

7 Oak Hill Way

10710

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:	10710	DATE ISSUED:	DECEMBER 11, 2013
SCOPE OF WORK:	NEW SINGLE FAMILY RESIDENCE		
CONTRACTOR:	JMC CONTRACTING		
PARCEL CONTROL NUMBER:	263741015-000-001101	SUBDIVISION	CASTLE HILL - L 11
CONSTRUCTION ADDRESS:	7 OAK HLL WAY		
OWNER NAME:	DARROW		
QUALIFIER:	JOHN CHERVENY	CONTACT PHONE NUMBER:	287-0390

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: MR & MRS TRACY DARROW Phone (Day) 772-485-9121 (Fax) _____

Job Site Address: 7 OAK HILL WAY City: STUART State: FL Zip: _____

Legal Description: LOT 11 CASTLE HILL Parcel Control Number: 26-37-41-015-000-00110-1

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

SCOPE OF WORK (PLEASE BE SPECIFIC)

New S.F. 2

\$654,807.61

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: \$654,807.61
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: JMC CONTRACTING INC. Phone: 287-0390 Fax: 283-0987

Qualifiers name: JOHN CHERVENY Street: 41 E. OCEAN BLVD City: STUART State: FL Zip: 34994

State License Number: CBC046609 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: BRADEN & BRADEN Fla. License# _____

Street: 411 COCONUT BLVD City: STUART State: FL Zip: 34996 Phone Number: 287-8258

AREAS SQUARE FOOTAGE: Living: 4356 Garage: 874 Covered Patios/Porches: 1257 Enclosed Storage: _____

Carpport: N/A Total under Roof: 6437 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

189/1
28/19
4/10
A/C

2/2/10

WARNINGS TO OWNERS AND CONTRACTORS

Sewall's Point Town Hall

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 ENCLUMBERED 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 Linda C Darrow
State of Florida, County of: MARTIN
On This the 2ND day of OCTOBER, 2013
by LINDA C DARROW who is personally
known to me or produced

As identification, Audrey K Klesner
Notary Public

My Commission Expires: 7-6-15

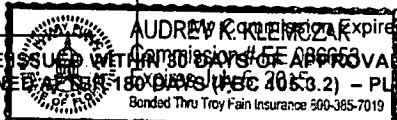
CONTRACTOR /LICENSEE NOTARIZED SIGNATURE:

X John M Cherveney
State of Florida, County of: Martin
On This the 2ND day of OCTOBER, 2013
by JOHN M CHERVENY who is personally
known to me or produced

As identification, Audrey K Klesner
Notary Public

My Commission Expires: 7-6-15

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





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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:		<i>7 Oakhill Way</i>
ADDRESS		
DATE:		
SCOPE OF WORK		

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned space: (@ \$121.75 per sq. ft.)	s.f.		440 4356
			530,343.00
Total square feet non-conditioned space, or interior remodel: (@ \$59.81 per sq. ft.)	s.f.		2081
			124,464.61
Total square feet remodel with new trusses: @ \$90.78 per sq. ft.	\$		
Total Construction Value:	\$		654,807.61
Building fee: (2% of construction value SFR or >\$200K)	\$		13,096.15
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.	\$		
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$		196.44
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		196.44
Road impact assessment: (.04% of construction value - \$5.00 min.)	\$		261.92
Martin County Impact Fee:	\$	*	9988.89
TOTAL BUILDING PERMIT FEE:	\$		23739.84

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each			
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$		
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$		
Road impact assessment: (.04% of construction value - \$5.00 min.)	\$		
TOTAL ACCESSORY PERMIT FEE:	\$		

School Board \$5756 Jpd



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 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

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

DATE: 4/29/14 PERMIT NUMBER: 10710
 JOB ADDRESS: 57 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): Add footers, repair block.

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: John Cherny SIGNATURE: [Signature]
 PHONE NUMBER: 287-0390 FAX NUMBER: 283-0987

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 4-29-14 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: _____ Revision review fee: _____ Pages @ \$25.00/Page _____
 Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ _____

Applicant notified by: _____ Date: n/c



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

FWP

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10710

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

OWNERS NAME: MR & MRS TRACY DARROW

CONSTRUCTION ADDRESS: 7 OAK HILL WAY

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: New Air Conditioning System

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.

Mike Z... 5001 SW Bimini Circle N. Palm City, FL. 34990
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Gms Sheetmetal Inc.
PLEASE PRINT

TELEPHONE NO: (772) 209-2144 FAX NO: _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC1817858

** 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: MR & MRS TRACY DARROW

PARCEL CONTROL #: 2637410015-000-001101

SUBDIVISION: Castle Hill LOT: 11 BLK: _____ PHASE: _____

SITE ADDRESS: 7 OAK HILL WAY

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

Valerie Camlet

From: Tracy Darrow <Tracy.Darrow@paradigmprecision.com>
Sent: Tuesday, December 10, 2013 1:25 PM
To: Valerie Camlet
Cc: Linda Darrow
Subject: Fwd: Owner contact information for 7 Oak Hill in Castle Hill

Valerie,
Thank you for the clarifications today. I am forwarding the note I sent to John Adams if you ever need to reach us. Thanks again.

Regards,
Tracy Darrow

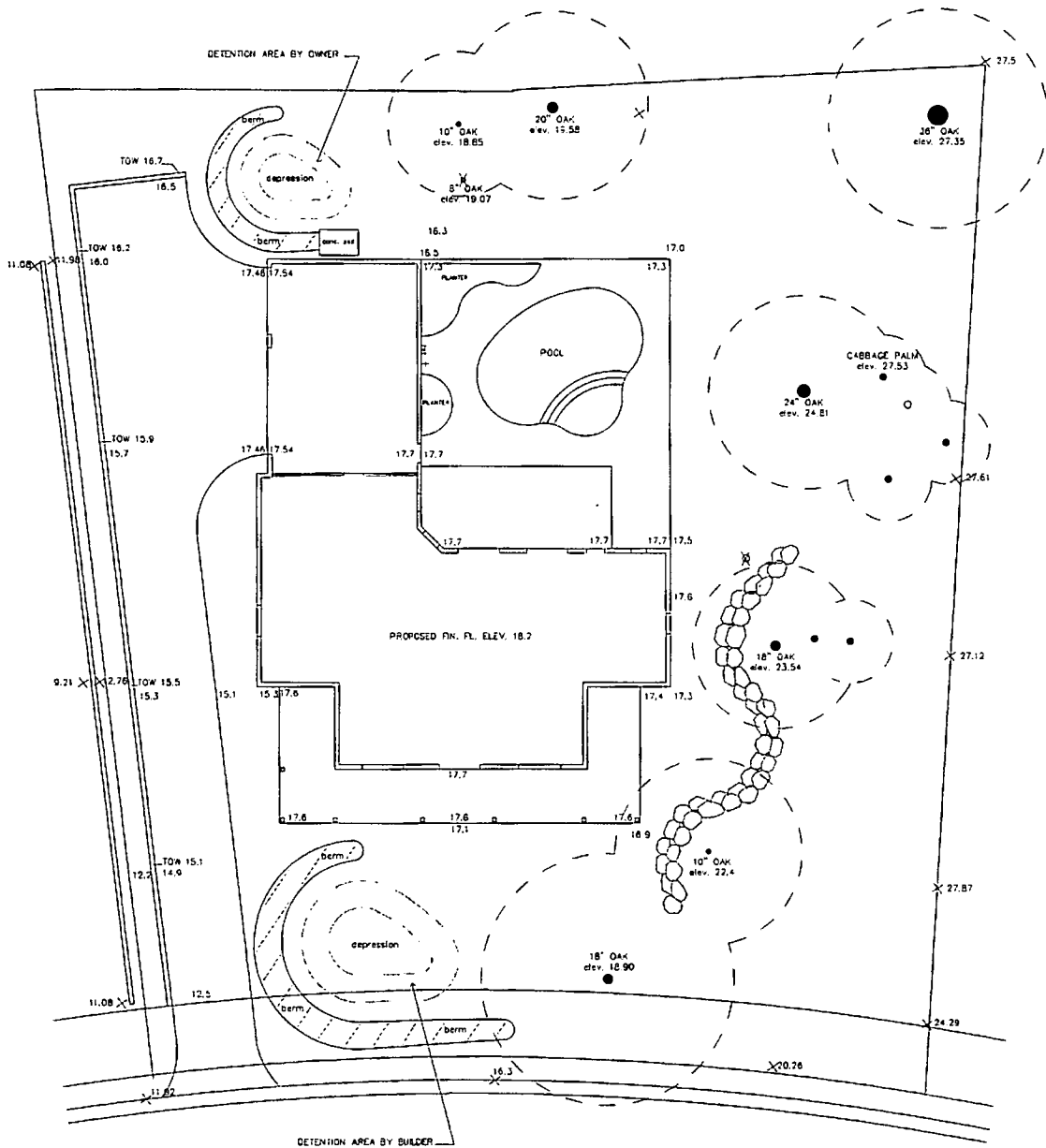
Begin forwarded message:

From: <tdarrow@gotodpg.com>
Date: December 9, 2013, 9:10:36 PM EST
To: "jadams@sewallspoint.org" <jadams@sewallspoint.org>
Cc: <tracydarrow@sbcglobal.net>, Linda Darrow <lindadarrow@sbcglobal.net>
Subject: **Owner contact information for 7 Oak Hill in Castle Hill**

John,
We had originally met at your office for several questions related to the purchase of a house back in the summer. My wife and I decided to buy a lot and build at 7 Oak Hill in Castle Hill. Our home bldg contractor is JMC and our pool contractor is Pools by Greg. Both seem to be excellent businesses. Our architect is Dan Braden and we have been impressed with his attention to detail. We are not experts, but hope it all achieves Sewalls Pt/Castle Hill HOA expectations.

I wanted you to have our contact information in the event you need to contact us during the construction process. My cell is 1-772-485-9121 and Linda's cell is 1-614-562-3815. I will personally be following the construction process closely and look forward to potentially seeing you on your in-process inspections.

Regards,
Tracy and Linda Darrow
12 Palmetto Dr
Sewalls Pt



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

RECEIVED
 DEC 19 2014
 Sewall's Point Town Hall



DATE: 12/15/14
 SCALE: 1/8" = 1'

CONCEPTUAL DETENTION AREAS
BARROW RESIDENCE
 LOT 11 CASTLE HILL, SEWALLS POINT

DANIEL J. SUGG, LANDSCAPE ARCHITECT, FL. LIC. #766
 POST OFFICE BOX 322, JENSEN BEACH, FLORIDA 34958
 TEL. 772-334-3060 dansugg@earthlink.net

P/N

JOHN Adorno, 7 Oak Hill Way



INSTR # 2420058
OR BK 2680 PG 1720
(1 Pgs)

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (See Section 713.13(1)(b), Florida Statutes)
RECORDED 10/04/2013 10:25:45 AM
MARTIN COUNTY CLERK

PERMIT #: _____ TAX FOLIO #: 26-37-41-015-000-0010-1

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
LOT 11 CASTLE HILL 7 OAK HILL WAY

GENERAL DESCRIPTION OF IMPROVEMENT: New Single Family Residence

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME: MR & MRS TRACY DABOW
ADDRESS: 12 PALMETTO DR STUART FL
PHONE NUMBER: 772-485-4121 FAX NUMBER: _____
INTEREST IN PROPERTY: _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: JMC CONTRACTING
ADDRESS: 41 E OCEAN Blvd STUART FL 34994
PHONE NUMBER: 287-0390 FAX NUMBER: 283-0987

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

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

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b), FLORIDA STATUTES:
NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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

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

X Linda C Dabow
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 2nd DAY OF Oct, 2013

BY: Linda Dabow AS _____ FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

Audrey K Kleczak
NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
DATE: _____
BY: AROLYN TIMMANN CLERK
MARTIN COUNTY CLERK



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

Site Provided by...
 governmax.com 1.13

Summary



Owner
 5 of 5

Tabs
Summary

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Notice of Prop.
- Taxes →

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00110-1	4155	OAK HILL WY, SEWALL'S POINT	\$200,000	10/29/2013

Owner Information

Owner(Current)	DARROW TRACY P & LINDA C
Owner/Mail Address	12 PALMETTO RD STUART FL 34996
Sale Date	8/30/2013
Document Book/Page	2674 0476
Document No.	2414501
Sale Price	210000

Searches

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

Location/Description			
Account #	4155	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 11
Parcel Address	OAK HILL WY, SEWALL'S POINT		PI# 26-37-41-015-000-00110-10000
Acres	.4380		

Functions

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

Parcel Type	
Use Code	0000 Vacant Residential
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information

Market Land Value	\$200,000
Market Improvement Value	
Market Total Value	\$200,000

[Print](#) [Back to List](#) [First](#) [Previous](#) [Next](#) [Last](#)

Legal Disclaimer / Privacy Statement

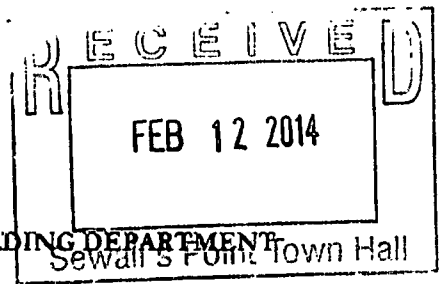
Receipt for School Impact Fee

Date: November 1, 2013

From: JMC Contracting Inc.

For: School Impact Fees – Lot 11, Castle Hill
Parcel I.D. # 26-37-41-015-000-00110.10000

Amount Paid: \$5,756.12



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10710

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

OWNERS NAME: MR & MRS TRACY DAWSON

CONSTRUCTION ADDRESS: 7 OAK HILL WAY (CASTLE HILL) SEWALLS PT

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: electrical wiring for residence

VALUE OF CONSTRUCTION \$ 14,340.00

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.

Douglas J. [Signature] 2008 Winding Creek Lane
 SIGNATURE OF LICENSED CONTRACTOR St. Pierce, FL 34981
 ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: FTL Elec Svcs Inc

TELEPHONE NO: 772 340-2546 FAX NO: 772-340-7677 PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13002850

*** 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: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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 772-2204765

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME JMC CONTRACTING BLDG. PERMIT # _____
 MAILING ADDRESS 41 E. Ocean Blvd 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	AULTZ CONSTRUCTION	U-17375
CFI	- FINISH		
BM	BLOCK MASON	Ebright MASONRY	MC SPO 1055
CB	COLUMNS & BEAMS	Ebright MASONRY	MC SPO 1055
CA	CARPENTRY ROUGH	AULTZ CONSTRUCTION	U-17375
GD	GARAGE DOOR	WAYNE DATON.	MCGD 6454
DH	DRYWALL - HANG	REDACTED JMC CONTRACTING	
DF	- FINISH		CBC 046609
IN	INSULATION	Leed INSULATION	MC IN 6231
LA	LATHING	GRIFFIN & WILSON	CGC 004421
FI	FIREPLACE	N/A	
PAV	PAVERS	N/A	
AL	ALUMINUM	N/A	
LP	LP GAS	ELITE GAS	18361
PAV	PAINTING	JMC CONTRACTING	CBC 046609
PL	PLASTER & STUCCO	GRIFFIN & WILSON	CGC 004421
ST	STAIRS & RAILS	JMC CONTRACTING	CBC 046609
RO	ROOFING	STUART ROOF	CCC 024411
TM	TILE & MARBLE	STONEWALK	NCTM 6136
WD	WINDOWS & DOORS	JMC CONTRACTING	CBC 046609
PLU	* PLUMBING	JENSON Bch PLUMB	RF 11067372
AC	* HARV	ACK SERVICES INC	GAC 1817132
EL	* ELECTRICAL	FTL ELECTRIC	EC 13002850



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	N/A	
VS	VACUUM SOUND	N/A	
IR	* IRRIGATION	TBD	
SH	SHUTTERS	N/A	

* 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 FL

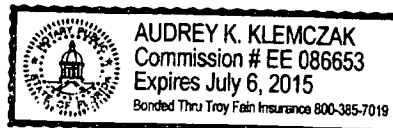
COUNTY OF MARTIN

of Oct, 20 13

SWORN TO AND SUBSCRIBED before me this 10th day

Audrey K. Klemczak
NOTARY PUBLIC

MY COMMISSION EXPIRES: 7-6-15





CERTIFICATE OF LIABILITY INSURANCE

JMCCO-1

OP ID: PK

DATE (MM/DD/YYYY)

11/27/2013

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).

PRODUCER Kearns Agency of Florida Inc. P O Box 1849 Jensen Beach, FL 34958 Lawrence C. Kearns		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED JMC Contracting, Inc. dba Homes by JMC, Equity Homes by JMC Contracting & Sclcat Homes by JMC Contracting 41 SE Ocean Blvd. Stuart, FL 34994		INSURER(S) PROVIDING COVERAGE INSURER A: Southern Owners Insurance Co. 10190 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER: 2**

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			72726664	01/07/2013	01/07/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			72726664	01/07/2013	01/07/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input 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) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER SEWALLS Town of Sewalls Point Fax #772-220-4765 1 S Sewalls Point Rd. Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 1/9/2013

EXPIRATION DATE: 1/9/2015

PERSON: CHERVENY

JOHN

M

FEIN: 592959111

BUSINESS NAME AND ADDRESS:

JMC CONTRACTING INC

41 EAST OCEAN BLVD

STUART

FL

34994

SCOPES OF BUSINESS OR TRADE:

LICENSED BUILDING
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609

STATE OF FLORIDA AC# 5239324
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CEC045509 05/24/12 116011259
 CERTIFIED BUILDING CONTRACTOR
 CHERVENY JOHN MICHAEL
 JMC CONTRACTING INC

IS CERTIFIED under the Provisions of ch. 489 78
 Regulation date: AUG 31, 2013 112032400395

Stuart LOCAL BUSINESS TAX RECEIPT 2013-2014

8274	24598	170610
------	-------	--------

BUSINESS TYPE	CONTRACTOR - BUILDING
OWNER AND LOCATION	CHERVENY, JOHN 41 SE OCEAN BLVD
ST/CITY LICENSE	CBC046609/QB63581
DESCRIPTION	

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	JMC CONTRACTING INC CHERVENY, JOHN 41 SE OCEAN BLVD STUART FL 34994-2214
-----------------------------------	---

DATE
07/22/2013

CHERYL WHITE
CITY CLERK

KEEP THIS RECEIPT - NO TRANSFER WITHOUT ORIGINAL RECEIPT

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



LICENSE NUMBER

CSC050494

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

MAZZILLI, MICHAEL J SR
GMS SHEET METAL INC
5001 SW BIMINI CIR N
PALM CITY FL-34990



ISSUED: 07/16/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1407160001732

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



LICENSE NUMBER

CAC1817858

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

MAZZILLI, MICHAEL JOSEPH JR
GMS SHEET METAL INC
5001 SW BIMINI CIRCLE NORTH
PALM CITY FL-34990



ISSUED: 06/16/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406160000288



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 4/3/2014 EXPIRATION DATE: 4/2/2016

PERSON: ROBINSON GEOFFREY L

FEIN: 454557812

BUSINESS NAME AND ADDRESS:

GMS SHEET METAL INC

4074 SW CHERIBON ST

PORT SAINT LUCIE FL 34953

SCOPES OF BUSINESS OR TRADE:

CERTIFIED SHEET SHEET METAL WORK -
METAL CONTRACT INSTALLATIO

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt.. apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



JEFF ATWATER
CHIEF FINANCIAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 4/12/2014 **EXPIRATION DATE:** 4/11/2016
PERSON: MAZZILLI MICHAEL J SR
FEIN: 454557812

BUSINESS NAME AND ADDRESS:

GMS SHEET METAL INC

5001 SW BIMINI CIRCLE NORT

PALM CITY FL 34990

SCOPES OF BUSINESS OR TRADE:

CERTIFIED SHEET SHEET METAL WORK -
METAL CONTRACT INSTALLATIO

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt.. apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 07-12

QUESTIONS? (850)413-1609



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2014

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).

PRODUCER 772-692-0110 772-692-1761 Armellino Agency Inc 1304 NW Federal Highway Stuart, FL 34994	CONTACT NAME: John Armellino PHONE (A/C, HO, EXT): 772-692-0110 FAX (A/C, HO): 772-692-1761 E-MAIL: ADDRESS:
INSURED GMS Sheet Metal Inc 5001 SW Bimini Circle N Palm City, FL 34990	INSURER(S) AFFORDING COVERAGE INSURER A: Cypress Property & Casualty 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) INSD. NO.	POLICY NUMBER	POLICY EFF (M/Y/BB/YYYY)	POLICY EXP (M/Y/BB/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL-000014105-00	10/17/2013	10/17/2014	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"/> 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	YIM N/A				PER STATUTE OTHER 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)
Air Conditioning Contractor

CERTIFICATE HOLDER Town of Sewalls Point 1 South Sewalls Point Rd Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Project Summary
A/H 1
QUICK CALCS, INC.

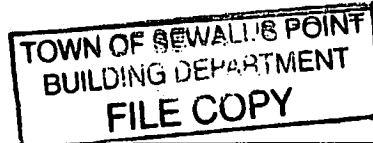
Job:
Date: Oct 09, 2013
By:

317 ST. LUCIE LN., FORT PIERCE, FL 34948 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

Project Information

For: DARROW RESIDENCE
111, STUART, FL

Notes:



Design Information

Weather: W 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 23458 Btuh
Ducts 6144 Btuh
Central vent (0 cfm) 0 Btuh
Humidification 0 Btuh
Piping 0 Btuh
Equipment load 29602 Btuh

Sensible Cooling Equipment Load Sizing

Structure 20308 Btuh
Ducts 10592 Btuh
Central vent (0 cfm) 0 Btuh
Blower 0 Btuh
Use manufacturer's data n
Rate/swing multiplier 0.95
Equipment sensible load 29417 Btuh

Infiltration

Method Simplified
Construction quality Average
Fireplaces 0

Latent Cooling Equipment Load Sizing

Structure 2852 Btuh
Ducts 2748 Btuh
Central vent (0 cfm) 0 Btuh
Equipment latent load 5600 Btuh
Equipment total load 35017 Btuh
Req. total capacity at 0.70 SHR 3.5 ton

	Heating	Cooling
Area (ft ²)	1965	1965
Volume (ft ³)	22490	22490
Air changes/hour	0.36	0.19
Equip. AVF (cfm)	136	72

Heating Equipment Summary

Make
Trade
Model
AHRI ref

Efficiency 100 EFF
Heating input 8.6 kW
Heating output 29260 Btuh
Temperature rise 20 °F
Actual air flow 1333 cfm
Air flow factor 0.045 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

Cooling Equipment Summary

Make Rheem
Trade RHEEM 14AJM SERIES
Cond 14AJM42
Coil RHLL-HM3821++RCSL-H*3821
AHRI ref 3806012
Efficiency 13.0 EER, 16 SEER
Sensible cooling 28000 Btuh
Latent cooling 12000 Btuh
Total cooling 40000 Btuh
Actual air flow 1333 cfm
Air flow factor 0.043 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.85

Bold/italic values have been manually overridden

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





Project Summary
A/H 2
QUICK CALCS, INC.

Job:
 Date: Oct 09, 2013
 By:

317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724668799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

Project Information

For: DARROW RESIDENCE
 111, STUART, FL

Notes:

Design Information

Weather: W 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 19422 Btuh
 Ducts 6642 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 26064 Btuh

Sensible Cooling Equipment Load Sizing

Structure 19932 Btuh
 Ducts 11434 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 29861 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	2291	2291
Volume (ft ³)	24765	24765
Air changes/hour	0.39	0.21
Equiv. AVF (cfm)	163	86

Latent Cooling Equipment Load Sizing

Structure 3411 Btuh
 Ducts 2978 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 6389 Btuh
 Equipment total load 36250 Btuh
 Req. total capacity at 0.70 SHR 3.6 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

Efficiency 100 EFF
 Heating input 7.5 kW
 Heating output 25666 Btuh
 Temperature rise 18 °F
 Actual air flow 1333 cfm
 Air flow factor 0.051 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make Rheem
 Trade RHEEM 14AJM SERIES
 Cond 14AJM42
 Coil RHLL-HM3821++RCSL-H*3821
 AHRI ref 3806012
 Efficiency 13.0 EER, 16 SEER
 Sensible cooling 28000 Btuh
 Latent cooling 12000 Btuh
 Total cooling 40000 Btuh
 Actual air flow 1333 cfm
 Air flow factor 0.043 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.83

Bold/italic values have been manually overridden

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



Right-Suite® Universal 2013 13.0.01 RSU08101

...Documents\Wrightsoft HVAC\DARROW RESIDENCE.rup Calc = MJB Front Door faces: N

317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

1 Room name				A/H 1				LAUNDRY						
2 Exposed wall				11.4 ft				8.0 ft						
3 Room height				179.6 ft				10.0 ft						
4 Room dimensions				d				9.0 x 8.0 ft						
5 Room area				1965.2 ft²				72.0 ft²						
Ty	Construction number	U-value (Btu/ft²-F)	Or	HTM (Btu/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.25	2.72	360	235	784	639	0	0	0	0
	G	10A-m	1.670	n	37.91	25.55	119	0	4499	3032	0	0	0	0
	G	1A-c1om	1.270	n	28.83	35.03	6	0	173	210	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	36	21	68	57	0	0	0	0
	G	1A-c1om	1.270	ne	28.83	70.68	15	0	432	1060	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	490	466	1513	1266	80	71	230	193
	G	1A-c1om	1.270	e	28.83	91.37	24	0	692	2193	9	0	259	822
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	830	691	2244	1878	0	0	0	0
	G	1A-c1om	1.270	s	28.83	38.13	61	0	1754	2320	0	0	0	0
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	30	30	490	381	0	0	0	0
	G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	8.85	11.78	48	48	425	565	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	360	344	1117	935	0	0	0	0
	G	1A-c1om	1.270	w	28.83	91.37	16	0	461	1462	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	F	12C-0sw	0.091	-	2.07	1.39	390	390	806	543	90	90	186	125
	F	16A-30md	0.032	-	0.73	2.36	226	226	164	533	0	0	0	0
	F	17B-6al	0.105	-	2.38	4.69	178	178	425	836	0	0	0	0
	F	19C-19cscp	0.049	-	1.00	0.00	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	22.45	0.00	1964	180	4032	0	72	8	180	0
6	c) AED excursion												0	55
	Envelope loss/gain								20057	17910			855	1196
12	a) Infiltration								3401	1198			131	46
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							1200				0
	Subtotal (lines 6 to 13)								23458	20308			986	1242
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								23458	20308			986	1242
15	Duct loads						26%	52%	6144	10592	26%	52%	258	648
	Total room load								29602	30900			1245	1890
	Air required (cfm)								1333	1333			56	82

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



Right-J® Worksheet
A/H 1
QUICK CALCS, INC.

Job:
 Date: Oct 09, 2013
 By:

317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

1 Room name		ENTRY						STAIRS					
2 Exposed wall		0 ft						0 ft					
3 Room height		10.0 ft						10.0 ft					
4 Room dimensions		7.1 x 7.1 ft						8.0 x 3.0 ft					
5 Room area		50.2 ft²						24.0 ft²					
Ty	Construction number	U-value (Btu/ft²·F)	Or	HTM (Btu/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G 10A-m	1.670	n	37.91	25.55	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	n	28.83	35.03	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G 1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	ne	28.83	70.68	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	e	28.83	91.37	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	s	28.83	38.13	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G 1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0
	D 11D0	0.390	s	8.85	11.78	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	w	28.83	91.37	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	P 12C-0sw	0.091	-	2.07	1.39	140	140	289	195	80	80	165	111
	C 16A-30md	0.032	-	0.73	2.36	0	0	0	0	0	0	0	0
	C 17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F 19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F 22A-1pl	0.989	-	22.45	0.00	49	0	0	0	24	0	0	0
6	c) AED excursion												-4
	Envelope loss/gain							289	188			165	107
12	a) Infiltration							0	0			0	0
	b) Room ventilation							0	0			0	0
13	Internal gains:		Occupants @	230		0			0	0			0
			Appliances/other						0				0
	Subtotal (lines 6 to 13)							289	188			165	107
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							289	188			165	107
15	Duct loads					26%	52%	76	98	26%	52%	43	56
	Total room load							365	286			209	163
	Air required (cfm)							16	12			9	7

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



317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

1		Room name		WINE		KITCHEN								
2		Exposed wall		0 ft		20.6 ft								
3		Room height		10.0 ft		10.0 ft								
4		Room dimensions		3.0 x 4.0 ft		1.0 x 521.0 ft								
5		Room area		12.0 ft²		521.0 ft²								
Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	37.91	25.55	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	28.83	35.03	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	36	21	68	57
	G	1A-c1om	1.270	ne	28.83	70.68	0	0	0	0	15	0	432	1060
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	28.83	91.37	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	60	60	195	163
	G	1A-c1om	1.270	s	28.83	38.13	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	8.85	11.78	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	110	94	305	255
	G	1A-c1om	1.270	w	28.83	91.37	0	0	0	0	16	0	461	1462
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	2.07	1.39	50	50	103	70	30	30	62	42
	C	16A-30md	0.032	-	0.73	2.36	0	0	0	0	190	190	138	448
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	22.45	0.00	12	0	0	0	521	21	462	0
6	c) AED excursion													42
	Envelope loss/gain								103	67			2124	3530
12	a) Infiltration								0	0			338	119
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				1200
	Subtotal (lines 6 to 13)								103	67			2462	4849
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								103	67			2462	4849
15	Duct loads						26%	52%	27	35	26%	52%	645	2529
	Total room load								130	102			3106	7378
	Air required (cfm)								6	4			140	318

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



317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

1 Room name		PANTRY				DINING ROOM								
2 Exposed wall		12.0 ft				27.0 ft								
3 Room height		10.0 ft				10.0 ft								
4 Room dimensions		6.0 x 6.0 ft				14.0 x 13.0 ft								
5 Room area		36.0 ft²				182.0 ft²								
Ty	Construction number	U-value (Bluh/ft²·°F)	Or	HTM (Bluh/ft²)		Area (ft²) or perimeter (ft)		Load (Bluh)		Area (ft²) or perimeter (ft)		Load (Bluh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	37.91	25.55	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	28.83	35.03	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	28.83	70.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	28.83	91.37	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	60	60	195	163	140	109	354	297
	G	1A-c1om	1.270	s	28.83	38.13	0	0	0	0	31	0	889	1176
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	8.85	11.78	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	60	60	195	163	130	130	422	353
	G	1A-c1om	1.270	w	28.83	91.37	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	2.07	1.39	0	0	0	0	0	0	0	0
	C	16A-30md	0.032	-	0.73	2.36	36	36	26	85	0	0	0	0
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-tp	0.989	-	22.45	0.00	36	12	269	0	182	27	606	0
6	c) AED excursion													57
	Envelope loss/gain							685	394				2271	1883
12	a) Infiltration							197	69				442	156
	b) Room ventilation							0	0				0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)							882	463				2714	2038
	Less external load							0	0				0	0
	Less transfer							0	0				0	0
	Redistribution							0	0				0	0
14	Subtotal							882	463				2714	2038
15	Duct loads						26%	52%	231	241	26%	52%	711	1063
	Total room load							1113	704				3424	3102
	Air required (cfm)							50	30				154	134

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



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1		Room name		FOYER		PARLOR								
2		Exposed wall		28.9 ft 14.0 ft		10.0 ft 27.0 ft								
3		Room height		heat/cool		heat/cool								
4		Room dimensions		10.0 x 15.0 ft		14.0 x 13.0 ft								
5		Room area		150.0 ft²		182.0 ft²								
6	Ty	Construction number	U-value (Btuh/ft²·F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	37.91	25.55	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	28.83	35.03	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
11	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	28.83	70.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	60	60	195	163	130	130	422	353
	G	1A-c1om	1.270	e	28.83	91.37	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	300	222	721	603	140	110	357	299
	G	1A-c1om	1.270	s	28.83	38.13	0	0	0	0	30	0	865	1144
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	30	30	490	381	0	0	0	0
	G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	8.85	11.78	48	48	425	565	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	60	60	195	163	0	0	0	0
	G	1A-c1om	1.270	w	28.83	91.37	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	2.07	1.39	0	0	0	0	0	0	0	0
	C	16A-30md	0.032	-	0.73	2.36	0	0	0	0	0	0	0	0
	C	17B-6al	0.105	-	2.38	4.69	178	178	425	836	0	0	0	0
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	22.45	0.00	150	14	314	0	182	27	606	0
6	c) AED excursion													55
	Envelope loss/gain								2764	2605			2250	1851
12	a) Infiltration								688	242			442	156
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								3452	2848			2692	2007
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								3452	2848			2692	2007
15	Duct loads						26%	52%	904	1485	26%	52%	705	1047
	Total room load								4357	4333			3397	3053
	Air required (cfm)								196	187			153	132

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



317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

1 Room name		GREAT ROOM						HALL								
2 Exposed wall		23.0 ft						5.0 ft								
3 Room height		10.0 ft						10.0 ft								
4 Room dimensions		23.0 x 20.0 ft						5.0 x 6.0 ft								
5 Room area		460.0 ft ²						30.0 ft ²								
Ty	Construction number	U-value (Btuh/ft ² ·F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)				
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool			
6	W	13A-4ocs	0.143	n	3.25	2.72	230	135	439	368	50	26	84	71		
	G	10A-m	1.670	n	37.91	25.55	95	0	3589	2418	24	0	910	613		
	G	1A-c1om	1.270	n	28.83	35.03	0	0	0	0	0	0	0	0		
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0		
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0		
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0		
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0		
	G	1A-c1om	1.270	ne	28.83	70.68	0	0	0	0	0	0	0	0		
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0		
	G	1A-c1om	1.270	e	28.83	91.37	0	0	0	0	0	0	0	0		
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0		
G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0			
W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	0	0	0	0			
G	1A-c1om	1.270	s	28.83	38.13	0	0	0	0	0	0	0	0			
G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0			
G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0			
G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0			
D	11D0	0.390	s	8.85	11.78	0	0	0	0	0	0	0	0			
W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0			
G	1A-c1om	1.270	w	28.83	91.37	0	0	0	0	0	0	0	0			
G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0			
G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0			
P	12C-0sw	0.091	-	2.07	1.39	0	0	0	0	0	0	0	0			
C	16A-30md	0.032	-	0.73	2.36	0	0	0	0	0	0	0	0			
C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0			
C	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0			
F	22A-1pl	0.989	-	22.45	0.00	460	23	516	0	30	5	112	0			
6 c) AED excursion									-105				-26			
Envelope loss/gain									4544		2681		1106		658	
12 a) Infiltration									377		133		82		29	
b) Room ventilation									0		0		0		0	
13 Internal gains: Occupants @ 230									0		0		0		0	
Appliances/other									0		0		0		0	
Subtotal (lines 6 to 13)									4921		2814		1188		687	
Less external load									0		0		0		0	
Less transfer									0		0		0		0	
Redistribution									0		0		0		0	
14 Subtotal									4921		2814		1188		687	
15 Duct loads									26%		52%		26%		52%	
Total room load									6210		4282		1500		1045	
Air required (cfm)									280		185		68		45	

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



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		GUEST BATH				GUEST ROOM												
		14.0 ft				27.0 ft												
		heat/cool				heat/cool												
		10.0 ft				10.0 ft												
		8.0 x 6.0 ft				13.0 x 14.0 ft												
		48.0 ft²				182.0 ft²												
1	2	3	4	5	Ty	Construction number	U-value (Btu/h/ft²·F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
									Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	G	13A-4ocs	0.143	n	3.25	2.72	80	74	240	201	0	0	0	0	0	0	
		G	10A-m	1.670	n	37.91	25.55	0	0	0	0	0	0	0	0	0	0	
		G	1A-c1om	1.270	n	28.83	35.03	6	0	173	210	0	0	0	0	0	0	
		G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0	0	0	
		W	1A-c1om	1.270	ne	28.83	70.68	0	0	0	0	0	0	0	0	0	0	
		W	13A-4ocs	0.143	e	3.25	2.72	60	60	195	163	140	125	406	340	0	0	
		G	1A-c1om	1.270	e	28.83	91.37	0	0	0	0	15	0	432	1371	0	0	
		G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	130	130	422	353	0	0	
		G	1A-c1om	1.270	s	28.83	38.13	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0	0	0	
		G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		D	11D0	0.390	s	8.85	11.78	0	0	0	0	0	0	0	0	0	0	
		W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0	0	0	
		G	1A-c1om	1.270	w	28.83	91.37	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		P	12C-0sw	0.091	-	2.07	1.39	0	0	0	0	0	0	0	0	0	0	
		C	16A-30md	0.032	-	0.73	2.36	0	0	0	0	0	0	0	0	0	0	
		C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0	0	0	
		F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0	0	0	0	0	0	0	
		F	22A-tp1	0.989	-	22.45	0.00	48	14	314	0	182	27	606	0	0		
6	c) AED excursion																83	
	Envelope loss/gain									922	551						1866	
12	a) Infiltration									229	81						442	
	b) Room ventilation									0	0						0	
13	Internal gains:		Occupants @	230								0	0				0	
			Appliances/other									0	0				0	
	Subtotal (lines 6 to 13)									1152	632						2309	
	Less external load									0	0						0	
	Less transfer									0	0						0	
	Redistribution									0	0						0	
14	Subtotal									1152	632						2309	
15	Duct loads							26%	52%	302	329	26%	52%				1201	
	Total room load									1453	961						2913	
	Air required (cfm)									65	41						131	

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1		Room name				CLST								
2		Exposed wall				2.0 ft								
3		Room height				10.0 ft								
4		Room dimensions				8.0 x 2.0 ft								
5		Room area				16.0 ft²								
Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area or perimeter		Load		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0				
	G	10A-m	1.670	n	37.91	25.55	0	0	0	0				
	G	1A-c1om	1.270	n	28.83	35.03	0	0	0	0				
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0				
11	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0				
	G	1F-c2oms	0.720	n	0.00	0.00	0	0	0	0				
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0				
	G	1A-c1om	1.270	ne	28.83	70.68	0	0	0	0				
	W	13A-4ocs	0.143	e	3.25	2.72	20	20	65	54				
	G	1A-c1om	1.270	e	28.83	91.37	0	0	0	0				
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0				
	G	1F-c2oms	0.720	e	0.00	0.00	0	0	0	0				
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0				
	G	1A-c1om	1.270	s	28.83	38.13	0	0	0	0				
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0				
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0				
	G	1G-c2fms	0.550	s	0.00	0.00	0	0	0	0				
	D	11D0	0.390	s	8.85	11.78	0	0	0	0				
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0				
	G	1A-c1om	1.270	w	28.83	91.37	0	0	0	0				
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0				
	G	1F-c2oms	0.720	w	0.00	0.00	0	0	0	0				
	P	12C-0sw	0.091	-	2.07	1.39	0	0	0	0				
	C	16A-30md	0.032	-	0.73	2.36	0	0	0	0				
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0				
	F	19C-19cscp	0.049	-	0.00	0.00	0	0	0	0				
	F	22A-1pl	0.989	-	22.45	0.00	16	2	45	0				
6	c) AED excursion													
	Envelope loss/gain										110	52		
12	a) Infiltration										33	12		
	b) Room ventilation										0	0		
13	Internal gains:		Occupants @		230		0				0		0	
			Appliances/other								0		0	
	Subtotal (lines 6 to 13)										143	64		
	Less external load										0	0		
	Less transfer										0	0		
	Redistribution										0	0		
14	Subtotal										143	64		
15	Duct loads										26%	52%	37	33
	Total room load										180	97		
	Air required (cfm)										8	4		

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1 Room name				A/H 2		GAME ROOM							
2 Exposed wall				10.8 ft		246.5 ft							
3 Room height						d							
4 Room dimensions				12.3 ft		73.0 ft							
5 Room area				2287.0 ft²		674.0 ft²							
				1.0 x		674.0 ft							
						heat/cool							
Ty	Construction number	U-value (Btuh/ft²·F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 13A-4ocs	0.143	n	3.25	2.72	637	560	1818	1522	230	230	747	625
	G 10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	n	16.34	12.68	16	0	262	203	0	0	0	0
11	G 1F-c2oms	0.720	n	16.34	12.68	20	0	327	254	0	0	0	0
	G 1F-c2oms	0.720	n	16.34	12.68	41	0	667	518	0	0	0	0
	W 13A-4ocs	0.143	ne	3.25	2.72	36	36	117	98	0	0	0	0
	G 1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	e	3.25	2.72	620	532	1727	1445	290	230	747	625
	G 1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	e	16.34	14.61	28	23	458	409	0	0	0	0
	G 1F-c2oms	0.720	e	16.34	16.49	60	40	981	990	60	40	981	990
	W 13A-4ocs	0.143	s	3.25	2.72	540	484	1572	1315	0	0	0	0
	G 1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	s	16.34	12.68	48	48	785	609	0	0	0	0
	G 1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G 1G-c2fms	0.550	s	12.49	10.56	8	8	98	83	0	0	0	0
	D 11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	w	3.25	2.72	650	573	1860	1557	210	180	584	489
	G 1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	w	16.34	14.61	32	27	523	468	0	0	0	0
	G 1F-c2oms	0.720	w	16.34	16.49	45	30	735	742	30	20	490	495
	P 12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0
	C 16A-30md	0.032	-	0.73	2.36	1613	1613	1172	3804	0	0	0	0
	C 17B-5al	0.105	-	2.38	4.69	841	841	2004	3946	841	841	2004	3946
	F 19C-19cscp	0.049	-	0.39	0.26	587	587	226	152	504	504	194	130
	F 22A-tp	0.989	-	22.45	0.00	60	1	25	0	0	0	0	0
6	c) AED excursion								386				-22
	Envelope loss/gain							15355	18499			5747	7277
12	a) Infiltration							4067	1433			1196	421
	b) Room ventilation							0	0			0	0
13	Internal gains:	Occupants @	230			0		0	0	0		0	0
		Appliances/other						0	0			0	0
	Subtotal (lines 6 to 13)							19422	19932			6942	7698
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							19422	19932			6942	7698
15	Duct loads					34%	57%	6642	11434	34%	57%	2374	4416
	Total room load							26064	31367			9316	12115
	Air required (cfm)							1333	1333			477	515

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		Room name		HALF BATH		UP STAIRS								
		Exposed wall		10.0 ft 9.0 ft		10.0 ft 17.0 ft								
		Room height		heat/cool		heat/cool								
		Room dimensions		6.0 x 7.0 ft		1.0 x 89.0 ft								
		Room area		42.0 ft²		89.0 ft²								
6	Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
11	W	13A-4ocs	0.143	n	3.25	2.72	20	20	65	54	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0
G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0	
W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	0	100	96	312	261
G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	
G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0	
G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0	
G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	4	4	50	42	
D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0	
W	13A-4ocs	0.143	w	3.25	2.72	70	70	227	190	70	55	179	149	
G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0	
G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	15	10	245	247	
P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0	
C	16A-30md	0.032	-	0.73	2.36	42	42	31	99	89	89	65	210	
C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0	
F	19C-19cscp	0.049	-	0.39	0.26	42	42	16	11	41	41	16	11	
F	22A-tp	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion									-8			193	
	Envelope loss/gain							339	346			866	1113	
12	a) Infiltration							147	52			278	98	
	b) Room ventilation							0	0			0	0	
13	Internal gains:		Occupants @	230		0				0	0		0	
			Appliances/other							0			0	
	Subtotal (lines 6 to 13)							486	398			1144	1211	
	Less external load							0	0			0	0	
	Less transfer							0	0			0	0	
	Redistribution							0	0			0	0	
14	Subtotal							486	398			1144	1211	
15	Duct loads					34%	57%	166	228	34%	57%	391	695	
	Total room load							653	626			1535	1906	
	Air required (cfm)							33	27			79	81	

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		Room name				CLST 2				BEDROOM 2				
		Exposed wall				0 ft				12.0 ft				
		Room height				10.0 ft				10.0 ft				
		Room dimensions				1.0 x 22.0 ft				14.0 x 12.0 ft				
		Room area				22.0 ft²				168.0 ft²				
	Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
11	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	16.49	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	120	96	312	261
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	24	20	392	351
	G	1F-c2oms	0.720	w	16.34	16.49	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0
	C	16A-30md	0.032	-	0.73	2.36	22	22	16	52	168	168	122	396
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion													362
	Envelope loss/gain								16	51			826	1370
12	a) Infiltration								0	0			197	69
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0		0	0			0	0
			Appliances/other						0	0			0	0
	Subtotal (lines 6 to 13)								16	51			1022	1439
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								16	51			1022	1439
15	Duct loads						34%	57%	5	29	34%	57%	350	826
	Total room load								21	80			1372	2265
	Air required (cfm)								1	3			70	96

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



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1 Room name		TOILET		BATH									
2 Exposed wall		7.0 ft		0 ft									
3 Room height		10.0 ft		10.0 ft									
4 Room dimensions		6.0 x 5.0 ft		5.0 x 5.0 ft									
5 Room area		30.0 ft²		25.0 ft²									
Ty	Construction number	U-value (Btu/h/ft²·F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W 13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G 10A-1m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
11	G 1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	W 1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G 1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	e	16.34	16.49	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	s	3.25	2.72	20	20	65	54	0	0	0	0
	G 1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G 1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0
	D 11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0
	W 13A-4ocs	0.143	w	3.25	2.72	50	50	162	136	0	0	0	0
	G 1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0
	G 1F-c2oms	0.720	w	16.34	16.49	0	0	0	0	0	0	0	0
	P 12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0
	C 16A-30md	0.032	-	0.73	2.36	30	30	22	71	25	25	18	59
	C 17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F 19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0
	F 22A-tdl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion								-6				-1
	Envelope loss/gain							249	255			18	58
12	a) Infiltration							115	40			0	0
	b) Room ventilation							0	0			0	0
13	Internal gains:		Occupants @	230		0				0	0		0
			Appliances/other							0			0
	Subtotal (lines 6 to 13)							364	295			18	58
	Less external load							0	0			0	0
	Less transfer							0	0			0	0
	Redistribution							0	0			0	0
14	Subtotal							364	295			18	58
15	Duct loads					34%	57%	124	169	34%	57%	6	33
	Total room load							488	464			24	91
	Air required (cfm)							25	20			1	4

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		CLST 3						BEDROOM 3						
		0 ft						27.0 ft						
		10.0 ft heat/cool						10.0 ft heat/cool						
		1.0 x 19.0 ft						1.0 x 178.0 ft						
		19.0 ft²						178.0 ft²						
6	Ty	Construction number	U-value (Btuh/ft²-F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
11	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0
G	1F-c2oms	0.720	e	16.34	16.49	0	0	0	0	0	0	0	0	
W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	140	116	377	315	
G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	
G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	24	24	392	304	
G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0	
G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0	
D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0	
W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	130	122	396	331	
G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	8	7	131	117	
C	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0	
C	16A-30md	0.032	-	0.73	2.36	19	19	14	45	178	178	129	420	
C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0	
F	19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0	
F	22A-1pl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion												20	
	Envelope loss/gain							14	44			1425	1507	
12	a) Infiltration							0	0			442	156	
	b) Room ventilation							0	0			0	0	
13	Internal gains:		Occupants @	230			0		0	0			0	
			Appliances/other						0				0	
	Subtotal (lines 6 to 13)							14	44			1867	1663	
	Less external load							0	0			0	0	
	Less transfer							0	0			0	0	
	Redistribution							0	0			0	0	
14	Subtotal							14	44			1867	1663	
15	Duct loads						34%	57%	5	25	34%	57%	638	954
	Total room load								19			2506	2618	
	Air required (cfm)								1			128	111	

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1		Room name		M. CLOSET 1						LIN					
2		Exposed wall		9.6 ft						0 ft					
3		Room height		10.0 ft						10.0 ft					
4		Room dimensions		1.0 x 78.0 ft						2.0 x 4.0 ft					
5		Room area		78.0 ft²						8.0 ft²					
	Ty	Construction number	U-value (Btu/h/ft²·°F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)		
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.25	2.72	60	60	195	163	0	0	0	0	
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0	
11	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0	
	W	13A-4ocs	0.143	ne	3.25	2.72	36	36	117	98	0	0	0	0	
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	e	16.34	14.49	0	0	0	0	0	0	0	0	
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0	
	D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0	
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0	
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0	
	G	1F-c2oms	0.720	w	16.34	14.49	0	0	0	0	0	0	0	0	
	P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0	
	C	16A-30md	0.032	-	0.73	2.36	78	78	57	184	8	8	6	19	
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0	
	F	19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0	
	F	22A-1pl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0	
6	c) AED excursion									-10				0	
	Envelope loss/gain									368	435			6	18
12	a) Infiltration									157	55			0	0
	b) Room ventilation									0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0	0
			Appliances/other							0	0			0	0
	Subtotal (lines 6 to 13)									526	490			6	18
	Less external load									0	0			0	0
	Less transfer									0	0			0	0
	Redistribution									0	0			0	0
14	Subtotal									526	490			6	18
15	Duct loads						34%	57%		180	281	34%	57%	2	11
	Total room load									706	771			8	29
	Air required (cfm)									36	33			0	1

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1 Room name		2 Exposed wall		3 Room height		4 Room dimensions		5 Room area		HALLWAY				BATH 4			
		10.0 ft		1.9 ft		heat/cool		10.0 ft		0 ft		heat/cool		10.0 ft		8.0 x 5.0 ft	
		104.0 ft²		1.0		x 104.0 ft		40.0 ft²									
6	Ty	Construction number	U-value (Btu/hft²·F)	Or	HTM (Btu/hft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)				
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool			
6	W	13A-4ocs	0.143	n	3.25	2.72	10	-10	32	27	0	0	0	0			
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0			
11	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	s	3.25	2.72	10	10	32	27	0	0	0	0			
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0			
	D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0			
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0			
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0			
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0			
	P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0			
	C	16A-30md	0.032	-	0.73	2.36	104	104	76	245	40	40	29	94			
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0			
	F	19C-19cscp	0.049	-	-0.39	-0.26	0	0	0	0	0	0	0	0			
	F	22A-1pl	0.989	-	22.45	0.00	60	1	25	0	0	0	0	0			
6	c) AED excursion													-2			
	Envelope loss/gain								165	293			29	92			
12	a) Infiltration								33	12			0	0			
	b) Room ventilation								0	0			0	0			
13	Internal gains:		Occupants @	230			0				0	0		0			
			Appliances/other								0			0			
	Subtotal (lines 6 to 13)								198	305			29	92			
	Less external load								0	0			0	0			
	Less transfer								0	0			0	0			
	Redistribution								0	0			0	0			
14	Subtotal								198	305			29	92			
15	Duct loads						34%	57%	68	175	34%	57%	10	53			
	Total room load								266	480			39	145			
	Air required (cfm)								14	20			2	6			

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		MASTER BEDROOM						BEDROOM 4						
		11.0 ft		17.0 ft		heat/cool		10.0 ft		27.0 ft		heat/cool		
		1.0		x		316.0 ft		14.0		x		15.0 ft		
		316.0 ft²						210.0 ft²						
6	Ty	Construction number	U-value (Btu/h/ft²·F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.25	2.72	187	126	410	343	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
11	G	1F-c2oms	0.720	n	16.34	12.68	20	0	327	254	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	41	0	667	518	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	130	118	383	321
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	12	10	196	175
	G	1F-c2oms	0.720	e	16.34	16.49	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	140	116	377	315
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	24	24	392	304
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	16.49	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0
	C	16A-30md	0.032	-	0.73	2.36	316	316	230	745	210	210	153	495
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0
	F	22A-tdl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion									-41				-36
	Envelope loss/gain								1633	1819			1501	1574
12	a) Infiltration								306	108			442	156
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0		0	0			0	0
			Appliances/other						0	0			0	0
	Subtotal (lines 6 to 13)								1939	1927			1943	1730
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1939	1927			1943	1730
15	Duct loads						34%	57%	663	1105	34%	57%	664	993
	Total room load								2602	3032			2607	2723
	Air required (cfm)								133	129			133	116

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



317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

1		Room name		MASTER BATH						TOILET RM				
2		Exposed wall		24.0 ft						4.0 ft				
3		Room height		10.0 ft						10.0 ft				
4		Room dimensions		1.0 x 162.0 ft						6.0 x 4.0 ft				
5		Room area		162.0 ft²						24.0 ft²				
6	Ty	Construction number	U-value (Btu/h/ft²·F)	Or	HTM (Btu/h/ft²)		Area (ft²) or perimeter (ft)		Load (Btu/h)		Area (ft²) or perimeter (ft)		Load (Btu/h)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	13A-4ocs	0.143	n	3.25	2.72	130	114	370	310	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	16	0	262	203	0	0	0	0
11	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	110	94	305	255	40	40	130	109
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	14.61	16	13	282	234	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	16.49	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	0	0	0	0
	D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	16.49	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0
	C	16A-30md	0.032	-	0.73	2.36	162	162	118	382	24	24	17	57
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0
	F	22A-1pl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion													-4
	Envelope loss/gain								1316	1353			147	161
12	a) Infiltration								393	139			66	23
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0			0	0			0
			Appliances/other							0				0
	Subtotal (lines 6 to 13)								1709	1491			213	184
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								1709	1491			213	184
15	Duct loads						34%	57%	584	855	34%	57%	73	106
	Total room load								2293	2346			286	290
	Air required (cfm)								117	100			15	12

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



317 ST. LUCIE LN., FORT PIERCE, FL 34946 Phone: 7724666799 Fax: 7724666796 Email: QUICKCALCS@AOL.COM

		SHOWER						M. CLOSET						
		0 ft						18.0 ft						
		10.0 ft						10.0 ft						
		heat/cool						heat/cool						
		4.0 x 6.0 ft						1.0 x 74.0 ft						
		24.0 ft²						74.0 ft²						
Ty	Construction number	U-value (Bluh/ft²·F)	Or	HTM (Bluh/ft²)		Area (ft²) or perimeter (ft)		Load (Bluh)		Area (ft²) or perimeter (ft)		Load (Bluh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W	13A-4ocs	0.143	n	3.25	2.72	0	0	0	0	0	0	0	0
	G	10A-m	1.670	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
11	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	n	16.34	12.68	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	ne	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	e	3.25	2.72	0	0	0	0	50	50	162	136
	G	1A-c1om	1.270	e	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	14.61	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	e	16.34	16.49	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	s	3.25	2.72	0	0	0	0	130	126	410	343
	G	1A-c1om	1.270	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	16.34	12.68	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	s	0.00	0.00	0	0	0	0	0	0	0	0
	G	1G-c2fms	0.550	s	12.49	10.56	0	0	0	0	4	4	48	40
	D	11D0	0.390	s	0.00	0.00	0	0	0	0	0	0	0	0
	W	13A-4ocs	0.143	w	3.25	2.72	0	0	0	0	0	0	0	0
	G	1A-c1om	1.270	w	0.00	0.00	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	14.61	0	0	0	0	0	0	0	0
	G	1F-c2oms	0.720	w	16.34	16.49	0	0	0	0	0	0	0	0
	P	12C-0sw	0.091	-	0.00	0.00	0	0	0	0	0	0	0	0
	C	16A-30md	0.032	-	0.73	2.36	24	24	17	57	74	74	54	175
	C	17B-6al	0.105	-	2.38	4.69	0	0	0	0	0	0	0	0
	F	19C-19cscp	0.049	-	0.39	0.26	0	0	0	0	0	0	0	0
	F	22A-tdl	0.989	-	22.45	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion													-16
	Envelope loss/gain								17	55			673	677
12	a) Infiltration								0	0			295	104
	b) Room ventilation								0	0			0	0
13	Internal gains:		Occupants @	230			0				0	0		0
			Appliances/other								0	0		0
	Subtotal (lines 6 to 13)								17	55			968	781
	Less external load								0	0			0	0
	Less transfer								0	0			0	0
	Redistribution								0	0			0	0
14	Subtotal								17	55			968	781
15	Duct loads						34%	57%	6	32	34%	57%	331	448
	Total room load								23	87			1299	1229
	Air required (cfm)								1	4			66	52

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




FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

<p>Project Name: DARROW RESIDENCE Street: 111 City, State, Zip: STUART, FL Owner: BRADEN&BRADEN Design Location: FL, West Palm Beach</p>	<p>Builder Name: Permit Office: Permit Number: Jurisdiction:</p>
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<table style="width:100%;"> <tr> <td>1. New construction or existing</td> <td>New (From Plans)</td> </tr> <tr> <td>2. Single family or multiple family</td> <td>Single-family</td> </tr> <tr> <td>3. Number of units, if multiple family</td> <td>1</td> </tr> <tr> <td>4. Number of Bedrooms</td> <td>5</td> </tr> <tr> <td>5. Is this a worst case?</td> <td>No</td> </tr> <tr> <td>6. Conditioned floor area above grade (ft²)</td> <td>4256</td> </tr> <tr> <td> Conditioned floor area below grade (ft²)</td> <td>0</td> </tr> <tr> <td>7. Windows (650.7 sqft.)</td> <td>Description Area</td> </tr> <tr> <td> a. U-Factor:</td> <td>Sgl, U=1.07 650.73 ft²</td> </tr> <tr> <td> SHGC:</td> <td>SHGC=0.50</td> </tr> <tr> <td> b. U-Factor:</td> <td>N/A ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> </tr> <tr> <td> c. U-Factor:</td> <td>N/A ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> </tr> <tr> <td> d. U-Factor:</td> <td>N/A ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> </tr> <tr> <td> Area Weighted Average Overhang Depth:</td> <td>2.000 ft.</td> </tr> <tr> <td> Area Weighted Average SHGC:</td> <td>0.500</td> </tr> <tr> <td>8. Floor Types (4256.0 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td> a. Slab-On-Grade Edge Insulation</td> <td>R=0.0 4256.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td>R= ft²</td> </tr> <tr> <td> c. N/A</td> <td>R= ft²</td> </tr> </table>	1. New construction or existing	New (From Plans)	2. Single family or multiple family	Single-family	3. Number of units, if multiple family	1	4. Number of Bedrooms	5	5. Is this a worst case?	No	6. Conditioned floor area above grade (ft ²)	4256	Conditioned floor area below grade (ft ²)	0	7. Windows (650.7 sqft.)	Description Area	a. U-Factor:	Sgl, U=1.07 650.73 ft ²	SHGC:	SHGC=0.50	b. U-Factor:	N/A ft ²	SHGC:		c. U-Factor:	N/A ft ²	SHGC:		d. U-Factor:	N/A ft ²	SHGC:		Area Weighted Average Overhang Depth:	2.000 ft.	Area Weighted Average SHGC:	0.500	8. Floor Types (4256.0 sqft.)	Insulation Area	a. Slab-On-Grade Edge Insulation	R=0.0 4256.00 ft ²	b. N/A	R= ft ²	c. N/A	R= ft ²	<table style="width:100%;"> <tr> <td>9. Wall Types (4700.0 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td> a. Concrete Block - Ext Insul, Exterior</td> <td>R=4.2 4700.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td>R= ft²</td> </tr> <tr> <td> c. N/A</td> <td>R= ft²</td> </tr> <tr> <td> d. N/A</td> <td>R= ft²</td> </tr> <tr> <td>10. Ceiling Types (4256.0 sqft.)</td> <td>Insulation Area</td> </tr> <tr> <td> a. Cathedral/Single Assembly (Unvented)</td> <td>R=30.0 4256.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td>R= ft²</td> </tr> <tr> <td> c. N/A</td> <td>R= ft²</td> </tr> <tr> <td>11. Ducts</td> <td>R ft²</td> </tr> <tr> <td> a. Sup: Attic, Ret: Attic, AH: Garage</td> <td>6 215</td> </tr> <tr> <td> b. Sup: Attic, Ret: Attic, AH: Attic</td> <td>6 215</td> </tr> <tr> <td>12. Cooling systems</td> <td>kBtu/hr Efficiency</td> </tr> <tr> <td> a. Central Unit</td> <td>42.0 SEER:16.00</td> </tr> <tr> <td> b. Central Unit</td> <td>42.0 SEER:16.00</td> </tr> <tr> <td>13. Heating systems</td> <td>kBtu/hr Efficiency</td> </tr> <tr> <td> a. Electric Strip Heat</td> <td>27.0 COP:1.00</td> </tr> <tr> <td> b. Electric Strip Heat</td> <td>27.0 COP:1.00</td> </tr> <tr> <td>14. Hot water systems</td> <td></td> </tr> <tr> <td> a. Electric</td> <td>Cap: 40 gallons</td> </tr> <tr> <td> b. Conservation features</td> <td>EF: 0.920</td> </tr> <tr> <td> None</td> <td></td> </tr> <tr> <td>15. Credits</td> <td>Pstat</td> </tr> </table>	9. Wall Types (4700.0 sqft.)	Insulation Area	a. Concrete Block - Ext Insul, Exterior	R=4.2 4700.00 ft ²	b. N/A	R= ft ²	c. N/A	R= ft ²	d. N/A	R= ft ²	10. Ceiling Types (4256.0 sqft.)	Insulation Area	a. Cathedral/Single Assembly (Unvented)	R=30.0 4256.00 ft ²	b. N/A	R= ft ²	c. N/A	R= ft ²	11. Ducts	R ft ²	a. Sup: Attic, Ret: Attic, AH: Garage	6 215	b. Sup: Attic, Ret: Attic, AH: Attic	6 215	12. Cooling systems	kBtu/hr Efficiency	a. Central Unit	42.0 SEER:16.00	b. Central Unit	42.0 SEER:16.00	13. Heating systems	kBtu/hr Efficiency	a. Electric Strip Heat	27.0 COP:1.00	b. Electric Strip Heat	27.0 COP:1.00	14. Hot water systems		a. Electric	Cap: 40 gallons	b. Conservation features	EF: 0.920	None		15. Credits	Pstat
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Glass/Floor Area: 0.153	Total Proposed Modified Loads: 83.61	PASS
	Total Standard Reference Loads: 107.48	

<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: <u><i>[Signature]</i></u> DATE: <u>10-10-13</u></p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER/AGENT: <u><i>[Signature]</i></u> DATE: <u>10/10/13</u></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> <div style="text-align: center;">  </div> <p>BUILDING OFFICIAL: <u><i>[Signature]</i></u> DATE: <u>11-26-13</u></p>
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TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PROJECT												
Title:	DARROW RESIDENCE	Bedrooms:	5	Address Type:	Street Address							
Building Type:	User	Conditioned Area:	4256	Lot #								
Owner:	BRADEN&BRADEN	Total Stories:	1	Block/SubDivision:								
# of Units:	1	Worst Case:	No	PlatBook:								
Builder Name:		Rotate Angle:	0	Street:	111							
Permit Office:		Cross Ventilation:	No	County:	MARTIN COUNTY							
Jurisdiction:		Whole House Fan:	Yes	City, State, Zip:	STUART , FL ,							
Family Type:	Single-family											
New/Existing:	New (From Plans)											
Comment:												
CLIMATE												
✓	Design Location	TMY Site	IECC Zone	Design Temp 97.5 %	Design Temp 2.5 %	Int Design Temp Winter	Int Design Temp Summer	Heating Degree Days	Design Moisture	Daily Temp Range		
_____	FL, West Palm Beach	FL_WEST_PALM_BEAC	2	44	90	70	75	316	60	Medium		
BLOCKS												
	Number	Name	Area	Volume								
	1	Block1	1965	19650								
	2	Block2	2291	22910								
SPACES												
	Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated	
	1	STORY 1	1965	19650	Yes	1	1	1	Yes	Yes	Yes	
	2	STORY 2	2291	22910	No	0	4	1	Yes	Yes	Yes	
FLOORS												
✓	#	Floor Type	Space	Perimeter	Perimeter R-Value	Area	Joist R-Value	Tile	Wood	Carpet		
_____	1	Slab-On-Grade Edge Insulation	STORY 1	212 ft	0	1965 ft²	----	0	0	1		
_____	2	Slab-On-Grade Edge Insulation	STORY 2	216 ft	0	2291 ft²	----	0	0	1		
ROOF												
✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Hip	Metal	4610 ft²	0 ft²	Medium	0.96	No	0.9	No	20	22.6
ATTIC												
✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC					
_____	1	Full attic	Unvented	0	4256 ft²	N	N					

CEILING												
✓ #	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type						
1	Cathedral/Single Assembly (Unvented)	STORY 1	30	1965 ft²	0.11	Wood						
2	Cathedral/Single Assembly (Unvented)	STORY 2	30	2291 ft²	0.11	Wood						

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%
1	N	Exterior	Concrete Block - Ext Insul	STORY 1	4.2	62	10	620 ft²	0	0	0.75	0
2	E	Exterior	Concrete Block - Ext Insul	STORY 1	4.2	44	10	440 ft²	0	0	0.75	0
3	S	Exterior	Concrete Block - Ext Insul	STORY 1	4.2	62	10	620 ft²	0	0	0.75	0
4	W	Exterior	Concrete Block - Ext Insul	STORY 1	4.2	44	10	440 ft²	0	0	0.75	0
5	N	Exterior	Concrete Block - Ext Insul	STORY 2	4.2	62	10	620 ft²	0	0	0.75	0
6	E	Exterior	Concrete Block - Ext Insul	STORY 2	4.2	67	10	670 ft²	0	0	0.75	0
7	S	Exterior	Concrete Block - Ext Insul	STORY 2	4.2	62	10	620 ft²	0	0	0.75	0
8	W	Exterior	Concrete Block - Ext Insul	STORY 2	4.2	67	10	670 ft²	0	0	0.75	0

DOORS										
✓ #	Ornt	Door Type	Space	Storms	U-Value	Width Ft In	Height Ft In	Area		
1	S	Wood	STORY 1	None	0.460000	3	8	24 ft²		
2	S	Wood	STORY 1	None	0.460000	3	8	24 ft²		

WINDOWS												
Orientation shown is the entered, Proposed orientation.												
✓ #	Ornt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Overhang Depth	Overhang Separation	Int Shade	Screening
1	N	1	Metal	Single (Tinted)	Yes	1.07	0.5	120 ft²	2 ft 0 in	6 ft 0 in	None	None
2	N	1	Metal	Single (Tinted)	Yes	1.07	0.5	16.1875 ft²	2 ft 0 in	6 ft 0 in	None	None
3	N	1	Metal	Single (Tinted)	Yes	1.07	0.5	6.861111 ft²	2 ft 0 in	6 ft 0 in	None	None
4	E	2	Metal	Single (Tinted)	Yes	1.07	0.5	16.1875 ft²	2 ft 0 in	6 ft 0 in	None	None
5	E	2	Metal	Single (Tinted)	Yes	1.07	0.5	9.763889 ft²	2 ft 0 in	6 ft 0 in	None	None
6	S	3	Metal	Single (Tinted)	Yes	1.07	0.5	64.75 ft²	2 ft 0 in	6 ft 0 in	None	None
7	W	4	Metal	Single (Tinted)	Yes	1.07	0.5	18.40277 ft²	2 ft 0 in	6 ft 0 in	None	None
8	N	5	Metal	Single (Tinted)	Yes	1.07	0.5	26.25 ft²	2 ft 0 in	6 ft 0 in	None	None
9	N	5	Metal	Single (Tinted)	Yes	1.07	0.5	40 ft²	2 ft 0 in	6 ft 0 in	None	None
10	N	5	Metal	Single (Tinted)	Yes	1.07	0.5	18.40277 ft²	2 ft 0 in	6 ft 0 in	None	None
11	E	6	Metal	Single (Tinted)	Yes	1.07	0.5	18.40277 ft²	2 ft 0 in	6 ft 0 in	None	None
12	E	6	Metal	Single (Tinted)	Yes	1.07	0.5	64.75 ft²	2 ft 0 in	6 ft 0 in	None	None
13	E	6	Metal	Single (Tinted)	Yes	1.07	0.5	13.10416 ft²	2 ft 0 in	6 ft 0 in	None	None
14	S	7	Metal	Single (Tinted)	Yes	1.07	0.5	8 ft²	2 ft 0 in	6 ft 0 in	None	None
15	S	7	Metal	Single (Tinted)	Yes	1.07	0.5	55.5 ft²	2 ft 0 in	6 ft 0 in	None	None
16	W	8	Metal	Single (Tinted)	Yes	1.07	0.5	27.75 ft²	2 ft 0 in	6 ft 0 in	None	None
17	S	7	Metal	Single (Tinted)	Yes	1.07	0.5	64.75 ft²	2 ft 0 in	6 ft 0 in	None	None
18	W	8	Metal	Single (Tinted)	Yes	1.07	0.5	13.10416 ft²	2 ft 0 in	6 ft 0 in	None	None
19	W	8	Metal	Single (Tinted)	Yes	1.07	0.5	48.5625 ft²	2 ft 0 in	6 ft 0 in	None	None

GARAGE														
✓	#	Floor Area	Ceiling Area	Exposed Wall Perimeter	Avg. Wall Height	Exposed Wall Insulation								
—	1	736 ft²	736 ft²	40 ft	10 ft	11								
INFILTRATION														
#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50						
1	Wholehouse	Best Guess	0.000500	5581.77	306.432	576.290	0.34500	7.86904						
HEATING SYSTEM														
✓	#	System Type	Subtype	Efficiency	Capacity	Block	Ducts							
—	1	Electric Strip Heat	None	COP: 1	27 kBtu/hr	1	sys#1							
—	2	Electric Strip Heat	None	COP: 1	27 kBtu/hr	2	sys#2							
COOLING SYSTEM														
✓	#	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts					
—	1	Central Unit	None	SEER: 16	42 kBtu/hr	1260 cfm	0.75	1	sys#1					
—	2	Central Unit	None	SEER: 16	42 kBtu/hr	1260 cfm	0.75	2	sys#2					
HOT WATER SYSTEM														
✓	#	System Type	SubType	Location	EF	Cap	Use	SetPnt	Conservation					
—	1	Electric	None	Garage	0.92	40 gal	80 gal	120 deg	None					
SOLAR HOT WATER SYSTEM														
✓	FSEC	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF							
—	None	None			ft²									
DUCTS														
✓	#	— Supply —			— Return —		Leakage Type	Air Handler	CFM 25	Percent Leakage	QN	RLF	HVAC #	
—	1	Attic	6	215 ft²	Attic	22 ft²	Default Leakage	Garage	(Default) c	(Default) %			1	1
—	2	Attic	6	215 ft²	Attic	22 ft²	Default Leakage	Attic	(Default) c	(Default) %			2	2

TEMPERATURES

Programable Thermostat: Y

Celling Fans:

Cooling	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input checked="" 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 checked="" type="checkbox"/>	Oct	<input type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input checked="" type="checkbox"/>
Heating	<input checked="" type="checkbox"/>	Jan	<input 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 type="checkbox"/>	Nov	<input type="checkbox"/>	Dec	<input type="checkbox"/>
Venting	<input type="checkbox"/>	Jan	<input type="checkbox"/>	Feb	<input checked="" type="checkbox"/>	Mar	<input checked="" type="checkbox"/>	Apr	<input checked="" 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	<input checked="" type="checkbox"/>

Thermostat Schedule: HERS 2006 Reference

Hours

Schedule Type		1	2	3	4	5	6	7	8	9	10	11	12
Cooling (WD)	AM	78	78	78	78	78	78	78	78	80	80	80	80
	PM	80	80	78	78	78	78	78	78	78	78	78	78
Cooling (WEH)	AM	78	78	78	78	78	78	78	78	78	78	78	78
	PM	78	78	78	78	78	78	78	78	78	78	78	78
Heating (WD)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66
Heating (WEH)	AM	66	66	66	66	66	68	68	68	68	68	68	68
	PM	68	68	68	68	68	68	68	68	68	68	66	66

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

ADDRESS: 111 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	403.2.2 403.3.3	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. 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* = 78

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

111, STUART, FL,

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft²)</p>	<p style="text-align: center;">New (From Plans) Single-family 1 5 No 4256</p>	<p>9. Wall Types a. Concrete Block - Ext Insul, Exterior b. N/A c. N/A d. N/A</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Insulation</td> <td style="text-align: right;">Area</td> </tr> <tr> <td style="text-align: right;">R=4.2</td> <td style="text-align: right;">4700.00 ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> <tr> <td style="text-align: right;">R=</td> <td style="text-align: right;">ft²</td> </tr> </table>	Insulation	Area	R=4.2	4700.00 ft ²	R=	ft ²	R=	ft ²	R=	ft ²																																									
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<p>12. Cooling systems a. Central Unit b. Central Unit</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">kBtu/hr</td> <td style="text-align: right;">Efficiency</td> </tr> <tr> <td style="text-align: right;">42.0</td> <td style="text-align: right;">SEER:16.00</td> </tr> <tr> <td style="text-align: right;">42.0</td> <td style="text-align: right;">SEER:16.00</td> </tr> </table>	kBtu/hr	Efficiency	42.0	SEER:16.00	42.0	SEER:16.00	<p>13. Heating systems a. Electric Strip Heat b. Electric Strip Heat</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">kBtu/hr</td> <td style="text-align: right;">Efficiency</td> </tr> <tr> <td style="text-align: right;">27.0</td> <td style="text-align: right;">COP:1.00</td> </tr> <tr> <td style="text-align: right;">27.0</td> <td style="text-align: right;">COP:1.00</td> </tr> </table>	kBtu/hr	Efficiency	27.0	COP:1.00	27.0	COP:1.00																																							
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<p>14. Hot water systems a. Electric b. Conservation features None</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Cap: 40 gallons</td> </tr> <tr> <td style="text-align: right;">EF: 0.92</td> </tr> </table>	Cap: 40 gallons	EF: 0.92	<p>15. Credits</p>	<p style="text-align: right;">Pstat</p>																																																	
Cap: 40 gallons																																																						
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I certify that this home has complied with the Florida Energy Efficiency Code for Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: _____ Date: _____

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



*Note: 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.

Quick Calcs, Inc.

772-466-6799
317 ST. LUCIE LN.
FORT PIERCE, FL 34946

Invoice

Date	Invoice #
10/10/2013	4306

Bill To
HOMES BY JMC

P.O. No.	Terms	Due Date	Job Name
	Due on receipt	10/10/2013	DARROW RESIDENCE

Description	Rate	Amount
MANUEL J8, ENERGY CALCULATION & DUCT LAYOUT WITH 2 ZONES	200.00	200.00

Thank you for your business.	Total	\$200.00
	Payments/Credits	\$0.00
	Balance Due	\$200.00

Phone #
772-466-6799



Landscaping • Irrigation
Waterfalls • Brick Pavers
Landscape Lighting

Florida Exotic A Landscape Company, Inc.

4016 SW Moore St
Palm City, FL 34990

P: 772-286-2924 F: 772-286-1417

Email: floridaexotic@hughes.net Website: Floridaexoticlandscaping.com

December 18, 2014

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FL 34996

RE: Darrow Residence
7 Oak Hill
Sewall's Point, FL

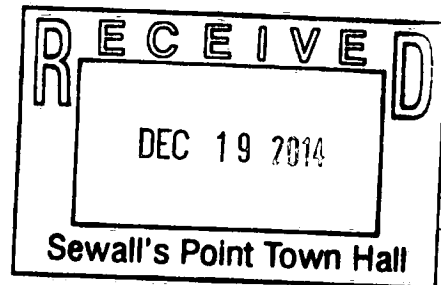
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

To Whom It May Concern:

Irrigation Installed using low volume with a Rain Sensor. Should you have any questions or concerns please feel free to contact Reuben Turner at (772) 215-8267.

Thank you,

Florida Exotic A Landscape Company, Inc.



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



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 12-17-14 TIME 10:00

DEVELOPMENT NAME (PROJECT) <u>TRACY DAWSON ROADAGE</u>	CONTRACTOR'S NAME <u>Homes By JMC</u>	CONTACT PERSON <u>John 772-253-0989</u>
STRUCTURE ADDRESS (LOT/BLOCK) <u>7 OAK HILL WAY</u>	CITY, STATE, ZIP CODE <u>STUART FL</u>	COUNTY <u>MARTIN</u>
NOTES <u>* FINAL Termite Treatment 34996</u>		

TREATMENT TYPE/AREA

- | | | | | | |
|---------------------------------------|--|---|------------------------------------|--|--|
| <input type="checkbox"/> FLOATING | <input type="checkbox"/> MONOLITHIC | <input type="checkbox"/> PATIO | <input type="checkbox"/> GARAGE | <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> STEM WALL/FOOTERS |
| <input type="checkbox"/> CUTOUTS | <input type="checkbox"/> FOOTER | <input type="checkbox"/> FRONT ENTRY | <input type="checkbox"/> RETREAT | <input type="checkbox"/> BORA CARE TREATMENT | <input type="checkbox"/> PLUMBING CUT OUTS |
| <input type="checkbox"/> TAMP & TREAT | <input checked="" type="checkbox"/> TREAT ONLY | <input checked="" type="checkbox"/> FINAL | <input type="checkbox"/> POOL DECK | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> ADDITION |

PRODUCTS

- BASELINE DOMINION 2L ACTIVE INGREDIENT BIFENTHRIN TERMIDOR SC BORACARE
- OTHER _____

ACTIVE INGREDIENT _____ DISODIUM OCTABORATE TETRAHYDRATE

CONCENTRATION

- .05% .12% .25% .05% 25% 9% OTHER _____
- GALLONS APPLIED 115

SQUARE FOOTAGE

LINEAR FOOTAGE 270

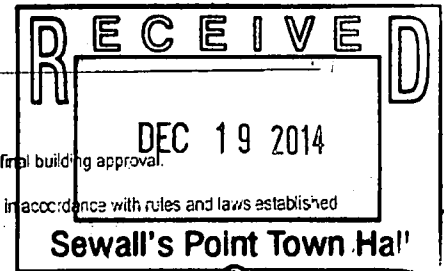
SQUARE FOOTAGE VERIFIED

- YES NO MEASURED OR VERIFIED PER PLANS

JOB READY CONDITIONS MET

- YES NO DETAILS _____

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



As per 104.2.6 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 [Signature] 12-17-14

FINAL STICKER

- ELECTRICAL PANEL WATER HEATER OTHER w/rodent work

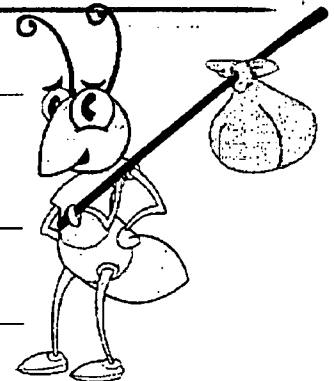
Payment Terms: Payment due at time of service.

Date 12-17-14

Applicator: [Signature]
Evict-A-Bug Termite and Pest Control, Inc.

Date _____

Customer (Property Owner or Agent) [Signature]
Left on site



Certificate of Product Ratings

AHRI Certified Reference Number: 7148133

Date: 8/19/2014

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM36

Indoor Unit Model Number: RH1T3621MTAN+RCH3621MTAM

Manufacturer: RHEEM SALES COMPANY, INC.

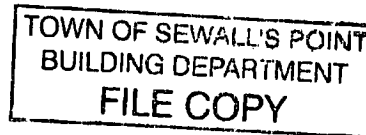
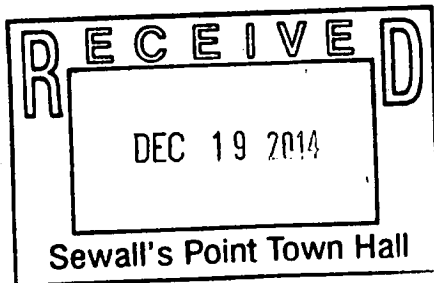
Trade/Brand name: RHEEM; RUUD; WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	36800
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	



* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

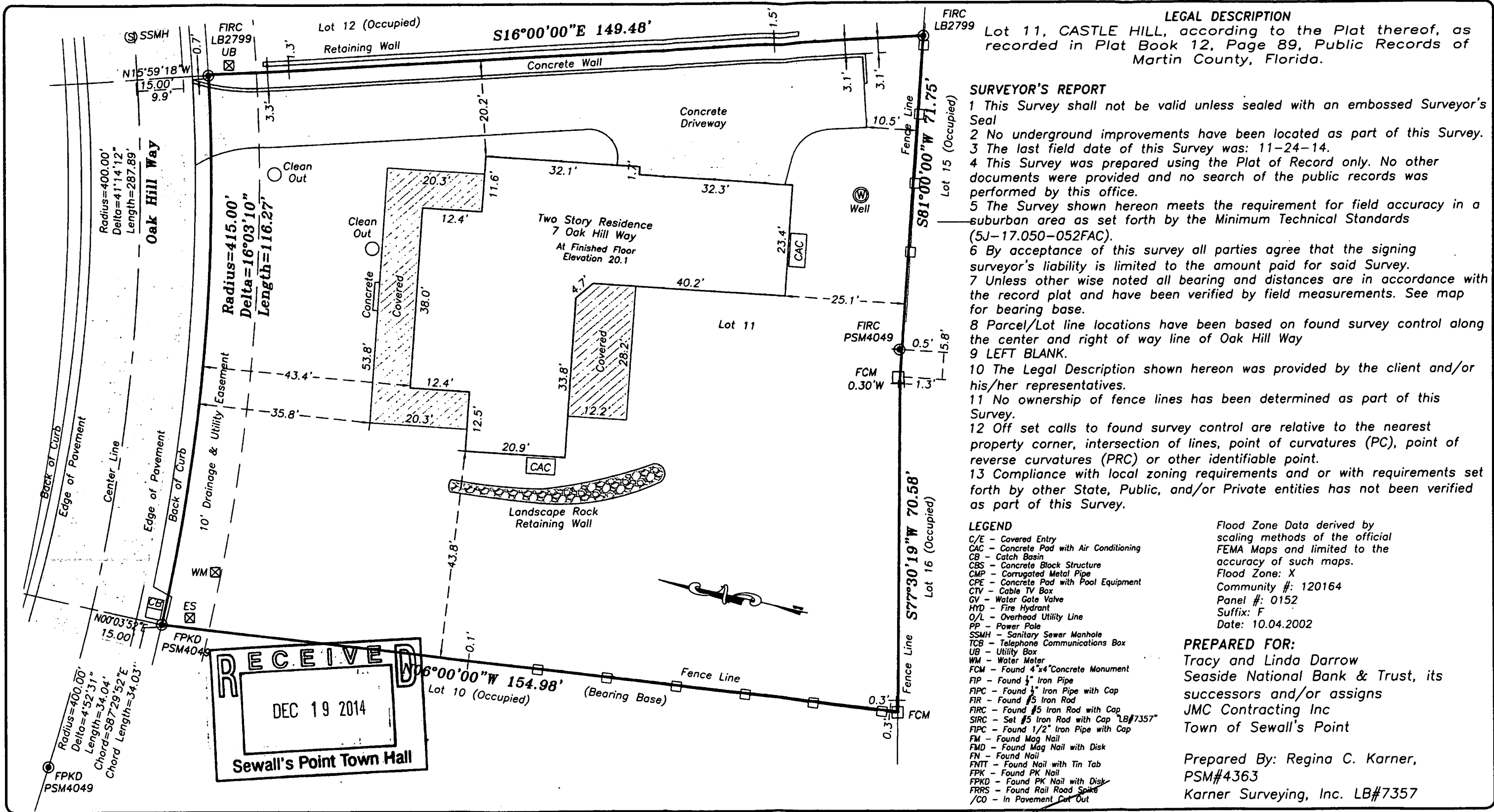
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we make life better™

CERTIFICATE NO.:

130529554591965354



Prepared For:
MR. & MRS. DARROW
 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
 WWW.KARNERSURVEYINGINC.COM karner@comcast.net

Regina C. Karner
 Not Valid Unless Sealed With An Embossed Surveyor's Seal

Date	Revision Description
12.16.14	- Ad Finished Floor El.

Sheet Title: Boundary Survey		
Scale: 1"=20'	Date: 11-25-14	Sheet No: 1 of 1
Drawn By: CADD-1	Field Book: 14-12-75	
Job No: CADD File:	File No:	
1308-0409 Project:MC, CastleHill\Castle11_Final		

HOLIDAY

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ~~Mon~~ Tue Wed Thur Fri 2/18-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	Darrow 7 Oak Hill Way JMC Contracting	Final Item Wall - Steel Insulat. Temp Pole	PASS PASS	Waug 287-0390 * CALL FOR INSPECTOR
	West 7 Palmetto Dr. All American Roofing	Reinspect - Final	See Fri 2/14/14	Alenda 781-4410 NOTIFIED 2/14/14 PASSED ON 2/14/14 INSPECTOR
	Carl King 30 Rio Vista Kenneth Leppard - Leppard Co. Inc.	needs to meet you at site prior to permit app	OK	772-370-7548 * After 9:30 AM Tues. INSPECTOR
		FRAME & ROOF TRADES	ALL PASS EXCEPT PLUMB.	NOO PLUMB INSPECTOR
10741	ALORICK 5 S. RIDGEVIEW S. FONTANA ROOFING	DRY-IN METAL	PASS	INSPECTOR
				R404.4 INSPECTOR 1610.
				1605.1.1 1807.2 INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4/30 - 14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	Darlow 7 to Oak Hill Way JMC	Stem Wall REPAIR	PASS	260-852-5 INSPECTOR <i>[Signature]</i>
10832	KLOSE 2 BAKU ST HEATON ROOFING	ROOF FINAL	PICTURES PASS	CLOSE INSPECTOR <i>[Signature]</i>
10797	CARUSO 24 S. SEWALLS RD A GREAT FENCE	FENCE FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10836	COOK 22 N. RIDGEVIEW DIAN BUTCHER ROOF	ROOF IN PROGRESS	PASS	INSPECTOR <i>[Signature]</i>
10674	MORAN 2 PALM RD BROWNIE & COMP.	PRE-PAYMENT REQUEST INSPECTION	OK FOR PAYMENT	INSPECTOR
10800	MILICI 14 E. HIGH PT S. HOLMES	DEMO FUEL TANK	PASS	INSPECTOR <i>[Signature]</i>
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5/7 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10847	6 Delano Ln Kongew Mary Thaxgo	Final Roof	Pass	871-2489 CLOSE INSPECTOR <i>[Signature]</i>
10822	MARRONE 53 N. SEWALLS Pt RD ON SHORE	ROOF FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10831	Blossom 158 S. River Rd AMERICAN GARAGE DOOR	GARAGE DOOR FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10710	DARROW 1041 WILLOW WAY JMC CONT.	U.G PLUMB U.G. ELECT	Pass Pass	INSPECTOR <i>[Signature]</i>
10837	BABBITT 76 S. Sewalls Pt. Rd INDEPENDANT CONST.	DRY-IN METAL	Pass	#0911 INSPECTOR <i>[Signature]</i>
10843	CASH 7 MIDDLE RD R A CONST	DRY DOOR FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
	97. S. SPARD	TREE - NO PERMIT	—	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-27-14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10110	7 Oak Hill	Slab Prep	PASS	Letter from Am...
	Jmc Cont.			INSPECTOR <i>[Signature]</i>
10762	Tufono 16 E High Point Rd Dreamworks Remodeling	Lath Chip	PASS	INSPECTOR <i>[Signature]</i>
	OTT 26 N Spg Rd	Fence NO Permit	OK	INSPECTOR
	9 PINE APPLE	TREE		INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

 6/9 - 14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10778	Nehme 44 S Sewall's Pt. Rd Oceanfront/Blades	Rough Plumb.	Pass	260-7514 Maid INSPECTOR <i>AF</i>
10770	Home	Interior		260-8525
All Insp per year	7 Oak Hill Way Homes by JMC	sch	Pass	INSPECTOR <i>A</i>
10893	Joe Sebastiano 6 W High Point Rd Owner/Builder	Stucco Insp.	Pass	Close INSPECTOR <i>AF</i>
10731	Williams 24 Castle Hill Way	Pool Plumbing again Fence Insp (1088?)	FAIL Fence does not comply	Allen has letter for repair INSPECTOR <i>AF</i>
2 different Permits				
10061	ELDER 110 S SP RD O/B	FRAMING / TIE DOWN	Resched 6/10	INSPECTOR
FORD	5 OAKWOOD	TREE	OK	INSPECTOR <i>AF</i>
0890	FROHLICH 9 Palm Rd MIDDLE - ROOF / DOOR	FRAMING	Pass	529-8111 Gary INSPECTOR <i>AF</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **6-27 -14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	DANIEL	TILE/PRESTRA		
	7 OAK HILL WAY JMC	* COLUMN	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10859	E BERT 138 S. SEWALLS BROWNIE CAMP	UNDERGROUND GAS	FAIL	NO PRESSURE ON LINE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG


Date of Inspection Mon Tue Wed Thur Fri 7-21-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10701	DRAGON	2 N FLOOR		
	7 DARKHILL WAY JMC	COLUMN & BEAM	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10922	BENN	GAS ROUTE		
	5 MILIMM ELITE GAS	INTERIOR	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	4 RIDGEVIEW	TRUCK	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

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
1107150	F. JONES DARRAW	Framing		
	7 Oak Hill Way JMC	Tie down		
				INSPECTOR <i>JK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		CHECK		
	PINE APPLE LA	SCREEN LIGHT		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10934	FABRICY	ROOF		
	6 OAKRILL	SHEATHING	<i>PASS</i>	
	SERGEANT			INSPECTOR <i>JK</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 9-10-14 Page _____ of _____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Roof		
	10710 JMC Contracting	Metal	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10978	Bohner	Final		
	Z N SPR	Roof	Pass	CLOSE
	CAPPS Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10841	DeJohn	Final Gas		
	10 Heritage Way	Tank + line	Pass	CLOSE
	Propane Services			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10762	Tufano	Final - Gas		CLOSE - ISSUE
Afternoon	16 E High Point Rd	Electrical, plumbing	Pass	Part of Completion
	Dream works	Mechanical + Buildins		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/23/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Rough-in all		
Am Inspection	7 Oak Hill Way	trades and framing	Pass	
INSPECTOR				
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10965	Pistolee	Final		
	21 Perriwinkle Cresc.	Pavers Driveway	Pass	Close
	Apex Pavers			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Wescott	Partial Roof		
	53 N River Rd	Sheathing	Pass	
	San George Const.			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10995	Pryce	Final Final		
P M Inspection	6 N Via Lucindia	Fabric	Pass	Close
	Home Depot	HURRICANE FABRIC		INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10778	Nehme	Windows		
	44 S SPR	In Progress	Pass	
	Ocean Front Builders			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10849	Gould	Final outdoor		STABILIZE DISTURBED
	48 S SPR	Kitchen	FAIL	SOIL
	Karam Haddad LLC			INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10956	Golden	Final		
	15 Middle Rd	Pool Deck	Pass	Close
	Gardiner Concrete			INSPECTOR <i>A</i>

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 9/24/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10971	Pomales	Final Door		
	31 Fieldway Drive	+ Windows	PASS	Core
	Atlantic Window			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Wescott	Partial		
	53 N River Rd	Roof	PASS	
	San George Const			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10627	Elder	Final		
	110 S SPR	Garage Roof	PASS	
	O/B	+ Stucco		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10838	Weston	Pool		SHARI CALL ABOUT
	30 S SPR	Final		TEMP ELECTRIC REMOVAL
	Hamilton Custom Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	DARROW	FRAMING &	PASS	
	TOWN HOUSE	ALL TRADES	PASS	
	JMC Const		PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
	NESSEN	TREE		
	109 N. SEWALLS		N.G.	
				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 9/25/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11016	Serls 4 River Oak Place Electric Connections	Slab	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Removal	Potter 4 Perriwinkle Circle	Tree Removal	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11009	Seaman 104 S River Road Monterey Const:	Final Garage Door	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
Tree Removal	Raskin 144 N. SPR	Tree Removal	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Haramis 172 S River Rd J Conroy, Inc.	Beams + Columns UPPER MEAN	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	WILLIAMS 7 ORR HALL WAY JME Contr.	REINSPECTOR INSULATION	OK	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 10/2/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Electrical		
	7 Oakhillway	LATHE	PASS	
	JMC			INSPECTOR A
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10694	Westcott	Window		
	53 N. River Rd	Bucking	PASS	
	Sen George Const.			INSPECTOR A
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10849	Gould	Final outdoor		
	48 SSPR	Kitchen	FAIL	NOT READY
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10859	Eberst	Final		
	138 S SPR	Kitchen Bath	PASS	CLOSE
	Brownie	remodel		INSPECTOR A
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11012	Schmidt	Final		
After 2:30 pm	8 Oakhillway	Mechanical	RECORDED	TUES 8:30 AM
	DS AIC			INSPECTOR A
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
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 11/13/14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11074	Rohloff	Final		Homeowner phone # 772-485-9008
Am Requested	20 Riverview Drive	Mechanical	Pass	close
	Seacoast A/C			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10884	Creeden	Final		
Am Requested	176 S Sewalls Point Rd	Mechanical	Pass	close
	Advantage Air			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11050	Duke	Steel, Bond		
	25 Island Rd	Main Drain	Pass	
	Alexander Pools	Niche		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10917	Castoro	Final Retaining	Fail	Stairs don't meet code
	27 S Sewalls Point Rd	wall + Paver		Handrails don't meet code
	Roe Construction	Pool Deck	Pass	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Temporary		email
	Truck Hill way	Meter	Pass	ppp
	JMC			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 11/18/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow	Driveway		Missing
	7 Oak Hill Way		Fail	Form boards
	JMC			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10949	Wright	Final Bath	Pass	Please call Chad at (772) 215-2430 to arrange time
Am Requested	10 Miramar Rd	Remodel		Close
	Custom Blders Group			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11062	Birdsall	Fence		Fence not as permitted. Not in location marked
	49 N. River Rd	Final	Fail	
	Stuart Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11014	Crispin	Fence		
	30 E High Point Rd	Final	Pass	
	Stuart Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10935	Heramis	Dry-lm +		
	172 S River rd	Metal.	Pass	
	J. Conroy			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 12/16/14 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10710	Darrow 7 Oak Hill Way Homes by JmC	Final CO.	Pass	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11012 Am Requested	Schmidt 8 Oak Hill Way DS Air Conditioning	Final Mechanical	Pass	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10694	Wescott 53 N River Rd San George	Frame, All Trades, Lath and Insulation	Pass	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11078	Guisenberry 54 S Sewall's Pt Rd John O'Connell	Lumber for Salvage	OK	
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11107	Smiertka 1 Riverview Drive JA Taylor	Final Roof	Pass	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11115 Pm Requested	Hurd 35 N Sewall's Pt Rd Coastal Sea wall	Filter Fabric	Check SEWALL (NEW)	Permit?
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10945 Pm Requested	Carter 51 N River Rd Masterpiece	All Trades	Pass	Pass
				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



CONDITIONAL CERTIFICATE OF OCCUPANCY

Single Family Residence Other _____

OWNER: Darrow, Tracy P. & Linda C. PROPERTY ADDRESS: 7 Oakhill Way

LEGAL DESCRIPTION: LOT 11 BLOCK _____ SUBDIVISION Castle Hill

GENERAL CONTRACTOR: JMC Contracting LIC/CERT NO: CBC046609

ARCHITECT OR ENGINEER: Braden & Braden LIC/CERT NO: _____

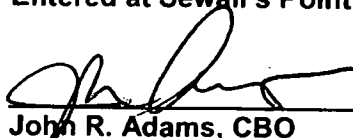
PERMIT NO: 10710 ; DATE OF ISSUE: 12/11/2013

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 Conditional Certificate of Occupancy is hereby issued for the foregoing described property for a period not to exceed 60 days. The following conditions must be completed within this time period at which time a permanent Certification of Occupancy will be issued:

1. Final grading/sod including storm water detention area located at rear of home located in
2. access for swimming pool construction.
3. _____

Entered at Sewall's Point, Florida, this 19 day of December, 2014.



 John R. Adams, CBO
 Building Official, Town of Sewall's Point



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: DARROW TRACY P & LINDA C PROPERTY ADDRESS: 7 Oak Hill Way

LEGAL DESCRIPTION:

PARCEL CONTROL NUMBER 26-37-41-015-000-00110-1 SUBDIVISION Castle Hill Lot 11

GENERAL CONTRACTOR: JMC Contracting Inc LIC/CERT NO: CBC046609

ARCHITECT OR ENGINEER: Braden & Braden LIC/CERT NO: AAC000032

PERMIT NO: 10710 DATE OF ISSUE: 12/11/2013

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 21st day of May, 2015.

John R. Adams, CBO
 Building Official, Town of Sewall's Point

11147

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:	11147	DATE ISSUED:	January 26, 2015
SCOPE OF WORK:	Swimming Pool, Spa & Deck		
CONTRACTOR:	Pools by Greg		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00110-1	SUBDIVISION:	Castle Hill Lot 11
CONSTRUCTION ADDRESS:	7 Oak Hill Way		
OWNER NAME:	Darrow		
QUALIFIER:	Terry Wix	CONTACT PHONE NUMBER:	772-337-9713

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 PERMIT APPLICATION

Permit Number: 11147

Date: 12/22/2014

OWNER/LESSEE NAME: LINDA DARROW Phone (Day) 614-562-3815 (Fax) _____

Job Site Address: 7 OAK HILL WAY City: SEWALL'S POINT State: FL Zip: 34996

Legal Description CASTLE HILL LOT 11 Parcel Control Number: 26-37-41-015-000-00110-1

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

\$ DECK

***SCOPE OF WORK (PLEASE BE SPECIFIC):** INSTALL INGROUND GUNITE SWIMMING POOL & SPA

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: \$ 40,000.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: POOLS BY GREG CO. INC. Phone: 772-337-9713 Fax: 772-337-9287

Qualifiers name: TERRY WIX Street: 8886 S FEDERAL HWY City: PORT ST LUCIE State: FL Zip: 34952

State License Number: CPC1458338 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: POOLS BY GREG CO. INC. 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:

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 Linda C Darrow

State of Florida, County of: ST LUCIE

On This the 13 day of JANUARY, 2015

by Linda C Darrow who is personally

known to me (I produced) MARIE E. KNOWLES

As identified by MARIE E. KNOWLES

My Commission Expires: Dec 16, 2016
Commission # FF 125001

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

x Terry Wix

State of Florida, County of: ST LUCIE

On This the 13 day of JANUARY, 2015

by Terry Wix who is personally



My Commission Expires: _____

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11147		
ADDRESS:	7 Oak Hill Way		
DATE ISSUED:	1/26/2015	SCOPE OF WORK:	Swimming Pool, Spa & Deck

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp	6	\$	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.)		\$	16.00
TOTAL ACCESSORY PERMIT FEE:		\$	634.00



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: LILDA DABROW

CONSTRUCTION ADDRESS: 70AK Hill Way, Sewell's Point

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 \$ _____

<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: 7501 Calusa Ave Ft St Lucie FL 34952

COMPANY OR QUALIFIER'S NAME: ROBERT T. PAULK

TELEPHONE NO: 772-337-4197 PLEASE PRINT FAX NO: 772-335-1639

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: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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: LINDA DABROW

CONSTRUCTION ADDRESS: 7 Oak Hill Way, Sewell's Point

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]
 SIGNATURE OF LICENSED CONTRACTOR

691 SE CALMOSO DR. PSL FL
 ADDRESS OF CONTRACTOR

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: MCFE4585 (MARTIN COUNTY)

** 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: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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: LILHA DABROW

CONSTRUCTION ADDRESS: 7 Oak Hill way, Sewell's Point

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 OF LICENSED CONTRACTOR _____ ADDRESS OF CONTRACTOR 8886 S Federal Hwy, PSL, 34952

COMPANY OR QUALIFIER'S NAME: TERRY WIX PLEASE PRINT

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

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: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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



**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. 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-F.S.
Expiration date: AUG 31, 2016 L1405100001565**

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

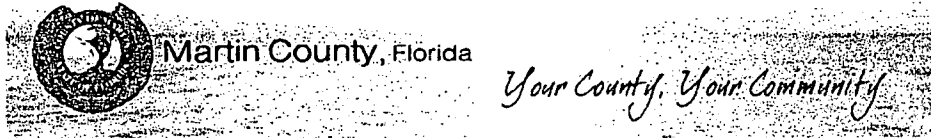
LICENSE NUMBER
EC13001275

**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**





Contractors List



Search paula,

Display 15



<u>Name</u>	<u>License Type</u>	<u>Company</u>	<u>License & Exp</u>	<u>Status</u>	<u>Address</u>	<u>City</u>	<u>Phone Number</u>	<u>Liability & Exp</u>	<u>Wk Comp & Exp</u>
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)

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1 - 1

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[Sheriff's Scanner](#)
[FHP Traffic](#)
[FDOT 511](#)

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PAYUK-1 OP ID: SH



CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER Post Insurance & Financial Inc Katherine E. Post 146 NW Central Park Plaza, 102 Port St. Lucie, FL 34986 Katherine Post	CONTACT NAME: Katherine Post PHONE (A/C No, Ext): 772-878-8184 FAX (A/C No): 772-878-8292 E-MAIL ADDRESS: kathypost@insurewithpost.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: CastlePoint Florida Ins Co</td> <td></td> <td></td> </tr> <tr> <td>INSURER B: Arch Specialty Ins Co</td> <td></td> <td></td> </tr> <tr> <td>INSURER C: Progressive Ins Co</td> <td></td> <td>24252</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> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: CastlePoint Florida Ins Co			INSURER B: Arch Specialty Ins Co			INSURER C: Progressive Ins Co		24252	INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C: Progressive Ins Co		24252																			
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Payuk Electric LLC 2501 SE Calusa Ave 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	ADOL SUBR INSP WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		AGL000967700	02/21/2014	02/21/2015	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
C	AUTOMOBILE LIABILITY <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	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP761337101	04/26/2014	04/26/2015	<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)

CERTIFICATE HOLDER POOLS-1 Pools By Greg 8886 South US Hwy 1 Port St Lucie, FL 34952	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Katherine E Post</i>
---	---

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
10/8/2014

PRODUCER 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.												
INSURED MCN LIFESAVER POOL FENCE 691 SE CALMOSO DRIVE PT ST LUCIE, FL 34983 772 340-0145	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: BURLINGTON INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D: MADISON INSURANCE CO</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: BURLINGTON INSURANCE COMPANY		INSURER B:		INSURER C:		INSURER D: MADISON INSURANCE CO		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURER A: BURLINGTON INSURANCE COMPANY													
INSURER B:													
INSURER C:													
INSURER D: MADISON INSURANCE CO													
INSURER E:													

COVERAGES

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

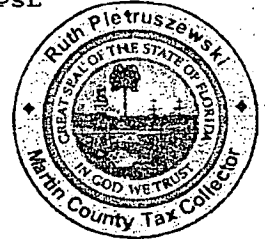
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR	183B007888E	07/29/14	07/29/15	EACH OCCURRENCE \$300,000.00
		GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				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

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

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. S	<u>.00</u>	LIC. FEE S	<u>26.25</u>
S	<u>.00</u>	PENALTY S	<u>.00</u>
S	<u>.00</u>	COL. FEE S	<u>.00</u>
S	<u>.00</u>	TRANSFER S	<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



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

PORT ST LUCIE FL 34952

Business Tax 106685 / 15-1015024

Fee: 134.00

Discount: 0.00

John Grayson
BUSINESS TAX AUTHORITY

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

CPC1458338

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

WIX FERRY-G
POOLS BY GREG INC
8886 SOUTH FEDERAL HIGHWAY
PORT ST LUCIE FL 34952





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

**SWIMMING POOL, DECK, AND SPA CHECKLIST
2010 FLORIDA BUILDING CODE**

- 1 Copy** completed permit application.
- 2 Copies** complete sets of plans signed and sealed by an architect or engineer.
Maximum size plans are 24" x 36".
- 2 Copies** survey showing the following:
 - ALL EXISTING STRUCTURES ON PROPERTY
 - LOCATION OF PROPOSED POOL AND POOL DECK
 - SETBACKS FROM POOL AND DECK TO PROPERTY LINES
 - LOCATION AND TYPE OF ANY EXISTING FENCING
 - LOCATION OF ALL EASEMENTS
 - STREET & HOUSE NUMBER ON SITE PLANS
 - LOCATION OF ANY OVERHEAD ELECTRICAL LINES
 - ALL FOUR BUILDING SETBACKS LINES.
 - INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.

- 2 Copies** Residential Swimming Pools, Spa & Hot Tub Safety Act Certification Forms.
- 1 Copy** Pool subcontractors list with Municipal or State Certification numbers. Must be signed and notarized by license holder.
- 1 Copy** Compaction report and form board tie-in survey (for pool shell) prior to deck inspection
Pool and deck elevation must be indicated on all river front lots.

Pool only permits require a deck permit submittal or affidavit prior to issuance. Separate pool deck permits need to have a pool permit number before issuance. Failure to comply with the above and any other requirements will result in a delay of the issuance of the permit.

POOLS THAT ARE DESIGNED TO BE 4' 11" DEEP MUST INDEPENDENTLY VERIFIED FOR MAXIMUM WATER DEPTH BY AN ARCHITECT, ENGINEER OR LAND SURVEYOR REGISTERED IN THE STATE OF FLORIDA PRIOR, TO FINAL INSPECTION.

APPLICATIONS, PLANS AND DOCUMENTS FOR FENCE, BARRIER, AND/OR SCREEN ENCLOSURE MUST BE SUBMITTED PRIOR TO ISSUANCE OF POOL PERMIT.

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

generated on 1/26/2015 6:35:37 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00110-1	4155	OAK HILL WY, SEWALL'S POINT	\$185,000	1/24/2015

Owner Information

Owner(Current)	DARROW TRACY P & LINDA C
Owner/Mail Address	12 PALMETTO RD STUART FL 34996
Sale Date	8/30/2013
Document Book/Page	<u>2674 0476</u>
Document No.	2414501
Sale Price	210000

Location/Description

Account #	4155	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 11 PI# 26-37-41-015-000-00110-10000
Parcel Address	OAK HILL WY, SEWALL'S POINT		
Acres	.4380		

Parcel Type

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

Assessment Information

Market Land Value	\$185,000
Market Improvement Value	
Market Total Value	\$185,000



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TDH CALCULATOR PBG-DARROW-HIGH SPEED

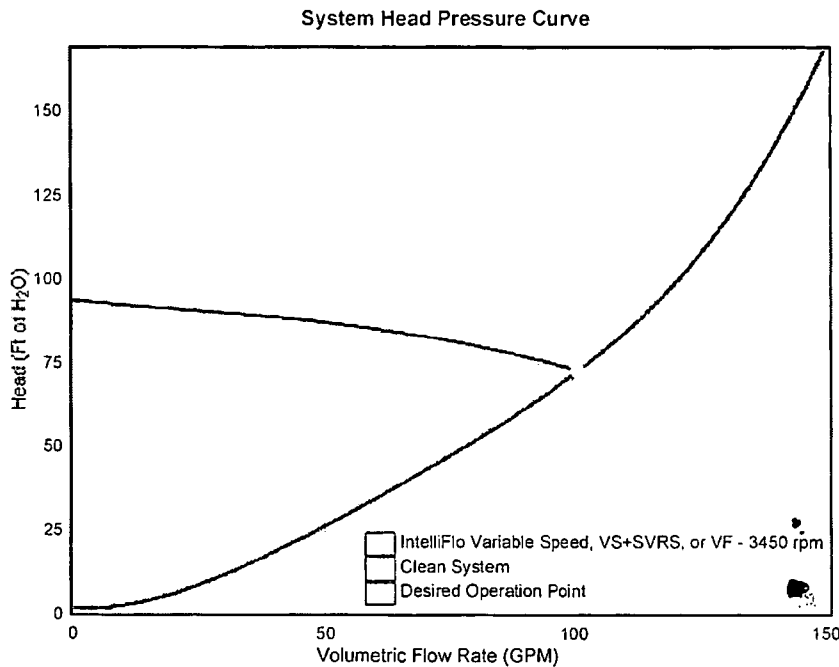
Pool Information

<p>Flow Rate: 100.75 GPM Suction Lift: 2 Ft</p> <p>Maximum Pipe Velocity Allowed: (consult your local code)</p> <p>Branch Piping: 6 Ft/Sec Inlet Piping: 8 Ft/Sec Discharge Piping: 8 Ft/Sec</p>	<p>Total Piping Lengths:</p> <p>Inlet Side: 36 Ft Discharge Side: 70 Ft</p> <p>Piping Sizes:</p> <p>Inlet Piping: 2.445 In Discharge Piping: 2.445 In</p> <p>Piping Head Loss at 100.75Gal/Min: (not including fittings or valves)</p> <p>Inlet Piping: 2.26 Ft Discharge Piping: 4.39 Ft</p>
---	--

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

<p>Flow Rate: 100.75 Gal/Min Your Head Loss: 73.03 Ft Maximum Flow Rate at Maximum RPM: 100.75 Gal/Min Head Loss at Maximum Flow Rate: 73.03 Ft</p>	<p>Suggested Minimum Pipe Sizes:</p> <p>Branch Piping: 3.0 In Inlet Piping: 2.5 In Discharge Piping: 2.5 In</p>
---	--



HARVEY E. KOEHNEN
Professional Engineer PE-32831
7205 Elyse Circle
Port St. Lucie, FL 34952-3212
Fax (772) 499-3035

Harvey E. Koehn
1/8/15

Selected Components

Components

Item	Quantity	Head Loss at 100.75Gal/Min
IntelliChlor IC - 20	1	2.70
2" x 2.5" 3 way valve	4	8.15
Main Drain	1	1.75
Clean and Clear	1	6.65
UltraTemp	1	36.10
1 inch Return	4	1.61

Piping

Item	Inlet Quantity	Discharge Quantity	Head Loss at 100.75Gal/Min
90 degree elbow	3	12	6.49
45 degree elbow	0	0	0.00
Tee Through	0	3	0.92

Pumps

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

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TDH CALCULATOR PBG-DARROW-LOW SPEED

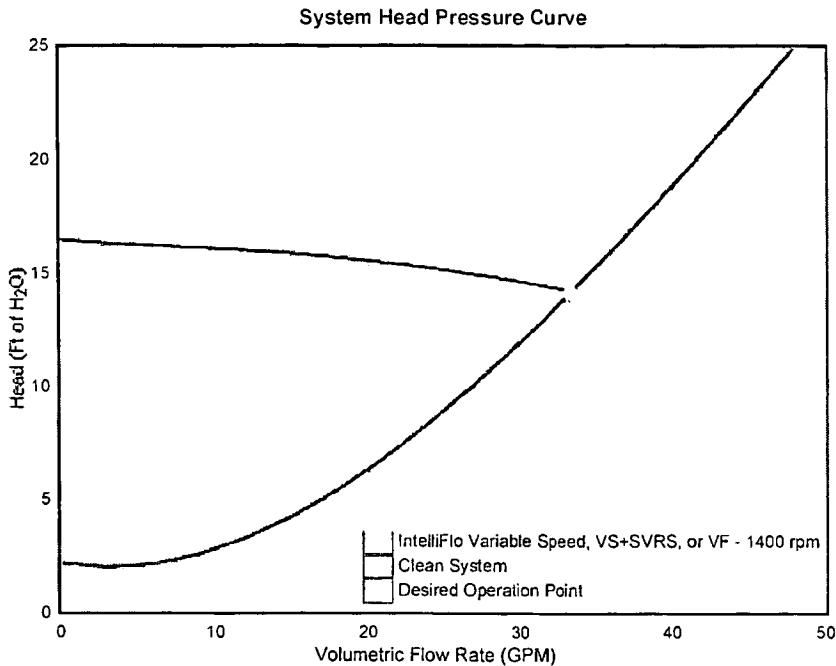
Pool Information

Pool Volume:	16000 Gal	Total Piping Lengths:	
Turn Over Time:	8.00 Hrs	Inlet Side:	36 Ft
Suction Lift:	2 Ft	Discharge Side:	70 Ft
Maximum Pipe Velocity Allowed: (consult your local code)		Piping Sizes:	
Branch Piping:	6 Ft/Sec	Inlet Piping:	2.445 In
Inlet Piping:	8 Ft/Sec	Discharge Piping:	2.445 In
Discharge Piping:	8 Ft/Sec	Piping Head Loss at 33.33Gal/Min: (not including fittings or valves)	
		Inlet Piping:	0.29 Ft
		Discharge Piping:	0.57 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:	33.33 Gal/Min	Suggested Minimum Pipe Sizes:	
Your Head Loss:	14.19 Ft	Branch Piping:	1.5 In
Maximum Flow Rate at Maximum RPM:	100.75 Gal/Min	Inlet Piping:	1.5 In
Head Loss at Maximum Flow Rate:	73.03 Ft	Discharge Piping:	1.5 In



Selected Components

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

Harvey Koehnen
 1/8/15

Components

Item	Quantity	Head Loss at 33.33Gal/Min
IntelliChlor IC - 20	1	0.44
2" x 2.5" 3 way valve	4	0.30
Main Drain	1	0.35
Clean and Clear	1	0.63
UltraTemp	1	8.40
1 inch Return	4	0.26

Piping

Item	Inlet Quantity	Discharge Quantity	Head Loss at 33.33Gal/Min
90 degree elbow	3	12	0.84
45 degree elbow	0	0	0.00
Tee Through	0	3	0.12

Pumps

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

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TDH CALCULATOR PBG-DARROW-SPA JETS

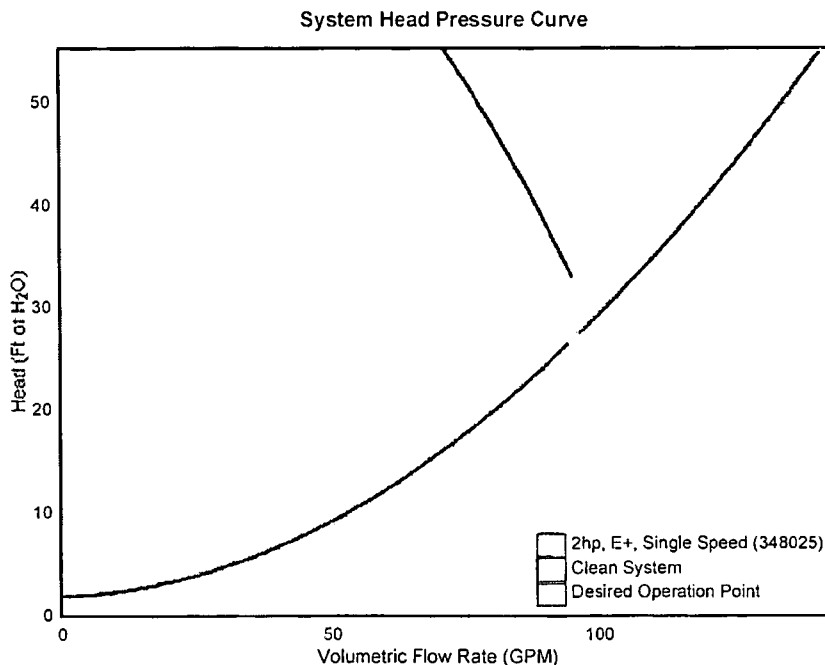
Pool Information

Flow Rate:	95 GPM	Total Piping Lengths:	
Suction Lift:	2 Ft	Inlet Side:	52 Ft
		Discharge Side:	60 Ft
Maximum Pipe Velocity Allowed: (consult your local code)		Piping Sizes:	
Branch Piping:	6 Ft/Sec	Inlet Piping:	2.445 In
Inlet Piping:	8 Ft/Sec	Discharge Piping:	2.445 In
Discharge Piping:	8 Ft/Sec	Piping Head Loss at 95.00Gal/Min: (not including fittings or valves)	
		Inlet Piping:	2.93 Ft
		Discharge Piping:	3.38 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	Suggested Minimum Pipe Sizes:	
Your Head Loss:	27.05 Ft	Branch Piping:	3.0 In
Maximum Flow Rate at Maximum RPM:	95.00 Gal/Min	Inlet Piping:	2.5 In
Head Loss at Maximum Flow Rate:	27.05 Ft	Discharge Piping:	2.5 In



Selected Components

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

Harvey Koehn
 1/8/15

Components

Item	Quantity	Head Loss at 95.00Gal/Min
2" x 2.5" 3 way valve	0	0.00
Main Drain	1	1.60
Clean and Clear	1	5.89
3/4 inch Return	4	4.66

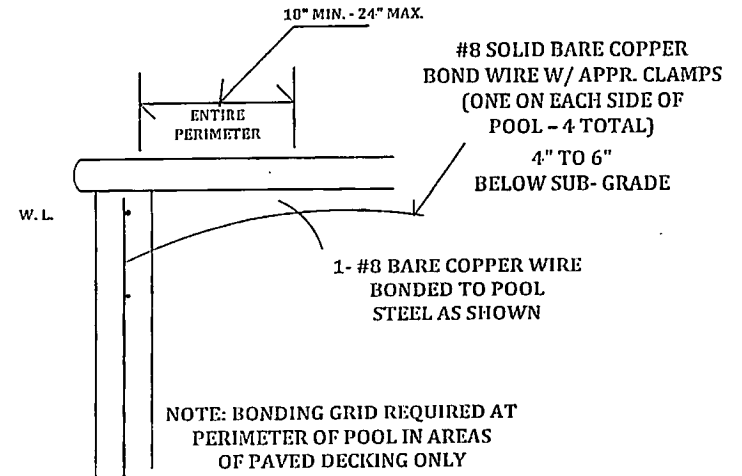
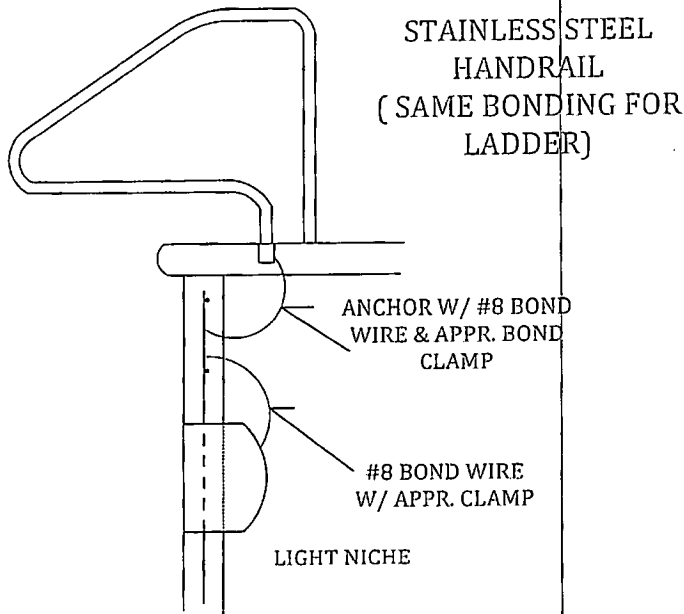
Piping

Item	Inlet Quantity	Discharge Quantity	Head Loss at 95.00Gal/Min
90 degree elbow	4	10	5.43
45 degree elbow	0	2	0.35
Tee Through	0	3	0.83

Pumps

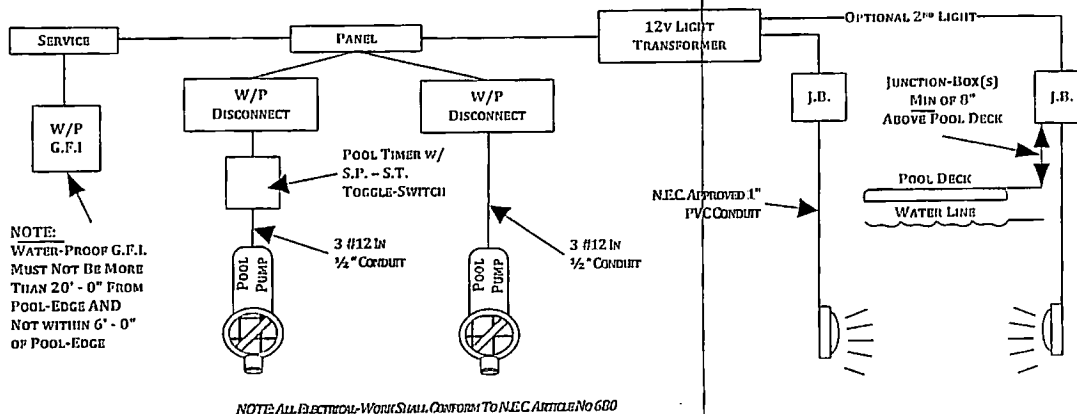
Item	Quantity
2hp, E+, Single Speed (348025)	1

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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



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

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

PERMIT #: _____ TAX FOLIO #: 26-37-41-015-000-00110-1

STATE OF FLORIDA COUNTY OF MARTIN

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

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

CASTLE HILL LOT 11 d# 26-37-41-015-000-00110-10000

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL INGROUND GUNITE SWIMMING POOL

OWNER NAME: TRACY P & or LINDA C DARROW
ADDRESS: 7 OAK HILL RD SEWALL'S POINT FL 34996
PHONE NUMBER: 772-485-8121 **FAX NUMBER:** _____

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

CONTRACTOR: POOLS BY GREG CO INC.
ADDRESS: 8888 S FEDERAL HWY PORT ST LUCIE FL 34952
PHONE NUMBER: 772-337-8713 **FAX NUMBER:** 772-337-8287

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

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

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

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

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ FLORIDA STATUES: _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),
PHONE NUMBER: _____ **FAX NUMBER:** _____

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED TO 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.

x Linda C Darrow
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 13 DAY OF JAN, 2015

BY: Linda C. Darrow AS Owner FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED FI Driver

Marie E Knowles
 NOTARY SIGNATURE/ SEAL
MARIE E. KNOWLES
 My Comm. Expires Dec 16, 2016
 Commission # FF 125001

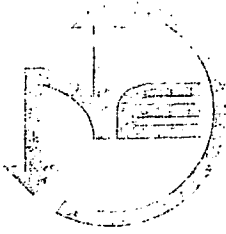
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING INSTRUMENT AND IT IS THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES) THAT THE FOREGOING INSTRUMENT IS THE TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.

Linda C Darrow
 (Signature of Natural Person Signing Above)

STATE OF FLORIDA
 MARTIN COUNTY
 THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
 BY SKIMMORY D.C.
 DATE 1-23-15
 CAROLYN TIMMANN, CLERK



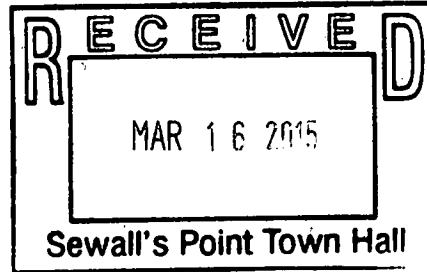
INSTR # 2495873 OR BK 2762 PG 2383 RECD 01/23/2015 11:05:11 AM
 (1 Page)
 CAROLYN TIMMANN MARTIN COUNTY CLERK
 DEED DOC \$0.00, INTANGIBLE \$0.00



Nutting Engineers

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

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



*OR
FWP*

February 27, 2015

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

Re: Pool Backfill Evaluation
Darrow Residence
7 Oak Hill Way
Sewalls Point, 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) East side of pool, 10' of house.
- 2) Between house & pool, 1' north of pool.
- 3) Between house & pool, 2' west 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.

[Signature]
Richard G. Iossi, P.E. #42608
Project Engineer

Pools by Greg --Darrow

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

OFFICES
Palm Beach
Miami-Dade
St. Lucie

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

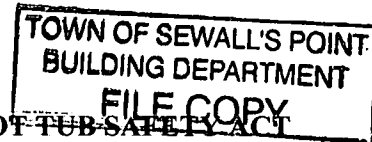
Date of Inspection Mon Tue Wed Thur Fri 5/21/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11144	Darrow			
	7 Oak Hill Way	Pool Final	Pass	Close
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11060	Fabricey			
	6 Oak Hill Way	Pool Final	Pass	Close
	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>



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

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**) 7 OAK HILL WAY SEWALL'S POINT FL 34996, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. 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 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 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING 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 Wix
 CONTRACTOR'S SIGNATURE & DATE

Linda C. Darrow 12/30/14
 OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF FLORIDA

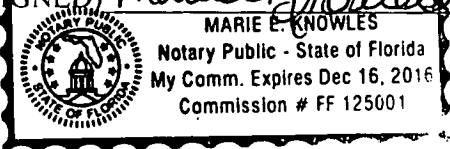
COUNTY OF ST LUCIE

ON THIS 13 DAY OF JANUARY 2015

BEFORE ME PERSONALLY APPEARED:

TERRY WIX

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


NOTARY AS TO OWNER:

STATE OF FLORIDA

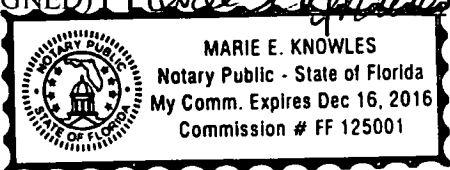
COUNTY OF ST LUCIE

ON THIS 13 DAY OF JANUARY 2015

BEFORE ME PERSONALLY APPEARED:

Linda C. Darrow

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


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



MARTIN COUNTY BUILDING DEPARTMENT
 900 SE RUHNYKE STREET
 STUART, FL 34994
 (772) 288-3916
 FAX (772) 288-5911

Martin County Electrical Load Calculations

Electrical Contractor: PAYUK ELECTRIC
 Phone #: 772-337-4197 Fax #: 772-335-1639
 Project: DEEROW RESIDENCE
 Location: 7 OAK HILL WAY
 Existing Service Feeder Size: 2/0 Cu Existing Panel Size: 200 AMP

Existing Loads

<u>4300</u> Sq. Ft. X 3 watts per sq. ft.	<u>12,900</u> watts
<u>4</u> Appliance cir. @ 1500 watts each	<u>6000</u> watts
<u>1</u> Laundry cir. @ 1500 watts each	<u>3000</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	_____ watts
_____ Tankless water heater	_____ watts
<u>1</u> Dryer @ 3 kw	<u>5000</u> watts
<u>1</u> Other <u>REFRIGERATOR</u>	<u>1500</u> watts
<u>1</u> Other <u>BOTH A/C'S</u>	<u>1500</u> watts
_____ Other	_____ watts
_____ Other	_____ watts

New Loads

<u>2</u> Pool pump	<u>6576</u> watts
<u>2</u> Pool light	<u>400</u> watts
<u>1</u> Heat pump	<u>12,000</u> watts
<u>1</u> Chlorine generator	<u>150</u> watts
_____ Air blower	_____ watts
_____ Sprinkler pump	_____ watts
_____ Boat lift	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ Other	_____ watts
_____ First 10 kw @ 100%	<u>10,000</u> watts
_____ Remainder @ 40%	<u>20,810</u> watts
_____ A/C heat @ 100%	<u>10,500</u> watts

Total watts 62,026 watts

Total watts 41,310 watts

Divided by 240 volts = 173 Amps

Prepared by: Bob Payuk Date: 1/12/15



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name POOLS BY GREG Permit # _____
 Mailing Address 8886 S FEDERAL HWY City PORT ST LUCIE State FL Zip 34996

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

<u>CONTRACTOR/TRADE</u>	<u>COMPANY NAME</u>	<u>LICENSE #</u>
CONCRETE POOL DECK	POOLS BY GREG	CPC1458338
DECK FINISH	POOLS BY GREG	CPC1458338
MASTER ELECTRICIAN	PAYUK ELECTRIC	EC13001275
POOL GUNITE	POOLS BY GREG	CPC1458338
INTERIOR POOL FINISH	POOLS BY GREG	CPC1458338
POOL STEEL	POOLS BY GREG	CPC1458338
BARRIER/ALARM	POOLS BY GREG	CPC1458338

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

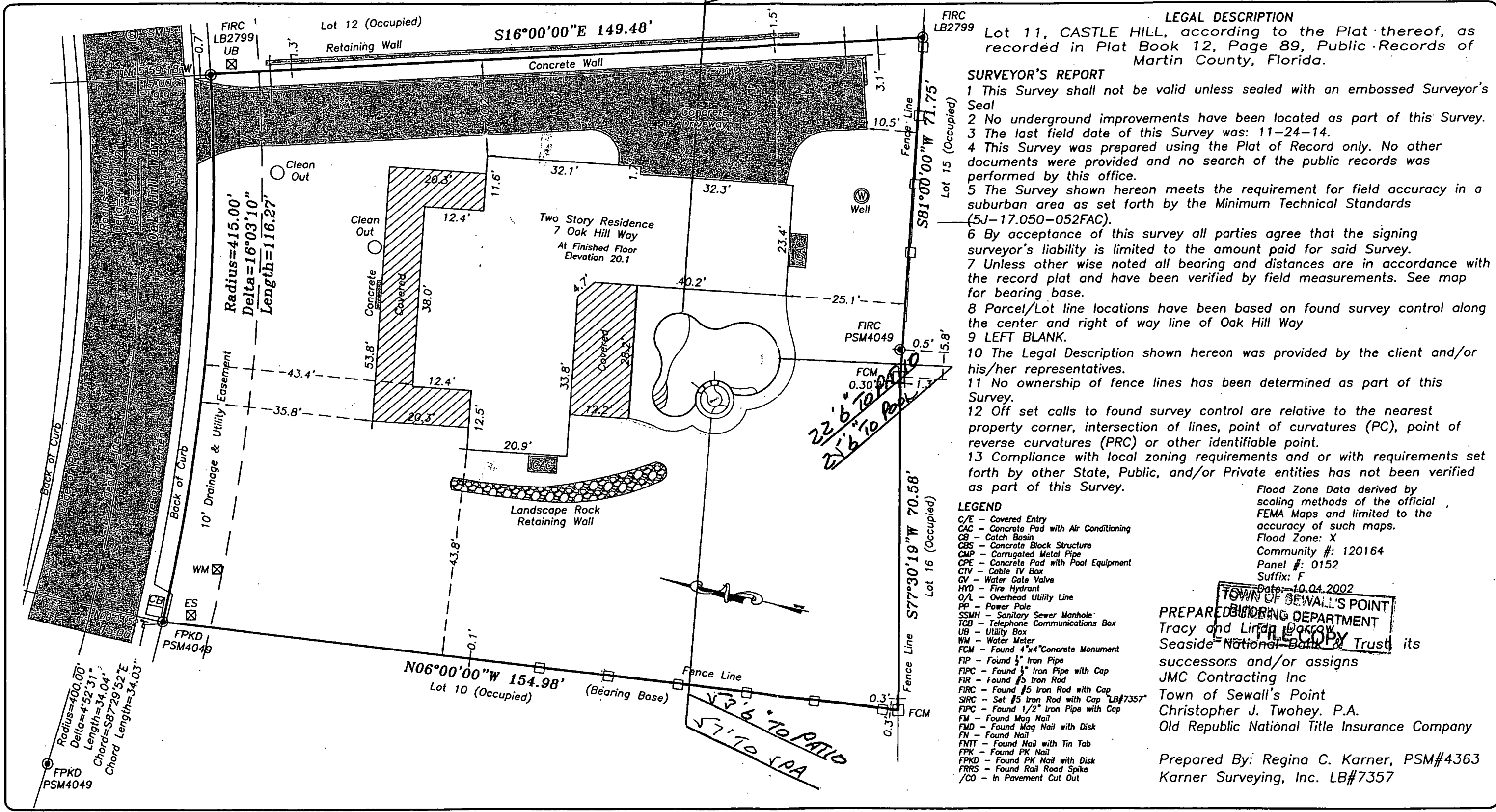
Terry Bell
 Signature of applicant

Sworn to and subscribed before me this 13 JAN day of 20 15 by

Marie E. Knowles
 Notary Public, State of Florida, County of Martin
 Personally Known Produced Identification

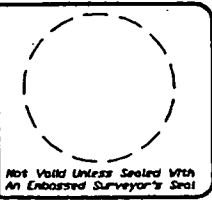
Type of ID Produced: _____





Prepared For:
MR. & MRS. DARROW
 Martin County Florida

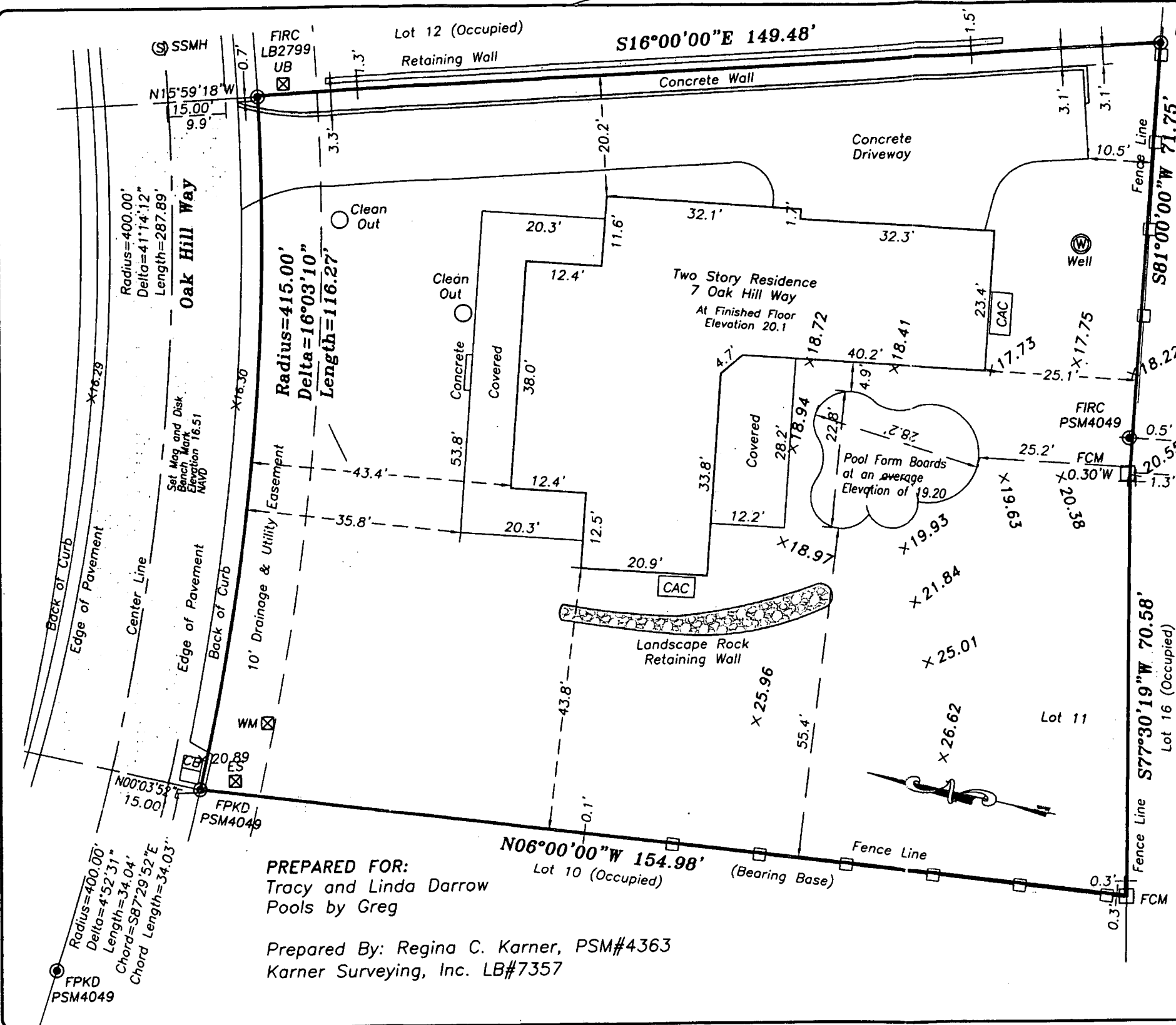
KARNER SURVEYING, INC.
 Residential & Commercial Surveying Services
 2740 SW Martin Downs Blvd.#333, Palm City, FL.34990
 Phone: (772)288 7206 Fax:(772)223 8181
 WWW.KARNERSURVEYINGINC.COM karner@comcast.net



Date	Revision Description
12.16.14	- Ad Finished Floor El.
12.16.14	- Ad Title Company

Sheet Title		
Boundary Survey		
Scale: 1"=20'	Date: 11-25-14	Sheet No:
Drawn By: CADD-1	Field Book: 14-12-75	1 of 1
Job No: 1309-0499	CADD File: Castle Hill_Final	File No:

JA FWP



LEGAL DESCRIPTION
 Lot 11, CASTLE HILL, according to the Plat thereof, as recorded in Plat Book 12, Page 89, Public Records of Martin County, Florida.

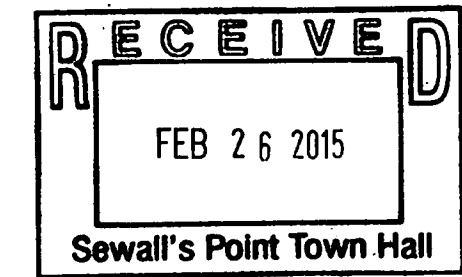
SURVEYOR'S REPORT

- 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: 11-24-14, Pool Form Boards 2.16.15
- 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.
- 7 Unless other wise 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 and right of way line of Oak Hill Way
- 9 LEFT BLANK.
- 10 The Legal Description shown hereon was provided by the client and/or his/her 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
- CB - Catch Basin
- 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
- SSMH - Sanitary Sewer Manhole
- TCB - Telephone Communications Box
- 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

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 #: 0152
 Suffix: F
 Date: 10.04.2002



PREPARED FOR:
 Tracy and Linda Darrow
 Pools by Greg

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

Prepared For:
MR. & MRS. DARROW
 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
 WWW.KARNERSURVEYINGINC.COM karner@comcast.net

Regina C. Karner
 2/17/15
 Not Valid Unless Sealed With An Embossed Surveyor's Seal

Date	Revision Description
12.16.14	- Ad Finished Floor El.
12.16.14	- Ad Title Company
2.16.15	- Pool Form Boards

Sheet Title: Boundary Survey	
Scale: 1"=20'	Sheet No: 1 of 1
Drawn By: CADD-1	Field Book: 14-12-78
Job No: 1309-049	File No: CastleHill/Castle11_Final

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		
A.M. 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
1147	Darrow	Steel &		
	11022 Hill Way	Ground	PASS	
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10934	Fabricy	Pool		
	6 Oak Hill Way	Deck	PASS	
	Seagate			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10911	Bailey	Final		
	117 N S P R	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
1127	Darrow	Rough-in Plumbing	Pass	
	7 Oak Hill Way			
	Pools by Greg			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10934	Fabricey	Gas		
	6 Oak Hill Way	Tank	Pass	
	Seagate Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11179	Alteslaben	FOOTER / Slab		
	7 N River Rd		Pass	
	Independent Contractors			
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		
	121 Hillcrest Drive	Screen Enclosure	Pass	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 3/20/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11217	Elliott			
^{Am} Requested	25 W High Pt Rd	A/C Final	PASS	close
	Nis Air			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11147	Darrow	Pool Deck		
	7 Oak Hill Way	In Progress	PASS	
	Pools by Greg			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11159	Darrow	Concrete		
	7 Oak Hill Way	Steps In	PASS	
	O/B	Progress		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11195	Martin	Window		
	3 Quail Run Road	Final	PASS	Close
	Stuart Paint & Supply			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11204	Wexler	Roof		
	19 N Ridgeview Road	Dry-in	PASS	
	Stuart Roofing			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11163	Anais	Temp		Email
	73 S Sewall's Pt Rd	Electric	PASS	FPL
	Modern Movers			
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. 4/9/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11154	Darrow	Pool		
	77 Oak Hill Way	Barrier +	FAIL	
	Pools by Greg	Electric		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11030	Hirschler	Screen		
	22 Banyan Rd	Enclosure Final	PASS	CLOSE
	Florida Screen Builders			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11207	Winslow	Underground		
	10 S Sewalls Pt Rd	Tank + line	PASS	
	Paulie Propane	EXIST TANK		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11182	Madris	Rough		
	34 E High Pt Rd	Tank	PASS	
	Paulie Propane			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
		CONVERSION		
	8 PALMETTO	CALL	OK	
		RE GENERATOR		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS

INSPECTOR

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4/10/15 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11163	Anais	Partial		
AM Requested	73 S S PR	Slab	PASS	
	Modern Movers	ELEVATOR PIT		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11147	Darrow	Pool		
	7 Oak Hill Way	Barrier +	PASS	
	Pools by Greg	Electric		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11104	Lydon	Gazebo		
	108 N Sewalls Pt Rd	Final	PASS	CLOSE
	O/B			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11212	Carlson			
	35 E Tuscan Lane	Fence Final	PASS	CLOSE
	Stuart Fence			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
Tree	Creist	Tree		
	10 Emarita Way	Removal	N.G.	
		Permit		
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11213	Geller			
	10 Palmetto Drive	Fence Final	PASS	CLOSE
	Stuart Fence			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11141	Pierson			
PM	8 Palmetto Drive	Service Change	PASS	CLOSE
	GS Moore Electric			
				INSPECTOR

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 4-22-15 Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11147	DARROW	POOL FINAL		
	7 CARROLL WAY		CANCEL	
	POOLS BY GREG			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11	ELDEN	LADDER		
	110 S. SPT RD		Pass	
	0/13			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11163	ANAIS	COLUMNS		
	73 S. Sewall Pt Rd		Pass	
	MODERN MOVING			INSPECTOR <i>[Signature]</i>
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

11153

POOL BARRIER



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:	11153	DATE ISSUED:	January 26, 2015
SCOPE OF WORK:	Pool Barrier		
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00110-1	SUBDIVISION:	Castle Hill Lot 11
CONSTRUCTION ADDRESS:	7 Oak Hill Way		
OWNER NAME:	Darrow		
QUALIFIER:	O/B	CONTACT PHONE NUMBER:	485-9121

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: 11153

Date: JAN 7, 2015

OWNER/LESSEE NAME: TRACY P. DARROW Phone (Day) 772-485-9121 (Fax) _____

Job Site Address: 7 OAK HILL WAY City: SEWALLS POINT State: FL Zip: 34996

Legal Description CASTLE HILL LOT 11 Parcel Control Number: 26-37-41-015-000-00110-10000

Fee Simple Holder Name: TRACY P. DARROW Address: 7 OAK HILL WAY

City: SEWALLS POINT State: FL Zip: 34996 Telephone: 772-485-9121

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

WILL OWNER BE THE CONTRACTOR?

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

Has a Zoning Variance ever been granted on this property?

YES (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 3,000

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Is subject property located in flood hazard area? VE10 AE9 AE8
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: OWNER Phone: _____ Fax: _____

Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____

State License Number: _____ OR: Municipality: _____ License Number: _____

LOCAL CONTACT: TRACY P. DARROW Phone Number: 772-485-9121

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

[Signature]
 State of Florida, County of: Martin

On This the 7 day of January, 2015

by Tracy Darrow who is personally

known to me or produced FEDY

As identification. [Signature]

Notary Public
 My Commission Expires: 3/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X _____

State of Florida, County of: _____

On This the _____ day of _____, 20____

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

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

FLORIDA
 SINCE 1915
 NOTARY PUBLIC
 STATE OF FLORIDA
 My Commission Expires: 3/14/2016



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11153		
ADDRESS:	7 Oak Hill Way		
DATE ISSUED:	1/26/2015	SCOPE OF WORK:	Pool Barrier

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp	1	\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

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

generated on 1/26/2015 9:00:05 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00110-1	4155	OAK HILL WY, SEWALL'S POINT	\$185,000	1/24/2015

Owner Information

Owner(Current)	DARROW TRACY P & LINDA C
Owner/Mail Address	12 PALMETTO RD STUART FL 34996
Sale Date	8/30/2013
Document Book/Page	<u>2674 0476</u>
Document No.	2414501
Sale Price	210000

Location/Description

Account #	4155	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 11 PI# 26-37-41-015-000-00110-10000
Parcel Address	OAK HILL WY, SEWALL'S POINT		
Acres	.4380		

Parcel Type

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

Assessment Information

Market Land Value	\$185,000
Market Improvement Value	
Market Total Value	\$185,000

Neighbors fence connecting to is
46"



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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: TRACY P. DARRON

Site address of the proposed building work: 7 OAK HILL WAY, SEWALLS POINT, FL 34996

Name of legal title owner of the address above: TRACY P. DARRON

Describe the scope of work for the proposed new construction: RAISED FLOWER BED / RETAINING WALL, POOL AREA RETAINING WALL / STAIRS

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? TRACY P. DARRON / LINDA C. DARRON

What provisions have you made for Liability and Property Damage Insurance? CURRENT HOMEOWNER POLICY (ALLSTATE)

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? ALL SUB-CONTRACTORS WILL BE LICENSED

What previous Owner/Builder improvements have you done in the State of Florida?

Location: _____ Scope of Work Done: _____ Year: _____

Location: _____ Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: _____

Electric: _____ Plumbing: _____ HVAC: _____

Other: REFERENCE ARCHITECT / ENGINEERING OF NEW HOUSE EXTERIOR / INTERIOR ON 7 OAK HILL WAY CONSTRUCTION

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? YES (yes/no)

Have you consulted with your Homeowner's Insurance Agent? Lender? Attorney?

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. TPD (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS _____ DAY OF JANUARY, 20 15.

PROPERTY ADDRESS 7 OAK HILL WAY

CITY SEWALLS POINT STATE FL ZIP 34996

[Signature]

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF January 20 15

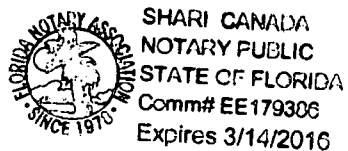
BY Tracy Darrow

PERSONALLY KNOWN _____

OR PRODUCED ID FL DJ

TYPE OF ID _____

[Signature]
 NOTARY SIGNATURE



POOL SAFETY FENCE - DARKOW 7 OAK HILL WAY

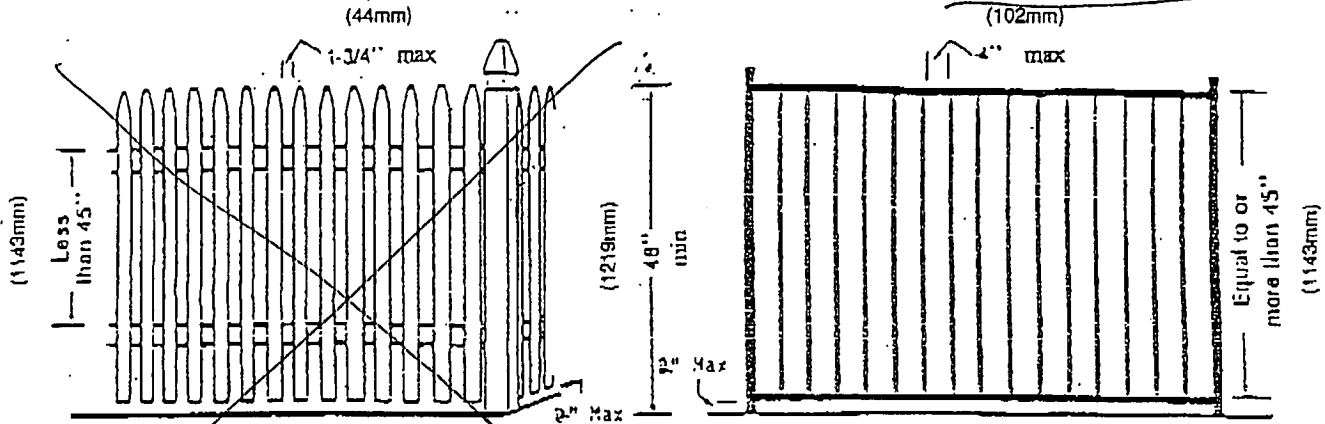
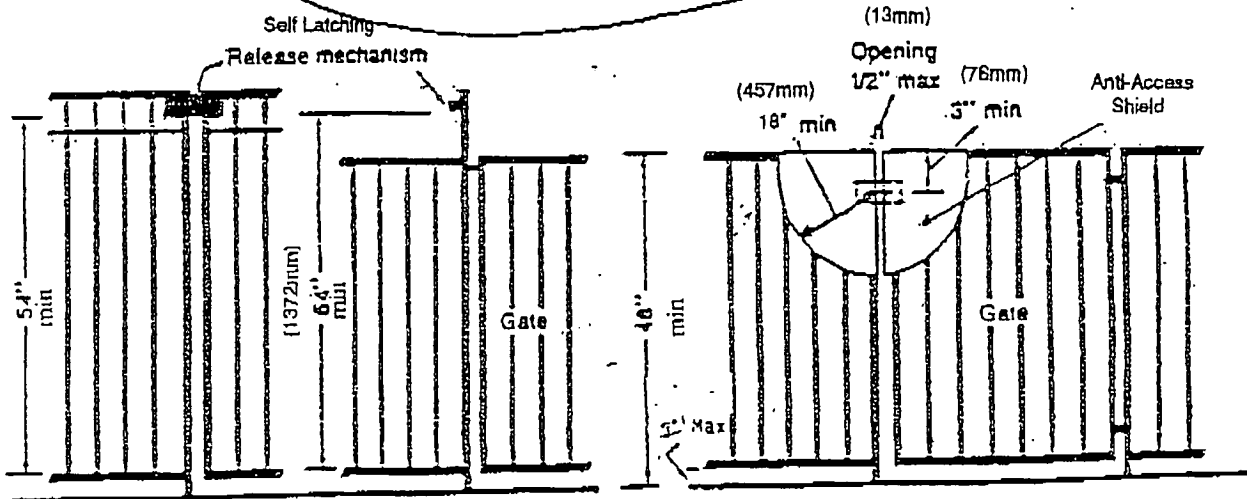
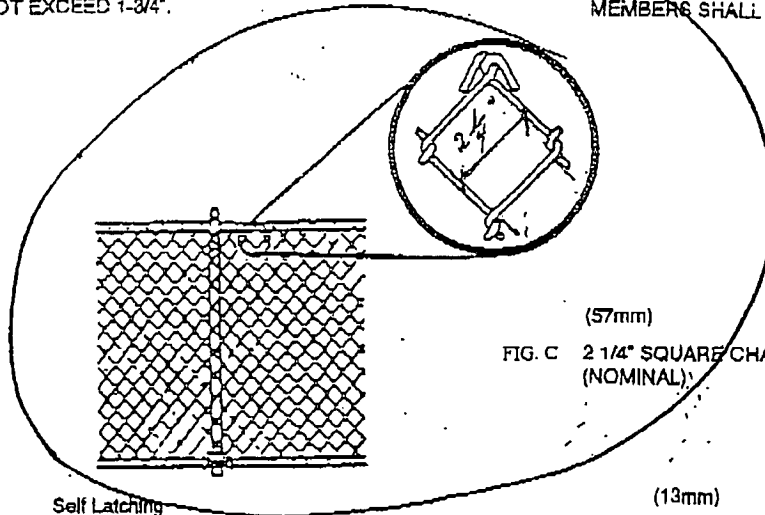


FIG. A IF HORIZONTAL MEMBERS ARE LESS THAN 45° APART, THE SPACE BETWEEN VERTICAL MEMBERS SHALL NOT EXCEED 1-3/4".

FIG. B IF HORIZONTAL MEMBERS ARE EQUAL TO OR MORE THAN 45° APART, THE SPACE BETWEEN VERTICAL MEMBERS SHALL NOT EXCEED 4".



RELEASE MECHANISM LOCATED AT 54" OR HIGHER FROM THE BOTTOM OF THE GATE.

RELEASE MECHANISM LOCATED LESS THAN 54" FROM THE BOTTOM OF THE GATE.

FIG. D LATCH RELEASE MECHANISM.

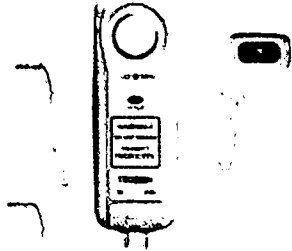


Quality, Service, Integrity, Commitment to Excellence

Print

Close Window

► Model S187D - SAFE POOL



One unit per single entry/opening (and/or with its screen by using the second set of sensors).
Can not be used for 2 windows next to each other.

Magnetic sensor entry alarm

"Always on" alarm protection

Adult pass-through auto reset button

High output 110-115 dB alarm

Water/weather resistant housing

Magnetic sensor for additional door/screen door

Low battery LED display

CONTAINER:

20 FT: 9,600 pcs.

40 FT: 19,680 pcs.

40 HQ: 22,896 pcs.

Additional pass-through button for delayed entry from either side door or fence

Intended for interior or exterior use

9V battery operation (not included_

UPC Barcode: 014575 18701 1

Pool Guard Alarm USA Patent No. 5,473,310 and No. 6,727,819

ETL Approved under UL 2017 Standards !

www.techkomaid.com | Office Products (888) 883-2456 | Security Products (949) 380-7300

11159

RETAINING WALL

(expired)

JAMES W. CAMPO, CFP
Mayor

PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

FRANK FENDER
Commissioner

DAN MORRIS
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

LAKISHA Q. BURCH, CMC
Town Clerk

TINA CIECHANOWSKI
Chief of Police

JOHN ADAMS
Building & Facilities Director

February 2, 2017

NOTICE OF EXPIRED PERMIT

This correspondence is intended as a follow-up to a building permit and specific improvements associated with 7 Oak Hill Way, more specifically permit #11159 issued on January 30, 2015 for Retaining Wall.

Town records indicate that at least 180 days have passed without a successful recorded inspection. Your permit is now expired without benefit of a required final inspection.

Town of Sewall's Point Code of Ordinances section 50-94 states: (1) Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. (2) If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and the work required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

In order to avoid further administrative action please arrange to schedule a final inspection of this permit by the Town of Sewall's Point Building Department no later than ten days from date of this letter. Your permit will need to be renewed and is subject to any applicable renewal or inspection fees.

Failure to renew your permit and receive a final inspection will result in your permit becoming null and void, and the Town will report this to the property owner and the appropriate agencies as required. This will also constitute justification for denying any future permits requested by you, or your company.

Please contact me with any questions.

With Best Regards,

John R. Adams, C.B.O.
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
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: 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 772-220-4765

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:	11159	DATE ISSUED:	January 30, 2015
SCOPE OF WORK:	Retaining Wall		
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00110-1	SUBDIVISION:	Castle Hill Lot 11
CONSTRUCTION ADDRESS:	7 Oak Hill Way		
OWNER NAME:	Darrow		
QUALIFIER:	O/B	CONTACT PHONE NUMBER:	485-9121

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

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

Date: JAN 7, 2015 BUILDING PERMIT APPLICATION Permit Number: 11159

OWNER/LESSEE NAME: TRACY P. DARROW Phone (Day) 772-485-9121 (Fax)
Job Site Address: 7 OAK HILL WAY City: SEWALLS POINT State: FL Zip: 34996
Legal Description: CASTLE HILL LOT 11 Parcel Control Number: 26-37-41-015-000-00110-10000
Fee Simple Holder Name: TRACY P. DARROW Address: 7 OAK HILL WAY
City: SEWALLS POINT State: FL Zip: 34996 Telephone: 772-485-9121

*SCOPE OF WORK (PLEASE BE SPECIFIC):

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES [X] NO []
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: \$ 3,000
(NOTICE OF COMMENCEMENT REQUIRED WHEN OVER \$2500 PRIOR TO FIRST INSPECTION, \$7,500 ON HVAC CHANGE OUT)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: OWNER Phone: Fax:

Qualifiers name: Street: City: State: Zip:

State License Number: OR: Municipality: License Number:

LOCAL CONTACT: TRACY P. DARROW Phone Number: 772-485-9121

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

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

Carport: Total under Roof Elevated Deck: Enclosed area below BFE*:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS TO OWNERS AND CONTRACTORS:

- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
State of Florida, County of: Martin
On This the 7 day of January, 2015
by Tracy Darrow who is personally known to me or produced by FLDY
As identification: Shaw Canessa
Notary Public
Commission Expires: 3/14/2016

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X
State of Florida, County of:
On This the day of 20
by who is personally known to me or produced
As identification.
Notary Public
My Commission Expires:

Expires 3/14/2016

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11159		
ADDRESS:	7 Oak Hill Way		
DATE ISSUED:	1/30/2015	SCOPE OF WORK:	Retaining Wall

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa	@ \$ 121.75 per sq. ft.	s.f.	\$ -
Total square feet non-conditioned space, or interior remodel:			
	@ \$ 59.81 per sq. ft.	s.f.	\$ -
Total square feet remodel with new trusses:	\$ 90.78 per sq. ft.	s.f.	\$ -
Total Construction Value:			
		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)			
		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)			
		\$	-
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp	n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	n/a
Martin County Impact Fee:			
		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 3,000.00
Total number of inspections:	@ \$ 100.00 per insp.	# insp	3 \$ 300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	\$ 4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	\$ 4.50
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	314.00



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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: TRACY P. DARROW

Site address of the proposed building work: 7 OAK HILL WAY, SEWALLS POINT, FL 34996

Name of legal title owner of the address above: TRACY P. DARROW

Describe the scope of work for the proposed new construction: RAISED FLOWER BED / RETAINING WALL, POOL AREA RETAINING WALL / STAIRS

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? TRACY P. DARROW / LINDA C. DARROW

What provisions have you made for Liability and Property Damage Insurance? CURRENT HOMEOWNER POLICY (ALLSTATE)

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? ALL SUB-CONTRACTORS WILL BE LICENSED

What previous Owner/Builder improvements have you done in the State of Florida?

Location: _____ Scope of Work Done: _____ Year: _____

Location: _____ Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: _____

Electric: _____ Plumbing: _____ HVAC: _____

Other: REFERENCE ARCHITECT / ENGINEERING OF NEW HOUSE EXTERIOR / INTERIOR ON 7 OAK HILL WAY CONSTRUCTION

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? YES (yes/no)

Have you consulted with your Homeowner's Insurance Agent? Lender? Attorney?

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. TPD (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS _____ DAY OF JANUARY, 20 15.

PROPERTY ADDRESS 7 OAK HILL WAY

CITY SEWALL'S POINT STATE FL ZIP 34996

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF January 20 15

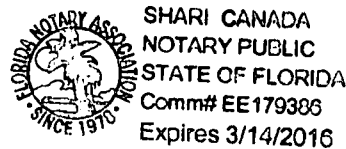
BY Tracy Darrow

PERSONALLY KNOWN _____

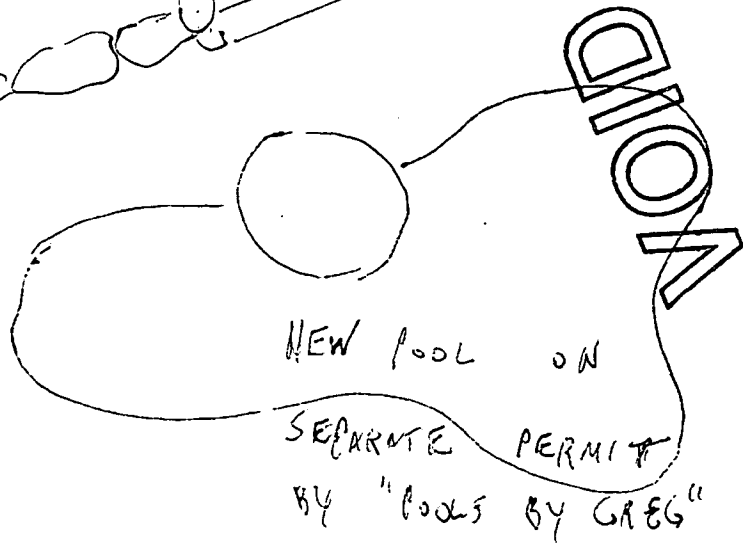
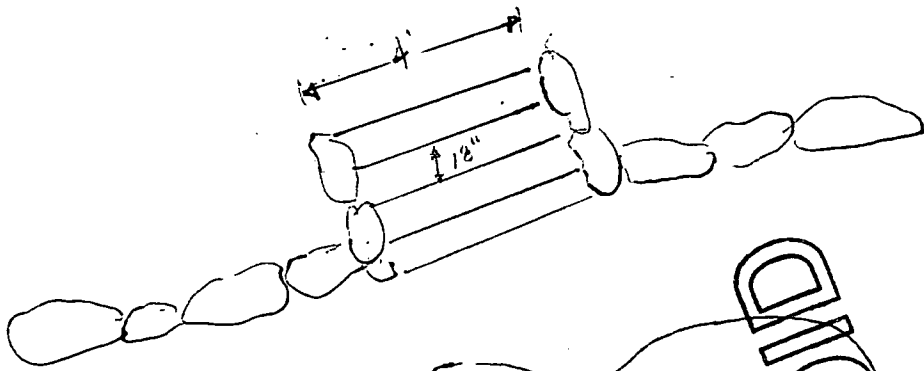
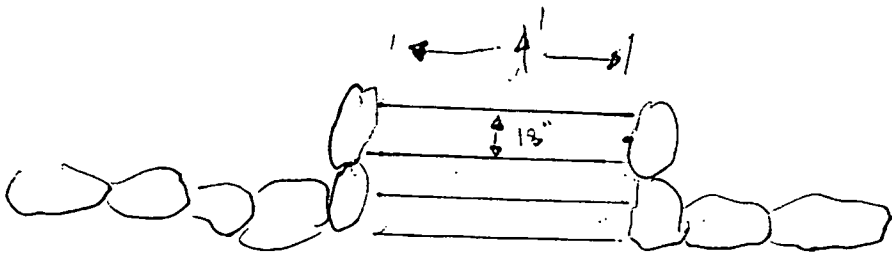
OR PRODUCED ID FL DL

TYPE OF ID _____

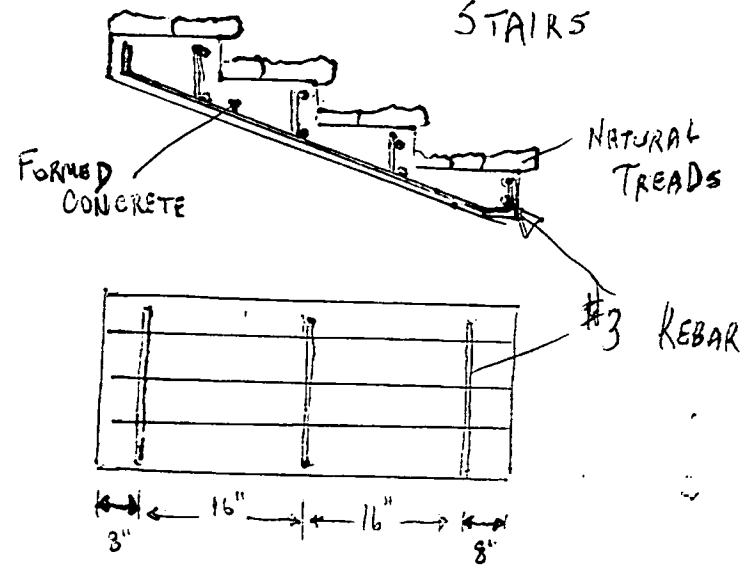
Shari Canada
 NOTARY SIGNATURE



PARROW
7 OAK HILL

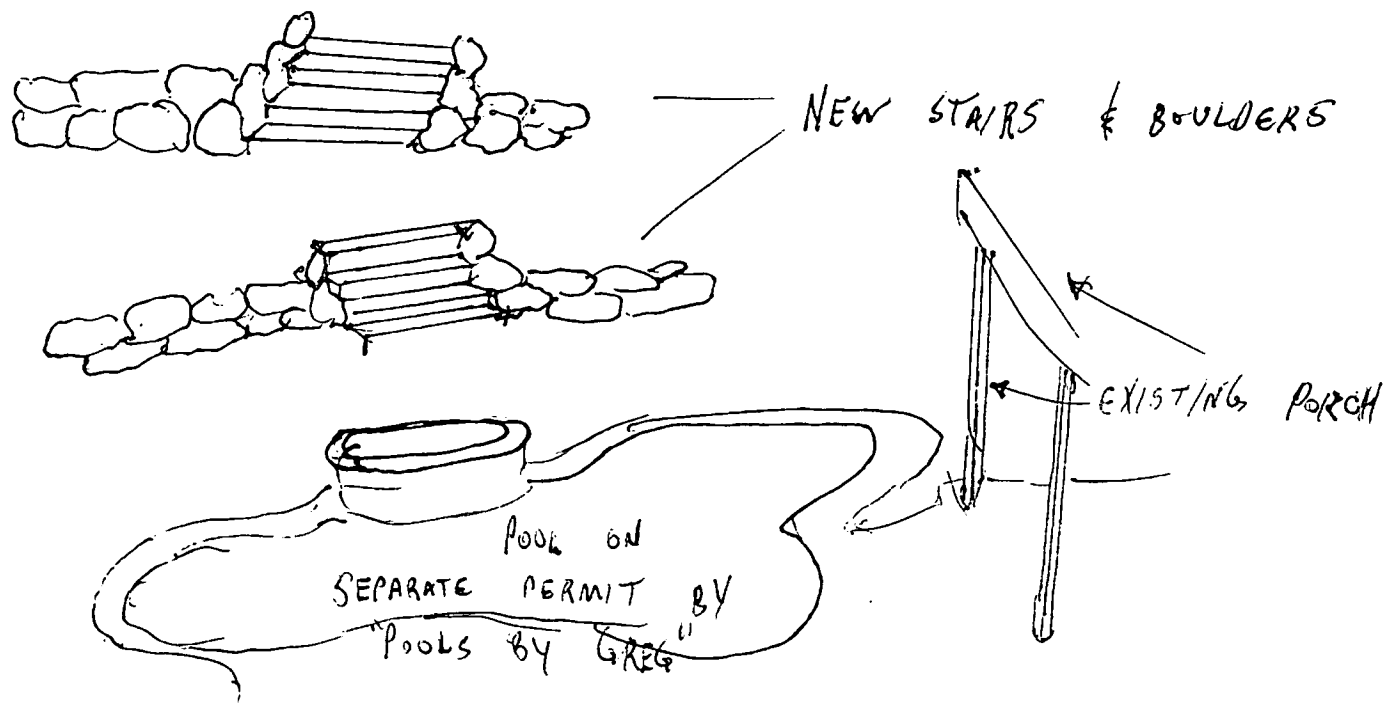


CROSS-SECTIONS OF
STAIRS

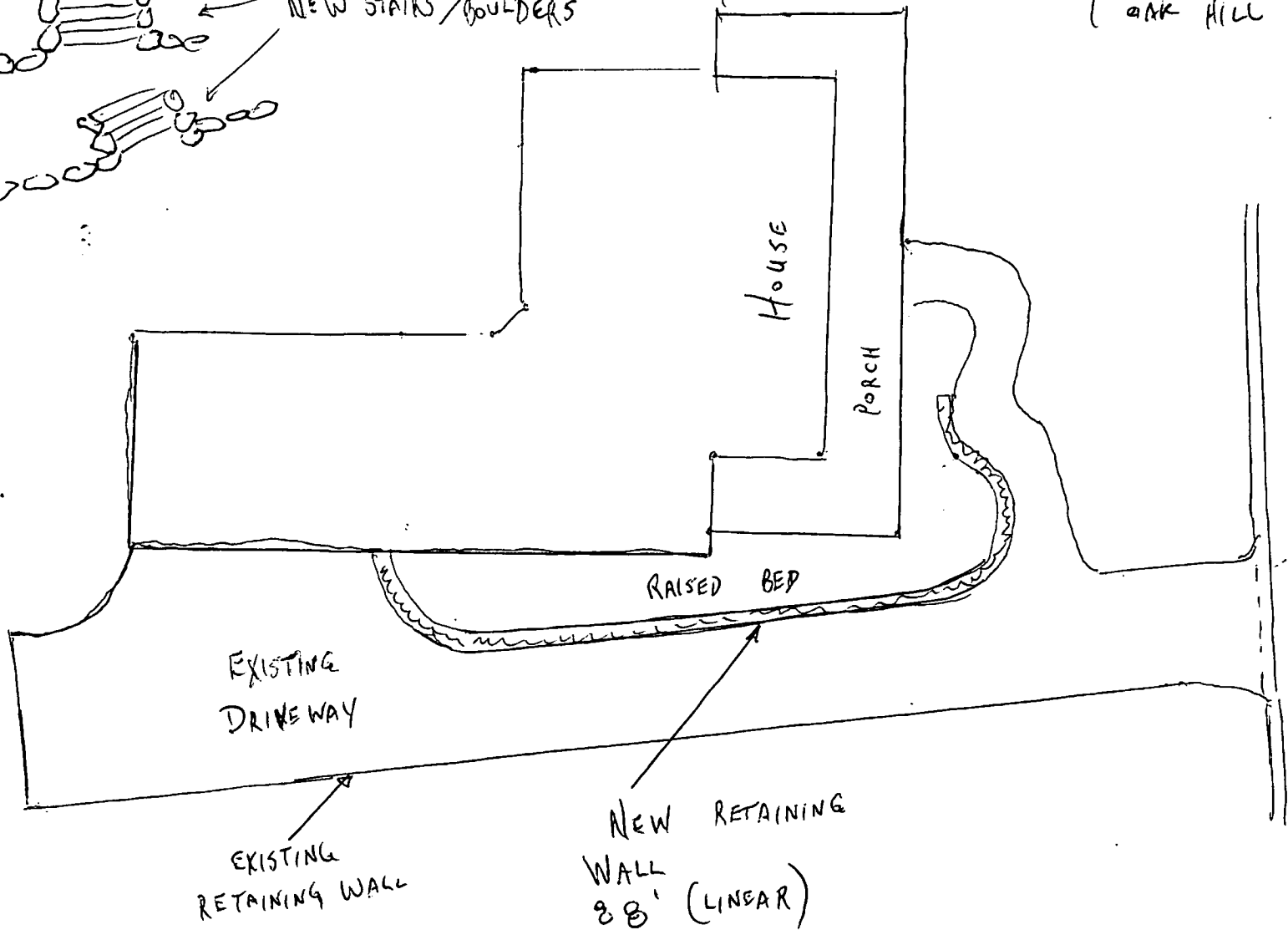
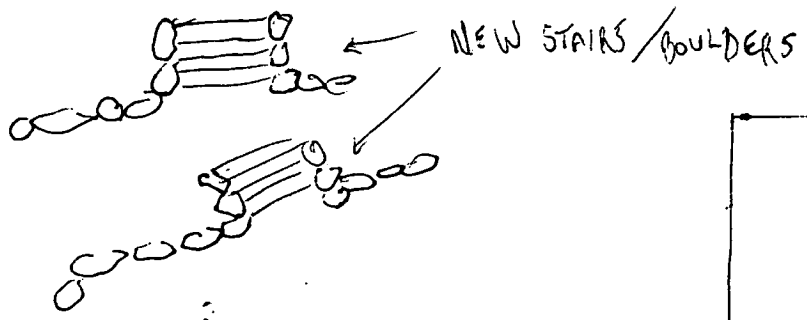


EXISTING
PATIO CONNECTING
TO NEW POOL

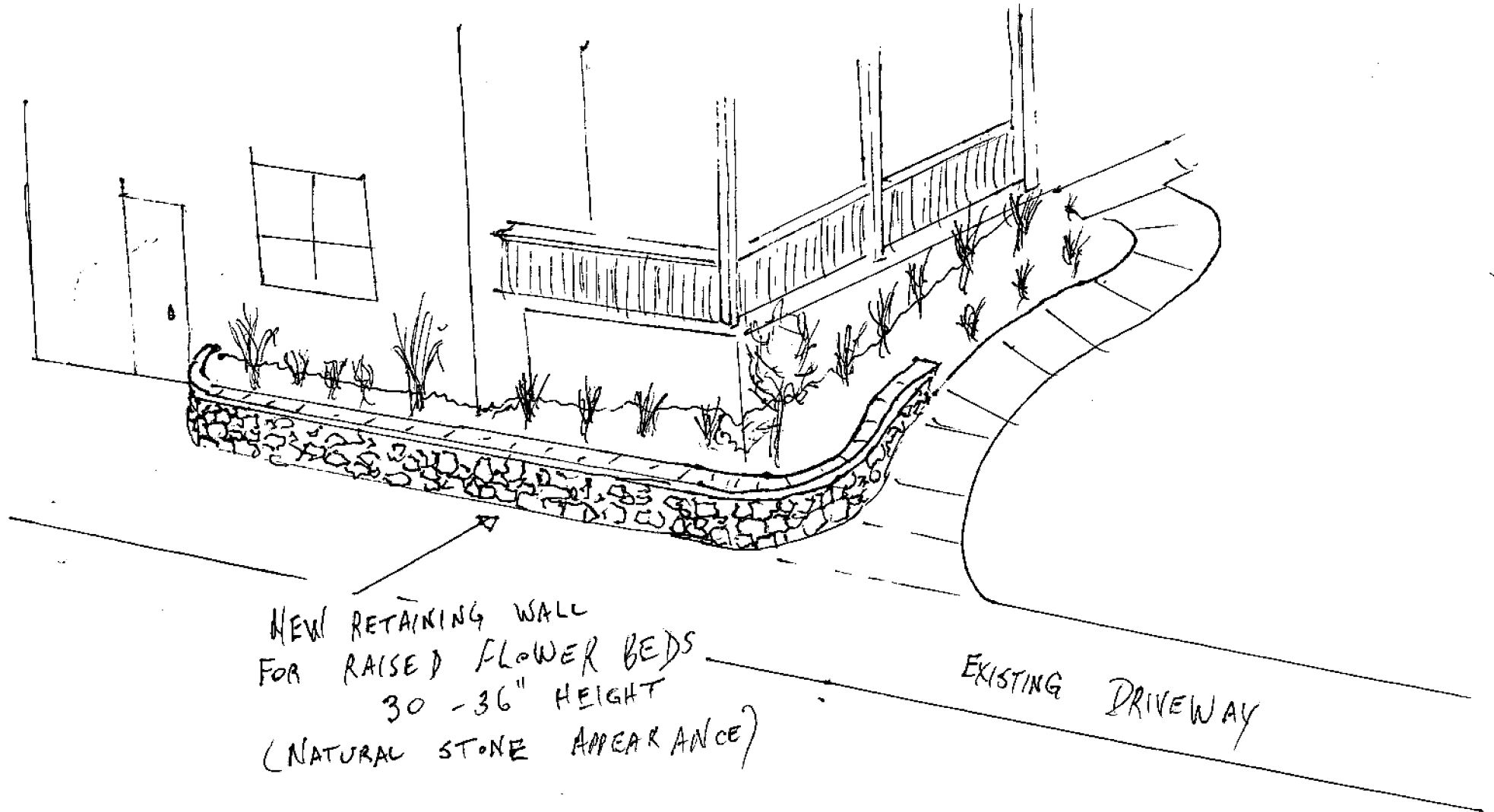
DARROW
T OAK HILL



DARROW
7 ANK HILL



DARROW
7 OAK HILL

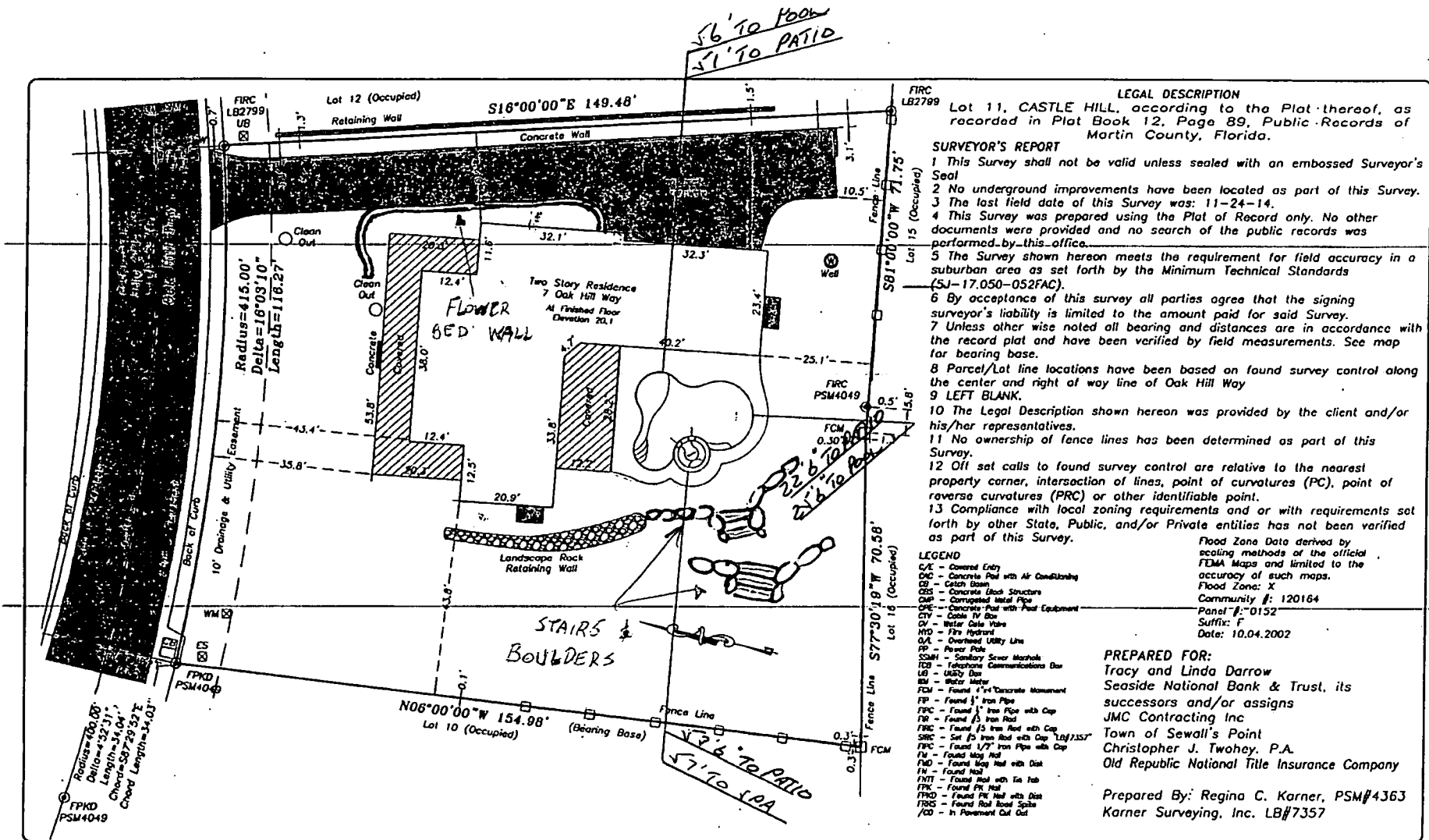


NEW RETAINING WALL
FOR RAISED FLOWER BEDS
30-36" HEIGHT
(NATURAL STONE APPEARANCE)

EXISTING DRIVEWAY

ADDITIONAL FLOWER BED / STAIRS / WALL (BOULDERS) - DARROW

7 OAK HILL



Prepared For:
MR. & MRS. DARROW
 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
 WWW.KARNERSURVEYINGINC.COM karner@comcast.net

Date	Revision Description
12.16.14	- Ad Finished Floor Fl.
12.16.14	- Ad Title Company

Sheet Title			
Boundary Survey			
Scale: 1"=20'	Plat: 12-11	Sheet No:	
Drawn By: CARR	Field Book: 10-12-14	1 of 1	
Job No: 1208-04	Client: Karner	File No:	
1208-04	Product:	1208-04-0111	

TOWN OF SEWALL'S POINT

Building Department – Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 2/6/15 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10855	Kraunsoe	Final		
AM Request	112 Hillcrest Terr Amtek	A/C (Homeowner hard of hearing)	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
1159	Darrow	Footer/Steel	PASS	INSPECTOR
	7 Oak Hill Way O/B	Retaining wall + Stairs	PASS	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11164	Gervato	Underground		
	10 N. Sewall's Pt Rd Martin Co. Propane	Gas	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11102	Elliott	Final		
	25 W. High Pt Rd His Air	A/C	PASS	CLOSE INSPECTOR <i>[Signature]</i>
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 3/20/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11217	Elliott			
^{Am} Requested	25 W High Pt Rd	A/C Final	PASS	close
	Nis Air			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11147	Darrow	Pool Deck		
	7 Oak Hill Way	In Progress	Pass	
	Pools by Greg			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11159	Darrow	Concrete		
	7 Oak Hill Way	Steps In Progress	PASS	
	O/B			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11195	Martin	Window		
	3 Quail Run Road	Final	PASS	Close
	Stuart Paint & Supply			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11204	Wexler	Roof		
	19 N Ridgeview Road	Dry-in	Pass	
	Stuart Roofing			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11163	Anais	Temp		Email
	73 S Sewall's Pt Rd	Electric	PASS	FPL
	Modern Movers			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				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

**APPLICATION FOR TREE REMOVAL, RELOCATION OR
REPLACEMENT PERMIT ON DEVELOPED RESIDENTIAL PROPERTY**

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Removal of trees with a diameter of less than two inches.
3. Removal of citrus or non-native fruit trees.

Sec. 70-22. Permit required for tree removal.

A permit as provided for in this chapter shall be required for the removal (or transplant) of any tree with a two-inch caliber or more upon any parcel upon which there is a residence under a validly issued permit. Permit requirements are outlined under article V Town Ordinances. **If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the condition or type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner. (Ord. No. 303, 7-20-04)**

Application procedures:

1. Complete application information including sketch below.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and posted on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Permit Fee:

1. Tree permits are \$15.00.
2. Permit - No fees are assessed for tree which is dead, diseased, injured, hazardous to life or property, or listed as a prohibited species by the Florida Department of Environmental Protection.

NOTICE:

A PERMIT WILL NOT BE ISSUED FOR THE REMOVAL ANY NATIVE SPECIES TREES UNLESS ONE OR MORE OF THE FOLLOWING CONDITIONS EXIST: (SEC. 70-87. PERMIT ISSUANCE OR DENIAL TOWN ORDINANCES).

- A. THE VEGETATION IS LOCATED IN AN AREA WHERE STRUCTURES, UTILITIES OR IMPROVEMENTS MAY BE PLACED ACCORDING TO THE TOWN CODE; AND TO PRESERVE THE VEGETATION WOULD UNREASONABLY RESTRICT THE ECONOMIC ENJOYMENT OF THE PROPERTY; AND THE VEGETATION CANNOT BE RELOCATED ON THE SITE BECAUSE OF AGE, TYPE OR SIZE.
- B. THE VEGETATION IS DISEASED, INJURED, LOCATED TOO CLOSE TO THE EXISTING OR PROPOSED STRUCTURES, INTERFERES WITH EXISTING UTILITY SERVICE, OR CREATES UNSAFE VISUAL OBSTRUCTION. (A PROFESSIONAL ARBORIST'S OPINION WILL BE REQUIRED)
- C. THE VEGETATION IS TO BE MOVED TO ANOTHER LOCATION ON THE OWNER'S PROPERTY OR IS TO BE REPLACED BY ANOTHER TREE OR SHRUB ON THE OWNER'S PROPERTY, REGARDLESS OF LOCATION.

IF THE PERMIT IS DENIED, THE DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE BASIS FOR DENIAL USING THE CRITERIA LISTED IN THIS SECTION.

*****THE FOLLOWING SPECIES ARE CONSIDERED NATIVE, PROTECTED SPECIES***:**

BLACK IRONWOOD, BLACK MANGROVE, BLOLLY, BUTTONWOOD, CABBAGE (SABLE) PALM, COCOPLUM (RED TIP AND GREEN TIP), CORAL BEAN, DEER MOSS, GRAY TWIG, GOPHER APPLE, GUMBO LIMBO, INKWOOD, LAUREL OAK, LEATHER FERN, LIVE OAK, MAHOGANY, MARLBERRY, MASTIC, MULBERRY, MYRTLE OAK, PARADISE TREE, PIGEON PLUM, POND APPLE, PRICKLY PEAR, RED MANGROVE, RED MAPLE, RED BAY, SAFFRON PLUM, SAND PINE, SCRUB PINE, SATINLEAF, SAW PALMETTO, SCRUB HICKORY, SEA GRAPE, SEA OXEYE, SLASH PINE, STOPPERS, WILD LIME, SUMAC (SOUTHERN), SUGAR BERRY (HACKBERRY), TORCHWOOD, WILD COFFEE, VARNISH LEAF, WATER OAK, WAX MYRTLE, WEST INDIAN CHERRY, WHITE MANGROVE.



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

Owner MR & MRS DON FABRICY Address 6 OAK HILL WAY Phone _____

Contractor SEAGATE BUILDERS Address _____ Phone _____

No. of Trees: REMOVE 17 Species: OAK, SAND PINE, EUGENIA, PARADISE TREE, HICKORY

No. of Trees: RELOCATE 2 Species: CABBAGE PALM

No. of Trees: REPLACE 4 Species: OAK

ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) ALL TREES THAT WILL BE REMOVED

ARE DUE TO BEING IN THE PROPOSED FOOTPRINT OF HOUSE OR POOL OR DUE TO GRADE CHANGES
 Signature of Property Owner _____ Date _____

Approved by Building Inspector: _____ Date _____ Fee: _____

NOTES: _____

SKETCH:

PLEASE SEE ATTACHED PLAN

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Doug Tagner

TREE

PN10710

From: Lori <Lori@Florida-Exotic.com>
Sent: Friday, December 06, 2013 12:06 PM
To: doug@homesbyjmc.com
Subject: Fwd: Sewalls Point

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Sent from my iPad

Begin forwarded message:

From: "Tri-Brothers Of St. Lucie" <tribros@aol.com>
Date: December 6, 2013, 10:21:22 AM EST
To: lori@florida-exotic.com
Subject: Sewalls Point

Tri-Brothers Tree & Landscaping, Inc.

12-5-13
att: City of Sewall's Point
re: trees in question

Good afternoon, I was asked to do an arborist evaluation for Lori with Florida Exotic on a few trees in Sewall's Point. One oak tree in question has a split bark in the trunk, and is therefore not a grade A tree. The second tree in question is an oak tree that has multiple leaders, or trunks, and therefore is not a grade A tree. The third tree in question is an oak tree with a side sucker branch that is the same size as the main trunk, therefore is not a grade A tree. The last tree in question is a pine tree with a split top, also not a grade A tree.

Thank you
Chris Fasnacht
772-465-9000
Tri-Brothers Tree & Landscaping, Inc.
tribros@aol.com



