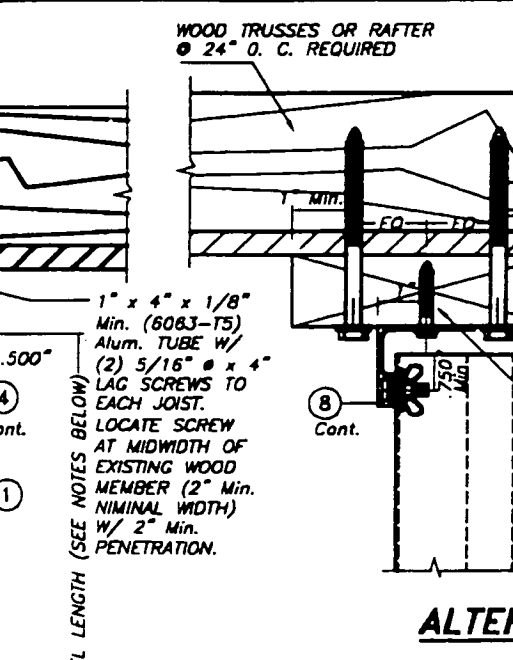
ALTERNATIVE 10



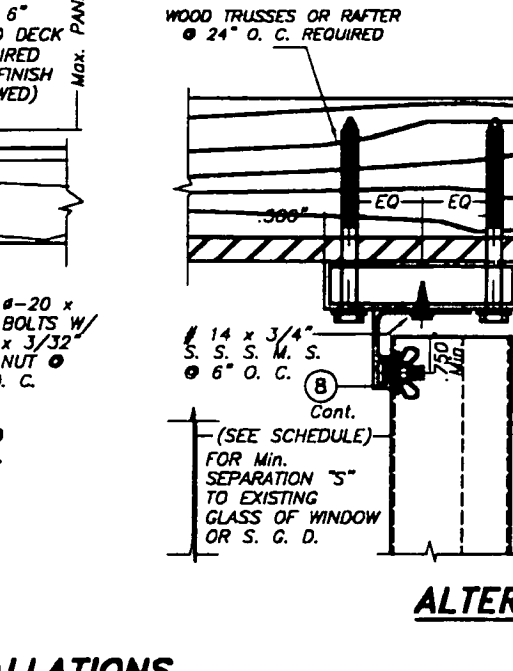
ALTERNATIVE 1



ALTERNATIVE 2



ALTERNATIVE 3



ALTERNATIVE 4

**WALL MOUNTING INSTALLATIONS
SECTIONS A**

SCALE: 1/4" = 1"

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

**CEILING & FLOOR MOUNTING INSTALLATIONS
SECTIONS B**

SCALE: 1/4" = 1"

PRODUCT RENEWED

ACCEPTANCE No. 00-0602-04
 EXPIRATION DATE 08/07/2003
 By *Helmut A. Meier*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

THIS ENGINEER HAS NOT HIGHLIGHTED
 NOR MARKED UP THESE DRAWINGS.

**This Is Not A Master Drawing.
 Valid Only For One Time Permit.**

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE *October 08, 1998*
 BY *Helmut A. Meier*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

NOTE FOR COMBINATION OF SECTIONS:
 FLOOR/ WALL/ CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19% M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

TILTECO inc.
 TILLIT TESTING & ENGINEERING COMPANY
 6595 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33166
 Phone: (305)871-1530 Fax: (305)871-1531
 EB-0008719
 WALTER A. TILLIT JR., P. E.
 FLORIDA Lic. # 44167

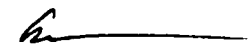
0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3800 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98
2		

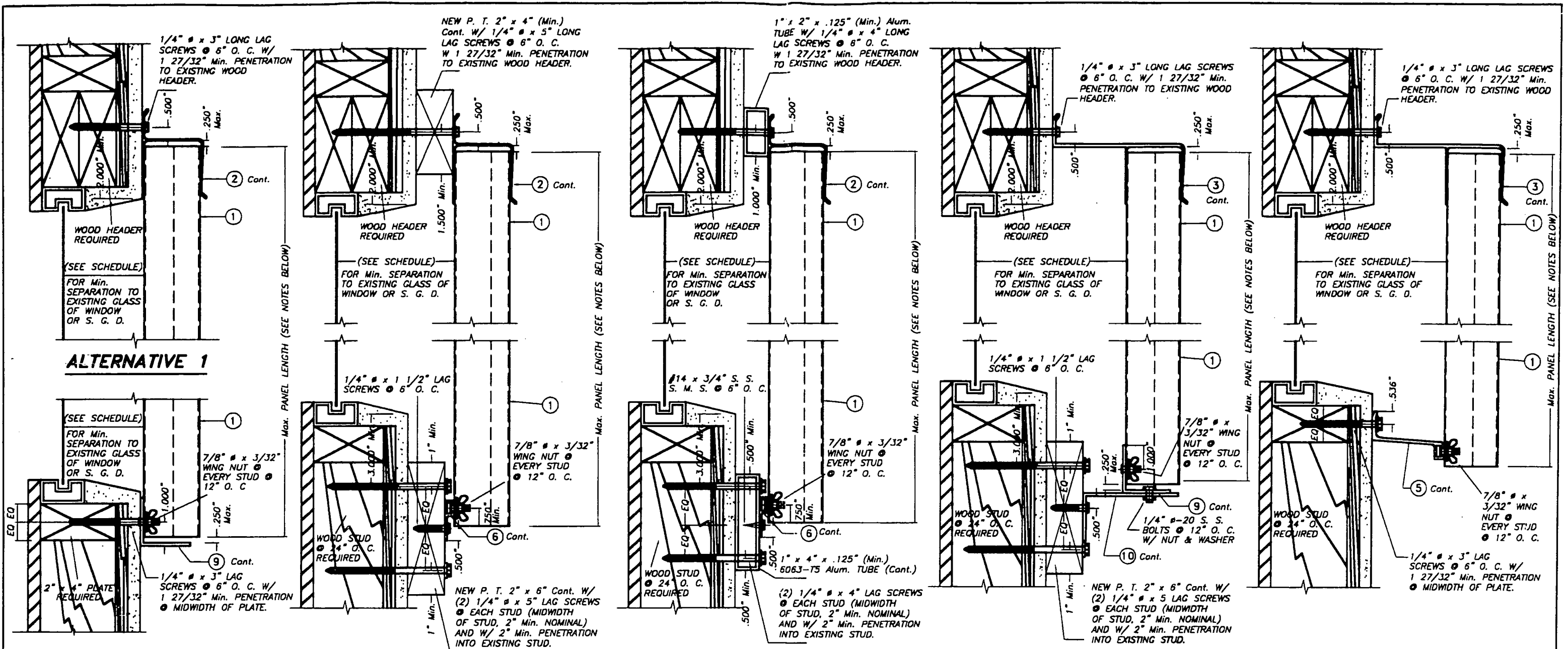
JAN 24 2002

DADE COUNTY

SHEET 8 OF 8

Handwritten text, possibly a signature or date, which is mostly illegible due to blurring and low contrast.

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 3/6/02

BUILDING OFFICIAL
Gene Simmons



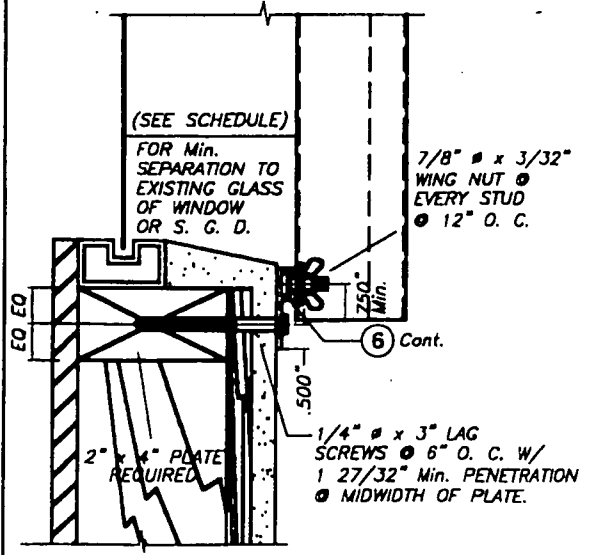
ALTERNATIVE 2

ALTERNATIVE 4

ALTERNATIVE 5

ALTERNATIVE 6

ALTERNATIVE 7



ALTERNATIVE 3

NOTE FOR COMBINATION OF SECTIONS:
 WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 # M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

**WALL MOUNTING INSTALLATIONS
 SECTIONS A**

SCALE: 1/4" = 1"

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

**This Is Not A Master Drawing.
 Valid Only For One Time Permit.**

JAN 24 2002

PRODUCT RENEWED

ACCEPTANCE No. 00-0602-04

EXPIRATION DATE 08/07/2003

By *Helmut A. Miller*
 PROJECT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 08, 1998
 BY *Helmut A. Miller*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

DADE COUNTY

TILECO Inc.
 TILLIT TESTING & ENGINEERING COMPANY
 6595 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33166
 Phone: (305)871-1330 Fax: (305)871-1331
 EB-0006719
 WALTER A. TILLIT Jr., P. E.
 FLORIDA Lic. # 44167

0.050" BERTHA STORM PANEL		AS SHOWN SCALE
EASTERN METAL SUPPLY, INC		7/7/98 DATE
3800 23rd. Ave. SOUTH LAKE WORTH, FL 33481-3247		98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98
2		
SHEET 7 OF 8		

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND C.B.S. STRUCTURES *

E. D. = EDGE DISTANCE

MAXIMUM DESIGN LOAD W (p.s.f.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" **										APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH "L" (ft.)
	TAPCONS		RAWL ZAMAC NAILIN		RAWL CALK-IN		CF TAP-GRIP		PANELMATES			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+65.0, -77.0	6"	N/A	3"	N/A	6"	N/A	3 1/2"	N/A	2 1/2"	N/A	1 (TOP)	9'-0" OR LESS
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	1 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	2 (TOP)	
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	2 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	3 (TOP)	
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	3 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	4 (TOP)	
	12"	7"	11"	8"	12"	10"	12"	6 1/2"	9 1/2"	9 1/2"	4 (BOTTOM)	
	12"	N/A	11"	N/A	12"	N/A	12"	N/A	9 1/2"	N/A	5 (TOP)	
	12"	5 1/2"	9 1/2"	6 1/2"	12"	8"	10"	5"	7 1/2"	7 1/2"	5 (BOTTOM)	
	9 1/2"	N/A	6 1/2"	N/A	10"	N/A	7"	N/A	5"	N/A	6 (TOP/BOTTOM)	
	8 1/2"	N/A	5 1/2"	N/A	8 1/2"	N/A	6"	N/A	4 1/2"	N/A	7 (TOP/BOTTOM)	
N/A	N/A	N/A	N/A	12"	6"	12"	6"	6"	6"	8 (TOP/BOTTOM)		
+62.0, -73.3	6"	N/A	6"	N/A	6"	N/A	6"	N/A	6"	N/A	2 (TOP)	9'-0" TO 10'-0"
	6"	6"	6"	6"	6"	6"	6"	6"	6"	6"	2 (BOTTOM)	
	6"	N/A	6"	N/A	6"	N/A	6"	N/A	5"	N/A	6 (TOP/BOTTOM)	
	6"	N/A	5"	N/A	6"	N/A	5 1/2"	N/A	4"	N/A	7 (TOP/BOTTOM)	
	N/A	N/A	N/A	N/A	6"	6"	6"	6"	6"	6"	8 (TOP/BOTTOM)	

* SEE SHEET 7 & 8 OF 8 FOR ANCHORS TYPE & SPACING FOR INSTALLATIONS INTO WOOD FRAME BUILDINGS.
 ** MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACINGS SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (Min. E. D. FOR RAWL CALK-IN ANCHORS & ELCO PANELMATE IS 2 1/2").

ACTUAL E. D.	FACTOR		
	TAPCON/ZAMAC NAILIN/PANELMATES	RAWL CALK-IN	CF TAP-GRIP
3"	.86	.75	1.00
2 1/2"	.71	.50	.80
2"	.50	-	-

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

David
JAN 24 2002

PRODUCT RENEWED

ACCEPTANCE No. 00-0602-04

EXPIRATION DATE 08/07/2003

By *Helmut A. Hester*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 08, 1998
BY *Helmut A. Hester*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0017-16

DADE COUNTY

 TILLIT TESTING & ENGINEERING COMPANY 6595 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33166 Phone: (305)871-1530, Fax: (305)871-1531 EB-0006719 WALTER A. TILLIT Jr., P. E. FLORIDA Lic. # 44167		0.050" BERTHA STORM PANEL		AS SHOWN SCALE
		EASTERN METAL SUPPLY, INC 3800 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247		7/7/98 DATE
		98 - 172 DRAWING No		SHEET 6 OF 8

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND C.B.S. STRUCTURES *

E. D. = EDGE DISTANCE

MAXIMUM DESIGN LOAD W (p.s.f.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" **										APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH "L" (ft.)
	TAPCONS		RAWL ZAMAC NAILIN		RAWL CALK-IN		CF TAP-GRIP		PANELMATES			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+55.0, -65.0	8"	N/A	4"	N/A	8"	N/A	5"	N/A	3 1/2"	N/A	1 (TOP)	9'-0" OR LESS
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	1 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	2 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	2 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	3 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	3 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	4 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	4 (BOTTOM)	
	12"	N/A	12"	N/A	12"	N/A	12"	N/A	11"	N/A	5 (TOP)	
	12"	8"	12"	10"	12"	12"	12"	8"	11"	11"	5 (BOTTOM)	
	11 1/2"	N/A	7 1/2"	N/A	12"	N/A	8 1/2"	N/A	6"	N/A	6 (TOP/BOTTOM)	
10"	N/A	6 1/2"	N/A	10 1/2"	N/A	7"	N/A	5"	N/A	7 (TOP/BOTTOM)		
N/A	N/A	N/A	N/A	12"	12"	12"	6"	6"	6"	8 (TOP/BOTTOM)		
+55.0, -65.0	6"	N/A	6"	N/A	6"	N/A	6"	N/A	6"	N/A	2 (TOP)	9'-0" TO 10'-0"
	6"	6"	6"	6"	6"	6"	6"	6"	6"	6"	2 (BOTTOM)	
	6"	N/A	6"	N/A	6"	N/A	6"	N/A	5 1/2"	N/A	6 (TOP/BOTTOM)	
	6"	N/A	5 1/2"	N/A	6"	N/A	6"	N/A	4 1/2"	N/A	7 (TOP/BOTTOM)	
	N/A	N/A	N/A	N/A	6"	6"	6"	6"	6"	6"	8 (TOP/BOTTOM)	

* SEE SHEET 7 & 8 OF 8 FOR ANCHORS TYPE & SPACING FOR INSTALLATIONS INTO WOOD FRAME BUILDINGS.
 ** MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACINGS SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (Min. E. D. FOR RAWL CALK-IN ANCHORS & ELCO PANELMATE IS 2 1/2").

ACTUAL E. D.	FACTOR		
	TAPCON/ZAMAC NAILIN/PANELMATES	RAWL CALK-IN	CF TAP-GRIP
3"	.85	.75	1.00
2 1/2"	.71	.50	.80
2"	.50	-	-

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

[Signature]
JAN 24 2002

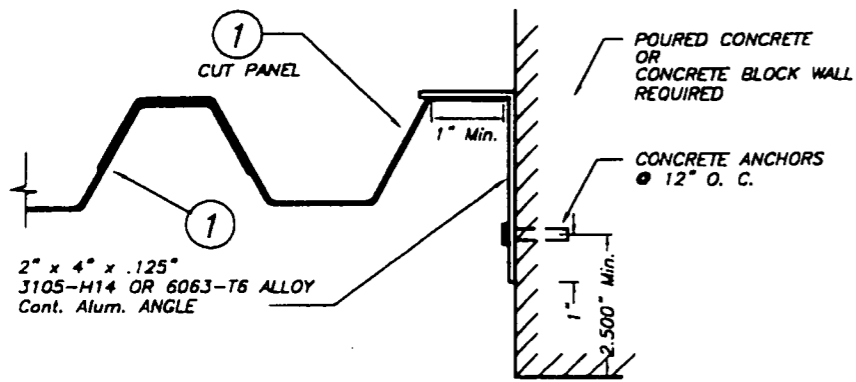
PRODUCT RENEWED

ACCEPTANCE No. 00-0602-04
 EXPIRATION DATE 08/07/2003
 By *[Signature]*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE October 08 1998
 BY *[Signature]*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0817-16

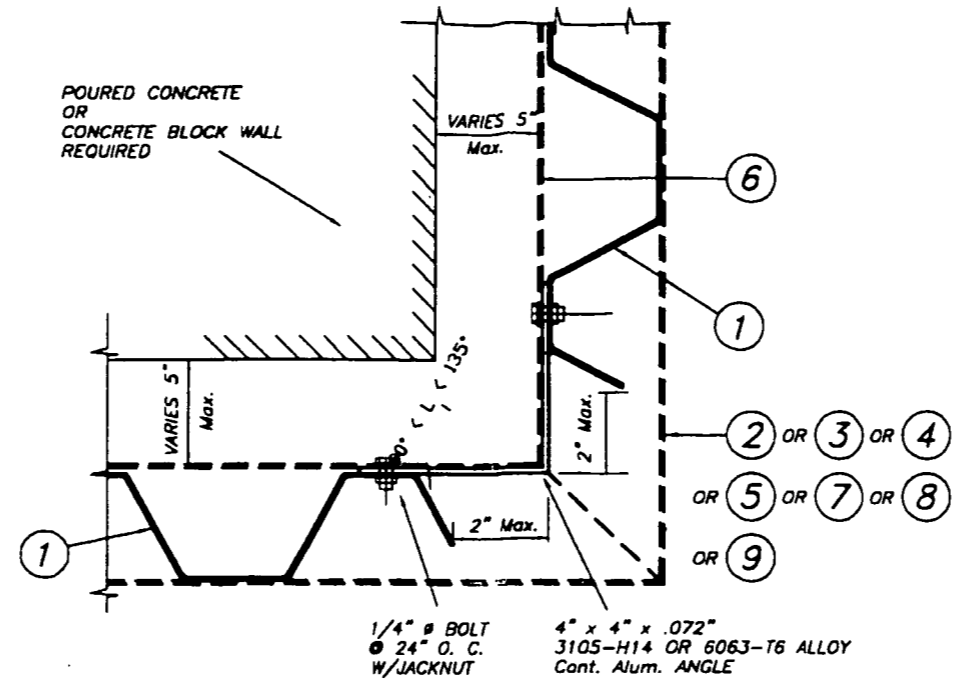
DADE COUNTY

TILTECO inc. TILLIT TESTING & ENGINEERING COMPANY 6395 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33166 Phone: (305)871-1530 Fax: (305)871-1531 EB-0006719 WALTER A. TILLIT Jr. P. E. FLORIDA Lic. # 44167		0.050" BERTHA STORM PANEL	AS SHOWN SCALE
EASTERN METAL SUPPLY, INC 3800 23rd. Ave. SOUTH LAKE WORTH, FL 33481-3247		7/7/98 DATE	98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE	REV. No
1	OLD 68-331	7/7/98	3
2	-	-	4
			SHEET 5 OF 8



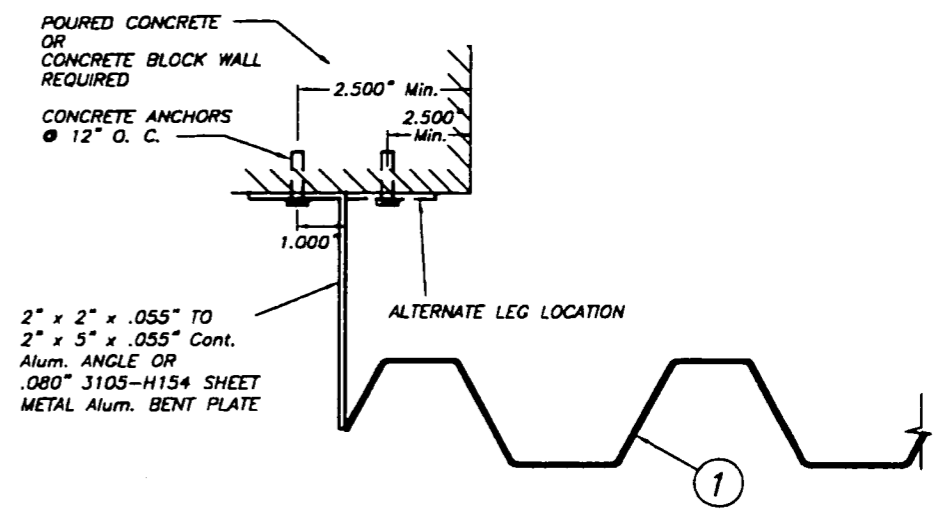
CASE A (Plan)

SCALE: 1/4" = 1"



CASE B (Plan)

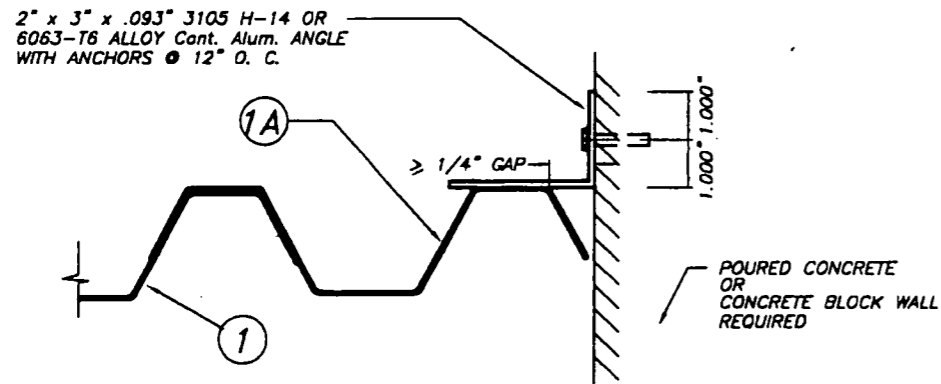
SCALE: 1/4" = 1"



CASE C (Plan)

SCALE: 1/4" = 1"

END CLOSURES DETAILS



CASE D (Plan)

SCALE: 1/4" = 1"

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM PANEL LENGTH "L" SCHEDULE

MAXIMUM DESIGN PRESSURE RATING W (p.s.f.)	Max. PANEL LENGTH L (ft.) (SEE SECTIONS)	MINIMUM SEPARATION TO GLASS	APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM
+65.0, -77.0	8'-0" OR LESS	2 1/4"	1 THRU 8
+65.0, -77.0	>8'-0" TO 9'-0"	3 11/16"	1 THRU 8
+62.0, -73.3	>9'-0" TO 10'-0"	3 7/8"	2, 6, 7 & 8

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

PRODUCT RENEWED

ACCEPTANCE No. 00-0602-04
 EXPIRATION DATE 08/07/2003
 By *Helmut A. Mader*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

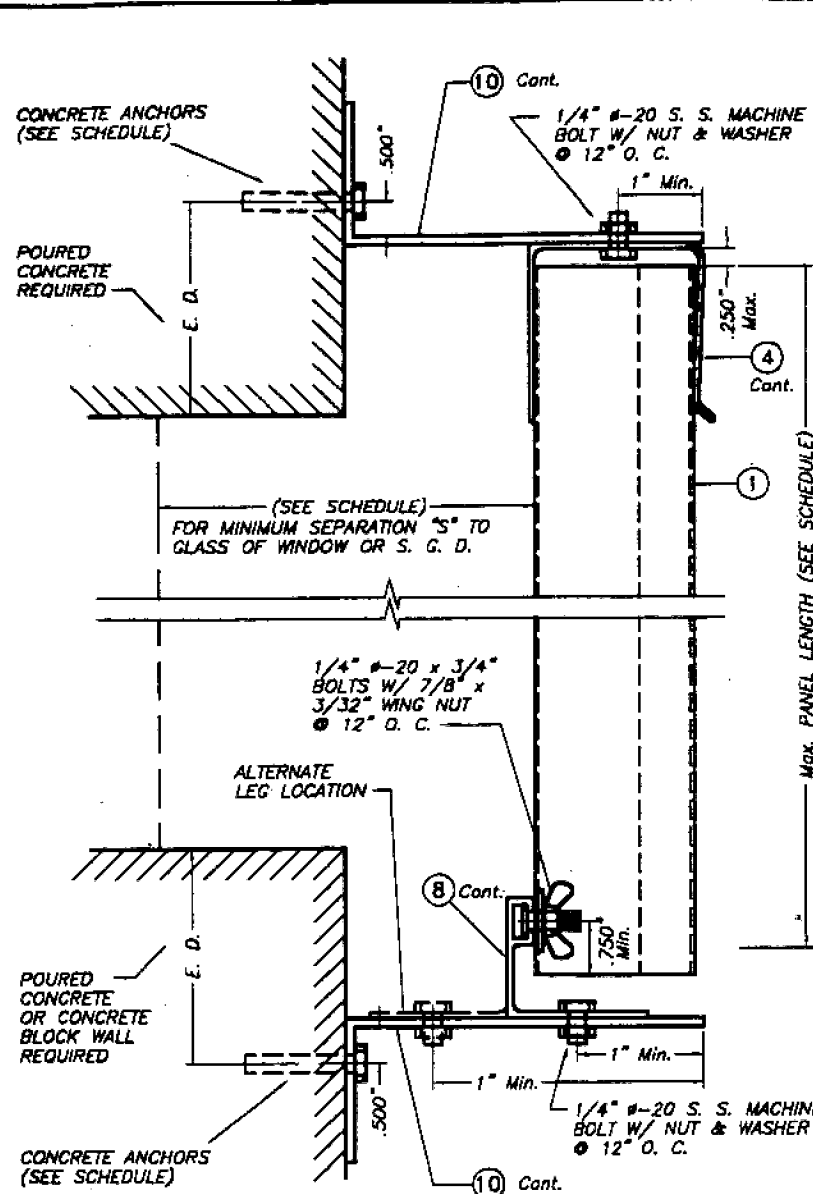
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE *October 08, 1998*
 BY *Helmut A. Mader*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. *98-0817-16*

DADE COUNTY

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

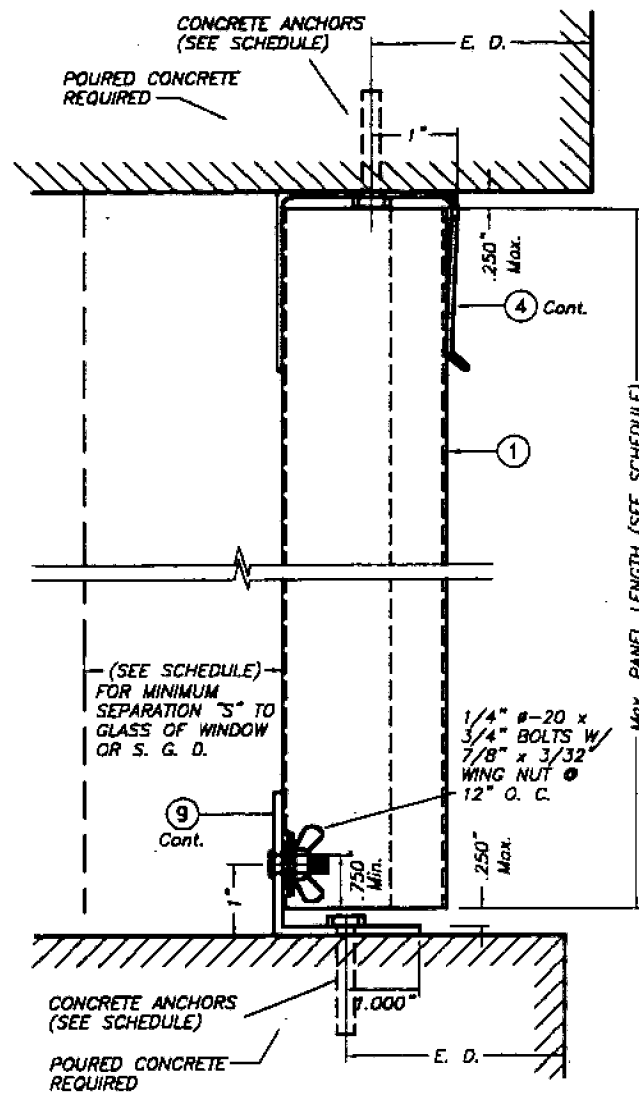
Walter A. Tillit Jr.
 JAN 24 2002

 TILECO Inc. TILLIT TESTING & ENGINEERING COMPANY 6585 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33166 Phone: (305)871-1530 Fax: (305)871-1531 EB-0006719 WALTER A. TILLIT Jr., P. E. FLORIDA Lic. # 44167		0.050" BERTHA STORM PANEL		AS SHOWN SCALE	
		EASTERN METAL SUPPLY, INC		7/7/98 DATE	
3800 23rd Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172		DRAWING No	
REV. No	DESCRIPTION	DATE	REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98	3		
2			4		



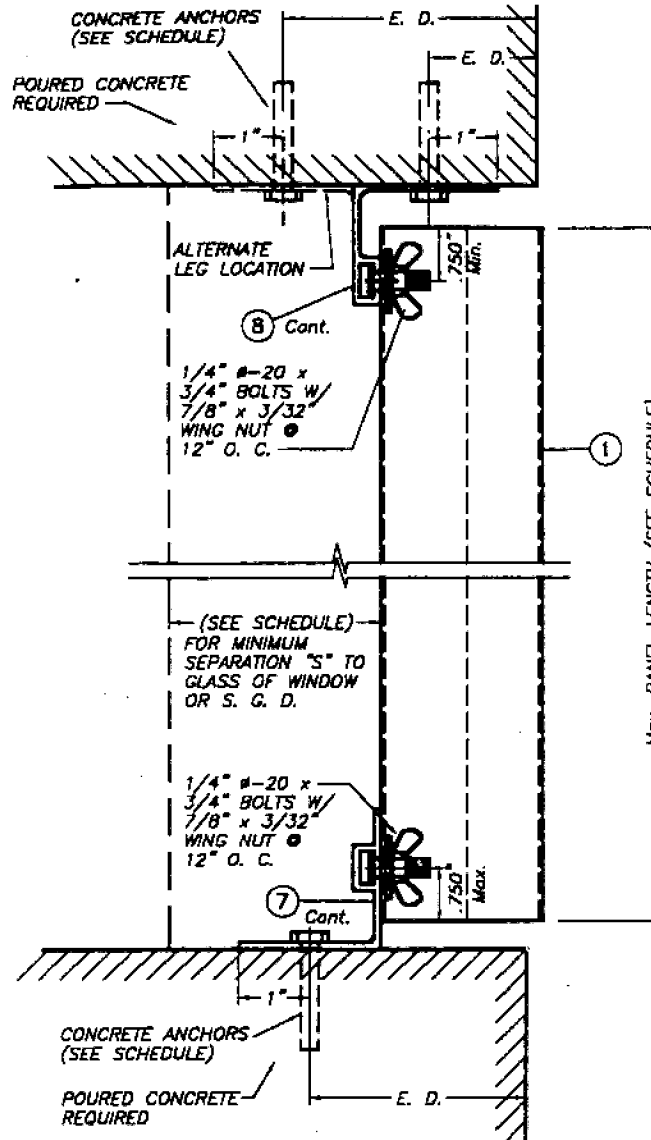
BUILD OUT INSTALLATION
- SECTION 5

SCALE : 3/8" = 1"



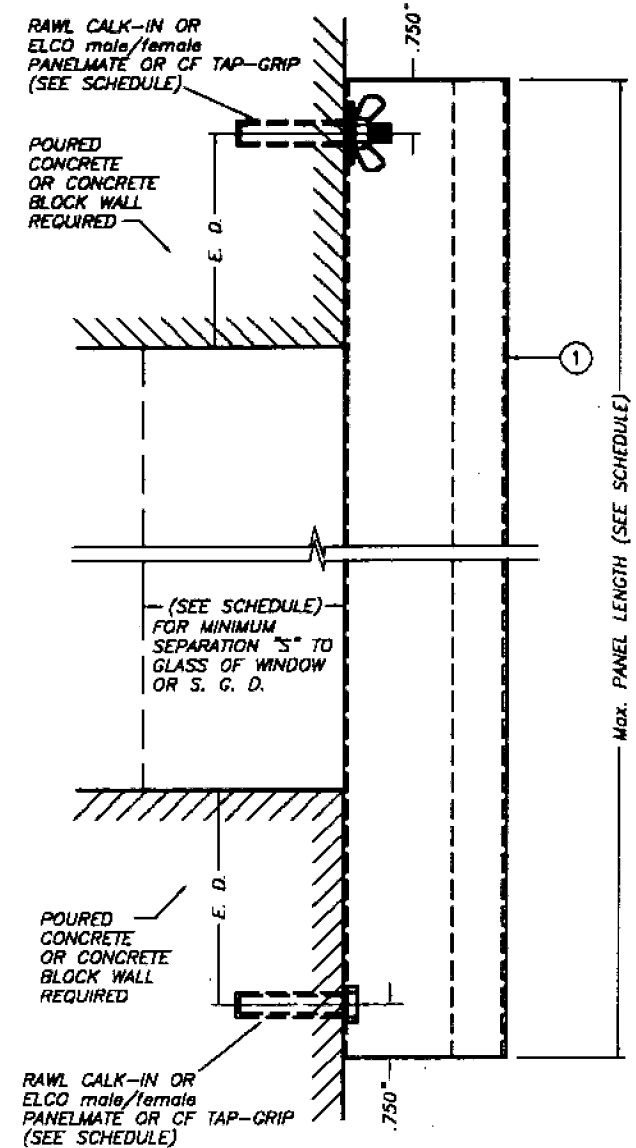
CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 6

SCALE : 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 7

SCALE : 3/8" = 1"



WALL MOUNTING INSTALLATION (D. M.)
- SECTION 8

SCALE : 3/8" = 1"

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEET 5 & 8 OF 8)

NOTE FOR COMBINATION OF SECTIONS :
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

This Is Not A Master Drawing.
Valid Only For One Time Permit.

THIS ENGINEER HAS NOT HIGHLIGHTED
 NOR MARKED UP THESE DRAWINGS.

PRODUCT RENEWED

ACCEPTANCE No. 00-0602.04

EXPIRATION DATE 08/07/2003

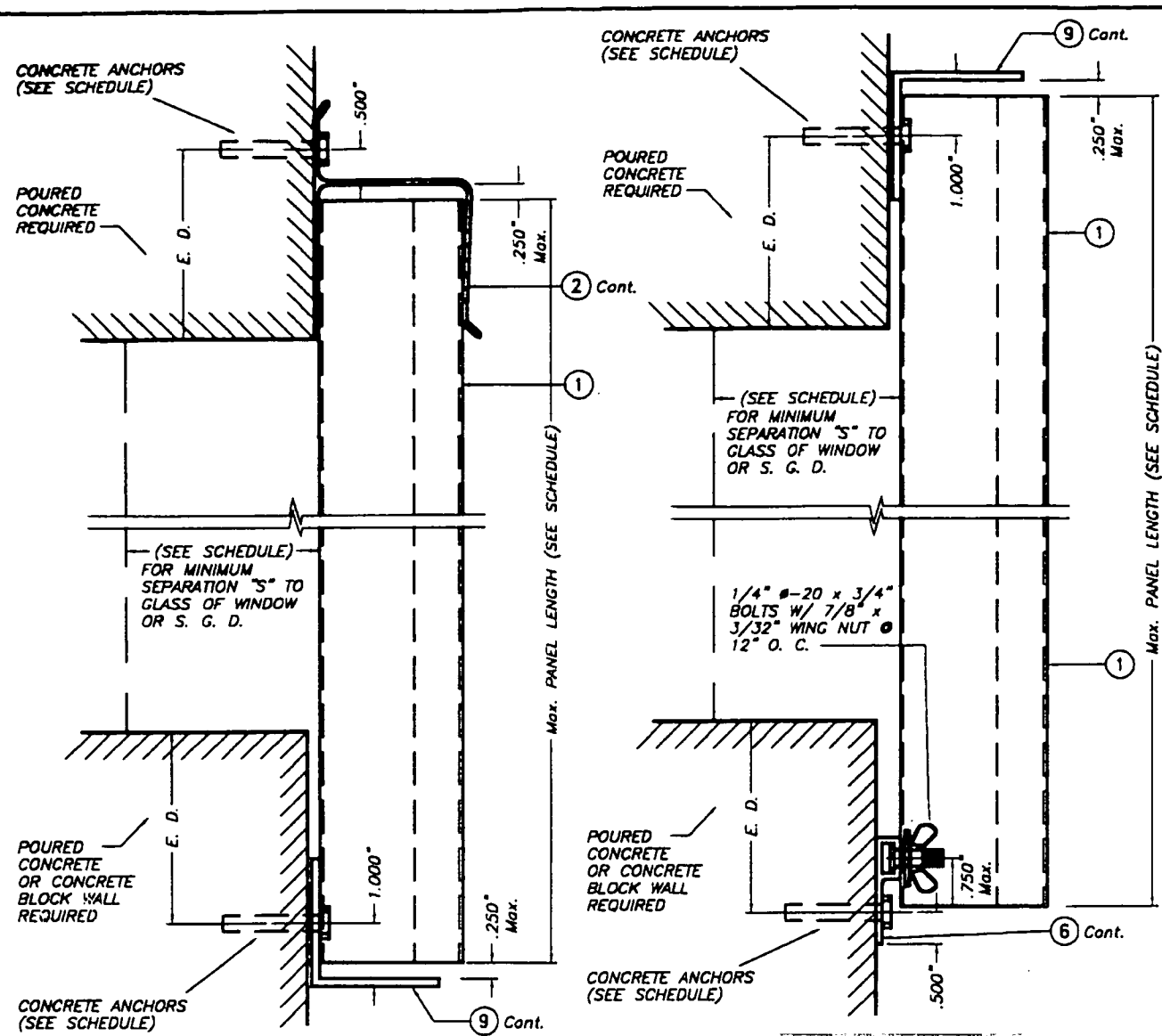
By Helmut A. Mader
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE October 08 1998
 BY Helmut A. Mader
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 98-0017.16

DADE COUNTY

TILECO Inc.				
TILLIT TESTING & ENGINEERING COMPANY <small>6555 N.W. 38th St., Ste. 212, VERONA GARDENS, FL 33169 Phone : (305)871-1530 Fax : (305)871-1531 EB-0006719 WALTER A. TILLIT, Jr., P. E. FLORIDA Lic. # 44167</small>				
0.050" BERTHA STORM PANEL				AS SHOWN SCALE
EASTERN METAL SUPPLY, INC				7/7/98 DATE
<small>3600 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247</small>				98 - 172 DRAWING No
REV. No	DESCRIPTION	DATE	REV. No	DESCRIPTION
1	OLD 98-331	7/7/98	3	
2			4	
				SHEET 3 OF 8

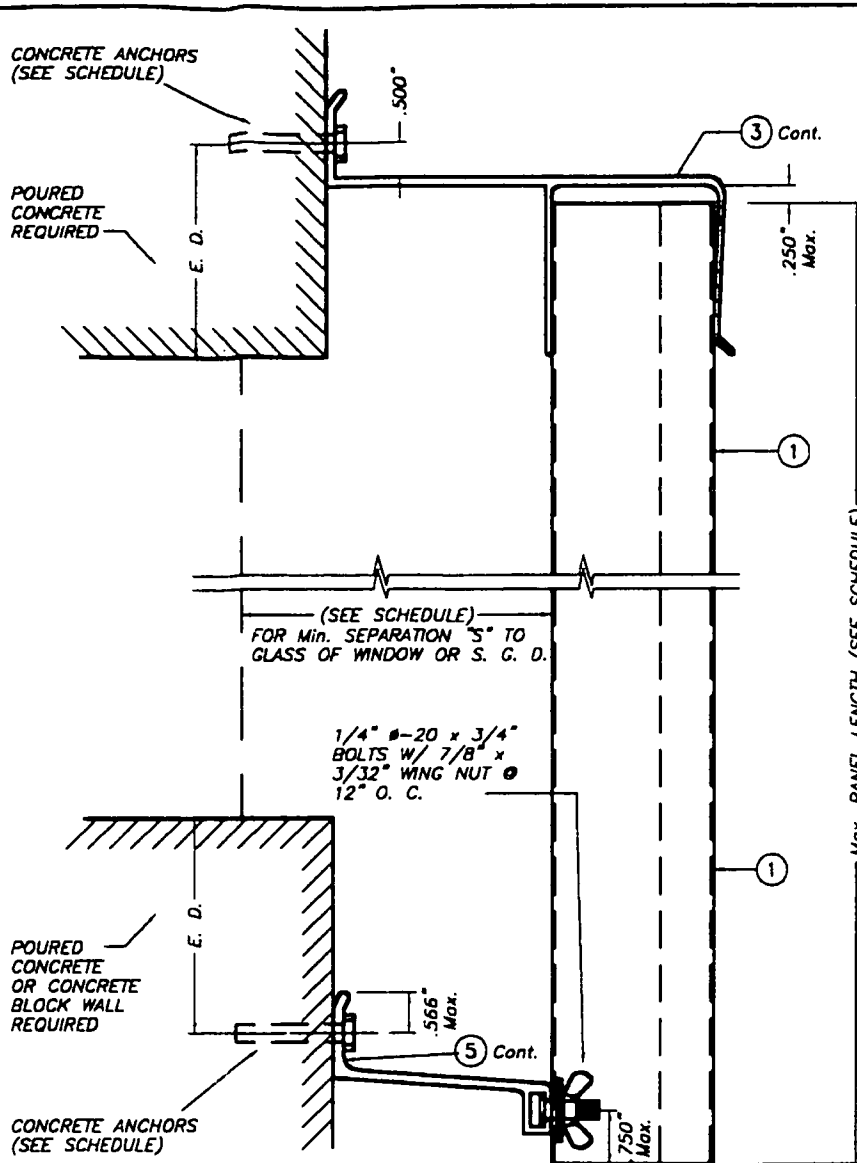
JAN 24 2002



WALL MOUNTING INSTALLATION

SECTION 2

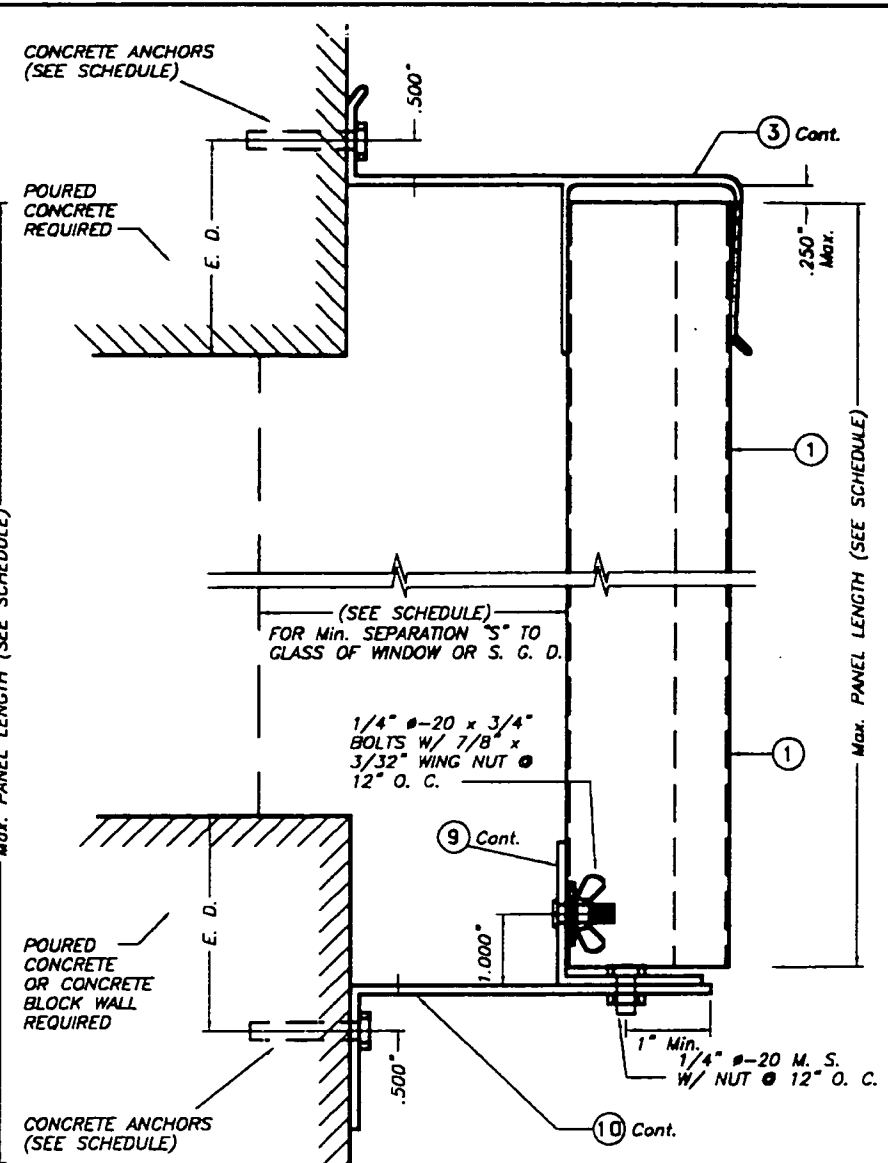
SCALE: 3/8" = 1"



BUILD OUT INSTALLATION

SECTION 3

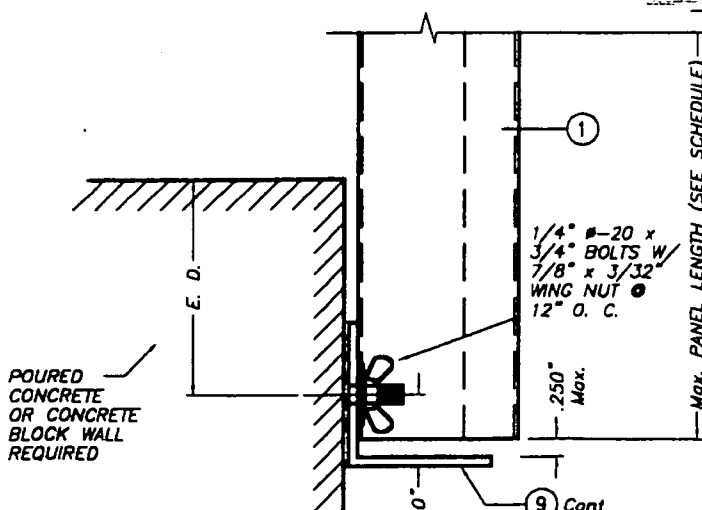
SCALE: 3/8" = 1"



BUILD OUT INSTALLATION

SECTION 4

SCALE: 3/8" = 1"



WALL MOUNTING INSTALLATION

SECTION 1

SCALE: 3/8" = 1"

NOTE: DETAIL OF SECTION 1 STUD VALID ALSO FOR WALL MOUNTING INSTALLATION - SECTION 2 (TOP)

E. D. = EDGE DISTANCE
(SEE SCHEDULE ON SHEETS 5 & 6 OF 8)

NOTE FOR COMBINATION OF SECTIONS:
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

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PRODUCT RENEWED

ACCEPTANCE No. 00-0602-04

EXPIRATION DATE 08/07/2003

By *Helmy A. M. M.*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE

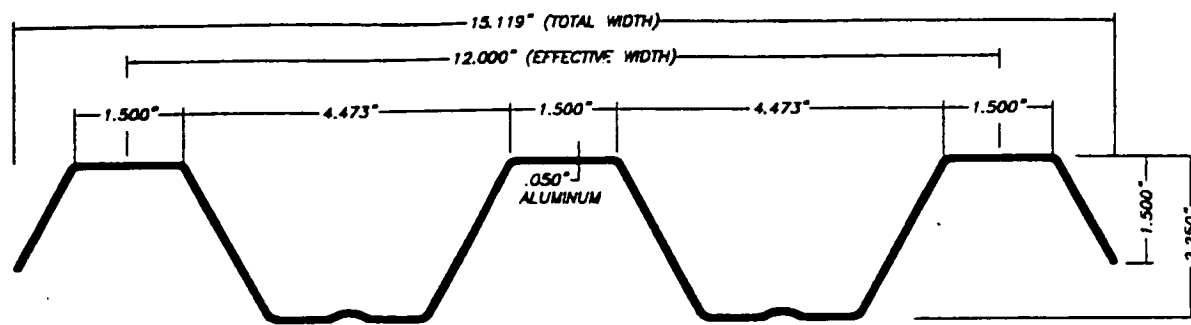
APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE *October 08 1998*
BY *Helmy A. M. M.*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0017-16

DADE COUNTY

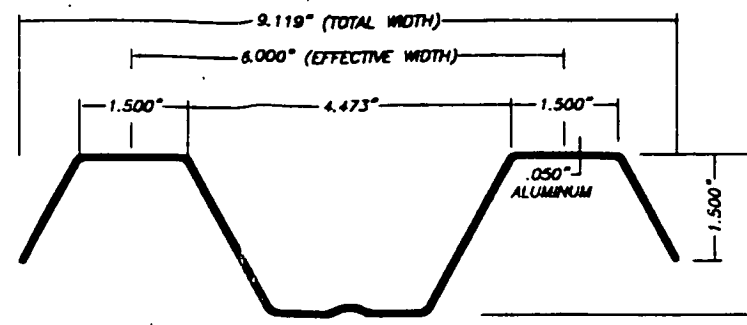
TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
6585 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33186
Phone: (305)871-1530, Fax: (305)871-1531
EB-0006719
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44167

0.050" BERTHA STORM PANEL		AS SHOWN SCALE	
EASTERN METAL SUPPLY, INC		7/7/98 DATE	
3800 23rd. Ave. SOUTH LAKE WORTH, FL 33461-3247		98 - 172 DRAWING No	
REV. No	DESCRIPTION	DATE	REV. No
1	OLD 98-331	7/7/98	3
2			4
		SHEET 2 OF 8	

[Signature]
JAN 24 2002

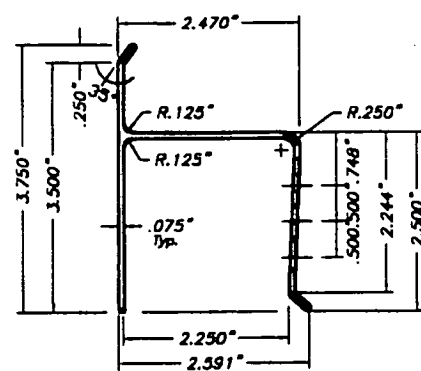


1 PANEL
SCALE: 3/8" = 1"

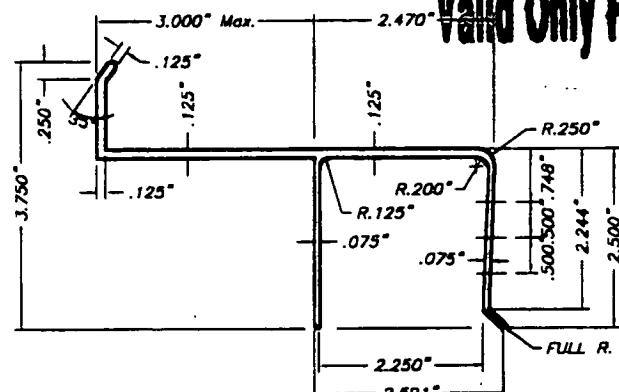


1A HALF PANEL
SCALE: 3/8" = 1"

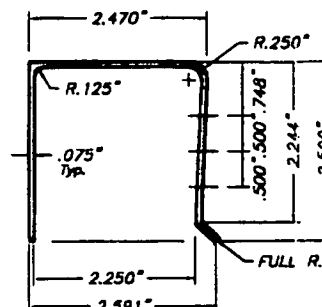
**This Is Not A Master Drawing.
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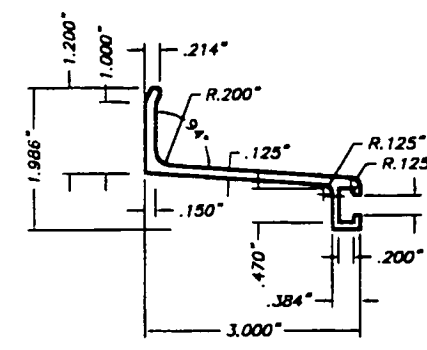
2 "h" HEADER
SCALE: 3/8" = 1"



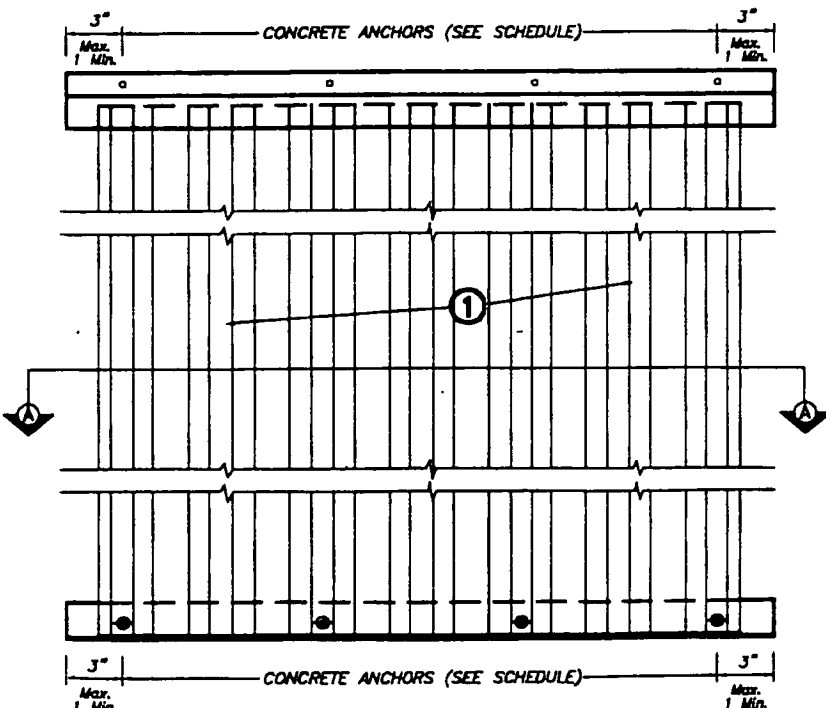
3 3" Max. "U" BUILD OUT
SCALE: 3/8" = 1"



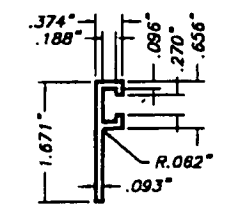
4 "U" HEADER
SCALE: 3/8" = 1"



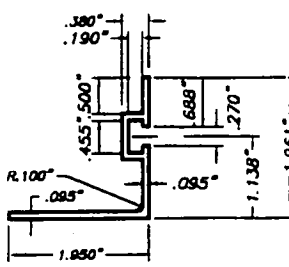
5 3" ANGLE BUILD OUT BRACKET
SCALE: 3/8" = 1"



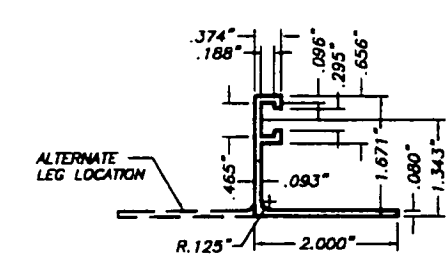
STORM PANEL TYPICAL ELEVATION
N.T.S.



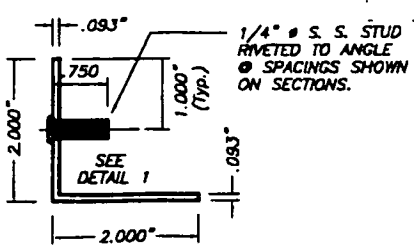
6 "F" TRACK
SCALE: 3/8" = 1"



7 REVERSED "F" ANGLE TRACK
SCALE: 3/8" = 1"

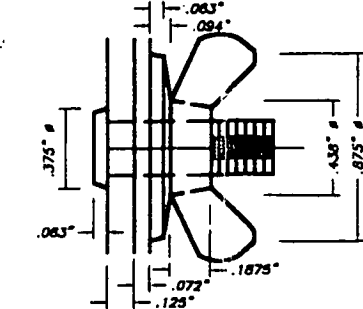


8 "F" TRACK ANGLE
SCALE: 3/8" = 1"



9 STUDDED ANGLE
6063-T5 Alum. ALLOY
SCALE: 3/8" = 1"

THIS ENGINEER HAS NOT HIGHLIGHTED
NOR MARKED UP THESE DRAWINGS.



DETAIL 1: STUD W/ WING NUT

GENERAL NOTES:

- STORM PANEL HAS BEEN DESIGNED IN ACCORDANCE WITH THE DADE COUNTY, 1994 EDITION OF THE SOUTH FLORIDA BUILDING CODE. DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 6 OF ASCE 7-88, WITH 110 m.p.h. BASIC WIND SPEED. STORM PANEL'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTIONS 2315 & 2314 RESPECTIVELY OF THE ABOVE MENTIONED CODE AS PER AMERICAN TEST LAB REPORT # 1022.01-98.
- ALL ALUMINUM SHEET METAL PANELS SHALL HAVE 5052-H32 ALLOY OR 3004-H34 ALLOY.
- ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T5 ALLOY UNLESS OTHERWISE NOTED.
- ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 SERIES.
- BOLTS TO BE 2024-T4 ALUMINUM ALLOY, GALVANIZED OR STAINLESS STEEL, WITH 38 ksi MINIMUM YIELD POINT.
- ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
 - TO EXISTING POURED CONCRETE:
 - 1/4" # TAPCON ANCHORS AS MANUFACTURED BY L.T.W. RAMSET OR ELCO INDUSTRIES.
 - 1/4" # OF TAP-GRIP ANCHORS (BERTHA STUD-CO), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" # RAWL ZAMAC NAILIN ANCHORS AS MANUFACTURED BY THE RAWL PLUG COMPANY, INC.
 - 1/4" # x 7/8" RAWL CALK-IN ANCHORS OR ELCO male & female "PANELMATE" AS MANUFACTURED BY THE RAWL PLUG COMPANY AND ELCO INDUSTRIES, RESPECTIVELY.
 - NOTES:
 - MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON ANCHORS IS 1 3/8"; FOR RAWL ZAMAC NAILIN IS 1 3/8"; & FOR ELCO PANELMATES IS 1 7/8", AND FOR OF TAP-GRIP ANCHORS IS 1 1/4".
 - 7/8" RAWL CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" #-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS, ANCHORAGE SHALL BE AS INDICATED ON NOTES A.1) & A.2.) ABOVE.
 - TO EXISTING CONCRETE BLOCK WALL:
 - 1/4" # TAPCON ANCHORS AS MANUFACTURED BY L.T.W. RAMSET OR ELCO INDUSTRIES.
 - 1/4" # OF TAP-GRIP ANCHORS (BERTHA STUD-CO), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" # RAWL ZAMAC NAILIN ANCHORS AS MANUFACTURED BY THE RAWL PLUG COMPANY, INC.
 - 1/4" # x 7/8" RAWL CALK-IN ANCHORS OR ELCO male & female "PANELMATE" AS MANUFACTURED THE RAWL PLUG CO. AND ELCO INDUSTRIES, RESPECTIVELY.
 - NOTES:
 - MINIMUM EMBEDMENT OF TAPCON ANCHORS, RAWL ZAMAC NAILIN, ELCO PANELMATES AND OF TAP-GRIP, INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4".
 - 7/8" RAWL CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" #-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES IN B.1) & B.2.) ABOVE.
- ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.
- PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1 THRU 8 (SHEET 2 & 3 OF 8) EXCEPT THAT HEADERS 2, 3 & 4 SHALL NOT BE USED.
- IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE. THIS SHUTTER SHALL ONLY BE ATTACHED TO CONCRETE, BLOCK OR WOOD FRAME BUILDINGS.
- SHUTTER MANUFACTURER'S LABEL SHALL BE PLACED AT BOTTOM OF EACH PANEL. LABEL SHALL READ AS FOLLOWS:
EASTERN METAL SUPPLY, INC.
LAKE WORTH, FLORIDA
DADE COUNTY PRODUCT CONTROL APPROVED.

PRODUCT RENEWED

ACCEPTANCE No. 00-0602.04

EXPIRATION DATE 08/07/2003

APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE October 08, 1998
BY Helmut A. Mader
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 98-0817-16

10 2" x 5" (Max.) x .125" ANGLE
SCALE: 3/8" = 1"

TILECO inc.
TILLIT TESTING & ENGINEERING COMPANY
6395 N.W. 38th St., Ste. 217, VIRGINIA GARDENS, FL 33166
Phone: (305)871-1530 Fax: (305)871-1531
EB-0006719
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44167

0.050" BERTHA STORM PANEL
EASTERN METAL SUPPLY, INC
3800 23rd. Ave. SOUTH
LAKE WORTH, FL 33461-3247

REV. No	DESCRIPTION	DATE	REV. No	DESCRIPTION	DATE
1	OLD 98-331	7/7/98	3		
2			4		

DADE COUNTY
AS SHOWN
SCALE
7/7/98
DATE
98 - 172
DRAWING No
SHEET 1 OF 8

JAN 24 2002

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/15, 20003 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6455	JOHANSEN	DRIVENWAY	Passed	
⑥	17 PEERWINKLE CR KOELLER CONCRETE			INSPECTOR:
6330	BUSSEY	LATHING ^{DEMOLISH} BOILER KNEE WALL	Passed	11:00
⑭	1 PALMETTO DR WORREN	(late am please)		INSPECTOR:
TREE	FABINSKY	TREE	Passed	
⑫	10 MANDALAY RD			INSPECTOR:
6025	CONROY	DEMOLITION-FINAL	Passed	
①	12 PALMETTO DR O/B			INSPECTOR:
6034	CONROY	ELEC/FIXT FINAL	Passed	
②	12 PALMETTO DR O/B			INSPECTOR:
5607	ENRIQUEZ	SHUTTERS FINAL	Passed	
③	1 KINGSTON CT EXPERT SHUTTERS			INSPECTOR:
5712	JOHNSON	SHUTTERS-FINAL	Passed	
④	4 OAK HILL LANE EXPERT SHUTTER			INSPECTOR:
OTHER: _____				

9200

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:	9200	DATE ISSUED:	07/13/2009
SCOPE OF WORK:	WINDOW REPLACEMENT		
CONDITIONS :			
CONTRACTOR:	STEPHEN CONWAY		
PARCEL CONTROL NUMBER:	26-32-41-015-000-000200	SUBDIVISION	CASTLE HILL <i>Rt 2</i>
CONSTRUCTION ADDRESS:	4 OAKHILL WAY		
OWNER NAME:	CONWAY		
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 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: 7-9 Permit Number: _____
 OWNER/TITLEHOLDER NAME: Stephen P. Conway Phone (Day) 285-2673 (Fax) 220-8601
 Job Site Address: 4 OAKHILL 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): INSTALLATION OF WINDOWS

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: \$ 1000
 (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: 900 E OCEAN BLVD D-232 City: STUART State: FL Zip: 34994
 State License Number: CRC 0537420 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) _____ CONTRACTOR SIGNATURE: (required) _____
 OR OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED) _____
 State of Florida, County of: Martin On State of Florida, County of: _____
 This the 10th day of July This the _____ day of _____ 20____
 by Steve Conway who is personally _____ who is personally _____
 known to me or produced _____ known to me or produced _____
 as identification. _____ as identification. _____
Ann-Marie S. Basler Notary Public #DD 724736
 My Commission Expires: _____ My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE RECORDED 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...
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Summary

print [navigation icons] Owner 23 of 27

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
26-37-41-015-000-00020-0	4 OAK HILL WY	4146	Owner	0	1

Summary

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

Summary

Property Location 4 OAK HILL WY
Tax District 2200 Sewall's Point
Account # 4146
Land Use 101 0100 Single Family
Neighborhood 120900
Acres 0.429

Legal Description

Property Information

CASTLE HILL, LOT 2 PI# 26-37-41-015-000-00020-00000

Search By

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

Owner Information

Owner Information
 CONWAY, STEPHEN P
 CONWAY, JENNIFER E

Mail Information

4 OAK HILL WAY
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$299,250
Market Impr Value \$642,810
Market Total Value \$942,060

Site Functions

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

Recent Sale

Sale Amount \$100,000

Sale Date 1/3/2000
Book/Page 1447 1431

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

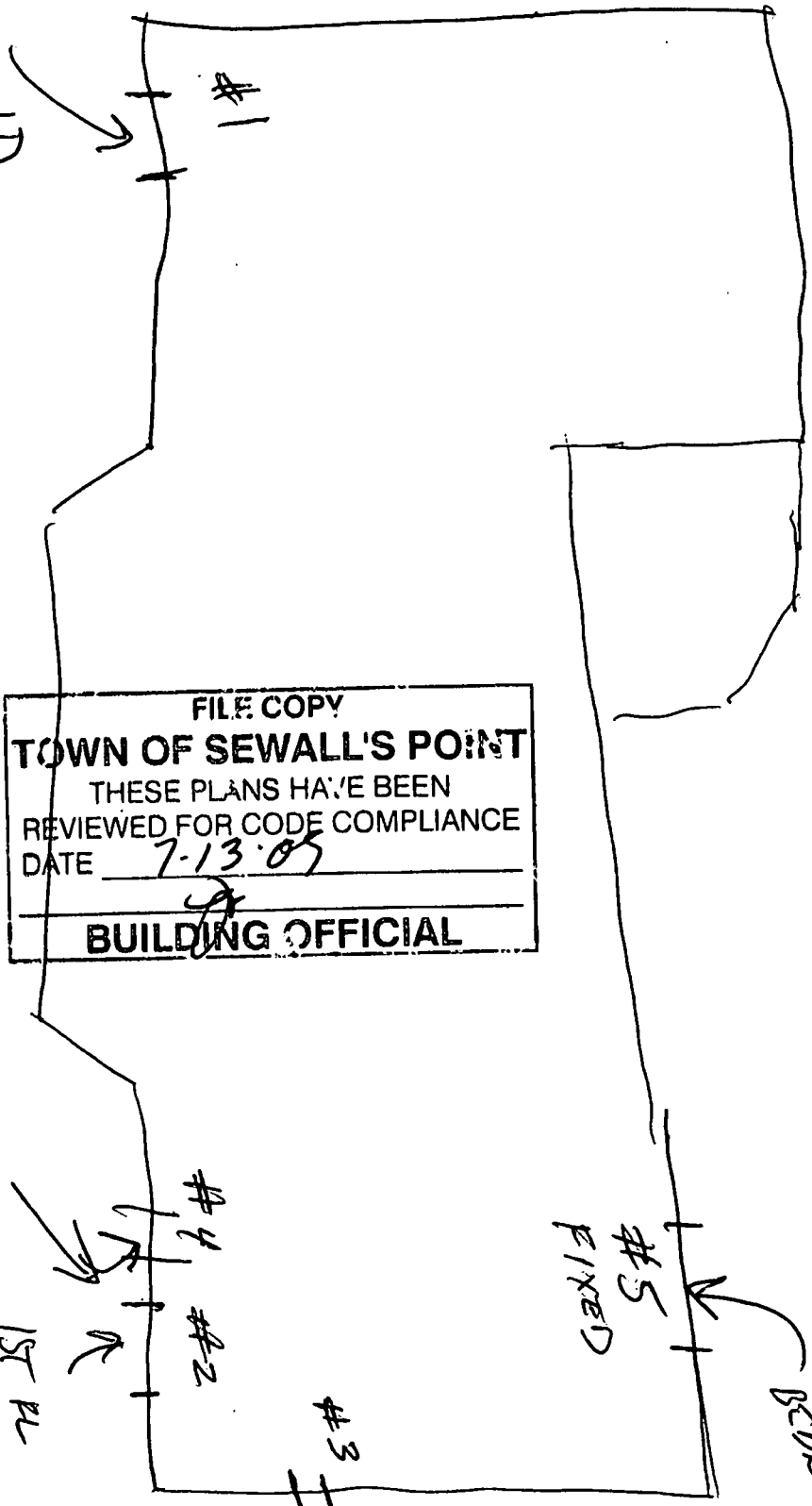
Legal disclaimer / Privacy Statement

Data updated on 6/22/2009



4 OAKHILL WAY

REAR



#1
2ND FL
Bedroom
window

FRONT

#2
2ND FL
window

#3
1ST FL
Bedroom window

#4
FIXED

#5
2ND FL
Bedroom

#3
1ST FL
Bedroom
window

5/Window
/Openings
TOTAL

WINDOW/DOOR SCHEDULE

ID NO	APPROX OPENING SIZE (W X H)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	28 X 54		CAS		X	
2	36 X 66		CAS		X	
3	36 X 66		CAS		X	
4	36 X 54		CAS		X	
5	36 X 54		FIX		X	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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17						
18						
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21						
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23						
24						
25						
26						
27						
28						
29						
30						

TOTAL GLAZED OPENING AREA FOR STRUCTURE: **800** 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
 DH - DOUBLE HUNG

AWN - AWNING
 CAS - CASEMENT

SL - SLIDING
 FIX - FIXED



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

WINDOW/DOOR REPLACEMENT CHECKLIST AND SCHEDULE

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

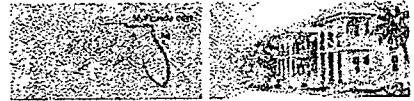
Please make sure you have ALL required copies before submitting permit application

- 1 Copy Completed Permit Application
- 2 Copies Window/Door Schedule
- 2 Copies Manufacturer's Florida Product Approval and Specifications
- 2 Copies Floor Plan Sketch – Show location & ID number of each window/door.
Must match window/door schedule.

***PLEASE NOTE:** At least one (1) exterior window or door must comply with the 2007 F.B.C. R310.4 as a single means of escape.

ALL NEW WINDOWS AND/OR DOORS WITH GLAZING MUST HAVE IMPACT PROTECTION (SHUTTERS OR IMPACT GLASS). IF SHUTTERS ARE USED, A SEPARATE SHUTTER PERMIT MUST BE ISSUED PRIOR TO FINAL INSPECTION OF THE WINDOW/DOOR REPLACEMENT PERMIT.

PARTIAL WINDOW OR GLAZED DOOR REPLACEMENT THAT REPRESENTS LESS THAN 25% OF THE TOTAL GLAZED AREA OVER A 12 MONTH PERIOD IS EXEMPT FROM IMPACT PROTECTION REQUIREMENTS.



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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 Vivlan 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>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: 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>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 8551.8 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 Mullied 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>

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:





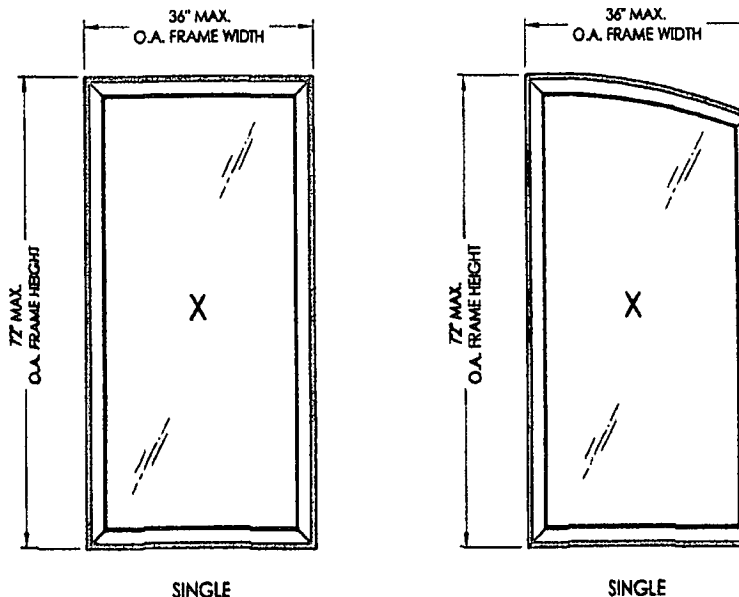
SERIES 02 AXIOM CLAD VENT CASEMENT WINDOW SINGLE UNIT

"NON-IMPACT"

GENERAL NOTES

1. 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).
2. Product anchors shall be as listed and spaced as shown on details. Anchor embedment to base material shall be beyond wall dressing or stucco.
3. 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.
4. 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.
5. 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.I.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"	25.87" 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.

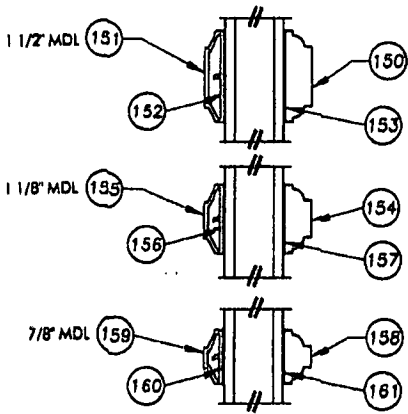
Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 290 Venice FL 33595
 Phone No.: 813.889.9187
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
Handwritten Signature 8-15-08
 Wanda W. [unclear] P.E. No. 04180

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

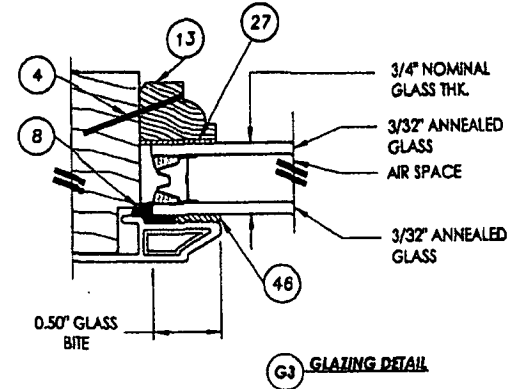
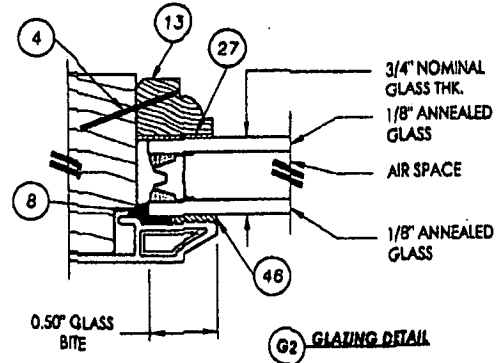
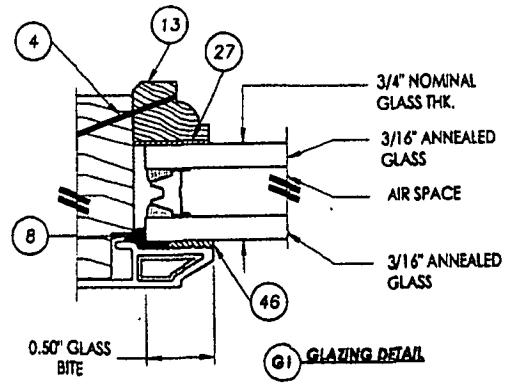
NO.	DATE	BY	REVISIONS

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

R-VA - Products/Products/Products/1.101 - 1200/11-461D - RWBEC - Drawings/8551 - non-impact/1HE REAL VENT CASEMENT WINDOWS.dwg, EVL (2)



OPTIONAL MUNTIN BAR ATTACHMENT TO GLASS

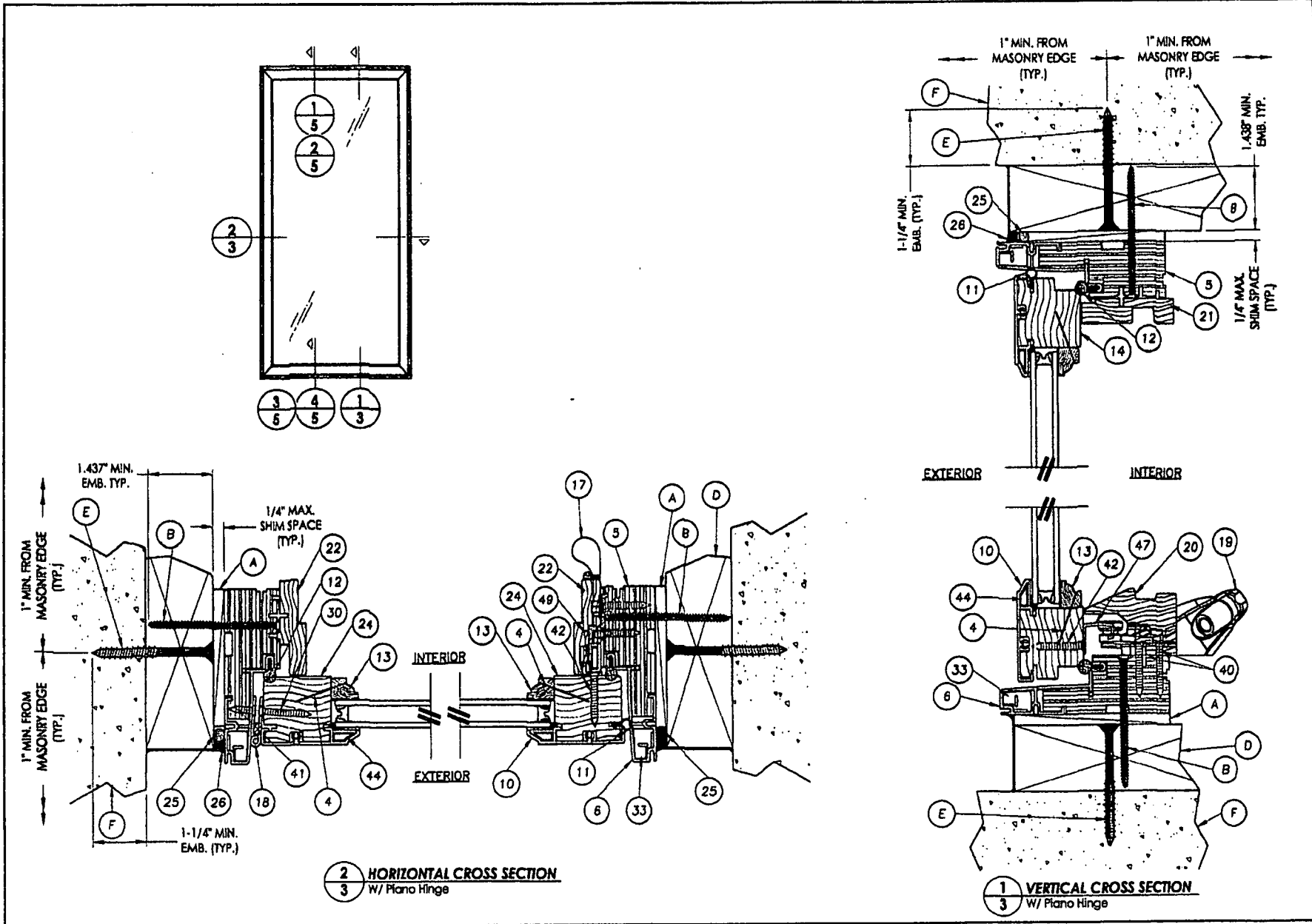


Documents Prepared By:
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 Phone No.: 813.669.9187
 Florida Board of Professional Engineers
 Certificate of Authorization No. 0613
Wendell W. Harty 3-15-08
 Wendi W. Harty, P.E. No. 54188

PRODUCT: SERIES 02 AXIOM
 CUAD 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
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 DRAWING NO.: FL-8551.1
 SHEET 2 OF 9



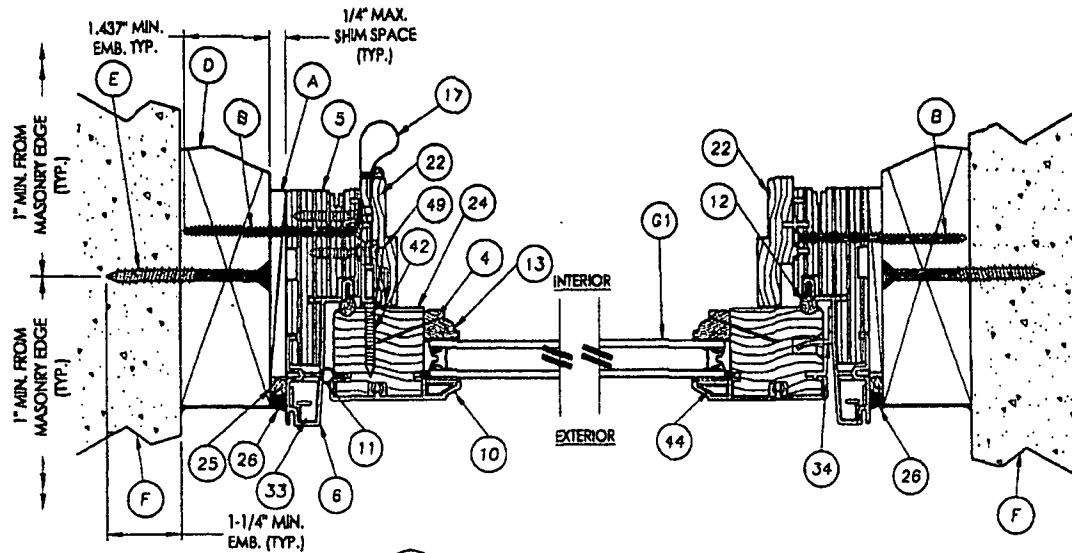
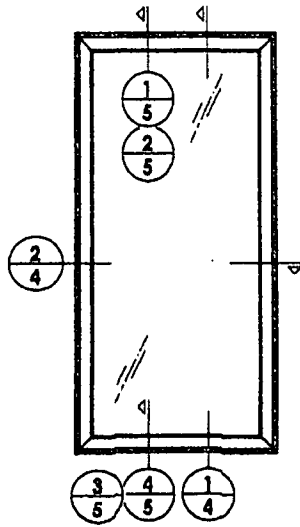
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RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33595
 Phone No.: 813.659.9197
 Florida Board of Professional Engineers
 Certificate of Authorization No. 8813
Woodell P. S. B.
 Woodell W. Woodell, P.E. No. 54198

PRODUCT: SERIES 02 ANOM CLAD VENT CASEMENT WINDOW
 PART OR ASSEMBLY: VERTICAL & HORIZONTAL CROSS SECTIONS W/PIANO HINGE

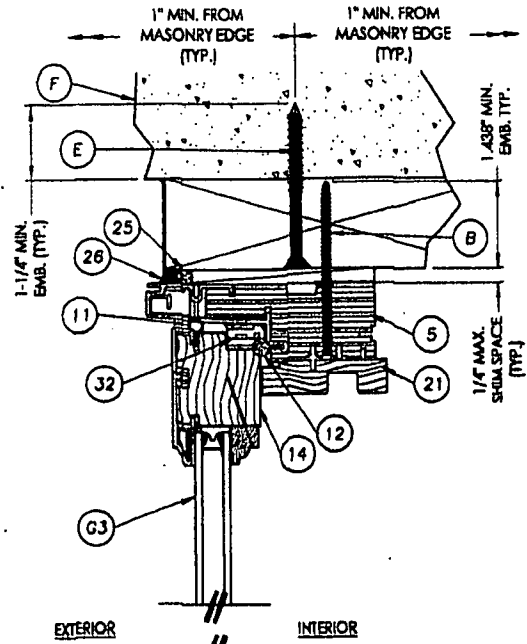
NO.	DATE	REVISIONS	BY

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

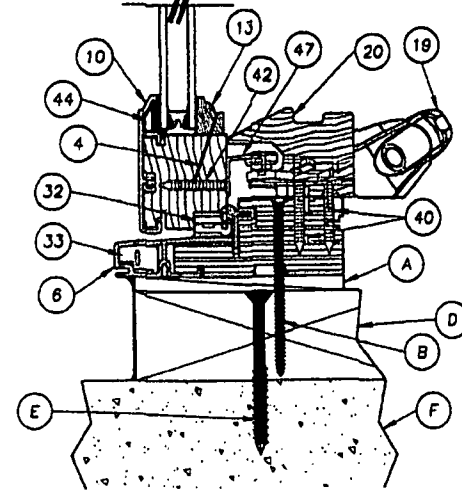
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2
4 HORIZONTAL CROSS SECTION
W/ Standard Hinge



EXTERIOR INTERIOR



1
4 VERTICAL CROSS SECTION
W/ Standard Hinge

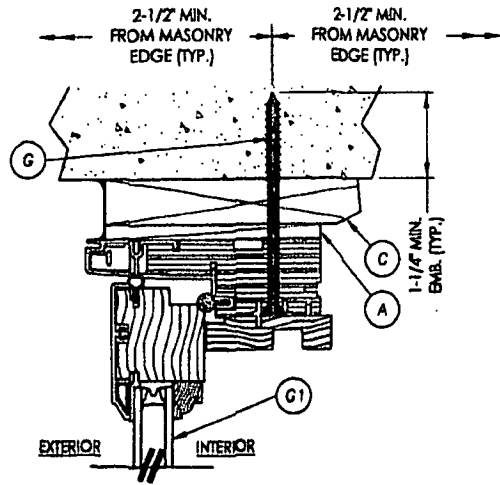
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RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33595
 Phone No.: 813.659.9197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
W. W. W. 8-15-08
 Renewed by Reg. P.E. No. 04120

PRODUCT: SERIES 02 ANOM CLAD VENT CASEMENT WINDOW NON-IMPACT PART OR ASSEMBLY
 VERTICAL & HORIZONTAL CROSS SECTIONS W/ CASEMENT HINGE

NO.	DATE	BY	REVISIONS

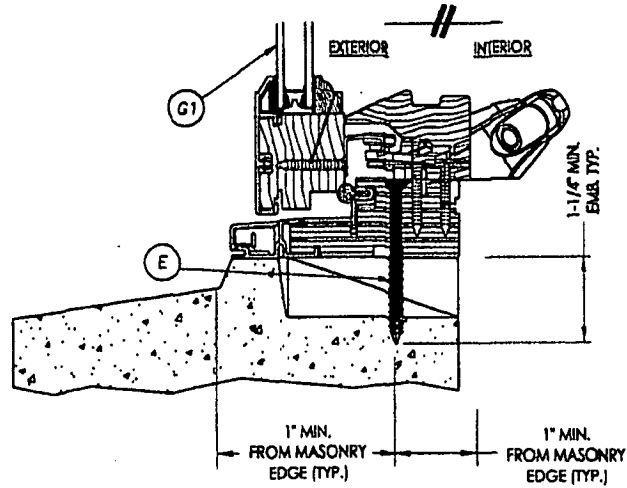
DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 4 of 9

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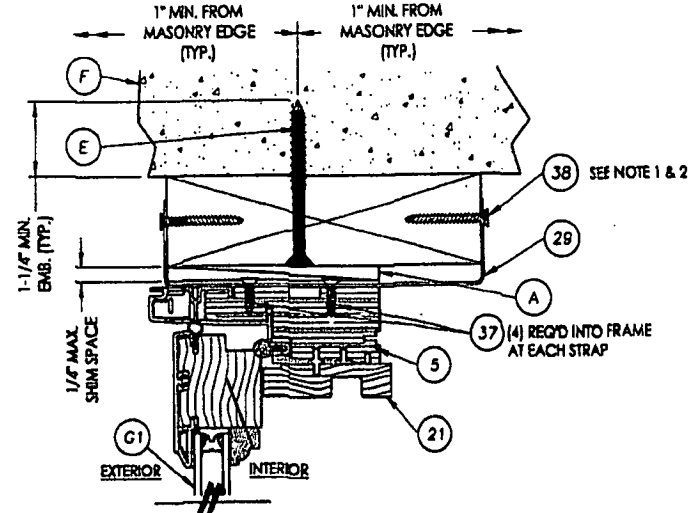


1
5 **VERTICAL CROSS SECTION**
Shown w/ 1X Sub-Buck substituting
Concrete screws for screws per
Section 1714.5.4.2 of the FBC, this view
Representative of Head, Jamb & Sill

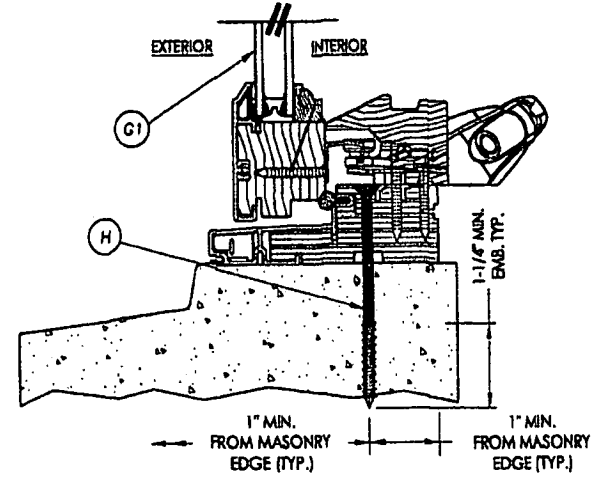
NOTE
1. For 2x stud construction, the length of the anchors shall be increased an amount equal to the thickness of any sheathing or wall coverings such that penetration of the anchor into the stud shall be no less than that shown in the masonry 2x buck installation herein.
2. Four (4) screws req'd per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



3
5 **VERTICAL CROSS SECTION**
Masonry Sill



2
5 **VERTICAL CROSS SECTION**
Utilizing optional strap anchor item #29
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

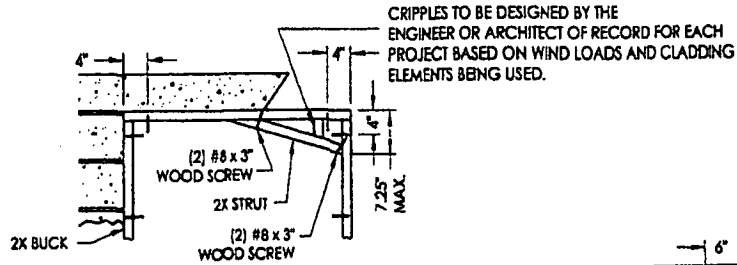
Documents prepared by:
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Phone No.: 813.659.0187
Florida Board of Professional Engineers
Certificate of Authorization No. 9813
Wendell W. Jolley, P.E.
Member No. 54156

PROJECT: SERIES 02 AVON CLAD VERT CASEMENT WINDOW
PART OR ASSEMBLY: VERTICAL CROSS SECTIONS

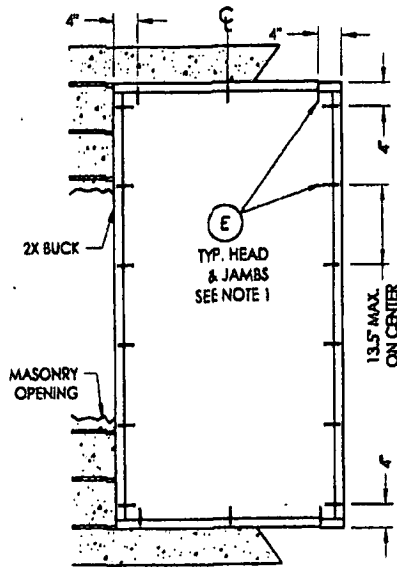
NO.	DATE	BY	REVISIONS

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

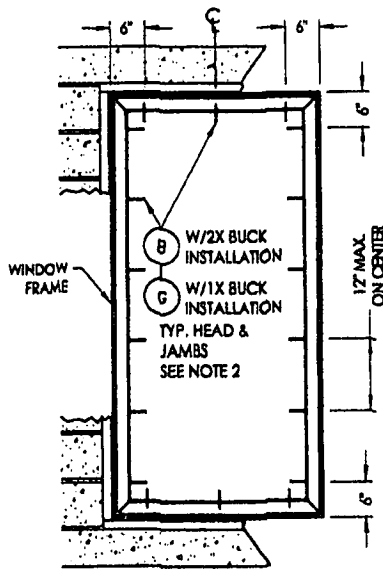
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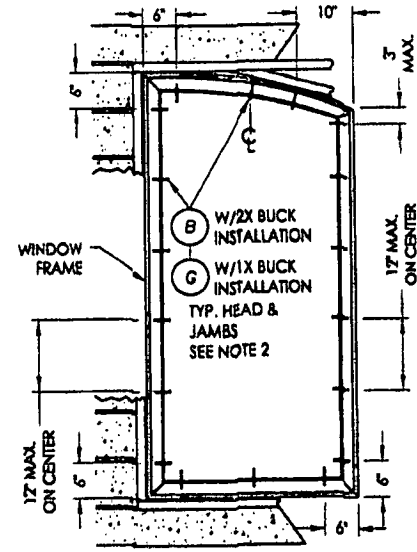
CORNER FRAMING DETAIL



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:

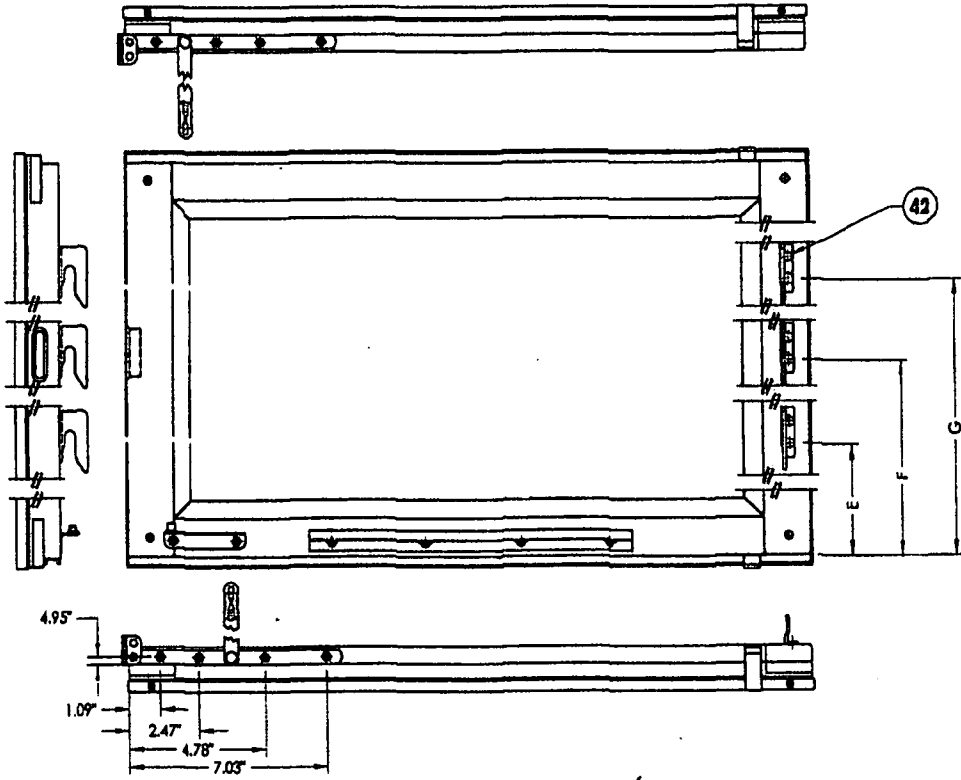
- 1/4" Eco Concrete screws anchoring 2x buck require a minimum 1" clearance to masonry edges, a 1-1/4" minimum embedment and a minimum 4" clearance to adjacent concrete screws. Substitution of equal concrete screws from a different supplier may have different edge distance and center distance requirements. 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.
- 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:
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 Phone No.: 613.689.9197
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
Robert W. Hyatt, P.E. No. 04158

PRODUCT: SERIES 02 AXIOM CLAD VENT CASEMENT WINDOW NON-IMPACT 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



KEEPER LOCATION

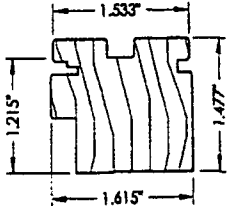
FRAME HEIGHT	E	F	G
24	11.500	----	----
30	15.750	----	----
32	15.750	----	----
36	21.750	----	----
40	11.500	27.750	----
48	11.500	33.750	----
54	11.500	39.750	----
60	11.500	45.750	----
66	11.500	51.750	----
72	11.500	34.656	57.812

Documents Prepared By:
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 Phone No.: 813.659.8187
 Florida Board of Professional Engineers
 Certificate of Registration No. 9813
Wendell W. [Signature] 8-15-08
 Wendell W. [Signature] P.E. No. 54198

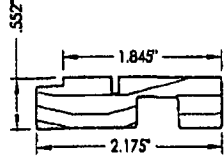
PRODUCT: SERIES 02 ALUM CLAD VENT CASEMENT WINDOW
 PART OR ASSEMBLY: LOCK LOCATIONS

NO.	DATE	BY	REVISIONS

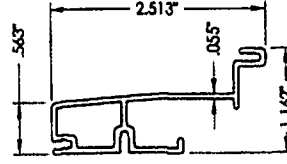
DATE: 4/29/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8551.1
 SHEET 7 of 9



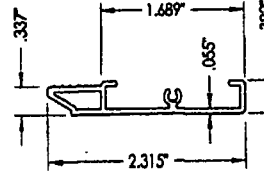
14 SASH RAIL



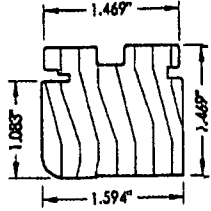
21 HEAD STOP



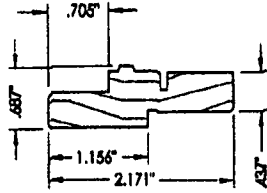
6 FRAME COVER CLADDING



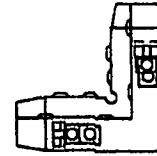
10 SASH CLADDING



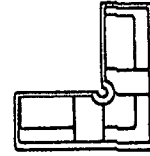
24 SASH STILE



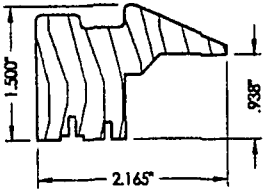
22 STOP COVER



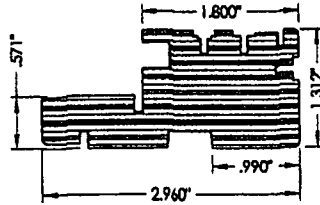
44 SASH CORNER KEY



33 FRAME CORNER KEY



20 SILL COVER



5 HEAD, SILL & JAMB
Frame Member



13 GLASS STOP



7 TIE BAR GUIDE

Documents Prepared By: RW BUILDING CONSULTANTS, INC. P.O. Box 230 Marco FL 33995 Phone No.: 813.659.9167 Florida Board of Professional Engineers Certificate of Authorization No. 8613 Renewed 11/15/08 <i>[Signature]</i> 8-15-08 Renewed 11/15/08	
PRODUCT: SERIES 02 AXTON CLAD VENT CASEMENT WINDOW	PART OR ASSEMBLY: COMPONENTS
NO. _____ DATE _____ BY _____	REVISIONS
DATE: 4/29/08 SCALE: N.T.S. DRW. BY: JK CHK. BY: WWH DRAWING NO.: FL-8551.1 SHEET 8 OF 9	© 2008 R.W. BUILDING CONSULTANTS INC.

BILL OF MATERIALS		
ITEM	DESCRIPTION	MATERIAL
A	1/4" MAX. SHIM SPACE	WOOD
B	#8 x 5" 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" THW TAPCON	STEEL
H	1/4" x 3-3/4" ELCO TAPCON	STEEL
I	18ga x 1-1/4" BRAD TRIM NAIL	STEEL
4	FRAME MEMBER [2.93" X 1.312"] LAMINATED VENEERED (UMBER [LVL])	WOOD (LVL)
5	FRAME CLADDING [1.162" X 2.513"] [6063-T6]	ALUM.
6	THE BAR GUIDE	PLASTIC
7	PECORA 898 SEALANT	SILICONE
8	PECORA 898 SEALANT	SILICONE
10	SASH CLADDING [.392" X 2.315"] [6063-T6]	ALUM.
11	SASH WEATHERSTRIP	-
12	FRAME WEATHERSTRIP	-
13	GLASS STOP (CLEAR PINE) [.825" X .471"]	WOOD
14	SASH RAIL (CLEAR PINE) [1.415" X 1.477"]	WOOD
17	MULTI-POINT HANDLE	STEEL
18	2" PLANO HINGE	STAINLESS
19	CASEMENT OPERATOR PLANO	STEEL
20	SILL TRIM / SASH STOP (CLEAR PINE) [2.165" X 1.500"]	WOOD
21	HEAD TRIM / SASH STOP (CLEAR PINE) [2.175" X .532"]	WOOD
22	SIDE TRIM / SASH STOP (CLEAR PINE) [2.171" X .487"]	WOOD
24	SASH STILE (CLEAR PINE) [1.594" X 1.469"]	WOOD
25	BACKER ROD	FOAM
26	SEALANT	SILICONE
27	POLYETHYLENE FOAM TAPE	FOAM TAPE
28	STRAP ANCHOR 1.825" X 8.8" X .039" THK.	STEEL
30	#8 X 1-1/4" PFH WS	STEEL
32	CASEMENT HINGE	STEEL
33	FRAME CORNER KEY	ABS COMPOUND
34	SASH RETAINER	STEEL
35	GLAZING SHIM (.250" X .065" X 4.0")	NEOPRENE
37	#8 X 5/8" PFH WS	STEEL
38	#8 X 1-1/2" PFH SMS	STEEL
40	BLIND NAILING SPLINE	VINYL
41	#7 X 5/8" FHWS S.S.	STAINLESS
42	#7 X 1-1/4" FH SMS	STAINLESS
44	SASH CORNER KEY	ABS COMPOUND
48	GLAZING TAPE .094" X 288" BUTYL TAPE	-
47	SASH TRACK	STAINLESS
49	KEEPER MULTI-POINT	- STAINLESS
150	1-1/2" INTERIOR COLONIAL MDL BAR	WOOD
151	1-1/2" EXTERIOR MDL BAR [6063 T-6]	ALUMINUM
152	1-1/2" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
153	1-1/2" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
154	1-1/8" INTERIOR COLONIAL MDL BAR	WOOD
155	1-1/8" EXTERIOR MDL BAR [6063 T-6]	ALUMINUM
156	1-1/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
157	1-1/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
158	7/8" INTERIOR COLONIAL MDL BAR	WOOD
159	7/8" EXTERIOR MDL BAR [6063 T-6]	ALUMINUM
160	7/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
161	7/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE

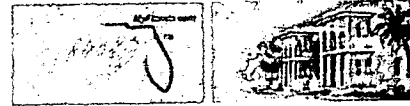
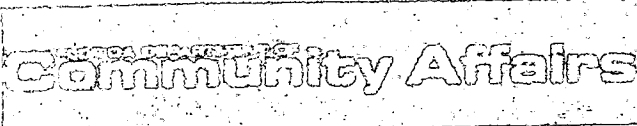
Documents Prepared By: **RW** BUILDING CONSULTANTS, INC.
P.O. Box 230 Vero Beach, FL 33595
Phone No.: 813.699.8197
Florida Board of Professional Engineers
Certificate Of Authorization No. 8813
Registered Professional Engineer
8-15-08
84158

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

NO.	DATE	BY	REVISIONS

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

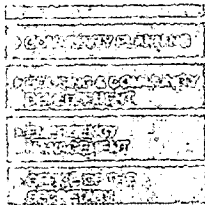
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Product Approval
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 [Product or Application Search](#) >
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 Application Detail



FL # FL8557-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 Fixed

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 [FL8557_R1_COI_Certificate of Independence.pdf](#)

Referenced Standard and Year (of Standard)	Standard	Year
	AAMA/WDMA/101/I.S.2	1997
	AAMA/WDMA/101/I.S.2/A440	2005
	ASTM E1886 - ASTM E1996	2002
	ASTM E330	2002
	TAS 201, 202, 203	1994

Equivalence of Product Standards
Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

09/08/2008

Date Validated

09/11/2008

Date Pending FBC Approval

09/17/2008

Date Approved

10/14/2008

Summary of Products		
FL #	Model, Number or Name	Description
8557.1	a. Series 00 Axiom Clad Casement Fixed	Extruded Aluminum Clad Wood Casement Fixed Window (Geometric Shapes available) - 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 8557.1 for Design Pressure Ratings, any additional use limitations, Installation Instructions and product particulars.		Installation Instructions FL8557_R1_II_INST_8557.1.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8557_R1_AE_EVAL_8557.1.pdf Created by Independent Third Party: Yes
8557.2	b. Series 00 Axiom Clad Casement Fixed	Extruded Aluminum Clad Wood Casement Fixed Window Muller to an Extruded Aluminum Clad Wood Casement Fixed Window or Windows (Geometric Shapes available) - 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 8557.2 for Design Pressure ratings by size, any additional use limitations and Installation Instructions.		Installation Instructions FL8557_R1_II_INST_8557.2.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8557_R1_AE_EVAL_8557.2.pdf Created by Independent Third Party: Yes
8557.3	c. Series 00 Axiom Clad Casement Fixed	Extruded Aluminum Clad Wood Casement Fixed Window "T" Muller to Extruded Aluminum Clad Wood Casement Fixed Windows (Geometric Shapes available) -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 8557.3 for Design Pressure ratings by size, any additional use limitations and Installation Instructions.		Installation Instructions FL8557_R1_II_INST_8557.3.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8557_R1_AE_EVAL_8557.3.pdf Created by Independent Third Party: Yes
8557.4	d. Series 00 Axiom Clad Casement Fixed - Harbor Master	Extruded Aluminum Clad Wood Casement Fixed Window (Geometric Shapes available) - with Harbor Master Laminated Monolithic Glass
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 8557.4 for Design Pressure ratings by size, any additional use limitations and Installation Instructions.		Installation Instructions FL8557_R1_II_INST_8557.4.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8557_R1_AE_EVAL_8557.4.pdf Created by Independent Third Party: Yes
8557.5	e. Series 00 Axiom Clad Casement Fixed - Harbor Master	Extruded Aluminum Clad Wood Casement Fixed Window Muller to an Extruded Aluminum Clad Wood Casement Fixed Window or Windows (Geometric Shapes available) - with Harbor Master Laminated Insulated Glass
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 8557.5 for Design Pressure ratings by size, any additional use limitations and Installation		Installation Instructions FL8557_R1_II_INST_8557.5.pdf Verified By: Wendell W. Haney, P.E. 54158 Created by Independent Third Party: Yes Evaluation Reports FL8557_R1_AE_EVAL_8557.5.pdf Created by Independent Third Party: Yes

Instructions.

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:





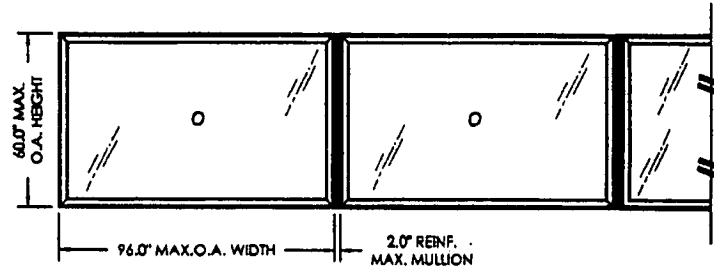
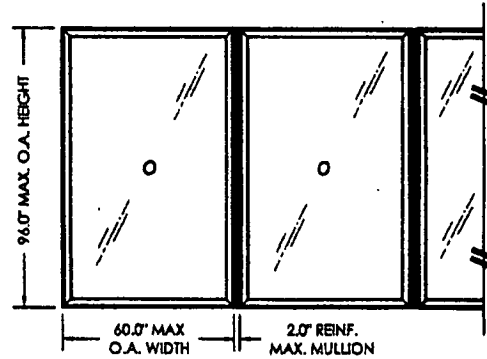
SERIES 00 AXIOM CLAD FIXED CASEMENT WINDOW MULLED UNIT

"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" (MVHZ).
- 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 & general notes
2	Geometric shapes
3	Mullion load table & details - W/O reinforcement
4	Mullion load table & details - W/ 1X reinforcement
5	Mullion load table & details - W/ 2X reinforcement
6	Vertical & horizontal cross sections
7	Vertical cross sections
8	Buck & frame anchoring
9	Buck & frame anchoring
10	Components
11	Bill of materials & glazing details



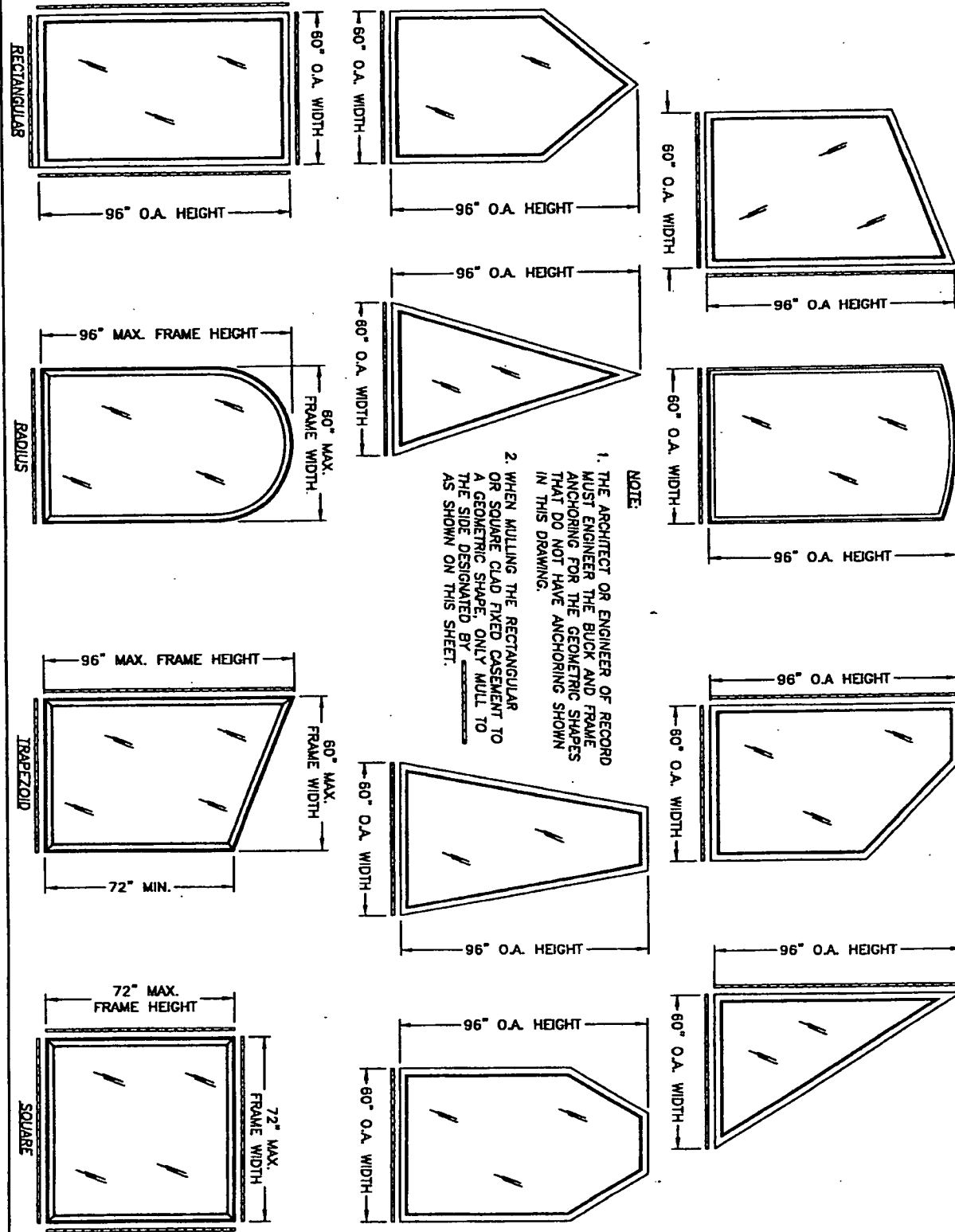
OVERALL FRAME DIMENSION	OVERALL D.I.O. DIMENSION	GLASS TYPE	DESIGN PRESSURE (PSF)	
			POS.	NEG.
60.00" x 96.00"	53.87" x 89.87"	G8	+70.0	-70.0
96.00" x 60.00"	89.87" x 53.87"	G8	+70.0	-70.0
60.00" x 76.00"	53.87" x 69.87"	G1	+56.8	-56.8
76.00" x 60.00"	69.87" x 53.87"	G1	+56.8	-56.8
72.00" x 72.00"	65.87" x 65.87"	G8	+70.0	-70.0
40.00" x 60.00"	33.87" x 53.87"	G2	+55.8	-55.8

Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
 P.O. Box 230 Vero Beach, FL 33490
 Phone No. 888.858.7197
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
Wendell W. Kerper 9.9.08
 Wendell W. Kerper, P.E. No. 04158

PRODUCT: SERIES 00 AXIOM CLAD FIXED CASEMENT MULLED WINDOW UNITS "NON-IMPACT" PART OR ASSEMBLY
 TYPICAL ELEVATIONS, DESIGN PRESSURES & GENERAL NOTES

NO.	DATE	BY

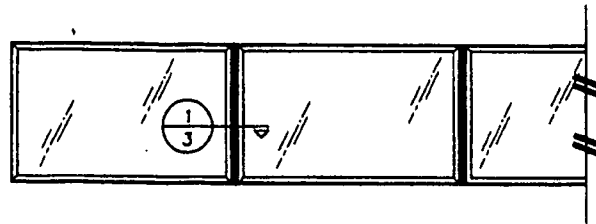
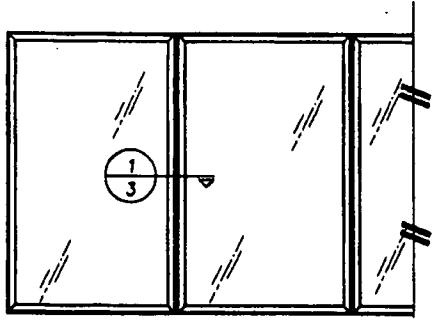
DATE: 5/14/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8557.2
 SHEET 1 of 11



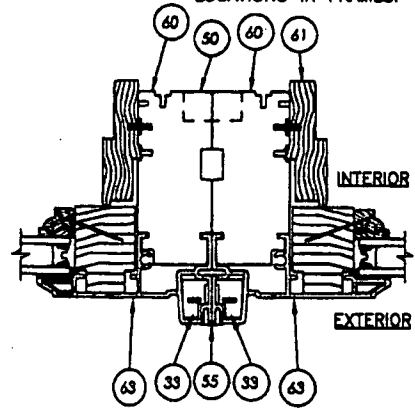
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SCALE	N.T.S.	REVISIONS					
DRAWN BY	JK						
CHECK BY	MMH						
DESIGNED BY							
DRAWING NO.	FL-8557.2						
SHEET	2 OF 11						

PRODUCT: SERIES 00 AXIOM CLAD FIXED CASEMENT MULLED WINDOW UNITS "NON-IMPACT"
 PART OR ASSEMBLY: GEOMETRIC SHAPES

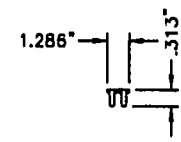
Documents Prepared By:
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Wendell W. Henry 9-9-08
 Wendell W. Henry, P.E. No. 54198



SEE ANCHORING SHEET FOR CORRUGATED FASTENER LOCATIONS IN FRAMES.



1
3 HORIZONTAL CROSS SECTION AT ZERO MULLION AND COVER FRAME LVL HATCH REMOVED FOR CLARITY



55 ZERO MULLION COVER

EAGLE CASEMENT COMBINATION (ZERO) MULLION LOAD TABLE (PSF)

MULLION SPAN	TREBUTARY WIDTH													
	24"	30"	35"	42"	48"	54"	60"	66"	72"	78"	84"	90"	96"	
	96.0"	25.22	20.19	16.82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
94.0"	26.67	21.49	17.91	15.35	NA	NA	NA	NA	NA	NA	NA	NA	NA	
92.0"	28.66	22.93	18.11	18.38	NA	NA	NA	NA	NA	NA	NA	NA	NA	
90.0"	30.61	24.49	20.41	17.49	18.31	NA	NA	NA	NA	NA	NA	NA	NA	
88.0"	32.75	26.20	21.83	18.71	18.37	NA	NA	NA	NA	NA	NA	NA	NA	
86.0"	35.09	28.07	23.39	20.05	17.64	15.59	NA	NA	NA	NA	NA	NA	NA	
84.0"	37.65	30.12	25.10	21.52	18.83	18.73	15.08	NA	NA	NA	NA	NA	NA	
82.0"	40.48	32.38	26.98	23.13	20.24	17.69	18.19	NA	NA	NA	NA	NA	NA	
80.0"	43.59	34.87	29.08	24.91	21.79	19.37	17.43	15.85	NA	NA	NA	NA	NA	
78.0"	47.03	37.82	31.35	26.87	23.51	20.80	18.81	17.10	15.68	NA	NA	NA	NA	
76.0"	50.84	40.87	33.86	29.05	25.42	22.59	20.34	18.49	16.95	15.84	NA	NA	NA	
74.0"	55.07	44.06	36.71	31.47	27.54	24.48	22.03	20.03	18.36	16.85	15.73	NA	NA	
72.0"	59.79	47.83	39.86	34.17	29.80	26.57	23.82	21.74	19.83	18.40	17.08	15.94	NA	
70.0"	65.08	52.05	43.38	37.18	32.53	28.82	26.03	23.88	21.69	20.02	18.59	17.35	16.27	
68.0"	70.97	56.78	47.32	40.58	35.49	31.54	28.39	25.81	23.68	21.84	20.28	18.83	17.74	
66.0"	77.62	62.10	51.75	44.36	39.81	34.50	31.06	28.23	25.87	23.68	22.18	20.70	19.41	
64.0"	80.00	68.11	56.75	48.65	42.57	37.84	34.05	30.86	28.38	26.19	24.32	22.70	21.28	
62.0"	80.00	74.91	62.43	53.51	48.82	41.82	37.48	34.05	31.21	28.81	26.75	24.97	23.41	
60.0"	80.00	80.00	68.88	59.04	51.66	45.92	41.33	37.57	34.44	31.79	29.52	27.55	25.83	
58.0"	80.00	80.00	76.25	65.36	57.19	50.83	45.75	41.69	38.13	35.18	32.68	30.50	28.59	
56.0"	80.00	80.00	80.00	72.62	63.64	58.48	50.83	48.21	42.38	39.10	36.31	33.69	31.77	
54.0"	80.00	80.00	80.00	80.00	70.88	62.89	56.69	51.84	47.24	43.81	40.49	37.79	35.43	
52.0"	80.00	80.00	80.00	80.00	79.38	70.54	63.49	57.71	52.91	48.84	45.35	42.32	39.68	
50.0"	80.00	80.00	80.00	80.00	80.00	79.35	71.41	64.92	58.51	54.83	51.01	47.61	44.83	
48.0"	80.00	80.00	80.00	80.00	80.00	80.00	80.00	72.73	68.87	61.54	57.14	53.33	50.00	
47.0"	80.00	80.00	80.00	80.00	80.00	80.00	80.00	74.27	68.09	62.65	58.38	54.47	51.06	

INSTRUCTIONS FOR USE OF THE MULLION LOAD TABLE:

1. DETERMINE THE DESIGN LOAD REQUIREMENT PER CHAPTER 16 OF THE FBC FOR THE PARTICULAR OPENING UNDER CONSIDERATION.
2. FOR THE PARTICULAR OPENING, DETERMINE THE TRIBUTARY WIDTH AND MULLION SPAN. REFERENCE THE SKETCHES ON THIS SHEET FOR MULLION SPAN AND TRIBUTARY WIDTH DETERMINATION.
3. IN THE FIRST COLUMN OF THE TABLE, LOCATE THE MULLION SPAN. IN THE FIRST ROW OF THE TABLE, LOCATE THE TRIBUTARY WIDTH. AT THE INTERSECTION OF THE ROW CONTAINING THE MULLION SPAN AND THE COLUMN CONTAINING THE TRIBUTARY WIDTH, READ THE MULLION LOAD RATING GIVEN IN PSF. THE MULLION LOAD RATING MUST BE EQUAL TO OR GREATER THAN THE DESIGN LOAD REQUIREMENT DETERMINED IN STEP 1 ABOVE.

$$\text{TRIBUTARY WIDTH} = \frac{W1 + W2}{2}$$

Documents Prepared By: **RW BUILDING CONSULTANTS, INC.**
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 Florida Board of Professional Engineers
 Certificate of Authorization No. 8813
Wendell W. Hurd P.E. No. 54158

PRODUCT: SERIES 60 AVOX CLAD FIXED CASEMENT MULLION WINDOW UNITS, NON-IMPACT PART OR ASSEMBLY

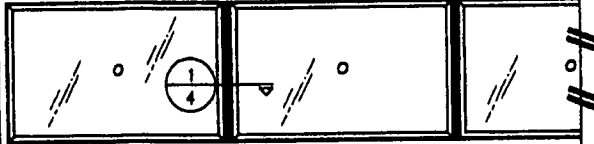
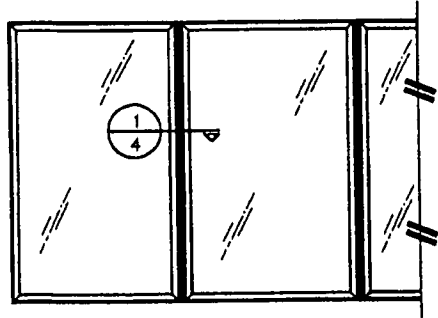
MULLION LOAD TABLE & DETAILS W/ 0 REINFORCEMENT

NO.	DATE	BY	REVISIONS

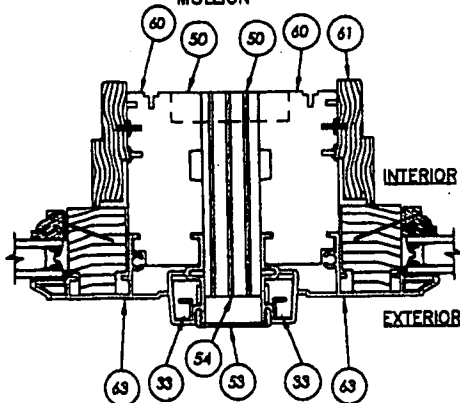
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 DWD BY: JK
 CHK BY: WWH
 DRAWING NO.: FL-8557.2
 SHEET: 1 of 11

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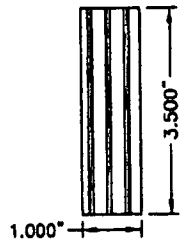
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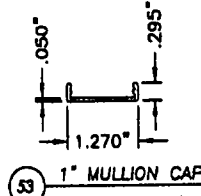
SEE ANCHORING SHEET FOR CORRUGATED FASTENER LOCATIONS IN FRAMES & MULLION



1
4 HORIZONTAL CROSS SECTION AT 1" MULLION AND COVER FRAME LVL HATCH REMOVED FOR CLARITY



54 1" MULLION



53 1" MULLION CAP

CASEMENT WITH 1"X3.5" LVL REINFORCING MULLION LOAD TABLE (PSF)

EAGLE	MULLION SPAN												
	24"	30"	36"	42"	48"	54"	60"	66"	72"	78"	84"	90"	96"
88.0"	43.69	34.95	29.13	24.97	21.85	19.42	17.48	15.89	N/A	N/A	N/A	N/A	N/A
83.0"	48.06	38.45	32.04	27.48	24.03	21.38	19.22	17.48	16.02	N/A	N/A	N/A	N/A
80.0"	53.03	42.42	35.35	30.30	26.51	23.57	21.21	19.28	17.68	16.32	15.15	N/A	N/A
88.0"	58.73	45.38	37.82	32.41	28.38	25.21	22.69	20.63	18.91	17.45	16.21	15.13	N/A
88.0"	60.78	48.62	40.52	34.73	30.39	27.01	24.31	22.10	20.28	18.70	17.38	16.21	15.19
84.0"	65.22	52.18	43.48	37.27	32.81	28.99	26.09	23.72	21.74	20.07	18.63	17.39	16.31
82.0"	70.11	56.09	46.74	40.08	35.08	31.18	28.04	25.48	23.37	21.57	20.03	18.70	17.53
80.0"	75.50	60.40	50.33	43.14	37.75	33.56	30.20	27.48	25.17	23.23	21.57	20.13	18.88
78.0"	80.00	65.17	54.31	46.55	40.73	36.20	32.58	29.62	27.15	25.06	23.27	21.72	20.37
78.0"	80.00	70.45	58.71	50.32	44.03	39.14	35.22	32.02	29.35	27.10	25.16	23.48	22.02
74.0"	80.00	78.32	63.60	54.51	47.70	42.40	38.18	34.69	31.80	29.35	27.28	25.44	23.85
72.0"	80.00	80.00	69.05	59.18	51.78	46.03	41.43	37.68	34.52	31.97	29.59	27.82	25.89
70.0"	80.00	80.00	75.14	64.40	56.35	50.09	45.08	40.98	37.57	34.88	32.20	30.05	28.18
68.0"	80.00	80.00	80.00	70.25	61.47	54.84	48.18	44.71	40.98	37.83	35.13	32.78	30.74
68.0"	80.00	80.00	80.00	79.83	67.23	59.78	53.75	48.89	44.82	41.37	38.42	36.88	33.82
64.0"	80.00	80.00	80.00	80.00	73.73	65.54	58.99	53.82	49.15	45.37	42.13	39.32	36.87
62.0"	80.00	80.00	80.00	80.00	77.42	68.82	61.94	56.30	51.61	47.84	44.24	41.29	38.71
60.0"	80.00	80.00	80.00	80.00	80.00	71.11	64.00	58.18	53.33	48.23	45.71	42.67	40.00
58.0"	80.00	80.00	80.00	80.00	80.00	73.58	66.21	60.19	55.17	50.93	47.29	44.14	41.38
58.0"	80.00	80.00	80.00	80.00	80.00	76.19	68.57	62.34	57.14	52.75	48.98	45.71	42.88
54.0"	80.00	80.00	80.00	80.00	80.00	79.01	71.11	64.85	59.28	54.70	50.78	47.41	44.44
52.0"	80.00	80.00	80.00	80.00	80.00	80.00	73.88	67.13	61.64	56.80	52.75	49.23	46.15
50.0"	80.00	80.00	80.00	80.00	80.00	80.00	76.80	69.82	64.00	58.08	54.88	51.20	48.00
49.0"	80.00	80.00	80.00	80.00	80.00	80.00	78.37	71.24	65.31	60.28	55.98	52.24	48.98
48.0"	80.00	80.00	80.00	80.00	80.00	80.00	80.00	72.73	66.67	61.54	57.14	53.33	50.00
47.0"	80.00	80.00	80.00	80.00	80.00	80.00	80.00	74.27	68.09	62.85	58.38	54.47	51.08

INSTRUCTIONS FOR USE OF THE MULLION LOAD TABLE:

1. DETERMINE THE DESIGN LOAD REQUIREMENT PER CHAPTER 16 OF THE FBC FOR THE PARTICULAR OPENING UNDER CONSIDERATION.
2. FOR THE PARTICULAR OPENING, DETERMINE THE TRIBUTARY WIDTH AND MULLION SPAN. REFERENCE THE SKETCHES ON THIS SHEET FOR MULLION SPAN AND TRIBUTARY WIDTH DETERMINATION.
3. IN THE FIRST COLUMN OF THE TABLE, LOCATE THE MULLION SPAN. IN THE FIRST ROW OF THE TABLE, LOCATE THE TRIBUTARY WIDTH. AT THE INTERSECTION OF THE ROW CONTAINING THE MULLION SPAN AND THE COLUMN CONTAINING THE TRIBUTARY WIDTH, READ THE MULLION LOAD RATING GIVEN IN PSF. THE MULLION LOAD RATING MUST BE EQUAL TO OR GREATER THAN THE DESIGN LOAD REQUIREMENT DETERMINED IN STEP 1 ABOVE.

$$\text{TRIBUTARY WIDTH} = \frac{W1 + W2}{2}$$

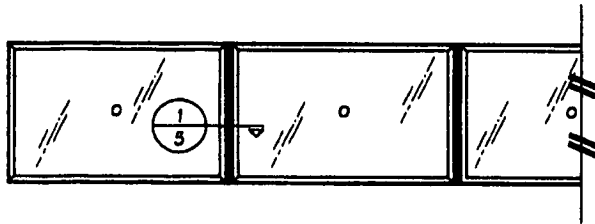
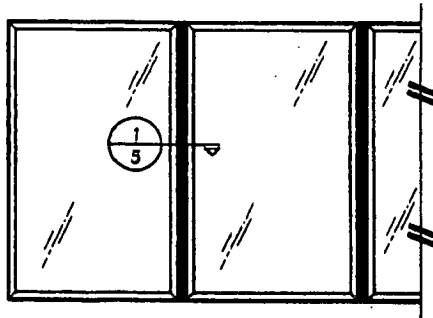
Documents Prepared By:
RW BUILDING CONSULTANTS, INC.
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 Phone No: 813.899.9197
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
 Wounded Warrior 9-9-08
 Member in Good Standing P.E. No. 54108

PRODUCT: SERIES 00 AXIOM CLAD FIXED CASEMENT MULLION WINDOW UNITS NON-IMPACT PART OF ASSEMBLY:
 MULLION LOAD TABLE & DETAILS W/ 1X REINFORCEMENT

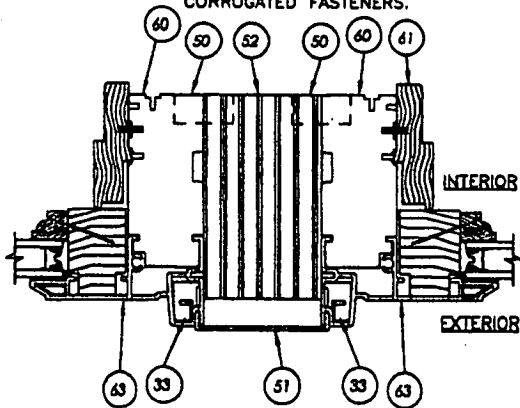
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DATE: 5/14/08
 SCALE: N.T.S.
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 CHK. BY: WWH
 DRAWING NO.: FL-8557.2
 SHEET 4 OF 11

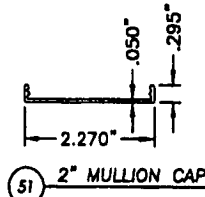
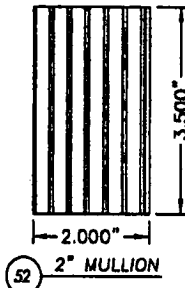
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SEE ANCHORING SHEET FOR CORRUGATED FASTENER LOCATIONS IN FRAMES & MULLION. 2" MULLION ANCHORING W/WOOD SCREW REPLACING CORRUGATED FASTENERS.



1/5 HORIZONTAL CROSS SECTION AT 2" MULLION AND COVER FRAME LVL HATCH REMOVED FOR CLARITY



EAGLE		CASEMENT w/2"x3.5" LVL REINFORCING MULLION LOAD TABLE (PSF)												
		TRIBUTARY WIDTH												
		24"	30"	36"	42"	48"	54"	60"	68"	72"	78"	84"	90"	96"
MULLION SPAN	96.0"	60.39	48.31	40.28	34.51	30.19	28.84	24.15	21.68	20.13	18.68	17.25	16.10	15.10
	93.0"	68.42	53.14	44.28	37.85	33.21	29.52	28.57	24.15	22.14	20.44	18.98	17.71	16.81
	90.0"	73.29	58.83	48.88	41.88	38.84	32.57	29.31	26.65	24.43	22.55	20.94	19.54	18.32
	88.0"	78.40	62.72	52.28	44.80	39.20	34.84	31.38	28.51	26.13	24.12	22.40	20.91	19.60
	86.0"	80.00	67.20	58.00	48.00	42.00	37.33	33.60	30.54	28.00	26.84	24.00	22.40	21.00
	84.0"	80.00	72.11	60.09	51.51	45.07	40.08	38.08	32.78	30.05	27.73	25.75	24.04	22.53
	82.0"	80.00	77.52	64.60	55.37	48.45	43.08	38.78	35.23	32.30	29.81	27.68	25.84	24.22
	80.0"	80.00	80.00	69.58	59.83	52.17	48.38	41.74	37.94	34.78	32.11	29.81	27.83	26.09
	78.0"	80.00	80.00	75.05	64.33	56.29	50.04	45.03	40.94	37.53	34.84	32.17	30.02	28.15
	76.0"	80.00	80.00	80.00	69.55	60.85	54.09	48.68	44.28	40.57	37.45	34.77	32.45	30.43
	74.0"	80.00	80.00	80.00	74.13	64.88	57.88	51.89	47.17	43.24	39.82	37.07	34.69	32.43
	72.0"	80.00	80.00	80.00	78.19	68.67	59.28	53.33	48.48	44.44	41.03	38.10	35.58	33.33
	70.0"	80.00	80.00	80.00	78.37	68.57	60.85	54.88	49.87	45.71	42.20	39.18	36.67	34.29
	68.0"	80.00	80.00	80.00	80.00	70.58	62.75	58.47	51.34	47.08	43.44	40.34	37.85	35.29
	66.0"	80.00	80.00	80.00	80.00	72.73	64.85	58.18	52.89	48.48	44.78	41.68	38.79	36.38
	64.0"	80.00	80.00	80.00	80.00	75.00	66.87	60.00	54.55	50.00	46.15	42.86	40.00	37.50
	62.0"	80.00	80.00	80.00	80.00	77.42	68.82	61.94	56.30	51.81	47.84	44.24	41.28	38.71
	60.0"	80.00	80.00	80.00	80.00	80.00	71.11	64.00	58.18	53.33	49.23	45.71	42.87	40.00
	58.0"	80.00	80.00	80.00	80.00	80.00	73.58	68.21	60.19	55.17	50.93	47.29	44.14	41.38
	56.0"	80.00	80.00	80.00	80.00	80.00	78.18	68.57	62.34	57.14	52.75	48.88	45.71	42.88
54.0"	80.00	80.00	80.00	80.00	80.00	79.01	71.11	64.85	59.28	54.70	50.79	47.41	44.44	
52.0"	80.00	80.00	80.00	80.00	80.00	80.00	73.85	67.13	61.54	56.80	52.75	49.23	46.15	
50.0"	80.00	80.00	80.00	80.00	80.00	80.00	78.00	69.82	64.00	59.08	54.86	51.20	48.00	
48.0"	80.00	80.00	80.00	80.00	80.00	80.00	78.37	71.24	65.31	60.28	55.88	52.24	48.88	
46.0"	80.00	80.00	80.00	80.00	80.00	80.00	80.00	72.73	68.67	61.54	57.14	53.33	50.00	
44.0"	80.00	80.00	80.00	80.00	80.00	80.00	80.00	74.27	68.09	62.85	58.36	54.47	51.08	

INSTRUCTIONS FOR USE OF THE MULLION LOAD TABLE:

1. DETERMINE THE DESIGN LOAD REQUIREMENT PER CHAPTER 18 OF THE FBC FOR THE PARTICULAR OPENING UNDER CONSIDERATION.
2. FOR THE PARTICULAR OPENING, DETERMINE THE TRIBUTARY WIDTH AND MULLION SPAN. REFERENCE THE SKETCHES ON THIS SHEET FOR MULLION SPAN AND TRIBUTARY WIDTH DETERMINATION.
3. IN THE FIRST COLUMN OF THE TABLE, LOCATE THE MULLION SPAN. IN THE FIRST ROW OF THE TABLE, LOCATE THE TRIBUTARY WIDTH. AT THE INTERSECTION OF THE ROW CONTAINING THE MULLION SPAN AND THE COLUMN CONTAINING THE TRIBUTARY WIDTH, READ THE MULLION LOAD RATING GIVEN IN PSF. THE MULLION LOAD RATING MUST BE EQUAL TO OR GREATER THAN THE DESIGN LOAD REQUIREMENT DETERMINED IN STEP 1 ABOVE.

$$\text{TRIBUTARY WIDTH} = \frac{W1 + W2}{2}$$

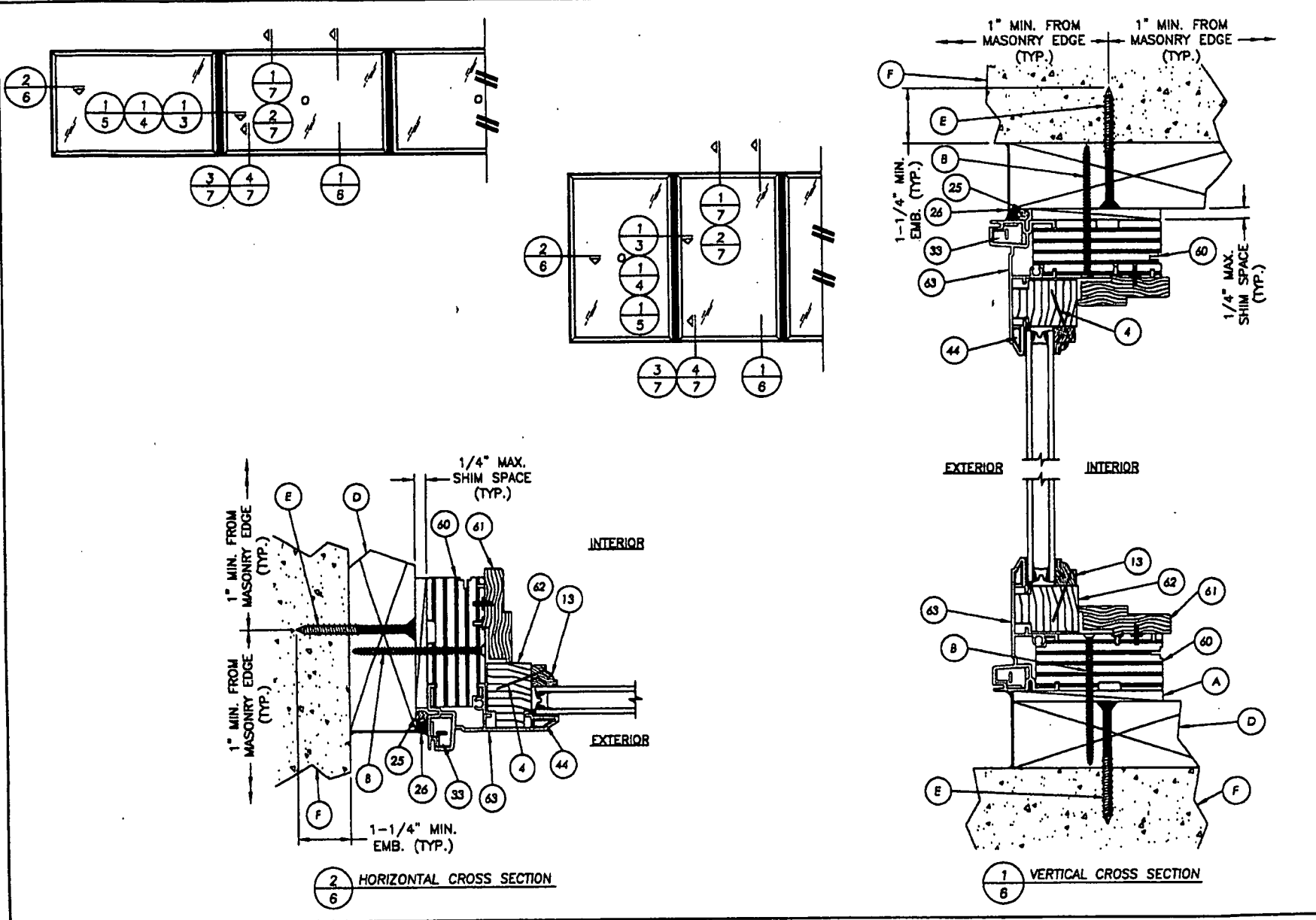
Documents Prepared By: **RW BUILDING CONSULTANTS, INC.**
 P.O. Box 230 Weston, FL 32608
 Phone No. 813.299.9187
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
R. W. ... 9-9-08

PRODUCT: SERIES 00 ANOM CLAD FIXED CASSEMENT MULLION PART OR ASSEMBLY: MULLION LOAD TABLE & DETAILS W/ 2X REINFORCEMENT

NO.	DATE	BY

DATE: 5/14/08
 SCALE: N.T.S.
 DRG. BY: JK
 CHK. BY: WW/H
 DRAWING NO.: FL-8557.4
 SHEET 5 of 11

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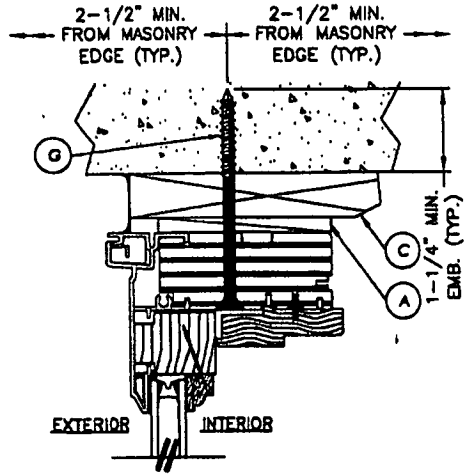


Documents Prepared By: **RW BUILDING CONSULTANTS, INC.**
 P.O. Box 230 Venice FL 33595
 Phone No.: 813.558.9187
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
 Ronald W. Hootner, P.E. No. 84186

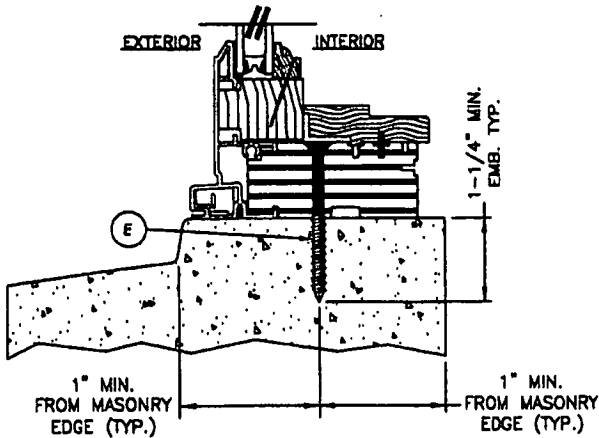
PRODUCT: SERIES 00 AROM CLAD FIXED CASEMENT MILLED WINDOW UNITS, NON-IMPACT PART OR ASSEMBLY		VERTICAL & HORIZONTAL CROSS SECTIONS	
DATE	5/14/08	NO.	DATE
SCALE	N.T.S.	BY	
DRG. BY	JK	REVISIONS	
CHEK. BY	WWH		
DRAWING NO.	FL-8557.2		
SHEET	6 OF 11		

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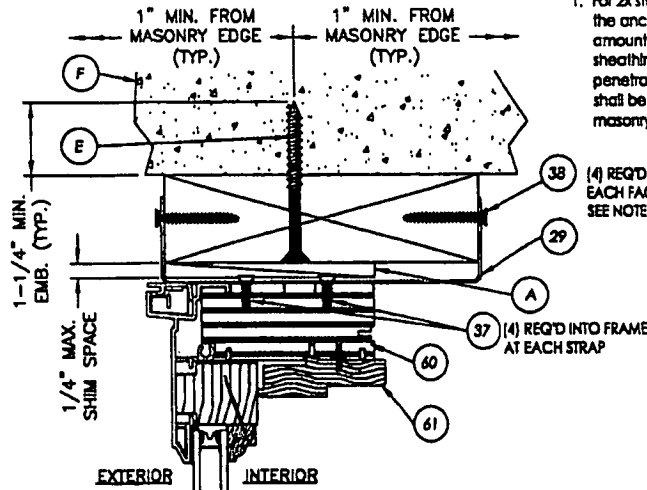
FL-1A - Projects Project Folders Proj 1101 - 1200 of 1166 RD. RWBC Drawings FL-8557V8-8557-2-3.dwg, FL-8557-2-7



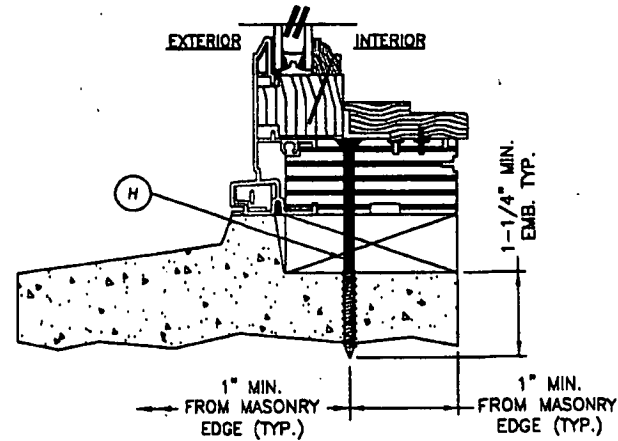
1 VERTICAL CROSS SECTION
7 SHOWN W/1X SUB-BUCK SUBSTITUTING CONCRETE SCREWS FOR SCREWS PER SECTION 1714.5.4.2 OF THE FLORIDA BUILDING CODE. THIS VIEW REPRESENTATIVE OF HEAD & JAMBS.



3 VERTICAL CROSS SECTION
7 MASONRY SILL



2 VERTICAL CROSS SECTION SHOWN
7 UTILIZING OPTIONAL STRAP ANCHOR ITEM #29 REPLACING ANCHOR SCREWS. THIS VIEW REPRESENTATIVE OF HEAD, JAMBS & SILL, WHEN 2X BUCK IS USED @ SILL.



4 VERTICAL CROSS SECTION
7 MASONRY SILL

NOTE
1. 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.

(4) REQ'D PER STRAP; (2) IN EACH FACE OF BUCK SEE NOTE 1

(4) REQ'D INTO FRAME AT EACH STRAP

Documents Prepared By: *RW* BUILDING CONSULTANTS, INC.
P.O. Box 230 Venice FL 33595
Phone No. 813.980.9197
Florida Board of Professional Engineers
Certificate of Authorization No. 0813
Wendy J. P. O'S
Registered Professional, P.E. No. 54138

PRODUCT: SERIES 80 ALUM CLAD FIXED CASEMENT MILLER WINDOW UNITS, NON-IMPACT PART OR ASSEMBLY

VERTICAL CROSS SECTIONS

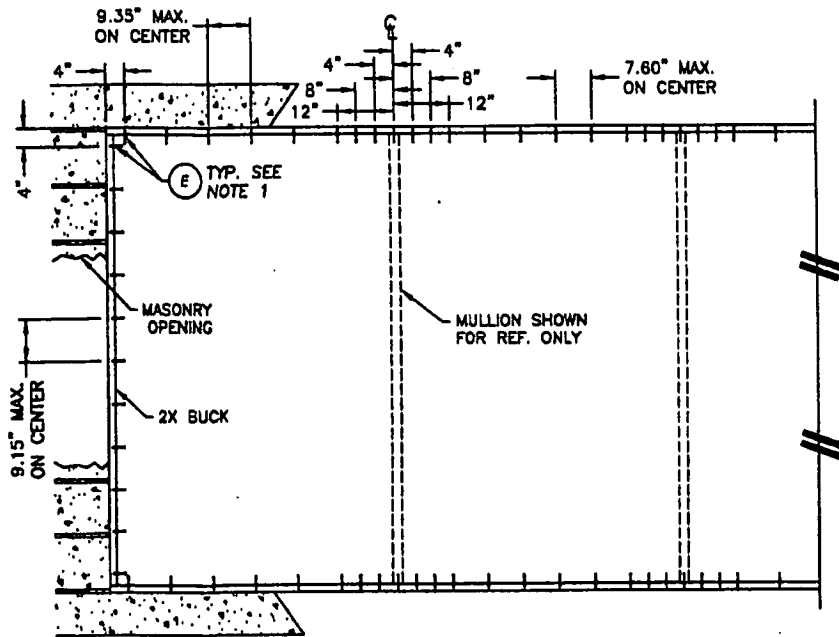
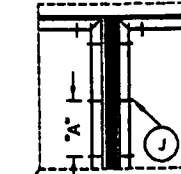
NO.	DATE	BY	REVISIONS

DATE: 5/14/08
SCALE: N.T.S.
DWG. BY: JK
CHK. BY: WWH
DRAWING NO.: FL-8557.2
SHEET 7 of 11

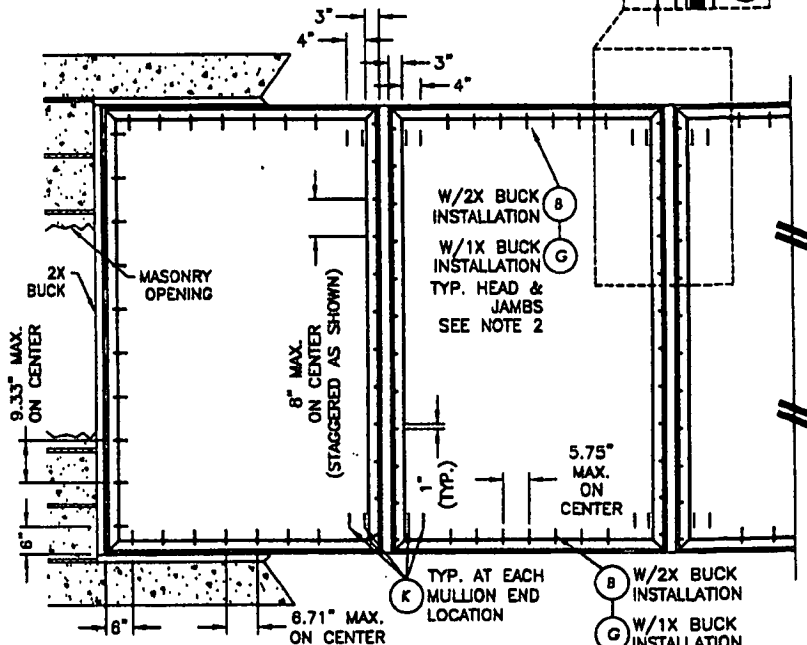
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DESIGN PRESSURE	"A" DIMENSION
UP TO 60 PSF	9" MAX. O.C.
UP TO 70 PSF	8" MAX. O.C.

OPTIONAL SCREW ASSY.
OF MULLION



BUCK ANCHORING



FRAME ANCHORING

NOTES:

- 1/4" Eico 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.
- 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 Venice FL 33595
 Phone No.: 813.658.9187
 Florida Board of Professional Engineers
 Certificate Of Authorization No. 9813
 Renewal W. 1/2007 P.E. No. 54168
 2.9.08

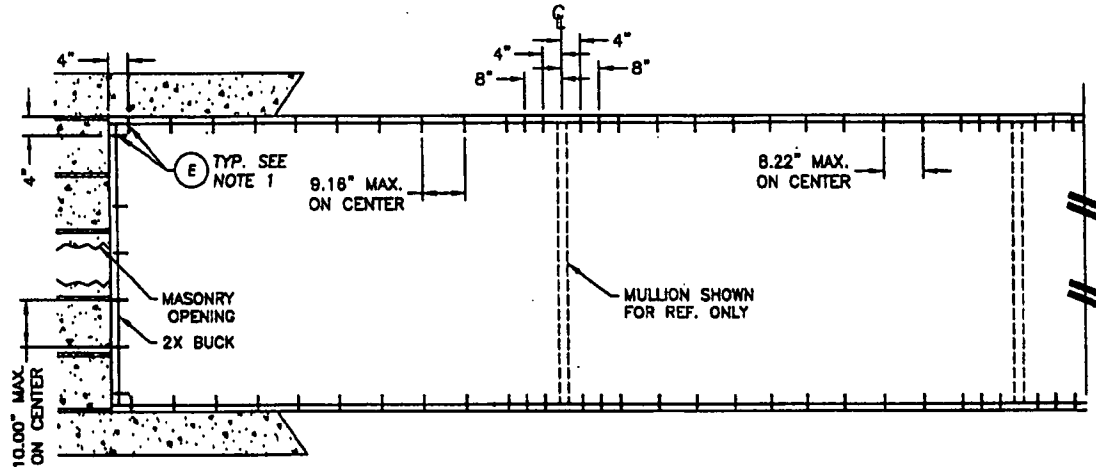
PRODUCT: SERIES 00 AXOM
 CLAD FIXED CASEMENT MULLIED
 WINDOW UNITS, NON-IMPACT
 PART OR ASSEMBLY:
 BUCK & FRAME
 ANCHORING

NO.	DATE	BY	REVISIONS

DATE: 5/14/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8557.2
 SHEET 8 of 11

NOTES:

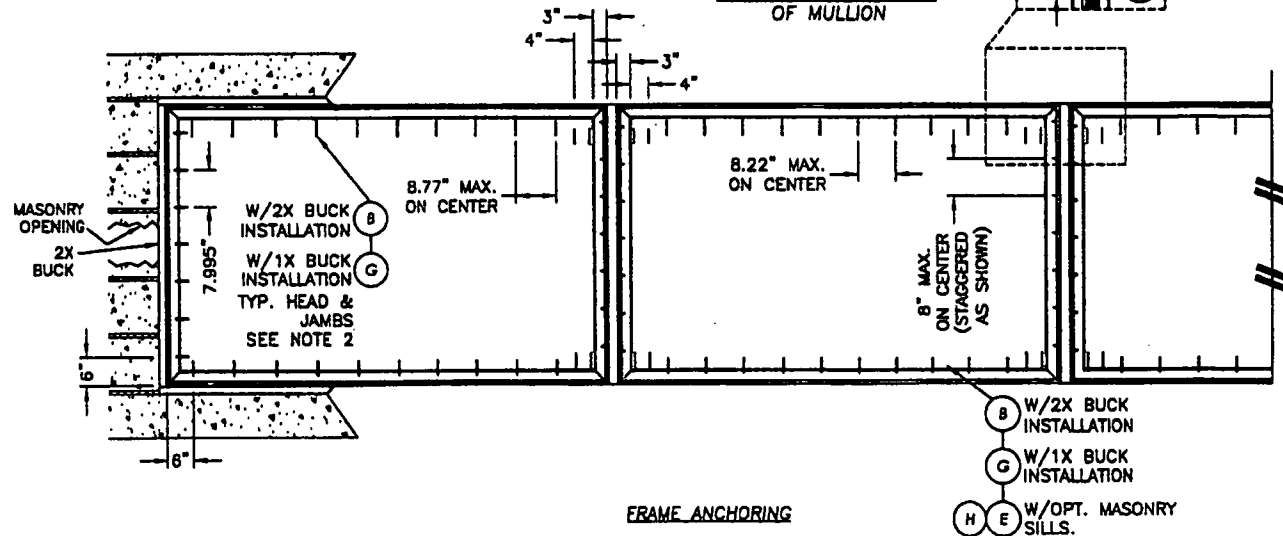
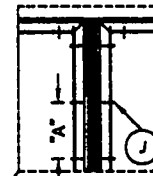
- 1/4" Eco Concrete screws anchoring 2x buck require a minimum 1" clearance to masonry edges, a 1-1/4" minimum embedment and a minimum 4" clearance to adjacent concrete screws. Substitution of equal concrete screws from a different supplier may have different edge distance and center distance requirements. 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.
- 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.



BUCK ANCHORING

DESIGN PRESSURE	"A" DIMENSION
UP TO 60 PSF	9" MAX. O.C.
UP TO 70 PSF	8" MAX. O.C.

OPTIONAL SCREW ASSY. OF MULLION



FRAME ANCHORING

Documents Prepared By: **RW BUILDING CONSULTANTS, INC.**
 P.O. Box 250 33898-0197
 Phone No. 813.859.8197
 Florida Board of Professional Engineers
 Certificate of Registration No. 13113
Wendell W. Holmes, P.E.
 No. 04180

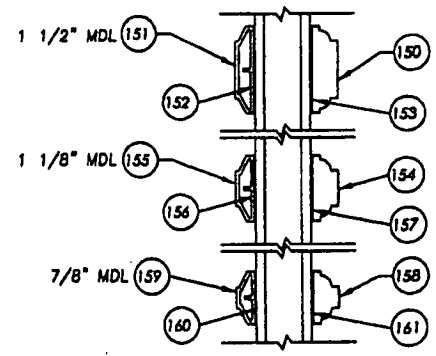
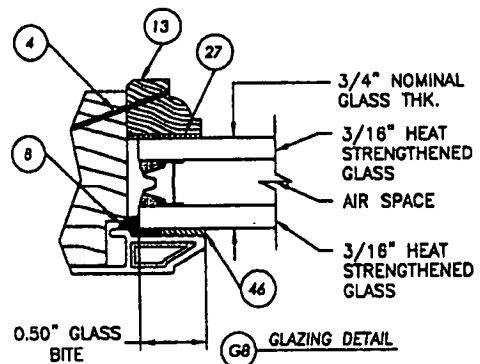
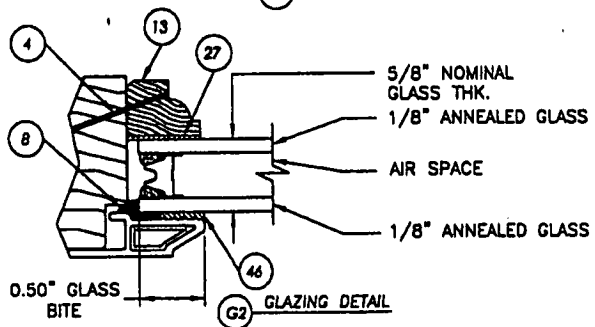
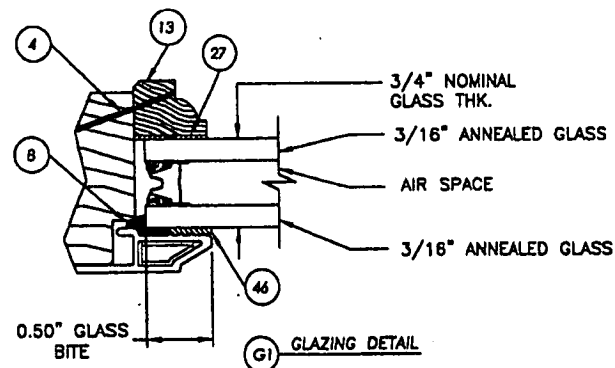
PRODUCT: SERIES 60 ADOX
 CLAD FIXED CASEMENT MULLION
 WINDOW UNITS NON-IMPACT
 PART OR ASSEMBLY: BUCK & FRAME ANCHORING

NO.	DATE	BY	REVISIONS

DATE: 5/14/08
 SCALE: N.T.S.
 DWG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8557.2
 SHEET 8 OF 11

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BILL OF MATERIALS		
ITEM	DESCRIPTION	MATERIAL
A	1/4" MAX. SHIM SPACE	WOOD
B	1/8" 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
J	1/8" x 2-1/2" PFH WS	STEEL
K	1/10" x 3" PFH WS	STEEL
4	18ga x 1-1/4" BRAD TRIM NAIL	STEEL
8	PECORA 898 SEALANT	SILICONE
13	GLASS STOP (CLEAR PINE) (.625" x .471")	WOOD
25	BACKER ROD	FOAM
26	SEALANT	SILICONE
27	POLYETHYLENE FOAM TAPE	FOAM TAPE
29	STRAP ANCHOR 1.625" x 8.5" x .039" THK.	STEEL
33	FRAME CORNER KEY	ABS COMPOUND
37	1/8" x 5/8" PFH WS	STEEL
38	1/8" x 1-1/2" PFH SMS	STEEL
44	SASH CORNER KEY	ABS COMPOUND
48	GLAZING TAPE .094" x 283" BUTYL TAPE	-
90	CORRUGATED FASTENER	STEEL
51	MULLION COVER (2" MULLION) (6063-T8)	ALUMINUM
52	2" MULLION LAMINATED VENEERED LUMBER (LVL)	WOOD (LVL)
53	MULLION COVER (1" MULLION)	ALUMINUM
54	1" MULLION LAMINATED VENEERED LUMBER (LVL)	WOOD (LVL)
55	ZERO MULLION COVER (6063-T8)	ALUMINUM
60	FRAME MEMBER (2.97" x 1.327")	LVL
61	SIDE STOP (2.157" x .670")	WOOD
62	RAIL / STILE (1.47" x 1.051")	WOOD
63	FRAME / SASH CLADDING (3.065" x 1.5") (6063-T8)	ALUMINUM
150	1-1/2" INTERIOR COLONIAL MDL BAR	WOOD
151	1-1/2" EXTERIOR MDL BAR (6063-T8)	ALUMINUM
152	1-1/2" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
153	1-1/2" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
154	1-1/8" INTERIOR COLONIAL MDL BAR	WOOD
155	1-1/8" EXTERIOR MDL BAR (6063-T8)	ALUMINUM
156	1-1/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
157	1-1/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE
158	7/8" INTERIOR COLONIAL MDL BAR	WOOD
159	7/8" EXTERIOR MDL BAR (6063-T8)	ALUMINUM
160	7/8" MDL ADHESIVE TAPE (EXTERIOR TAPE)	POLYETHYLENE
161	7/8" MDL ADHESIVE TAPE (INTERIOR TAPE)	POLYETHYLENE



OPTIONAL MUNTIN BAR ATTACHMENT TO GLASS

Documents Prepared By: **RW BUILDING CONSULTANTS, INC.**
 P.O. Box 230 Venice FL 33595
 Phone No. 813.359.1177
 Florida Board of Professional Engineers
 Certificate of Authorization No. 9813
 Renewal No. 11/1/08

PRODUCT: SERIES 00 ANOM CLAD FIXED CASEMENT MULLIED WINDOW UNITS "NON-IMPACT" PART OR ASSEMBLY

BILL OF MATERIALS & GLAZING DETAILS

NO.	DATE	BY	REVISIONS

DATE: 5/15/08
 SCALE: N.T.S.
 DRG. BY: JK
 CHK. BY: WWH
 DRAWING NO.: FL-8557.2
 SHEET 11 of 11

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TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

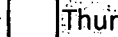
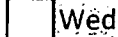
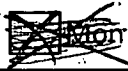
Date of Inspection Mon Tue Wed Thur Fri 7-17 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9188	Kerner	beam + slab		
8:30 1st	37 E High Pt OB		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	step-up footer		
	27 S Kuer Stratton	bond beam	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9142	Hinners	retaining walls		
	4 Morgan Cir Gribben	wing walls	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8823	Sebastiano	walk thru		
9AM	6 W High Pt OB		Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9:20	Conway	garage	Pass	
10:30 - 11:00	4 Oak Hill Way Stephens Conway		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection



7-21

2009

Page

1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9203	Truitt	Final		
923	395 River Rd Kamell	Doors	PASS	Close INSPECTOR <i>JA</i>
9142	Henners 4 Morgan Cir Gubben	retaining walls FINAL CONCRETE	PASS	INSPECTOR <i>JA</i>
CE	2 Via de Cristo	lawn again		INSPECTOR
9203	Conway	Final	PASS	INSPECTOR
154	4 Oakhill Conway (285-2673)	Windows	PASS	INSPECTOR <i>JA</i>
9196	Jenkins ^{OFF RIDGELAND} 4 Sabal Ct H Solar East	Final solar	PASS	Close INSPECTOR <i>JA</i>
9195	Merkin 93 N Sewalls OB	Final concrete	PASS <i>JA</i>	Close INSPECTOR <i>JA</i>
9162	Ames 114 S Sewalls Jensen Beach Alum (code 1994)	Window buck	PASS	INSPECTOR <i>JA</i>

GENERAL
CORRESPONDENCE

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-2-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10859	EBERT 138 S. Sewalls Pt Rd BROWNIE	Gas Rough	PASS	INSPECTOR <i>[Signature]</i>
10853	KISSLING 7 MINDROW HEATON ROOFING	ROOF FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10679	MORAN 2 PRIN RD BROWNIE	Footen	CLOSED FOR MONDAY	INSPECTOR
	HARRINGTON 5 VIA LUCINDIA	TRUS	OK	INSPECTOR <i>[Signature]</i>
	SEADERS 4 River Oak Rd	PLUMB w/ electrician	OK	INSPECTOR
				INSPECTOR
				INSPECTOR

10905

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:	10905	DATE ISSUED:	6/23/2014
SCOPE OF WORK:	A/C CHANGEOUT		
CONTRACTOR:	NISAIR A/C		
PARCEL CONTROL NUMBER:	26374101500000200	SUBDIVISION	CASTLE HILL LOT 2
CONSTRUCTION ADDRESS:	4 OAK HILL WAY		
OWNER NAME:	LUGO		
QUALIFIER:	PHILIP NISA JR	CONTACT PHONE NUMBER:	772 466-8115

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**

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.

Emergency No Air

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 6-16-14 Permit Number: 10905

OWNER/LESSEE NAME: Roberto Kelli Hugo Phone (Day) 828-1889 (Fax)

Job Site Address: 4 Oak Hill Way City: Stuart State: FL Zip: 34996

Legal Description Parcel Control Number: 26-37-41-015-000-00020-0

Fee Simple Holder Name: Address: City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): Changing out 12 ton A/C System like for like

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: \$ 5250
(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: NISAR A/C Phone: 466-8115 Fax: 468-9745

Qualifiers name: Philip Nisa Jr Street: 3200 S. US Hwy City: Ft Pierce State: FL Zip: 34982

State License Number: CA0041199 OR: Municipality: License Number:

LOCAL CONTACT: Philip Nisa Jr Phone Number: 466-8115

DESIGN PROFESSIONAL: Fla. License#
Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/Porches: Enclosed Storage
Carport: Total under Roof: Elevated Deck: Enclosed area below BFE:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

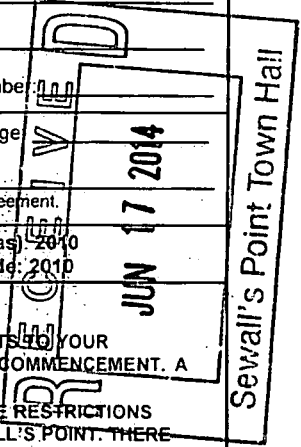
WARNINGS TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND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

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

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: St. Lucie
On This the 16 day of June 2014
by Philip Nisa Jr who is personally
known to me or produced _____
As identification _____
NOTARY PUBLIC
STATE OF FLORIDA
My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION (FBC 105.3.2) 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 772-220-4765

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10905		
ADDRESS:	4 OAK HILL WAY		
DATE ISSUED:	6/23/2014	SCOPE OF WORK:	A/C CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	-----------------------	-----------	--

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:			\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)			\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)			\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp				n/a
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
Martin County Impact Fee:			\$	
TOTAL BUILDING PERMIT FEE:			\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 5,280.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

*2 permits
 10905
 10914
 Pd 6/27/14
 CK 30958*



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 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: Lennox Model# CBX24H024
 Volts CFM's 800 Heat Strip 8 Kw
 Min. Circuit Amps 30 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 30
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New
 Attic/Garage/Closet (specify) Closet
 Access: _____

Condenser: Mfg Lennox Model# XC14-024
 Volts 230 SEER/EER 16.2 BTU's 24800
 Min. Circuit Amps 17.9 Wire gauge 10
 Max. Breaker size 30 Min. Breaker size 20
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New
 (Left/Right/Rear/Front/Roof) _____
 Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CB30M-31
 Volts 240 CFM's 300 Heat Strip 8 Kw
 Min. Circuit Amps 30 Wire gauge 8
 Max. Breaker size 40 Min. Breaker size 30
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 Location: Ext. New
 Attic/Garage/Closet (specify) Closet upstairs Hallway
 Access: _____

Condenser: Mfg Lennox Model# HS26-024
 Volts 230 SEER/EER 12 BTU's 24000
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size _____ Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R22
 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 [Handwritten Signature]

Date 6.16.14

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 29

TYPE OF BUSINESS 1711 AIR COND/PLUMBING CONTRACTOR (AIR CONDITIONING)

BUSINESS/ Philip Anthony Nisa Jr

DBA NAME Nisair Air Conditioning
MAILING Nisair Air Conditioning
ADDRESS 3700 S US Hwy 1
Fort Pierce, FL 34982

BUSINESS LOCATION 3700 S US Hwy 1
Fort Pierce, FL 34982

City of Fort Pierce



RENEWAL ORIGINAL TAX \$27.55
PENALTY
COLLECTION COST
TOTAL \$27.55

575220

Paid 07/15/2013 27.55

0019-20130715-008140

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Nisair Air Conditioning
3700 S US Hwy 1
Fort Pierce, FL 34982



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

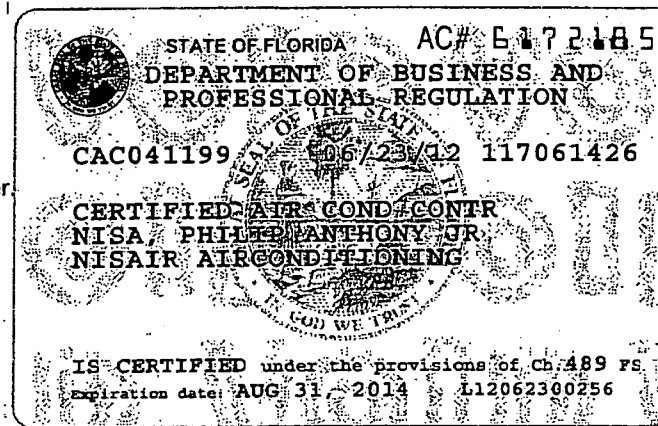
(850) 487-1395

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

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.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.



DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6172185

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062300256

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 06/23/2012, 117061426, CAC041199

The CLASS B AIR CONDITIONING CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2014

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

RICK SCOTT GOVERNOR

KEN LAWSON SECRETARY

DISPLAY AS REQUIRED BY LAW



CERTIFICATE OF LIABILITY INSURANCE

NISAI-1 OP ID: KR

DATE (MM/DD/YYYY)
01/03/14

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

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

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Joseph E. Coons, CPCU. CIC.	Phone: 772-286-4334 Fax: 772-286-9389	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Southern Owners</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td>INSURER B : Auto Owners Insurance Co</td> <td style="text-align: right;">10190</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A : Southern Owners	NAIC #	INSURER B : Auto Owners Insurance Co	10190	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
CONTACT NAME:																						
PHONE (A/C, No, Ext):	FAX (A/C, No):																					
E-MAIL ADDRESS:																						
INSURER(S) AFFORDING COVERAGE																						
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INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						
INSURED Nisair Air Conditioning 3700 S. US Highway 1 Fort Pierce, FL 34982																						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EMPL BENE 1000000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			72728868	12/20/13	12/20/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			9682637600	12/20/13	12/20/14	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4849136100	12/20/13	12/20/14	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	CRIME			72716485	02/04/13	02/04/14	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Air Conditioner Contractor - Florida Employees Only

CERTIFICATE HOLDER TOWNS-1 Town of Sewalls Point fax 220-4765 1 S Sewalls Point Road Stuart, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2013

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

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PRODUCER The Plastridge Agency-STO 10337 N. Military Trail Palm Beach Gardens, FL 33410 Jean Reed Parks	Phone: 772-287-5532 Fax: 772-287-5572	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
	INSURED Nisair Air Conditioning 3700 S US HWY 1 Fort Pierce, FL 34982	INSURER A : Zenith Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Z069531607	01/01/2014	01/01/2015	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 600,000

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

CERTIFICATE HOLDER**CANCELLATION**

Sewalls Point
 1 S. Sewalls Point Road
 Stuart, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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169032

AIR CONDITIONING

3700 S US Highway 1, Fort Pierce, FL 34982
Martin: (772) 283-0904 • St. Lucie: (772) 466-8115
Toll Free 1-877-7NISAIR Lic.# CACO-41199

J.M.J.

DATE 6-13-14

NAME Kelli Lugo
ADDRESS: 4 Oak Hill Way
CITY Stuart STATE FL ZIP 34996
PHONE - HM.# 828-1889 WK.# _____
EMAIL ADDRESS: _____

JOB INFO NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE - HM:# _____ WK.# _____ BLDG# _____ APT. _____

WORK DESCRIPTION Estimate JOB AREA UPstairs Hallway SYSTEM _____ OF _____

QTY.	DESCRIPTION	PRICE	AMOUNT
	Complete system change out from R22 to 410A <u>Lennox</u>		
	XC14-024 10 year parts > warranty		
	CBX27UH024 1 year labor		
	5280 16 seer		
	<u>FPL</u> -405		
	<u>4,875-000</u>		
	Includes 3 201 space Gavid Filters & Maintenance for today 6-13-14		

FPL#
Estimate

TECH (1) TIME IN: _____ OUT: _____
TECH (2) TIME IN: _____ OUT: _____
Total Hour(s) _____
Total Labor Cost \$ _____
THANK YOU
for allowing us to serve your Air
Conditioning and Heating needs.
www.nisair.com

ADDITIONAL REMARKS:
Monday June 16 2014
9:30 am
Mike Nisa (772-579-1196)

TOTAL PARTS:	
TAX:	
TOTAL LABOR:	
TRIP CHARGE	
PSC DISCOUNT	
PSC PLAN COST	
TOTAL AMT. DUE	

PAYMENT TERMS: PAST DUE ACCOUNTS (OVER 30 DAYS) ARE SUBJECT TO 1.5% INTEREST PER MONTH (18% APR) PLUS ALL COLLECTION COSTS IF NECESSARY. I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF. I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK.
CUSTOMER X [Signature]

PSC: _____ Regular: _____ Svc Conv-PSC: _____
PS Plan _____ through _____
1st: _____ 2nd _____
Regular Maint Month Preferred _____
If Svc Conv, does 1st reg. maint need to be set? _____
Planned Service Customer:
\$155 per system (1st hour or part of) Includes: 2 Maint. Inspections per year (M-F 8am-4pm) Plus...10% off additional Labor & Repair/Maintenance Parts, new Enhancement Products; UV Lights, Programmable F-Stats, & High Filtration Units, No Trip Charge, No Over Time Rate Charge on service calls, and \$100 discount off Equipment Upgrades.

TECHNICIAN _____
FOLLOW UP NEEDED _____
COMPLETED [Signature]

COOLING PERFORMANCE: ID TEMP. _____ OD TEMP. _____ SUCT. PRES. _____ DISCH. PRES. _____ REQ. SUPERHEAT _____
ACTUAL LINE VOLT _____ SUCT. LINE TEMP. _____ LIQ. LINE TEMP. _____ SUPPLY AIR _____ RETURN AIR _____

FILTER SIZE (S) _____ Type: _____ UVL _____
HEATING PERFORMANCE: KW _____ ACTUAL AMP. _____ ACTUAL VOLTS _____ SUPPLY _____ RETURN _____

COND. UNIT: MAKE _____ MODEL _____ S/N _____ TON _____
AIR HAND: MAKE _____ MODEL _____ S/N _____ TON _____



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

generated on 6/23/2014 8:51:50 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00020-0	4146	4 OAK HILL WAY, SEWALL'S POINT	\$775,770	6/21/2014

Owner Information	
Owner(Current)	LUGO ROBERTO & KELLI A
Owner/Mail Address	4 OAK HILL WAY STUART FL 34996
Sale Date	6/19/2013
Document Book/Page	2658 2313
Document No.	2401370
Sale Price	770000

Location/Description			
Account #	4146	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 2 PI# 26-37-41-015-000-00020-00000
Parcel Address	4 OAK HILL WAY, SEWALL'S POINT		
Acres	.4290		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information	
Market Land Value	\$250,000
Market Improvement Value	\$525,770
Market Total Value	\$775,770



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 5602900

Date: 6/16/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: XC14-024-230-06

Indoor Unit Model Number: CBX27UH-024-230*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: XC14 SERIES

Series name:

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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):	24800
EER Rating (Cooling):	13.70
SEER Rating (Cooling):	16.20
IEER Rating (Cooling):	

FootNote 11 - The AHRI 210/240 certified EER ratings are calculated under the same methodology as the EER ratings at T1 conditions of ISO 5151:2010 and ISO 13253:2011.

* 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

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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 at bottom right.



we make life better™

©2014 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

130473948829115665



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address	4 OAK HILL WAY, Stuart, FL 34996	
Latitude, Longitude	26.6726°, -80.0706°	
House Square Footage:	4152 sq. ft.	<i>Installing 1 2 ton A/C System Upstairs - Hallway</i>
Name:	LUGO	
Phone:		
Email:		

House Information

SHR	.75
Number of residents	2
Ceiling height	9
Wall U-value R-value	0.09 11
Floor U-value R-value	0.2 5
Ceiling U-value R-value	0.053 19
Window U-value	0.5
Window SHGF	0.85
Moisture grains	64
Duct loss %	10
Duct gain %	10
Cooling infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

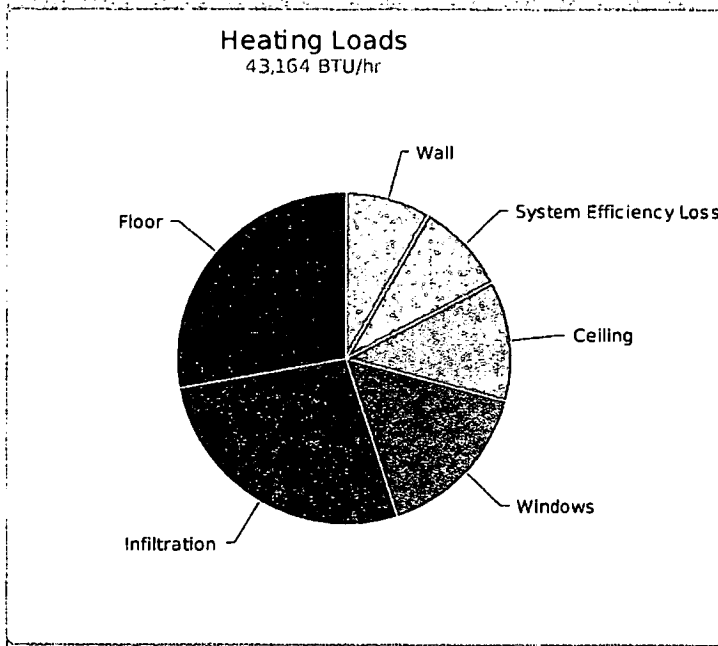
Design Conditions

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

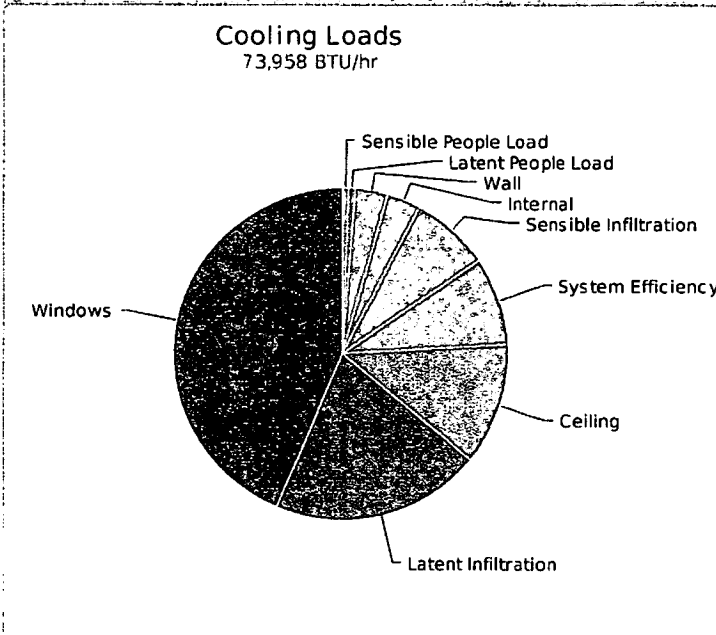
Heating Loads

Area	Btuh	% of load
Wall	3568	8.3
Floor	12034	27.9
Ceiling	5061	11.7
Windows	6854	15.9
Infiltration	11723	27.2
System Efficiency Loss	3924	9.1
Total	43164	

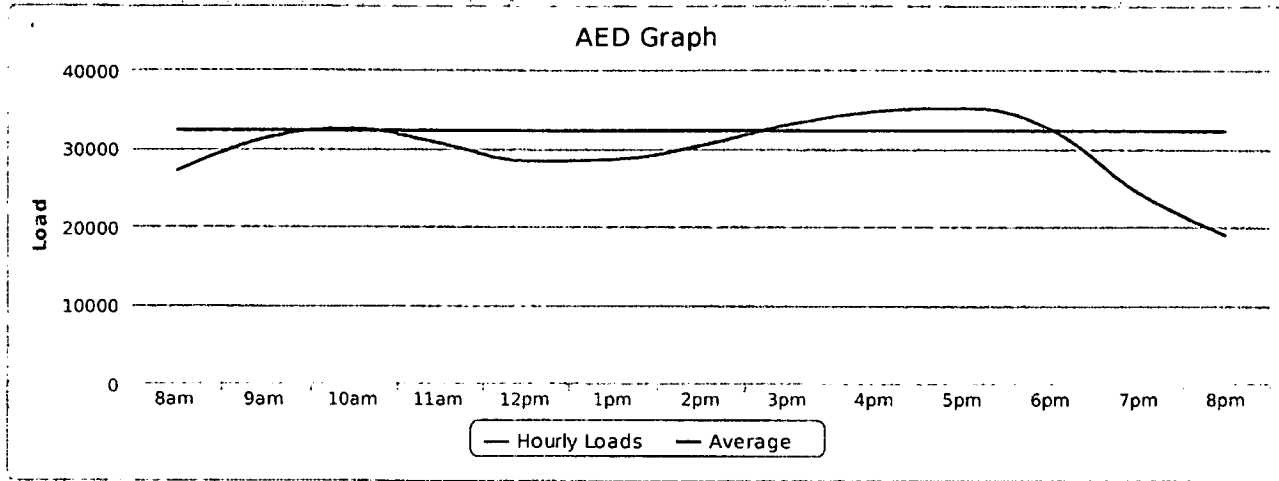


Cooling Loads

Area	Btuh	% of load
Wall	2327	3.1
Ceiling	8802	11.9
Windows	32229	43.6
Sensible Infiltration	5734	7.8
Latent Infiltration	15124	20.4
System Efficiency Gain	6422	8.7
Internal	2400	3.2
Sensible People Load	460	0.6
Latent People Load	460	0.6
Total	73958	
Sensible load	58374	
Latent load	15584	
SHR	0.79	
Capacity at .75 SHR	6.49 Tons	



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	301 sq. ft.
Glass (S)	42 sq. ft.
Glass (N)	42 sq. ft.
Glass (W)	211 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	58,374 Btuh
Latent Cooling	15,584 Btuh
Required Cooling Airflow	2,653 CFM
Sensible Heating	43,164 Btuh
Required Heating Airflow	561 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree



FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration.

Factory installed R-410A or R-22 Check/Expansion Valve.

Controls

- 24 Volt Transformer
- Blower Cooling Relay
- Terminal Strip

Programmable Multi-speed

Blower

High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking.

Cabinet

- Up-Flow / Horizontal Configuration
- Shipped in one piece but can be separated for ease of installation.
- Pre-painted cabinet finish.
- Fully insulated cabinet with thick fiberglass insulation.
- Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
Refer to Lennox Equipment Limited
Warranty certificate included with
equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

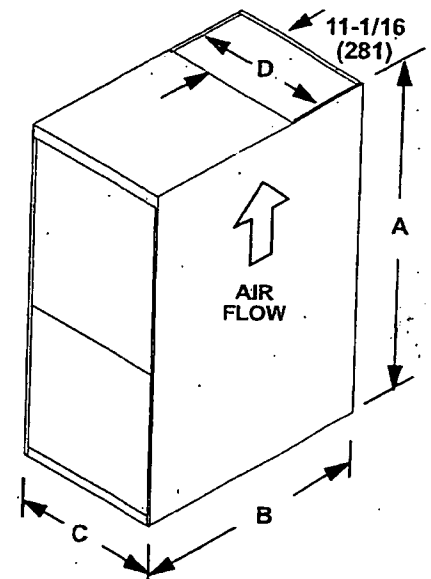
ELECTRIC HEAT

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - in. (mm)

		-018 -024	-030 -036	-042 -048	-060
A		49-1/4 (1251)	51 (1295)	58-1/2 (1486)	52-1/2 (1588)
B		20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
C		21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D		19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)	23 (584)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS

General Data	R-22 Model Number	CB27UH-018	CB27UH-024	CB27UH-030	CB27UH-036
	R-410A Model Number	CBX27UH-018	CBX27UH-024	CBX27UH-030	CBX27UH-036
	Nominal Size - Tons	1.5	2.5	3	3
Connections	Suction (vapor) line (o.d.) - in. sweat	3/4	3/4	3/4	3/4
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	10 x 8	10 x 8	11 x 8	11 x 8
	Blower motor output - hp	1/2	1/2	1/2	1/2
	Air Volume Range - cfm	170-1010	320-1190	360-1365	515-1555
¹ Filters	Size of filter - in.	20 x 20 x 1	20 x 20 x 1	20 x 20 x 1	20 x 22 x 1
Shipping Data -1 package lbs.		148	148	159	159

ELECTRICAL DATA

	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
³ Maximum overcurrent protection (unit only)		15	15	15	15
Minimum circuit ampacity (unit only)		2	2	2	2
Blower Motor Full Load Amps		1.5	1.73	1.73	1.72

¹ Disposable frame type filter.³ HACR type circuit breaker or fuse.**SPECIFICATIONS**

General Data	R-22 Model Number	CB27UH-042	CB27UH-048	CB27UH-060
	R-410A Model Number	CBX27UH-042	CBX27UH-048	CBX27UH-060
	Nominal tonnage	3.5	4	5
Connections	Suction (vapor) line (o.d.) - in. sweat	7/8	7/8	7/8
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	12 x 9	12 x 9	12 x 9
	Blower motor output - hp	1	1	1
	Air Volume Range	825-1815	810-1860	965-2365
¹ Filters	Size of filter - in.	20 x 24 x 1	20 x 24 x 1	20 x 24 x 1
Shipping Data -1 package lbs.		194	194	216

ELECTRICAL DATA

	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph
³ Maximum overcurrent protection (unit only)		15	15	15
Minimum circuit ampacity (unit only)		3	3	5
Blower Motor Full Load Amps		2.4	2.4	3.9

¹ Disposable frame type filter.³ HACR type circuit breaker or fuse.

FEATURES

Refrigerant System

Scroll Compressor

Compressor sound-dampening system

Non-chlorine, ozone friendly, R-410A refrigerant.

Copper tube construction with enhanced ripple-edged aluminum fins.

Units applicable to expansion valve systems or RFC systems when matched with specific indoor coils.

Fully serviceable brass service valves.

Factory installed, hi-capacity liquid line drier

Totally enclosed, direct drive outdoor fan motor with sleeve bearings.

PVC coated, steel fan guard.

Controls

High Pressure Switch.

Cabinet

Heavy-gauge galvanized steel cabinet with powder paint finish.

SmartHinge™ Louvered Coil Protection

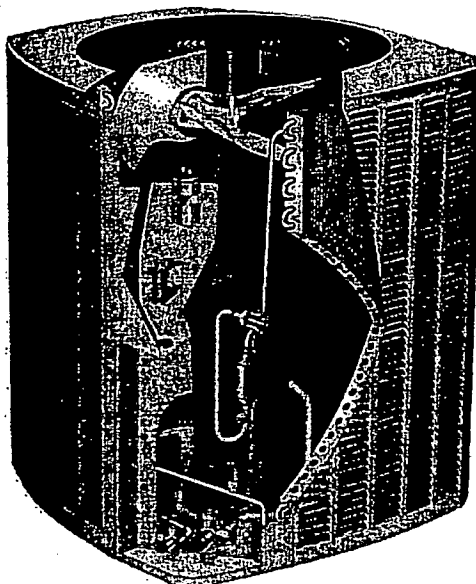
Corner patch plate allows access to compressor.

Limited Warranty

Compressor - ten years

All covered components - five years

Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



ARI RATINGS

See Page 50 - Page 75

OPTIONAL ACCESSORIES

See Page 19

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Time-Off Control

Controls

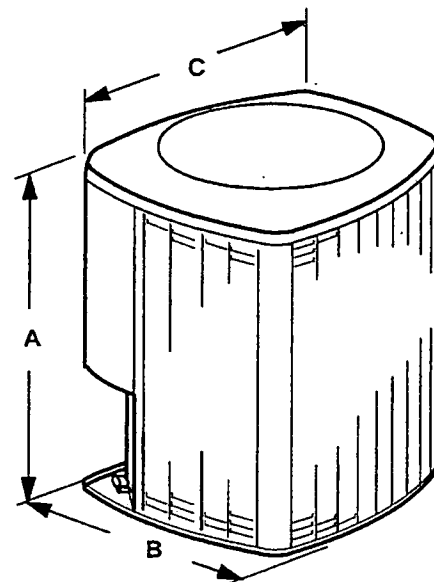
- Freezestat
- Indoor Blower Off Delay Relay
- Loss of Charge Switch Kit
- Low Ambient Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS - in. (mm)

Model No.	A	B	C
XC14-018	31 (787)	27 (729)	28 (711)
XC14-024	31 (787)	27 (729)	28 (711)
XC14-030	31 (787)	30-1/2 (775)	35 (889)
XC14-036	31 (787)	30-1/2 (775)	35 (889)
XC14-042	31 (787)	30-1/2 (775)	35 (889)
XC14-048	39 (991)	30-1/2 (775)	35 (889)
XC14-060	35 (889)	35-1/2 (902)	39-3/8 (1000)



ARI Standard
210/240 UAC



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS								
General Data	Model No.	XC14-018	XC14-024	XC14-030	XC14-036	XC14-042	XC14-048	XC14-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
¹ Sound Rating Number (dB)		71	71	71	70	73	73	73
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
² Refrigerant (R-410A) furnished		6 lbs. 12 oz.	7 lbs. 10 oz.	8 lbs. 0 oz.	8 lbs. 9 oz.	8 lbs. 10 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Fan	Diameter - in.	18	18	22	22	22	22	26
	Number of blades	4	4	4	4	4	4	4
	Motor hp.	1/5	1/5	1/6	1/6	1/4	1/4	1/3
Shipping Data - lbs. 1 package		181	183	213	215	243	272	290

ELECTRICAL DATA								
	Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
³ Maximum overcurrent protection (amps)		20	30	30	30	40	50	60
⁴ Minimum circuit ampacity		12.3	17.9	17.2	18.7	24.1	29.0	34.8
Compressor Rated load amps		9.0	13.4	12.9	14.1	17.9	21.8	26.4
Outdoor Fan Motor Full load amps		1.0	1.0	1.1	1.1	1.7	1.7	1.8

- NOTE - Extremes of operating range are plus 10% and minus 5% of line voltage.
1. Sound Rating Number rated in accordance with test conditions included in ARI Standard 270.
 2. Refrigerant charge sufficient for 15 ft. length of refrigerant lines.
 3. HACR type breaker or fuse.
 4. Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer

Douglas W. Lowe, P.E.

FLA# 13355

1206 Millennium Parkway

Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING - HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#770 (4 pk)

#770 (100 bag)

#770 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.

1/4" x 1 3/4" Tapon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Align clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
Suitable for gradual motorized units.

Anchor clip design meets requirements of The Florida Building Code 2007 (Building)

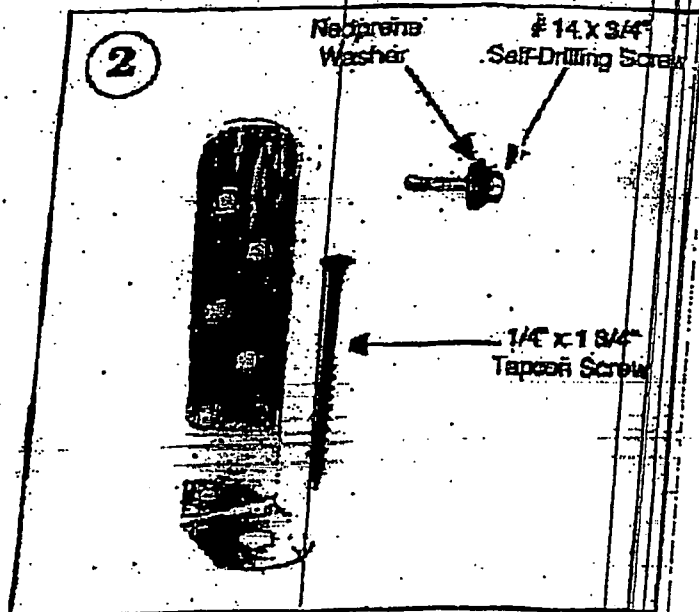
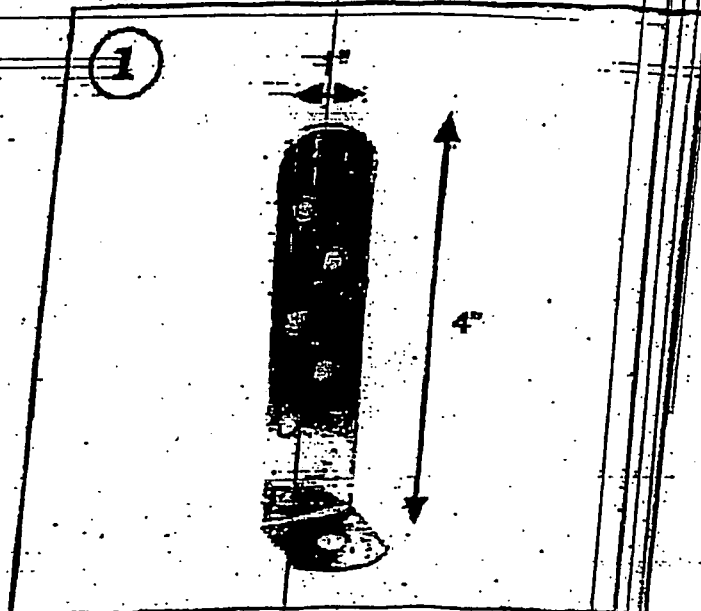
Chapter 301.12 for wind resistance up to 140 MPH.

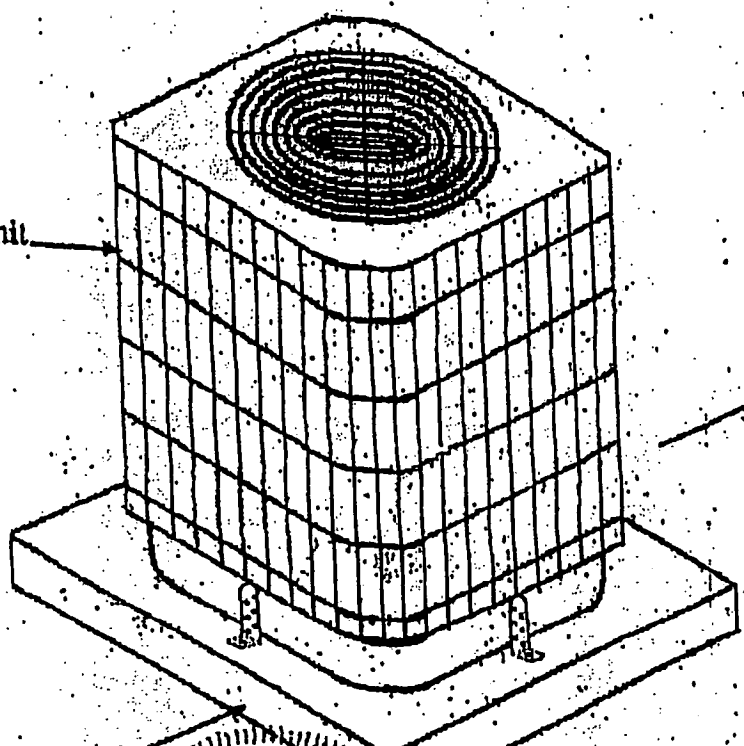
FEATURES

The use of "tapped to fit" screw holes compared to slots means that security is never compromised.
A tight secure fit between pad and condenser ensures security for the condenser and offers great resistance during extreme weather conditions.

NOTE

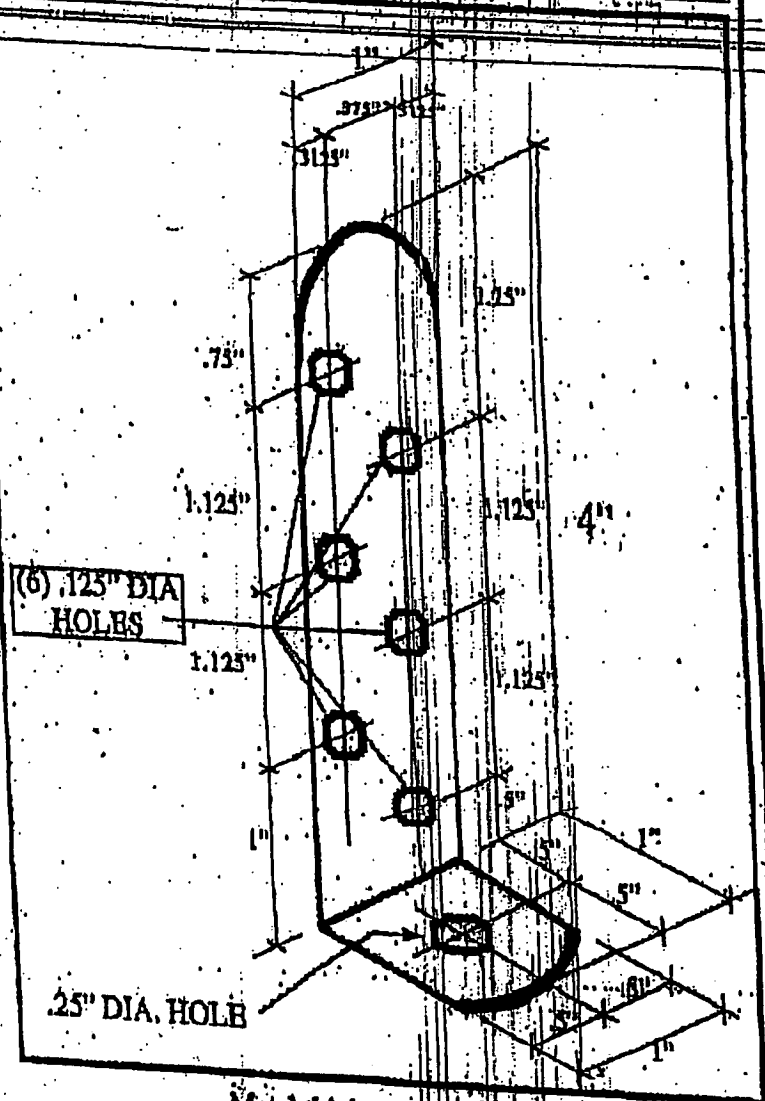
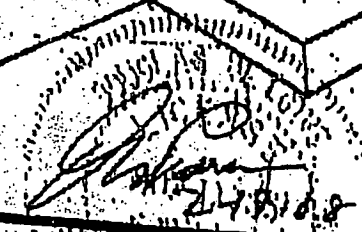
Above installation instruction suitable for up to 5 ton units.





Condenser Unit

Concrete Pad



(6) .125" DIA HOLES

2.5" DIA. HOLE

Metal thickness = 16 gauge

The Metal Shop
1139 Eldridge Street
Clearwater
Fl. 33765

PH: (727) 441-2492
FAX: (727) 442-8493
Web: www.metalsshop.org

Consulting Engineer:
Douglas W. Lowe, P.E.
FLA # 13958
1206 Millennium Parkway
Bradenton, FL 33511

Revision Date:
2/14/08

Drawn by:
K.P.R.

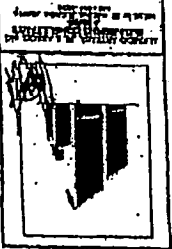
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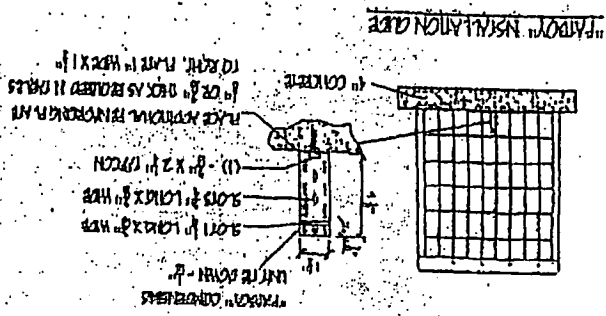
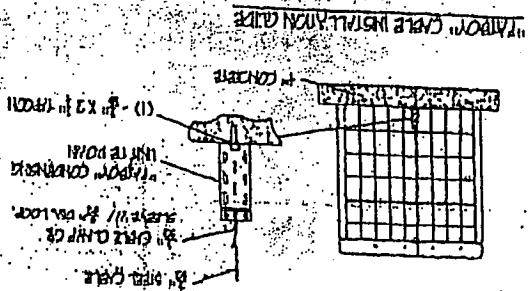
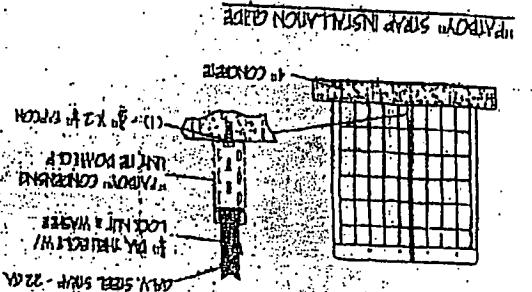
T-S

DATE	AS NOTED
BY	Y
REVISION	Y

ANC UNIT ANCHORING DETAILS
 FATBOY CLIPS AS THE
 MANUFACTURED BY THE
 ORIGINAL PAN CO. FOR USE
 UNDER FLORIDA BUILDING CODE



GENERAL NOTES:
 1. ALL ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE.
 2. THE ANCHORS SHALL BE INSTALLED IN THE CONCRETE AT THE LOCATION SHOWN IN THE DRAWING.
 3. THE ANCHORS SHALL BE INSTALLED IN THE CONCRETE AT THE LOCATION SHOWN IN THE DRAWING.
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 8. THE ANCHORS SHALL BE INSTALLED IN THE CONCRETE AT THE LOCATION SHOWN IN THE DRAWING.
 9. THE ANCHORS SHALL BE INSTALLED IN THE CONCRETE AT THE LOCATION SHOWN IN THE DRAWING.
 10. THE ANCHORS SHALL BE INSTALLED IN THE CONCRETE AT THE LOCATION SHOWN IN THE DRAWING.



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

 7-1-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10405	Keigo	Final A/C		WORK ORDER NEEDED
AM	4 Oak Hill Way NIS AIR		PASS	CLIVE INSPECTOR <i>[Signature]</i>
10877	POINT HIGH PT LLC 49 W. HIGH PT RD VAN KIRK & SONS	1) ELEC - POOL GROUNDING 2) PLUM - POOL MAIN DRAIN 3) BRUC - POOL STEEL	PASS	NICK - 352-216-503 INSPECTOR <i>[Signature]</i>
10778	NEKME 44 S. Sewalls Pt Rd OCEAN FRONT	2ND FLOOR TIE ROOM	PASS	INSPECTOR <i>[Signature]</i>
10859	EBERT 138 S. Sewalls Pt Rd BROWNIE	VIG & GAS RE-INSPECT	FAIL	NO PRESSURE ON HOUSE LINES INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TREE

TOWN OF SEWALL'S POINT, FLORIDA

Date 03/06/02 TO 19 TREE REMOVAL PERMIT No 299

APPLIED FOR BY STEPHEN CONWAY
Owner 4 OAK HILL WAY (Contractor or Owner)

Sub-division CASTLE HILL, Lot 2, Block _____

Kind of Trees MISC. (PER SCHEDULE D WQ)

No. Of Trees: REMOVE _____
No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)
No. Of Trees: REPLACE _____ WITHIN 30 DAYS

FEED WSP.
3/6/00

REMARKS NEW CONSTRUCTION, SEE FINAL LANDSCAPE
PLAN FOR REPLACEMENT

FEE \$15.00

Signed, Stephen D. Conway
Applicant

Signed, [Signature]
Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection

WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 299
Date Issued 3/6/00

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 STEPHEN P. CONWAY Address 4 DAK HILL WAY Phone 287-7313

Contractor Stephen P. Conway Address ONE RIVERCREST CT Phone 287-7313

Number of trees to be removed (list kinds of trees) 17

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

Number of trees to be replaced PER LANDSCAPE PLAN (list kinds of trees):

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00)

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

Plans approved as submitted _____ Plans approved, as marked _____

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

Signature of applicant Stephen P. Conway Date submitted 3-6-00

Approved by Building Inspector [Signature] Date 3/6/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

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

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 5/12/00 ~~19~~ TREE REMOVAL PERMIT No 0323

APPLIED FOR BY STEVE CONWAY (Contractor or Owner)

Owner O/B 4 OAK HILL WAY

Sub-division CASTLE HILL, Lot _____, Block _____

Kind of Trees PINE

No. Of Trees: REMOVE 2 * 26" CALIPER BHD

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE * _____ WITHIN 30 DAYS

REMARKS REC'D INSP. 5/10/00

_____ FEE \$ 15.00

Signed, [Signature] Applicant

Signed, [Signature] Town Clerk BLAKE OFF

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

Vertical grid of 12 empty rectangular boxes for notes or photos.

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED
MAY - 8 2000
BY: 0323

relocated map 5/10/00

Permit BY: 0323
Date Issued 5/12/00

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 Steve Conway Address 4 OAK HILL WAY Phone 220-0064
Contractor SAME Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 2 pines -
1 - 12" and 1 - 14" 0

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

Number of trees to be replaced _____ (list kinds of trees):
I WILL REPLACE 26" OF TREES - OAK, FIGS, BLACK OLIVE

Permit Fee \$ 15.00 (~~\$25.00~~ first tree plus \$10.00 - each additional tree - not to exceed \$100.00. \$15.00)

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

Plans approved as submitted SA Plans approved, as marked _____

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

Signature of applicant [Signature] Date submitted 5-8-00

Approved by Building Inspector [Signature] Date 5/10/00

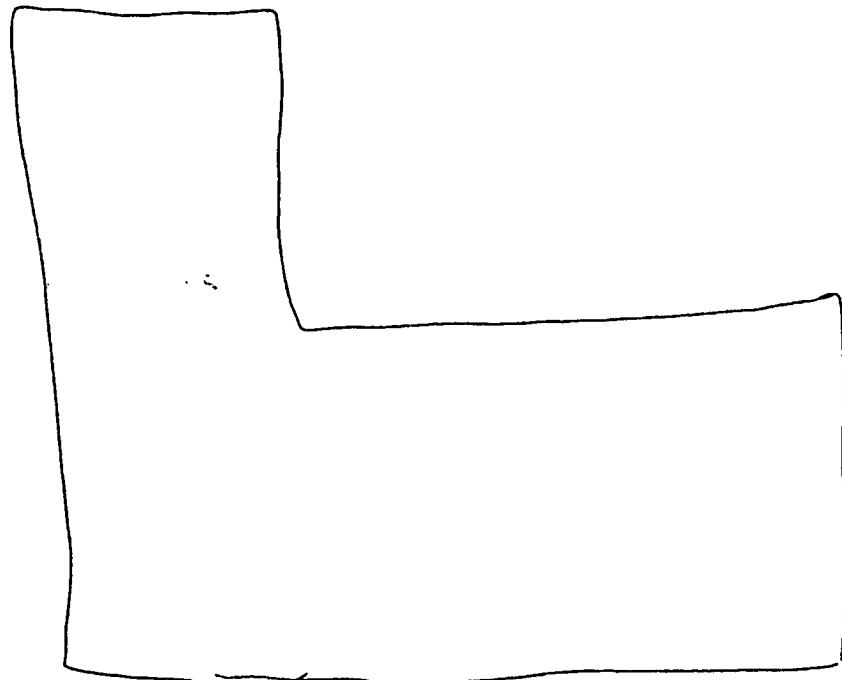
Approved by Building Commissioner _____ Date _____

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?

10/15/20



14" pine

To be removed

12" pine

10.2

4 OAK HILL WAY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5-10-, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4527 (BXD.)	Seely 37 Lofting Way GRIBBEN CONST.	footer pads for columns	Passed	7 Pads
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4859	Abbott 108 N.S.P. Rd. E.S. UNLIMITED 775-1887	pool deck (REINSPECT)	CANCEL	NO FORMBOARD SURVEY " COMPACTION QUAC. STEPHEN MACARI
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4658	Foglia 103 H. Sewall FOGLIA CONST.	final c.o. (REINSPECT)	Passed	C.O. TO OWNER'S REP. @ SITE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4909	VILLA 24 S. SEWALL'S PT. RD. stein	final roof	Passed	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4903	Koch 71 N. Birch Rd ALMAR/JACKSON POOLS	Pool Steel + Main Drain	CANCEL	NO FORMBOARD SURVEY (REQUIRE 24 HRS PRIOR) TO INSPECTION
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4527 (BXD.)	SEELY 37 NE LOFTING WAY GRIBBEN CONST.	POST NOTICE OF PENDING STOP WORK ORDER.	GAVE TO Supt.	G.C. TO SIGN REINFORCE PERMIT PRIOR TO S.O.W.A. FRIDAY MAY 12, 2000
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4888	Obersheim 75 N.S. Pt. Rd. DREDGE & MARQUE (KREMSEK)	final on dock	Passed	Elec. Disconnected. Electrician on job. He will pull permit FOR NEW Elec. Removing old Elec.

OTHER: T/R APPL. - 10 CRAVES NEST (TORRANCE); ✓ CLYDES LANDSCAPE Running New Water Line. Will Get perm
 T/R APPL. - INDIA LUCIE COMMON (H.O. ASSN); ✓ " " "
 T/R APPL. - 14 HERONS NEST; (JONES) ✓ BAYSHORE LAND MARP
 T/R APPL. - 4 ONE HILL WAY; (CONWAY) ✓ CONWAY CONST
 INSPECTOR (Name/Signature): T/R APPL. - E.S. SEWALLS PT. RD. (CHAYOS) ✓ FPC
 CONSENT - G MINDORO (SEA) ✓ POSSIBLE HEDGE HGT UCL. - CONSULTATION

TOWN OF SEWALL'S POINT APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Steve Conway Address 4 OAKHILL WAY Phone 287-7313

Contractor OWNER Address _____ Phone _____

No. of Trees: REMOVE 6 Type: PINE

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

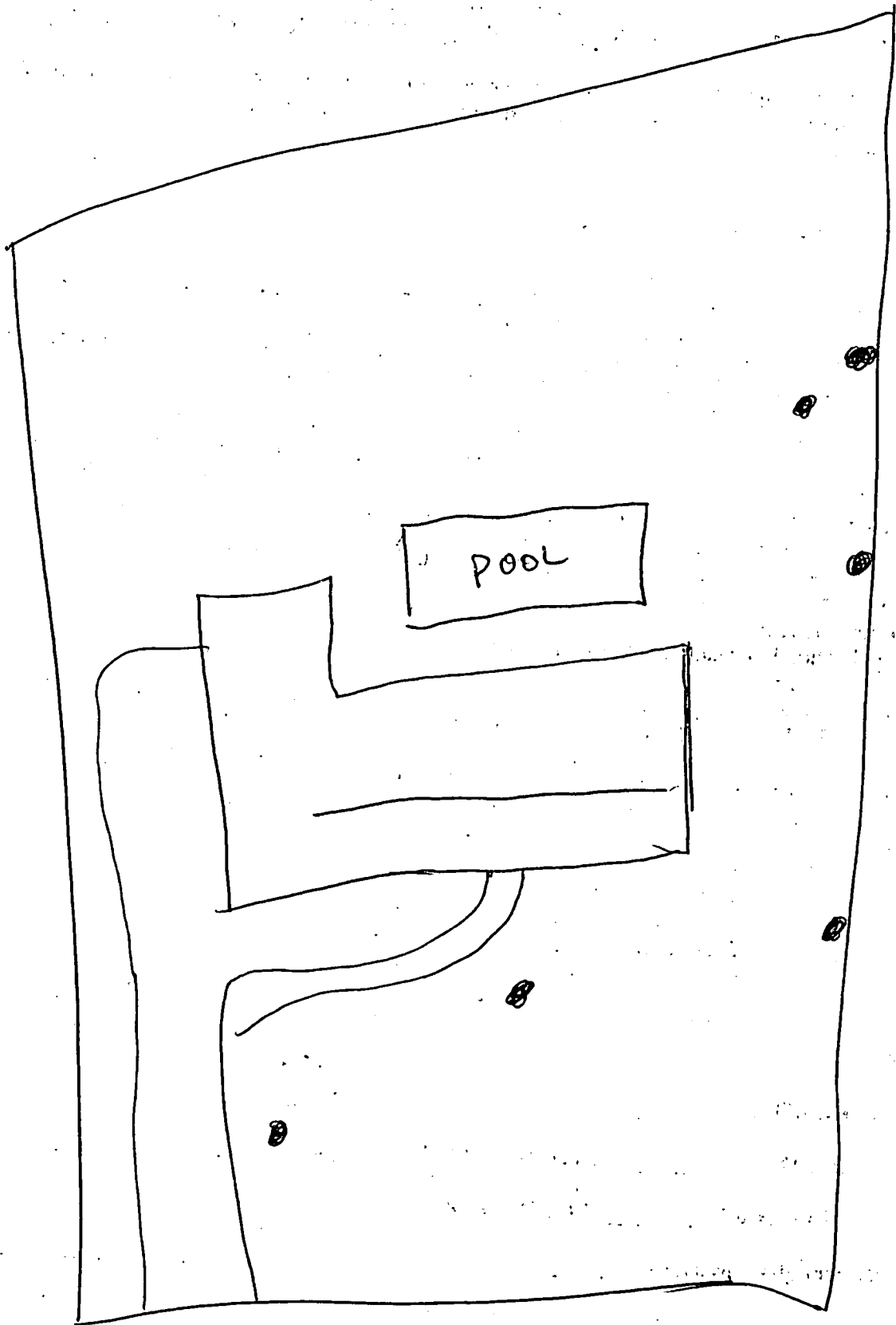
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DEAD AND/OR DYING

Signature of Property Owner [Signature] Date 4-4-05

Approved by Building Inspector: [Signature] Date 4/6 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____



TOWN OF SEWALL'S POINT, FLORIDA

Date SEPT 9 2005 TREE REMOVAL PERMIT No 2569

APPLIED FOR BY CONWAY (Contractor or Owner)

Owner 4 OAK HILL WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 DEAD PINES

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant FEE \$ 0
Signed Gene Summers (Signature)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspectio
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or additional notes]

PROJECT DESCRIPTION _____

REMARKS _____

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar-Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Steve Conway Address 4 DAKHILLWAY Phone 285-2673

Contractor _____ Address STUART FL Phone _____

No. of Trees: REMOVE 2 Type: DEAD PINES

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

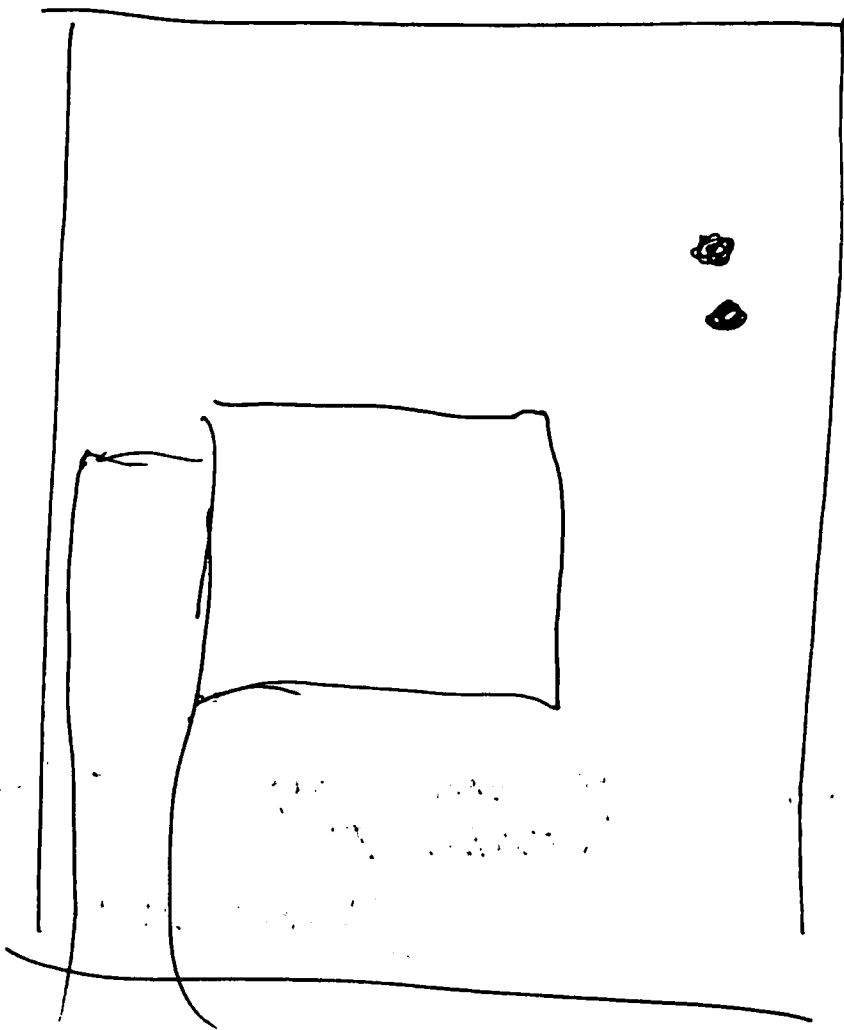
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

Signature of Applicant [Signature] Date 9-7-05

Approved by Building Inspector: [Signature] Date 9/9 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/9, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7691	THOMAS	FINAL ROOF	PASS	CLOSE
2	10 Palm Road FEAZEL ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	SIMPSON	TREE	PASS	
1	140 S. Sewalls Pt	First PLEAS = DOG		INSPECTOR: <i>[Signature]</i>
7755	BARILE	DRY-IN	PASS	
7	17 Fieldway Dr SUPERIOR ROOFING			INSPECTOR: <i>[Signature]</i>
TREE	CONWAY	TREE	PASS	
8	4 Oak Hill Way			INSPECTOR: <i>[Signature]</i>
7724	SWEENEY BOLNIK	FINAL GARAGE DOOR	PASS	CLOSE
4	4 S. Via Lucindia BROTEN GARAGE			INSPECTOR: <i>[Signature]</i>
7511	HART	FINAL RENOV.	PASS	CLOSE
9	113 N. Sewalls Pt BLACK DIAMOND			INSPECTOR: <i>[Signature]</i>
7712	THORNE	FINAL ROOF	FAIL	
10	22 PERRIWINKLE DUREN			INSPECTOR: <i>[Signature]</i>
OTHER:	82 S SEWALLS PT DR ROOF WORK W/O PERMIT			NO ACTIVITY ON SITE - <i>[Signature]</i>



TOWN OF SEWALL'S POINT, FLORIDA

Date 3-16-07 ~~19~~ TREE REMOVAL PERMIT No 0588

APPLIED FOR BY STEVE CONWAY (Contractor or Owner)

Owner _____

Sub-division ~~4 OAKHILL WAY~~, Lot _____, Block _____

Kind of Trees PINE

No. Of Trees: REMOVE 2

No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS DEAD

_____ FEE \$ 0

Signed, _____ Applicant

Signed, PHIL WINTERCORN
BLDG INSPECTOR Town Clerk

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 a site plan or drawing.]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Steve Conway Address 4 OAKHILL WAY Phone 285-2673
 Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 2 Type: PINE TREE
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

1 Dead 1 Dying
 Signature of Property Owner [Signature] Date 3-15-07

Approved by Building Inspector: [Signature] Date 3/16 Fee: 0
 Plans approved as submitted _____ Plans approved as revised/marked: _____

Rear

● DYING
Pine

Pool

House

●
Dead
Pine

Ramp



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner Kelli Lugo Address 4 Oak Hill Way Phone 772-828-1889

Contractor Dennis Serafini Address PO Box 98, Port Salerno Phone 772-521-4440

No. of Trees: REMOVE 1 Species: Ficus - 1 huge entanglement of roots/branches

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal/relocation (See notice above) The root system is putting pressure on Plantations wall and will inevitably crack through the wall.

Signature of Property Owner [Signature] Date 10/19/14

Approved by Building Inspector: [Signature] Date 10-22-14 Fee: N/A

NOTES: INVASIVE SPECIES

