

**6 Oak Hill Way**

**10934**

**SFR**



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:	10934	DATE ISSUED:	7/9/2014
SCOPE OF WORK:	NEW SFR		
CONTRACTOR:	SEAGATE BLDRS		
PARCEL CONTROL NUMBER:	26374101500000308	SUBDIVISION	CASTLE HILL LOT 3
CONSTRUCTION ADDRESS:	6 OAK HILL WAY		
OWNER NAME:	FABRICY		
QUALIFIER:	LEONARD POLANSKI	CONTACT PHONE NUMBER:	772-220-7660

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM**

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

### INSPECTIONS

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

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

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_

OWNER/LESSEE NAME: Don + Nancy Fabricy Phone (Day) 772 777 2221 (Fax) \_\_\_\_\_  
Job Site Address: #6 OAK Hill Way City: STUART State: FL Zip: 34996  
Legal Description: Lot 3 CASTLE Hill Parcel Control Number: 2637410150000003080000  
Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### \*SCOPE OF WORK (PLEASE BE SPECIFIC):

#### WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)  
YES \_\_\_\_\_ NO X

#### Has a Zoning Variance ever been granted on this property?

YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO X  
(Must include a copy of all variance approvals with application)

#### COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 490,170 012-7

(Notice of Commencement required when over \$2500 prior to first inspection, \$7500 on HVAC change out)

Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8 X 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 APPLICATIONConstruction Company: Seagate Builders Inc Phone: 772 220 7660 Fax: 772 220 7660Qualifiers name: LEONARD Polanski Street: 1501 Decker Ave 123 City: STUART State: FL Zip: 34994State License Number: CGC047306 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_LOCAL CONTACT: LEONARD Polanski Phone Number: 772 220 7660DESIGN PROFESSIONAL: DNA Corson + ASS Fla. License# AR 91665Street: 1121 SE OCEAN Blvd City: STUART State: FL Zip: 34996 Phone Number: 772 223 8227AREAS SQUARE FOOTAGE: Living: 3242 Garage: 830 Covered Patios/ Porches: 766 Enclosed Storage: \_\_\_\_\_Carport: \_\_\_\_\_ Total under Roof: 4838 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 Donald T. Fabricy  
State of Florida, County of: Martin  
On This the 26th day of June, 2014  
by Donald Fabricy who is personally  
known to me or produced FL Drivers License F162186154070  
As identification.

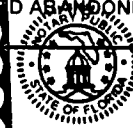
Notary Public Danielle NeffMy Commission Expires: Sept 19, 2016

#### CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X Leonard Polanski  
State of Florida, County of: Martin  
On This the 26 day of June, 2014  
by Leonard Polanski who is personally  
known to me or produced FL Drivers License P452520523760  
As identification.

Notary Public Danielle NeffMy Commission Expires: Sept 19, 2016

SINGLE FAMILY PERMIT APPLICATIONS MUST BE COMPLETED WITHIN 60 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!



Notary Public - State of Florida  
My Comm. Expires Sep 19, 2016  
Commission # EE 832378





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**

<b>PERMIT NUMBER:</b>	10934		
<b>ADDRESS:</b>	6 OAK HILL WAY		
<b>DATE ISSUED:</b>	7/9/2014	<b>SCOPE OF WORK:</b>	NEW SFR

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>	Declared Value	\$	\$ 490,170.00
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Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	\$ 350.00
(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:		\$	\$ 490,170.00
Building fee: (2% of construction value SFR or >\$200K)		\$	\$ 9,803.40
Building fee: (1% of construction value < \$200K + \$100 per insp.)			n/a
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp.		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 147.05
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 147.05
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 196.07
Martin County Impact Fee:		\$	\$ 9,988.89
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ 20,282.46

<b>ACCESSORY PERMIT</b>	Declared Value:	\$	
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$	-
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a

<b>TOTAL ACCESSORY PERMIT FEE:</b>	\$	-
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*Pd 7-1-14 PLANTER.  
 CK 17433  
 350.<sup>00</sup> Seagate*

*Pd 7-11-14  
 CK 4239  
 \$10,184.96  
 Jabreey*

*Pd 7-11-14  
 CK 17456  
 Seagate \$10,097.50*

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name <b>DONALD F. &amp; NANCY L. FABRICY</b>		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>6 OAK HILL WAY</b>		Company NAIC Number:
City <b>STUART</b>	State <b>FL</b>	ZIP Code <b>34996</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 3, CASTLE HILL, MARTIN COUNTY</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>		
A5. Latitude/Longitude: Lat. <b>27.220385</b> Long. <b>80.212632</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <b>1A</b>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <b>N/A</b> sq ft		a) Square footage of attached garage <b>822</b> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b>
c) Total net area of flood openings in A8.b <b>N/A</b> sq in		c) Total net area of flood openings in A9.b <b>N/A</b> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>TOWN OF SEWALL'S POINT - 120164</b>		B2. County Name <b>MARTIN COUNTY</b>	B3. State <b>FLORIDA</b>		
B4. Map/Panel Number <b>12085C0152</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>3/16/2015</b>	B7. FIRM Panel Effective/Revised Date <b>3/16/2002</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>6</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

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

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
 Benchmark Utilized: **COUNTY** Vertical Datum: **NAVD**  
 Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>8.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>8.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>8.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>8.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>8.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

## 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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments.

Certifier's Name <b>REGINA KARNER</b>		License Number <b>4363</b>	
Title <b>President</b>		Company Name <b>KARNER SURVEYING INC</b>	
Address <b>2740 SW MARTIN DOWNS BLVD.#333 City PALM CITY</b>		State <b>FL</b> ZIP Code <b>34990</b>	
Signature		Date <b>5/5/2015</b> Telephone <b>(772) 288 7206</b>	

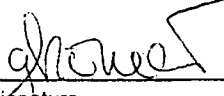
**JOB#1307-2506**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No: <b>6 OAK HILL WAY</b>	Policy Number:
City <b>STUART</b> State <b>FL</b> ZIP Code <b>34996</b>	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 **One story Residence with an open pool and patio (El. 8.4). Utility pads are as follows: Concrete Pad (East) with A/C (El.8.3), Concrete Pad with Water and Pool Equipment (El. 9.5) and Concrete Pad with A/C (West) \*El. 8.5**

Signature  Date **5/5/2015**

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. 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. The statements in Sections A, B, and E are correct to the best of my knowledge.

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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments \_\_\_\_\_

Check here if attachments.



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

**SINGLE FAMILY APPLICATION CHECKLIST  
 2010 FLORIDA BUILDING CODE**

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 INCLUDING:

- LEGAL DESCRIPTION
- NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
- PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)
- NON-REFUNDABLE \$350.00 PLAN SUBMITTAL FEE

✓ 2 COPIES SURVEYS SHOWING THE FOLLOWING

- LOCATION OF ALL STRUCTURES PROPOSED AND EXISTING WITH DIMENSIONS TO PROPERTY LINES
- LOCATION OF DRIVEWAY AND REQUIRED TURNABOUTS WITH DIMENSIONS
- WALKWAYS AND PLANTERS, LOCATION OF ALL FENCES
- LOCATION OF ALL ACCESSORY BUILDINGS OR STRUCTURES
- FLOOD ZONE LINE OR LINES IN RELATIONSHIP TO STRUCTURES PROPOSED OR EXISTING
- FLOOD ZONE WITH BASE FLOOR ELEVATION WITH CURRENT ADOPTION DATE
- LEGAL DESCRIPTION OF LOT
- LOT DIMENSIONS AND BEARINGS
- STREET AND WATERWAY NAMES
- GRADE ELEVATIONS (PROPOSED AND EXISTING)
- EXISTING AND PROPOSED STRUCTURES, DECKS, PADS, ETC.
- PROPOSED FINISHED FLOOR ELEVATIONS
- CROWN OF ROAD(S), EASEMENTS, BUILDING SETBACK LINES, ALL ENCROACHMENTS INTO SETBACKS
- WELL LOCATIONS (PROPOSED AND EXISTING)
- SEPTIC DRAIN FIELD(S) (PROPOSED AND EXISTING)
- CANALS, PONDS, OR RIVERFRONT LOCATIONS, ROAD RIGHT-OF-WAYS
- IMPERVIOUS/PERVIOUS CALCULATIONS
- ALL ENCROACHMENTS MUST BE ABATED OR VARIANCES RECEIVED PRIOR TO ISSUANCE OF BUILDING PERMIT.
- CERTIFICATION TO THE TOWN OF SEWALL'S POINT

\_\_\_\_\_ 2 COPIES SITE PLAN INDICATING THE FOLLOWING"

- SITE RETENTION CALCULATIONS, DELINEATED RETENTION AREAS AND DIRECTION OF DRAINAGE.
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED
- ALL AREAS OF EXCAVATION AND DISTURBED SOIL AND PROVISIONS FOR STABILIZATION
- INDICATE PROVISIONS FOR STORMWATER EROSION PREVENTION DURING CONSTRUCTION (SILT FENCING, ETC.)

\*\*\*\*\*  
 IF PROPERTY IS OVER ONE (1) ACRE THEN A FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S (FDEP) STORMWATER DISCHARGE PERMIT AND SITE RETENTION PLAN IS REQUIRED (APPLICATION AVAILABLE AT TOWN HALL).  
 \*\*\*\*\*

N/A 2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).

✓ 2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".

✓ 2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8

✓ 2 COPIES MANUAL "J" - WEST PALM BEACH AREA (DRY BULB: SUMMER 91 DEGREES/WINTER 45 DEGREES). MUST SHOW EQUIPMENT SIZE AND TYPE.

✓ 2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER IF APPLICABLE INFORMATION IS NOT ON THE PLANS.

✓ 2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OF RECORD, IF APPLICABLE INFORMATION IS NOT ON THE PLANS.

✓ 1 COPY NOTICE OF COMMENCEMENT, MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER

CGC047306

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

POLANSKI, LEONARD  
SEAGATE BUILDERS INC  
1501 DECKER AVENUE 123A  
STUART FL 34994

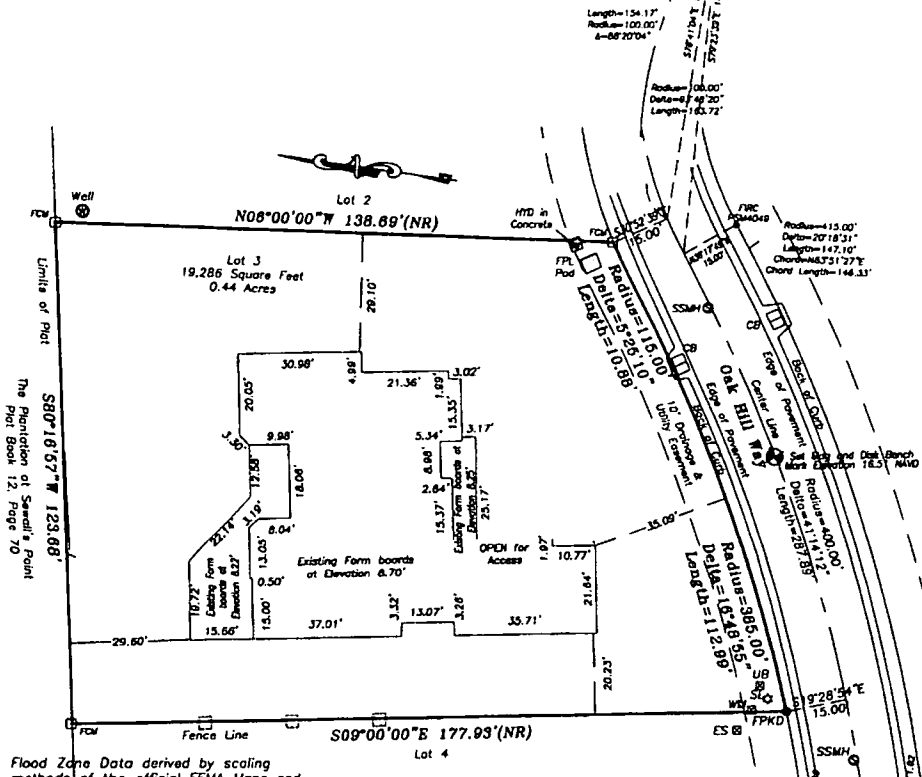


ISSUED: 05/29/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1405290002313

**LEGAL DESCRIPTION**  
 Lot 3, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.



Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.  
 Flood Zone: X  
 Community #: 120164  
 Panel #: 0154  
 Suffix: F  
 Date: 10.04.2002

**SURVEYOR'S REPORT**

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's Seal
- 2 No underground improvements have been located as part of this Survey.
- 3 The last field date of this Survey was: 9-5-2013, Form board location on 7.23.14
- 4 This Survey was prepared using the Plat of Record only. No other documents were provided and no search of the public records was performed by this office.
- 5 The Survey shown hereon meets the requirement for field accuracy in a suburban area as set forth by the Minimum Technical Standards (5J-17.050-052FAC).
- 6 By acceptance of this survey all parties agree that the signing surveyor's liability is limited to the amount paid for said Survey.
- 7 Unless otherwise noted all bearing and distances are in accordance with the record plat and have been verified by field measurements. See map for bearing base.
- 8 Parcel/Lot line locations have been based on found survey control along the center line and right of way line of Oak Hill Way.
- 9 Left Blank.
- 10 The Legal Description shown hereon was provided by client and/or his/hers representatives.
- 11 No ownership of fence lines has been determined as part of this Survey.
- 12 Off set calls to found survey control are relative to the nearest property corner, intersection of lines, point of curvatures (PC), point of reverse curvatures (PRC) or other identifiable point.
- 13 Compliance with local zoning requirements and or with requirements set forth by other State, Public, and/or Private entities has not been verified as part of this Survey.

*on*  
*7.25.14*  
*FWP*

- LEGEND**
- C/E - Covered Entry
  - CAC - Concrete Pad with Air Conditioning
  - CBS - Concrete Block Structure
  - CMP - Corrugated Metal Pipe
  - CPE - Concrete Pad with Pool Equipment
  - CTV - Cable TV Box
  - CV - Water Gate Valve
  - HYD - Fire Hydrant
  - O/L - Overhead Utility Line
  - PP - Power Pole
  - TCS - Telephone Communications Box
  - SSMH - Sanitary Sewer Manhole
  - UB - Utility Box
  - WM - Water Meter
  - FCM - Found 4"x4" Concrete Monument
  - FP - Found 1" Iron Pipe
  - FPIC - Found 1" Iron Pipe with Cap
  - FR - Found #5 Iron Rod
  - FRIC - Found #5 Iron Rod with Cap
  - SRIC - Set #5 Iron Rod with Cap "LB#7357"
  - FRPC - Found 1/2" Iron Pipe with Cap
  - FM - Found Mag Nail
  - FMD - Found Mag Nail with Disk
  - FN - Found Nail
  - FMTT - Found Nail with Tin Tab
  - FRK - Found PK Nail
  - FRKD - Found PK Nail with Disk
  - FRRS - Found Roll Road Spike
  - /CD - In Pavement Cut Out
  - FRPM - Found Permanent Reference Monument

**TOWN OF SEWALL'S POINT**  
**BUILDING DEPARTMENT**  
**FILE COPY**

PREPARED FOR: **Donald F. & Nancy L. Fabricy**  
 Seagate Builders, Inc.  
 Town of Sewalls Point

Prepared By: Regina C. Karner, PSM#4363  
 Karner Surveying, Inc. LB#7357

Prepared For:  
**MR. & MRS. FABRICY**  
 Martin County Florida

**KARNER SURVEYING, INC.**  
 RESIDENTIAL & COMMERCIAL SURVEYING SERVICES  
 2740 SW MARTIN DOWNS BLVD. #333 PALM CITY, FL 34990  
 PHONE: (772) 288 7206 FAX: (772) 223 8181  
 karner@comcast.net http://www.karnersurveyinginc.com/

Station	Number	Description
124.14	1	Form Board Location

Boundary Survey	
Scale: 1"=30'	Date: 7/23/14
Drawn By: 1408.29	Field Book: 1408.29
Job No: 1307-25	Sheet No: 1 of 1
Proj: Castle Hill/Castle Hill_1307-25FB	

*#46 OAK HILL WAY*  
*FABRICY RES - PORMI #10934*  
*FOR SEAGATE BLDG*



## IN-PLACE DENSITY AND WATER CONTENT OF SOIL AND SOIL AGGREGATE BY NUCLEAR METHODS (SHALLOW DEPTH) - ASTM 6938

Project: Oak Hill Way, Lot No. 6 Project ID: 14-1688.00  
 Address: Sewall's Point, Martin County, Florida Report ID: D-0001  
 Client: Seagate Builders, Inc. Date: 7/17/2014  
 Permit No: \_\_\_\_\_ Field Tech: Daniel Decaro Test Mode: Direct Transmission

Area Tested: Foundation Pad

Soil Description: Light brown fine sand

Proctor / LBR ID: P-1 Max Density (PCF): 104.0 Opt Moisture (%): 12.0% Test Standard: D 1557

Compaction Required (%): 95.0%

Location	Probe Depth (in)	Elev	Wet Density (PCF)	Dry Density (PCF)	Moist. (%)	Compaction	
						%	Results
1 Northeast Area	12	0 - 1	114.6	103.1	11.2%	99.1%	Pass
2 Center Area	12	0 - 1	114.7	103.2	11.1%	99.2%	Pass
3 Southwest Area	12	0 - 1	115.4	103.5	11.5%	99.5%	Pass
4							
5							
6							
7							
8							
9							
10							
11							
12							

TOWN OF SEWALLS POINT  
BUILDING DEPARTMENT  
FILE COPY

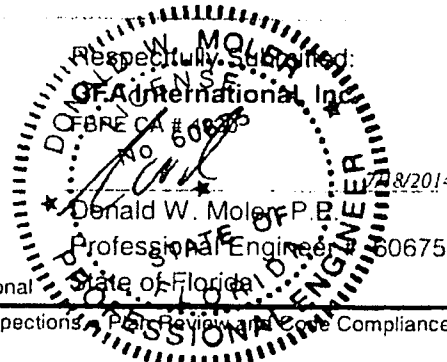
Testing Gauge Information: Manufacturer: Troxler Model: 3430 S/N: 34784

Density Standard (DS): 2173 Moisture Standard (MS): 609

Remarks: Depths are below slab grade.

**Legend for Elevation:**

PR = Proofroll	1, 2, 3 = 1st, 2nd, 3rd Lift
SL = Springline	FL = Final Lift
SG = Subgrade	BG = Below Grade
BC = Basecourse	BOF = Bottom of Footing
TOP = Top of Pipe	FG = Finished Grade



Test report shall not be reproduced, except in full, without the written approval of GFA International

Environmental • Geotechnical • Construction Materials Testing • Special and Threshold Inspections • Permit Review • Code Compliance

Florida's Leading Engineering Source

www.teamgfa.com

CASTLE HILL POA INC.  
4895 Mariner Village Lane  
Stuart, FL 34997

Ok  
FWD #10934  
to OAKHILL WAY

July 18, 2014

Donald & Nancy Fabricy  
252 Ocean Bay Drive  
Jensen Beach, FL 34957

RE: DRC/Board Review of Plans

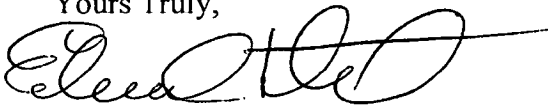
Dear Mr. & Mrs. Fabricy:

This letter will confirm my conversation with Donald at my Oceana Condominium office on Tuesday July 15, 2014, regarding the Design Review Committees two reviews (6-16-14 & 6-23-14) of your house plans and the request to the Board of Directors to grant you a variance for the screened pool.

The DRC and the Board reviewed and discussed the plans submitted and unanimously agreed that the application as submitted would not be approved. The recommendation of the DRC was to approve the revised plans submitted June 20, 2014, once the screen enclosure has been deleted from the plans and the plans are resubmitted.

If I can be of any further assistance to you feel free to contact me at 772-285-0655.

Yours Truly,



Edward Kotch  
Manager

Cc: Board of Directors, Kelly & Kelly, DRC (Dan Wilberding) and John Adams Sewall's Point





**CITY OF STUART**  
**LOCAL BUSINESS TAX RECEIPT**  
 2013-2014

RECEIPT NO.	ACCOUNT NO.	CATEGORY NO.
649	12067	170500

BUSINESS TYPE	CONTRACTOR - GENERAL
OWNER AND LOCATION	POLANSKI, LEONARD 1501 SE DECKER AVE A-120
ST/CTY LICENSE	CGC043153
DESCRIPT	

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.  
 PAYMENT OCTOBER 1 CONSTITUTES VIOLATION  
 OF CITY CODE OF ORDINANCES

This local business tax receipt does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This receipt does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Local Business Taxing Questions 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	SEAGATE BUILDERS, INC POLANSKI, LEONARD 1501 DECKER AVE # 123 A STUART FL 34994
-----------------------------------	--

DATE
08/16/2013

CHERYL WHITE  
 CITY CLERK

**KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT**



# CERTIFICATE OF LIABILITY INSURANCE

SEAGA-1

OP ID: SS

DATE (MM/DD/YYYY)

06/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> Post Insurance & Financial, In Katherine E. Post 146 NW Central Park Plaza, 102 Port St. Lucie, FL 34986 Katherine Post	<b>CONTACT NAME:</b> Post Insurance	
	<b>PHONE (A/C, No, Ext):</b> 772-878-8184	<b>FAX (A/C, No):</b> 772-878-8292
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Mid-Continent Casualty Co</b>		
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		04GL000827116	08/01/2013	08/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


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

**CERTIFICATE HOLDER****CANCELLATION**

<b>TOWNO-7</b>  Town of Sewalls Point 1 South Sewalls Point Rd Sewalls Point, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Katherine E Post</i>
--	--

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# Martin County Property Information Sheet

General Information		Property Location Map	
Parcel #	2637410150000003080000		
Owner Name:	FABRICY DONALD F & NANCY L		
Owner Address:	158 S RIVER RD STUART, FL 34996		
Site Address:	6 OAK HILL WAY SEWALLS POINT, FL 34996-6510		
Storm Surge Evacuation Zone:	5, 3		
Flood Zone:	X		
FIRM Panel:	152		
Urban Service District:	Primary		
Municipality:	Sewall's Point		
Taxing District:	Municipality		
ISO-PPC Rating:	Contact City of Stuart Fire Rescue		
<b>Building Design Wind Speed</b>			
Occupancy Category I:	150		
Occupancy Category II:	160		
Occupancy Category III and IV:	170		
<b>Land Use</b>		<b>Election Information</b>	
*NOTE: Land Use information can change frequently, please verify with the <u>Martin County Growth Management Department</u> at 772-288-5501		Election information obtained from the <u>Martin County GIS system</u> . If there are any questions, please contact the <u>Martin County Supervisor of Elections</u> at 772-288-5637	
Zoning:	SEWALL	Voter Precinct	10
Zoning Details:	N/A	Commission District:	1
Future Landuse	NO DATA	Commissioner:	Doug Smith 772-288-5400
Landuse Details:	N/A	Clerk of Circuit Court:	Carolyn Timmann 772-288-5576
<b>Community Redevelopment</b>		County Sherriff:	William Snyder 772-220-7000
CRA:	N/A	Property Appraiser:	Laurel Kelly 772-288-5608
Zoning Overlay Zone:	N/A	School Superintendent:	Laurie J. Gaylord 772-219-1200
Mixed Use Areas:	N/A	Supervisor of Elections:	Vicki Davis 772-288-5637
<b>Schools</b>		Tax Collector:	Ruth Pietruszewski 772-288-5600
School information obtained from the <u>Martin County School District</u> system. If there are any questions, please contact the <u>Martin County School District</u> at 772-219-1200		State Senator:	NEGRON, JOE
Elementary School:	Felix A. Williams	State Representative:	HARRELL, GAYLE B.
Middle School:	Stuart Middle School	US Senators:	Rubio, Marco (R) 866-630-7106 Nelson, Bill (D) 202-224-5274
		US Representative:	Murphy, Patrick (D) 772-781-3266

High School:		Jensen Beach High School	
<b>Utilities &amp; Solid Waste</b>			
Service:	Utility:	Availability:	Phone:
Water:	Martin County Utilities	YES	772-221-1434
Sewer:	Martin County Utilities	YES	772-221-1434
Recycle Collection:	Monday		
Trash Collection:	Monday and Thursday		
Created: July , 1st, 2014 12:03 PM			

Print

**Disclaimer:** The Geographic Information System map product, received from Martin County, ("COUNTY") is provided "as is" without warranty of any kind, and the COUNTY expressly disclaims all express and implied warranties, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. The COUNTY does not warrant, guarantee, or make any representations regarding the use, or the results of the use, of the information provided to you by the COUNTY in terms of correctness, accuracy, reliability, timeliness or otherwise. The entire risk as to the results and performance of any information obtained from the COUNTY is entirely assumed by the recipient. Please contact the responsible Martin County Department for specific determinations.

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

*generated on 7/9/2014 2:51:10 PM EDT*

**Summary**

<b>Parcel ID</b>	<b>Account #</b>	<b>Unit Address</b>	<b>Market Total Value</b>	<b>Website Updated</b>
26-37-41-015-000-00030-8	4147	6 OAK HILL WAY, STUART	\$185,000	6/21/2014

---

**Owner Information**

<b>Owner(Current)</b>	FABRICY DONALD F & NANCY L
<b>Owner/Mail Address</b>	252 OCEAN BAY DR JENSEN BEACH FL 34957
<b>Sale Date</b>	9/13/2013
<b>Document Book/Page</b>	2677 2622
<b>Document No.</b>	2417856
<b>Sale Price</b>	219000

---

**Location/Description**

<b>Account #</b>	4147	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	CASTLE HILL, LOT 3
<b>Parcel Address</b>	6 OAK HILL WAY, STUART		
<b>Acres</b>	.4451		

---

**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120900 Sewall's Lndg/Castle Hill

---

**Assessment Information**

<b>Market Land Value</b>	\$185,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$185,000

# Receipt for School Impact Fee

Date: June 25, 2014

From: Nancy and Donald Fabricy

For: School Impact Fees – Lot 3, Castle Hill  
Address: 6 Oak Hill Way

Amount Paid: \$5,756.12

## Receipt for School Impact Fee

Date: June 25, 2014

From: Nancy and Donald Fabricy

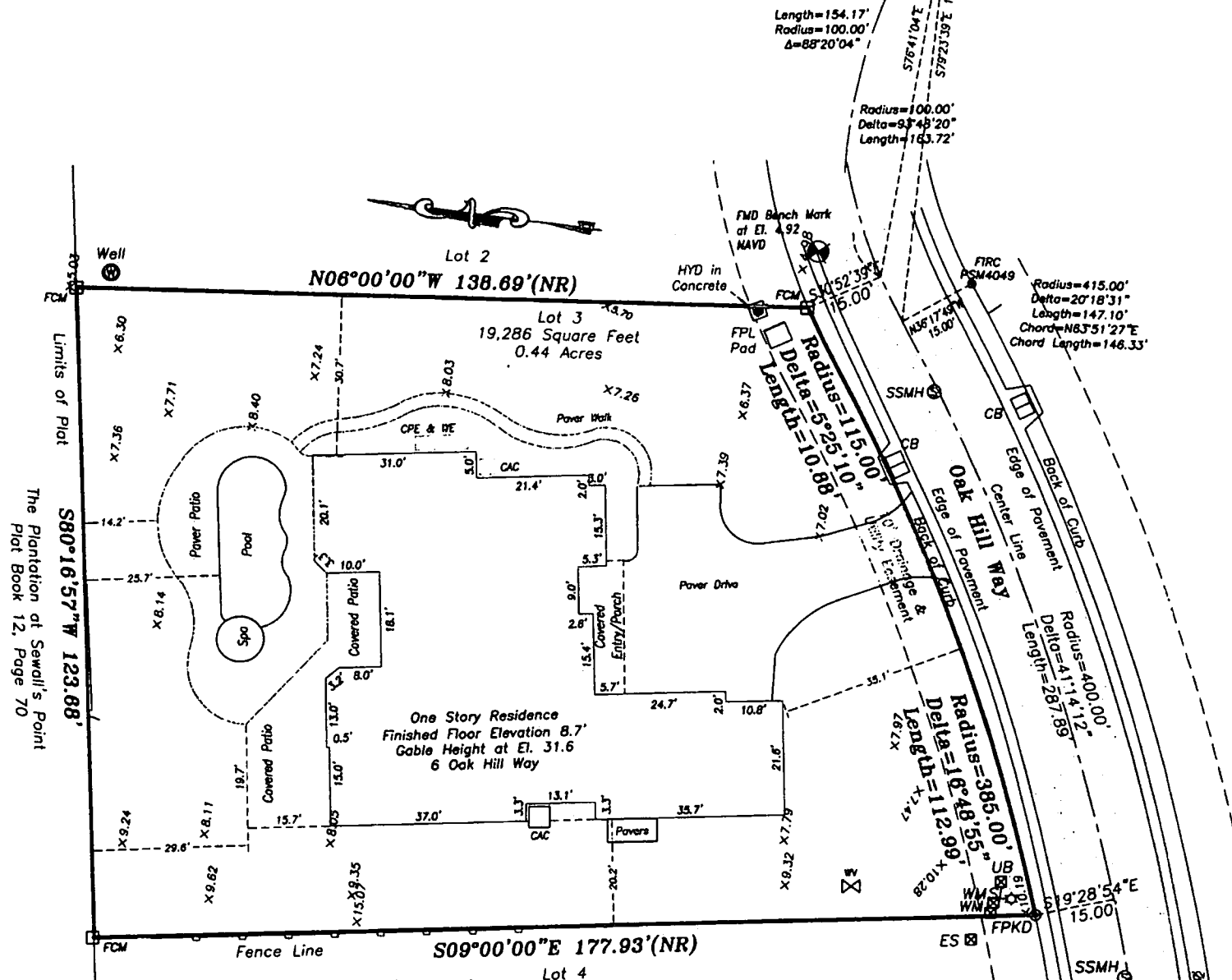
For: School Impact Fees – Lot 3, Castle Hill  
Address: 6 Oak Hill Way

Amount Paid: \$5,756.12

Permit # 10934

**LEGAL DESCRIPTION**

Lot 3, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.



Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.  
 Flood Zone: X, AE with Base Flood Elevation 6 Community #: 120164  
 Panel #: 0152  
 Suffix: G  
 Date: 3.16.15

**SURVEYOR'S REPORT**

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's Seal
- 2 No underground improvements have been located as part of this Survey.
- 3 The last field date of this Survey was: 9-5-2013, Form board location on 7.23.14, Pool Form Boards and pool adjacent Elevations only. Post construction Survey 4.30.15
- 4 This Survey was prepared using the Plat of Record only. No other documents were provided and no search of the public records was performed by this office.
- 5 The Survey shown hereon meets the requirement for field accuracy in a suburban area as set forth by the Minimum Technical Standards (5J-17.050-052FAC).
- 6 By acceptance of this survey all parties agree that the signing surveyor's liability is limited to the amount paid for said Survey.
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**LEGEND**

- C/E - Covered Entry
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- CBS - Concrete Block Structure
- CMP - Corrugated Metal Pipe
- CPE - Concrete Pad with Pool Equipment
- CTV - Cable TV Box
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- O/L - Overhead Utility Line
- PP - Power Pole
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- SSMH - Sanitary Sewer Manhole
- UB - Utility Box
- WM - Water Meter
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- SIRC - Set #5 Iron Rod with Cap "LB#7357"
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- FM - Found Mag Nail
- FMD - Found Mag Nail with Disk
- FN - Found Nail
- FNNT - Found Nail with Tin Tab
- FPK - Found PK Nail
- FPKD - Found PK Nail with Disk
- FRRS - Found Rail Road Spike
- /CO - In Pavement Cut Out
- FPRM - Found Permanent Reference Monument
- X0.00 - Existing Elevations

**AREA CALCULATION:**

LOT AREA	Sq.Ft	%
Building, Porches	4882.5	25.3%
Pool/Patio & Walk	1506.2	7.8%
Equipment Pads	37	0.2%
Driveway	1320.1	6.9%
<b>Total (Impervious)</b>	<b>7745.8</b>	<b>40.2%</b>
<b>TOTAL OPEN SPACE (PERVIOUS)</b>	<b>11,841</b>	<b>59.8%</b>

**PREPARED FOR:**

Donald F. & Nancy L. Fabricy  
 Seagate Builders Inc.  
 Seaside National Bank & Trust  
 Town of Sewalls Point

Prepared By: Regina C. Karner, PSM#4363  
 Karner Surveying, Inc. LB#7357

Prepared For:

**MR. & MRS. FABRICY**

Martin County

Florida

**KARNER SURVEYING, INC.**

RESIDENTIAL & COMMERCIAL SURVEYING SERVICES  
 2740 SW MARTIN DOWNS BLVD.#333 PALM CITY, FL. 34990  
 PHONE: (772) 288 7206 FAX: (772) 223 8181

karner@comcast.net

http://www.karnersurveyinginc.com/

*Regina C. Karner*  
 5/5/15  
 Not Valid Unless Sealed With An Embossed Surveyor's Seal

Date	Revision Description
7.24.14	Form board location
7.29.14	Pool Form boards and Adjacent Elevations
5.5.15	Post Construction Survey

Sheet Title: Boundary Survey	
Scale: 1"=30'	Date: 7.23.14
Drawn By: 1408.29	Field Book: 1408.29
Job No: 1307-25	CADD File:
Sheet No: 1 of 1	





May 11, 2015

Town of Sewall's Point Building Department  
One S Sewall's Point Road  
Sewall's Point, FL 34996

RE: Fabricy Residence  
#6 Oak Hill Way  
Lot 3, Castle Hill  
Permit # 10934

Dear Mr. Adams:

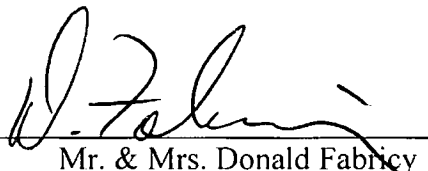
Per our meeting this morning, the following is acknowledged and agreed.

1. The future BBQ/summer kitchen is safely stubbed for gas and plumbing. The owner agrees that when he completes this work, he will apply for all related permits required by the Town of Sewall's Point.
2. The fireplace granite surround and hearth (16") has been measured and is in the process of being fabricated. Work should be done prior to move in, or shortly thereafter. Also discussed, was the possibility that glass doors are required on the fireplace per the new energy code. If so, we agree to order and have installed upon you verbally acknowledging this requirement.

Very truly yours,

  
Leonard Polanski  
SeaGate Builders Inc.

ACKNOWLEDGED AND AGREED:

  
Mr. & Mrs. Donald Fabricy

Southern Irrigation, Inc.  
5207 SW Moore Street  
Palm City, FL 34990  
772-288-1883  
772-288-1894 fax

*J FWP*

Permit # ~~10-134~~

April 21, 2015

Town Of Sewalls Point  
15 Sewalls Point Road  
Sewalls Point, FL 34996

RE: 6 Oak Hill Way

To Whom It May Concern:

As per section 22-146, the irrigation is installed as a low volume irrigation system with a rain sensor devise.

Martin County Competency #MCIS00734

Sincerely,



Robin G. Henn  
Sec. / Tres.

- Termite Inspection
- Termite Pretreatment
- Pest Control
- Rodent Service
- Fire Ant Lawn Service
- Whitefly Treatment
- Licensed & Insured

Permit #  
10934



Lic. JB175775

**772-323-7921**

Toll Free: 1-877-365-9990

Fax: 772-340-5990

Email: Evictabug@gmail.com

2373 SW Woodridge St.  
Port St. Lucie, FL 34953

**Notice of Preventative Treatment for Termites**

(as required by Florida Building Code (FBC) 104.26 and Broward County Chapter FBC 105.2.2)

PEST PREVENTION | FIRE ANT SERVICE | TERMITE SERVICE | RODENT EXCLUSION & REMOVAL | WHITEFLY TREATMENT

DATE OF SERVICE 4-31-15 TIME 8-5

DEVELOPMENT NAME (PROJECT) <u>Fabric Res</u>	CONTRACTOR'S NAME <u>SEAFATE Builders</u>	CONTACT PERSON <u>Len 263 4448</u>
STRUCTURE ADDRESS (LOT/BLOCK) <u>6 OAK Hill way</u>	CITY, STATE, ZIP CODE <u>STUART MARTIN 34996</u>	COUNTY
NOTES <u>* FINAL</u>		

**TREATMENT TYPE/AREA**

- FLOATING     MONOLITHIC     PATIO     GARAGE     DRIVEWAY     STEM WALL/FOOTERS  
 CUTOUTS     FOOTER     FRONT ENTRY     RETREAT     BORA CARE TREATMENT     PLUMBING CUT OUTS  
 TAMP & TREAT     TREAT ONLY     FINAL     POOL DECK     OTHER \_\_\_\_\_     ADDITION

**PRODUCTS**

- BASELINE     DOMINION 2L ACTIVE INGREDIENT     DIFENTHRIN     TERMIDOR SC     BORACARE  
 OTHER \_\_\_\_\_

ACTIVE INGREDIENT \_\_\_\_\_  DISODIUM OCTABORATE TETRAHYDRATE

**CONCENTRATION**

.06%     .12%     .25%     .05%     .23%     9%     OTHER \_\_\_\_\_    GALLONS APPLIED 165

SQUARE FOOTAGE \_\_\_\_\_ LINEAR FOOTAGE 400

**SQUARE FOOTAGE VERIFIED**

YES     NO     MEASURED OR VERIFIED PER PLANS

**JOB READY CONDITIONS MET**

YES     NO    DETAILS \_\_\_\_\_

As per 104.2.5 FBC - If soil chemical barrier method for termite prevention is used, Final exterior treatment shall be completed prior to final building approval.

**Certificate of Compliance:** The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. (Per the Florida Building Code.)

If this notice is for the final exterior treatment, initial and date this line TSR 5-1-15

**FINAL STICKER**

ELECTRICAL PANEL     WATER HEATER     OTHER \_\_\_\_\_

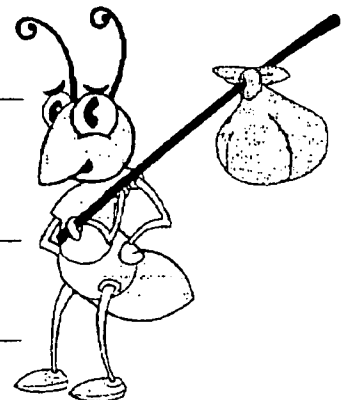
**Payment Terms:** Payment due at time of service.

5-1-15  
Date

Thomas Resinger  
Applicator: (Evict A Bug Termite and Pest Control, Inc.)

\_\_\_\_\_  
Date

left on site  
Customer (Property Owner or Agent)





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10934

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

OWNERS NAME: Fabricy Residence

CONSTRUCTION ADDRESS: 6 Oak Hill Way

PERMIT TYPE: [X] RESIDENTIAL [ ] COMMERCIAL

- [ ] ELECTRIC
[ ] PLUMBING
[ ] HVAC
[ ] IRRIGATION
[ ] FUEL GAS

TYPE OF SERVICE: [ ] NEW SERVICE [X] EXISTING SERVICE [ ] OTHER

SCOPE OF WORK: Roofing

VALUE OF CONSTRUCTION \$ 25,825.00

[ ] LOW VOLTAGE
TYPE OF EQUIPMENT: [ ] SECURITY [ ] VACUUM [ ] SOUND SYSTEM [ ] LANDSCAPE [ ] OTHER
SCOPE OF WORK: New Roof System VALUE

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

SIGNATURE OF LICENSED CONTRACTOR (Signature) ADDRESS OF CONTRACTOR 4401 SE Commerce Ave., Stuart 34997

COMPANY OR QUALIFIER'S NAME: Joseph Kolinowski
TELEPHONE NO: 772-283-1505 FAX NO: 772-212-1557

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CCC 1328994

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*
OWNER'S FULL NAME AS STATED ON DEED: Fabricy, Donald F & Nancy L
PARCEL CONTROL #: 26-37-41-015-000-00030-8
SUBDIVISION: Castle Hill LOT: 3 BLK: PHASE:
SITE ADDRESS: 6 Oak Hill Way

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



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

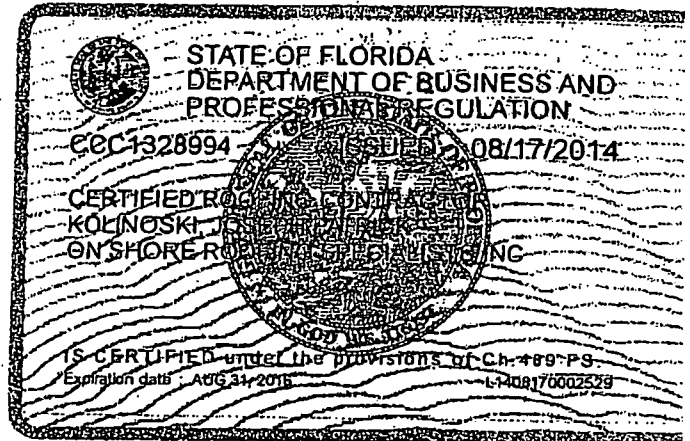
(850) 487-1395

KOLINOSKI, JOSEPH PATRICK  
ON SHORE ROOFING SPECIALISTS INC  
1066 SE SAINT LUCIE BLVD  
STUART FL 34996

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

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

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER	CCC1328994
----------------	------------

ON SHORE ROOFING CONTRACTOR  
Licensed below IS CERTIFIED  
Under the provisions of Chapter 489-FS  
Expiration date: AUG 31, 2016

KOLINOSKI, JOSEPH PATRICK  
ON SHORE ROOFING SPECIALISTS INC  
4401 SE COMMERCE AVE  
STUART FL 34997



BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604

PHONE (772) 283-1500 SIC NO. 253610

LOCATION: 4401 SE COMMERCE AVE STU



CHARACTER COUNTS IN MARTIN COUNTY

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

KOLINOSKI, JOSEPH  
ONSHORE ROOFING SPECIALISTS, INC  
4401 SE COMMERCE AVE  
STUART, FL 34997

HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF ROOFING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

22 DAY OF AUGUST 2014  
AND ENDING SEPTEMBER 30, 2015

11 2013 43637.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE IF NOT PAID BY SEPT 30TH. A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

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

FL 32399-0783

(850) 487-1395

ON SHORE ROOFING SPECIALISTS INC  
1066 SE SAINT LUCIE BLVD  
STUART  
FL 34996



# CERTIFICATE OF LIABILITY INSURANCE

ONSHR-1 OP ID: KR

DATE (MM/DD/YYYY)  
09/03/14

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).

<b>PRODUCER</b> Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Rita Massey-Myer	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Western World</b>		NAIC #
<b>INSURED</b> OnShore Roofing Specialists, Inc. 4401 SE Commerce Ave. Stuart, FL 34997	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	
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"/> PRO-JECT <input type="checkbox"/> LOC		PGP0789349	09/01/14	09/01/15	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	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)	\$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

<b>CERTIFICATE HOLDER</b>  SLCCC-1  St. Lucie County Contractors Certification 2300 Virginia Ave, #210 Fort Pierce, FL 34982	<b>CANCELLATION</b>  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)  
12/10/2013

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.

**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).

<b>PRODUCER</b> Bouchard Insurance for WBS P.O.Box 6090 Clearwater, FL 33758-6090	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> (866) 293-3600 ext. 623	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> American Zurich Insurance Company		40142
<b>INSURER B:</b> _____		
<b>INSURER C:</b> _____		
<b>INSURER D:</b> _____		
<b>INSURER E:</b> _____		
<b>INSURER F:</b> _____		

**COVERAGES**    **CERTIFICATE NUMBER: 13FL079839702**    **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 90-00-818-03	12/31/2013	12/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	<b>Location Coverage Period:</b>				12/31/2013	12/31/2014	Client# 053968

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

Coverage is provided for only those employees leased to but not subcontractors of:

On Shore Roofing Specialists Inc  
 4401 SE Commerce Ave  
 Stuart, FL 34997

<b>CERTIFICATE HOLDER</b> On Shore Roofing Specialists Inc 4401 SE Commerce Ave Stuart, FL 34997	<b>CANCELLATION</b> 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 
---	--



2014-2015

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34984  
(772) 288-6804

ACCOUNT 2008-520-0104 CERT MCPF5619  
PHONE (772) 240-6170 SIC NO 238390

LOCATION:  
383 SW NORTH SHORE BLVD PSL



**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR.	\$	<u>.00</u>	LIC. FEE	\$	<u>26.25</u>
	\$	<u>.00</u>	PENALTY	\$	<u>2.63</u>
	\$	<u>.00</u>	COL. FEE	\$	<u>6.60</u>
	\$	<u>.00</u>	TRANSFER	\$	<u>.00</u>
TOTAL					<u>35.48</u>

VIDES, JOSE A.  
JOB CONCRETE PERFECTION LLC  
383 SW NORTH SHORE BLVD  
PORT ST LUCIE, FL 34986

HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **FORMING, PLACING AND FINISHING**  
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

03 DAY OF OCTOBER 2014  
AND ENDING SEPTEMBER 30, 2015

91 2014 00013.0001 35.48 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30<sup>TH</sup>, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

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



**MARTIN COUNTY, FLORIDA**  
Contractor's Licensing  
Certificate of Competency

**PAVER BLOCK - MC**

License #: MCPB6476

Expires: 09/30/2016

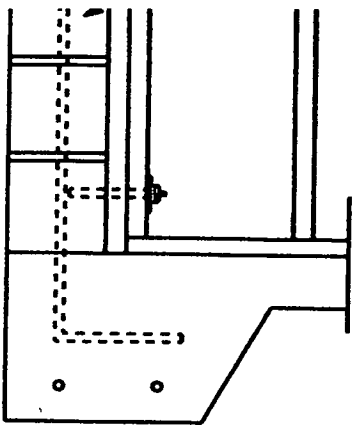
VIDES, JOSE A

JOSB CONCRETE PERFECTION LLC

383 SW NORTH SHORE BLVD

PORT ST LUCIE, FL 34986

*For resident Ryan Flannery  
203 Rio Vista*



outer bar to top course, inner bar to bottom course.



**M.A. CORSON & ASSOCIATES, INC.**  
 ARCHITECTURE STRUCTURAL DESIGN  
 1121 S.E. Ocean Blvd. Stuart, FL 34996  
 (772) 223-8227 - Fax 223-8234  
 Visit us on the web @: mscorsonarchitect.com

10/22/14 PN # 10934

*FABRIC REINFORCE*  
 6 OAK HILL WAY

FRAME TO BLOCK ANCHORAGE 3/4" = 1' 0"

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FIELD COPY

*[Handwritten signature]*

Filled 8" "H" block with 1 #5 bar cont., 6" hook into bm. 8" CMU wall w/ all cells filled.

Stucco exposed block - match house. Smooth stucco trim see elev.

9 Ga. longitudinal wires 3/16" cross rode-joint reinforcement 8" o.c.

#5 bars vert. @ 16" o.c. in filled cells

#5 dowels @ 16" o.c. overlap 30 bar dia's.

VARIES

VARIES  
58" MAX.

+/- 1'0" B.F.G.

24"

9.25"



3.15"

3'8"

11'4" B.F.

#5 bars @ 24" o.c.

#5 bars cont. @ 8" o.c.

**RETAINING WALL 3/4" = 1' 0"**

Filled 8" "H" block with 1 #5 bar continuous





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

**REVISIONS - CORRECTIONS REQUEST FORM**  
**MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS**

DATE: 7/22/14 PERMIT NUMBER: 10 934

JOB ADDRESS: #6 OAK HILL WAY

**PLEASE CHECK ONE OF THE FOLLOWING:**

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

**\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\***

**ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET**

DESCRIPTION OF REVISION(S): FOOTING CHANGE & REAR PORCH BEAM

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE \$  
 \*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: LEW POLANSKI SIGNATURE:

PHONE NUMBER: 772 220 7660 FAX NUMBER: 772 220 7668

**FOR OFFICE USE ONLY:**

Reviewed by: GA Date: 7-24 Approve  Deny

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) \_\_\_\_\_ x 2% = \_\_\_\_\_

Other additional fees: \_\_\_\_\_ Revision review fee: \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/E

Applicant notified by: \_\_\_\_\_ Date: \_\_\_\_\_



License #CCC1328994

P/N  
10934FAX MEMO

<b>To:</b>	Sherry - Town of Sewall's Pt.	<b>From:</b>	Bonnie Lovitt
<b>Fax:</b>	772-220-4765	<b>Date:</b>	November 4, 2014
<b>Re:</b>	6 Oak Hill Way	<b>Pages:</b>	8

Hi Sherry,

Please see the attached NOA for the above-referenced jobsite under SEWALLS PT. MASTER PERMIT #10934.

This is the metal panel we will be installing possibly by Thursday 11/6/14. Can you confirm that everything is in order for when I schedule the "In Progress" inspection?

Thank you!

Bonnie

# CBUCK Engineering

Specialty Structural Engineering

CBUCK, Inc. Certificate of Authorization #8064

## Evaluation Report

"1" Nail Strip"

Metal Roof Assembly

### Manufacturer:

Sunlast Metal, Inc.

2120 SW Poma Drive

Palm City, FL 34990

(772) 223-4055

for

Florida Product Approval

# FL 10490.2 R3

Florida Building Code 2010

Per Rule 9N-3

Method: 1 - D

Category: Roofing

Sub - Category: Metal Roofing

Product: "1" Nail Strip" Roof Panel

Material: Steel

Panel Thickness: 24 gauge

Panel Width: 16"

Support: Wood Deck

### Prepared by:

James L. Buckner, P.E., S.E.C.B.

Florida Professional Engineer # 31242

Florida Evaluation ANE ID: 1916

Project Manager: Diana Galloway

Report No. 11-190-1NS-S4W-ER

Date: 2 / 6 / 12

### Contents:

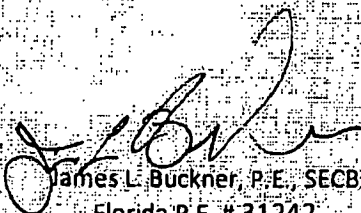
Evaluation Report

Pages 1 - 7

CBUCK, Inc.

1399 N. Killian Drive, Suite 4, West Palm Beach, Florida 33403

Phone: (561)491-9927 Fax: (561)491-9928 Website: www.cbuckinc.net

  
James L. Buckner, P.E., S.E.C.B.  
Florida P.E. # 31242  
4/19/12



# CBUGK Engineering

FL #: FL 10490.2-R3  
 Date: 2 / 6 / 12  
 Report No.: 11-190-1NS-S4W-ER  
 Page 2 of 3

Specialty Structural Engineering

CBUGK, Inc. Certificate of Authorization #8064

**Manufacturer:** Sunlast Metal, Inc.

**Product Name:** "1" Nail Strip"

**Product Category:** Roofing

**Product Sub-Category:** Metal Roofing

**Compliance Method:** State Product Approval Rule 9N-3.005 (1) (d)

**Product/System Description:** "1" Nail Strip"  
 24 gauge Steel roof panel mechanically attached to Plywood Deck with screws.

**Product Assembly as Evaluated:** Refer to Page 4 of this report for product assembly components/materials & standards:

1. Roof Panel
2. Fasteners
3. Adhesive
4. Underlayment
5. Insulation (Optional)

**Support:** **Type:**  
 Wood Deck  
 (Design of support and its attachment to support framing is outside the scope of this evaluation.)

**Description:**

- 15/32 (min.) or greater plywood,
- or Wood plank (min. specific gravity of 0.42)

**Slope:** Minimum slope shall be in accordance with manufacturer's recommendations, FBC Section 1507.4.2 and applicable code sections.

**Performance:** Wind Uplift Resistance:

- Design Uplift Pressure: **METHOD 1: - 91.25 PSF**  
 (Refer to "Table A" attachment details herein) **METHOD 2: - 106.25 PSF**



# CBUCK Engineering

FL #: FL 10490.2-R3  
 Date: 2 / 6 / 12  
 Report No.: 11-190-1NS-S4W-ER  
 Page 3 of 3

Specialty Structural Engineering

CBUCK, Inc. Certificate of Authorization #8064

- Performance Standards:** The product described herein has demonstrated compliance with:
- UL580-06 – *Test for Uplift Resistance of Roof Assemblies*
  - UL 1897-04 – *Uplift test for roof covering systems*
  - TAS 125-03 – *Standard Requirements for Metal Roofing Systems*
- Standards Equivalency:** The UL 580-94 & UL 1897-98 standard version used to test the evaluated product assembly is equivalent with the prescribed standards in UL 580-06 & UL 1897-04 adopted by the Florida Building Code 2010.
- Code Compliance:** The product described herein has demonstrated compliance with Florida Building Code 2010, Section 1504.3.2.
- Evaluation Report Scope:** This product evaluation is limited to compliance with the structural requirements of the Florida Building Code, as related to the scope section to Florida Product Approval Rule 9N-3.001.
- Limitations and Conditions of Use:**
- Scope of "Limitations and Conditions of Use" for this evaluation:  
 This evaluation report for "Optional Statewide Approval" contains technical documentation, specifications and installation method(s) which include "Limitations and Conditions of Use" throughout the report in accordance with Rule 9N-3.005. Per Rule 9N-3.004, the Florida Building Commission is the authority to approve products under "Optional Statewide Approval".
  - Option for application outside "Limitations and Conditions of Use"  
 Rule 9N-3.005(1)(e) allows engineering analysis for "project specific approval by the local authorities having jurisdiction in accordance with the alternate methods and materials authorized in the Code". Any modification of the product as evaluated in this report and approved by the Florida Building Commission is outside the scope of this evaluation and will be the responsibility of others.
  - Design of support system is outside the scope of this report.
  - Fire Classification is outside the scope of Rule 9N-3, and is therefore not included in this evaluation.
  - This evaluation report does not evaluate the use of this product for use in the High Velocity Hurricane Zone code section. (Dade & Broward Counties)
- Quality Assurance:** The manufacturer has demonstrated compliance of roof panel products in accordance with the Florida Building Code and Rule 9N-3.0005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity through **Keystone Certifications, Inc.** (FBC Organization #: QUA 1824).





# CBUG Engineering

FL #: FL 10490.2-R3  
 Date: 2 / 6 / 12  
 Report No.: 11-190-1NS-S4W-ER  
 Page 4 of 3

Specialty Structural Engineering

CBUG, Inc. Certificate of Authorization #8064

**Components/Materials  
(by Manufacturer):**

**Roof Panel:** "1" Nail Strip  
**Material:** Steel  
**Thickness:** 24 gauge (min.)  
**Panel Width:** 16" (max.) Coverage  
**Rib Height:** 1"  
**Yield Strength:** 40 ksi min.  
**Corrosion Resistance:** In compliance with FBC Section 1507.4.3:  
 • ASTM A792 coated, or  
 • ASTM A653 G90 galvanized steel

**Fastener:**

**Type:** Pancake-Head Wood Screw  
**Size :** #10 x 1"  
**Corrosion Resistance:** Per FBC Section 1506.6 and 1507.4.4  
**Standard:** Per ANSI/ASME B18.6.4

**Seam Adhesive/Sealant:**

**Product Name:** Bostik Chem-Chaulk 915  
**Type:** One component, polyurethane adhesive  
**Application Size:** 3/8" bead  
**Application Location:** along male flange the full length of panel  
 (Refer to Table "A" and drawing Page 7)

**Underlayment:**

Per roofing manufacturer's guidelines in compliance with FBC Section 1507.4.5

**Components/Materials  
(by Others):**

**Insulation (Optional):**

**Type:** Rigid Insulation Board  
**Thickness:** 3" (max.)  
**Properties:**  
**Density:** 2.25 pcf (lbs/ft<sup>3</sup>) min.  
**Or Compressive Strength:** 20 psi min.

Insulation shall comply with FBC Section 1508. When insulation is incorporated, fastener length shall conform to penetrate thru bottom of support a minimum of 3/16".



# CBUG Engineering

FL #: FL 10490.2-R3

Date: 2 / 6 / 12

Report No.: 11-190-1NS-S4W-ER

Page 5 of 3

Specialty Structural Engineering

CBUG, Inc. Certificate of Authorization #8064

**Installation:****Installation Method:**

(Refer to drawings on Pages 6-7 of this report.)

- Fastener spacing: Refer to Table "A" Below  
(along the length of the panel)
- Rib Interlock: Snaplock  
(Panel ribs shall be fully engaged to form an integral snap-lock)
- Minimum fastener penetration thru bottom of support, 3/16".
- For panel construction at the end of panels, refer to manufacturer's instructions and any site specific design.

TABLE "A"		
	METHOD 1:	METHOD 2:
Design Pressure:	- 91.25 PSF	- 106.25 PSF
Fastener Spacing:	12"	6"
Adhesive:	3/8" Bead Refer to Dwg Pg 6	3/8" Bead Refer to Dwg Pg 6

Install the "1" Nail Strip" roof panel assembly in compliance with the installation method listed in this report and applicable code sections of FBC 2010. The installation method described herein is in accordance with the scope of this evaluation report. Refer to manufacturer's installation instructions as a supplemental guide for attachment.

**Referenced Data:**

1. TAS 125-03 Uplift Test  
By Hurricane Test Laboratory, LLC (FBC Organization #TST ID: 1527)  
Report #: 0412-0306-06; Test Date: 11 / 14 / 06  
Report #: 0412-1203-07; Test Date: 12 / 17 / 07
2. Quality Assurance  
By Keystone Certifications, Inc. (QUA ID: 1824)  
Sunlast Metal & Solar, Inc. Licensee # 385
3. Equivalency of Test Standard Certification  
By James L. Buckner, P.E. @ CBUG Engineering  
(FBC Organization # ANE 1916)
4. Certification of Independence  
By James L. Buckner, P.E. @ CBUG Engineering  
(FBC Organization # ANE 1916)

# CBUCK Engineering

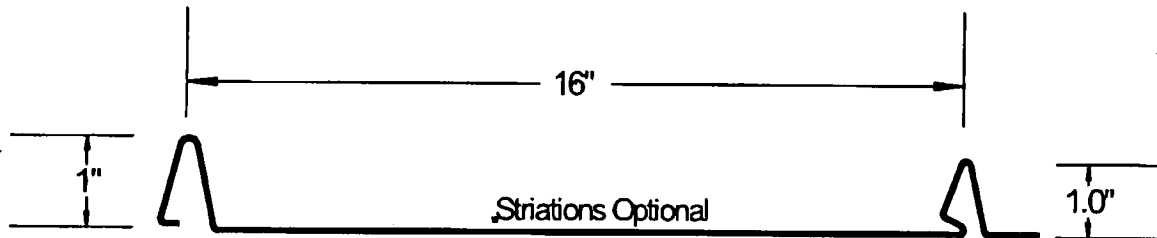
FL #: FL 10490.2-R3  
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Report No.: 11-190-1NS-S4W-ER  
Page 6 of 3

Specialty Structural Engineering

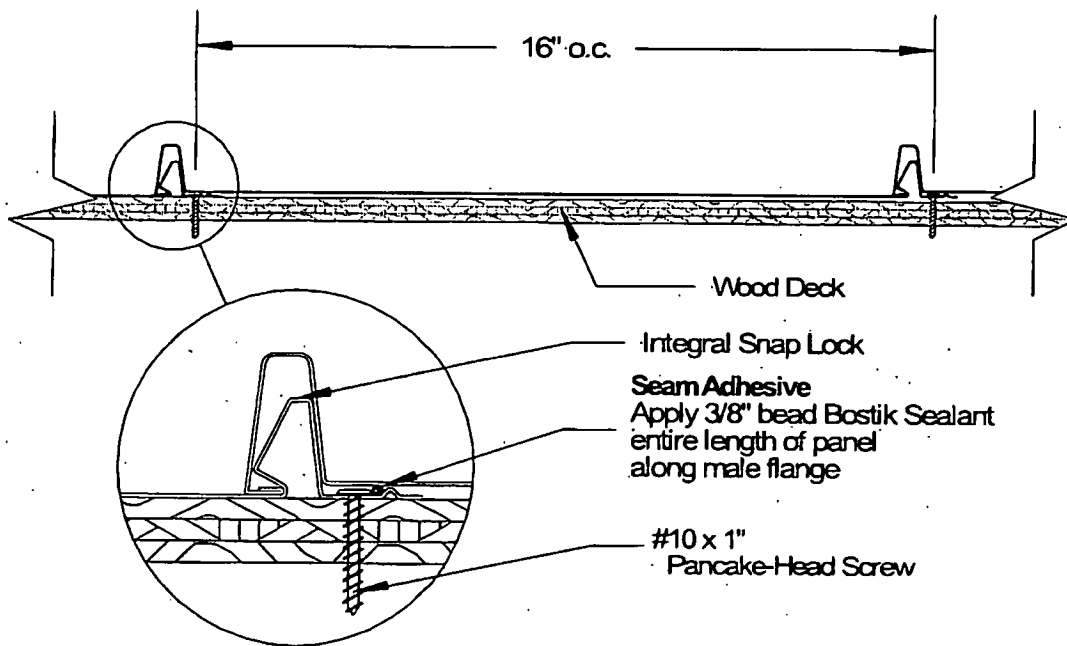
CBUCK, Inc. Certificate of Authorization #8064

## Installation Method Sunlast Metal, Inc. "1" Nail Strip" (24 Gauge) Roof Panel Attached to Wood Deck

### Profile Drawings



"1" Nail Strip" Panel  
Typical Panel Profile View



Assembly Profile View  
Typical Fastening Pattern Across Row

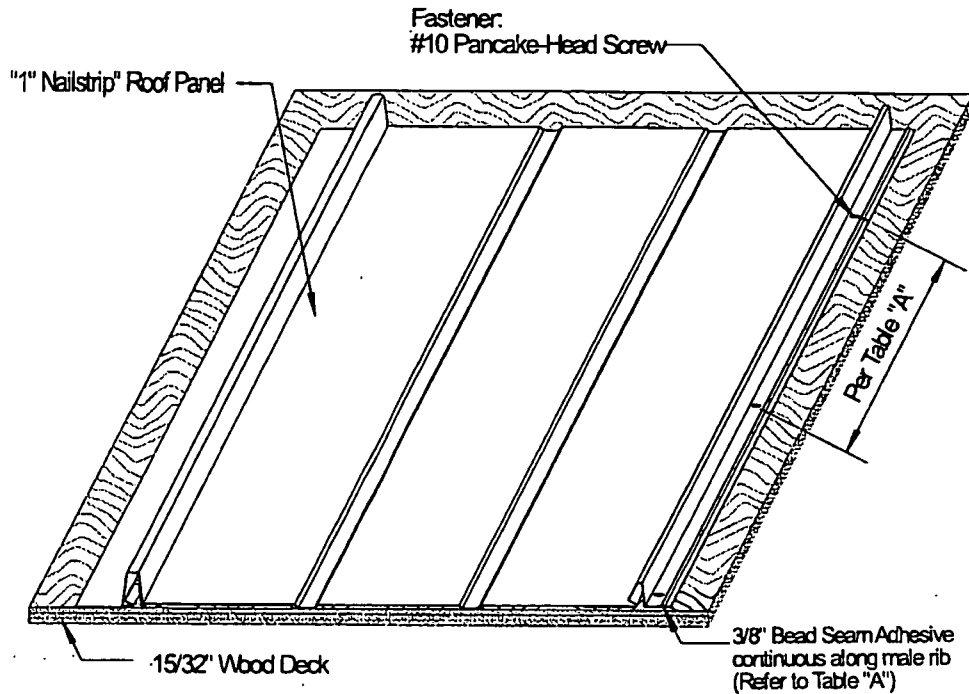
# CBUCK Engineering

FL #: FL 10490.2-R3  
 Date: 2 / 6 / 12  
 Report No.: 11-190-1NS-54W-ER  
 Page 7 of 3

Specialty Structural Engineering

CBUCK, Inc. Certificate of Authorization #8064

## Installation Method Sunlast Metal, Inc. "1" Nail Strip" (24 Gauge) Roof Panel Attached to Wood Deck



Typical Assembly Isometric View

TABLE "A"		
	METHOD 1:	METHOD 2:
Design Pressure:	- 91.25 PSF	- 106.25 PSF
Fastener Spacing:	12"	6"
Adhesive:	3/8" Bead Refer to Dwg Pg 6	3/8" Bead Refer to Dwg Pg 6



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

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Seagate Bldg BLDG. PERMIT # \_\_\_\_\_  
 MAILING ADDRESS 1501 Decker Ave #123 Stuart FL 34994

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM	Seagate	C6C047306
CFI	- FINISH		
BM	BLOCK MASON	CBC	C6C016291
CB	COLUMNS & BEAMS	CBC	C6C016291
CA	CARPENTRY ROUGH	Seagate	C6C047306
GD	GARAGE DOOR	TBD	-
DH	DRYWALL - HANG	Allison	SP00253
DF	- FINISH		
IN	INSULATION	DALISON	MC IN 00375
LA	LATHING	TBD	-
FI	FIREPLACE	Seagate	C6C047306
PAV	PAVERS	Seagate	C6C047306
AL	ALUMINUM	N/A	
LP	LP GAS	TBD	
PAV	PAINTING	TBD	
PL	PLASTER & STUCCO	TBD	
ST	STAIRS & RAILS	-	
RO	ROOFING	ON SHORE	CC01328994
TM	TILE & MARBLE	TBD	
WD	WINDOWS & DOORS	Seagate	C6C047306
PLU	* PLUMBING	AUGUA DEM	CFC057526
AC	* HARV	DS A/C	CAC058715
EL	* ELECTRICAL	ZANE Carter Elect	EC13002342



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

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

\* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR  
(OR OWNER BUILDER IF APPLICABLE)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

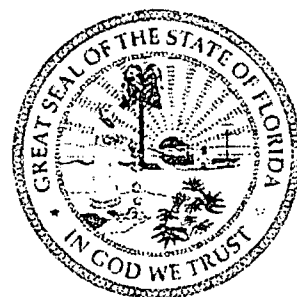
Florida Department of Business and Professional Regulation - Residential Performance Method

TOWN OF WEST PALM BEACH  
 BUILDING DEPARTMENT  
**FILE COPY**

Project Name: FABRICY	Builder Name:
Street: 6 OAK HILL WAY	Permit Office:
City, State, Zip: STUART, FL	Permit Number:
Owner: FABRICY	Jurisdiction:
Design Location: FL, West Palm Beach	

<p>1. New construction or existing: New (From Plans)</p> <p>2. Single family or multiple family: Single-family</p> <p>3. Number of units, if multiple family: 1</p> <p>4. Number of Bedrooms: 3</p> <p>5. Is this a worst case?: No</p> <p>6. Conditioned floor area above grade (ft²): 3242                  Conditioned floor area below grade (ft²): 0</p> <p>7. Windows (600.3 sqft.)</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>a. U-Factor: Sgl, U=0.60 SHGC: SHGC=0.30</td> <td>600.25 ft²</td> </tr> <tr> <td>b. U-Factor: N/A SHGC:</td> <td>ft²</td> </tr> <tr> <td>c. U-Factor: N/A SHGC:</td> <td>ft²</td> </tr> <tr> <td>d. U-Factor: N/A SHGC:</td> <td>ft²</td> </tr> <tr> <td>Area Weighted Average Overhang Depth:</td> <td>2.000 ft.</td> </tr> <tr> <td>Area Weighted Average SHGC:</td> <td>0.300</td> </tr> </tbody> </table> <p>8. Floor Types (3242.5 sqft.)</p> <table border="1"> <thead> <tr> <th>Insulation</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>a. Slab-On-Grade Edge Insulation: R=0.0</td> <td>3242.50 ft²</td> </tr> <tr> <td>b. N/A: R=</td> <td>ft²</td> </tr> <tr> <td>c. N/A: R=</td> <td>ft²</td> </tr> </tbody> </table>	Description	Area	a. U-Factor: Sgl, U=0.60 SHGC: SHGC=0.30	600.25 ft²	b. U-Factor: N/A SHGC:	ft²	c. U-Factor: N/A SHGC:	ft²	d. U-Factor: N/A SHGC:	ft²	Area Weighted Average Overhang Depth:	2.000 ft.	Area Weighted Average SHGC:	0.300	Insulation	Area	a. Slab-On-Grade Edge Insulation: R=0.0	3242.50 ft²	b. N/A: R=	ft²	c. N/A: R=	ft²	<p>9. Wall Types (2894.0 sqft.)</p> <table border="1"> <thead> <tr> <th>Insulation</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>a. Concrete Block - Ext Insul, Exterior: R=5.0</td> <td>2894.00 ft²</td> </tr> <tr> <td>b. N/A: R=</td> <td>ft²</td> </tr> <tr> <td>c. N/A: R=</td> <td>ft²</td> </tr> <tr> <td>d. N/A: R=</td> <td>ft²</td> </tr> </tbody> </table> <p>10. Ceiling Types (3245.0 sqft.)</p> <table border="1"> <thead> <tr> <th>Insulation</th> <th>Area</th> </tr> </thead> <tbody> <tr> <td>a. Roof Deck (Unvented): R=20.0</td> <td>3245.00 ft²</td> </tr> <tr> <td>b. N/A: R=</td> <td>ft²</td> </tr> <tr> <td>c. N/A: R=</td> <td>ft²</td> </tr> </tbody> </table> <p>11. Ducts</p> <table border="1"> <thead> <tr> <th>R</th> <th>ft²</th> </tr> </thead> <tbody> <tr> <td>a. Sup: Attic, Ret: Attic, AH: Attic</td> <td>6 150</td> </tr> <tr> <td>b. Sup: Attic, Ret: Attic, AH: Attic</td> <td>6 500</td> </tr> </tbody> </table> <p>12. Cooling systems</p> <table border="1"> <thead> <tr> <th>kBtu/hr</th> <th>Efficiency</th> </tr> </thead> <tbody> <tr> <td>a. Central Unit: 17.7</td> <td>SEER:16.00</td> </tr> <tr> <td>b. Central Unit: 54.0</td> <td>SEER:16.00</td> </tr> </tbody> </table> <p>13. Heating systems</p> <table border="1"> <thead> <tr> <th>kBtu/hr</th> <th>Efficiency</th> </tr> </thead> <tbody> <tr> <td>a. Electric Strip Heat: 16.7</td> <td>COP:1.00</td> </tr> <tr> <td>b. Electric Strip Heat: 25.9</td> <td>COP:1.00</td> </tr> </tbody> </table> <p>14. Hot water systems</p> <table border="1"> <thead> <tr> <th>Cap:</th> <th>EF:</th> </tr> </thead> <tbody> <tr> <td>a. Electric: 40 gallons</td> <td>0.920</td> </tr> <tr> <td>b. Conservation features: None</td> <td></td> </tr> </tbody> </table> <p>15. Credits: None</p>	Insulation	Area	a. Concrete Block - Ext Insul, Exterior: R=5.0	2894.00 ft²	b. N/A: R=	ft²	c. N/A: R=	ft²	d. N/A: R=	ft²	Insulation	Area	a. Roof Deck (Unvented): R=20.0	3245.00 ft²	b. N/A: R=	ft²	c. N/A: R=	ft²	R	ft²	a. Sup: Attic, Ret: Attic, AH: Attic	6 150	b. Sup: Attic, Ret: Attic, AH: Attic	6 500	kBtu/hr	Efficiency	a. Central Unit: 17.7	SEER:16.00	b. Central Unit: 54.0	SEER:16.00	kBtu/hr	Efficiency	a. Electric Strip Heat: 16.7	COP:1.00	b. Electric Strip Heat: 25.9	COP:1.00	Cap:	EF:	a. Electric: 40 gallons	0.920	b. Conservation features: None	
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Glass/Floor Area: 0.185      Total Proposed Modified Loads: 58.27      **PASS**  
 Total Standard Reference Loads: 80.48

<p>I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.</p> <p>PREPARED BY: <i>[Signature]</i>                  DATE: 5/19/14</p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: _____                  DATE: _____</p>	<p>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.</p> <p>BUILDING OFFICIAL: _____                  DATE: _____</p> 
--	--

- Compliance requires completion of a Florida Air Barrier and Insulation Inspection Checklist

**PROJECT**

Title:	FABRICY	Bedrooms:	3	Address Type:	Street Address
Building Type:	User	ConditionedArea:	3242	Lot #	
Owner:	FABRICY	Total Stories:	1	Block/SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
BuilderName:		RotateAngle:	0	Street:	6 OAK HILL WAY
Permit Office:		Cross Ventilation:	No	County:	Martin
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	STUART , FL , -
FamilyType:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

**CLIMATE**

✓	DesignLocation	TMY Site	IECC Zone	Design Temp		Int Design Temp		Heating DegreeDays	Design Moisture	Daily Temp Range
				97.5 %	2.5 %	Winter	Summer			
	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	70	75	316	60	Medium

**BLOCKS**

Number	Name	Area	Volume
1	AH 1	862	9106
2	AH 2	2380	27237.5

**SPACES**

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	MASTER	324	3726	No	2	1	1	Yes	Yes	Yes
2	M BATH	332	3323	No	0		1	Yes	Yes	Yes
3	WIC 2	184	1838	No	0		1	Yes	Yes	Yes
4	WIC 1	20	200	No	0		1	No	Yes	Yes
5	Room17	2	20	No	0		1	Yes	Yes	Yes
6	DEN	239	2390	No	0		1	Yes	Yes	Yes
7	FOYER	104	1294	No	0		1	Yes	Yes	Yes
8	DINING	266	3325	No	0		1	Yes	Yes	Yes
9	GREAT	463	5781	No	0		1	Yes	Yes	Yes
10	KITCHEN	540	6210	Yes	2		1	Yes	Yes	Yes
11	BED 2	218	2725	No	0	1	1	Yes	Yes	Yes
12	BED 3	223	2230	No	0	1	1	Yes	Yes	Yes
13	BATH 3	63	625	No	0		1	Yes	Yes	Yes
14	LAUNDRY	98	978	No	0		1	Yes	Yes	Yes
15	BATH 2	128	1275	No	0		1	Yes	Yes	Yes
16	PANTRY	38	383	No	0		1	No	Yes	Yes



**FLOORS**

✓	#	Floor Type	Space	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulation	MASTER	48.5 ft	0	326.9 ft²	----	1	0	0
_____	2	Slab-On-Grade Edge Insulation	M BATH	20.5 ft	0	332.3 ft²	----	1	0	0
_____	3	Slab-On-Grade Edge Insulation	WIC 2	10.5 ft	0	183.8 ft²	----	1	0	0
_____	4	Slab-On-Grade Edge Insulation	WIC 1	1 ft	0	19.8 ft²	----	1	0	0
_____	5	Slab-On-Grade Edge Insulation	Room17	1 ft	0	2.3 ft²	----	1	0	0
_____	6	Slab-On-Grade Edge Insulation	DEN	37.5 ft	0	239 ft²	----	1	0	0
_____	7	Slab-On-Grade Edge Insulation	FOYER	9 ft	0	103.5 ft²	----	1	0	0
_____	8	Slab-On-Grade Edge Insulation	DINING	19 ft	0	266.3 ft²	----	1	0	0
_____	9	Slab-On-Grade Edge Insulation	GREAT	18.5 ft	0	462.5 ft²	----	1	0	0
_____	10	Slab-On-Grade Edge Insulation	KITCHEN	25 ft	0	540 ft²	----	1	0	0
_____	11	Slab-On-Grade Edge Insulation	BED 2	13 ft	0	217.5 ft²	----	1	0	0
_____	12	Slab-On-Grade Edge Insulation	BED 3	19 ft	0	222.5 ft²	----	1	0	0
_____	13	Slab-On-Grade Edge Insulation	BATH 3	5 ft	0	62.5 ft²	----	1	0	0
_____	14	Slab-On-Grade Edge Insulation	LAUNDRY	8.5 ft	0	97.8 ft²	----	1	0	0
_____	15	Slab-On-Grade Edge Insulation	BATH 2	23.5 ft	0	127.5 ft²	----	1	0	0
_____	16	Slab-On-Grade Edge Insulation	PANTRY	1 ft	0	38.3 ft²	----	1	0	0

**ROOF**

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Gable or Shed	Composition shingles	3512 ft²	674 ft²	Medium	0.9	No	0.9	No	20	22.6

**ATTIC**

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Unvented	0	3242 ft²	N	N

**CEILING**

✓ #	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
1	Under Attic (Unvented)	MASTER	19	327 ft²	0.1	Wood
2	Under Attic (Unvented)	M BATH	19	332 ft²	0.1	Wood
3	Under Attic (Unvented)	WIC 2	19	184 ft²	0.1	Wood
4	Under Attic (Unvented)	WIC 1	19	20 ft²	0.1	Wood
5	Under Attic (Unvented)	Room17	19	2 ft²	0.1	Wood
6	Under Attic (Unvented)	DEN	19	239 ft²	0.1	Wood
7	Under Attic (Unvented)	FOYER	19	104 ft²	0.1	Wood
8	Under Attic (Unvented)	DINING	19	266 ft²	0.1	Wood
9	Under Attic (Unvented)	GREAT	19	463 ft²	0.1	Wood
10	Under Attic (Unvented)	KITCHEN	19	540 ft²	0.1	Wood
11	Under Attic (Unvented)	BED 2	19	218 ft²	0.1	Wood
12	Under Attic (Unvented)	BED 3	19	223 ft²	0.1	Wood
13	Under Attic (Unvented)	BATH 3	19	63 ft²	0.1	Wood
14	Under Attic (Unvented)	LAUNDRY	19	98 ft²	0.1	Wood
15	Under Attic (Unvented)	BATH 2	19	128 ft²	0.1	Wood
16	Under Attic (Unvented)	PANTRY	19	38 ft²	0.1	Wood

**WALLS**

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft.	In	Height Ft.	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
1	NE	Exterior	Concrete Block - Ext Insul	MASTER	5	15	0	11	6	172.5 ft²	0	0	0.8	0
2	SW	Exterior	Concrete Block - Ext Insul	MASTER	5	10	6	11	6	120.8 ft²	0	0	0.8	0
3	W	Exterior	Concrete Block - Ext Insul	MASTER	5	3	6	11	6	40.3 ft²	0	0	0.8	0
4	NW	Exterior	Concrete Block - Ext Insul	MASTER	5	19	6	11	6	224.3 ft²	0	0	0.8	0
5	NE	Exterior	Concrete Block - Ext Insul	M BATH	5	16	0	10	0	160.0 ft²	0	0	0.8	0
6	SE	Exterior	Concrete Block - Ext Insul	M BATH	5	4	6	10	0	45.0 ft²	0	0	0.8	0
7	NE	Exterior	Concrete Block - Ext Insul	WIC 2	5	10	6	10	0	105.0 ft²	0	0	0.8	0
8	NE	Exterior	Concrete Block - Ext Insul	Room17	5	1	6	10	0	15.0 ft²	0	0	0.8	0
9	SE	Exterior	Concrete Block - Ext Insul	Room17	5	1	6	10	0	15.0 ft²	0	0	0.8	0
10	SW	Exterior	Concrete Block - Ext Insul	Room17	5	1	6	10	0	15.0 ft²	0	0	0.8	0
11	NW	Exterior	Concrete Block - Ext Insul	Room17	5	1	6	10	0	15.0 ft²	0	0	0.8	0
12	NE	Exterior	Concrete Block - Ext Insul	DEN	5	14	0	10	0	140.0 ft²	0	0	0.8	0
13	SE	Exterior	Concrete Block - Ext Insul	DEN	5	17	6	10	0	175.0 ft²	0	0	0.8	0
14	SW	Exterior	Concrete Block - Ext Insul	DEN	5	6	0	10	0	60.0 ft²	0	0	0.8	0
15	SE	Exterior	Concrete Block - Ext Insul	FOYER	5	9	0	12	6	112.5 ft²	0	0	0.8	0
16	NE	Exterior	Concrete Block - Ext Insul	DINING	5	3	6	12	6	43.8 ft²	0	0	0.8	0
17	SE	Exterior	Concrete Block - Ext Insul	DINING	5	15	6	12	6	193.8 ft²	0	0	0.8	0
18	NW	Exterior	Concrete Block - Ext Insul	GREAT	5	18	6	12	6	231.3 ft²	0	0	0.8	0
19	NE	Exterior	Concrete Block - Ext Insul	KITCHEN	5	10	6	11	6	120.8 ft²	0	0	0.8	0
20	NW	Exterior	Concrete Block - Ext Insul	KITCHEN	5	14	6	11	6	166.8 ft²	0	0	0.8	0
21	SW	Exterior	Concrete Block - Ext Insul	BED 2	5	13	0	12	6	162.5 ft²	0	0	0.8	0
22	SE	Exterior	Concrete Block - Ext Insul	BED 3	5	3	6	10	0	35.0 ft²	0	0	0.8	0
23	SW	Exterior	Concrete Block - Ext Insul	BED 3	5	15	6	10	0	155.0 ft²	0	0	0.8	0
24	SW	Exterior	Concrete Block - Ext Insul	BATH 3	5	5	0	10	0	50.0 ft²	0	0	0.8	0

### WALLS

✓ #	Ornt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor.	Below Grade%
25	SW	Exterior	Concrete Block - Ext Insul	LAUNDRY	5	8	6	10	0	85.0 ft²	0	0	0.8	0
26	SW	Exterior	Concrete Block - Ext Insul	BATH 2	5	8	6	10	0	85.0 ft²	0	0	0.8	0
27	NW	Exterior	Concrete Block - Ext Insul	BATH 2	5	15	0	10	0	150.0 ft²	0	0	0.8	0

### WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Depth	Overhang Separation	Int Shade	Screening
1	NE	1	TIM	Single(Clear)	Yes	0.6	0.3	32.5 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
2	SW	2	TIM	Single(Clear)	Yes	0.6	0.3	24.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
3	SW	2	TIM	Single(Clear)	Yes	0.6	0.3	15.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
4	W	3	TIM	Single(Clear)	Yes	0.6	0.3	8.8 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
5	NW	4	TIM	Single(Clear)	Yes	0.6	0.3	15.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
6	NE	5	TIM	Single(Clear)	Yes	0.6	0.3	8.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
7	NE	5	TIM	Single(Clear)	Yes	0.6	0.3	12.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
8	NE	5	TIM	Single(Clear)	Yes	0.6	0.3	14.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
9	NE	12	TIM	Single(Clear)	Yes	0.6	0.3	20.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
10	SE	13	TIM	Single(Clear)	Yes	0.6	0.3	20.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
11	SE	15	TIM	Single(Clear)	Yes	0.6	0.3	24.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
12	SE	17	TIM	Single(Clear)	Yes	0.6	0.3	24.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
13	NW	18	TIM	Single(Clear)	Yes	0.6	0.3	128.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
14	NE	19	TIM	Single(Clear)	Yes	0.6	0.3	64.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
15	NW	20	TIM	Single(Clear)	Yes	0.6	0.3	92.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
16	SW	21	TIM	Single(Clear)	Yes	0.6	0.3	20.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
17	SW	23	TIM	Single(Clear)	Yes	0.6	0.3	20.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
18	SW	24	TIM	Single(Clear)	Yes	0.6	0.3	12.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
19	SW	25	TIM	Single(Clear)	Yes	0.6	0.3	15.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
20	NW	27	TIM	Single(Clear)	Yes	0.6	0.3	24.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5
21	NW	27	TIM	Single(Clear)	Yes	0.6	0.3	8.0 ft²	2 ft 0 in	0 ft 0 in	Drapes/blinds	Exterior 5

### INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0005	4251.9	233.42	438.99	.345	7.0235

### HEATING SYSTEM

✓ #	System Type	Subtype	Efficiency	Capacity	Block	Ducts
1	Electric Strip Heat	None	COP: 1	16.71 kBtu/hr	1	sys#1
2	Electric Strip Heat	None	COP: 1	25.86 kBtu/hr	2	sys#2

**COOLING SYSTEM**

✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
_____	1	Central Unit	Split	SEER: 16	17.7 kBtu/hr	cfm	0.7	1	sys#1
_____	2	Central Unit	Split	SEER: 16	54 kBtu/hr	cfm	0.7	2	sys#2

**HOT WATER SYSTEM**

✓	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation
_____	1	Electric	None	LAUNDRY	0.92	40 gal	60 gal	120 deg	None

**SOLAR HOT WATER SYSTEM**

✓	FSEC Cert #	CompanyName	System Model#	Collector Model#	Collector Area	Storage Volume	FEF
_____	None	None			ft <sup>2</sup>		

**DUCTS**

✓	#	--- Supply --- Location	R-Value	Area	--- Return --- Location	Area	LeakageType	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC # Heat	Cool
_____	1	Attic	6	150 ft <sup>2</sup>	Attic	75 ft <sup>2</sup>	DefaultLeakage	Attic	(Default) c	(Default) c			1	1
_____	2	Attic	6	500 ft <sup>2</sup>	Attic	250 ft <sup>2</sup>	DefaultLeakage	Attic	(Default) c	(Default) c			2	2

**TEMPERATURES**

ProgramableThermostat: N		Ceiling Fans:												
Cooling	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input checked="" type="checkbox"/> Jun	<input checked="" type="checkbox"/> Jul	<input checked="" type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec		
Heating	<input checked="" type="checkbox"/> Jan	<input checked="" type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input checked="" type="checkbox"/> Nov	<input checked="" type="checkbox"/> Dec		
Venting	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input checked="" type="checkbox"/> Mar	<input checked="" type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input checked="" type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec		
ThermostatSchedule:	HERS 2006 Reference													
ScheduleType	Hours													
	1	2	3	4	5	6	7	8	9	10	11	12		
Cooling (WD)	AM 78	78	78	78	78	78	78	78	78	80	80	80	80	80
	PM 80	80	80	80	80	80	80	80	80	78	78	78	78	78
Cooling (WEH)	AM 78	78	78	78	78	78	78	78	78	80	80	80	80	80
	PM 80	80	80	80	80	80	80	80	80	78	78	78	78	78
Heating (WD)	AM 65	65	65	65	65	65	65	65	65	68	68	68	68	68
	PM 68	68	68	68	68	68	68	68	68	68	68	68	68	68
Heating (WEH)	AM 65	65	65	65	65	65	65	65	65	68	68	68	68	68
	PM 68	68	68	68	68	68	68	68	68	68	68	68	68	68

## Florida Code Compliance Checklist

Florida Department of Business and Professional Regulations  
Residential Whole Building Performance Method

ADDRESS: 6 OAK HILL WAY STUART, FL, -	PERMIT #:
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**MANDATORY REQUIREMENTS SUMMARY - See individual code sections for full details.**

COMPONENT	SECTION	SUMMARY OF REQUIREMENT(S)	CHECK
Air leakage	402.4	To be caulked, gasketed, weatherstripped or otherwise sealed. Recessed lighting IC-rated as meeting ASTM E 283. Windows and doors = 0.30 cfm/sq.ft. Testing or visual inspection required. Fireplaces: gasketed doors & outdoor combustion air. Must complete envelope leakage report or visually verify Table 402.4.2.	
Thermostat & controls	403.1	At least one thermostat shall be provided for each separate heating and cooling system. Where forced-air furnace is primary system, programmable thermostat is required. Heat pumps with supplemental electric heat must prevent supplemental heat when compressor can meet the load.	
Ducts	403.2.2	All ducts, air handlers, filter boxes and building cavities which form the primary air containment passageways for air distribution systems shall be considered ducts or plenum chambers, shall be constructed and sealed in accordance with Section 503.2.7.2 of this code.	
	403.3.3	Building framing cavities shall not be used as supply ducts.	
Water heaters	403.4	Heat trap required for vertical pipe risers. Comply with efficiencies in Table 403.4.3.2. Provide switch or clearly marked circuit breaker (electric) or shutoff (gas). Circulating system pipes insulated to = R-2 + accessible manual OFF switch.	
Mechanical ventilation	403.5	Homes designed to operate at positive pressure or with mechanical ventilation systems shall not exceed the minimum ASHRAE 62 level. No make-up air from attics, crawlspaces, garages or outdoors adjacent to pools or spas.	
Swimming Pools & Spas	403.9	Pool pumps and pool pump motors with a total horsepower (HP) of = 1 HP shall have the capability of operating at two or more speeds. Spas and heated pools must have vapor-retardant covers or a liquid cover or other means proven to reduce heat loss except if 70% of heat from site-recovered energy. Off/timer switch required. Gas heaters minimum thermal efficiency=78% (82% after 4/16/13). Heat pump pool heaters minimum COP= 4.0.	
Cooling/heating equipment	403.6	Sizing calculation performed & attached. Minimum efficiencies per Tables 503.2.3. Equipment efficiency verification required. Special occasion cooling or heating capacity requires separate system or variable capacity system. Electric heat >10kW must be divided into two or more stages.	
Ceilings/knee walls	405.2.1	R-19 space permitting.	

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX\* = 72

The lower the EnergyPerformance Index, the more efficient the home.

6 OAK HILL WAY, STUART, FL, -

1. New construction or existing	New (From Plans)	9. Wall Types	Insulation	Area		
2. Single family or multiple family	Single-family	a. Concrete Block - Ext Insul, Exterior	R=5.0	2894.00 ft²		
3. Number of units, if multiple family	1	b. N/A	R=	ft²		
4. Number of Bedrooms	3	c. N/A	R=	ft²		
5. Is this a worst case?	No	d. N/A	R=	ft²		
6. Conditioned floor area (ft²)	3242	10. Ceiling Types	Insulation	Area		
7. Windows**	Description	Area				
a. U-Factor:	Sgl, U=0.60	600.25 ft²	a. Roof Deck (Unvented)	R=20.0	3245.00 ft²	
SHGC:	SHGC=0.30		b. N/A	R=	ft²	
b. U-Factor:	N/A	ft²	c. N/A	R=	ft²	
SHGC:			11. Ducts		R	ft²
c. U-Factor:	N/A	ft²	a. Sup: Attic, Ret: Attic, AH: Attic		6	150
SHGC:			b. Sup: Attic, Ret: Attic, AH: Attic		6	500
d. U-Factor:	N/A	ft²	12. Cooling systems	kBtu/hr	Efficiency	
SHGC:			a. Central Unit	17.7	SEER:16.00	
Area Weighted Average Overhang Depth:	2.000 ft.		b. Central Unit	54.0	SEER:16.00	
Area Weighted Average SHGC:	0.300		13. Heating systems	kBtu/hr	Efficiency	
8. Floor Types	Insulation	Area	a. Electric Strip Heat	16.7	COP:1.00	
a. Slab-On-Grade Edge Insulation	R=0.0	3242.50 ft²	b. Electric Strip Heat	25.9	COP:1.00	
b. N/A	R=	ft²	14. Hot water systems		Cap: 40 gallons	
c. N/A	R=	ft²	a. Electric		EF: 0.92	
			b. Conservation features			
			None			
			15. Credits		None	

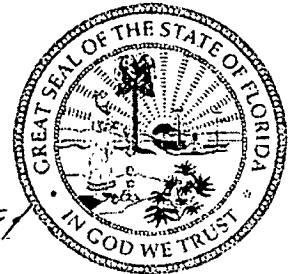
I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: \_\_\_\_\_

Date: 7/1/14

Address of New Home: 6 Oak Hill Way

City/FL Zip: Stuart FL 34991



\*Note: This is not a Building Energy Rating. If your Index is below 70, your home may qualify for energy efficient mortgage (EEM) incentives if you obtain a Florida EnergyGauge Rating. Contact the EnergyGauge Hotline at (321) 638-1492 or see the EnergyGauge web site at energygauge.com for information and a list of certified Raters. For information about the Florida Building Code, Energy Conservation, contact the Florida Building Commission's support staff.

\*\*Label required by Section 303.1.3 of the Florida Building Code, Energy Conservation, if not DEFAULT.

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

Return to:

File #: 26-37-41-015000-00030-0000

Grantee: \_\_\_\_\_

Loan No: 9014052900  
Borrower: DONALD F FABRICY

Data ID: 383

Permit: \_\_\_\_\_

NOTICE OF COMMENCEMENT

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.

1. Description of property:  
SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

2. General description of improvement: SFR

3. Owner information:  
a. Name and address:  
DONALD F FABRICY AND NANCY L FABRICY, HUSBAND AND WIFE  
6 OAK HILL WAY, STUART, FLORIDA 34996

b. Interest in property:

c. Name and address of fee simple titleholder (if other than Owner):

4. Contractor:  
a. Name and address:  
SEAGATE BUILDER'S, INC  
1501 DECKER AVE., #123  
STUART, FL 34994  
b. Phone number: 772-220-7660  
c. Fax number: (optional, if service by fax is acceptable).

5. Surety:  
a. Name and address:  
  
b. Phone number:  
  
c. Fax number: (optional, if service by fax is acceptable).

d. Amount of bond:  
\$ \_\_\_\_\_

6. Lender:  
a. Name and address:  
SEASIDE NATIONAL BANK & TRUST  
201 SOUTH ORANGE AVE., SUITE 1350  
ORLANDO, FLORIDA 32801

Loan No 9014052900

Data ID: 383

b. Phone number:  
407-585-1758

c. Fax number: (optional, if service by fax is acceptable).

7. 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:

a. Name and address

b. Phone number:

c. Fax number: (optional, if service by fax is acceptable).

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lender's Notice as provided in Section 713.13(1)(b), Florida Statutes.

a. Name and address:

b. Phone number;

c. Fax number: (optional, if service by fax is acceptable).

9. Expiration date of notice of commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): 8/31/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signed, sealed and delivered in the presence of:

*Shelby A. Sklar* \_\_\_\_\_ Printed Name  
*Shelby A. Sklar* \_\_\_\_\_ Printed Name  
*Donald F. Fabry* \_\_\_\_\_ (Seal)  
 DONALD F. FABRY — Lender  
*Nancy L. Fabry* \_\_\_\_\_ (Seal)  
 NANCY L. FABRY — Borrower



Loan No: 9014052900

Date ID: 383

[Space Below This Line For Acknowledgment]

State of FLORIDA  
County of ORANGE

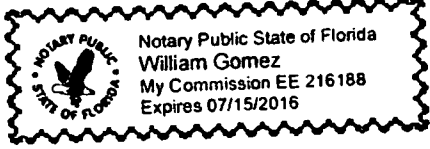
§  
§

The foregoing instrument was acknowledged before me this 26 day of JUNE

2011 by  
DONALD F FABRICY AND NANCY L FABRICY  
who (strike the following that does not apply) are personally known to me/have produced  
FIA-Drivers as identification.  
LICENSE

William Gomez  
Notary Public  
William Gomez  
(Name of person taking acknowledgment Typed,  
Printed or Stamped)

My commission expires: 7-15-2016





**Load Short Form  
AH 1  
DS AIR CONDITIONING INC**

Job:  
Date: May 12, 2014  
By: MAXINE WATSON

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: FABRICY  
6 OAK HILL WAY, STUART, FL

**Design Information**

	<b>Htg</b>	<b>Clg</b>		<b>TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY 1</b>
Outside db (°F)	47	90	Method	Simplified
Inside db (°F)	70	75	Construction quality	Average
Design TD (°F)	23	15	Fireplaces	(Average)
Daily range	-	L		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	17	59		

**HEATING EQUIPMENT**

**COOLING EQUIPMENT**

Make		Make	Carrier
Trade		Trade	ADP
Model		Cond	24ACC618A**30
AHRI ref		Coil	H,PG31(6,9)30+59*N*A080V17**14
Efficiency	100 EFF	AHRI ref	5759100
Heating input	4.9 kW	Efficiency	13.0 EER, 16 SEER
Heating output	16709 Btuh	Sensible cooling	12390 Btuh
Temperature rise	26 °F	Latent cooling	5310 Btuh
Actual air flow	590 cfm	Total cooling	17700 Btuh
Air flow factor	0.057 cfm/Btuh	Actual air flow	590 cfm
Static pressure	0 in H2O	Air flow factor	0.039 cfm/Btuh
Space thermostat		Static pressure	0 in H2O
		Load sensible heat ratio	0.91

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
MASTER	327	6412	8645	363	340
M BATH	332	2774	4181	157	165
WIC 2	184	1109	2086	63	82
WIC 1	20	135	73	8	3
Room17	2	0	0	0	0
AH 1	865	10431	14985	590	590
Other equip loads		0	0		
Equip. @ 0.95 RSM			14236		
Latent cooling			1565		
<b>TOTALS</b>	<b>865</b>	<b>10431</b>	<b>15801</b>	<b>590</b>	<b>590</b>

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



**Load Short Form**  
**AH 2**  
**DS AIR CONDITIONING INC**

Job:  
 Date: May 12, 2014  
 By: MAXINE WATSON

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: FABRICY  
 6 OAK HILL WAY, STUART, FL

**Design Information**

	Htg	Clg	Infiltration	Simplified
Outside db (°F)	47	90	Method	Average
Inside db (°F)	70	75	Construction quality	1 (Average)
Design TD (°F)	23	15	Fireplaces	
Daily range	-	L		
Inside humidity (%)	50	50		
Moisture difference (gr/lb)	17	59		

**HEATING EQUIPMENT**

**COOLING EQUIPMENT**

Make		Make	Carrier
Trade		Trade	ADP
Model		Cond	24ACC660A**30
AHRI ref		Coil	H,PG52(6,9)60+58CV(A,X)155-22
Efficiency	100 EFF	AHRI ref	5939771
Heating input	7.6 kW	Efficiency	13.0 EER, 16 SEER
Heating output	25857 Btuh	Sensible cooling	37800 Btuh
Temperature rise	13 °F	Latent cooling	16200 Btuh
Actual air flow	1800 cfm	Total cooling	54000 Btuh
Air flow factor	0.065 cfm/Btuh	Actual air flow	1800 cfm
Static pressure	0 in H2O	Air flow factor	0.036 cfm/Btuh
Space thermostat		Static pressure	0 in H2O
		Load sensible heat ratio	0.95

ROOM NAME	Area (ft²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
DEN	239	3907	3868	255	141
FOYER	104	1355	1797	88	65
DINING	266	2570	2763	168	100
GREAT	463	4964	12581	324	457
KITCHEN	540	6256	13825	408	502
BED 2	218	1812	2799	118	102
BED 3	223	2106	2883	137	105
BATH 3	63	707	1795	46	65
LAUNDRY	98	1345	2803	88	102
BATH 2	128	2511	3386	164	123
PANTRY	38	50	1032	3	38

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

AH 2	2377	27582	49532	1800	1800
Other equip loads		0	0		
Equip. @ 0.95 RSM			47055		
Latent cooling			2868		
TOTALS	2377	27582	49923	1800	1800

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

**Project Information**

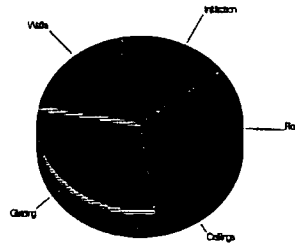
For: FABRICY  
6 OAK HILL WAY, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N	<b>Outdoor:</b> Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	<b>Heating</b> 47 - - 15.0	<b>Cooling</b> 90 13 ( L ) 78 7.5	<b>Indoor:</b> Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	<b>Heating</b> 70 23 50 16.5	<b>Cooling</b> 75 15 50 58.8
				<b>Infiltration:</b> Method Construction quality Fireplaces	<b>Simplified</b> Average 1 (Average)	

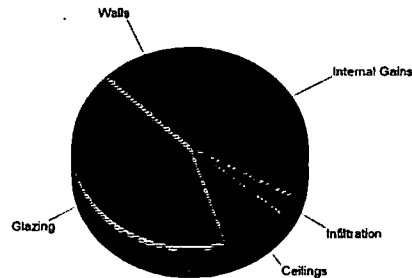
**Heating**

Component	Btuh/ft²	Btuh	% of load
Walls	2.9	2297	22.0
Glazing	24.4	3150	30.2
Doors	0	0	0
Ceilings	1.3	1126	10.8
Floors	2.7	2320	22.2
Infiltration	1.7	1537	14.7
Ducts		0	0
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>10431</b>	<b>100.0</b>



**Cooling**

Component	Btuh/ft²	Btuh	% of load
Walls	2.3	1872	12.5
Glazing	49.1	6348	42.4
Doors	0	0	0
Ceilings	1.5	1324	8.8
Floors	0	0	0
Infiltration	0.5	480	3.2
Ducts		0	0
Ventilation		0	0
Internal gains		4960	33.1
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>14985</b>	<b>100.0</b>



Latent Cooling Load = 1565 Btuh  
Overall U-value = 0.260 Btuh/ft²·°F

Data entries checked.

**Project Information**

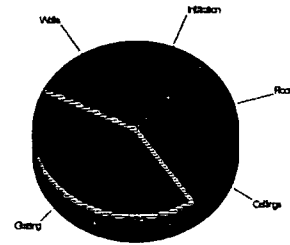
For: FABRICY  
6 OAK HILL WAY, STUART, FL

**Design Conditions**

<b>Location:</b> West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N	<b>Indoor:</b> Indoor temperature (°F) 70 Design TD (°F) 23 Relative humidity (%) 50 Moisture difference (gr/lb) 16.5	<b>Heating</b> 70 23 50 16.5	<b>Cooling</b> 75 15 50 58.8
<b>Outdoor:</b> Drybulb (°F) 47 Daily range (°F) - Wetbulb (°F) - Wind speed (mph) 15.0	<b>Heating</b> 47 - - 15.0	<b>Cooling</b> 90 13 ( L ) 78 7.5	<b>Infiltration:</b> Method Simplified Construction quality Average Fireplaces 1 (Average)

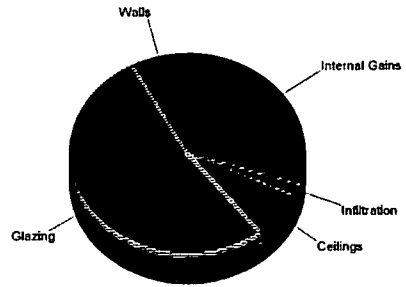
**Heating**

Component	Btuh/ft²	Btuh	% of load
Walls	2.8	4820	17.5
Glazing	24.6	11578	42.0
Doors	0	0	0
Ceilings	1.3	3096	11.2
Floors	2.0	4831	17.5
Infiltration	1.7	3257	11.8
Ducts		0	0
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
<b>Total</b>		<b>27582</b>	<b>100.0</b>



**Cooling**

Component	Btuh/ft²	Btuh	% of load
Walls	2.2	3846	7.8
Glazing	55.6	26169	52.8
Doors	0	0	0
Ceilings	1.5	3639	7.3
Floors	0	0	0
Infiltration	0.5	1018	2.1
Ducts		0	0
Ventilation		0	0
Internal gains		14860	30.0
Blower		0	0
Adjustments		0	0
<b>Total</b>		<b>49532</b>	<b>100.0</b>



Latent Cooling Load = 2868 Btuh  
Overall U-value = 0.272 Btuh/ft²·°F

Data entries checked.



**Component Constructions**  
**AH 1**  
**DS AIR CONDITIONING INC**

Job:  
 Date: May 12, 2014  
 By: MAXINE WATSON

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: **FABRICY**  
 6 OAK HILL WAY, STUART, FL

**Design Conditions**

<b>Location:</b>		<b>Indoor:</b>	<b>Heating</b>	<b>Cooling</b>
West Palm Beach, FL, US		Indoor temperature (°F)	70	75
Elevation: 20 ft		Design TD (°F)	23	15
Latitude: 27°N		Relative humidity (%)	50	50
<b>Outdoor:</b>	<b>Heating</b>	<b>Cooling</b>	Moisture difference (gr/lb)	16.5
Drybulb (°F)	47	90		58.8
Daily range (°F)	-	13 ( L )	<b>Infiltration:</b>	
Wet bulb (°F)	-	78	Method	Simplified
Wind speed (mph)	15.0	7.5	Construction quality	Average
			Fireplaces	1 (Average)

**Construction descriptions**

Construction descriptions	Or	Area ft <sup>2</sup>	U-value Btu/ft <sup>2</sup> ·°F	Insul R ft <sup>2</sup> ·°F/Btu	Htg HTM Btu/ft <sup>2</sup>	Loss Btu/h	Cig HTM Btu/ft <sup>2</sup>	Gain Btu/h
<b>Walls</b>								
13A-5ocs: Blk wall, stucco ext, r-5 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	ne	386	0.125	5.0	2.88	1110	2.34	905
	se	60	0.125	5.0	2.88	173	2.34	141
	sw	97	0.125	5.0	2.88	278	2.34	227
	w	32	0.125	5.0	2.88	92	2.34	75
	nw	224	0.125	5.0	2.88	645	2.34	526
	all	799	0.125	5.0	2.88	2297	2.34	1872
<b>Partitions</b> (none)								
<b>Windows</b>								
1A-c1ob: 1 glazing, clr glz, mtl/w brk frm mat, 1/8" thk; 50% blinds 45°, ne medium; 50% outdoor insect screen; 2 ft overhang (4 ft window ht, 0 ft sep.)		34	1.080	0	24.8	845	50.1	1702
1A-c1ob: 1 glazing, clr glz, mtl/w brk frm mat, 1/8" thk; 50% blinds 45°, ne medium; 50% outdoor insect screen; 2 ft overhang (5 ft window ht, 0 ft sep.)	sw	15	1.080	0	24.8	373	30.8	462
	w	9	1.080	0	24.8	217	51.8	453
	nw	15	1.080	0	24.8	373	50.1	751
	all	71	1.080	0	24.8	1770	46.2	3293
10A-b: 1 glazing, clr glz, mtl/w brk frm mat, 1/8" thk; 50% blinds 45°, medium; 50% outdoor insect screen; 2 ft overhang (8 ft window ht, 0 ft sep.)	sw	24	0.970	0	22.3	535	22.1	531
<b>Doors</b> (none)								
<b>Ceilings</b>								
16X19-0md: Attic ceiling, mtl roof mat, r-20 roof ins, 1/2" gypsum board int fnsh		865	0.408	19.0	1.30	1126	1.53	1324
<b>Floors</b>								
22A-tpm: Bg floor, heavy dry or light damp soil, on grade depth, tile fir fnsh		86	1.180	0	27.1	2320	0	0



**Component Constructions**  
**AH 2**  
**DS AIR CONDITIONING INC**

Job:  
 Date: May 12, 2014  
 By: MAXINE WATSON

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: **FABRICY**  
 6 OAK HILL WAY, STUART, FL

**Design Conditions**

<b>Location:</b>		<b>Indoor:</b>	<b>Heating</b>	<b>Cooling</b>
West Palm Beach, FL, US		Indoor temperature (°F)	70	75
Elevation: 20 ft		Design TD (°F)	23	15
Latitude: 27°N		Relative humidity (%)	50	50
		Moisture difference (gr/lb)	16.5	58.8
<b>Outdoor:</b>	<b>Heating</b>	<b>Cooling</b>		
Drybulb (°F)	47	90		
Daily range (°F)	-	13 (L )		
Wet bulb (°F)	-	78		
Wind speed (mph)	15.0	7.5		
		<b>Infiltration:</b>		
		Method	Simplified	
		Construction quality	Average	
		Fireplaces	1 (Average)	

**Construction descriptions**

Construction descriptions	Or	Area ft <sup>2</sup>	U-value Btu/ft <sup>2</sup> ·°F	Insul R ft <sup>2</sup> ·°F/Btu	Htg HTM Btu/ft <sup>2</sup>	Loss Btu/h	Clg HTM Btu/ft <sup>2</sup>	Gain Btu/h
<b>Walls</b>								
13A-5ocs: Blk wall, stucco ext, r-5 ext bd ins, 8" thk, 1/2" gypsum board int fnsh	ne	221	0.125	5.0	2.88	634	2.34	517
	se	448	0.125	5.0	2.88	1289	2.34	1051
	sw	531	0.125	5.0	2.88	1525	2.34	1243
	nw	296	0.125	5.0	2.88	851	2.34	694
	all	1495	0.125	5.0	2.88	4299	2.34	3504
<b>Partitions</b>								
12C-0sw: Frm wall, stucco ext, r-13 cav ins, 2"x4" wood frm		249	0.091	13.0	2.09	521	1.37	341
<b>Windows</b>								
10A-b: 1 glazing, clr glz, mtl lw brk frm mat, 1/8" thk; 50% blinds 45°, medium; 50% outdoor insect screen; 2 ft overhang (4 ft window ht, 0 ft sep.)	se	24	0.970	0	22.3	535	15.3	366
	se	24	1.080	0	24.8	596	25.7	617
	sw	12	1.080	0	24.8	298	25.7	309
	nw	8	1.080	0	24.8	199	50.1	400
	all	68	1.080	0	23.9	1628	24.9	1693
1A-c1ob: 1 glazing, clr glz, mtl lw brk frm mat, 1/8" thk; 50% blinds 45°, medium; 50% outdoor insect screen; 2 ft overhang (5 ft window ht, 0 ft sep.)	ne	20	1.080	0	24.8	497	50.1	1001
	se	20	1.080	0	24.8	497	30.8	616
	sw	55	1.080	0	24.8	1366	30.8	1693
	all	95	1.080	0	24.8	2360	34.8	3310
1A-c1obd: 1 glazing, clr glz, mtl lw brk frm mat, 1/8" thk; 50% blinds 45°, medium; 50% outdoor insect screen; 2 ft overhang (8 ft window ht, 0 ft sep.)	ne	64	1.080	0	24.8	1590	50.1	3204
	nw	24	0.970	0	22.3	535	28.5	685
	nw	220	1.080	0	24.8	5465	50.1	11013
	all	308	1.080	0	24.6	7590	48.4	14901
<b>Doors</b>								
(none)								
<b>Ceilings</b>								
16X19-0md: Attic ceiling, mtl roof mat, r-20 roof ins, 1/2" gypsum board int fnsh		2377	0.408	19.0	1.30	3096	1.53	3639
<b>Floors</b>								
22A-tpm: Bg floor, heavy dry or light damp soil, on grade depth, tile fir fnsh		178	1.180	0	27.1	4831	0	0





**Project Information**

For: FABRICY  
 6 OAK HILL WAY, STUART, FL

**Design Conditions**

<b>Location:</b>		<b>Indoor:</b>	<b>Heating</b>	<b>Cooling</b>
West Palm Beach, FL, US		Indoor temperature (°F)	70	75
Elevation: 20 ft		Design TD (°F)	23	15
Latitude: 27°N		Relative humidity (%)	50	50
<b>Outdoor:</b>	<b>Heating</b>	<b>Cooling</b>	Moisture difference (gr/lb)	16.5
Drybulb (°F)	47	90		58.8
Daily range (°F)	-	13 ( L )	<b>Infiltration:</b>	
Wet bulb (°F)	-	78	Method	Simplified
Wind speed (mph)	15.0	7.5	Construction quality	Average
			Fireplaces	1 (Average)

**Construction descriptions**

Construction descriptions	Or	Area ft <sup>2</sup>	U-value Btu/ft <sup>2</sup> ·°F	Insul R ft <sup>2</sup> ·°F/Btu	Htg HTM Btu/ft <sup>2</sup>	Loss Btu/h	Cig HTM Btu/ft <sup>2</sup>	Gain Btu/h
<b>Walls</b> (none)								
<b>Partitions</b> (none)								
<b>Windows</b> (none)								
<b>Doors</b> (none)								
<b>Ceilings</b> 16X19-0md: Attic ceiling, mtl roof mat, r-20 roof ins, 1/2" gypsum board int fmsH		38	0.408	19.0	1.30	50	1.53	59
<b>Floors</b> (none)								

## Project Information

For: FABRICY  
 6 OAK HILL WAY, STUART, FL

Notes:

## Design Information

Weather: West Palm Beach, FL, US

### Winter Design Conditions

Outside db	47 °F
Inside db	70 °F
Design TD	23 °F

### Summer Design Conditions

Outside db	90 °F
Inside db	75 °F
Design TD	15 °F
Daily range	L
Relative humidity	50 %
Moisture difference	59 gr/lb

### Heating Summary

Structure	10431 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Humidification	0 Btuh
Piping	0 Btuh
Equipment load	10431 Btuh

### Sensible Cooling Equipment Load Sizing

Structure	14985 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Blower	0 Btuh
Use manufacturer's data	n
Rate/swing multiplier	0.95
Equipment sensible load	14236 Btuh

### Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	1 (Average)	
	<b>Heating</b>	<b>Cooling</b>
Area (ft²)	865	865
Volume (ft³)	9139	9139
Air changes/hour	0.40	0.19
Equiv. AVF (cfm)	61	29

### Latent Cooling Equipment Load Sizing

Structure	1565 Btuh
Ducts	0 Btuh
Central vent (0 cfm)	0 Btuh
Equipment latent load	1565 Btuh
Equipment total load	15801 Btuh
Req. total capacity at 0.70 SHR	1.7 ton

### Heating Equipment Summary

Make	
Trade	
Model	
AHRI ref	
Efficiency	100 EFF
Heating input	4.9 kW
Heating output	16709 Btuh
Temperature rise	26 °F
Actual air flow	590 cfm
Air flow factor	0.057 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

### Cooling Equipment Summary

Make	Carrier
Trade	ADP
Cond	24ACC618A**30
Coil	H,PG31(6,9)30+59*N*A080V17**14
AHRI ref	5759100
Efficiency	13.0 EER, 16 SEER
Sensible cooling	12390 Btuh
Latent cooling	5310 Btuh
Total cooling	17700 Btuh
Actual air flow	590 cfm
Air flow factor	0.039 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.91

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



**Project Summary**  
**AH 2**  
**DS AIR CONDITIONING INC**

Job:  
 Date: May 12, 2014  
 By: MAXINE WATSON

PO BOX 197, JENSEN BEACH, FL 34957 Phone: 772-335-4531 Fax: 772-679-0103 Email: DSAIR09@HOTMAIL.COM Web: WWW.DSAIRCONDITIONING.COM

**Project Information**

For: FABRICY  
 6 OAK HILL WAY, STUART, FL

Notes:

**Design Information**

Weather: West Palm Beach, FL, US

**Winter Design Conditions**

Outside db 47 °F  
 Inside db 70 °F  
 Design TD 23 °F

**Summer Design Conditions**

Outside db 90 °F  
 Inside db 75 °F  
 Design TD 15 °F  
 Daily range L  
 Relative humidity 50 %  
 Moisture difference 59 gr/lb

**Heating Summary**

Structure 27582 Btuh  
 Ducts 0 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Humidification 0 Btuh  
 Piping 0 Btuh  
 Equipment load 27582 Btuh

**Sensible Cooling Equipment Load Sizing**

Structure 49532 Btuh  
 Ducts 0 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Blower 0 Btuh  
 Use manufacturer's data n  
 Rate/swing multiplier 0.95  
 Equipment sensible load 47055 Btuh

**Infiltration**

Method Simplified  
 Construction quality Average  
 Fireplaces 1 (Average)

	Heating	Cooling
Area (ft²)	2377	2377
Volume (ft³)	27207	27207
Air changes/hour	0.28	0.14
Equiv. AVF (cfm)	129	62

**Latent Cooling Equipment Load Sizing**

Structure 2868 Btuh  
 Ducts 0 Btuh  
 Central vent (0 cfm) 0 Btuh  
 Equipment latent load 2868 Btuh  
 Equipment total load 49923 Btuh  
 Req. total capacity at 0.70 SHR 5.6 ton

**Heating Equipment Summary**

Make  
 Trade  
 Model  
 AHRI ref

Efficiency 100 EFF  
 Heating input 7.6 kW  
 Heating output 25857 Btuh  
 Temperature rise 13 °F  
 Actual air flow 1800 cfm  
 Air flow factor 0.065 cfm/Btuh  
 Static pressure 0 in H2O  
 Space thermostat

**Cooling Equipment Summary**

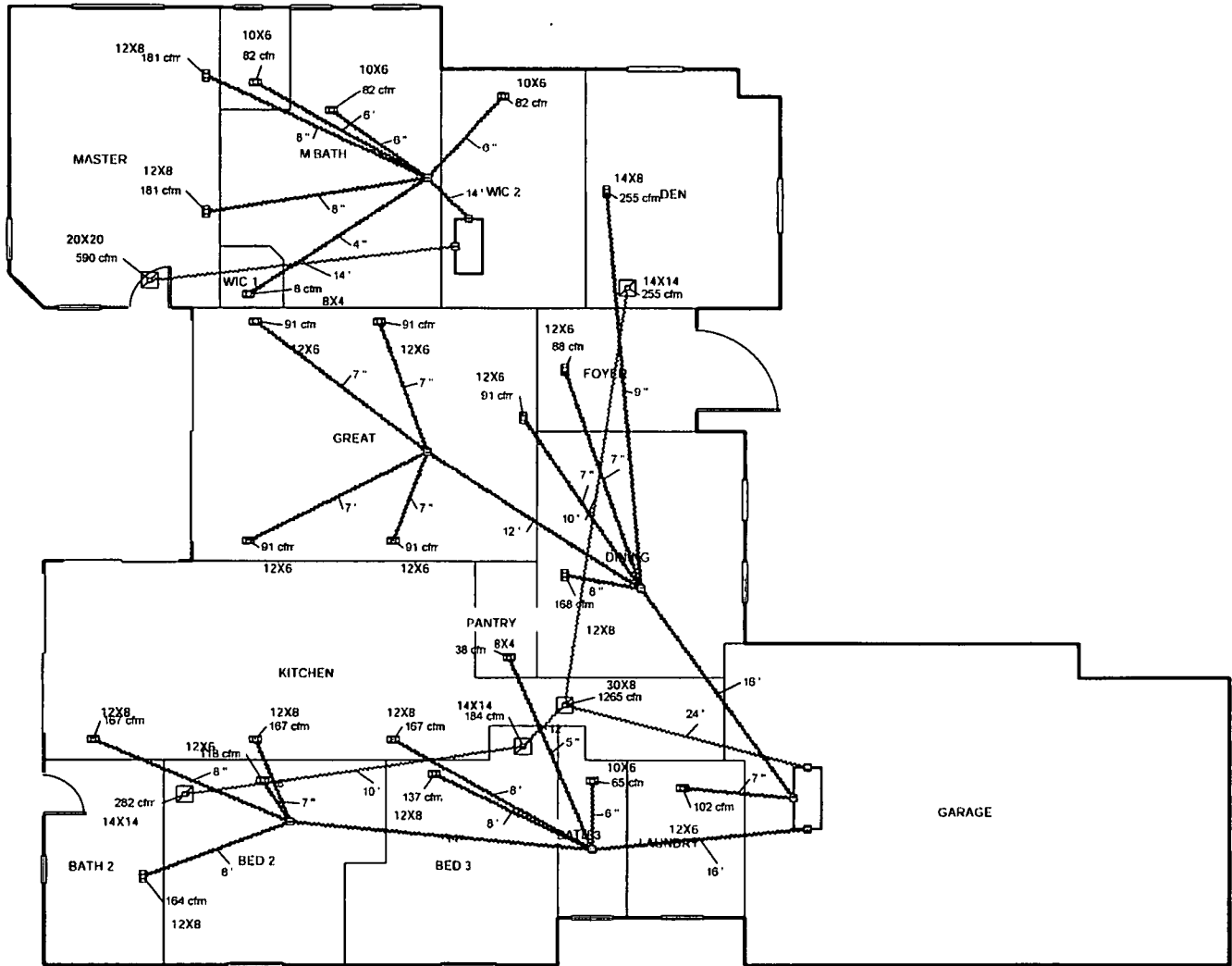
Make Carrier  
 Trade ADP  
 Cond 24ACC660A\*\*30  
 Coil H,PG52(6,9)60+58CV(A,X)155-22  
 AHRI ref 5939771  
 Efficiency 13.0 EER, 16 SEER  
 Sensible cooling 37800 Btuh  
 Latent cooling 16200 Btuh  
 Total cooling 54000 Btuh  
 Actual air flow 1800 cfm  
 Air flow factor 0.036 cfm/Btuh  
 Static pressure 0 in H2O  
 Load sensible heat ratio 0.95

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.





Sheet 1



**Job #:**  
**Performed by MAXINE WATSON for:**  
FABRICY  
6 OAK HILL WAY  
STUART, FL

**DS AIR CONDITIONING INC**  
PO BOX 197  
JENSEN BEACH, FL 34957  
Phone: 772-335-4531 Fax: 772-679-0103  
WWW.DSAIRCONDITIONING.COM DSAIR09@HOTMAIL.COM

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# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 7-11 - 14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10904	NESSEN 109 N. SEWALLS Pt. Rd GLENMARK HOMES	WINDOW FINAL	CANCELED	341-2750  INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10909	VEINER 10 Pineapple Ln Flynn's A/C	Final	PASS	283-4114  INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	MANTIL 32 Rio Vista FL WINDOWS & DOOR	WINDOW <del>FINAL</del> ROUGH	PASS	  INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	BARLEY 117 N. Sewalls DRIFTWOOD HOMES	ALL SIDES	FAIL	  INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10922	BEAN 5 Miram Ave	V.G. TANK & LINES	PASS	  INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10923	FED MGT 3 BRYAN ALLIGATOR A/C	A/C FINAL	FAIL	No Access NO ONE HOME  INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10934	<del>FAMILY</del> 6' OAKHILL WAY SEAGATE MOBILE	<del>ROUGH DOME</del>	PASS	<del>FPL</del>  INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11/6/14 Page 1 of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11013	Hynemann 4 Michael Rd Gribben Const.	Final Remodel	Pass	Close INSPECTOR <i>g</i>
11005	Blanchard 20 N SPR Stuart Fence	Fence Final	?	INSPECTOR
10925	Robson 33 Rio Vista Glenmark Homes	Final Interior Remodel	Pass	Close INSPECTOR <i>g</i>
10726	Gill 34 Rio Vista Morse	Final Railing	Pass	Close INSPECTOR <i>g</i>
10778	Nehme 44 S SPR Oceanfront Builders	Insulation (New SFR)	Pass	INSPECTOR <i>g</i>
11050	Duke 25 Island Rd Alexander Pools	Steel Band Main Drain Niche	Not Ready RESET FOR MONDAY	-TIE-IN SURVEY INSPECTOR
<del>110924</del>	<del>GRACY</del> <del>to ORVILLE WAY</del> SEAGATE	<del>NEW KITCHEN</del>	<del>Pass</del>	INSPECTOR

# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 2/10/15 Page 1 of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10934</del>	Fabricey	Pool Deck		
	<del>6022 HERRING RD</del>	Slab	<del>FAIL</del>	
	Seagate Bldrs			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10659	Sharfi	Partial		
	4 Quail Run Lane	landgrading	PASS	
	John Worrell Construction			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10896	Boucher	Garage		
	2 Fieldway Drive	Slab	PASS	
	o/b			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11165	Stabley	Rough		
	114 Hillcrest Terr	Electrical +	PASS	
	Glenmark Homes	Plumbing		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11101	Barnes	Un <sup>DER</sup> ground		
	7 Marguerita Rd	Electric	PASS	
	DW Rice			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Harammis	Open UNDERGROUND		
	172 S River Rd	Trench elect		PASS
	J Conroy	Electrical		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 2/17/15 Page 1 of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11177	Aune	A/C Final		
AM Requested	1 Michael Road Flynn's AC	Joe meeting you there w/ ladder	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11147	Darrow	Steel &		
	7 Oak Hill Way	Ground	PASS	
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10937</del>	Fabricy	Pool		
10937	<del>7 Oak Hill Way</del> Seagate	Deck	<del>PASS</del>	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10911	Bailey	Final		
	117 N SPR	Swimming Pool	PASS	CLOSE
	Almar Jackson	w/Deck		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11138	Kaplan	Window		
	11 Rivercrest Ct	Buck	PASS	<i>[Signature]</i>
	E+B Elite Services			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11186	Gervato	U.G Elec		
	10 N SPR	Equipotential	PASS	<i>[Signature]</i>
	DVR, Inc.	Ground wire		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11080	Josephine's Cafe	Final Fire	PASS	PENDING F.M.
	3766 SE Ocean Blvd	Suppression		APPROVAL
	Metro Suppression			INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3/12/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11075	Byrne			
AM Requested	5 Miramar Rd	A/C Final	Pass	Close
	Seacoast A/c			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11147	Darrow	Rough-in		
	7 Oak Hill Way	Plumbing	Pass	
	Pools by Gres			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>110934</del>	Fabricey	Gas		
	6 Oak Hill Way	Tank	<del>Pass</del>	
	Seagate Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11179	Alteslaben	FOOTER /		
	7 N River Rd	Slab	Pass	
	Independent Contractors			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10680	Winslow			
	10 S Sewalls Pt Rd	Partial Lath	Pass	
	Green Building			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11073	Ihle	Final	Pass	
	121 Hillcrest Drive	Screen Enclosure	<i>[Signature]</i>	Close
	Pioneer Screen			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11127	Armstrong	Second Floor		
	82 S Sewalls Pt Rd	Slab	Pass	
	Seagate Builders			INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 3/13/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10934</del>	Fabricey	Temp		
	6 Oak Hill Way	Electric	<del>Pass</del>	*FPL
	Seagate Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11146	Batson	Tie		
	3 Palmetto Drive	Beam	Pass	
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11180	Allen	Final		
	6 St. Lucie Ct	Bathtub	Pass	CLOSE
	Gulf Atlantic Home Inc. <sup>Solutions</sup>			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11190	Jochem			
Pm requested	22 Ridgeland Drive	A/C Final	Pass	CLOSE
	His Air			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11166	Zucker	Boatlift		
	18 E High Point Rd	Final	Pass	CLOSE
	Wilco Construction			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Heramis			
	172 S River Road	Pre-Power	Pass	*FPL
	J. Conroy, Inc.			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	JOSEPHINE CAFE	FINAL		
	3714 SE OAK BLVD		Pass	
	GARY HUFNAGER			INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 7/28 - 14 Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10898	10 MIDDLE RD Ferraro	Fence Final St. Fence Co.	Pass	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10834</del>	<del>6 Oakwood</del> Fabrycy	<del>Underground</del> Seagate Len Polanski 263-4448	<del>Pass</del>	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10906	10 EMARITA ?	Garage Door Leak 772-283-4566 Am. Palm Beach G. Door	Pass	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10930	WILLIAMS 6 GUMBO LIMBO Code Red ROOFERS	IN PROGRESS	CANCEL	NOT READY INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	OLSON 12 KNOWLES	TRGE	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10896	BOUCRET 2 FIELDWAY O/B	EXFILTRATION PIPE IN PROGRESS	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	<del>FLOTTE</del> DARRROW 7 Oak hill Way JMC	Framing Tie down	Pass	INSPECTOR <i>AK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	PINE APPLE LA	CHECK SPEED LIGHT		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10934</del>	FABRICY <del>6 OAK HILL</del> SERGATE	ROOF SHEATHING	<del>Pass</del>	INSPECTOR <i>AK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

INVESTIGATE 161 S. RIVER TREE

**TOWN OF SEWALLS POINT**

**BUILDING DEPARTMENT - INSPECTION LOG**

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

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 10/30/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10934</del>	Fabricy <del>6 Oak Hill Way</del> Scasate Builders	Mechanical, Electrical, Plumbing Security		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10866	Phle 121 Hillcrest Dr GLG Homes	Remodel Final		CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10914	Donigan/McMillian 27 N. River Rd Nis Airz	Mechanical Final (Tech waiting w/ ladder)		CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10778	Nehme 44 S SPR Ocean Front	Gas Line Pressure Test		NEED 1.5 x OPERATING PRESSURE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10983	Escobar 22 E High Point Rd On Shore Roofing	Roof Final		CLOSE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11038	Reich 22 Middle Rd Trim Package	Window In Progress		SEE CORRECTION NOTICE INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10972	Seacoast 3727 SE Ocean Blvd DBSI	Final Mechanical Electrial, Building Low Voltage Alarm		FILE MARSHALL INSPECTION INSPECTOR

# TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 10/10/14 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10489	Guerriero	Mechanical		SUPPLY & RETURN
Am Requested	130 N SPR	Final	FAIL	RETURN DUCTS NOT SEALED
	Aspen Air	(Expired)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>10489</del>	Fabrizy	Insulation,		
	<del>6 Oak Hill Way</del>	Roof in progress	<i>[Stamp]</i>	
	Seagate	Lath		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Di Sciuillo	Tree Removal		
	15 Lantana Lane	Permit	<i>OK</i>	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11074	Rohloff	Mechanical		
	20 Riverview	Final	NO ONE HOME	
	Seacoast			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10688	Stejskal	Meter		E-MAIL FPL
	108 S SPR	Final	PASS	
	Alan Morse			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11065	Oliviera	Final Stairs		CHECK HAND MAIL
	118 S SPR	+ Railing	PASS	CLOSE
	Mel-ly Construction			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Permit	Frohlich	Tree Removal		
	9 Palm Rd	Permit	<i>OK</i>	
				INSPECTOR





**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



**CERTIFICATE OF OCCUPANCY**

Single Family Residence                       Other \_\_\_\_\_

OWNER: FABRICY DONALD F & NANCY L PROPERTY ADDRESS: 6 OAKHILL WAY

LEGAL DESCRIPTION:

PARCEL CONTROL NUMBER 26-37-41-015-000-00030-8 SUBDIVISION CASTLE HILL, LOT 3

GENERAL CONTRACTOR: SEAGATE BUILDERS, INC LIC/CERT NO: CGC047306

ARCHITECT OR ENGINEER: MA CORSON & ASSOCIATES LIC/CERT NO: AR91665

PERMIT NO: 10934 DATE OF ISSUE: JULY 9, 2014

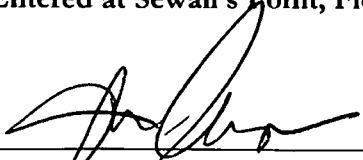
CODE EDITION: FBC 2010 CONST. TYPE: CBS USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

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

Entered at Sewall's Point, Florida, this 11th day of APRIL, 2015.

  
 \_\_\_\_\_  
 John E. Adams, CBO  
 Building Official, Town of Sewall's Point

**11060**

**POOL**



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:	11060	DATE ISSUED:	October 15, 2014
SCOPE OF WORK:	Pool		
CONTRACTOR:	Pools by Greg, Inc		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00030-8	SUBDIVISION:	Castle Hill, Lot 3
CONSTRUCTION ADDRESS:	6 Oak Hill Way		
OWNER NAME:	Fabricy		
QUALIFIER:	Terry Wix	CONTACT PHONE NUMBER:	337-9713

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM**

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

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	11060		
<b>ADDRESS:</b>	6 Oak Hill Way		
<b>DATE ISSUED:</b>	10/15/2014	<b>SCOPE OF WORK:</b>	Pool

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		<b>Declared Value</b>	\$	
---	--	-----------------------	----	--

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.		\$	-
<b>Total Construction Value:</b>		\$	\$ -
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:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	\$	\$ 39,790.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$	600.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 9.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 9.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	15.92
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 633.92

# Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 11060

Date: \_\_\_\_\_  
 OWNER/LESSEE NAME: Donald & Nancy Fabney Phone (Day) 717-443-0729 (Fax) \_\_\_\_\_  
 Job Site Address: 6 Oak Hill Way City: Sewall's Point State: FL Zip: 34996  
 Legal Description: Castle Hill, Lot 3 Parcel Control Number: 26-37-41-015-COC-00030-8  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Pool

**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: \$ 39,790  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10: \_\_\_\_\_ AE9: \_\_\_\_\_ AE8: X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only. Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

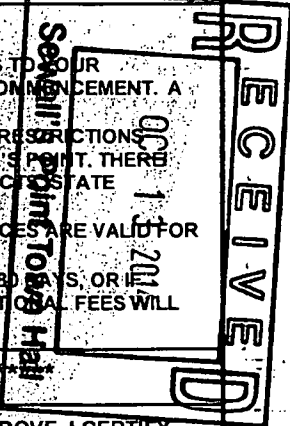
Construction Company: Pools by Greg, INC Phone: 772-337-9713 Fax: 772-337-9287  
 Qualifiers name: Terry Wix Street: 8886 S. Federal Hwy, Port St. Lucie State: FL Zip: 34952  
 State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
**LOCAL CONTACT:** MARIE Phone Number: 772-337-9713  
**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:**

- 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.
- 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.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 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:**  
Terry Wix  
 State of Florida, County of: St Lucie  
 On This the 8 day of October, 2014  
 by Terry Wix who is personally

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
Terry Wix  
 State of Florida, County of: St Lucie  
 On This the 8 day of October, 2014  
 by Terry Wix who is personally

As identification: MARIE E KNOWLES  
 My Commission Expires: Dec 16, 2015  
 My Commission # FF 125001

As identification: MARIE E KNOWLES  
 My Commission Expires: Dec 16, 2015  
 My Commission # FF 125001

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

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

*generated on 10/15/2014 8:37:43 AM EDT*

**Summary**

<b>Parcel ID</b>	<b>Account #</b>	<b>Unit Address</b>	<b>Market Total Value</b>	<b>Website Updated</b>
26-37-41-015-000-00030-8	4147	6 OAK HILL WAY, STUART	\$185,000	10/11/2014

**Owner Information**

<b>Owner(Current)</b>	FABRICY DONALD F & NANCY L
<b>Owner/Mail Address</b>	252 OCEAN BAY DR JENSEN BEACH FL 34957
<b>Sale Date</b>	9/13/2013
<b>Document Book/Page</b>	<u>2677 2622</u>
<b>Document No.</b>	2417856
<b>Sale Price</b>	219000

**Location/Description**

<b>Account #</b>	4147	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	CASTLE HILL, LOT 3
<b>Parcel Address</b>	6 OAK HILL WAY, STUART		
<b>Acres</b>	.4451		

**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120900 Sewall's Lndg/Castle Hill

**Assessment Information**

<b>Market Land Value</b>	\$185,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$185,000

PAMELA M. BUSHA  
Mayor

PAUL LUGER  
Vice Mayor

VINCENT N. BARILE  
Commissioner

THOMAS BAUSCH  
Commissioner

JACQUI THURLOW-LIPPISCH  
Commissioner

# TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER  
Town Manager

ANN-MARIE S. BASLER  
Town Clerk

TINA CIECHANOWSKI  
Interim Chief of Police

JOHN ADAMS  
Building Official

JOSE TORRES  
Maintenance

## CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 10/08/2014

DATE: 10/13/2014

APPLICATION DESCRIPTION: SWIMMING POOL WITH SPA & NO DECK

APPLICATION ADDRESS: 6 OAKHILL WAY

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. ACCESSORY STRUCTURES INCLUDING IN GROUND POOLS AND SPAS MUST MEET THE MINIMUM SETBACK REQUIREMENTS. REAR SETBACK ON SUBJECT PROPERTY IS 25 FEET. SETBACK IS MEASURED TO THE OUTSIDE EDGE OF THE POOL/SPA WALL

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION FOR THESE CONDITIONS, DO NOT HESITATE TO CONTACT MY OFFICE.

WITH REGARDS,

JOHN R. ADAMS, CBO  
BUILDING OFFICIAL



One South Sewall's Point Road, Sewall's Point, Florida 34996  
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: [pwalker@sewallspoint.org](mailto:pwalker@sewallspoint.org)  
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: [sppd@sewallspoint.org](mailto:sppd@sewallspoint.org)



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

PERMIT # \_\_\_\_\_

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT  
 AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at **(Print street address)** 6 Oak Hill Way, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2004 Florida Building Code (FBC) effective October 1, 2005. Please check your choice of compliance.

**Residential swimming pool safety feature options:**

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

**Please note that if the alarm option is selected, this affidavit must be accompanied by a letter of certification from a Florida licensed alarm contractor, architect, or engineer stating full compliance with 2004 FBC R4101.17.1.9. Please initial one of the following:**

- (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
  - 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

**Exceptions:**

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- b. Windows facing the pool on floor above the first story.
- c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

- 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))





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

**AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

Terry Wit  
 CONTRACTOR'S SIGNATURE & DATE

D. Fabrice  
 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

NOTARY AS TO OWNER:

STATE OF Florida

STATE OF FLORIDA

COUNTY OF St. Lucie

COUNTY OF St. Lucie

ON THIS 8 DAY OF October

ON THIS 26 DAY OF SEPT., 2014

BEFORE ME PERSONALLY APPEARED:

BEFORE ME PERSONALLY APPEARED:

Terry Wit

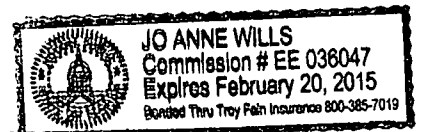
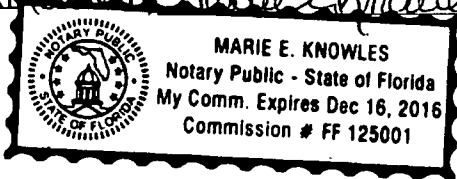
DON FABRICE

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED) Marie E Knowles

SEAL (SIGNED) Jo Anne Wills



**THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.**



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

**VERIFICATION OF CONTRACTOR**

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Donald & Nancy Fabricey

CONSTRUCTION ADDRESS: 6 Oak Hill Way

PERMIT TYPE:  RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS
- \_\_\_\_\_ ROOFING

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: \_\_\_\_\_

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

_____ LOW VOLTAGE
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER
SCOPE OF WORK: _____ VALUE _____

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 2501 Calusa Ave Ft St Lucie FL 34952

COMPANY OR QUALIFIER'S NAME: ROBERT T. PAULK

TELEPHONE NO: 772-337-4197 PLEASE PRINT FAX NO: 772-355-1639

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13001225

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: Donald F. & Nancy L. Fabricey

PARCEL CONTROL #: 26-37-41-015-000-00030-8

SUBDIVISION: Castle Hill - Sewall's Lndg LOT: 3 BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 6 Oak Hill Way

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



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

**VERIFICATION OF CONTRACTOR**

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Ronald & Nancy Fabricey

CONSTRUCTION ADDRESS: 6 Oak Hill Way

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: \_\_\_\_\_

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

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

[Signature] 8886 S. Federal Hwy  
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Pools by Greg, Inc

TELEPHONE NO: 772-337-9713 FAX NO: 772-337-9257

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: Ronald F. & Nancy L. Fabricey

PARCEL CONTROL #: 26-37-41-015-000-00030-8

SUBDIVISION: Castle Hill - Sewall's Lndg LOT: 3 BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 6 Oak Hill Way

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



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

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

OWNERS NAME: Donald & Nancy Fabrey

CONSTRUCTION ADDRESS: 6 OAKHILL WAY

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: INSTALLATION OF CHILD SAFETY BARRIER / POOL FENCE

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: _____ VALUE _____

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

SIGNATURE OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 691 SE CALMOSO DR, PSL FL

COMPANY OR QUALIFIER'S NAME: MCN LIFE SAVER POOL FENCE INC

TELEPHONE NO: 772 340 7700 FAX NO: 772-340-0145

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: MARTIN COUNTY: MCFE4585

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: Donald & Nancy Fabrey

PARCEL CONTROL #: 26-37-41-05-000-000 30-8

SUBDIVISION: Castle Hill - Sewall's Lodge LOT: 3 BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 6 Oak Hill way

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



# CERTIFICATE OF LIABILITY INSURANCE

POOLS95

OP ID: TF

DATE (MM/DD/YYYY)

06/12/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> Insurance By Ken Brown, Inc. PO Box 948117 Maitland, FL 32794-8117 David R. Griffiths	<b>CONTACT NAME:</b> David R. Griffiths	
	<b>PHONE (A/C, No, Ext):</b> 321-397-3870	<b>FAX (A/C, No):</b> 321-397-3888
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Amerisure Ins Company		<b>19488</b>
<b>INSURER B:</b> Bridgefield Employers Ins Co		<b>10701</b>
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** Pools By Greg Inc.  
8886 S. Federal Highway  
Port St. Lucie, FL 34952

**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
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP20194871101	03/17/2014	03/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CA20194861101	03/17/2014	03/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A	83033087	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	<input type="checkbox"/> Inland Marine					
A	Inland Marine		CPP20194871002	03/17/2014	03/17/2015	Leased Eq 15,000 Deductibl 1,000

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

<b>CERTIFICATE HOLDER</b>  FORILLU  For Illustrative Purposes Only	<b>CANCELLATION</b>  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 <i>David R. Griffiths</i>

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# CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1, 2014 to September 30, 2015

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

**THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS**

**VALID AT THIS BUSINESS ADDRESS ONLY**

**Business Address:** 8886 SO US 1  
**Classification:** CONT CONTRACTOR  
**Issued to:** POOLS BY GREG INC  
8886 SO US 1

**Business Tax** 106685 / 15-1015024  
**Fee:** 134.00  
**Discount:** 0.00

*John Grayson*  
**BUSINESS TAX AUTHORITY**

PORT ST LUCIE FL 34952

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE

Fees: 134.00 Late Fees: 0.00 Total this payment: 134.00

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CPC-1458338

The RESIDENTIAL POOL/SPA CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS  
Expiration date: AUG 31, 2016

WIX, TERRY G  
POOLS BY GREG INC  
8886 SOUTH FEDERAL HIGHWAY  
PORT ST LUCIE FL 34952





# CERTIFICATE OF LIABILITY INSURANCE

PAYUK-1      OP ID: SH

DATE (MM/DD/YYYY)  
04/25/2014

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

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

<b>PRODUCER</b> Post Insurance & Financial Inc Katherine E. Post 146 NW Central Park Plaza, 102 Port St. Lucie, FL 34986 Katherine Post	<b>CONTACT NAME:</b> Katherine Post <b>PHONE (A/C No., Ext):</b> 772-878-8184 <b>FAX (A/C, No):</b> 772-878-8292 <b>E-MAIL ADDRESS:</b> kathy@insurewithpost.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> Payuk Electric LLC 2501 SE Calusa Ave Port St Lucie, FL 34952	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A:</b> CastlePoint Florida Ins Co</td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER B:</b> Arch Specialty Ins Co</td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Progressive Ins Co</td> <td style="text-align: center;">24252</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> CastlePoint Florida Ins Co	<b>NAIC #</b>	<b>INSURER B:</b> Arch Specialty Ins Co		<b>INSURER C:</b> Progressive Ins Co	24252	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER A:</b> CastlePoint Florida Ins Co	<b>NAIC #</b>												
<b>INSURER B:</b> Arch Specialty Ins Co													
<b>INSURER C:</b> Progressive Ins Co	24252												
<b>INSURER D:</b>													
<b>INSURER E:</b>													
<b>INSURER F:</b>													

**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.**

NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		AGL000967700	02/21/2014	02/21/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 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		\$
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	\$																			
C	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		07596680-3	08/28/2013	08/28/2014	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per accident)	\$																			
PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED:      RETENTION \$					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																			
AGGREGATE	\$																			
	\$																			
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP761337101	04/26/2014	04/26/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;">100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;">100,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td style="text-align: right;">500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	100,000	E.L. DISEASE - POLICY LIMIT	\$	500,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER																			
E.L. EACH ACCIDENT	\$	100,000																		
E.L. DISEASE - EA EMPLOYEE	\$	100,000																		
E.L. DISEASE - POLICY LIMIT	\$	500,000																		

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

<b>CERTIFICATE HOLDER</b>  POOLS-1  Pools By Greg 8886 South US Hwy 1 Port St Lucie, FL 34952	<b>CANCELLATION</b>  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 <i>Katherine E Post</i>
---	---



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

**ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**PAYUK, ROBERT T  
PAYUK ELECTRIC LLC  
2501 CALUSA AVE  
PORT SAINT LUCIE FL 34952**

**Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.**

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

**Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!**



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

**EC13001275 ISSUED 06/10/2014**

**CERTIFIED ELECTRICAL CONTRACTOR  
PAYUK, ROBERT T  
PAYUK ELECTRIC LLC**

**IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2016 L1406100001686**

**DETACH HERE**

**RICK SCOTT, GOVERNOR**

**KEN LAWSON, SECRETARY**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD**

<b>LICENSE NUMBER</b>	
EC13001275	

**The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016**



**PAYUK, ROBERT T  
PAYUK ELECTRIC LLC  
2501 CALUSA AVE  
PORT SAINT LUCIE FL 34952**





# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/8/2014

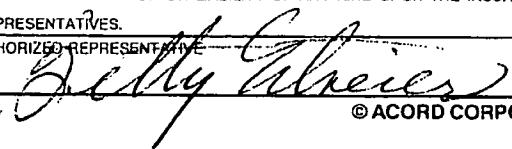
<b>PRODUCER</b> C & C INSURANCE AGENCY, INC 10306 S. FEDERAL HWY. PORT ST LUCIE, FL 34952 772.337.1250		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b> MCN LIFESAVER POOL FENCE  691 SE CALMOSO DRIVE PT ST LUCIE, FL 34983 772 340-0145		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: BURLINGTON INSURANCE COMPANY INSURER B: INSURER C: INSURER D: MADISON INSURANCE CO INSURER E:	<b>NAIC#</b>

## 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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	183B007888E	07/29/14	07/29/15	EACH OCCURRENCE \$300,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$600,000.00 PRODUCTS - COMP/OP AGG \$600,000.00
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WSAUIEC12052602	06/28/14	06/28/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000.00 E.L. DISEASE - EA EMPLOYEE \$100,000.00 E.L. DISEASE - POLICY LIMIT \$500,000.00
		OTHER				

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

<b>CERTIFICATE HOLDER</b>  TOWN OF SEWALLS POINT 1 SOUTH SEWALLS PT RD SEWALLS POINT, FL 34996 ATTN: VALERIE 220-4765 CC INS	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL <del>SEND</del> <sup>TELEPHONE</sup> TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Contractors List

(Reset)

Search paula.

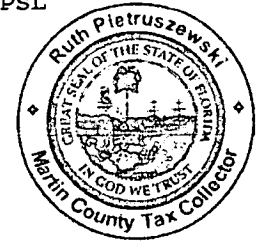
Display

Name	License Type	Company	License & Exp	Status	Address	City	Phone Number	Liability & Exp	Wk Comp & Exp
PAULA, CARMEN D	FENCE ERECTION - MC	M C N LIFESAVER POOL FENCE INC	MCFE4585 (30-SEP-15)	ACTIVE	691 SE CALMOSO DR	PORT ST LUCIE FL 34983	772-340-7700 772-340-0145	C & C INS AGY (29-JUL-15)	C & C INS 337-1250 (28-JUN-15)

[Download Spread Sheet](#)

2014-2015 **MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**  
**HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR**  
**3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994**  
**(772) 288-5604**

ACCOUNT 2002-650-0202 CERT \_\_\_\_\_  
 PHONE (772) 340-7700 SIC NO 444190  
 LOCATION: 691 SE CALMOSO DR PSL



**CHARACTER COUNTS IN MARTIN COUNTY**

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

**NELSON PAULA**  
**MCN LIFESAVER POOL FENCE INC**  
**691 SE CALMOSO DRIVE**  
**PORT ST LUCIE, FL 34983**

HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
 OF **RETAIL SALES - POOL FENCING**  
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF AUGUST 2014  
 AND ENDING SEPTEMBER 30, 2015

11 2013 44034.0001 26.25 PAID



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



Electrical Load Calculations

Electrical Contractor: PAYUK ELECTRIC License No. EC13001275  
 Phone #: 772-337-4197 Fax #: 772-335-1639  
 Project: FABRICY CAS Location: 6 OAK WAY  
 Existing Service Feeder Size: #260 MCM Existing Panel Size: 300 AMP  
 Main Breaker Size: #2 150 AMP PANELS Number of Breakers: 32

Existing Loads

<u>3195</u> Sq. Ft. X 3 watts per sq. ft.....	<u>9,585</u> watts
<u>6</u> Appliance cir. @1500 watts each.....	<u>6000</u> watts
<u>1</u> Laundry cir. @ 1500 watts each.....	<u>1500</u> watts
<u>1</u> Range @ 8 kw.....	<u>8000</u> watts
<u>1</u> Dishwasher and disposal @ 1500 watts each.....	<u>3000</u> watts
<u>1</u> Microwave @ 2000 watts.....	<u>2000</u> watts
<u>1</u> Water heater @ 4.5 kw.....	<u>4500</u> watts
Tank less water heater.....	watts
<u>1</u> Dryer @ 5 kw.....	<u>5000</u> watts
<u>1</u> Refrigerator @ 1500 watts.....	<u>1500</u> watts
<u>1</u> Bathroom 1 @ 1500 watts.....	<u>1500</u> watts
<u>1</u> Sprinkler Pump.....	<u>2800</u> watts
Other.....	watts
Other.....	watts
Other.....	watts
	watts <u>45,385</u> Subtotal Watts

New Loads

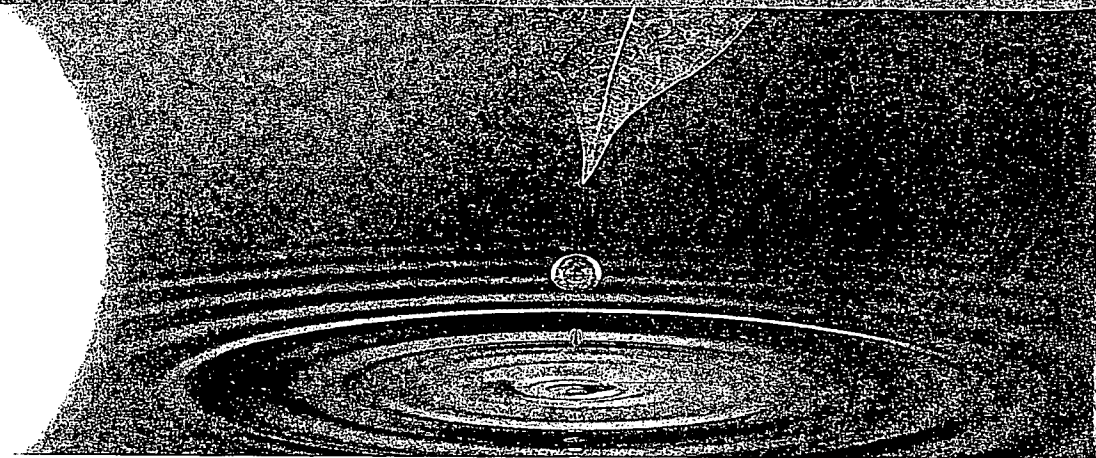
<u>2</u> Pool pump.....	<u>7776</u> watts
<u>3</u> Pool light.....	<u>300</u> watts
Heat pump.....	watts
<u>1</u> Chlorine generator.....	<u>150</u> watts
Blower.....	watts
Boatlift.....	watts
<u>1</u> Other <u>GAS HEATER</u> .....	<u>150</u> watts
<u>1</u> Other <u>EASY TOUCH ELECTRONICS</u> .....	<u>150</u> watts
Other.....	watts
	<u>8,526</u> Total Watts

First 10 kw @ 100%.....	<u>10,000</u> watts
Remainder @ 40%.....	<u>17,564</u> watts
A/C heat @ 100%.....	<u>20,000</u> watts

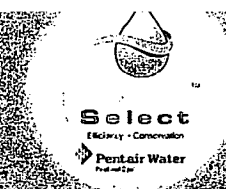
Total watts 47,564 Divided by 240 volts = 198 Amps 300 Amp service provided

Prepared by: Bob Payuk Date: Sept 29 2014

MasterTemp® heaters  
are the "greenest" choice



MasterTemp®  
High Performance Heater  
By Pentair Pool Products



Ultra-high performance in a compact,  
quiet and eco-friendly design



### Eco Select choice

MasterTemp® high performance heaters offer best-in-class energy efficiency. Plus, they are certified for low NOx emissions, making them eco-friendly favorites. That's why MasterTemp is an Eco Select choice.

The Eco Select brand identifies our "greenest" and most efficient equipment choices. These products save energy, conserve water, eliminate noise, or otherwise contribute to a more environmentally responsible equipment system.

As the global leader in pool and spa equipment manufacturing, we strive to provide greener choices to our customers. We hope you'll join us in embracing more eco-friendly poolsapes by choosing Eco Select products for your swimming pool.

### Best-in-class energy efficiency

- High efficiency rating makes these heaters extremely economical to operate. If your pool heater is more than 5 years old, chances are a MasterTemp could quickly pay for itself in utility bill savings.
- Optimized fuel/air mix provides superior efficiency and faster heat up.

### Certified for low NOx emissions

- In fact, our heaters outperform current industry standards for air pollution exhaust.

### Super-quiet operation

### Built to last longer

- Tough composite exterior won't corrode; stands up to both heat and weather.

### Available from:



Because reliability matters most®

[www.pentairpool.com](http://www.pentairpool.com)

Phone: 800-831-7133

pumps / filters / heaters / heat pumps / automation / lighting / cleaners / sanitizers / water features / maintenance products



# No matter what your criteria for top performance and value, MasterTemp® meets them all.

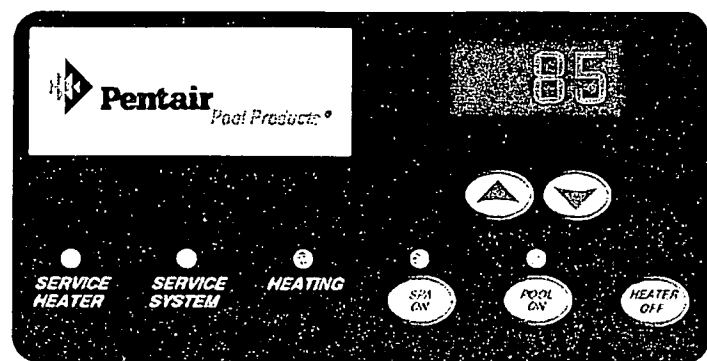
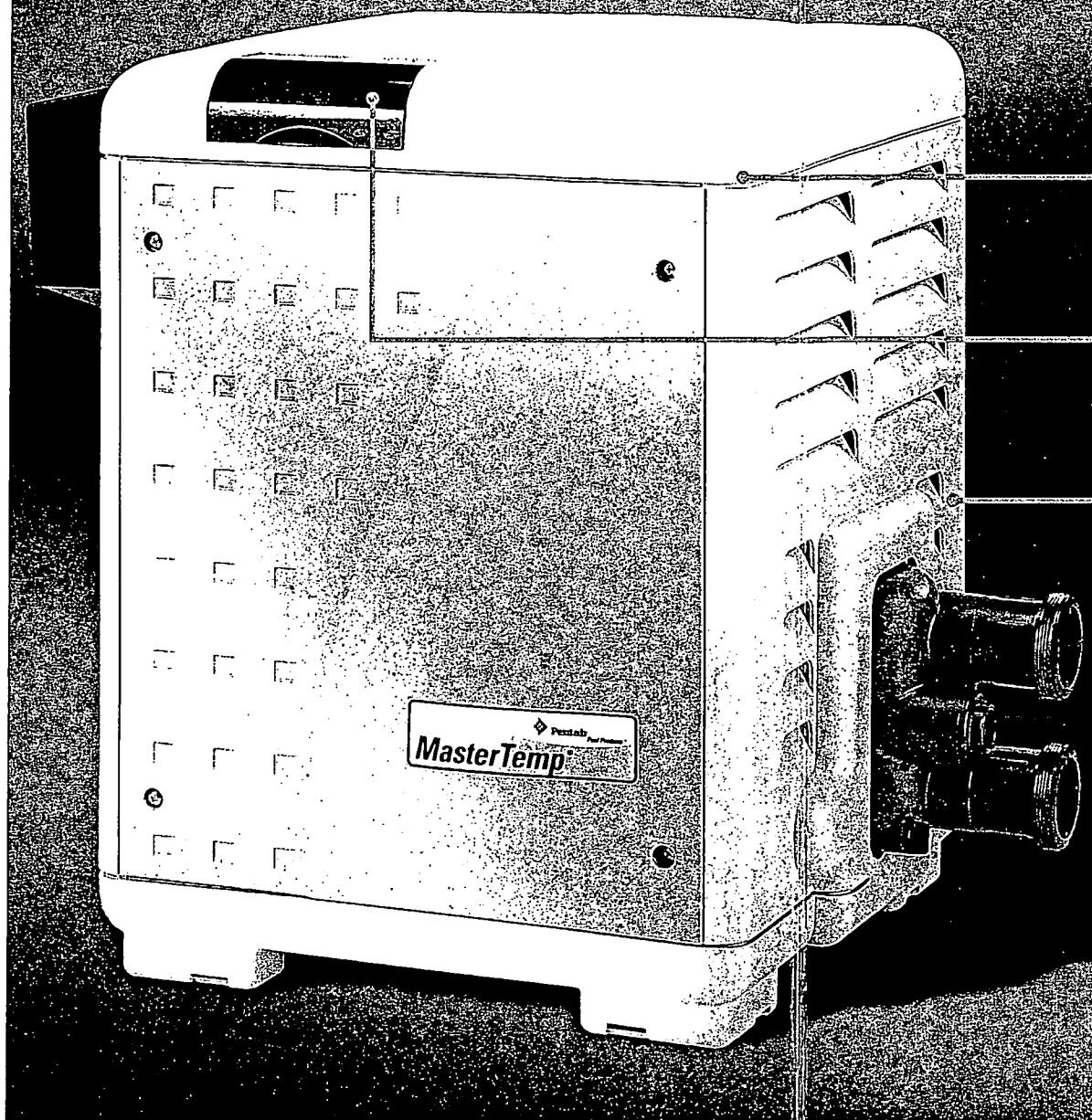
## Fast, efficient, compact, quiet, safe and eco-friendly

No matter what you're seeking in your swimming pool heater, MasterTemp® measures up. Compare this list of features to any other and you'll see why MasterTemp is setting a new standard for total value.

- ✓ Very compact design for such a high performance heater allows for smaller overall equipment pads that won't intrude on your poolside.
- ✓ A fully pre-mixed system with a highly efficient air and gas mixture lets MasterTemp heat up fast. No long waits before enjoying your pool or spa.
- ✓ Compare energy efficiency ratings and you'll find MasterTemp at the top of the list. Comfort and economy can go together.
- ✓ With a hot surface ignition (no pilot light) and pushbutton, digital controls, MasterTemp is as easy to operate as your home heating system. Plus, user-friendly indicator lights make system operation and monitoring a snap.
- ✓ The easy-to-view, rotating digital display places controls front and center, no matter how MasterTemp is positioned on your equipment pad.
- ✓ MasterTemp is engineered for super-quiet operation and won't intrude on your poolside leisure time.
- ✓ A tough, rustproof composite exterior handles the heat and weathers the elements.
- ✓ Eco-friendly, MasterTemp is certified for low NOx emissions and outperforms industry standards.
- ✓ Safe operation is assured through a series of features, including; a water pressure switch that senses the pump is running to prevent overheating; high limit switches assure the heater turns off if water temperature exceeds factory-set limits; manual gas shut-off when service is required; stack flue sensor also guards against overheating.

✓ Approved for installation on combustible surfaces.

*Don't be left out in the cold with heaters that don't measure up to today's longer list of must-have features. Insist on MasterTemp and you're insisting on better performance and lifetime value.*



MasterTemp's easy-to-read controls make system operation and monitoring simple. Pool and spa temperatures can be precisely controlled with the push of a button. A digital display indicates the water temperature and the LED lights let you know when and how you know when the heater needs service.



Easy to install or retrofit in even the tightest space — models from 175M to 400M BTUs — all measure 21L x 21W x 28H

Rotating digital display means more installation options and easier access to view operating information

Rustproof, tough composite exterior for long life

Available in natural gas and propane models.

## Pool Sizing\*

°F Temperature Change/ 24 Hrs.	Heater Size					Heater Size				
	Model 175	Model 200	Model 250/250HD	Model 300	Model 400/400HD	Model 175	Model 200	Model 250/250HD	Model 300	Model 400/400HD
	Pool Capacity in Gallons					Pool Surface Area in Sq. Ft. at 5.5' Depth				
5	85,210	97,383	121,729	146,075	194,766	2,069	2,364	2,955	3,546	4,727
10	42,605	48,691	60,864	73,037	97,383	1,034	1,182	1,478	1,773	2,364
15	28,403	32,461	40,576	48,692	64,922	690	788	985	1,182	1,576
20	21,303	24,346	30,433	36,519	48,691	517	591	739	887	1,182
25	17,042	19,477	24,346	29,216	38,953	414	473	591	710	945
30	14,201	16,230	20,288	24,345	32,461	345	394	493	591	788
35	12,173	13,912	17,390	20,868	27,824	296	338	423	507	675
40	10,651	12,173	15,216	18,260	24,346	259	295	369	443	591

## Spa Sizing\*

Model	Spa Volume (Gallons)								
	200	300	400	500	600	700	800	900	1,000
	Minutes for 30°F Temperature Rise (Heater Input in 1000 BTU/HR)								
175	21.0	31.0	40.0	50.0	61.0	71.0	81.0	91.0	102.0
200	18.0	27.0	35.0	44.0	53.0	62.0	71.0	80.0	89.0
250/250HD	15.8	23.5	30.8	38.5	46.5	54.3	62.0	70.0	77.8
300	13.5	20.0	26.5	33.0	40.0	46.5	53.0	60.0	66.5
400/400HD	9.0	13.0	18.0	22.0	27.0	31.0	35.0	40.0	44.0

Note: The chart is based on a 30°F (55.6°C) temperature rise, discounting losses and only based on heat required to raise temperature in minutes. Two-year limited warranty. See warranty for details.

\*ASME models available. See your Pentair Water Pool and Spa representative for details.



MASTERTEMP® POOL AND SPA HEATER  
INSTALLATION AND USER'S GUIDE



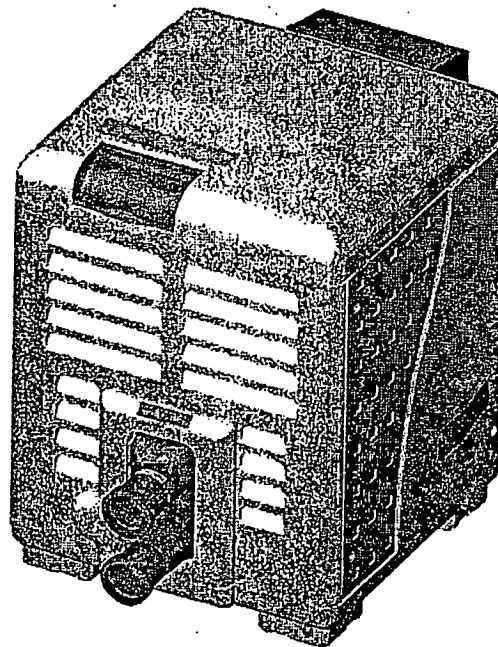
**FOR YOUR SAFETY - READ BEFORE OPERATING**

If you do not follow these instructions exactly, a fire or explosion may result, causing property damage, personal injury or loss of life.

For additional free copies of this manual; call (800) 831-7133.

120/240 VAC NATURAL GAS/LP GAS

MODELS	Natural	Propane
175K BTU/HR	460792	460793
200K BTU/HR (ASME)	461000	461001
200K BTU/HR	460730	460731
250K BTU/HR	460732	460733
250K BTU/HR (HD)	460806	-
250K BTU/HR (ASME)	460771	460772
300K BTU/HR	460734	460735
400K BTU/HR	460736	460737
400K BTU/HR (HD)	460805	-
400K BTU/HR (ASME)	460775	460776



OWNER  
Retain For  
Future  
Reference

**FOR YOUR SAFETY** - This product must be installed and serviced by authorized personnel, qualified in pool/spa heater installation. Improper installation and/or operation can create carbon monoxide gas and flue gases which can cause serious injury, property damage, or death. For indoor installations, as an additional measure of safety, Pentair Aquatic Systems strongly recommends installation of suitable **Carbon Monoxide detectors** in the vicinity of this appliance and in any adjacent occupied spaces. Improper installation and/or operation will void the warranty.



Improper installation, adjustment, alteration, service or maintenance can cause property damage, personal injury or death. Installation and service must be performed by a qualified installer, service agency or the gas supplier.

**FOR  
YOUR  
SAFETY**

**WHAT TO DO IF YOU SMELL GAS**

- Do not try to light any appliance.
- Do not touch any electrical switch; do not use any phone in your building.
- Immediately call your gas supplier from a neighbor's phone. Follow the gas supplier's instructions.
- If you cannot reach your gas supplier, call the fire department.

DO NOT store or use gasoline or other flammable vapors and liquids in the vicinity of this or other appliances.

# SPECIFICATIONS

These installation instructions are designed for use by qualified personnel only, trained especially for installation of this type of heating equipment and related components. Some states require installation and repair by licensed personnel. If this applies in your state, be sure your contractor bears the appropriate license. See Figure 2 for Outdoor and Indoor Installations.

**DIMENSIONS IN INCHES**

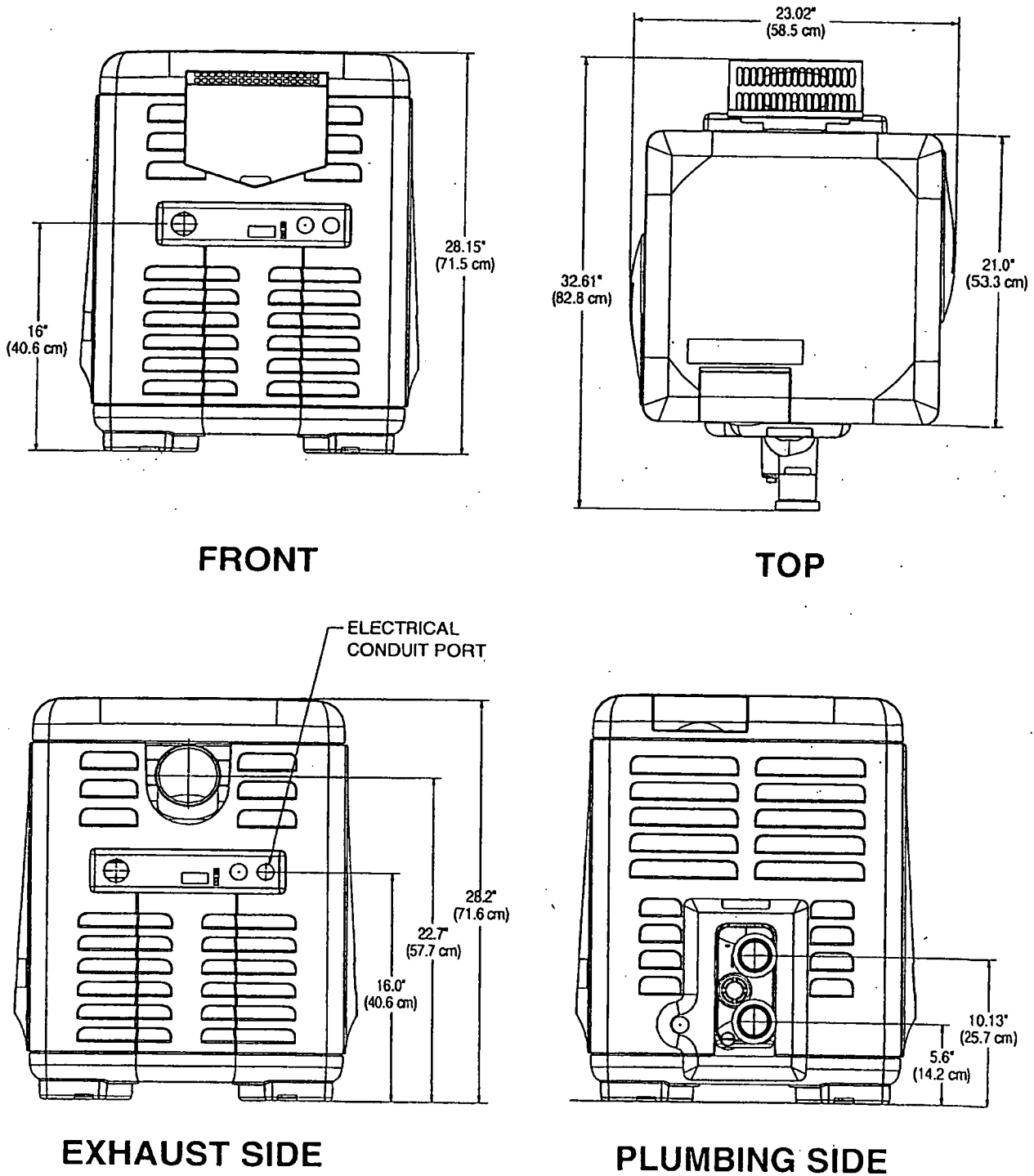


Figure 2.



# PLUMBING CONNECTIONS

The MasterTemp heater has the unique capability of direct schedule 40 PVC plumbing connections. A set of bulkhead fittings is included with the MasterTemp to insure conformity with Pentair's recommended PVC plumbing procedure. Other plumbing connections can be used. See Figure 3 for plumbing connections.

## CAUTION

Before operating the heater on a new installation, turn on the circulation pump and bleed all the air from the filter using the air relief valve on top of the filter. Water should flow freely through the heater. Do not operate the heater unless water in the pool/spa is at the proper level. If a manual by-pass is installed, temporarily close it to insure that all air is purged from the heater.

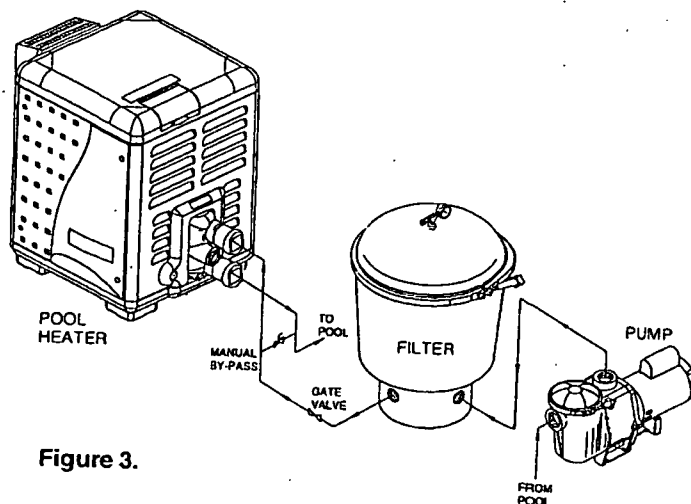


Figure 3.

# WATER CONNECTIONS

The heater requires proper water flow and pressure for its operation. See Figure 5 for the recommended installation. The filter pump discharges to the filter, the filter discharges to the heater, and the heater discharges directly to the pool or spa.

A manual bypass valve should be installed across the heater when the pump flow exceeds 120 GPM (454 LPM). See "WATER FLOW RATE" on page 7- Table 1 for setting of the manual by-pass valve.

Make sure that the outlet plumbing from the heater contains no shut-off valves or other flow restrictions that could prevent flow through the heater (except for pool installations as noted below, or winterizing valves where needed). To switch flow between the pool and spa, use a diverter valve. Do not use any valve that can shut off the flow.

Install the chemical feeder downstream of the heater. Install a chemical resistant one-way check valve between the heater and the chemical feeder to prevent back-siphoning through the heater when the pump is off.

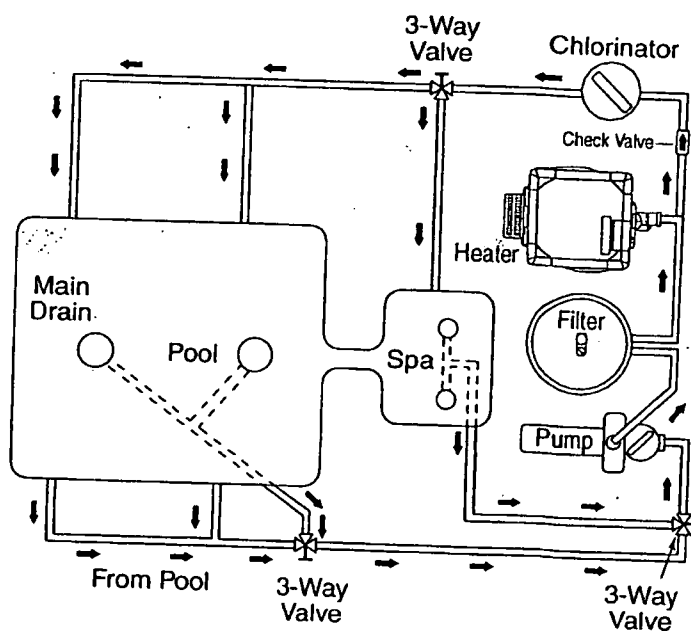


Figure 5.

**NOTICE:** If the heater is plumbed in backwards, it will cycle continuously. Make sure piping from filter is not reversed when installing heater.

Connect the heater directly to 2" PVC pipe, using the integral unions provided. Heat sinks are not required. The low thermal mass of the heater will prevent overheating of the piping connected to the pump even if the heater shuts down unexpectedly.

Occasionally a two-speed pump will not develop enough pressure on the low speed to operate the heater. In this case, run the pump at high speed only to operate the heater. If this does not solve the problem, do not try to run the heater. Instead, correct the installation.

Do not operate the heater while an automatic pool cleaner is also operating. If the circulation pump suction is plugged (for example by leaves), there may not be adequate flow to the heater. Do not rely on the pressure switch in this case.

## VALVES

When any equipment is located below the surface of the pool or spa, valves should be placed in the circulation piping system to isolate the equipment from the pool or spa. Check valves are recommended to prevent back-siphoning. Back-siphoning is most likely to occur when the pump stops, creating a pressure-suction differential. Do NOT sanitize the pool by putting chlorine tablets or sticks into the skimmer(s). When the pump is off, this will cause a high concentration of chlorine to enter the heater, which could cause corrosion damage to the heat exchanger.

### ⚠ CAUTION

Exercise care when installing chemical feeders so as to not allow back siphoning of chemical into the heater, filters or pump. When chemical feeders are installed in the circulation of the piping system, make sure the feeder outlet line is down stream of the heater, and is equipped with a positive seal noncorrosive "Check Valve", (P/N R172288), between the feeder and heater.

## MANUAL BY-PASS

Where the water flow rate exceeds the maximum 120 GPM, a manual bypass should be installed and adjusted. After installing the valve, adjust the valve to bring the flow rate within the acceptable range. Then remove the valve handle or lock it in place to avoid tampering. See Figure 4.

Model	Min. (GPM) (LPM)	Max. (GPM) (LPM) *
175	20 (76)	120 (454)
200	20 (76)	120 (454)
250	25 (95)	120 (454)
300	30 (114)	120 (454)
400	40 (152)	120 (454)

\* Do not exceed the maximum recommended flow rate for the connecting piping.

Table 1.

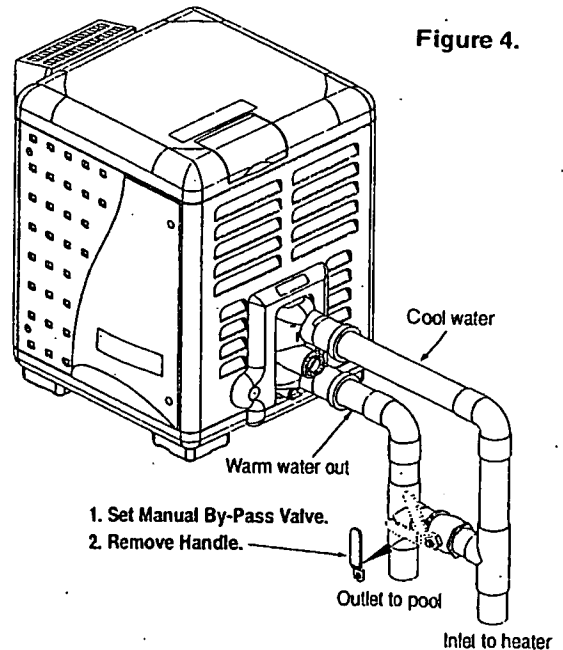


Figure 4.

**See page 46 for Pressure Relief Valve Installations.**

## BELOW POOL INSTALLATION

If the heater is below water level, the pressure switch must be adjusted. This adjustment must be done by a qualified service technician. See following CAUTION before installation.

### ⚠ CAUTION

#### BELOW OR ABOVE POOL INSTALLATION

The water pressure switch is set in the factory at 3.00 PSI ( $\pm 0.75$  PSI). This setting is for a heater installed at pool level. If the heater is to be installed more than 1' above or below, the water pressure switch must be adjusted by a qualified service technician. See page 35, Figure 29.

#### FLOW SWITCH

If the heater is installed more than 5' above the pool or more than 4' below the pool level, you will be beyond the limits of the pressure switch and a flow switch must be installed. Locate and install the flow switch externally on the outlet piping from the heater, as close as possible to the heater. Connect the flow switch wires in place of the water pressure switch wires.

## GAS CONNECTIONS

### **GAS LINE INSTALLATIONS**

Before installing the gas line, be sure to check which gas the heater has been designed to burn. This is important because different types of gas require different gas pipe sizes. The rating plate on the heater will indicate which gas the heater is designed to burn. The tables, shown on page 14, show which size pipe is required for the distance from the gas meter to the heater. The table is for natural gas at a specific gravity of .65 and propane at a specific gravity of 1.55.

When sizing gas lines, calculate three (3) additional feet of straight pipe for every elbow used. When installing the gas line, avoid getting dirt, grease or other foreign material in the pipe as this may cause damage to the gas valve, which may result in heater failure.

*The gas meter should be checked to make sure that it will supply enough gas to the heater and any other appliances that may be used on the same meter. The gas line from the meter will usually be of a larger size than the gas valve supplied with the heater. Therefore a reduction of the connecting gas pipe will be necessary. Make this reduction as close to the heater as possible.*

The heater requires a gas supply of not less than 4" (10.2 cm) wc and not more than 14" (35.6 cm) wc. Gas supply pressures outside of this range may result in improper burner operation. A minimum flowing or dynamic inlet pressure (while the heater is running) of 4" (10.2cm) wc is required to maintain input rating with no more than a 2" pressure drop between static and dynamic. The gas supply must be installed in accordance with the *National Fuel Gas Code, ANSIZ223.1*, or standard *CSA B149.1, Natural Gas and Propane Installation Codes*, as applicable and all applicable local codes. Install a manual shut-off valve and a sediment trap and union located outside the heater panels, see Figure 6. Do not use a restrictive gas cock. The following minimum gas pipe sizes are recommended for natural gas supply piping, see Table 2 on page 14. For low pressure LP gas, pipe size may be reduced by 1/4", with a minimum pipe size of 1/2". Check for compliance with local codes.

The heater and any other gas appliances must be disconnected from the gas supply piping system during any pressure testing on that system, (greater than 1/2 PSI). The heater and its gas connection must be leak tested before placing the heater in operation. **Do not use flame to test the gas line.** Use soapy water or another nonflammable method.

#### **NOTE**

A manual main shut-off valve must be installed externally to the heater.

### **▲WARNING**

**DO NOT INSTALL THE GAS LINE UNION INSIDE THE HEATER CABINET. THIS WILL VOID YOUR WARRANTY.**

### **SEDIMENT TRAPS**

Install a sediment trap and union located outside the heater panels in accordance with National code requirements. Do not use a restrictive gas cock. The sediment trap shall be either a tee fitting with a capped nipple in the bottom outlet which can be removed for cleaning, as illustrated in Figure 6, or an other device recognized as an effective sediment trap. All gas piping should be tested after installation in accordance with local codes.

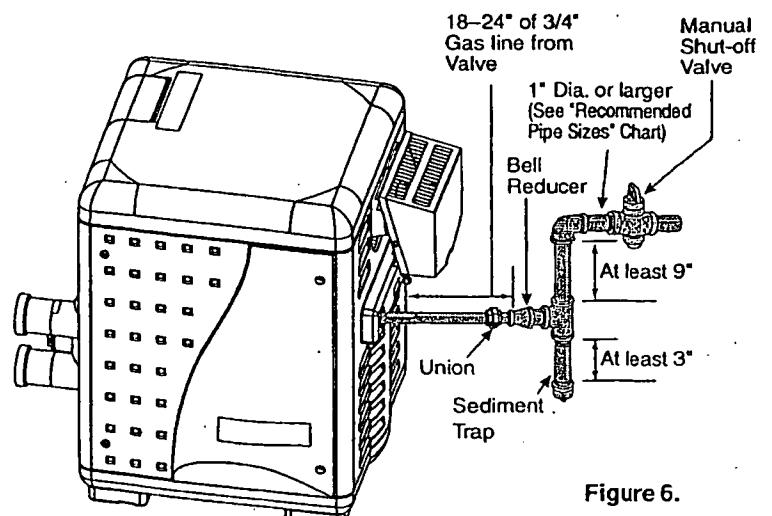


Figure 6.

# GAS PIPE SIZING

Table 2.

PIPE SIZING FOR GAS LINE CONNECTIONS														
MAXIMUM EQUIVALENT PIPE LENGTH (FL.)														
Natural Gas at 1000 B.T.U. per Cubic Foot														
Propane Gas at 2500 B.T.U. per Cubic Foot														
MODEL	1/2"		3/4"		1"		1-1/4"		1-1/2"		2"		2-1/2"	
	NAT	PRO	NAT	PRO	NAT	PRO	NAT	PRO	NAT	PRO	NAT	PRO	NAT	PRO
175	-	20'	30'	80'	125'	250'	450'	600'	-	-	-	-	-	-
200	-	20'	30'	80'	125'	250'	450'	600'	-	-	-	-	-	-
250	-	10'	20'	50'	70'	150'	250'	500'	600'	-	-	-	-	-
300	-	-	10'	30'	50'	100'	200'	350'	400'	600'	-	-	-	-
400	-	-	-	10'	20'	60'	100'	150'	200'	450'	400'	-	-	-

## "RESIDENTIAL" PROPANE GAS 2 STAGE REGULATION

In many Propane gas line installations, the gas supplier and/or installer will utilize a two stage regulation process where by at the supply tank they will install the first stage gas regulator, which would be at a higher pressure, usually 10 psi. This higher pressure allows for a much longer distance and in a much smaller pipe size. Then within a short distance of the pool heater, usually around 24 inches, they will install a second regulator, which is the second stage, and this would be set at the required inlet pressure of the heater.

See "Gas Pressure Requirement Charts"

Stage One "High Pressure" Gas Pipe Sizing			
10 PSI @ 2500 B.T.U. Per CU. FT.			
MAXIMUM EQUIVALENT PIPE LENGTH			
Model	0 to 50 Ft.	50 to 100 Ft.	100 to 150 Ft.
175 through 400	1/2 in.	1/2 in.	1/2 in.



Stage Two "Low Pressure" Gas Pipe Sizing		
Stage 2 set at 14 in. W.C.		
MAXIMUM EQUIVALENT PIPE LENGTH		
Model	0 to 10 Ft.	10 to 20 Ft.
175 through 400	3/4 in.	3/4 in.

Table 3.

Table 4.

## "RESIDENTIAL" NATURAL GAS 2 STAGE REGULATION

In many Natural gas line installations, the gas supplier and/or installer may utilize a two stage regulation process where by at the streets main gas supply they will install the first stage gas regulator, which would be at a higher pressure. This higher pressure is usually set at 2 psi or 5 psi and can be for long distances and in a much smaller pipe size. Then within a short distance of the pool heater, generally around 24 inches, they will install a second regulator, which is the second stage. This second stage regulator would be set at the minimum operating pressure for the heater. For "Natural Gas Pentair Pool Heaters" the minimum is 7 inches W.C.

See "Gas Pressure Requirement Charts"

Stage One "High Pressure" Gas Pipe Sizing			
2 PSI @ 1000 B.T.U. Per CU. FT.			
MAXIMUM EQUIVALENT PIPE LENGTH			
Model	0 to 50 Ft.	50 to 100 Ft.	100 to 150 Ft.
175 through 300	1/2 in.	1/2 in.	1/2 in.
400	3/4 in.	3/4 in.	3/4 in.
5 PSI @ 1000 B.T.U. Per CU. FT.			
175 through 400	1/2 in.	1/2 in.	1/2 in.



Stage Two "Low Pressure" Gas Pipe Sizing		
Stage 2 set at 7 in. W.C.		
MAXIMUM EQUIVALENT PIPE LENGTH		
Model	0 to 10 Ft.	10 to 20 Ft.
175 through 300	3/4 in.	3/4 in.
400	3/4 in.	1 in.
Stage 2 set at 7 in. W.C.		
175 through 400	3/4 in.	1 in.

Table 5.

Table 6.

## TESTING GAS PRESSURE

Before operating the heater, the heater and its gas connections must be leak tested. **Do NOT use an open flame to test for leaks.** Test all gas connections for leaks with soapy water or another non-flammable method (see page 14).

The heater and its individual shut-off valve must be disconnected from the gas supply piping system during any pressure testing of that system at test pressures in excess of 1/2 psig (3.5 kPa).

The heater must be isolated from the gas supply system by closing its individual manual shut-off valve during any pressure testing of the gas supply at test pressures equal to or less than 1/2 psig (3.5 kPa).

### CHECKING THE GAS PRESSURE THROUGH THE COMBINATION GAS CONTROL VALVE

#### ⚠ WARNING

**Risk of fire and explosion.** Improper installation, incorrect adjustment, alteration, service, or maintenance of the Combination Gas Control Valve can lead to fire or explosion, causing loss of life, personal injury, and/or property damage. If it is necessary to adjust the gas valve, this must be done by only by a qualified service agency. These instructions are for the use of qualified service technicians only!

This appliance is equipped with an unconventional gas control valve that is factory set with a manifold pressure of  $-0.2''$  ( $-0.5\text{cm}$ ) wc. Installation or service must be performed by a qualified installer, service agency, or the gas supplier. If this control valve is replaced, it must be replaced with an identical control.

The combination gas valve incorporates dual shut-off valves and a negative-pressure regulator. For proper operation, the regulated pressure at the outlet manifold of the valve must be  $-0.2''$  ( $-0.5\text{cm}$ ) wc below the reference pressure at the blower mixer inlet, and the gas valve 'VENT' tap must be connected to the end cap air orifice as shown in Figure 7.

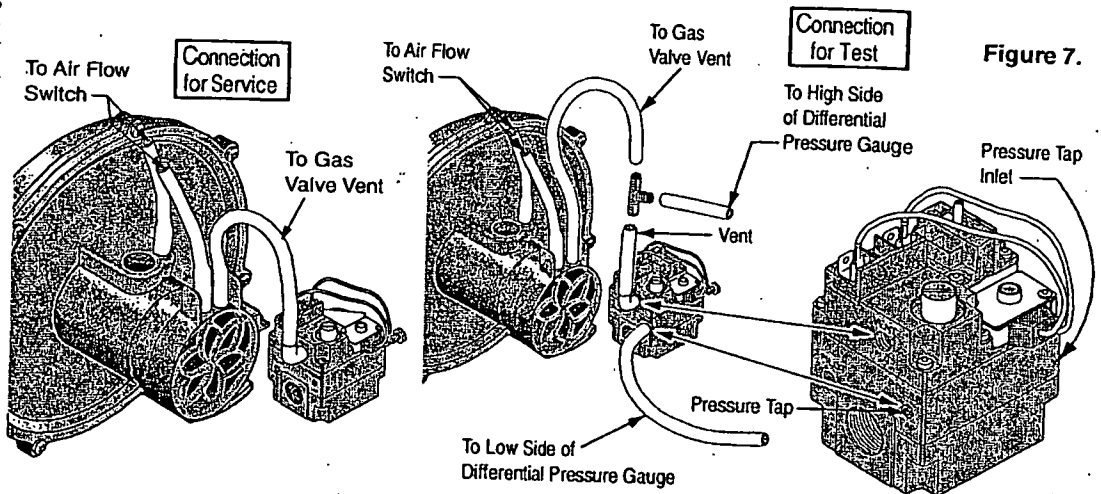


Figure 7.

Do not attempt to adjust the gas input by adjusting the regulator setting. The correct gas regulator setting is required to maintain proper combustion and must NOT be altered.

#### ⚠ CAUTION

The use of Flexible Connectors (FLEX) is NOT recommended unless they are properly sized according to the supplier recommendations for the heater rating.

### GAS PRESSURE REQUIREMENTS

Gas Pressure	Model	Natural	Propane
		Inches W.C.	
Maximum Inlet	MT	14	14
Minimum Inlet	MT	4	4
Manifold	MT	$-0.2 \pm 0.1$	$-0.2 \pm 0.1$

NOTE: All readings must be taken while heater is operating. Any adjustments or readings made while heater is off will result in performance problems.

Table 7

## OUTDOOR INSTALLATION (U.S. and Canada)

For heaters located outdoors, using the built-in stackless venting system.

### ⚠ WARNING

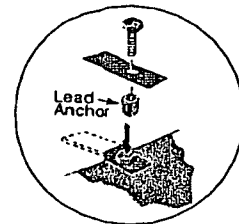
**Risk of explosion if a unit burning propane gas is installed in a pit or other low spot.** Propane is heavier than air. Do not install the heater using propane in pits or other locations where gas might collect. Consult your local building code officials to determine installation requirements and specific installation restrictions of the heater relative to propane storage tanks and filling equipment. Installation must meet the requirements for the Standard for the Storage and Handling of Liquid Petroleum Gases, ANSI/NFPA 58 (latest edition) in the U.S., or CAN/CSA B149.2 (latest edition) in Canada. Consult local codes and fire protection authorities about specific installation restrictions.

Locate the heater on a level surface in an open area that is protected from drainage or run-off. Install the heater in an area where leaves or other debris will not collect on or around the heater.

To avoid damage to the electronic components in the heater, take care to prevent prolonged exposure to driving sources of water (such as lawn sprinklers, heavy roof runoff, hoses, etc.). Avoid operation in persistent, extreme, moist or salty environments.

In extreme weather, shut down the heater and disconnect the power to it until the weather has moderated. In areas subject to hurricanes or very high winds, purchase the Bolt Down Bracket Kit, P/N 460738.

For Heater mounting bolts and clamps, purchase separately Bolt Down Bracket Kit, Part No. 460738.



### HEATER CLEARANCES – OUTDOOR

#### IMPORTANT!

- In an outdoor installation it is important to ensure water is diverted from overhanging eaves with a proper gutter/drainage system. The heater must be set on a level foundation for proper drainage.
- This unit shall not be operated outdoors at temperatures below -20°F.

If the heater is located under a roof overhang, there must be at least three (3) feet (1m) of clearance between the bottom of the overhang and the top of the heater exhaust vent, see Figure 8. If the heater is under a roof overhang, the space around the heater must be open on three sides. **DO NOT, under any circumstances, install the heater under ANY deck.**

For minimum exhaust vent clearances for all building openings, including but not limited to vented eaves, doors, windows, gravity air inlet, see Figure 9, page 18.

In Canada, the heater must be installed with the top of the vent at least 10 feet (3m) below, or to either side of, any opening into a building.

Orient the heater for convenient access to the water connections and the gas and electrical connections.

*Note: Check local building codes for installing the heater from any property line set back requirements (see page 18 for installation illustration).*

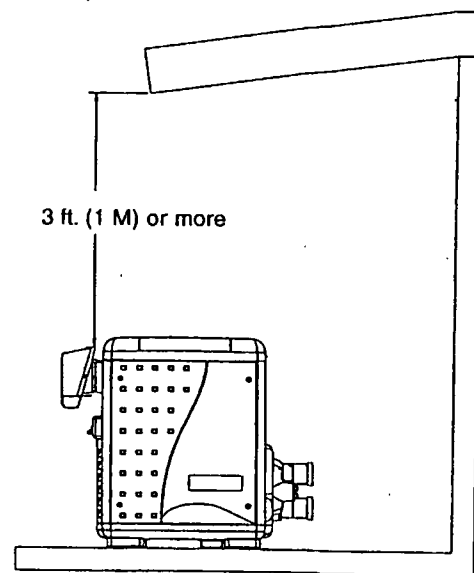
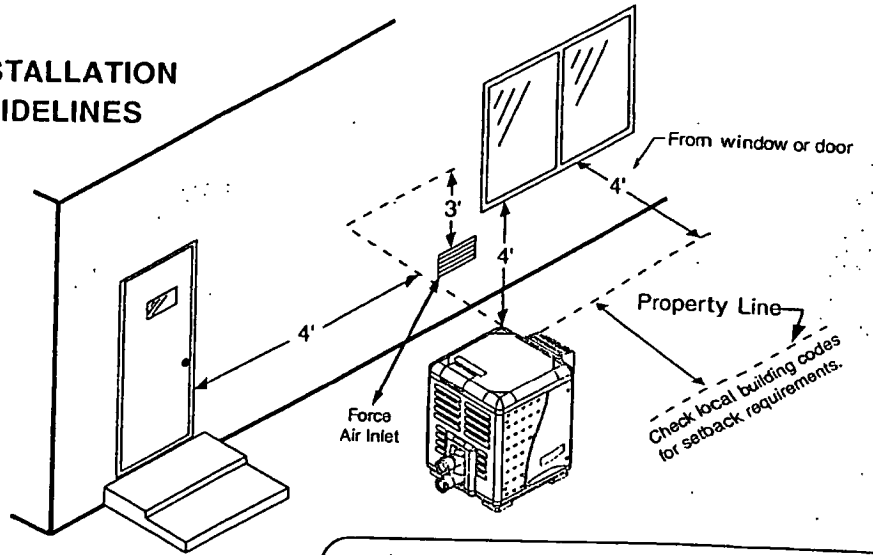
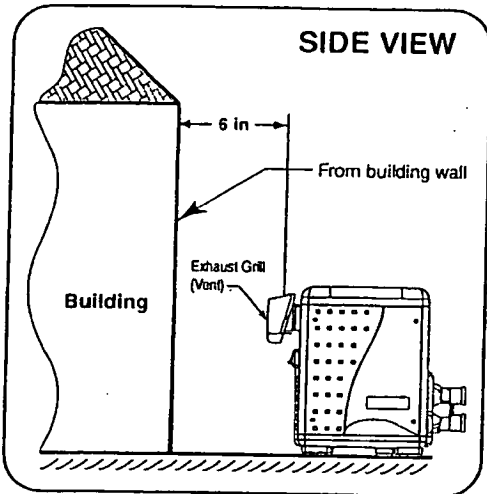


Figure 8.

### ⚠ CAUTION

If installing the heater next to or near an air conditioning unit or a heat pump, allow a minimum of 36 in. (91.4 cm) between the air conditioning unit and the heater.

**OUTDOOR INSTALLATION  
VENTING GUIDELINES**



- Vent Termination:**
- Must be at least 3 ft. above any forced air inlet located within a 10 ft. radius.
  - Must be located 6 in. away from the building wall and the following distances away from any building wall openings, included but not limited to vented eaves, doors, windows, gravity air inlet:
    - 4 ft. below,
    - 4 ft. horizontally

Figure 9.



# TDH CALCULATOR PBG-FABRICY-SPA JETS

## Pool Information

Flow Rate: 95 GPM  
Suction Lift: 2 Ft

**Total Piping Lengths:**  
Inlet Side: 88 Ft  
Discharge Side: 94 Ft

**Maximum Pipe Velocity Allowed:**  
(consult your local code)  
Branch Piping: 6 Ft/Sec  
Inlet Piping: 8 Ft/Sec  
Discharge Piping: 8 Ft/Sec

**Piping Sizes:**  
Inlet Piping: 2.445 In  
Discharge Piping: 2.445 In

**Piping Head Loss at 95.00Gal/Min:**  
(not including fittings or valves)  
Inlet Piping: 4.95 Ft  
Discharge Piping: 5.29 Ft

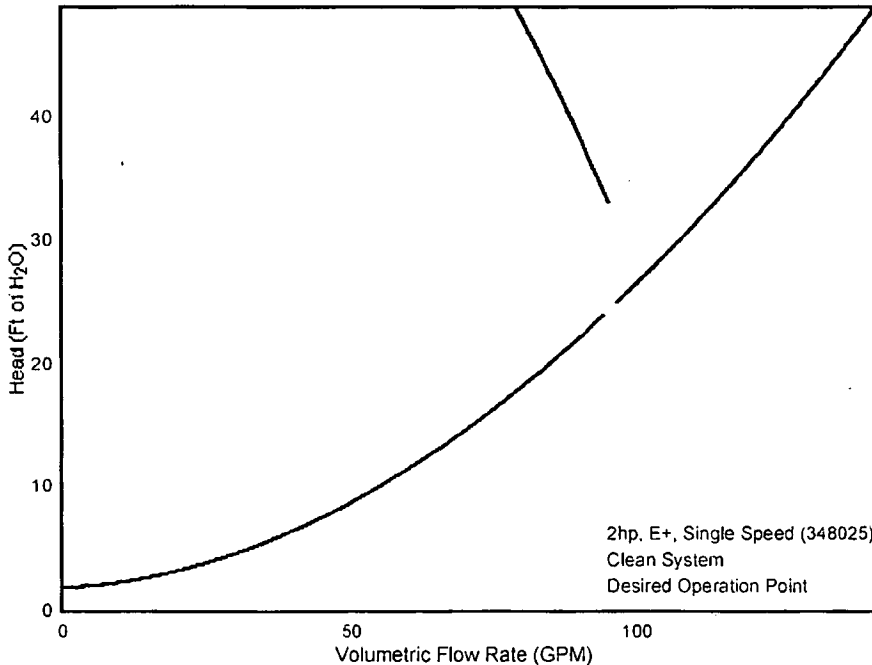
*For advanced pools that contain multiple suctions, this program may be inaccurate. Consult a hydraulics engineer. This program is for single pump systems with a single body of water.*

## Results: Your TDH Calculation

Flow Rate: 95.00 Gal/Min  
Your Head Loss: 24.59 Ft  
Maximum Flow Rate at Maximum RPM: 95.00 Gal/Min  
Head Loss at Maximum Flow Rate: 24.59 Ft

**Suggested Minimum Pipe Sizes:**  
Branch Piping: 3.0 In  
Inlet Piping: 2.5 In  
Discharge Piping: 2.5 In

System Head Pressure Curve



Selected Components

**HARVEY E. KOEHNEN**  
Professional Engineer PE-32831  
7205 Elyse Circle  
Port St. Lucie, FL 34952-3212  
Fax (772) 489-3035

*Harvey E. Koehn*  
10/3/14



## Components

Item	Quantity	Head Loss at 95.00Gal/Min
2" x 2.5" 3 way valve	0	0.00
Main Drain	1	1.60
3/4 inch Return	6	2.08

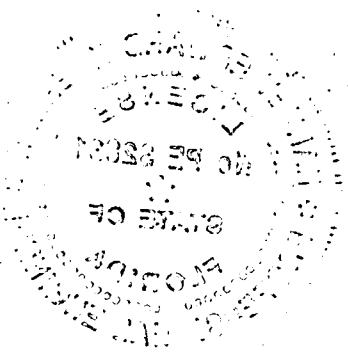
## Piping

Item	Inlet Quantity	Discharge Quantity	Head Loss at 95.00Gal/Min
90 degree elbow	4	13	6.60
45 degree elbow	0	4	0.70
Tee Through	0	5	1.38

## Pumps

Item	Quantity
2hp, E+, Single Speed (348025)	1

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# TDH CALCULATOR PBG-FABRICY-HIGH SPEED

## Pool Information

Flow Rate: 110.91 GPM  
 Suction Lift: 2 Ft

Total Piping Lengths:  
 Inlet Side: 48 Ft  
 Discharge Side: 74 Ft

Maximum Pipe Velocity Allowed:  
 (consult your local code)  
 Branch Piping: 6 Ft/Sec  
 Inlet Piping: 8 Ft/Sec  
 Discharge Piping: 8 Ft/Sec

Piping Sizes:  
 Inlet Piping: 2.445 In  
 Discharge Piping: 2.445 In

Piping Head Loss at 110.91Gal/Min:  
 (not including fittings or valves)  
 Inlet Piping: 3.60 Ft  
 Discharge Piping: 5.55 Ft

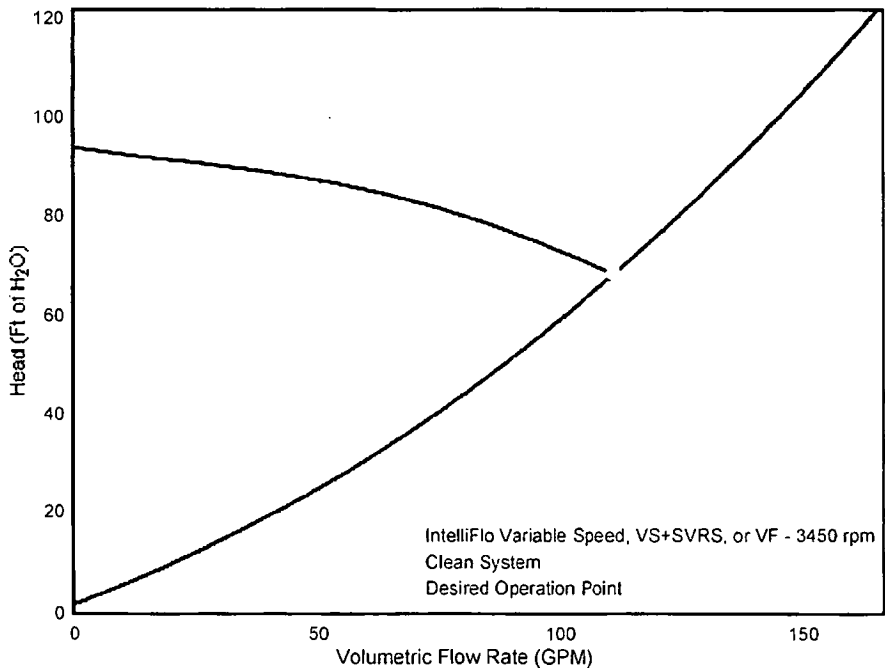
*For advanced pools that contain multiple suctions, this program may be inaccurate. Consult a hydraulics engineer. This program is for single pump systems with a single body of water.*

## Results: Your TDH Calculation

Flow Rate: 110.91 Gal/Min  
 Your Head Loss: 68.90 Ft  
 Maximum Flow Rate at Maximum RPM: 110.91 Gal/Min  
 Head Loss at Maximum Flow Rate: 68.90 Ft

Suggested Minimum Pipe Sizes:  
 Branch Piping: 3.0 In  
 Inlet Piping: 2.5 In  
 Discharge Piping: 2.5 In

System Head Pressure Curve



Selected Components

**HARVEY E. KOEHNEN**  
 Professional Engineer PE-32831  
 7205 Elyse Circle  
 Port St. Lucie, FL 34952-3212  
 Fax (772) 489-3035

*Harvey E. Koehn*  
 10/3/14

## Components

Name	Quantity	Head Loss at 110.91Gal/Min
IntelliChlor IC - 20	1	3.19
2" x 2.5" 3 way valve	4	10.35
Main Drain	1	2.04
Clean and Clear	1	8.11
MasterTemp	1	18.64
3/4 inch Return	4	6.33

## Piping

Name	Inlet Quantity	Discharge Quantity	Head Loss at 110.91Gal/Min
90 degree elbow	4	11	7.76
45 degree elbow	0	1	0.23
Tee Through	0	3	1.10

## Pumps

Name	Quantity
IntelliFlo Variable Speed, VS+SVRS, or VF	1

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# TDH CALCULATOR PBG-FABRICY-LOW SPEED

## Pool Information

Pool Volume: 12960 Gal  
 Turn Over Time: 6.00 Hrs  
 Suction Lift: 2 Ft

**Total Piping Lengths:**  
 Inlet Side: 48 Ft  
 Discharge Side: 74 Ft

**Maximum Pipe Velocity Allowed:**  
 (consult your local code)  
 Branch Piping: 6 Ft/Sec  
 Inlet Piping: 8 Ft/Sec  
 Discharge Piping: 8 Ft/Sec

**Piping Sizes:**  
 Inlet Piping: 2.445 In  
 Discharge Piping: 2.445 In

**Piping Head Loss at 36.00Gal/Min:**  
 (not including fittings or valves)  
 Inlet Piping: 0.45 Ft  
 Discharge Piping: 0.69 Ft

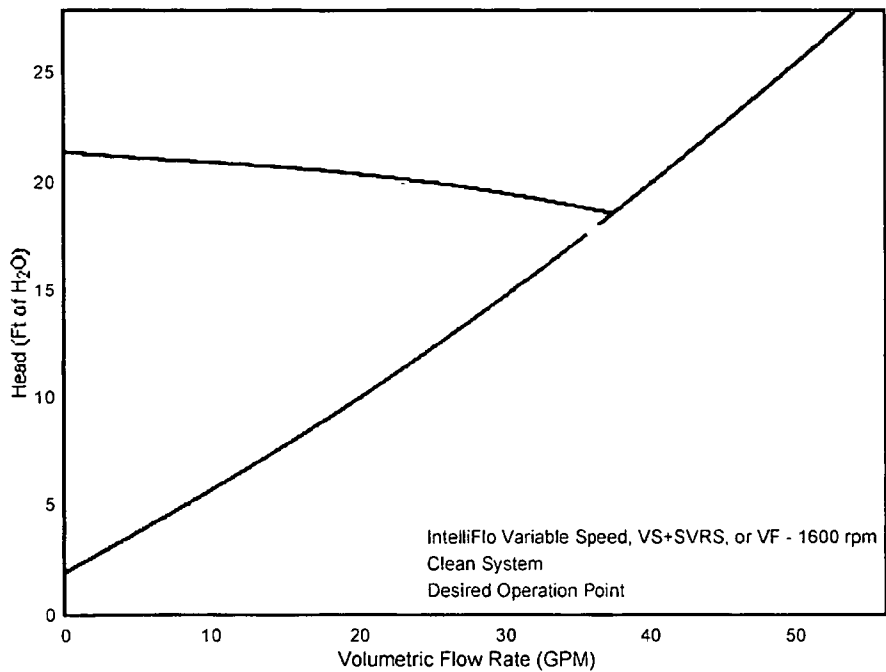
*For advanced pools that contain multiple suction, this program may be inaccurate. Consult a hydraulics engineer. This program is for single pump systems with a single body of water.*

## Results: Your TDH Calculation

Flow Rate: 36.00 Gal/Min  
 Your Head Loss: 17.89 Ft  
 Maximum Flow Rate at Maximum RPM: 110.91 Gal/Min  
 Head Loss at Maximum Flow Rate: 68.90 Ft

**Suggested Minimum Pipe Sizes:**  
 Branch Piping: 1.5 In  
 Inlet Piping: 1.5 In  
 Discharge Piping: 1.5 In

System Head Pressure Curve



Selected Components

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*Harvey Koehnen*  
 10/3/14

## Components

Name	Quantity	Head Loss at 36.00Gal/Min
IntelliChlor IC - 20	1	0.50
2" x 2.5" 3 way valve	4	0.41
Main Drain	1	0.39
Clean and Clear	1	0.75
MasterTemp	1	10.90
3/4 inch Return	4	0.67

## Piping

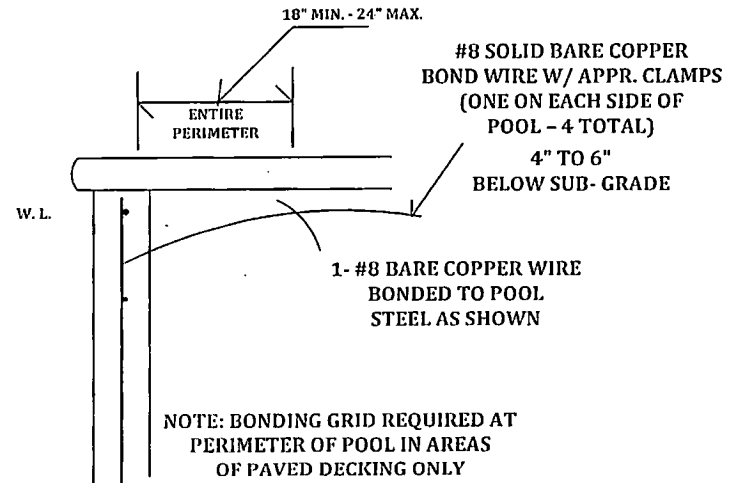
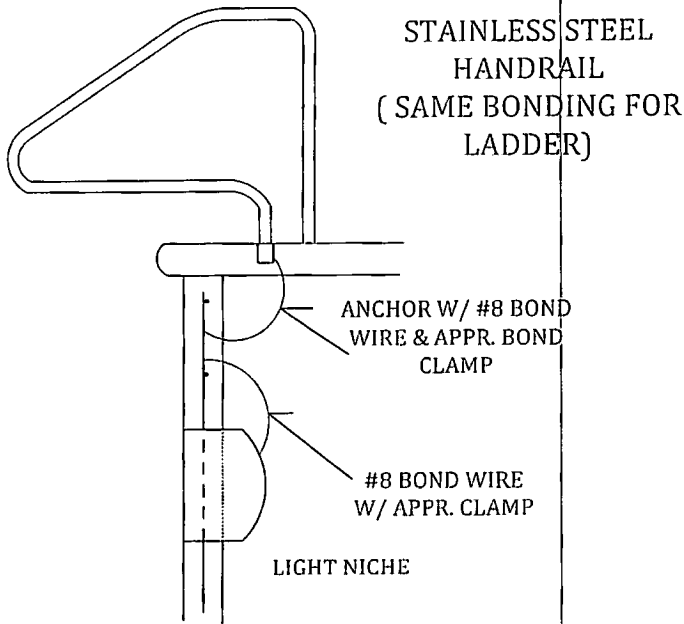
Name	Inlet Quantity	Discharge Quantity	Head Loss at 36.00Gal/Min
90 degree elbow	4	11	0.97
45 degree elbow	0	1	0.03
Tee Through	0	3	0.14

## Pumps

Name	Quantity
IntelliFlo Variable Speed, VS+SVRS, or VF	1

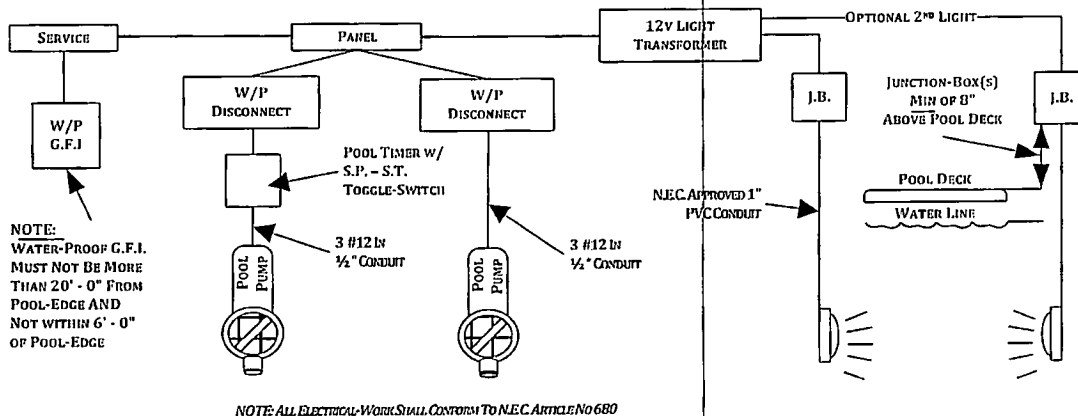
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**EQUIPOTENTIAL BONDING DETAIL**  
PER FLORIDA BUILDING CODE ADAPTATION  
OF THE N.E.C. 2008 SEC.680.26

Electrical Equipment Wiring, Grounding and  
Installation must conform to the 2008 N.E.C.  
and applicable local codes



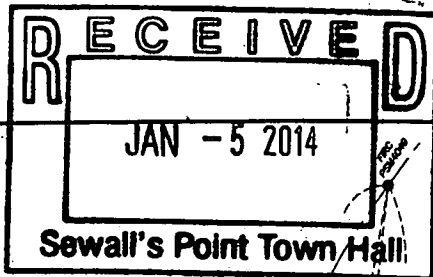
NOTE: ALL ELECTRICAL-WORK SHALL CONFORM TO N.E.C. ARTICLE NO 680

**ELECTRICAL DIAGRAM**

**Equipotential Bonding**  
**Loop #8 copper around Pool**  
**Bonded to pool steel in 4 Places N.E.C. 2008**  
**sec. 680.26(C)**

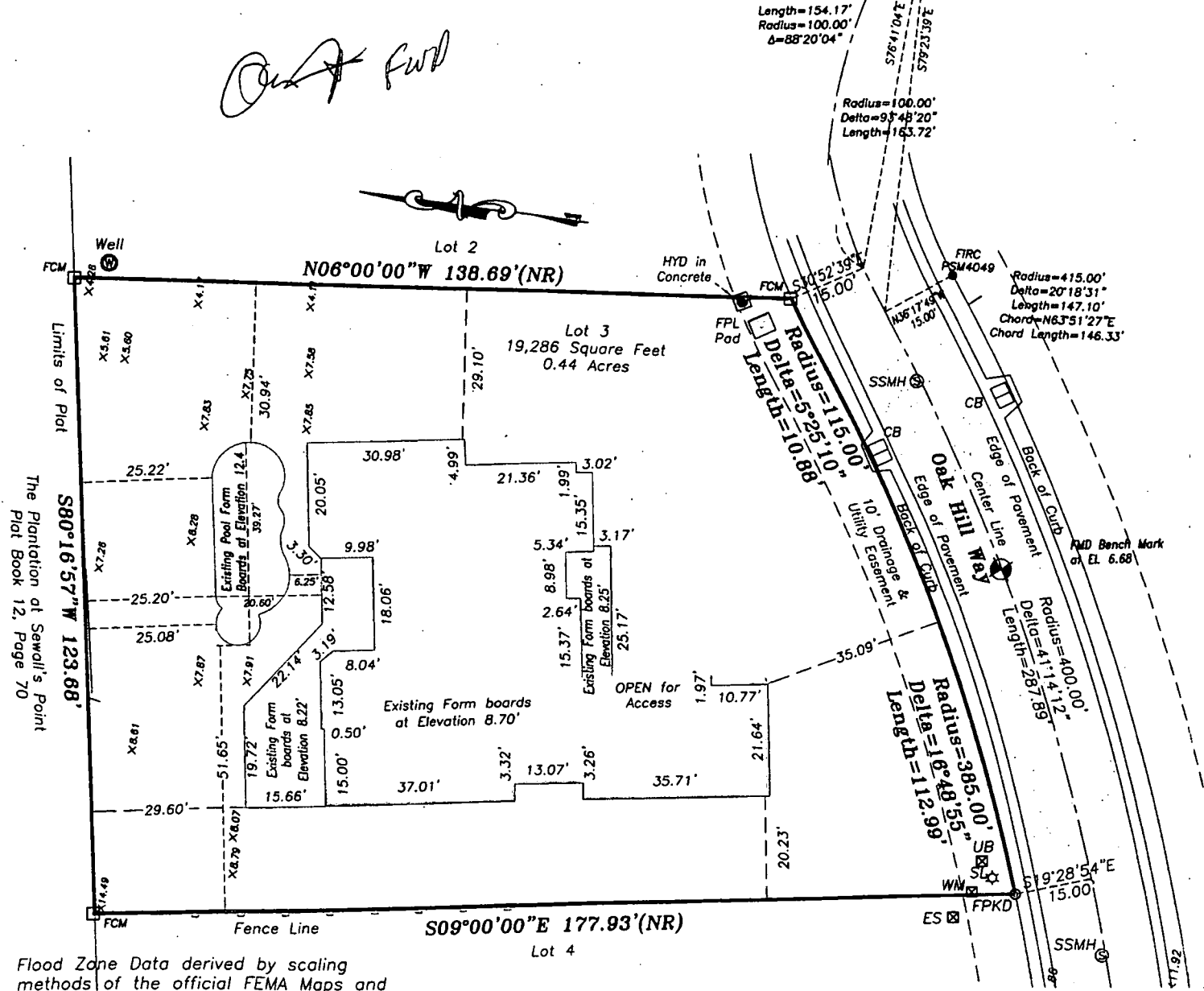
**Install pool/spa per ANSI3,5,7 and 15**

P/O 11060



**LEGAL DESCRIPTION**  
 Lot 3, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.

*Out fwb*



Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.  
 Flood Zone: X  
 Community #: 120164  
 Panel #: 0154  
 Suffix: F  
 Date: 10.04.2002

**SURVEYOR'S REPORT**

- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's Seal
- 2 No underground improvements have been located as part of this Survey.
- 3 The last field date of this Survey was: 9-5-2013, Form board location on 7.23.14, Pool Form Boards and pool adjacent Elevations only
- 4 This Survey was prepared using the Plat of Record only. No other documents were provided and no search of the public records was performed by this office.
- 5 The Survey shown hereon meets the requirement for field accuracy in a suburban area as set forth by the Minimum Technical Standards (5J-17.050-052FAC).
- 6 By acceptance of this survey all parties agree that the signing surveyor's liability is limited to the amount paid for said Survey.
- 7 Unless otherwise noted all bearing and distances are in accordance with the record plat and have been verified by field measurements. See map for bearing base.
- 8 Parcel/Lot line locations have been based on found survey control along the center line and right of way line of Oak Hill Way.
- 9 Left Blank.
- 10 The Legal Description shown hereon was provided by client and/or his/hers representatives.
- 11 No ownership of fence lines has been determined as part of this Survey.
- 12 Off set calls to found survey control are relative to the nearest property corner, intersection of lines, point of curvatures (PC), point of reverse curvatures (PRC) or other identifiable point.
- 13 Compliance with local zoning requirements and or with requirements set forth by other State, Public, and/or Private entities has not been verified as part of this Survey.

- LEGEND**
- C/E - Covered Entry
  - CAC - Concrete Pad with Air Conditioning
  - CBS - Concrete Block Structure
  - CMP - Corrugated Metal Pipe
  - CPE - Concrete Pad with Pool Equipment
  - CTV - Cable TV Box
  - GV - Water Gate Valve
  - HYD - Fire Hydrant
  - O/L - Overhead Utility Line
  - PP - Power Pole
  - TCB - Telephone Communications Box
  - SSMH - Sanitary Sewer Manhole
  - UB - Utility Box
  - WM - Water Meter
  - FCM - Found 4"x4" Concrete Monument
  - FIP - Found 1/2" Iron Pipe
  - FIPC - Found 1/2" Iron Pipe with Cap
  - FIR - Found #5 Iron Rod
  - FIRC - Found #5 Iron Rod with Cap
  - SIRC - Set #5 Iron Rod with Cap LB#7357
  - FIPC - Found 1/2" Iron Pipe with Cap
  - FM - Found Mag Nail
  - FMD - Found Mag Nail with Disk
  - FN - Found Nail
  - FNTT - Found Nail with Tin Tab
  - FPK - Found PK Nail
  - FPKD - Found PK Nail with Disk
  - FRRS - Found Rail Road Spike
  - /CO - In Pavement Cut Out
  - FPRM - Found Permanent Reference Monument
  - X0.00 - Existing Elevations

**PREPARED FOR:**  
 Donald F. & Nancy L. Fabricy  
 Seagate Builders Inc.  
 Pools by Greg  
 Town of Sewalls Point

Prepared By: Regina C. Karner, PSM#4363  
 Karner Surveying, Inc. LB#7357.

Prepared For:

**MR. & MRS. FABRICY**

Martin County

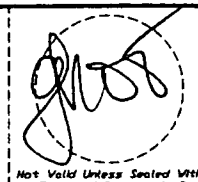
Florida

**KARNER SURVEYING, INC.**

RESIDENTIAL & COMMERCIAL SURVEYING SERVICES  
 2740 SW MARTIN DOWNS BLVD.#333 PALM CITY, FL. 34990  
 PHONE: (772) 288 7206 FAX: (772) 223 8181

karner@comcast.net

http://www.karnersurveyinginc.com/



Not Valid Unless Sealed With An Embossed Surveyor's Seal

Date	Revision Description
7.23.14	Form board location
12.29.14	Pool Form boards and Adjacent Elevations

Sheet Title: Boundary Survey	
Scale: 1"=30'	Date: 7.23.14
Drawn By: 1408.29	Field Book: 1408.29
Job No: 1307-25	Sheet No: 1 of 1
CADD File:	



# Nutting Engineers

of Florida Inc. | Established 1967  
*Your Project is Our Commitment*

PN # 11060

615 SW Biltmore Street  
Port St. Lucie, Florida 34983  
772-408-1050  
Toll Free: 877-NUTTING (688-8464)  
Fax: 772-408-1049  
Palm Beach 561-736-4900  
Broward 954-941-8700  
Miami-Dade 305-557-3083  
[www.nuttingengineers.com](http://www.nuttingengineers.com)

Geotechnical and Construction Materials | Engineering, Testing and Inspections | Environmental Services

January 7, 2015

Pools by Greg  
8886 South Federal Highway  
Port St. Lucie, Florida 34952

Re: Pool Backfill Evaluation  
Fabricy Residence  
6 Oak Hills Way  
Stuart, FL

Permit No.:

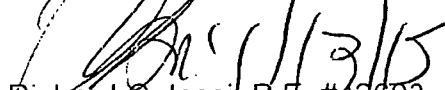
Nutting Engineers of Florida, Inc. has performed geotechnical engineering services for the referenced project. The area between the house and the proposed pool was probed with a Static Cone Penetrometer to determine the level of compaction of the backfill material. Three probes were performed at the following locations:

- 1) North side of pool, 10' west of house.
- 2) South side of pool, 8' west of house.
- 3) Between house & pool, 1' east of pool.

It is our opinion that the pool backfill as indicated by the above test locations **has** been compacted to a density of the order of 95 percent modified Proctor.

We appreciate this opportunity to be of service. Should you have any questions, please contact our office at your convenience.

Respectfully Submitted,  
**NUTTING ENGINEERS OF FLORIDA, INC.**

  
Richard G. Iossi, P.E. #42603  
Project Engineer


Pools by Greg -Fabricy



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log




Date of Inspection  Mon  Tue  Wed  Thur  Fri 12/2/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11023	Serls 4 River Oak Place Daniel's Fence	Fence Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
<del>11060</del>	Fabrizy <del>100 Oakwood Hill Way</del> pools by Greg	Ground + Steel		<del>THIS NOT PERMIT</del> <del>SECOND</del> INSPECTOR <i>[Signature]</i>
10694	Wescott 53 N River Rd San George Const	Partial Wire Lath Window, Truss Strapping + Engineering Electrical Plumbing + Gas	PASS	INSPECTOR <i>[Signature]</i>
11056	Smierka 1 Riverview Drive Daniels Fence	Fence Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
11071	Resnick 14 Middle Rd Celenzano	Silt Fence	PASS	INSPECTOR <i>[Signature]</i>
11069	Graydos 15 W High Pt. Rd. Code Red Roofers	Roof Sheathing Roof Dryin + Metals	PASS NOT READY	INSPECTOR <i>[Signature]</i>
10935	Heramis 172 S River Rd J. Conroy	Insulation Water line.	PASS FAIL	ELECT MUST BE 10" BELOW GRADE 1' SEPARATION TO WATER INSPECTOR <i>[Signature]</i>

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12/24/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11060	Fabrizy <del>651 Oak Hill Way</del> Pools by Greg	Steel + Ground		PENDING TIE-IN SURVEY INSPECTOR 
11072	Horkins 10 Cranes Nest Martin County Propane	GAS TANK	FAIL - NO FOR \$45 <sup>00</sup> REINSF	PREVIOUS INSPECTION SLAB INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 1/16/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11020 AM Requested	HB Assoc. 3714 SE Ocean Gary Aufnagel, Inc.	Rough Electric	PARTIAL SOFFITS	INSPECTOR
<del>11020</del>	Fabricey <del>do not allow this to be done</del> Pools by Greg	Rough Plumbing		INSPECTOR
10911	Bailey 117 N Sewall's Pt. Rd. Almar Jackson Pools	Final Barrier + Electric	PASS	INSPECTOR
11045 PM Requested	Skaflstad 111 N Sewall's Pt. Rd Code Red Roofers	Roof Dry - in + metal	PASS	INSPECTOR
Tree	De Rosa 16 N Sewall Pt Rd	Tree Removal Permit		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log


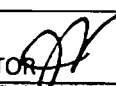




Date of Inspection  Mon  Tue  Wed  Thur  Fri 1/22/15 Page \_\_\_ of \_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11026	Morris	Final		
Am Requested	120 Hillcrest Drive	Kitchen	PASS	CLOSE
	O/B	Remodel		INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11026</del>	Fabricy	Rough Pools		
	<del>16 Oak Hill Way</del>	Plumbing	<del>FAIL</del>	
	Pools by Greg			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11139	Merendino	A/c		
	2 Castle Hill Way	Final	PASS	CLOSE
	All American A/c + Elec.			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11144	Krett	Roof Sheathing		
	3 Miramar Rd	Dry-in + Metal	PASS	
	Campany Roof Maint.	Roof SHINGLES Shedding in progress		INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11143	Moscatello	Roof		
	1 Worth Ct	sheathing	PASS	
	Elite Roofing Solution			INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11132	Moran	Rough +		
	32 N Sewall's Pt Rd	Final	PASS	CLOSE
	Peerless Plumbing	Plumbing		INSPECTOR <del>A</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick	Rough		
	14 Middle Rd	Slab Plumbing	PASS	<del>A</del>
	Celenstano Dev Group			INSPECTOR

# TOWN OF SEWALL'S POINT

## Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 2/2/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11040</del>	Fabricsy	Equipotential		
	<del>1600 Oak Hillway</del>	Bonding		
	Pools by Greg			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10924	Rena's Fudge	A/C		2:30 - 2:45
After 2:30pm	Le Heritage Way	Final	NO ONE	HOME
	Sharkey Air			INSPECTOR 
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				
	MILPLINGER	FENCES		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
		CHECK RET. WREL		
	OBRIEN 36 E.A. Pt	@34 @ HIGH		
	485 4529			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

MDY 56121 5762

**TOWN OF SEWALL'S POINT**

Building Department – Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri 4/24/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11060</del>	Fabricy	Pool Barrier		
	<del>600 Oakway</del>	+ Electric	<del>Pass</del>	
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11037	Westcott	Steel Bond		
	53 N River Road	+ Main Drain	Pass	
	A+G Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11151	Hyneman	Fence		
	4 Michael Rd	Final	Pass	CLOSE
	Daniel's fence			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11222	Derosa	-FINAL- Second Floor		
	16 N Sewall's Pt Rd	Hand rail	Pass	CLOSE
	Wm. B. Ianniero	REINSPECTION		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11141	Pierson	Underground		
	8 Palmetto Drive	Gas Lines	Pass	
	GS Moore Electric			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11233	Bouvy	Final Added		
	5 Emarita Way	nails to hurricane	Pass	CLOSE
	DLR	strapping		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri **5-6-15** Page      of     

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11060</del>	Fabricy <del>6 Oak Hill Way</del> Pools by Greg	Pool Final	<del>FAIL</del>	FOUNTAIN JETS NOT FINISH W/ DEC INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10680	Winslow 10 S Sewalls Pt Rd Green Building	Final Electrical Plumbing + Mechanical	Pass	INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11263	Lelo 27 Simara Street Advantage Air	AC Final	Pass	CLOSE INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11189	Morris <del>64</del> S Sewalls Pt Rd GM Construction	Roof Sheathing	CANCEL - NOT REQUIRED - 8x6 T&G ROOF DECK	INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11126	Nehme 44 S Sewall's Pt Rd Schiller Pools	Pool Electrical Pool Barrier	Pass FAIL / *OK TO FINISH POOL	DOES NOT NEED BARRIER CODE INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11215	WINSLOW 10 S. SEWALLS PT RD O/B	PPE POOL GARAGE SLAB	Pass	INSPECTOR <del>    </del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection  Mon  Tue  Wed  Thur  Fri *5/21/15* Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11147	Darrow			
	7 Oak Hill Way	Pool Final	PASS	CLOSE
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
<del>11060</del>	Fabricy			
	<del>6 Oak Hill Way</del>	Pool Final	<del>PASS</del>	<del>CLOSE</del>
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11210	Pare			
	61 N River Road	A/C Final	PASS	CLOSE
	Jensen Beach A/C			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11146	Batson			
	3 Palmetto	Gas Lines	PASS	
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11228	McKinley			WRONG LABEL
	48 Rio Vista	A/C Final	FAIL	
	Jack Frost A/C			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11188	Morris			E-MAIL
	64 S Sewalls Pt Rd	Temp Electric	PASS	FPL
	Electric Connections			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree	Schepleng	Tree		
	110 Abbie Court	Permit	OK	
				INSPECTOR <i>[Signature]</i>



PERMIT # 110.60  
PH 337 9713

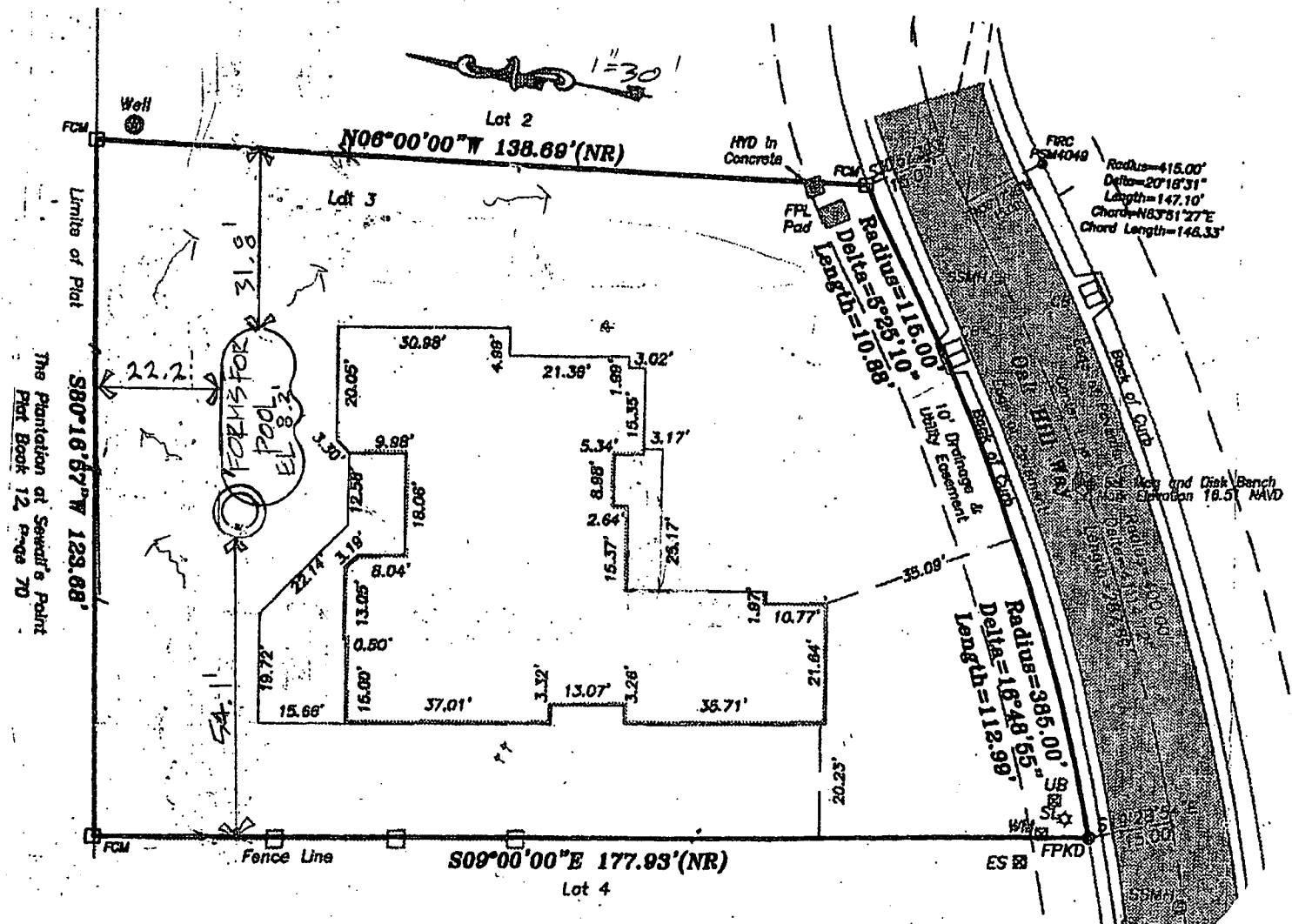
**LEGAL DESCRIPTION:**

(AS FURNISHED BY CLIENT)

Lot 3, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.

**SURVEY NOTES:**

1. NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
2. LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHTS-OF-WAY, EASEMENTS, OR OWNERSHIP.
3. LAND DESCRIPTION HEREON WAS PROVIDED BY THE CLIENT.
4. BEARINGS SHOWN HEREON ARE BASED ON THE CENTERLINE OF ROAD.
5. THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND/OR FINANCING AND SHOULD NOT BE USED FOR DESIGN OR CONSTRUCTION PURPOSES UNLESS OTHERWISE STATED ON THE SURVEY.
6. ELEVATIONS SHOWN HEREON ARE BASED UPON N.G.V.D. 1929.
7. DIMENSIONS PREVAIL OVER SCALE.
8. ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.
9. SURVEY NOT COVERED BY PROFESSIONAL LIABILITY INSURANCE.
10. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE.
11. UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR ANY OTHER UNDERGROUND STRUCTURE WERE NOT LOCATED BY THIS SURVEY UNLESS SPECIFICALLY NOTED.
12. UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN WERE FOUND AND HAVE NO IDENTIFICATION OR SAID IDENTIFICATION WAS ILLEGIBLE.
13. THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF ONLY THE PARTIES CERTIFIED TO HEREIN, RIGHTS OR LIABILITY TO ANY THIRD PARTIES CANNOT BE TRANSFERRED OR ASSIGNED.



Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.  
Flood Zone: X  
Community #: 120164  
Panel #: 0154  
Suffix: F  
Date: 10.04.2002

ADDRESS  
60AK HILL WAY  
SEWALLS POINTE FLA.

**CERTIFIED TO:**

SABRICY

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS SURVEY MAP IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AS SURVEYED IN THE FIELD. I FURTHER CERTIFY THAT THIS SURVEY COMPLIES WITH THE MINIMUM TECHNICAL STANDARDS SET FORTH IN CHAPTER 5J-17 BY THE FLORIDA BOARD OF LAND SURVEYORS PURSUANT TO CHAPTER 2009-68 FLORIDA STATUTES, AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENTS OTHER THAN SHOWN.

BY: *Mark W. Teepe* 11/25/14

PROFESSIONAL SURVEYOR AND MAPPER  
FLORIDA REGISTRATION #4811  
MARK W. TEEPE, P.S.M.

**LEGEND**

L	- ARC LENGTH	⊠	- 2X2 COLUMN TYPICAL FOUND	ELEV	- ELEVATION
OHW	- OVERHEAD WIRE	⊙	- DIAMETER	10.00	- TYPICAL ELEVATION
○	- EXISTING WIRE FENCE	⊙	- CONCRETE MONUMENT	FPE	- FINISH FLOOR ELEVATION
○	- EXISTING CHAINLINK FENCE	CM	- IRON ROD	BM	- BENCHMARK
○	- EXISTING WOOD FENCE	P	- IRON PIPE	ORB	- OFFICIAL RECORDS BOOK
○	- EXISTING PVC FENCE	N&D	- NAIL & DISK	FB	- FIELD BOOK
○	- CENTER LINE	⊙	- CAP	PG	- PAGE
○	- RIGHT-OF-WAY	⊙	- CONCRETE MONUMENT	PG	- TYPICAL
RAW	- EASEMENT	⊙	- NAIL & DISK	FND	- FOUND
ESMINT	- DRIVEWAY	⊙	- IRON ROD OR IRON PIPE	PVMT	- PAVEMENT
DAW	- SIDEWALK OR WALKWAY	⊙	- POINT OF COMMENCEMENT	PLTR	- PLANTER
BAW	- ASPHALT	⊙	- POINT OF BEGINNING	TYP	- TYPICAL
ASPH	- CONCRETE	⊙	- PERMANENT REFERENCE MONUMENT	WM	- WATER METER
CONC	- WOOD FRAME	⊙	- PERMANENT CONTROL POINT	MH	- MANHOLE
WF	- POINT OF TANGENCY	⊙	- MEASURED DISTANCE & BEARING	FH	- FIRE HYDRANT
PT	- POINT OF CURVATURE	⊙	- PLATTED DISTANCE & BEARING	LP	- LIGHT POLE
PC	- POINT OF REVERSE CURVATURE	⊙	- CALCULATED DISTANCE & BEARING	UP	- UTILITY POLE
PRC	- CHORD	⊙	- DEEDED DISTANCE & BEARING	RLS	- REGISTERED LAND SURVEYOR
CH	- CHORD BEARING	⊙	- PROFESSIONAL SURVEYOR AND MAPPER	LS	- LICENSED BUSINESS
CB	- DELTA ANGLE				

FIELD WORK COMPLETED: 11/25/14

**CORNERSTONE SURVEYING**  
LB# 7941  
13833 WELLINGTON TRACE E-4 #129  
WELLINGTON, FLORIDA 33414  
(772) 238-9305 (voice & fax)

POOL FORM TIE-14		
PREPARED ON THE ORDER OF: POOLS BY GREG		
SCALE: 1"=30'	DRAWN BY: DRE	FILE NO.: 11-038-14
FB PG: PKG	PAGE: 1 OF 1	DATE: 11/25/14

**11093**

**SECURITY SYSTEM**



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:	11093	DATE ISSUED:	November 17, 2014
SCOPE OF WORK:	Security System		
CONTRACTOR:	Group One Safety & Security		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00030-8	SUBDIVISION:	Castle Hill, Lot 3
CONSTRUCTION ADDRESS:	6 Oak Hill Way		
OWNER NAME:	Fabricy		
QUALIFIER:	Kevin T Madden	CONTACT PHONE NUMBER:	283-2320

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM**

**INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY**

### INSPECTIONS

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

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



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

### BUILDING PERMIT RECEIPT

<b>PERMIT NUMBER:</b>	11093		
<b>ADDRESS:</b>	6 Oak Hill Way		
<b>DATE ISSUED:</b>	11/17/2014	<b>SCOPE OF WORK:</b>	Security System

<b>SINGLE FAMILY OR ADDITION /REMODEL</b>		<b>Declared Value</b>	\$	
---	--	-----------------------	----	--

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.		\$	-
<b>Total Construction Value:</b>		\$	\$ -
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:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	\$ -

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	\$	\$ 1,780.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$	\$ 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
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	\$ 109.00

Master Permit  
10934

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

Permit Number: 11093

Date: 10/24/14

OWNER/LESSEE NAME: Don Fabrycy Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Job Site Address: 6 Oak Hill Way City: Stuart State: FL Zip: 34996  
Legal Description: Castle Hill Lot 3 Parcel Control Number: 263741015000000308  
Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### \*SCOPE OF WORK (PLEASE BE SPECIFIC): Security System

**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: \$ 1,780.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 AE9 AE8 X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Engineered Services Inc. DBA Group One Safety & Security Phone: 772-283-2320 Fax: 772-283-5079  
Qualifiers name: Kevin T. Madden Street: 7983 SW Jack James Drive City: Stuart State: FL Zip: 34997  
State License Number: EF 20000681 OR Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Cheryl Muench Phone Number: 772-283-2320  
DESIGN PROFESSIONAL: \_\_\_\_\_ Fla: License# \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
Garport: \_\_\_\_\_ 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

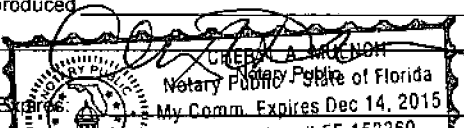
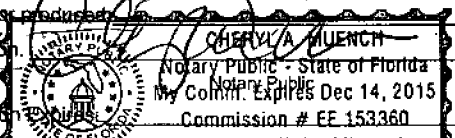
**WARNINGS TO OWNERS AND CONTRACTORS:**  
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.  
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCOMBERED 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.

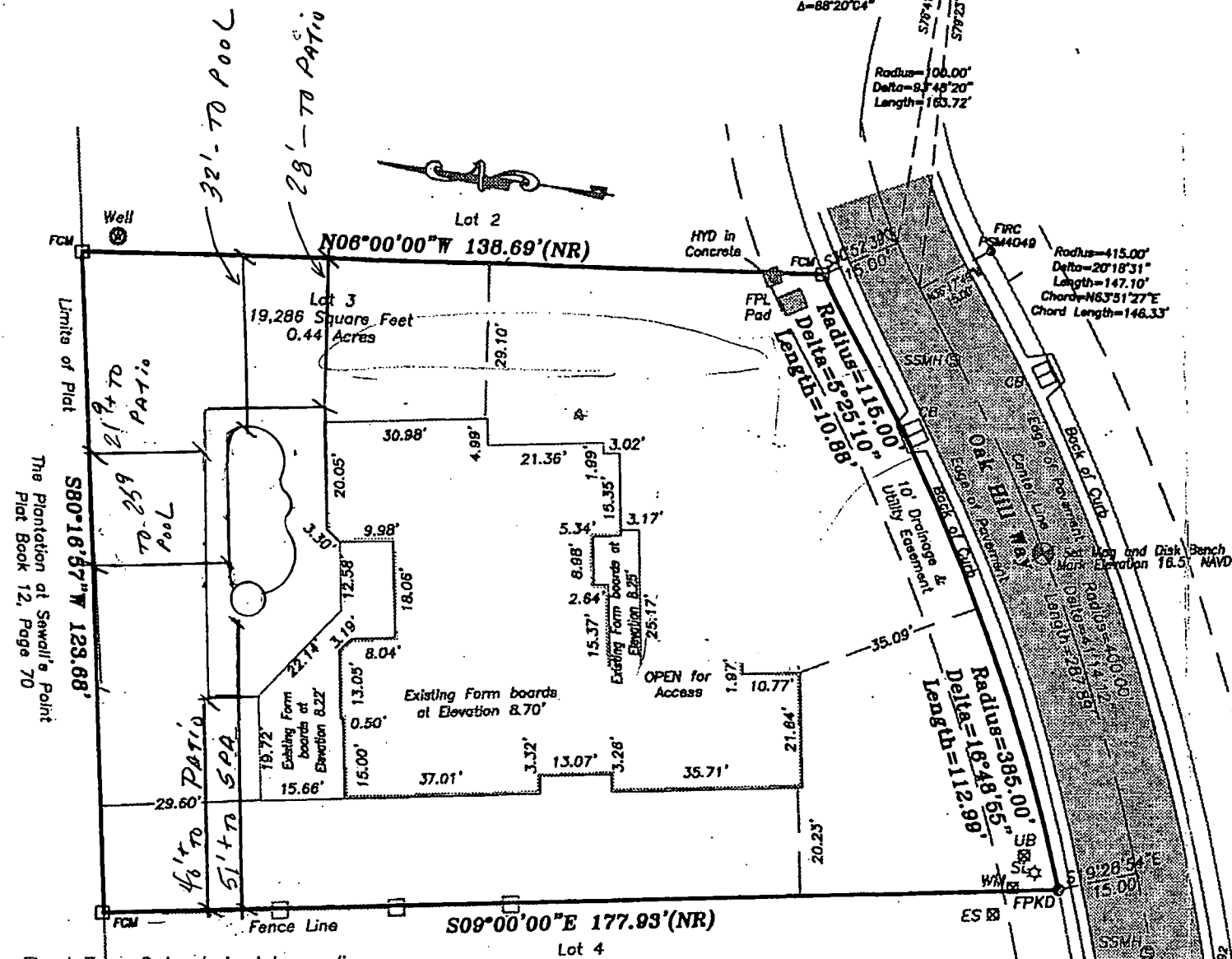
OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:  
X \_\_\_\_\_  
State of Florida, County of: Martin  
On This the 29 day of October, 2014  
by Liza Polanski who is personally  
known to me or produced \_\_\_\_\_  
As identification, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
X \_\_\_\_\_  
State of Florida, County of: Martin  
On This the 29 day of October, 2014  
by Kevin T. Madden who is personally  
known to me or produced \_\_\_\_\_  
As identification, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 90.5.1) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) PLEASE PICKUP YOUR PERMIT PROMPTLY

**LEGAL DESCRIPTION**  
 Lot 3, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.



- 1 This Survey shall not be valid unless sealed with an embossed Surveyor's Seal
- 2 No underground improvements have been located as part of this Survey.
- 3 The last field date of this Survey was: 9-5-2013, Form board location on 7.23.14
- 4 This Survey was prepared using the Plat of Record only. No other documents were provided and no search of the public records was performed by this office.
- 5 The Survey shown hereon meets the requirement for field accuracy in a suburban area as set forth by the Minimum Technical Standards (5J-17.050-052FAC).
- 6 By acceptance of this survey all parties agree that the signing surveyor's liability is limited to the amount paid for said Survey.
- 7 Unless otherwise noted all bearing and distances are in accordance with the record plat and have been verified by field measurements. See map for bearing base.
- 8 Parcel/Lot line locations have been based on found survey control along the center line and right of way line of Oak Hill Way.
- 9 Left Blank.
- 10 The Legal Description shown hereon was provided by client and/or his/hers representatives.
- 11 No ownership of fence lines has been determined as part of this Survey.
- 12 Off set calls to found survey control are relative to the nearest property corner, intersection of lines, point of curvatures (PC), point of reverse curvatures (PRC) or other identifiable point.
- 13 Compliance with local zoning requirements and or with requirements set forth by other State, Public, and/or Private entities has not been verified as part of this Survey.

Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.  
 Flood Zone: X  
 Community #: 120164  
 Panel #: 0154  
 Suffix: F  
 Date: 10.04.2002

- LEGEND**
- C/E - Covered Entry
  - CAC - Concrete Pad with Air Conditioning
  - CBS - Concrete Block Structure
  - CMP - Corrugated Metal Pipe
  - CPE - Concrete Pad with Pool Equipment
  - CTV - Cable TV Box
  - GV - Water Gate Valve
  - HYD - Fire Hydrant
  - O/L - Overhead Utility Line
  - FP - Power Pole
  - TCB - Telephone Communications Box
  - SSMH - Sanitary Sewer Manhole
  - UB - Utility Box
  - WM - Water Meter
  - FCM - Found 4"x4" Concrete Monument
  - FIP - Found 3" Iron Pipe
  - FPC - Found 3" Iron Pipe with Cap
  - FIR - Found #5 Iron Rod
  - FIRC - Found #5 Iron Rod with Cap
  - SIRC - Set #5 Iron Rod with Cap "LB#7357"
  - FPC - Found 1/2" Iron Pipe with Cap
  - FM - Found Mag Nail
  - FMD - Found Mag Nail with Disk
  - FN - Found Nail
  - FNNT - Found Nail with Tin Tab
  - FPK - Found PK Nail
  - FPKD - Found PK Nail with Disk
  - FRRS - Found Rail Road Spike
  - /CO - In Pavement Cut Out
  - FPRM - Found Permanent Reference Monument

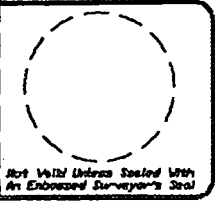
TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

PREPARED FOR:  
 Donald F. & Nancy L. Fabricy  
 Seagate Builders Inc.  
 Town of Sewalls Point

Prepared By: Regina C. Karner, PSM#4363  
 Karner Surveying, Inc. LB#7357

Prepared For:  
**MR. & MRS. FABRICY**  
 Martin County Florida

**KARNER SURVEYING, INC.**  
 RESIDENTIAL & COMMERCIAL SURVEYING SERVICES  
 2740 SW MARTIN DOWNS BLVD.#333 PALM CITY, FL. 34990  
 PHONE: (772) 288 7206 FAX: (772) 223 8181  
 karner@comcast.net http://www.karnersurveyinginc.com/



Date	Revision Description
7.24.14	Form board location

Sheet Title		Sheet No.
Boundary Survey		1 of 1
Scale = 30	Date = 7.23.14	1 of 1
Drawn By = CAGB-1	Field Book = 1408.29	
Job No. = 1307-25	CADD File =	

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

*generated on 11/17/2014 3:17:35 PM EST*

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00030-8	4147	6 OAK HILL WAY, STUART	\$185,000	11/15/2014

**Owner Information**

<b>Owner(Current)</b>	FABRICY DONALD F & NANCY L
<b>Owner/Mail Address</b>	252 OCEAN BAY DR JENSEN BEACH FL 34957
<b>Sale Date</b>	9/13/2013
<b>Document Book/Page</b>	<u>2677 2622</u>
<b>Document No.</b>	2417856
<b>Sale Price</b>	219000

**Location/Description**

<b>Account #</b>	4147	<b>Map Page No.</b>	
<b>Tax District</b>	2200	<b>Legal Description</b>	CASTLE HILL, LOT 3
<b>Parcel Address</b>	6 OAK HILL WAY, STUART		
<b>Acres</b>	.4451		

**Parcel Type**

<b>Use Code</b>	0000 Vacant Residential
<b>Neighborhood</b>	120900 Sewall's Lndg/Castle Hill

**Assessment Information**

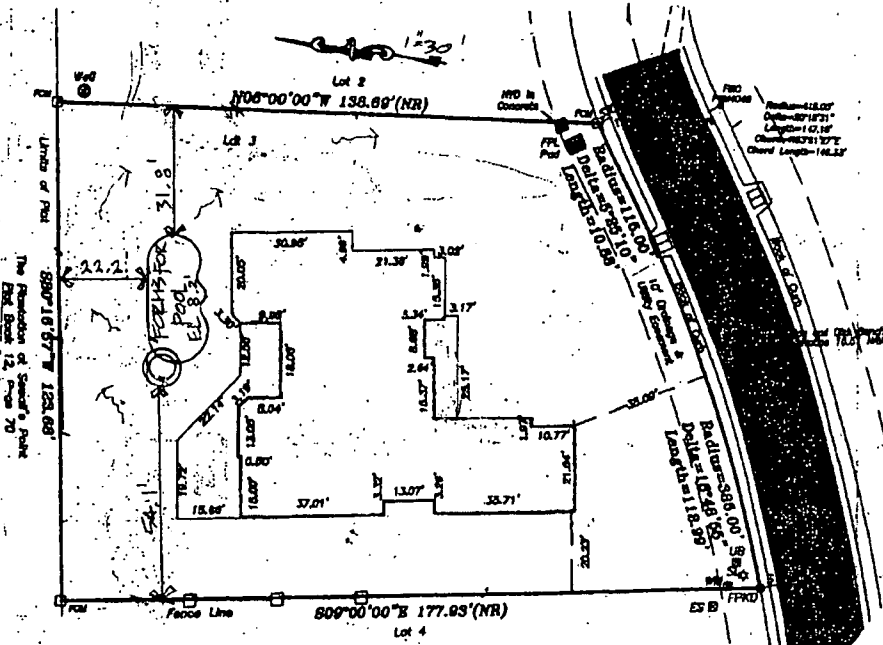
<b>Market Land Value</b>	\$185,000
<b>Market Improvement Value</b>	
<b>Market Total Value</b>	\$185,000

PERMIT # 110.60  
PH 337 9713

**LEGAL DESCRIPTION:**

(AS FURNISHED BY CLIENT)

Lot 3, CASTLE HILL, according to the Plot thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.



**SURVEY NOTES:**

- NOT VALID UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
- LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHTS-OF-WAY, EASEMENTS, OR OWNERSHIP.
- LAND DESCRIPTION HEREON WAS PROVIDED BY THE CLIENT.
- BEARINGS SHOWN HEREON ARE BASED ON THE CENTERLINE OF ROAD.
- THE PURPOSE OF THIS SURVEY IS FOR USE IN OBTAINING TITLE INSURANCE AND/OR FINANCING AND SHOULD NOT BE USED FOR DESIGN OR CONSTRUCTION PURPOSES UNLESS OTHERWISE STATED ON THE SURVEY.
- ELEVATIONS SHOWN HEREON ARE BASED UPON N.G.V.D. 1929.
- DIMENSIONS PREVAIL OVER SCALE.
- ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.
- SURVEY NOT COVERED BY PROFESSIONAL LIABILITY INSURANCE.
- THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A COMMITMENT FOR TITLE INSURANCE.
- UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR ANY OTHER UNDERGROUND STRUCTURE WERE NOT LOCATED BY THIS SURVEY UNLESS SPECIFICALLY NOTED.
- UNLESS NOTED OR DEPICTED OTHERWISE, ALL PROPERTY CORNERS SHOWN WERE FOUND AND HAVE NO IDENTIFICATION OR SAID IDENTIFICATION WAS ILLEGIBLE.
- THIS SURVEY IS PREPARED FOR THE EXCLUSIVE USE AND BENEFIT OF ONLY THE PARTIES CERTIFIED TO HEREIN, RIGHTS OR LIABILITY TO ANY THIRD PARTIES CANNOT BE TRANSFERRED OR ASSIGNED.

**CERTIFIED TO:**

SABRICKY

Flood Zone Data derived by scaling methods of the official FEMA Maps and limited to the accuracy of such maps.  
Flood Zone: X  
Community #: 120184  
Panel #: 0154  
Suffix: F  
Date: 10.04.2002

ADDRESS  
604K HILL WAY  
SEWALLS POIRTE FLA.

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THIS SURVEY MAP IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AS SURVEYED IN THE FIELD. I FURTHER CERTIFY THAT THIS SURVEY COMPLIES WITH THE MINIMUM TECHNICAL STANDARDS SET FORTH IN CHAPTER 63-17 BY THE FLORIDA BOARD OF LAND SURVEYORS PURSUANT TO CHAPTER 2009-86 FLORIDA STATUTES, AND THAT THERE ARE NO ABOVE GROUND ENCROACHMENTS OTHER THAN SHOWN.

BY: Mark W. Teepe 11/25/14

PROFESSIONAL SURVEYOR AND MAPPER  
FLORIDA REGISTRATION #4811  
MARK W. TEEPE, P.S.M.

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
(Symbol)	AND LENGTH	(Symbol)	3/4" COLLAR TYPICAL
(Symbol)	CHANGED BEARING	(Symbol)	FOUND
(Symbol)	COURTESY WIRE FENCE	(Symbol)	DIAMETER
(Symbol)	COURTESY CHAIN LINK FENCE	(Symbol)	CONCRETE MONUMENT
(Symbol)	COURTESY WOOD FENCE	(Symbol)	IRON ROD
(Symbol)	COURTESY PVC FENCE	(Symbol)	IRON PIPE
(Symbol)	CENTER LINE	(Symbol)	PIPE & BEND
(Symbol)	IDENTIFICATION	(Symbol)	GAP
(Symbol)	CONCRETE MONUMENT	(Symbol)	CONCRETE MONUMENT
(Symbol)	AREA & DIST	(Symbol)	AREA & DIST
(Symbol)	IRON ROD OR IRON PIPE	(Symbol)	IRON ROD OR IRON PIPE
(Symbol)	POINT OF COMMENCEMENT	(Symbol)	POINT OF COMMENCEMENT
(Symbol)	PERMANENT REFERENCE MONUMENT	(Symbol)	PERMANENT REFERENCE MONUMENT
(Symbol)	ARMAMENT CONTROL POINT	(Symbol)	ARMAMENT CONTROL POINT
(Symbol)	MEASURED DISTANCE & BEARING	(Symbol)	MEASURED DISTANCE & BEARING
(Symbol)	PLATTED DISTANCE & BEARING	(Symbol)	PLATTED DISTANCE & BEARING
(Symbol)	CALCULATED DISTANCE & BEARING	(Symbol)	CALCULATED DISTANCE & BEARING
(Symbol)	CESSID DISTANCE & BEARING	(Symbol)	CESSID DISTANCE & BEARING
(Symbol)	PROFESSIONAL SURVEYOR AND MAPPER	(Symbol)	PROFESSIONAL SURVEYOR AND MAPPER

(Symbol)	ELEVATION
(Symbol)	TYPICAL ELEVATION
(Symbol)	FRESH FLOOR ELEVATION
(Symbol)	RECHARGE
(Symbol)	OFFICIAL RECORD BOOK
(Symbol)	PLAY BOOK
(Symbol)	DEED BOOK
(Symbol)	FIELD BOOK
(Symbol)	PAGE
(Symbol)	FIELD
(Symbol)	PLACEMENT
(Symbol)	PLASTER
(Symbol)	TYPICAL
(Symbol)	WATER METER
(Symbol)	MANHOLE
(Symbol)	PIPE HYDRANT
(Symbol)	LIGHT POLE
(Symbol)	UTILITY POLE
(Symbol)	REGISTERED LAND SURVEYOR
(Symbol)	REGISTERED BUSINESS

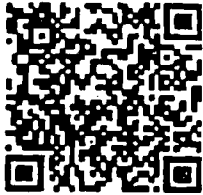
FIELD WORK COMPLETED: 11/25/14

**CORNERSTONE SURVEYING**  
LB# 7941  
13633 WELLINGTON TRACE E-4 #129  
WELLINGTON, FLORIDA 33414  
(772) 226-6306 (voice & fax)

PREPARED ON THE ORDER OF:  
POOLS BY GRCA

SCALE: 1"=30'	DRAWN BY: PTE	FILE NO.: 11-03214
FB PG: 1 OF 1	PAGE: 1 OF 1	DATE: 11/25/14





STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 ELECTRICAL CONTRACTORS LICENSING BOARD

**LICENSE NUMBER**  
 EF2009081

**THE ALARM SYSTEM CONTRACTOR**  
 Named below is certified  
 Under the provisions of Chapter 489 FS  
 Expiration date: AUG 31, 2016

**MADSEN KEVIN I**  
 ENGINEERED SERVICE CONTRACTORS  
 7982 SW 100th Ave  
 SUITE 101  
 MIAMI, FL 33156

DE LOAN HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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).

<b>PRODUCER</b> OnPoint Underwriting obo Security America RRG 8390 E. Crescent Pkwy, #200 Greenwood Village CO 80111	<b>CONTACT NAME:</b> Cheryl Jones <b>PHONE (A/C No. Ext):</b> 866.315.3838 <b>FAX (A/C No.):</b> (877) 865-0003 <b>E-MAIL ADDRESS:</b> cjones@onpointunderwriting.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Security America Co. RRG</td> <td>11267</td> </tr> <tr> <td>INSURER B:</td> <td></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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Security America Co. RRG	11267	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:														
<b>INSURED</b> Engineered Services Inc., DBA: Group One Safety & Security 7983 SW Jack James Road Stuart FL 34997														

**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	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			014551415	1/23/2014	1/23/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 PROFESSIONAL LIABILITY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALLOWED 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 checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$			014551415UMB	1/23/2014	1/23/2015	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		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 \$

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

<b>CERTIFICATE HOLDER</b> (772) 220-4765  Town of Sewall's Point Building Department One South Sewall's Point Road Sewall's Point, FL 34996	<b>CANCELLATION</b> 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  Cheryl Jones / ANJOE <i>Cheryl A. Jones</i>
---	---

CHARACTER COUNTS IN MARTIN COUNTY



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

HAS SATISFIED REQUIREMENTS TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF  
**ALARM CONTRACTOR/OFFICE**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

30  
DAY OF SEPTEMBER 2014  
AND ENDING SEPTEMBER 30, 2015

MADDEN, KEVIN (OWNER & QUALIFIER)  
GROUP ONE SAFETY & SECURITY  
ENGINEERED SERVICES, INC.  
7983 SW JACK JAMES DRIVE  
STUART, FL 34997

91 2013 05218 0001 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30<sup>TH</sup>, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

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

Group One Safety & Security  
7983 SW Jack James Drive  
Stuart, Florida 34997

P/N  
11093

**SUBMITTAL DOCUMENTS**

**DATE:** October 31, 2014

**JOB NAME:** Fabricy Residence

**SITE ADDRESS:** 6 Oak Hill Way  
Stuart, FL 34996

**CONTACT:** GROUP ONE Safety & Security  
Cheryl Muench/Amy Sherman  
PH: 772-283-2320 / 800-343-8119  
FX: 772-283-5079

**CLASSIFICATION:** **Residential - Security Alarm**

**DESCRIPTION:** Installation of Security Alarm System

## VISTA-20P

### VISTA® CONTROL PANEL



The high capacity, feature-rich VISTA-20P lets you deliver more value to your customers on each and every sale with up to 48 zones of protection, Internet uploading/downloading, graphic keypad support and dual partitions. VISTA-20P gives you the ability to send alarm signals and upload/download via an Internet Protocol (IP), improving the speed at which information can be delivered to and from the control panel.

In addition, the VISTA-20P, used with an AlarmNet® Internet or 4G communicator can be installed in premises without TELCO lines. The panel's installation advantages, innovative end-user benefits and robust system capacity make the value-priced VISTA-20P an ideal choice for higher end installations.

## FEATURES

- IP alarm reporting and uploading/downloading capability for Internet and Intranet use via iGSMV4G, 7845i-ENT, GSMV4G or GSMX4G
- Supports four graphic touchscreen keypads
- Wireless keys can be programmed without using zones
- Eight on-board hardwired zones standard (15 when Zone Doubling feature is used)
  - 40 hardwire expansion zones
  - 40 wireless expansion zones
- Two low current on-board trigger outputs
- 100 Event Log viewable at system keypads with time/date stamp
- 48 system user codes assignable to either partition
- Expandable to 48 total zones when used with hardwired and/or wireless expansion modules
- Two independent partitions plus a common partition
  - Global Arming from any system keypad
  - Go to function to view or operate one partition from the other
  - Separate partition account numbers

- 16 output devices
  - Relays (Model 4204 Relay Modules, or 4229 Expansion Module)
- Four installer-configurable zone types allows the installer to create custom zone types by assigning all zone attributes
- Supports four-wire and up to 16 two-wire smokes
  - Works with Sentral CleanMe™ maintenance signal
- Multiple actions on output devices depending on system state
  - Turns lights off when system arms
  - Turns the same light on when system disarms
  - Flashes same lights when system is in alarm
- Built-in phone line cut monitor with programmable delay and annunciation options
  - Display on system keypads
  - Trigger local sounders
  - Trigger system bell

### Security Dealer Features

- Automatic System Load Shed
  - During extended AC power fail, the system battery will be disconnected to prevent irreversible battery failure. Reduces service calls to replace batteries.

- Dynamic Signaling
  - Reduces redundant reporting to the central station when multiple reporting methods are used; i.e. digital dialer and AlarmNet radio

### Valuable End-user Features

- Viewable on system keypads:
  - Exit countdown
  - Time and date display\*
  - Event log\*
- Auto keypad backlighting on entry
- Keyswitch arming
- Programmable macro buttons and single-button arming
- Supports a variety of wireless remote controls for single-button operation
- User Scheduling
  - Latchkey reports to pagers
  - Auto arm/disarm
  - "User access" time windows
- VIP Module allows system control from any touchtone phone
- Chime by zone
- Fully compatible with Honeywell Total Connect™ Remote Services

\*Requires custom alpha keypad

# VISTA-20P

## VISTA® CONTROL PANEL

### SPECIFICATIONS

#### Electrical

- Aux. power 12VDC, 600mA maximum
- Seven hour standby at 400mA aux. load with four amp hour battery
- 16.5VAC/25VA transformer
- Alarm output 12VDC, 2.0 amps max.  
- For UL installations, combined aux. and alarm output cannot exceed 700mA

#### Output Control

- Supports up to four relay boards (up to 16 relays)
- Optional X-10 transformer/interface (part no. 4300) may be used to control up to 16 X-10 receiving devices

#### Zones

- Eight hardwired zones (15 with zone doubling)
- Selectable response 10msec, 350msec, 750msec
- Assignable to any partition
- 20 selectable zone types plus four configurable zone types
- Programmable swinger suppression

#### Expansion Devices

- 4219 – Eight hardwired zones – 16mA
- 4204 – Up to four relays – 15mA standby (each active relay draws an additional 40mA)
- 4229 – Eight hardwired zones and two relays – 36mA (each active relay draws an additional 40mA)

#### Accessories

- iGSMV4G Internet and Digital Cellular Communicator with Remote Service Capability
- 7845i-ENT Enterprise Internet Communicator

- GSMV4G Digital Cellular Communicator with Remote Service Capability
- GSMX4G Digital Cellular Communicator for VISTA Control Panels
- 5881ENL RF Receiver supports up to eight zones – 60mA
- 5881ENM supports up to 16 zones – 60mA
- 5881ENH supports up to 48 zones – 60mA
- 5883 Transceiver supports up to 40 zones – 80mA

#### Keypads

- 6162 Custom Alpha Security Keypad – 40mA/120mA
- 6162V Voice Custom Alpha Security Keypad – 60mA/190mA
- 6162RF Custom Alpha Receiver/Security Keypad – 120mA/210mA
- 6152 Fixed-English Security Keypad – 40mA/70mA
- 6152V Voice Fixed-English Security Keypad – 60mA/190mA
- 6152RF/6152RFFR Fixed-English/French Receiver/Security Keypad – 80mA/105mA
- 6152ZN/6152ZNFR Fixed-English/French Security Keypad with Hardwired Zone – 35mA/80mA
- 6148 Fixed English LCD – 30mA/55mA
- 6280 Color Graphic Touchscreen Keypad with Voice
- Tuxedo Touch™ (TUXW) Color Graphic Voice Touchscreen Security Keypad and Home/Business Controller (White)
- Tuxedo Touch with Integrated Wi-Fi® (TUXWIFIW) Color Graphic Voice Touchscreen Security Keypad and Home/Business Controller with Integrated Wi-Fi (White)

#### Agency Listings

##### ETL listing

- Residential Fire and Burglary:  
– Household Fire Warning System Units – ANSI/UL 985, 2000/05/26 (5th edition) with revisions up to 2004/04/29

##### Smoke Detectors

- Supports up to 16 two-wire smoke detectors
- Supports four-wire smoke detectors

##### Communications

- iGSMV4G Internet and Digital Cellular Communicator with Remote Service Capability
- 7845i-ENT Enterprise Internet Communicator
- GSMV4G Digital Cellular Communicator with Remote Service Capability
- GSMX4G Digital Cellular Communicator for VISTA Control Panels
- Touchtone or pulse
- Formats supported  
– ADEMCO® Contact ID  
– ADEMCO 4 + 2 Express  
– ADEMCO low speed  
– Sescoa/Radionics
- 3 + 1, 4 + 1 and 4 + 2 reporting
- Reporting capabilities  
– Split  
– Dual  
– Split/Dual – True dial tone detection
- Low battery reports 11.2 – 11.6VDC
- AC loss and restoral reporting supported

### ORDERING

VISTA-20P

Control Panel

VISTA-20PSIA

Control Panel for CP-01 SIA Certifications

#### For more information:

[www.honeywell.com/security](http://www.honeywell.com/security)

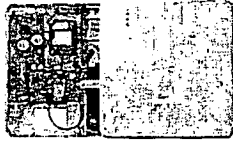
#### Automation and Control Solutions

Honeywell Security Products Americas  
2 Corporate Center Dr. Suite 100  
P.O. Box 9040  
Melville, NY 11747  
1.800.467.5875  
[www.honeywell.com](http://www.honeywell.com)

L/VISTA20PD/D  
December 2013  
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# Honeywell

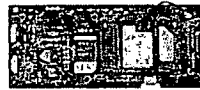
## GSM Communicators (4G)



iGSMV4G/GSMV4G/GSMHS4G



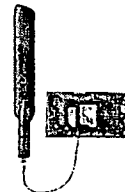
GSMX4G



GSMVLP4G



GSMVLP5-4G



VISTA-GSM4G



Honeywell is focused on providing the best alarm communication solutions for the security industry. Alternative communication methods are critical in the marketplace due to VoIP, migration from POTS and global growth of digital networks.

### Transmission Protocols

Honeywell's IntelliPath™ Series communicators provide seamless, reliable coverage by automatically choosing the best signal in the area (whether 2G, 3G or 4G) and self-adjusting as necessary.

The following wireless communication protocols are supported:

- HSPA+ (4G)
- HSPA (HSDPA & HSUPA) (3G)
- EDGE (2G)
- GPRS (2G)

This groundbreaking communications solution offers full data reporting and uploading/downloading with most Honeywell control panels. In addition, with onboard zone inputs and optional dialer capture capability, we're compatible with other manufacturers' security panels as well. Honeywell communication products and control panels combine to make installations faster and easier.

All signals are delivered to Honeywell's AlarmNet® Network Control Center, which routes the information to the appropriate central station. The state-of-the-art AlarmNet Network Control Center is fully redundant and monitored 24/7. AlarmNet has the ability to route messages using AlarmNet-i and 800 PLUS services, providing true redundancy and multi-path message delivery.

## FEATURES

- **Multi-GSM platform compability**  
—2G, 3G and 4G
- **Automatic selection of the best available GSM network**
- **4G capable using HSPA+ protocol**
- **Full Contact ID or ADEMCO® High-Speed Reporting**  
Contact ID reporting using ECP mode with compatible Honeywell control panels or combined with optional dialer capture for non-ECP capable control panels.
- **256-bit AES Encryption**  
Advanced encryption standard used for secure communications.
- **Upload/Download**  
Available with select Honeywell control panels. Requires Compass version 1.5.8.54a or higher.
- **Integration**  
Quick and easy installation of GSM for VISTA® and LYNX controls.
- **Dynamic Signaling with Certain Honeywell Control Panels**  
Provides management of control panel dialer and digital cellular communicator. Programmable priority and delays determine signal path.
- **Diagnostic LEDs**  
Provide signal strength and status indications.
- **QOS**  
Quality of Service diagnostics via AlarmNet supply vital information including when a message was received, battery voltage, input voltage, signal strength and message path.
- **Web-Based Programming**  
Allows complete interactive programming from AlarmNet Direct. <https://services.alarmnet.com/AlarmnetDirect>
- **Intelligent Supervision**  
Any message generated serves as a supervision message per optional 24 hour or 30 day intervals. This feature effectively limits required messages to be sent.
- **Remote Services Capability\***  
Optional Honeywell Total Connect™ Remote Services value-added web-based or SMS system control as well as e-mail notification of system events. Not available with iGSMHS4G.
- **Two-way Voice Transport**  
GSM voice channel capable to allow two-way voice session in conjunction with an audio verification system (GSMX4G/iGSMV4G/GSMV4G/VISTA-GSM4G).
- **Line Security**  
Approved for line security applications with 200-second supervision intervals (iGSMHS4G).

\*Service subscription required.

## GSM Communicators

### FEATURES

#### iGSMV4G/iGSMV4G and iGSMHS4G

- **Universal Control Panel Compatibility**  
Flexible modes of operation allow ECP alarm reporting by Honeywell control panels, 4204 relay mode for Honeywell controls (that do not support ECP alarm reporting) and zone triggering for use with other control panels (iGSMV4G/iGSMV4G only).
- **Dialer Capture Ready**  
Compatible with Dialer Capture Intelligence Device DCID (for LYNX) or DCID-EXT (other control panels). Captures Contact ID messages from the panel's phone line and sends them to the central station via the GSM radio (not agency approved) (iGSMV4G/iGSMV4G only).
- **Six Input Zones**  
Digital processing for improved detection and false alarm protection
- **Tamper Protected Enclosure**  
Built-in tamper sends a report when a tamper condition is detected and a restore when cleared.
- **Built-in Power Supply**  
Onboard charging circuit design accommodates back-up battery. Includes primary power and battery supervision.
- **Back-Up Battery**  
6V 3.1Ah supplied to deliver up to 24 hours of standby operation.

### SPECIFICATIONS

#### iGSMHS4G

- |  |  |  |
|--|--|--|
| <p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Encrypted line security communication</li> </ul> <p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Dimensions: 8.4" x 8.0" x 1.5"</li> <li>• Weight: 2.4 lbs. with battery</li> </ul> <p><b>Electrical</b></p> <ul style="list-style-type: none"> <li>• Input Power: 16.5VAC, 40VA transformer, Honeywell Model No. 1361</li> <li>• Backup Battery: 6V, 3.1AH, Honeywell Part No. K14139, (included)</li> </ul> | <ul style="list-style-type: none"> <li>• Expected Battery Life: 4 years approx.</li> <li>• Current Drain: 65mA average standby, 380mA peak transmit</li> <li>• Fault Relay Output: Open collector, 12VDC, 0.25W max.</li> <li>• Input Trigger Levels: (V+) 6V – 13V; (V-) 4V – 0V</li> </ul> <p><b>RF</b></p> <ul style="list-style-type: none"> <li>• Transceiver Type: GSM/GPRS, UMTS/HSPA+</li> <li>• Antenna: Internal GSM quad-band 1.3 dBi gain</li> </ul> | <p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• Operating temperature: -20° to 55° C</li> <li>• Storage temperature: -40° to 70° C</li> <li>• Humidity: 0 to 95% relative humidity, non-condensing</li> <li>• Altitude: to 10,000 ft. operating; to 40,000 ft. storage</li> </ul> |
|--|--|--|

#### iGSMVLP4G (L3000 only)

- |   |   |   |
|---|---|---|
| <p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Voice capable, digital cellular communicator for use with L3000 series controls</li> <li>• Uses an integrated quad band antenna that eliminates the coaxial cable connections for a high reliability RF interface</li> </ul> | <p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Dimensions: 5.25" X 2.25"</li> </ul> <p><b>Electrical</b></p> <ul style="list-style-type: none"> <li>• Powered and battery backed directly from L3000 control</li> <li>• Input Voltage: 10.5VDC nominal</li> <li>• Quiescent Current: 40mA</li> <li>• Average Current During Transmit: 200mA</li> </ul> | <p><b>Antenna</b></p> <ul style="list-style-type: none"> <li>• Quad Band: GSM 850, 900, 1800 &amp; 1900</li> <li>• VSWR: 3:1</li> <li>• Peak Gain: 3 dBi</li> <li>• Impedance: 50 ohms</li> <li>• Polarization: linear</li> </ul> |
|---|---|---|

#### iGSMVLP5-4G (L5100 only)

- |   |   |   |
|---|---|---|
| <p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Voice capable, digital cellular communicator for use with L5100 series controls</li> <li>• Uses an integrated quad band antenna that eliminates the coaxial cable connections for a high reliability RF interface</li> </ul> | <p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Dimensions: 4.75" x 2.5"</li> </ul> <p><b>Electrical</b></p> <ul style="list-style-type: none"> <li>• Powered and battery backed directly from L5100 control</li> <li>• Input Voltage: 5VDC nominal</li> <li>• Quiescent Current: 15mA</li> <li>• Average Current During Transmit: 300mA</li> </ul> | <p><b>Antenna</b></p> <ul style="list-style-type: none"> <li>• Quad Band: GSM 850, 900, 1800 &amp; 1900</li> <li>• VSWR: 3:1</li> <li>• Peak Gain: 3 dBi</li> <li>• Impedance: 50 ohms</li> <li>• Polarization: linear</li> </ul> |
|---|---|---|



## GSM Communicators

### SPECIFICATIONS

#### GSM4G

##### Description

- Quad band digital cellular communicator for use with ECP capable Honeywell control panels
- Supports cabinet mount or may be remotely located

##### Physical

- Dimensions: 4" x 7" x 1.75"

##### Electrical

- **Input Voltage:** 12VDC (powered via the ECP bus)
- **Standby Current:** 65mA
- **Transmit Current:** 380mA (Average)
- **Transceiver Type:** GSM/GPRS, EDGE, UMTS/HSPA+

##### Dialer Capture Ready

Compatible with Dialer Capture Intelligence Device DCID (for LYNX) or DCID-EXT (other control panels). Captures Contact ID messages from the panel's phone line and sends them to the central station via the GSM radio (not agency approved).

#### VISTA-GSM4G

##### Physical

- Dimensions: 2.2" x 4.0"

##### Electrical

- **Input Voltage:** 12V
- **Peak Current During Transmit:** 1.6A
- **Quiescent Current:** 20mA

##### VISTA-GSM Antenna

- **Type:** Dual band, dipole
- **VSWR:** <2:1
- **Quad Band:** 850, 900, 1800, 1900MHz
- **Impedance:** 50 ohms

##### Polarization: Vertical

- **Dimensions:** 161mm x 26mm
- **Gain (Peak):** 4dBi
- **Connector Type:** SMA male

\*Standalone listing does not require a separate listed DACT.  
\*\*Primary/backup listing requires use of a listed DACT.

#### GSM4G Radio Agency Listings

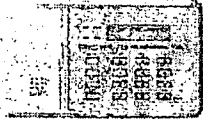





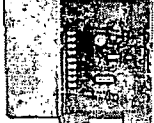
Product Name	Testing Agency	Commercial					Misc			Residential			Canada					Status	
		- UL 365	- UL 1610	- UL 1635	- Encrypt AA	- UL 864(a)	- UL 864(b)	- CSFM	- NYFD	- NIST	- UL 985	- UL 1023	- SIA CP-01	- ULC-S303	- ULC-S304	- ULC-S545	- ULC/ORD-C1023		- ULC-S559
GSMV4G	ETL	X	X				X	X		X	X								Complete
GSMV4G	UL	X	X		X		X	X		X	X								Complete
GSMV4GCN	ULC												X				X	Complete	
GSMX4G	ETL			X				X		X	X	X							Complete
GSMXC4G	ETL													X	X				Complete
GSMVLP4G	ETL			X			X	X		X	X	X							(L3000) Complete
GSMVLP4CN4G	cETL													X	X				(L3000) Complete
GSMVLP5-4G	ETL			X				X		X	X	X							(L5100) Complete
GSMVLP5CN4G	cETL													X	X				(L5100) Complete
VISTA-GSM4G	ETL	X	X				X	X		X	X								Complete
VISTAGSMCN4G	cETL												X	X	X	X			Complete
IGSMV4G	UL	X	X		X		X	X		X	X								Complete
IGSMVCN4G	ULC												X				X	Complete	
IGSMHS4G	UL	X	X		X			X											Complete
IGSMHSCN4G	ULC												X						Complete
IGSMCFP4G	UL				X	Xc	Xc	X	X	X									Pending
IPGSM-4G	UL				X		X	X	X										Complete
IPGSM-4GC	ULC																X		Complete

Notes: (a) Standalone  
(b) Primary/Backup

Xc -IGSMV in a red cabinet  
Zone Mode needs DACT  
Other modes do not

# GSM Communicators

## ACCESSORIES\*

7720P Programmer	K14139 Battery	1361 Transformer	1361CN Transformer	GSMV-AUDIO GSMX-AUDIO GSMVLP-AUDIO Two-way Voice Audio Cables	DCID Dialer Capture Intelligence Device (For Non-ECP LYNX controls)	DCID-EXT Dialer Capture Intelligence Device (For Non-ECP capable control panels)
						

\*Consult the installation instructions for accessory use and compatibility.

## ORDERING

### U.S.

<b>GSM-EXT</b>	External Antenna Cable (GSMV4G, GSMX4G, GSMVLP4G, GSMVLP5-4G)
<b>iGSMHS4G</b>	Line Security Communicator
<b>GSMV4G</b>	Digital Cellular Communicator with Two-way Voice Transport Capability
<b>GSMV-AUDIO</b>	Two-way Voice Audio Cable (GSMV4G, VISTA®-GSM4G)
<b>GSMV-KT</b>	GSMV4G with Audio Cable (GSMV-Audio) for Two-way Voice Applications
<b>GSMVLP4G</b>	Internal GSM Module for LYNX Plus with Two-way Voice Transport Capability
<b>GSMVLP5-4G</b>	Internal GSM Module for LYNX Touch with Two-way Voice Transport Capability
<b>GSMVLP-AUDIO</b>	Two-way Voice Audio Cable (GSMVLP)
<b>GSMX4G</b>	Digital Cellular Communicator for VISTA Control Panels
<b>GSMX-AUDIO</b>	Two-way Voice Audio Cable (GSMX4G)
<b>iGSMV-KT</b>	iGSMV4G with Audio Cable (GSMV-Audio) for Two-way Voice Applications
<b>iGSMV4G</b>	Internet and GSM Communicator with Two-way Voice Transport Capability
<b>VISTA-GSM4G</b>	Plug-in GSM Module for VISTA-21IP

### Canada

<b>iGSMHSCN4G</b>	Line Security Communicator
<b>GSMVCN4G</b>	Digital Cellular Communicator with Two-way Voice Transport Capability
<b>GSMVLP4G</b>	Internal GSM Module for LYNX Plus with Two-way Voice Transport Capability
<b>GSMVLP5CN4G</b>	Internal GSM Module for LYNX Touch with Two-way Voice Transport Capability
<b>GSMXCN4G</b>	Digital Cellular Communicator for VISTA Control Panels
<b>iGSMVCN4G</b>	Internet and GSM Communicator with Two-way Voice Transport Capability
<b>VISTA-GSMCN4G</b>	Plug-in GSM Module for VISTA-21IP

**Automation and Control Solutions**  
Honeywell Security Products Americas  
2 Corporate Center Dr. Suite 100  
P.O. Box 9040  
Melville, NY 11747  
1.800.467.5875  
www.honeywell.com

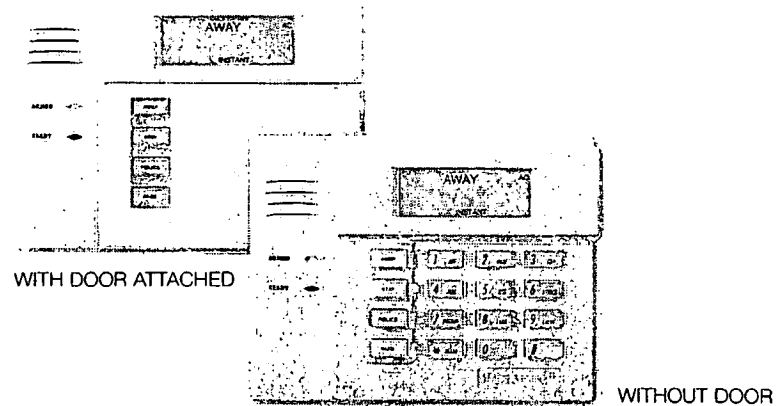
# Honeywell

L/GSMXD/D  
September 2013  
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# Honeywell

## 6150RF

### FIXED ENGLISH INTEGRATED KEYPAD/TRANSCIVER



Add wireless technology to any installation with Honeywell's 6150RF keypad. It offers the unbeatable combination of attractive, convenient features and competitive value in a single, quick-install package. The integrated design solves even the trickiest installation challenges and reduces costs by letting you add full wireless capability to any compatible VISTA control—without additional wiring or sacrificing zones.

Dealers can add the 5828 and 5828V wireless keypads to VISTA for the first time, presenting a tremendous upsell opportunity by letting them offer their customers secondary wireless keypads on every installation with virtually no install time.

## FEATURES

- 6150 Fixed English Keypad
- Built-in 16-Zone wireless transceiver
- Compatible with 5828 and 5828V wireless keypads
- Single four-wire run is all that's required
- It is the ideal choice where wireless keys are to be used:
  - Keys can be programmed at the panel, just as they would with the 5881ENM\*
  - Keys can be enrolled locally at the keypad, without taking up additional zones at the control
- Fully compatible with all 5800 wireless devices including bi-directional

- Supports encrypted operation of the 5804E\* and 5804BDV four-button keys
- On-board single relay provides a low cost solution for opening garage doors.

### Stylishly Designed

- Sleek white design blends with any décor
- Contoured, removable door lets customers customize the keypad for the look they want
- With the door closed the keypad has a smooth, unobtrusive appearance

### Easy to Operate

- The fixed English display is easy to read, with large characters and simplified descriptions
- The sounder beeps to help identify security system status
- Comfortable soft-touch keys labeled with simple commands are illuminated for nighttime visibility
- Four larger function keys can be programmed for one touch operation and are accessible even when the door is closed

\* 5804E and 5881ENM are not available in Canada

# 6150RF

FIXED ENGLISH INTEGRATED KEYPAD/TRANSCIVER

## SPECIFICATIONS

---

### Dimensions

- 4-7/8" H x 6" W x 1" D  
(125mm x 160mm x 25 mm)

### Sounder

- Piezo Electric

### Wiring

- - (Black): Ground
- + (Red): +12 VDC (Aux. Power)
- D1 (Green): "Data In" to control panel
- D0 (Yellow): "Data out" from control panel

### Current

- Standby: 80ma
- Activated: 105ma

## ORDERING

6150RF	Fixed English Keypad with Integrated Transceiver
5828	Wireless Fixed English Keypad
5828V	Wireless Fixed English Keypad with Voice

Honeywell Security & Custom Electronics  
Honeywell  
2 Corporate Center Drive  
Melville, NY 11747  
www.honeywell.com

# Honeywell

L/6150RF/D  
May 2007  
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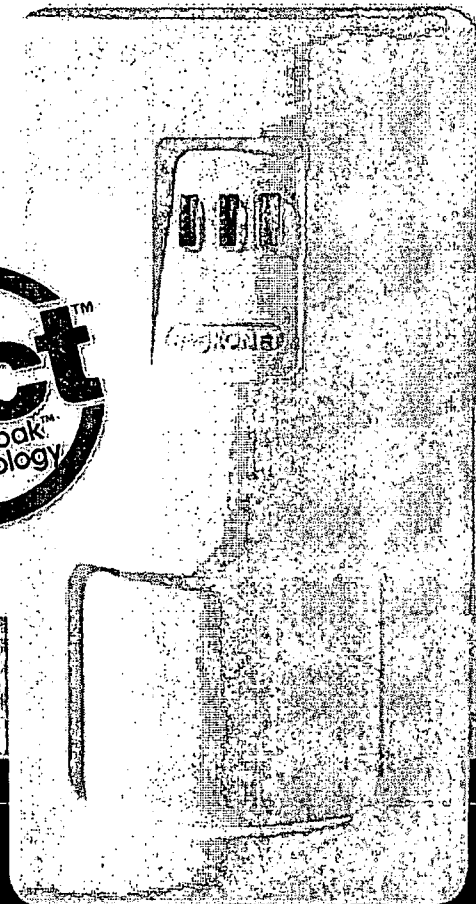
Dual Technology Motion Detectors with Anti-Cloak™ Technology

# iWISE

## DT/DT-QUAD

iWISE detectors incorporating Anti-Cloak™ Technology (ACT™) assure that no intruder passes undetected. ACT™ makes the iWISE detector series the premier choice for any commercial, industrial or harsh residential installation.

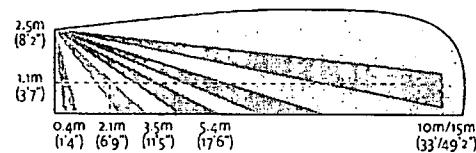
The breakthrough of Anti-Cloak™ Technology is automatic criteria driven switching from dual-channel to single-channel microwave alarm triggering. Rokonet's innovative ACT™ enables benefiting from both worlds: dual technology's immunity to false alarms, together with microwave's higher detection capability.



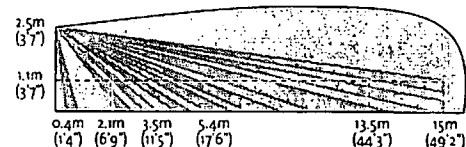
- MW & PIR/Quad PIR technologies
- Anti-Cloak™ Technology (patent pending)
- Coverage up to 25m (82 ft)
- Trouble indication
- Creep zone
- Microwave range adjustment
- Flexible installation height up to 3.3m (10'10")
- Low current consumption
- 30V/M RF immunity
- Anti-fluorescent interference signal processing
- Wall/corner or ceiling swivel (optional)
- Wall tamper-proof swivel (optional)
- Long range lens (optional)

Specifications	RK810DT	RK815DT/DTQ	RK825DT
Coverage pattern	10m (33') 100°	15m (50') 100°	25m (82') 85°
Mounting height	2.1m to 3.3m (6'11" to 10'10")	2.1m to 3.3m (6'11" to 10'10")	1.8m to 2.0m (5'11" to 6'7")
Operating voltage	9 to 16 V regulated		
Electrical current consumption	19mA at 12V		
Alarm contact	100mA, 24V, N.C.		
Tamper contact	100mA, 24V, N.C.		
Alarm time	2.2 seconds minimum		
ACT™ mode selection	ACT™ (Anti-Cloak™ Technology) ON/OFF		
Optical filtering	White light protection, pigmented lens		
RF immunity	30V/m (40V/m for DT Quad)		
Operating temperature	-20° to 55° C (-4° to 131° F)		
Storage temperature	-20° to 60° C (-4° to 140° F)		
Dimensions	127.6 x 64.2 x 40.9 mm (5.0 x 2.5 x 1.6")		

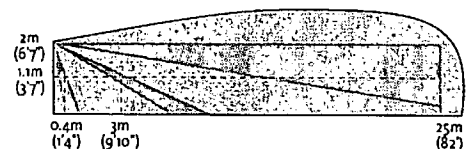
Wide Angle lens for RK810DT/815DT



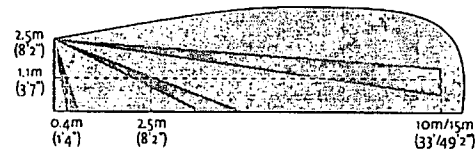
Wide Angle lens for RK815DTQ



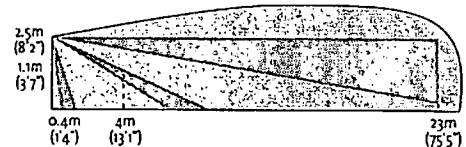
Wide Angle lens for RK825DT



Optional Corridor lens for RK810DT/815DT



Optional Long Range lens for RK825DT



**Anti-Cloak™ Technology**

The proprietary Anti-Cloak™ Technology will cope with any attempt of a burglar using camouflage techniques to conceal his IR radiation. When this situation is identified ACT™ automatically switches the detector to trigger alarms based primarily on detection of the microwave channel for a predefined window of time. This extraordinary performance is achieved by unique analysis of the signals in the microprocessor using innovative pattern recognition algorithms. The technology enables the detector to achieve extremely high detection performance and still cope with all sources of false alarms such as thermal or electrical interferences.

ACT™ also overcomes PIR technology's limitation of poor detection sensitivity when the ambient temperature is close to that of the human body. When this occurs the detector automatically switches to single channel microwave triggering of alarms.

For extremely harsh environments the dual technology model with quad PIR sensors is recommended.

**WISE DT/DT QUAD ordering information**

RK810DT0000A	WISE DT 10m 10.525GHz
RK815DT0000A	WISE DT 15m 10.525GHz
RK825DT0000A	WISE DT 25m 10.525GHz
RK815DT0000A	WISE DT QUAD 15m 10.525GHz
RK810DT00UKA	WISE DT 10m 10.687GHz UK
RK815DT00UKA	WISE DT 15m 10.687GHz UK
RK825DT00UKA	WISE DT 25m 10.687GHz UK
RK815DT00UKA	WISE DT QUAD 15m 10.687GHz UK
RK810DT00FRA	WISE DT 10m 9.9GHz France
RK815DT00FRA	WISE DT 15m 9.9GHz France
RK825DT00FRA	WISE DT 25m 9.9GHz France
RK815DT00FRA	WISE DT QUAD 15m 9.9GHz France
RA91T0000000A	WISE/COSMOS wall swivel with back tamper
RA9100000000A	WISE/COSMOS wall/corner swivel
RA9000000000A	WISE/COSMOS ceiling swivel
RL15	Corridor lens for RK810DT/815DT
RL17	Long range lens for RK825DT



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E-mail: info@rokonet.co.uk

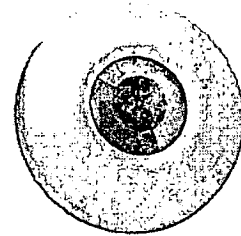
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# Honeywell

## 997

### CEILING MOUNT PIR MOTION SENSOR



Honeywell's 997 Ceiling Mount PIR (passive infrared) Motion Sensor is designed to be mounted in small to medium sized rooms between 8' and 12' high. Optimal performance is achieved when the detector is mounted on the ceiling in the center of the protected area. While a single 997 is ideal for sensing motion in rooms up to 30' x 30', multiple detectors are recommended when protecting larger areas like classrooms, meeting rooms, public lobbies and storage areas.

Mounting the detector on the ceiling helps minimize vandalism and tampering—making it especially effective in public areas such as schools and retail establishments. The compact, discrete size makes it a nearly invisible way to detect motion, so it will not detract from the style or architecture of the protected area.

### FEATURES

- UP to 36' (11m) diameter coverage pattern
- 360° look-down capability
- 8' to 12' mounting height
- Twist-off cover for easy removal
- Locally and remotely controllable walk-test LED
- Selectable pulse count
- Tampered front cover

### SPECIFICATIONS

#### Power:

17mA @ 12VDC

#### Temperature:

32° F - 122° F (0° C - 50° C)

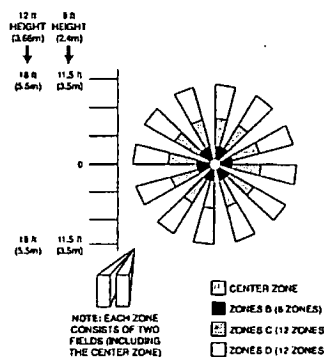
#### Humidity:

95% Non-condensing

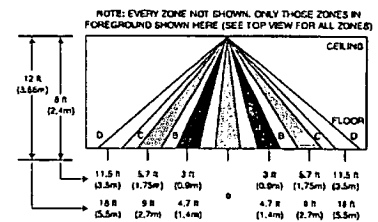
#### Dimensions:

3.5" Diameter x 1" H

Top View



Side View



### ORDERING

997

Ceiling Mount PIR Motion Detector

Automation and Control Solutions  
Honeywell Security & Communications  
2 Corporate Center Dr. Suite 100  
P.O. Box 9040  
Melville, NY 11747  
www.honeywell.com

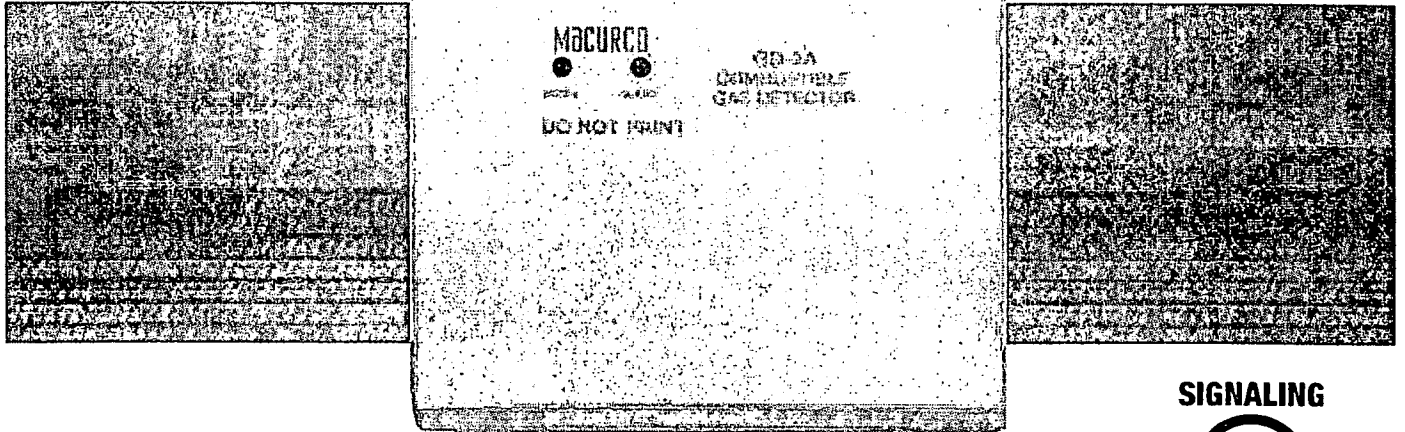
L/997D/D  
October 2008  
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# Honeywell



# Macurco™ Combustible Gas Detector

## GD-2A



For use with alarm control panels



### Methane and Propane Gas Detection

The GD-2A is a low voltage electronic detector of combustible, heating type gases. The GD-2A is designed for connection to UL Listed Fire Alarm/Burglary Control Panels. Alarm control panels that work on 12 or 24 VDC can provide battery backup to the GD-2A detectors. This product is for use in ordinary indoor locations of family living units and office workspaces. The GD-2A is intended for installation in buildings in non-hazardous locations such as residences, retail stores, office buildings, and institutional buildings. This combustible gas detector has been evaluated by UL for methane (natural gas) and propane (LP) gas. It is NOT designed to detect smoke, fire or carbon monoxide.

### Easy Operation

A green LED signifies that the GD-2A is armed. If gas is detected, the Red LED turns on and the alarm condition relay is activated.

### Features

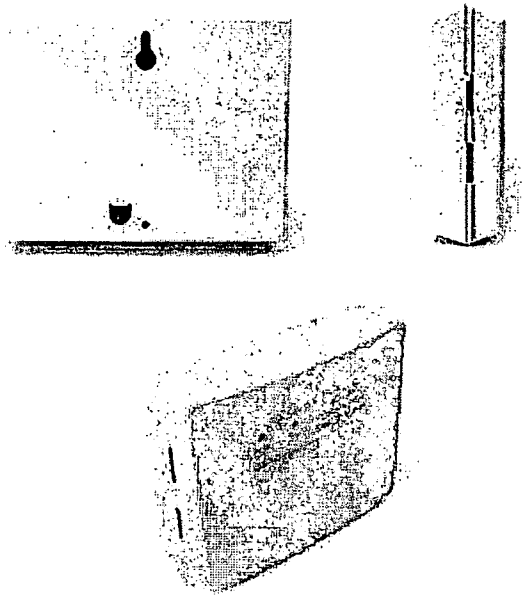
- Supervised Sensor
- Simple installation and operation
- SPDT Alarm and N.C. Trouble Relay
- Can be self-restoring or latching
- California State Fire Marshal Listed
- Solid State Electronic sensors: no maintenance or recalibration
- Sensitivity tested based on UL 1484 Standard for Residential Gas Detectors
- Listed to UL Standard 2075 for the Standard for Safety for Gas and Vapor Detector and Sensors





# GD-2A Specifications

- Size: 4 1/2 x 5 x 1 5/8 inches
- Shipping Weight: 0.54 pound
- Voltage: 12 to 24 VAC or VDC
- Current (non-alarm): 45 mA @ 12 VDC, 22 mA @ 24 VDC, 65 mA @ 12 VAC, 45 mA @ 24 VAC
- Current (in alarm): 70 mA @ 12 VDC, 35 mA @ 24 VDC, 100 mA @ 12 VAC, 65 mA @ 24 VAC
- Color: white
- Sensor Maintenance: not required
- Alarm Relay Rating: 0.125 A, 40 V, 3 VA
- Trouble Relay: 0.250 A, 40 V, 10 VA
- Operating Temperature Range: 32° to 120° F
- Alarm Set Point: Per UL 1484, 25% LEL



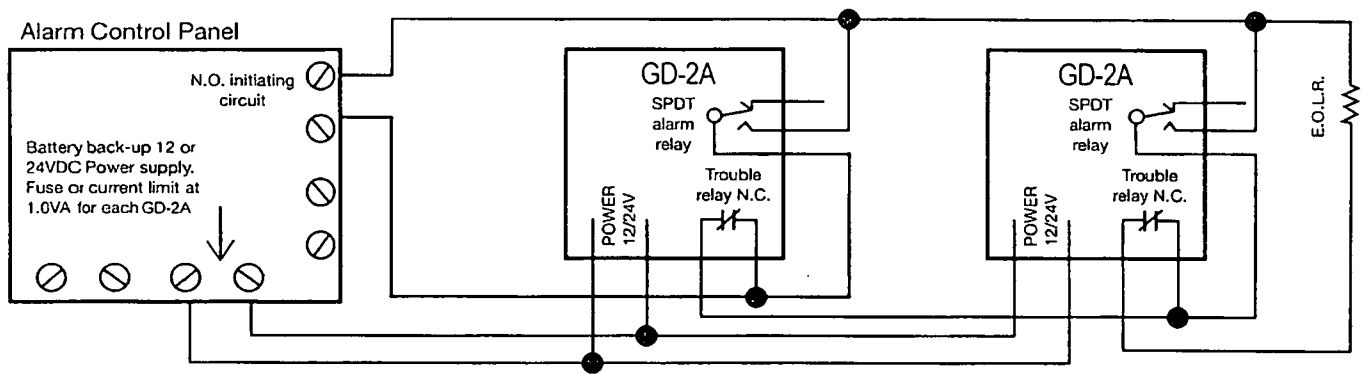
## Installation

The three part plastic case allows the GD-2A to be either surface mounted or installed over a four-inch square or double gang electrical box, providing a near flush mount.

## Location

A GD-2A is usually located in each room (except kitchens or bathrooms) where there are gas appliances or through which gas pipes pass. Do NOT mount the GD-2A in a corner. Do NOT mount the GD-2A in kitchens or bathrooms - alcohol's, ammonia, cleaning solvents, paint thinner, gasoline vapors, and aerosol propellants (aerosol cans such as hair spray usually contain a combustible gas) may cause alarms. Do NOT mount the GD-2A where the normal ambient temperature is below 32° F (0° C) or exceeds 120° F (50° C). If the gas used is natural gas (methane) mount the GD-2A on a wall about one foot down from the ceiling. If the gas used is propane (LP), mount the GD-2A on a wall or column one foot above the floor. Use the same spacing as for smoke detectors- 30-foot centers, 900 square feet per detector.

## TYPICAL CONNECTION OF TWO GD-2A TO AN ALARM CONTROL PANEL



TYPICAL COVERAGE 900 SQUARE FEET



Made in the U.S.A. with US and imported materials

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## 5820L

### DOOR/WINDOW CONTACT TRANSMITTER



Honeywell's 5820L Slimline Door/Window Contact Transmitter is nearly half the size of standard door/window transmitters. It is ideal for casement and double-hung windows. The 5820 provides a single zone of protection, and installs easily on doors or windows with the included mounting hardware or double-sided adhesive tape.

### FEATURES

- Sleek design is nearly half the size of competitors
- Easy-to-open case requires no special tools
- Case tamper protection (front and back)
- Ideal for double-hung windows
- Easy replaceable AAA Lithium battery

### SPECIFICATIONS

#### Dimensions

- 3.0" H x 0.5" W x 0.8" D
- (76.2mm) x (12.7mm) x (20.3mm)

#### Power Source

- 1.5VDC, AAA Lithium battery (supplied)
- 1.5VDC, AAA Alkaline battery

#### Gap

- 0.5" (12.7mm) max distance

#### Case Tamper Protection

- Front and back case tamper

#### Operating Temperature

- 32° F to 122° F (0° C to 50° C) non-condensing

#### Transmit Frequency

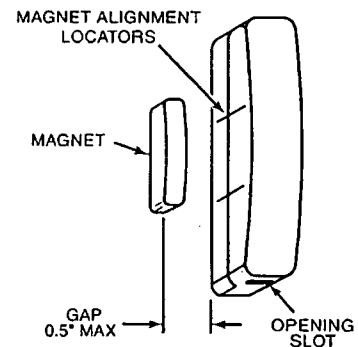
- 345 MHz

#### Compatibility

- Compatible with all 5800 Series Wireless devices

#### Agency Listings

- FCC
- IC
- cULus



### ORDERING

5820L Slimline Door/Window Contact Transmitter supplied with Lithium battery

#### Automation and Control Solutions

Honeywell Security & Communications  
2 Corporate Center Dr. Suite 100  
P.O. Box 9040  
Melville, NY 11747  
www.honeywell.com



## Product Data Sheet

# 1125-N

Replaced by 1075-N

### Stubby "Press-Fit" contact

The Sentrol 1125 series "Stubby" Press-Fit magnetic contacts are a 9 mm switch designed specifically for applications where space is limited. The short length makes it ideal for thin-framed windows and doors where longer units cannot be used. Press fit ribs on the housing make for quick, easy installation.

### Easy installation

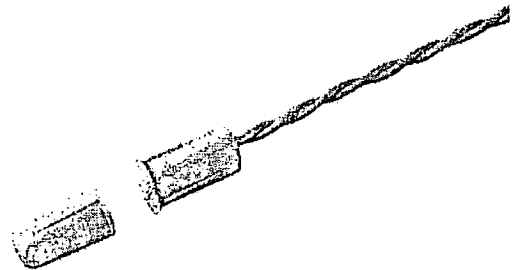
Switch is hermetically sealed reed switch, which is potted using exclusive polyurethane potting compound into the switch housing. Switch and Alnico V magnet is drill-mounted in wood or aluminum with a suitable adhesive. The switch and magnet housing have three fins to press-fit against the mounting hole.

### Durability and dependability

The Sentrol high performance magnetic contacts have been designed to facilitate installation and ensure durability and dependability. Most are conservatively rated at 10,000,000 cycles, guaranteeing a long life. Every reed connection is hand soldered and each magnetic contact is tested before they leave the factory, 100% of the time.

### High quality components and materials

Reed legs are plated with rhodium or ruthenium, and hermetically sealed in dry nitrogen. This offers superior protection against sticking and provides a moisture free environment therefore preventing corrosion.



### Standard Features

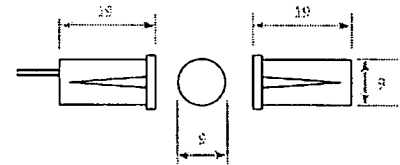
- Quick and easy to install
- Unobtrusive and attractive design

# 1125-N

Replaced by 1075-N

## Specifications

Gap distance (max)	6 mm
Connections	30 cm wire leads
Contact	NC
Supervised loop	No
Dimensions (Ø x L)	
Contact	Ø 9 x 19 mm
Magnet	Ø 9 x 19 mm
Color	White
Remarks	



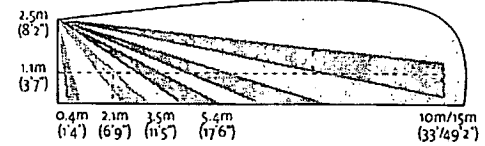
## Ordering Information

Part No.	Description
1125-N	"Stubby" press-fit recessed mount magnetic contact, white

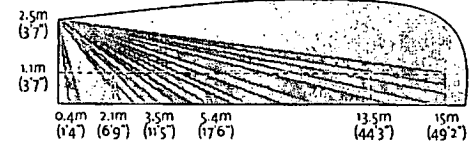


Specifications	RK810DT	RK815DT/DTQ	RK825DT
Coverage pattern	10m (33') 100°	15m (50') 100°	25m (82') 85°
Mounting height	2.1m to 3.3m (6'11" to 10'10")	2.1m to 3.3m (6'11" to 10'10")	1.8m to 2.0m (5'11" to 6'7")
Operating voltage	9 to 16 V regulated		
Electrical current consumption	19mA at 12V		
Alarm contact	100mA, 24V, N.C.		
Tamper contact	100mA, 24V, N.C.		
Alarm time	2.2 seconds minimum		
ACT™ mode selection	ACT™ (Anti-Cloak™ Technology) ON/OFF		
Optical filtering	White light protection, pigmented lens		
RF immunity	30V/m (40V/m for DT Quad)		
Operating temperature	-20° to 55° C (-4° to 131° F)		
Storage temperature	-20° to 60° C (-4° to 140° F)		
Dimensions	127.6 x 64.2 x 40.9 mm (5.0 x 2.5 x 1.6")		

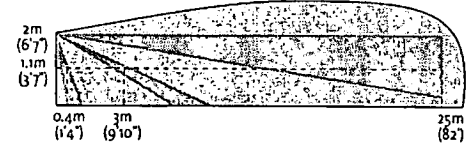
Wide Angle lens for RK810DT/815DT



Wide Angle lens for RK815DTQ



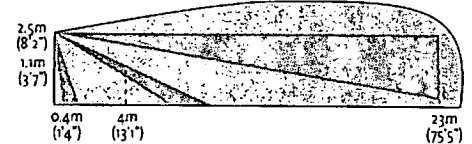
Wide Angle lens for RK825DT



Optional Corridor lens for RK810DT/815DT



Optional Long Range lens for RK825DT



**Anti-Cloak™ Technology**

The proprietary Anti-Cloak™ Technology will cope with any attempt of a burglar using camouflage techniques to conceal his IR radiation. When this situation is identified ACT™ automatically switches the detector to trigger alarms based primarily on detection of the microwave channel for a predefined window of time. This extraordinary performance is achieved by unique analysis of the signals in the microprocessor using innovative pattern recognition algorithms. The technology enables the detector to achieve extremely high detection performance and still cope with all sources of false alarms such as thermal or electrical interferences.

ACT™ also overcomes PIR technology's limitation of poor detection sensitivity when the ambient temperature is close to that of the human body. When this occurs the detector automatically switches to single channel microwave triggering of alarms.

For extremely harsh environments the dual technology model with quad PIR sensors is recommended.

**WISE DT/DT QUAD ordering information**

RK810DT0000A	WISE DT 10m 10.525GHz
RK815DT0000A	WISE DT 15m 10.525GHz
RK825DT0000A	WISE DT 25m 10.525GHz
RK815DTQ000A	WISE DT QUAD 15m 10.525GHz
RK810DT00UKA	WISE DT 10m 10.687GHz UK
RK815DT00UKA	WISE DT 15m 10.687GHz UK
RK825DT00UKA	WISE DT 25m 10.687GHz UK
RK815DTQ0UKA	WISE DT QUAD 15m 10.687GHz UK
RK810DT00FRA	WISE DT 10m 9.9GHz France
RK815DT00FRA	WISE DT 15m 9.9GHz France
RK825DT00FRA	WISE DT 25m 9.9GHz France
RK815DTQ0FRA	WISE DT QUAD 15m 9.9GHz France
RA91T000000A	WISE/COSMOS wall swivel with back tamper
RA910000000A	WISE/COSMOS wall/corner swivel
RA900000000A	WISE/COSMOS ceiling swivel
RL15	Corridor lens for RK810DT/815DT
RL17	Long range lens for RK825DT



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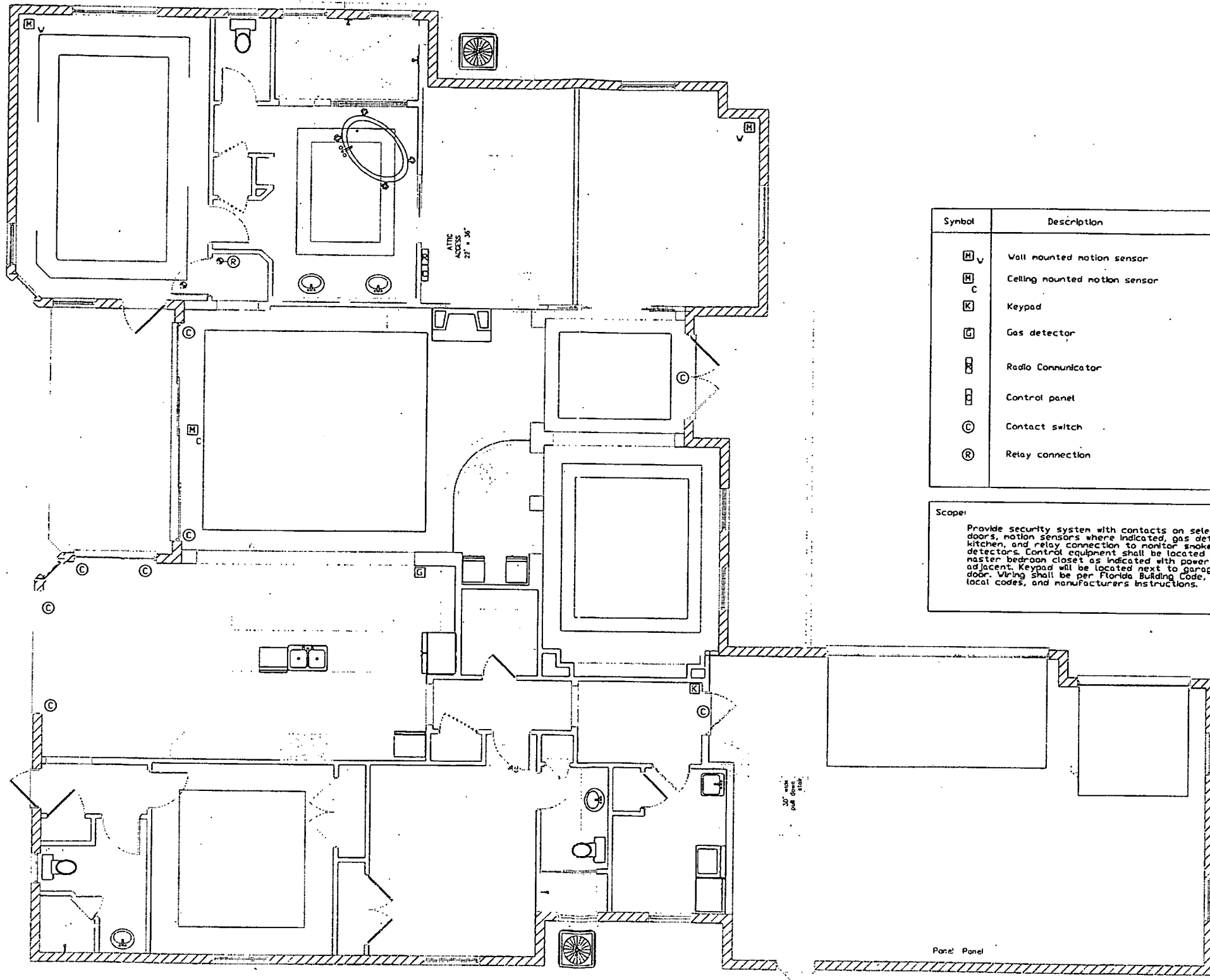


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E-mail: info@rokonet.it

BRAZIL - ROKONET BRASIL LTDA. Tel: +55-21-2496-3544 Fax: +55-21-2496-3547

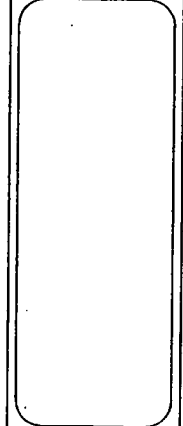


Symbol	Description
H <sub>v</sub>	Wall mounted motion sensor
H <sub>c</sub>	Ceiling mounted motion sensor
K	Keypad
G	Gas detector
R	Radio Communicator
P	Control panel
C	Contact switch
R	Relay connection

**Scope:**  
 Provide security system with contacts on selected doors, motion sensors where indicated, gas detector in kitchen, and relay connection to monitor smoke detectors. Control equipment shall be located in the master bedroom closet as indicated with power source adjacent. Keypad will be located next to garage entry door. Wiring shall be per Florida Building Code, NEC 70, local codes, and manufacturers instructions.

N  **FIRST FLOOR PLAN**  
 SCALE 1/4" = 1'-0"

REVISION	DATE



**GROUP ONE SAFETY & SECURITY**  
 7943 S.W. JACK JAMES DRIVE  
 STUART, FL 34987  
 LICENSE # EF2000081  
 (772) 283-2320 FAX (772) 283-5079

**DON FABRICY RESIDENCE**  
 6 OAK HILL WAY  
 STUART, FLORIDA 34996  
**SECURITY SYSTEM FLOOR PLAN**

DRAWN: R. DYMINSKI  
 CHECKED: K. MADDEN  
 DATE: 11/4/2014  
 SCALE: 1/4" = 1'-0"  
 JOB NO. \_\_\_\_\_  
 SHEET  
**LV-1**  
 1 OF 5 SHEETS

**10934**

**Gas tank w/line**



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

**REVISIONS – CORRECTIONS REQUEST FORM**  
**MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS**

DATE: 12/10/14 PERMIT NUMBER: #10934  
 JOB ADDRESS: #6 DAK Hill way (Castle Hill Spd)

**PLEASE CHECK ONE OF THE FOLLOWING:**

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

\*\*\*\*ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING\*\*\*\*

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): PROPANE GAS w/ ELITE GAS (State #18361)

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES  NO  VALUE                       
 \*\*\*INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL\*\*\*

CONTACT NAME: LEN Polanski SIGNATURE: [Signature]  
 PHONE NUMBER: 772 263 4448 FAX NUMBER: 220 7660

**FOR OFFICE USE ONLY:**

Reviewed by: [Signature] Date: 12-17-14 Approve  Deny

Additional conditioned space \_\_\_\_\_ sq. ft. @ \$104.65 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Additional non-conditioned space \_\_\_\_\_ sq. ft. @ \$ 48.90 per sq. ft. \_\_\_\_\_ x 2% = \_\_\_\_\_

Other declared value increase (must be based on value not cost) \_\_\_\_\_ x 2% = \_\_\_\_\_

Other additional fees: 2 INSP @ 100<sup>00</sup> Revision review fee: \_\_\_\_\_ Pages @ \$25.00/Page \_\_\_\_\_

Radon Fee \_\_\_\_\_ Professional Regulation Fee \_\_\_\_\_ Road impact assessment \_\_\_\_\_

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 200<sup>00</sup>

Applicant notified by: \_\_\_\_\_ Date: \_\_\_\_\_



1. 1971-2

1.

1971-2

1971-2



# CERTIFICATE OF LIABILITY INSURANCE

ELITG-1

OP ID: SN

DATE (MM/DD/YYYY)

12/30/13

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 <b>Stuart Insurance, Inc.</b> 3070 S W Mapp Palm City, FL 34990 Rick Halcomb, CIC, ARM	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																				
	INSURED <b>Elite Gas Contractors          Propane Services Inc          C Michael Brown, Inc          2130 SW Poma Drive          Palm City, FL 34990</b>		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>United States Fire Ins. Co.</td> <td>21113</td> </tr> <tr> <td>INSURER B:</td> <td>Bridgefield Employers Ins. Co.</td> <td>10701</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	United States Fire Ins. Co.	21113	INSURER B:	Bridgefield Employers Ins. Co.	10701	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER C:																							
INSURER D:																							
INSURER E:																							
INSURER F:																							

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			5068718856	11/27/13	11/27/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			5068718856	11/27/13	11/27/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			5237069454	11/27/13	11/27/14	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			83040370	01/01/14	01/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

TOWSP-1

Town of Sewalls Point  
 1 South Sewalls Point Road  
 Sewalls Point, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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2014-2015 **MARTIN COUNTY ORIGINAL**  
**BUSINESS TAX RECEIPT**  
 HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
 3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
 (772) 288-5604

ACCOUNT 2013-249-0658 CERT 18361  
 PHONE (772) 220-9678 SIC NO 424710  
 LOCATION:  
 2130 SW POMA DR PC

CHARACTER COUNTS IN MARTIN COUNTY

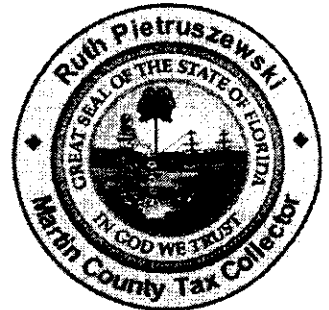
PREV YR.	\$ .00	LIC. FEE	\$ 26.25
	\$ .00	PENALTY	\$ .00
	\$ .00	COL. FEE	\$ .00
	\$ .00	TRANSFER	\$ .00
TOTAL			26.25

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

ELITE GAS CONTRACTORS  
 PROPANE SERVICES, INC  
 ELLISON, CHEYENNE E  
 2130 SW POMA DR  
 PALM CITY, FL 34990

16 DAY OF JULY 2014  
 AND ENDING SEPTEMBER 30, 2015

504 2013 05601.0001 PAID



Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
P.O. Box 6700  
Tallahassee, Florida 32399-6700

License Number: 18361

Business Mailing Address

PROPANE SERVICES, INC. DBA ELITE GAS CONTRACTORS  
2130 SW POMA DR  
PALM CITY, FL 34990-6615

Licensed Location Address

PROPANE SERVICES, INC. DBA ELITE GAS CONTRACTOR  
2130 SW POMA DR  
PALM CITY, FL 34990-6615

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

**IN THE EVENT OF AN OWNERSHIP CHANGE AT THIS BUSINESS LOCATION:** This license may be transferred to any person, firm or corporation for the remainder of the current license year upon written request to the department by the original license holder. License transfers must be approved by the department. All licensing requirements must be met by the transferee and a transfer fee of \$50 will apply. To apply for a transfer, contact the Bureau of LP Gas Inspections at (850) 921-1600.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
P.O. Box 6700  
Tallahassee, Florida 32399-6700

Cut Here



POST LICENSE  
CONSPICUOUSLY

State of Florida  
Department of Agriculture and Consumer Services

Division of Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
(850) 921-1600  
Tallahassee, Florida

License Number: 18361  
Expiration Date: August 31, 2014  
Date of Issue: September 1, 2013  
License Fee: \$425.00  
Type and Class: 0601


**Liquefied Petroleum Gas License**

**CATEGORY I LP GAS DEALER**

GOOD FOR ONE LOCATION ONLY  
ANY CHANGE OF OWNERSHIP OR SALE OF THIS BUSINESS RENDERS THIS LICENSE INVALID

This license is issued under authority of Section 527.02, Florida Statutes, to:

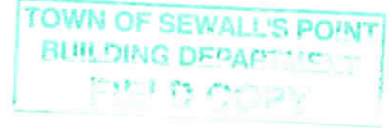
PROPANE SERVICES, INC. DBA ELITE GAS CONTI  
2130 SW POMA DR  
PALM CITY, FL 34990-6615

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE



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

**GAS CHECKLIST**  
**COMPLIANT TO 2010 FBC FUEL GAS CODE & NFPA 54 & 58**



**USE:**

RESIDENTIAL:  COMMERCIAL:

**HOOK UP:**

TANK  METERED UTILITY GAS:  OTHER: \_\_\_\_\_

**TANK SPECS:**

SIZE: 1000 GALS ABOVE GROUND:  UNDERGROUND:

TANK TYPE: D.O.T.  ASME:  OTHER: \_\_\_\_\_

**TANK DISTANCE: (MINIMUM)**

SOURCE OF IGNITION: 10 FT. BUILDING OPENINGS: 10 FT. BUILDING: 10 FT.

**PROPOSED SETBACKS FROM LOT LINE:**

FRONT: 25 FT. SIDE 1: 110 FT. SIDE 2: 25 FT. REAR: 100 FT.

**GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)**

NATURAL:  LP:  OTHER: \_\_\_\_\_

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 0.5

BASED ON A 1.5 SPECIFIC GRAVITY GAS

**PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)**

IRON  SCH. 40  SEMI-RIGID  CSST  COPPER

POLYETHYLENE PLASTIC  S. S.:  OTHER:

**COMBUSTION AIR:**

REQUIRED: YES:  NO:

METHOD FOR SUPPLYING COMBUSTION AIR: HUAC

**WHO PROVIDED THE COMBUSTION AIR CALCS?**

ARCHITECT/ENGINEER OF RECORD:  GAS COMPANY:

OTHER: X

**GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)**

APPLIANCE #1: Fireplace 40,000 BTU 1/2 \*DIA. PIPE 40 FT.-LENGTH

APPLIANCE #2: Tankless 199,000 BTU 3/4 \*DIA. PIPE 50 FT FT.-LENGTH

APPLIANCE #3: P/H 406,000 BTU 3/4 \*DIA. PIPE 75 FT FT.-LENGTH

APPLIANCE #4: BBQ 80,000 BTU 3/4 \*DIA. PIPE 150 FT.-LENGTH

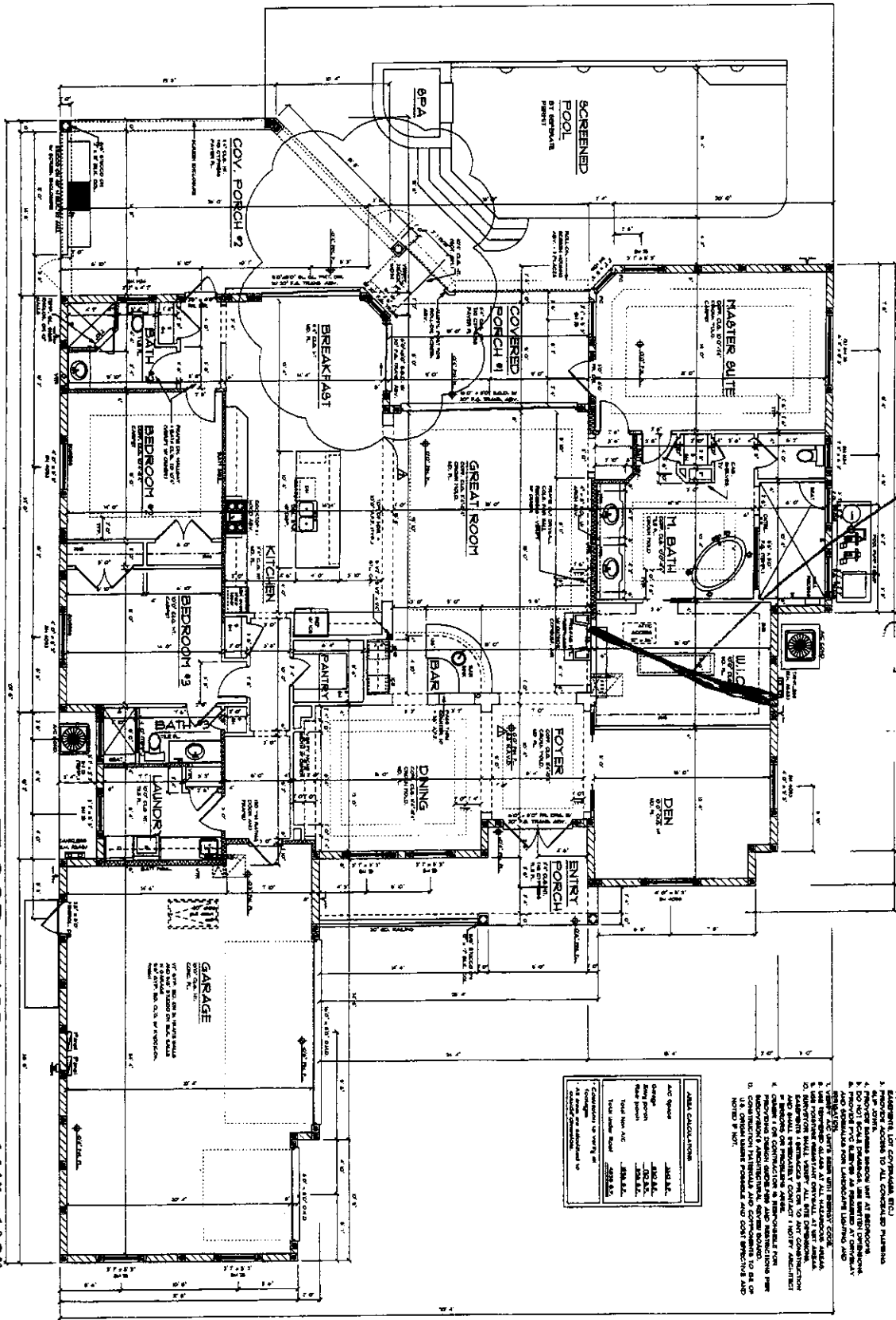
APPLIANCE #5: Tankless 199,000 BTU 3/4 \*DIA. PIPE 250 FT.-LENGTH

APPLIANCE #6: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

\*THE ABOVE PIPE SIZES WERE TAKEN FROM 2010 FBC FUEL GAS TABLE NO. \_\_\_\_\_

**FLOOR PLAN**  
1/4"=1'0"



*Handwritten note:* 40 FT  
1/2  
TRAC APP

MATERIALS	
AC Steel	ASTM A36
Concrete	ASTM C150
Rebar	ASTM A618
Insulation	ASTM C563
Glazing	ASTM E1198
Finish	AS 101.1
Other	AS 101.1

- GENERAL NOTES:**
1. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.
  2. REFER TO ALL GENERAL NOTES TO STRUCTURAL DRAWING.
  3. CONSTRUCTION TO HAVE CERTIFIED LOCAL MATERIALS AND LABOR.
  4. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.
  5. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.
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  19. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.
  20. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.

**PERMIT SET**



**SCALE**  
1/4" = 1'-0"

**FABRICY RESIDENCE**  
6 OAK HILL WAY  
SEWALL'S POINT, FLORIDA  
SEAGATE BUILDERS

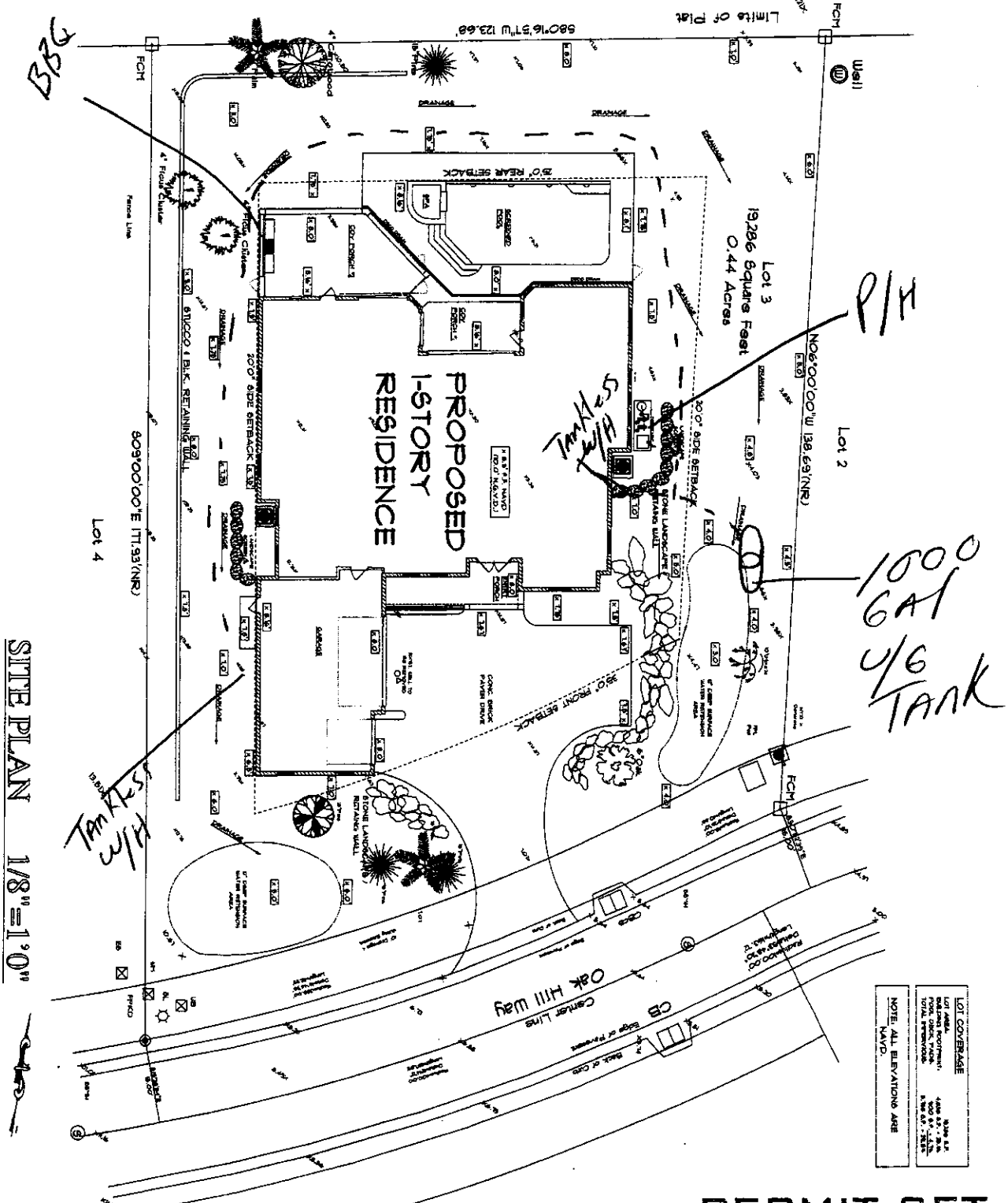


**M.A. CORSON & ASSOCIATES, INC.**  
ARCHITECTURE STRUCTURAL DESIGN  
1121 S.E. Ocean Blvd. Stuart, FL 34996  
(772) 223-8227  
Visit us on the web @ [www.macorsonarchitect.com](http://www.macorsonarchitect.com)

**NOTES:**  
1. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.  
2. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.  
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18. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.  
19. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.  
20. REFER TO ALL GENERAL NOTES TO ARCHITECTURE DRAWING.



The Plantation at Sewall's Point  
Plat Book 12, Page 10



SITE PLAN 1/8"=1'0"

LOT COVERAGE	3000 sq. ft.
MAXIMUM FOOTPRINT	3000 sq. ft.
MAXIMUM HEIGHT	10 ft.
MAXIMUM SETBACK	10 ft.
NOTE: ALL ELEVATIONS ARE NAVD.	



DATE	DESCRIPTION

**FABRICY RESIDENCE**  
6 OAK HILL WAY  
SEWALL'S POINT, FLORIDA  
SEAGATE BUILDERS



**M.A. CORSON & ASSOCIATES, INC.**  
ARCHITECTURE STRUCTURAL DESIGN  
1121 S.E. Ocean Blvd. Stuart, FL 34996  
(772) 223-8227  
Visit us at the web @: [macorsonarchitect.com](http://macorsonarchitect.com)

APPROVED	DATE



PERMIT SET

**Table 7B. Pipe Sizing Between First-Stage (High Pressure Regulator) And Second-Stage (Low Pressure Regulator)**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSIG PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Type	ACR (Refrigeration)						Type L Tubing					
	Nominal (0.375)	1/2-inch (0.500)	5/8-inch (0.625)	3/4-inch (0.750)	7/8-inch (0.875)	1-inch (1.000)	1/2-inch (0.625)	3/4-inch (0.750)	1-inch (1.000)	1 1/4-inch (1.375)	1 1/2-inch (1.500)	2-inch (2.000)
Length, Feet	0.311	0.436	0.555	0.68	0.785	0.430	0.545	0.665	0.785	0.906		
30	299	726	1,367	2,329	3,394	308	700	1,303	2,205	3,394		
40	256	621	1,170	1,993	2,904	285	599	1,115	1,887	2,904		
50	227	551	1,037	1,766	2,574	235	531	988	1,672	2,574		
60	206	499	939	1,600	2,332	213	481	896	1,515	2,332		
70	189	459	864	1,472	2,146	196	413	824	1,394	2,146		
80	176	427	804	1,370	1,986	182	412	787	1,297	1,986		
90	165	401	754	1,285	1,873	171	386	719	1,217	1,873		
100	156	378	713	1,214	1,769	161	365	679	1,149	1,769		
150	125	304	572	975	1,421	130	293	546	923	1,421		
200	107	260	480	834	1,216	111	251	467	790	1,216		
250	95	230	434	739	1,078	90	222	414	700	1,078		
300	86	209	393	670	976	89	201	375	634	976		
350	79	192	362	616	898	82	185	345	584	898		
400	74	179	337	573	836	76	172	321	543	836		
450	69	168	316	538	784	71	162	301	509	784		
500	65	158	298	508	741	68	153	284	481	741		
600	59	144	270	460	671	61	138	258	436	671		
700	54	132	249	424	617	56	127	237	401	617		
800	51	123	231	394	574	52	118	221	373	574		
900	48	115	217	370	539	49	111	207	350	539		
1,000	54	109	205	349	509	46	105	195	331	509		
1,500	36	87	185	281	409	37	84	157	266	409		
2,000	31	75	141	240	350	32	72	134	227	350		

Data taken and reprinted from Table 15.1(h) and 15.1(k) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

**Table 7C. Polyethylene Plastic Tube And Pipe Sizing Between First-Stage And Second-Stage Regulators**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSI PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Plastic Tubing Size (CTS) and Pipe Size (IPS) (Dimensions in Parenthesis are Inside Diameter)

Length of Pipe or Tubing, Feet	1/2-inch CTS SDR 7.00 (0.445)	1-inch CTS SDR 11.00 (0.927)	1/2-inch IPS SDR 9.33 (0.660)	3/4-inch IPS SDR 11.00 (0.860)	1-inch IPS SDR 11.00 (1.077)	1-1/4-inch IPS SDR 10.00 (1.328)	2-inch IPS SDR 11.00 (1.943)
30	762	5,225	2,143	4,282	7,744	13,476	38,402
40	653	4,472	1,835	3,673	6,628	11,462	31,155
50	578	3,964	1,626	3,256	5,874	10,176	27,612
60	524	3,591	1,473	2,950	5,322	9,220	25,019
70	482	3,304	1,355	2,714	4,896	8,483	23,017
80	448	3,074	1,261	2,525	4,555	7,891	21,413
90	421	2,884	1,183	2,369	4,274	7,404	20,091
100	397	2,724	1,117	2,238	4,037	6,994	18,978
125	352	2,414	990	1,983	3,578	6,199	16,820
150	319	2,188	897	1,797	3,242	5,616	15,240
175	294	2,013	826	1,653	2,983	5,167	14,020
200	273	1,872	778	1,539	2,775	4,807	13,043
225	256	1,757	721	1,443	2,603	4,510	12,238
250	242	1,659	681	1,368	2,459	4,280	11,560
275	230	1,576	646	1,308	2,336	4,046	10,979
300	219	1,503	617	1,255	2,228	3,860	10,474
350	202	1,383	567	1,136	2,050	3,551	9,636
400	188	1,287	528	1,057	1,907	3,304	8,965
450	175	1,207	495	992	1,789	3,100	8,411
500	166	1,140	468	937	1,690	2,928	7,945
600	151	1,033	424	849	1,531	2,653	
700	139	951	390	781	1,409	2,441	
800	129	884	363	726	1,311	2,271	
900	121	830	340	682	1,230	2,131	
1,000	114	784	322	644	1,162	2,012	
1,500	92	629	258	517	953	1,616	
2,000	79	539	221	443	798	1,383	

Data taken and reprinted from Table 15.1(p) and 15.1(n) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.



**Table 7B. Pipe Sizing Between First-Stage (High Pressure Regulator) And Second-Stage (Low Pressure Regulator)**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSIG PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Type	ACR (Refrigeration)					Type L Tubing				
	Nominal 3/8-inch (0.375)	1/2-inch (0.500)	5/8-inch (0.625)	3/4-inch (0.750)	7/8-inch (0.875)	1-inch (1.000)	1-1/4-inch (1.312)	1-1/2-inch (1.500)	1-3/4-inch (1.750)	2-inch (2.000)
Length, Feet	0.311	0.436	0.555	0.68	0.785	0.830	0.945	1.065	1.185	1.305
30	299	726	1,367	2,329	3,394	309	700	1,303	2,205	3,394
40	256	621	1,170	1,993	2,904	265	599	1,115	1,887	2,904
50	227	551	1,037	1,766	2,574	235	531	988	1,672	2,574
60	206	499	939	1,600	2,332	213	481	896	1,515	2,332
70	189	459	864	1,472	2,146	196	443	824	1,394	2,146
80	176	427	804	1,370	1,996	182	412	767	1,297	1,996
90	165	401	754	1,285	1,873	171	386	719	1,217	1,873
100	156	378	713	1,214	1,769	161	365	679	1,149	1,769
150	125	304	572	975	1,421	130	293	546	923	1,421
200	107	260	490	834	1,216	111	251	467	790	1,216
250	95	230	434	739	1,078	90	222	414	700	1,078
300	86	209	393	670	976	89	201	375	634	976
350	79	192	362	618	898	82	185	345	584	898
400	74	179	337	573	836	76	172	321	543	836
450	69	168	316	538	784	71	162	301	509	784
500	65	158	298	508	741	68	153	284	481	741
600	59	144	270	460	671	61	138	258	436	671
700	54	132	249	424	617	56	127	237	401	617
800	51	123	231	394	574	52	118	221	373	574
900	48	115	217	370	539	49	111	207	350	539
1,000	54	108	205	349	508	46	105	195	331	508
1,500	36	87	165	281	409	37	84	157	266	409
2,000	31	75	141	240	350	32	72	134	227	350

Data taken and reprinted from Table 15.1(n) and 15.1(k) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

**Table 7C. Polyethylene Plastic Tube And Pipe Sizing Between First-Stage And Second-Stage Regulators**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSI PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Plastic Tubing Size (CTS) and Pipe Size (IPS) (Dimensions in Parenthesis are Inside Diameter)

Length of Pipe or Tubing, Feet	1/2-inch CTS SDR 7.00 (0.445)	1-inch CTS SDR 11.00 (0.927)	1-1/2-inch IPS SDR 9.33 (0.660)	3/4-inch IPS SDR 11.00 (0.860)	1-inch IPS SDR 11.00 (1.077)	1-1/4-inch IPS SDR 10.00 (1.328)	2-inch IPS SDR 11.00 (1.943)
30	762	5,225	2,143	4,292	7,734	13,416	35,402
40	653	4,472	1,836	3,673	6,628	11,482	31,155
50	578	3,964	1,626	3,256	5,874	10,176	27,512
60	524	3,591	1,473	2,950	5,322	9,220	25,019
70	482	3,304	1,355	2,714	4,896	8,483	23,017
80	448	3,074	1,261	2,525	4,555	7,891	21,413
90	421	2,884	1,183	2,369	4,274	7,404	20,091
100	397	2,724	1,117	2,238	4,037	6,994	18,978
125	352	2,414	990	1,983	3,578	6,199	16,820
150	319	2,188	897	1,797	3,242	5,616	15,240
175	294	2,013	826	1,653	2,983	5,167	14,020
200	273	1,872	778	1,539	2,775	4,807	13,043
225	256	1,757	721	1,443	2,603	4,510	12,238
250	242	1,659	681	1,363	2,459	4,280	11,580
275	230	1,576	646	1,294	2,336	4,046	10,979
300	219	1,503	617	1,235	2,228	3,880	10,474
350	202	1,383	567	1,136	2,050	3,551	9,636
400	188	1,287	528	1,057	1,907	3,304	8,965
450	176	1,207	495	992	1,789	3,100	8,411
500	166	1,140	468	937	1,690	2,928	7,945
600	151	1,033	424	848	1,531	2,653	
700	139	951	390	781	1,409	2,441	
800	129	884	363	726	1,311	2,271	
900	121	830	340	682	1,230	2,131	
1,000	114	784	322	644	1,162	2,012	
1,500	92	629	258	57	933	1,616	
2,000	79	539	221	443	758	1,383	

Data taken and reprinted from Table 15.1(p) and 15.1(n) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

**Table 10. Tube Sizing Between Second-Stage And Appliance**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 2 PSI SETTING AND 1 PSI PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Type	ACR (Refrigeration)					Type K Tubing				
	3/8-inch	1/2-inch	5/8-inch	3/4-inch	7/8-inch	3/8-inch	1/2-inch	5/8-inch	3/4-inch	7/8-inch
Nominal	0.375	0.500	0.625	0.750	0.875	0.375	0.500	0.625	0.750	0.875
Outside	0.375	0.500	0.625	0.750	0.875	0.375	0.500	0.625	0.750	0.875
Inside	0.311	0.436	0.555	0.66	0.785	0.315	0.430	0.545	0.666	0.785
Length, Feet										
10	434	1,053	1,982	3,377	4,522	449	1,015	1,890	3,198	4,922
20	298	723	1,362	2,321	3,383	306	698	1,299	2,198	3,383
30	239	581	1,094	1,864	2,716	248	560	1,043	1,765	2,716
40	205	497	935	1,595	2,325	212	479	893	1,511	2,325
50	182	441	830	1,414	2,051	188	425	791	1,339	2,061
60	165	399	752	1,261	1,867	170	385	717	1,213	1,867
80	141	342	644	1,096	1,598	146	330	614	1,038	1,558
100	125	303	570	972	1,416	129	292	544	920	1,416
125	111	268	506	861	1,255	114	259	482	816	1,255
150	100	243	458	780	1,137	104	235	437	739	1,137
200	85	208	392	668	973	89	201	374	632	973
250	76	184	347	592	863	79	178	331	560	863
300	69	167	315	536	782	71	161	300	506	782
350	63	154	290	493	719	66	148	276	467	719
400	59	143	269	459	669	61	138	257	435	669

Data calculated from Formula in NFPA 54, 2002 ed.

**Table 11. Maximum Capacity Of CSST\***

IN THOUSANDS OF BTU/HR OF UNDILUTED PROPANE AT A PRESSURE OF 11-INCHES W.C. AND A PRESSURE DROP OF 0.5-INCH W.C. (BASED ON A 1.5 SPECIFIC GRAVITY GAS).

CSST TUBE SIZE	EHD** FLOW DESIGNATION	Tubing Length, Feet																
		5	10	15	20	25	30	40	50	60	70	80	90	100	150	200	250	300
3/8-inch	13	72	50	39	34	30	28	23	20	19	17	15	15	14	11	9	8	8
....	15	99	69	55	49	42	39	33	30	26	25	23	22	20	15	14	12	11
1/2-inch	18	181	129	104	91	82	74	64	58	53	49	45	44	41	31	28	25	23
....	19	211	150	121	106	94	87	74	66	60	57	52	50	47	36	33	30	26
3/4-inch	23	365	254	208	183	164	151	131	118	107	99	94	90	85	66	60	53	50
....	25	426	303	248	216	192	177	153	137	126	117	109	102	98	75	69	61	57
....	30	744	521	422	365	325	297	255	227	207	191	178	169	159	123	112	99	90
1-inch	31	863	605	490	425	379	344	297	265	241	222	208	197	186	143	129	117	107
1-1/4-inch	37	1,415	971	775	661	583	528	449	397	359	330	307	286	270	217	183	163	147
1-1/2-inch	46	2,830	1,993	1,623	1,404	1,254	1,143	988	884	805	745	656	656	621	506	438	390	357
2-inch	62	6,547	4,638	3,791	3,285	2,940	2,684	2,327	2,082	1,902	1,761	1,554	1,554	1,475	1,205	1,045	934	854

\* Table includes losses for four 90° bends and two end fittings. Tubing runs with larger numbers of bend and/or fittings shall be increased by an equivalent length of tubing to the following equation: L = 1.3n where L is the additional length (ft) of tubing and N is the number of additional fittings and/or bends.

\*\* EDH - Equivalent Hydraulic Diameter - A measure of the relative hydraulic efficiency between different tubing sizes. The greater the value of EDH, the greater the gas capacity of the tubing.

Data taken and reprinted from Table 15.11 in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.



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

**GAS CHECKLIST**  
**COMPLIANT TO 2010 FBC FUEL GAS CODE & NFPA 54 & 58**



**USE:**

RESIDENTIAL:  COMMERCIAL:

**HOOK UP:**

TANK  METERED UTILITY GAS:  OTHER: \_\_\_\_\_

**TANK SPECS:**

SIZE: 1000 GALS ABOVE GROUND:  UNDERGROUND:

TANK TYPE: D.O.T.  ASME:  OTHER: \_\_\_\_\_

**TANK DISTANCE: (MINIMUM)**

SOURCE OF IGNITION: 10 FT. BUILDING OPENINGS: 10 FT. BUILDING: 10 FT.

**PROPOSED SETBACKS FROM LOT LINE:**

FRONT: 25 FT. SIDE 1: 110 FT. SIDE 2: 25 FT. REAR: 100 FT.

**GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)**

NATURAL:  LP:  OTHER: \_\_\_\_\_

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 0.5

BASED ON A 1.5 SPECIFIC GRAVITY GAS

**PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)**

IRON  SCH. 40  SEMI-RIGID  CSST  COPPER

POLYETHYLENE PLASTIC  S. S.:  OTHER:

**COMBUSTION AIR:**

REQUIRED: YES:  NO:

METHOD FOR SUPPLYING COMBUSTION AIR: HUAC

**WHO PROVIDED THE COMBUSTION AIR CALCS?**

ARCHITECT/ENGINEER OF RECORD:  GAS COMPANY:

OTHER: X

**GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)**

APPLIANCE #1: Fireplace 40,000 BTU 1/2 \*DIA. PIPE 40 FT.-LENGTH <sup>FT</sup>

APPLIANCE #2: Tankless 199,000 BTU 3/4 \*DIA. PIPE 50 FT.-LENGTH <sup>FT</sup>

APPLIANCE #3: P/H 406,000 BTU 3/4 \*DIA. PIPE 75 FT.-LENGTH <sup>FT</sup>

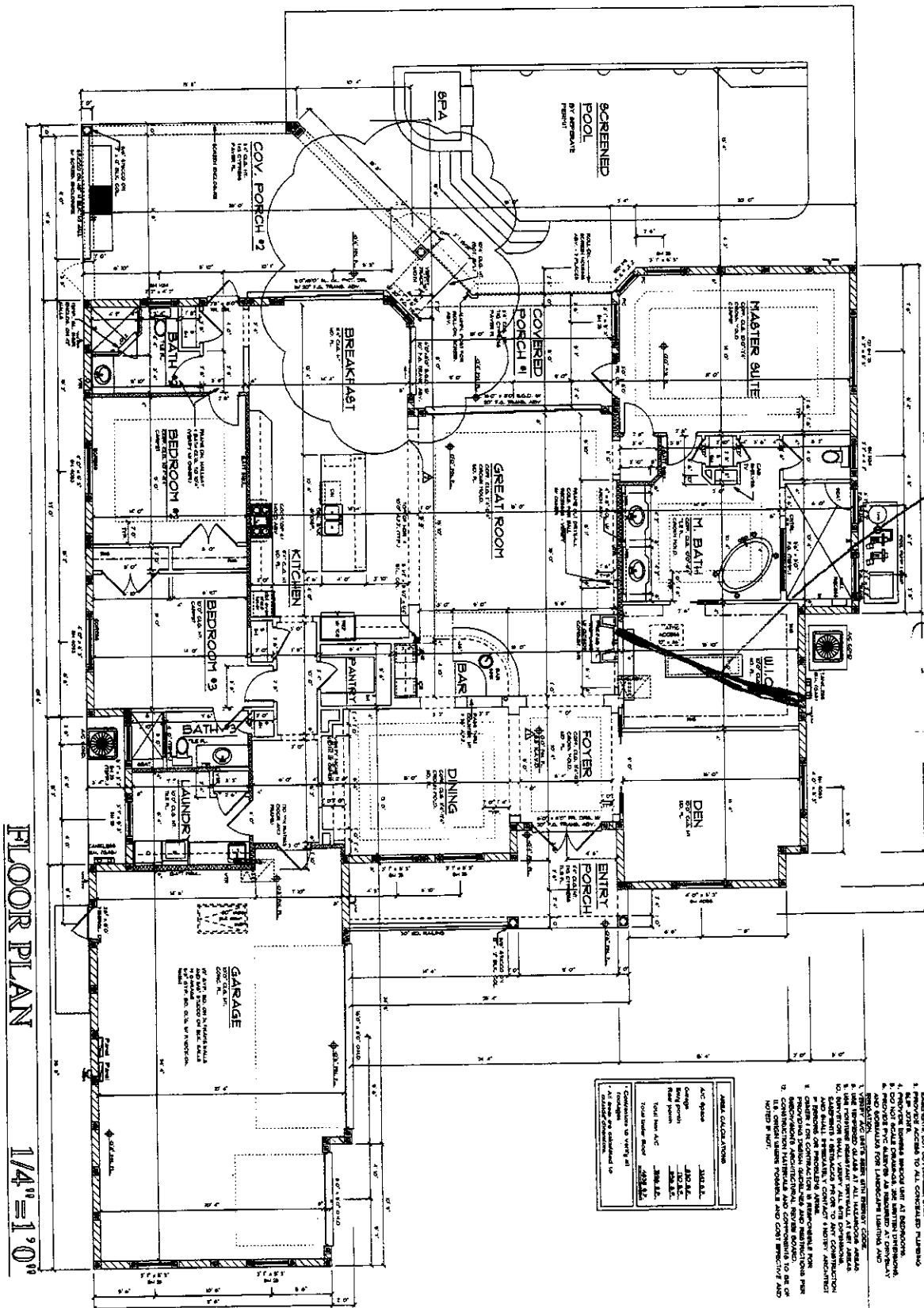
APPLIANCE #4: BBQ 80,000 BTU 3/4 \*DIA. PIPE 150 FT.-LENGTH

APPLIANCE #5: Tankless 199,000 BTU 3/4 \*DIA. PIPE 250 FT.-LENGTH

APPLIANCE #6: \_\_\_\_\_ BTU \_\_\_\_\_ \*DIA. PIPE \_\_\_\_\_ FT.-LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

\*THE ABOVE PIPE SIZES WERE TAKEN FROM 2010 FBC FUEL GAS TABLE NO. \_\_\_\_\_



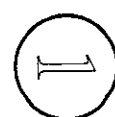
40 FT  
1/2  
TRAC P.P.R.

FLOOR PLAN 1/4" = 1'0"

ANAL. CALCULATIONS	
ACI Slab	OK
Beam	OK
Column	OK
Foundation	OK
Total Area	4,521.00
Total Area	4,521.00

- GENERAL NOTES:**
1. VERIFY LOCATION OF UTILITIES IN ADJACENT AREAS.
  2. PROVIDE PROTECTIVE MEASURES TO PREVENT DAMAGE TO EXISTING UTILITIES.
  3. LAYOUT SHOWN ON LOT TO ASSURE THAT NO SETBACKS OR EASEMENTS ARE VIOLATED.
  4. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL RESIDENTIAL CODE BOOK (IRC).
  5. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC).
  6. PROVIDE EROSION CONTROL MEASURES TO PREVENT SOIL EROSION.
  7. PROVIDE SLOPE PROTECTION AS REQUIRED AT CORNERS.
  8. PROVIDE SLOPE PROTECTION FOR LANDSCAPE SLOPING AREAS.
  9. VERIFY ALL SETBACKS WITH CITY ENGINEER.
  10. VERIFY ALL SETBACKS WITH COUNTY ENGINEER.
  11. VERIFY ALL SETBACKS WITH STATE ENGINEER.
  12. VERIFY ALL SETBACKS WITH FEDERAL ENGINEER.
  13. VERIFY ALL SETBACKS WITH LOCAL ENGINEER.
  14. VERIFY ALL SETBACKS WITH NEIGHBORHOOD ENGINEER.
  15. VERIFY ALL SETBACKS WITH ADJACENT ENGINEER.

**PERMIT SET**



**FABRICY RESIDENCE**  
6 OAK HILL WAY  
SEWALL'S POINT, FLORIDA  
SEAGATE BUILDERS

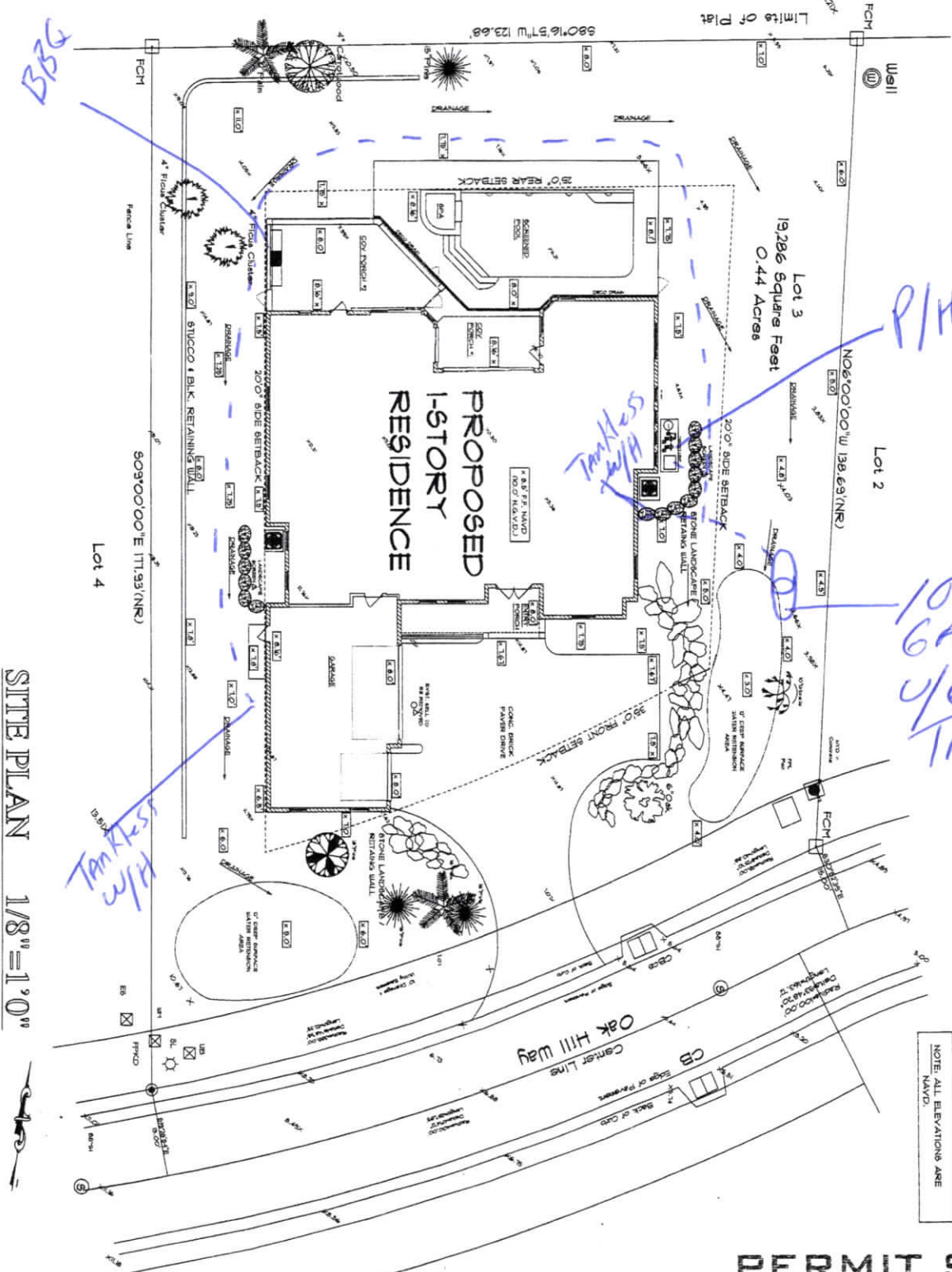


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**Professional Engineer Seal**  
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1121 S.E. OCEAN BLVD.  
STUART, FLORIDA 34996  
(772) 223-8227



The Plantation at Sewall's Point  
 Plat Book 12, Page 10



SITE PLAN 1/8" = 1' 0"

LOT COVERAGE	
LOT AREA	19,286.00
FOOT PRINT	4,800.00
TOTAL COVERAGE	14,486.00
NOTE: ALL ELEVATIONS ARE NAVD.	

PERMIT SET



DATE	DESIGN
REVISION	REVISION
APPROVAL	APPROVAL
SCALE	SCALE

**FABRICY RESIDENCE**  
 6 OAK HILL WAY  
 SEWALL'S POINT, FLORIDA  
 SEAGATE BUILDERS



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**Table 7B. Pipe Sizing Between First-Stage (High Pressure Regulator) And Second-Stage (Low Pressure Regulator)**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSIG PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Type	ACR (Refrigeration)						Type L Tubing					
	Nominal (0.375)	3/8-inch (0.500)	1/2-inch (0.625)	5/8-inch (0.750)	3/4-inch (0.875)	7/8-inch (1.000)	1-1/8-inch (1.125)	1-1/4-inch (1.250)	1-3/8-inch (1.375)	1-1/2-inch (1.500)	1-5/8-inch (1.625)	1-3/4-inch (1.750)
Length, Feet	30	299	726	1,307	2,329	3,394	309	700	1,303	2,205	3,394	3,394
	40	256	621	1,170	1,993	2,904	265	599	1,115	1,887	2,904	2,904
	50	227	551	1,037	1,766	2,574	235	531	988	1,672	2,574	2,574
	60	206	499	939	1,600	2,332	213	481	896	1,515	2,332	2,332
	70	189	459	864	1,472	2,146	196	443	824	1,394	2,146	2,146
	80	176	427	804	1,370	1,996	182	412	767	1,297	1,996	1,996
	90	165	401	754	1,285	1,873	171	386	719	1,217	1,873	1,873
	100	156	378	713	1,214	1,769	161	365	679	1,149	1,769	1,769
	150	125	304	572	975	1,421	130	293	546	923	1,421	1,421
	200	107	260	490	834	1,216	111	251	467	790	1,216	1,216
	250	95	230	434	739	1,078	90	222	414	700	1,078	1,078
	300	86	209	393	670	976	89	201	375	634	976	976
	350	79	192	362	616	898	82	185	345	584	898	898
	400	74	179	337	573	836	76	172	321	543	836	836
	450	69	168	316	538	784	71	162	301	509	784	784
	500	65	158	298	508	741	68	153	284	481	741	741
	600	59	144	270	460	671	61	138	258	436	671	671
	700	54	132	249	424	617	56	127	237	401	617	617
	800	51	123	231	384	574	52	118	221	373	574	574
	900	48	115	217	370	539	49	111	207	350	539	539
	1,000	54	109	205	349	509	46	105	195	331	509	509
	1,500	36	87	165	281	409	37	84	157	266	409	409
	2,000	31	75	141	240	350	32	72	134	227	350	350

Data taken and reprinted from Table 15.1(n) and 15.1(k) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

**Table 7C. Polyethylene Plastic Tube And Pipe Sizing Between First-Stage And Second-Stage Regulators**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSI PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Plastic Tubing Size (CTS) and Pipe Size (IPS) (Dimensions in Paranthesis are Inside Diameter)

Length of Pipe or Tubing, Feet	1/2-inch CTS SDR 7.00 (0.445)	1-1/4-inch CTS SDR 11.00 (0.927)	1/2-inch IPS SDR 9.33 (0.660)	3/4-inch IPS SDR 11.00 (0.860)	1-inch IPS SDR 11.00 (1.077)	1-1/4-inch IPS SDR 10.00 (1.328)	2-inch IPS SDR 11.00 (1.943)
30	762	5,225	2,143	4,292	7,744	13,416	36,402
40	653	4,472	1,835	3,673	6,628	11,482	31,155
50	576	3,964	1,626	3,256	5,874	10,176	27,612
60	524	3,591	1,473	2,950	5,322	9,220	25,019
70	482	3,304	1,356	2,714	4,896	8,483	23,017
80	448	3,074	1,261	2,525	4,555	7,891	21,413
90	421	2,884	1,183	2,369	4,274	7,404	20,091
100	397	2,724	1,117	2,238	4,037	6,994	18,978
125	352	2,414	990	1,983	3,578	6,199	16,820
150	319	2,188	897	1,797	3,242	5,616	15,240
175	294	2,013	826	1,653	2,963	5,167	14,020
200	273	1,872	778	1,539	2,775	4,807	13,043
225	256	1,757	721	1,443	2,603	4,510	12,238
250	242	1,659	681	1,363	2,459	4,260	11,560
275	230	1,576	646	1,294	2,336	4,046	10,979
300	219	1,503	617	1,235	2,228	3,860	10,474
350	202	1,383	567	1,136	2,050	3,551	9,636
400	188	1,287	528	1,057	1,907	3,304	8,965
450	176	1,207	495	992	1,789	3,100	8,411
500	166	1,140	468	937	1,690	2,928	7,945
600	151	1,033	424	849	1,531	2,653	
700	139	951	390	781	1,409	2,441	
800	129	884	363	726	1,311	2,271	
900	121	830	340	682	1,230	2,131	
1,000	114	784	322	644	1,162	2,012	
1,500	92	629	258	517	933	1,616	
2,000	79	539	221	443	798	1,383	

Data taken and reprinted from Table 15.1(p) and 15.1(n) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

**Table 7B. Pipe Sizing Between First-Stage (High Pressure Regulator) And Second-Stage (Low Pressure Regulator)**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSIG PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Type	ACR (Refrigeration)						Type L Tubing								
	Nominal 3/8-inch (0.375)	1/2-inch (0.500)	5/8-inch (0.625)	3/4-inch (0.750)	7/8-inch (0.875)	3/8-inch (0.500)	1/2-inch (0.625)	5/8-inch (0.750)	3/4-inch (0.875)	7/8-inch (1.000)	3/8-inch (0.500)	1/2-inch (0.625)	5/8-inch (0.750)	3/4-inch (0.875)	7/8-inch (1.000)
Length, Feet	0.311	0.436	0.555	0.68	0.785	0.430	0.545	0.666	0.785	0.906	0.32	0.41	0.50	0.60	0.70
30	299	726	1,367	2,329	3,394	309	700	1,303	2,205	3,394	32	72	134	227	350
40	256	621	1,170	1,993	2,904	265	599	1,115	1,887	2,904	27	63	111	194	294
50	227	551	1,037	1,766	2,574	235	531	988	1,672	2,574	23	53	98	172	264
60	206	499	939	1,600	2,332	213	481	896	1,515	2,332	21	48	91	164	246
70	189	459	864	1,472	2,146	196	443	824	1,394	2,146	19	44	84	157	230
80	176	427	804	1,370	1,996	182	412	767	1,297	1,996	18	41	80	149	223
90	165	401	754	1,285	1,873	171	386	719	1,217	1,873	17	39	77	144	217
100	156	378	713	1,214	1,769	161	365	679	1,149	1,769	16	37	73	140	211
150	125	304	572	975	1,421	130	293	546	923	1,421	12	30	58	109	167
200	107	260	490	834	1,216	111	251	467	790	1,216	10	26	50	93	142
250	95	230	434	739	1,078	90	222	414	700	1,078	9	22	44	81	127
300	86	209	393	670	976	89	201	375	634	976	8	20	40	74	115
350	79	192	362	616	898	82	185	345	584	898	7	18	37	68	107
400	74	179	337	573	836	76	172	321	543	836	7	17	35	64	101
450	69	168	316	538	784	71	162	301	509	784	6	16	33	61	96
500	65	158	298	508	741	68	153	284	481	741	6	15	31	58	91
600	59	144	270	460	671	61	138	258	436	671	5	14	28	53	84
700	54	132	249	424	617	56	127	237	401	617	5	13	26	50	79
800	51	123	231	394	574	52	118	221	373	574	4	12	24	47	75
900	48	115	217	370	539	49	111	207	350	539	4	11	22	45	71
1,000	54	109	205	349	509	46	105	195	331	509	4	10	21	43	68
1,500	36	87	165	281	409	37	84	157	266	409	3	8	16	33	50
2,000	31	75	141	240	350	32	72	134	227	350	3	7	14	29	44

Data taken and reprinted from Table 15.1(i) and 15.1(k) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.

**Table 7C. Polyethylene Plastic Tube And Pipe Sizing Between First-Stage And Second-Stage Regulators**

MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 10 PSIG FIRST STAGE SETTING AND 1 PSI PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Plastic Tubing Size (CTS) and Pipe Size (IPS) (Dimensions in Paranthesis are Inside Diameter)

Length of Pipe or Tubing, Feet	1/2-inch CTS SDR 7.00 (0.445)	1-inch CTS SDR 11.00 (0.927)	1/2-inch IPS SDR 9.33 (0.660)	3/4-inch IPS SDR 11.00 (0.860)	1-inch IPS SDR 11.00 (1.077)	1-1/4-inch IPS SDR 10.00 (1.328)	2-inch IPS SDR 11.00 (1.943)
30	762	5,225	2,143	4,292	7,744	13,416	36,402
40	653	4,472	1,835	3,673	6,628	11,482	31,155
50	578	3,964	1,626	3,256	5,874	10,176	27,612
60	524	3,591	1,473	2,950	5,322	9,220	25,019
70	482	3,304	1,355	2,714	4,896	8,483	23,017
80	448	3,074	1,261	2,526	4,555	7,881	21,413
90	421	2,884	1,183	2,369	4,274	7,404	20,091
100	397	2,724	1,117	2,238	4,037	6,994	18,978
125	352	2,414	990	1,983	3,578	6,199	16,820
150	319	2,188	897	1,797	3,242	5,616	15,240
175	294	2,013	826	1,653	2,963	5,167	14,020
200	273	1,872	778	1,539	2,775	4,807	13,043
225	256	1,757	721	1,443	2,603	4,510	12,238
250	242	1,659	681	1,363	2,459	4,280	11,560
275	230	1,576	646	1,294	2,336	4,046	10,979
300	219	1,503	617	1,235	2,228	3,860	10,474
350	202	1,383	567	1,136	2,050	3,551	9,636
400	188	1,287	528	1,057	1,907	3,304	8,965
450	176	1,207	495	982	1,789	3,100	8,411
500	166	1,140	468	937	1,690	2,928	7,945
600	151	1,033	424	849	1,531	2,653	
700	139	951	390	781	1,409	2,441	
800	129	884	363	726	1,311	2,271	
900	121	830	340	682	1,230	2,131	
1,000	114	784	322	644	1,162	2,012	
1,500	92	629	258	517	933	1,616	
2,000	79	539	221	443	798	1,383	

Data taken and reprinted from Table 15.1(p) and 15.1(n) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.



**Table 10. Tube Sizing Between Second-Stage And Appliance**  
 MAXIMUM UNDILUTED PROPANE CAPACITIES BASED ON 2 PSI SETTING AND 1 PSI PRESSURE DROP. CAPACITIES ARE IN 1,000 BTU PER HOUR.

Type	ACR (Refrigeration)					Type K Tubing				
	3/8-inch	1/2-inch	5/8-inch	3/4-inch	7/8-inch	3/8-inch	1/2-inch	5/8-inch	3/4-inch	7/8-inch
Nominal	0.375	0.500	0.625	0.750	0.875	0.375	0.500	0.625	0.750	0.875
Outside	0.375	0.500	0.625	0.750	0.875	0.375	0.500	0.625	0.750	0.875
Inside	0.311	0.436	0.555	0.68	0.785	0.315	0.430	0.545	0.666	0.785
Length, Feet										
10	434	1,053	1,982	3,377	4,922	449	1,015	1,890	3,198	4,922
20	298	723	1,362	2,321	3,383	306	698	1,299	2,196	3,383
30	239	581	1,084	1,864	2,716	248	560	1,043	1,765	2,716
40	205	497	936	1,595	2,325	212	479	893	1,511	2,325
50	182	441	830	1,414	2,061	188	425	791	1,339	2,061
60	165	399	752	1,281	1,867	170	385	717	1,213	1,867
80	141	342	644	1,096	1,598	146	330	614	1,038	1,598
100	125	303	570	972	1,416	129	292	544	920	1,416
125	111	268	506	861	1,255	114	259	482	816	1,255
150	100	243	458	780	1,137	104	235	437	739	1,137
200	86	208	392	668	973	89	201	374	632	973
250	76	184	347	592	863	79	178	331	560	863
300	69	167	315	536	782	71	161	300	508	782
350	63	154	290	493	719	66	148	276	467	719
400	59	143	269	459	669	61	138	257	435	669

Data calculated from Formula in NFPA 54, 2002 ed.

**Table 11. Maximum Capacity of CSST\***  
 IN THOUSANDS OF BTU/HR OF UNDILUTED PROPANE AT A PRESSURE OF 11-INCHES W.C. AND A PRESSURE DROP OF 0.5-INCH W.C. (BASED ON A 1.5 SPECIFIC GRAVITY GAS).

CSST TUBE SIZE	EHD** FLOW DESIGNATION	Tubing Length, Feet																
		5	10	15	20	25	30	40	50	60	70	80	90	100	150	200	250	300
3/8-inch	13	72	50	39	34	30	28	23	20	19	17	15	15	14	11	9	8	8
....	15	99	69	55	49	42	39	33	30	26	25	23	22	20	15	14	12	11
1/2-inch	18	181	129	104	91	82	74	64	58	53	49	45	44	41	31	28	25	23
....	19	211	150	121	106	94	87	74	66	60	57	52	50	47	36	33	30	26
3/4-inch	23	355	254	208	183	164	151	131	118	107	99	94	90	85	66	60	53	50
....	25	426	303	248	216	192	177	153	137	126	117	109	102	98	75	69	61	57
....	30	744	521	422	365	325	297	256	227	207	191	178	169	159	123	112	99	90
1-inch	31	863	605	490	425	379	344	297	265	241	222	208	197	186	143	129	117	107
1-1/4-inch	37	1,415	971	775	661	583	528	449	397	359	330	307	286	270	217	183	163	147
1-1/2-inch	46	2,830	1,993	1,623	1,404	1,254	1,143	988	884	805	745	656	656	621	506	438	390	357
2-inch	62	6,547	4,638	3,791	3,285	2,940	2,684	2,327	2,082	1,902	1,761	1,554	1,554	1,475	1,205	1,045	934	854

\* Table includes losses for four 90° bends and two end fittings. Tubing runs with larger numbers of bend and/or fittings shall be increased by an equivalent length of tubing to the following equation: L = 1.3n where L is the additional length (ft) of tubing and N is the number of additional fittings and/or bends.  
 \*\* EHD - Equivalent Hydraulic Diameter - A measure of the relative hydraulic efficiency between different tubing sizes. The greater the value of EHD, the greater the gas capacity of the tubing.  
 Data taken and reprinted from Table 15.1(n) in NFPA 58, 2007 ed. Always check www.nfpa.org for the latest updates.