

9 Oak Hill Way

TOWN OF SEWALL'S POINT BUILDING PERMIT

2637410150000010030000
PARCEL CONTROL NUMBER

PERMIT NUMBER 4172

J. & C. L. SCAROLA

DATE ISSUED 4/21/97

OWNER
ADDRESS 9 OAK HILL WAY
CITY/ST/ZIP STUART, FL 34996
TELEPHONE _____

CONTRACTOR OR OWNER/BLDR. SELF
ADDRESS _____
CITY/ST/ZIP _____
TELEPHONE _____

FLOOD ZONE C
TO BE CONSTRUCTED S.F.R.
SITE ADDRESS 9 OAK HILL WAY
SUBDIVISION CASTLE HILL
CONSTRUCTION VALUE 291,720

REMODELING/NEW CONSTRUCTION 2333.60
IMPACT 1508.20
RADON 42.27
SEPTIC _____
WELL _____
FENCE _____
POOL _____
DOCK _____

FEES
PLUMBING 100
ELECTRICAL 100
MECH./A.C. 100
ROOF 100
WALL _____
POOL ENCLOSURE _____
OWNER/BUILDER _____

SHUTTERS 12/22/97
METER FINAL 12/17/97

TOTAL 4284.07
PAID BY CHECK 102

BUILDING INSPECTION (FOR OFFICIAL USE ONLY) (SIGN OFF)

→ FORM BOARD SURVEY DATE 5/22/97
ROUGH PLUMBING DATE 5/22/97
TERMITE PROTECTION DATE 5/22/97
FOOTING-SLAB DATE 5/29/97
LINTEL DATE 6/13/97
ROUGH ELECTRIC DATE 9/26/97
FRAMING DATE 9/26/97
A/C DUCTS DATE 9/26/97

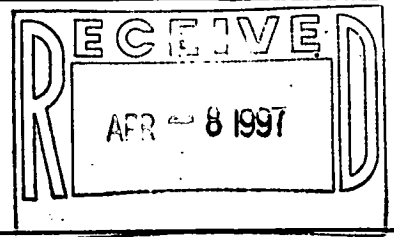
NAILING DATE 9/3/97
ROOF DATE 12/2/97
INSULATION DATE 10/9/97
FINAL ELECTRIC DATE 1/8/98
FINAL PLUMBING DATE 1/8/98
SEPTIC FINAL DATE 1/8/98
DRIVEWAY DATE 12/1/97
FINAL C.O. DATE _____

PERMIT AUTHORIZED BY [Signature]

- Call 287-2455 from 8:00 a.m. to 4:00 p.m. for inspections.
- Requests for inspections require 24 hours notice.
- All work must be in compliance with the Town of Sewall's Point ordinances, the South Florida Building Code, the State of Florida Energy Efficiency Building Code and Elevations based on the latest flood insurance rate map.
- Portable toilet facilities and haul-off trash container must be in job site before initial inspection.
- Working hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday.
- No trucks, trailers or other commercial vehicles may be left on job site overnight unless totally concealed. Violators will be cited. Questions regarding such equipment should be directed to the Building or Police Departments.

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA
BUILDING PERMIT APPLICATION



Owner's Name JAMES & CAROL L. SCAROLA

Owner's Address 160 PEPPER LANE, JENSEN BEACH, FL. 34957

Owner's Telephone 229-6060

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

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

City _____ State _____ Zip _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip _____

Contractor's Telephone _____ License Number _____

Job Name _____

Job Address _____

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 10, CASTLE HILL

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name JOHN W. OLSON PE

Architect/Engineer's Address 5021 SE INKWOOD WAY, HOBE SOUND, FL

Mortgage Lender's Name COMMUNITY SAVINGS, INC. 33455

Mortgage Lender's Address _____

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

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

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

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

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

Plumbing Contractor SOUTH PARK PLUMBING, Inc License No. _____
Electrical Contractor COOK ELECTRIC License No. ER0008060
Roofing Contractor PACIFIC License No. CCC056793
A/C Contractor CUSTOM AIR SYSTEMS, INC. License No. CAC051810
Description of Building or Alterations 2 STORY SINGLE
FAMILY RESIDENCE
Name of Street Designated as Front Building Line and Front Yard
OAK HILL WAY
subdivision CASTLE HILL Lot 10 Block _____
Building Area (air conditioned) 4,227 sq. ft.
Garage, Porch, Carport Area 1,524 sq. ft.
Contract Price (excluding carpet, land, appliance, landscaping)
\$ 280,000

JAMES & CAROL L. SCAROLA DATE _____
(Owner or Authorized Agent)

Sworn and Subscribed before me this

_____ day of _____ 199__ (SEAL)

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

_____ DATE _____
(Contractor)

Sworn and Subscribed before me this

_____ day of _____ 199__ (SEAL)

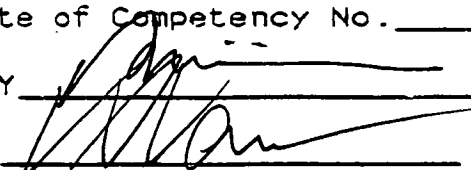
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer



For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area 4227 sq. ft. x \$60. = \$ 253,620

Non A/C Area 1524 sq. ft. x \$25. = \$ 38,100

Total = \$ 291,720

Contract Price \$ 280,000 (fee will be charged on higher amount)



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 713311

DATE 4/21, 1997

Legal Svc. SCHOOL

RECEIVED FROM Mr. and Mrs. Scariola \$ 1,006.03
(NAME OR ORGANIZATION)

FOR Lot 10, Castle Hill

FOR DEPOSIT IN _____ FUND(S)

D. Gale
PRINCIPAL OR RESPONSIBLE OFFICER

01187507

96 JUL 29 PM 4:43

Parcel I.D. Number: 26-37-41-015-000-00100

Grantee 1 TIN# _____

Grantee 2 TIN# _____

WARRANTY DEED

FILED \$	86310	MARSHA STILLER
CLERK OF		MARTIN COUNTY
COURT		CLERK OF CIRCUIT COURT
BY	[Signature]	D.C.

THIS WARRANTY DEED, made this 26th day of July, 1996,

By: CASTLE HILL ASSOCIATES, INC., a Florida corporation ("Grantor"), whose address is 2363 S. E. Ocean Boulevard, Stuart, Florida 34996,

To: JAMES SCAROLA and CAROL SCAROLA, husband and wife ("Grantee"), whose address is 169 Pepper Lane, Jensen Beach, FL 34957, of the County of St. Lucie, State of Florida.

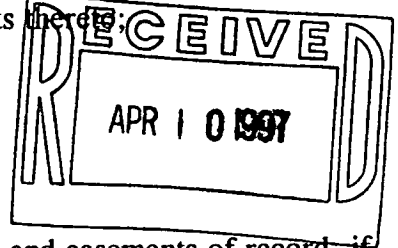
WITNESSETH:

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

Lot 10, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, Martin County, Florida, public records.

This conveyance is made subject to the following:

- 1. All of the terms, provisions, covenants, conditions, rights, privileges, obligations, easements and liens set forth and contained in the Declaration of Covenants and Restrictions for Castle Hill, the Articles of Incorporation and By-Laws of Castle Hill Homeowners Association, Inc., the Design Guidelines for Castle Hill and the hereinabove described Plat of Castle Hill, all collectively referred to as the "Homeowners Documents", and any instruments referred to therein, and any amendments thereto;**
- 2. Applicable zoning regulations and ordinances;**
- 3. Real estate taxes for the current year and subsequent years;**
- 4. Any and all covenants, conditions, restrictions, reservations and easements of record, if any, which may now affect the aforescribed property.**



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

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

GRANTEE, BY ACCEPTANCE HEREOF, expressly acknowledges, assumes and agrees to be bound by and to comply with all of the covenants, terms, conditions and provisions set forth and contained in the aforescribed Homeowners Documents, including, but not limited

ORDK 1189PG0692

to the obligation of Grantee to make payment of assessments thereunder and the lien rights upon the Lot as security for the payment thereof.

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

Signed, sealed and delivered in the presence of:

[Signature]
[Printed Witness Name] AVRON C. RIFKIN

CASTLE HILL ASSOCIATES, INC., a Florida corporation

By: [Signature]
RICHARD C. GEISINGER, Jr., President

[Signature]
[Printed Witness Name] BUNNIE PETERS

[Corporate Seal]

Accepted by Grantee:

[Signature]
[Printed Witness Name] AVRON C. RIFKIN

[Signature]
JAMES SCAROLA

[Signature]
CAROL SCAROLA

[Signature]
[Printed Witness Name] BUNNIE PETERS

STATE OF FLORIDA
COUNTY OF MARTIN

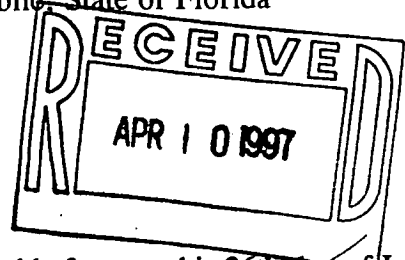
THE FOREGOING INSTRUMENT was acknowledged before me this 26th day of July, 1996, by RICHARD C. GEISINGER, Jr., President, of CASTLE HILL ASSOCIATES, INC., a Florida corporation, on behalf of the corporation, who [] is personally known to me, or [] has produced a Florida Driver's License as identification.

[Notarial Seal]

My Commission Expires:



[Signature]
[Printed Notary Name] _____
Notary Public, State of Florida



STATE OF FLORIDA
COUNTY OF MARTIN

THE FOREGOING INSTRUMENT was acknowledged before me this 26th day of July, 1996, by JAMES SCAROLA and CAROL SCAROLA, husband and wife, who [] are personally known to me, or [] have produced _____ Drivers' Licenses as identification.

[Notarial Seal]

My Commission Expires:



[Signature]
[Printed Notary Name] _____
Notary Public, State of Florida

OR BK 1 1 8 9 PGO 6 9 3



OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

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

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

Affiant
Property street address:

Sworn to and subscribed
before me this _____ day of
_____, 19____.

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)

NOTICE OF COMMENCEMENT

STATE OF _____
COUNTY OF _____

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: _____

Owner: _____

Address: _____

Owner's interest in site of the improvement: _____

Contractor: _____

Address: _____

Surety (if any): _____

Address: _____

Amount of Bond: _____

Lender: _____

Address: _____

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: _____

Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: _____

Address: _____

Sworn to and subscribed before me this _____ day
of _____, 19____.

(NOTARY SEAL)

I am a Notary Public of the
STATE OF _____ AT LARGE, and
My Commission Expires: _____

MASTER PERMIT NO. 4172

TOWN OF SEWALL'S POINT

Date 1/15/97

BUILDING PERMIT NO. 4318

Building to be erected for JIM & CAROL SCAROLA Type of Permit FENCE

Applied for by ADRON FENCE CO (Contractor) Building Fee 25

Subdivision CASTLE HILL Lot 10 Block _____ Radon Fee _____

Address 9 OAK HILL WAY Impact Fee _____

Type of structure P. V. C. FENCE A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

263741050000010030000 Plumbing Fee _____

Amount Paid 25 Check # 2916 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2300 TOTAL Fees 25

Signed _____ Applicant Signed [Signature] Town Building Inspector

FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE _____
24 HOURS NOTICE REQUIRED FOR INSPECTIONS.		CALL 287-2455	
WORK HOURS – 8:00 AM UNTIL 5:00 PM			
MONDAY THROUGH SATURDAY			

New Construction Remodel Addition Demolition

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

4318

Town of Sewall's Point

P.I.N. 26-37-41-015-000-001000-30000 Date 1/14/98

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.

OTHER: _____

Owner's Name Jim Scharola

Owner's Address 9 Oak Hill Way

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

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

City Sewell's Point State Fl. Zip _____

Contractor's Name Adron Fence Co.

Contractor's Address 2762 N.W. 4th St.

City Okpachobee State Fl Zip 34972

Job Name Jim Scharola

Job Address 9 Oak Hill Way Martin County, Stuart, FL 34966

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

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✓ Pamela S Chambers _____
Owner or Agent Date 1/14/98

✓ Pamela S Chambers _____
Contractor Date 1/14/98

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 14 day of Jan, 1998 by Pamela S Chambers who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath

Name: Vickie Malcolm
Typed, printed or stamped
(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____
VICKIE MALCOLM
Notary Public, State of Florida
My comm. expires April 20, 2001
Comm. No. CC640056

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of 14, 1998 by Pamela S Chambers who: [] is/are personally known to me, or [] has/have produced _____ as identification, and who did not take an oath

Name: Vickie Malcolm
Typed, printed or stamped
(NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____
VICKIE MALCOLM
Notary Public, State of Florida
My comm. expires April 20, 2001
Comm. No. CC640056

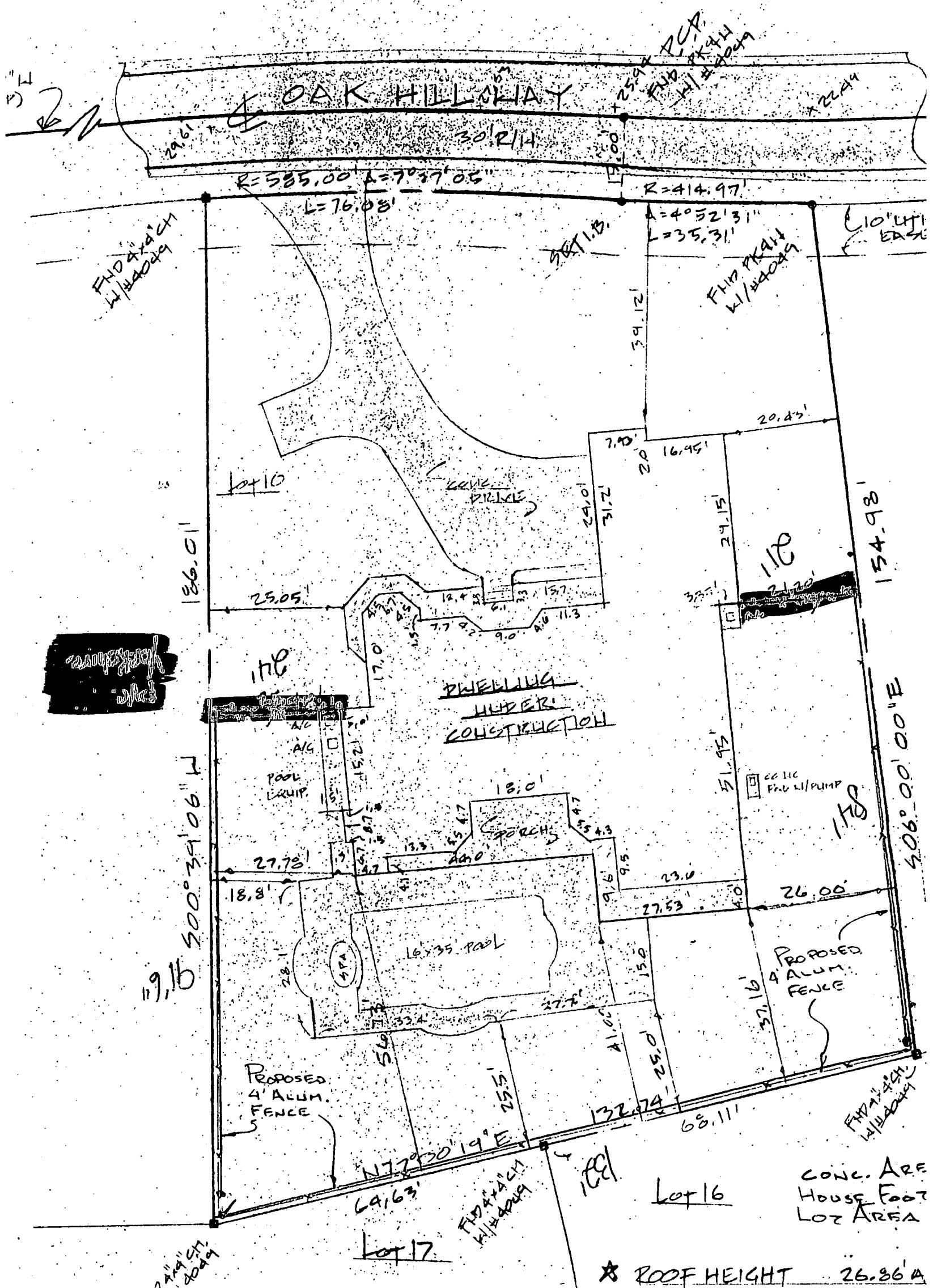
Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. SP00300

APPLICATION APPROVED BY _____ Permit Officer

_____ Building Commissioner



MARTIN COUNTY ORIGINAL
1997 COUNTY OCCUPATIONAL LICENSE 1998
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(561) 288-5604

LICENSE 1973518106 CERT _____

PHONE 800 282 5172 SIC NO 0000

LOCATION:
2762 NW 4TH ST

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

ADRON FENCE COMPANY
2762 NW 4TH ST
OKEECHOBEE FL 34972

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **FENCE CONTR**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF **OCTOBER** 19 97 SEC. _____
AND ENDING SEPTEMBER 30.

09 970825 01 000734

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

CHAMBERS, ADRON
ADRON FENCE COMPANY
2762 NW 4TH ST
OKEECHOBEE , FL 34972

EXPIRES SEPTEMBER 30, 19 98

AUDIT
CONTROL
NUMBER

0023018

CERTIFICATE NUMBER

SP00300

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/07/98

PRODUCER
DEAKINS-LAWRENCE INSURANCE
2020 S. PARKOTT AVE.
OKEECHOBEE FL 34974
813-467-0600

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

COMPANIES AFFORDING COVERAGE

- COMPANY
A Transcontinental Ins Company
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURED
Adron Fence Company, Inc
2762 NW 4th Street
Okeechobee FL 34972
941-763-6255

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	B131045896	12/31/97	12/31/98	GENERAL AGGREGATE \$ 1,000,000
	PRODUCTS - COMP/OP AGG \$ 1,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	EACH OCCURRENCE \$ 1,000,000				
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$ 5,000				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	B131043663	12/31/97	12/31/98	COMBINED SINGLE LIMIT \$ 100,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY: \$				
	EACH ACCIDENT \$				
	AGGREGATE \$				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
	AGGREGATE \$				
	\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER
	EL EACH ACCIDENT \$				
	EL DISEASE - POLICY LIMIT \$				
	EL DISEASE - EA EMPLOYEE \$				
A	OTHER INSTALLATION Job/Values-Materials Stored in Yard	B131045896	12/31/97	12/31/98	MATERIALS 20,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Chain Link Fence Erection

CERTIFICATE HOLDER
Town of Sewell's Point
1 South Sewall Point
Stuart FL 34996
C98-048

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

AUTHORIZED REPRESENTATIVE
Rommee Lawrence

ACORD**CERTIFICATE OF INSURANCE**

CC 03097

ISSUE DATE (MM/DD/YY)

03/05/97

PRODUCER

CYPRESS INSURANCE GROUP
 P O BOX 2103
 POMPANO BEACH FL 33061

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	PINNACLE ASSURANCE CORP
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Adron Fence Co., Inc
 2762 N.W. 4th Street
 Okeechobee, Fl 34972

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED.EXP. (Any one person) \$
	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 <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	407-6380	04/01/97	04/01/98	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

STATE OF FLORIDA OPERATIONS ONLY - FENCE CONTRACTOR

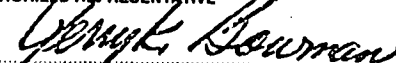
CERTIFICATE HOLDER

TOWN OF SEWELL'S POINT
 1 SOUTH SEWALL POINT
 STUART FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME:

BUILDER:

AND ADDRESS:

PERMITTING

CLIMATE

OFFICE:

ZONE: 7 | 8 | 9

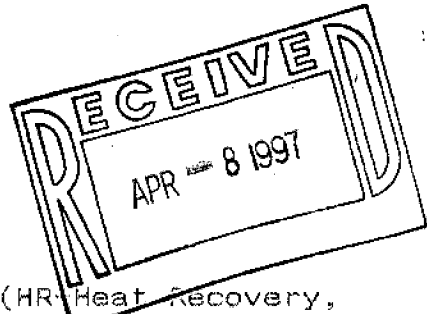
OWNER:

PERMIT NO.

JURISDICTION NO.

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 4226.00	_____
6. Predominant eave overhang (ft.)	6. 2.00	_____
7. Porch overhang length (ft.)	7. 6.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 577.8sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 255.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 1608.00sqft	_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=19.00, 1025.00sqft	_____
b. Adjacent: 1. Concrete (Insulation R-value)	10b-1 R= 5.40, 144.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 12.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 3023.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.90	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	_____
19. EPI (must not exceed 100 points)	19. 89.17	_____
a. Total As-Built points	19a. 61515.99	_____
b. Total Base points	19b. 68987.80	_____



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

PREPARED BY: MA
 DATE: 2.7.97

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

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 in accordance with Section 553.908 F.S.

** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST **

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	606.1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES.	
Windows	606.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	606.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	
PRACTICE #2	606.1	COMPLY WITH PRACTICE #1 AND THE FOLLOWING:	
Exterior Walls & Floors	606.1	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.	
Exterior Walls & Ceilings	606.1	Penetrations, joints and cracks on interior surface caulked, sealed or gasketed.	
Ductwork	606.1	Ductwork in unconditioned space must be sealed.	
Fireplaces	606.1	Equipped with outside combustion air, doors and flue dampers.	
Exhaust Fans	606.1	Equipped with dampers. Combustion devices see 606.1.A.2.	
Combustion Heating	606.1	Combustion space and water heating systems provided with outside combustion air, except direct vent appliances.	
** OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.) **			
Water Heaters	612.1	Comply with efficiency requirements in Table 6-11. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78 percent.	
Shower Heads	612.1	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics must be insulated to a minimum of R-6. Air handlers shall not be installed in attics unless in mechanical closet.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1 602.1	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

SUMMER CALCULATIONS

=== BASE ===				=== AS-BUILT ===							
GLASS	ORIENT	AREA	BSPM	POINTS	TYPE	SC	ORIENT	AREA	SPM	SOF	POINTS
N		71.00	109.7	7788.7	SGL CLR		N	12.0	64.5	.72	558.7
					SGL CLR		N	6.0	64.5	.78	300.6
					SGL CLR		N	13.0	64.5	.53	444.4
					SGL CLR		N	40.0	64.5	.88	2267.5
E		147.60	109.7	16191.7	SGL CLR		E	30.0	136.3	.44	1790.6
					SGL CLR		E	24.0	136.3	.39	1289.8
					SGL CLR		E	18.7	136.3	.41	1043.4
					SGL CLR		E	39.0	136.3	.59	3136.3
					SGL CLR		E	26.0	136.3	.77	2725.9
					SGL CLR		E	9.9	136.3	.71	959.6
S		116.00	109.7	12725.2	SGL CLR		S	6.0	135.6	.62	500.8
					SGL CLR		S	52.0	135.6	.89	6291.2
					SGL CLR		S	52.0	135.6	.70	4904.9
					SGL CLR		S	6.0	135.6	.62	500.8
W		243.20	109.7	26679.0	SGL CLR		W	20.0	136.3	.59	1608.3
					SGL CLR		W	33.0	136.3	.63	2840.6
					SGL CLR		W	53.0	136.3	.63	4562.2
					SGL CLR		W	35.0	136.3	.81	3873.2
					SGL CLR		W	39.0	136.3	.77	4088.9
					SGL CLR		W	9.9	136.3	.71	959.6
					SGL CLR		W	53.3	136.3	.77	5588.1

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	4,226.00	577.80	1.097		63,384.66		69,538.83	50,235.41

NON GLASS				TYPE	R-VALUE	AREA	x	SPM	POINTS
WALLS	AREA	BSPM	POINTS						
Ext	2633.0	1.6	4212.8	Ext NormWtBlock In	5.4	1608.0	1.92		3087.4
				Ext Wood Frame	19.0	1025.0	1.60		1640.0
Adj	156.0	1.0	156.0	Adj Wood Frame	11.0	12.0	1.00		12.0
				Adj NormWtBlock In	5.4	144.0	1.04		149.8
DOORS									
Ext	80.0	6.4	512.0	Ext Insulated		80.0	6.40		512.0
Adj	20.0	2.6	52.0	Adj Insulated		20.0	2.60		52.0
CEILINGS									
UA	2973.0	.8	2378.4	Under Attic	19.0	2541.0	1.50		3811.5
				Under Attic	19.0	482.0	1.50		723.0
FLOORS									
Slb	255.0	-20.0	-5100.0	Slab-on-Grade	.0	255.0	-20.00		-5100.0
INFILTRATION									
	4226.0	14.7	62122.2	Practice #2		4226.0	14.70		62122.2

TOTAL SUMMER POINTS				133,872.23					117,245.23
---------------------	--	--	--	------------	--	--	--	--	------------

TOTAL	x	SYSTEM	=	COOLING	TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	COOLING
SUM PTS	MULT			POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	MULT				POINTS

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	71.00	-.4	-28.4	SGL CLR		N	12.0	3.7	1.13	50.1
				SGL CLR		N	6.0	3.7	1.11	24.5
				SGL CLR		N	13.0	3.7	1.26	60.6
				SGL CLR		N	40.0	3.7	1.06	156.2
E	147.60	-.4	-59.0	SGL CLR		E	30.0	.1	16.05	48.2
				SGL CLR		E	24.0	.1	19.00	45.6
				SGL CLR		E	18.7	.1	18.16	34.0
				SGL CLR		E	39.0	.1	11.04	43.1
				SGL CLR		E	26.0	.1	6.06	15.8
				SGL CLR		E	9.9	.1	7.61	7.5
				SGL CLR		S	6.0	-2.0	.32	-3.9
S	116.00	-.4	-46.4	SGL CLR		S	52.0	-2.0	.88	-91.9
				SGL CLR		S	52.0	-2.0	.53	-54.9
				SGL CLR		S	6.0	-2.0	.32	-3.9
				SGL CLR		S	6.0	-2.0	.32	-3.9
W	243.20	-.4	-97.3	SGL CLR		W	20.0	.1	11.04	22.1
				SGL CLR		W	33.0	.1	9.93	32.8
				SGL CLR		W	53.0	.1	9.93	52.6
				SGL CLR		W	35.0	.1	5.00	17.5
				SGL CLR		W	39.0	.1	6.06	23.6
				SGL CLR		W	9.9	.1	7.61	7.5
				SGL CLR		W	53.3	.1	6.06	32.3

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS	POINTS
.15	4,226.00	577.80	1.097		-231.12		-253.56	519.50

NON GLASS-----

AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS
------	---	--------	--------	------	---------	------	---	-------	--------

WALLS-----									
Ext	2633.0	.3	789.9	Ext NormWtBlock	In	5.4	1608.0	.86	1382.9
				Ext Wood Frame		19.0	1025.0	.30	307.5
Adj	156.0	.5	78.0	Adj Wood Frame		11.0	12.0	.50	6.0
				Adj NormWtBlock	In	5.4	144.0	.40	57.6

DOORS-----									
Ext	80.0	1.8	144.0	Ext Insulated			80.0	1.80	144.0
Adj	20.0	1.3	26.0	Adj Insulated			20.0	1.30	26.0

CEILINGS-----									
UA	2973.0	.1	297.3	Under Attic		19.0	2541.0	.30	762.3
				Under Attic		19.0	482.0	.30	144.6

FLOORS-----									
Slb	255.0	-2.1	-535.5	Slab-on-Grade		.0	255.0	-2.10	-535.5

INFILTRATION-----									
	4226.0	1.2	5071.2	Practice #2			4226.0	1.20	5071.2

TOTAL WINTER POINTS

			5,617.34						7,886.08
--	--	--	----------	--	--	--	--	--	----------

TOTAL x SYSTEM = HEATING | TOTAL x CAP x DUCT x SYSTEM x CREDIT = HEATING

WIN PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	MULT	POINTS
---------	------	--------	--------	-------	------	------	------	------	--------

5,617.34 1.10 6,179.07 1.00 6,179.07 1.00 6,179.07 1.00 6,179.07

WATER HEATING

=== BASE ===				=== AS-BUILT ===				
NUM OF BEDRMS	x MULT	= TOTAL	TANK VOLUME	EF	TANK RATIO	x MULT	x CREDIT MULT	= TOTAL
4	3319.0	13,276.00	40	.90	1.000	3244.7	1.00	12,978.67

SUMMARY

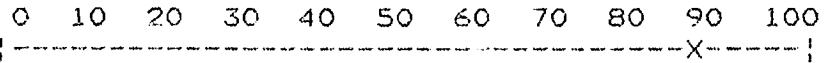
=== BASE ===				=== AS-BUILT ===			
COOLING POINTS	HEATING POINTS	HOT WATER POINTS	TOTAL POINTS	COOLING POINTS	HEATING POINTS	HOT WATER POINTS	TOTAL POINTS
49532.7	6179.1	13276.0	68,987.80	40521.1	8016.2	12978.7	61,515.99

 * EPI = 89.17 *

ENERGY GUIDE

For detailed information of the EPI rating number or for any ITEM listed, ask your Builder for DCA Form 600A-93 or Form 600B-93

EPI= 89.2



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Clear	X-----			
INSULATION.....					
Ceiling R-Value.....	19.0	R-10		R-30	
Wall R-Value.....	5.4	R-0		R-7	
Floor R-Value.....	0.0	R-0		R-19	
AIR CONDITIONER.....					
EER.....	10.0	9.7	EER	16.0	
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
WATER HEATER.....					
Electric EF.....	0.90	0.88		0.96	
Gas EF.....	0.00	0.54		0.90	
Solar EF.....		0.40		0.80	
OTHER FEATURES.....					

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-7508
 VERO BEACH: (561) 567-6167
 STUART: (561) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Sun Builders

Date May 23, 1997

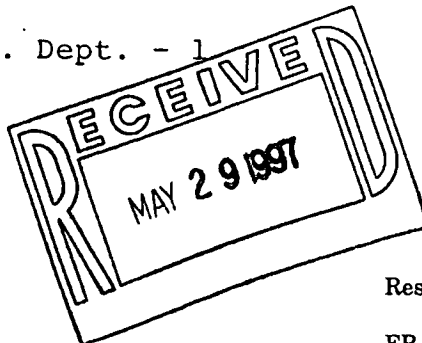
Contractor J & L Scarola

Site 9 Oak Hill Way
 Stenwall Backfill

Permit #4172

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
3259	N.E. Corner	0 - 1'	109.2	3259	113.2	96.5
	"	1 - 2'	110.5			97.6
	Center	0 - 1'	110.8			97.9
	"	1 - 2'	111.6			98.6
	"	2 - 3'	112.0			98.9
	"	3 - 4'	112.5			99.4
	S.W. Corner	0 - 1'	108.7			96.0
	"	1 - 2'	109.2			96.5
All elevations below slab grade.						

Copies Client - 1
 Sewalls Point Bldg. Dept. - 1



Respectfully submitted,

FRASER ENGINEERING & TESTING, INC.

Paul H. Danforth

 PAUL H. DANFORTH, P.E., FL Reg. No. 44653

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-7508
 VERO BEACH: (561) 567-6167
 STUART: (561) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

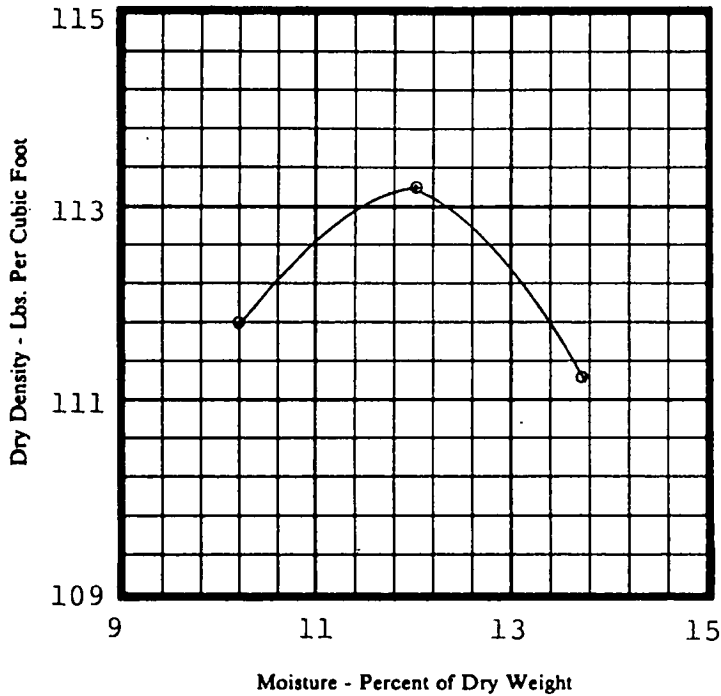
Client Sun Builders

Date May 23, 1997

Contractor J & L Scarola

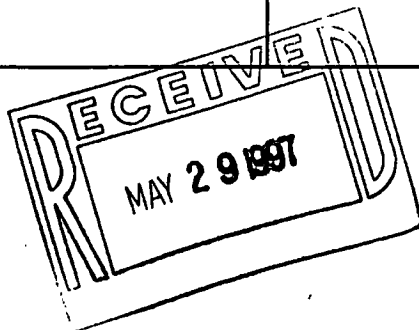
Site 9 Oak Hill Way
Stemwall Backfill

Permit #4172



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
3259	B	Composite	12.0	113.2	Brown, slightly silty, slightly clayey, fine sand.

Copies



Respectfully submitted,

Paul H. Danforth
 PAUL H. DANFORTH, P.E.



*Expedient service
Conscientious testing*

MIAMI TESTING LABORATORY

a division of Center for Applied Engineering, Inc.

1640 West 32 Place Hialeah, Florida 33012-4585 Phone: 305-822-1141

L-49082

Dade County Cert. No.: 94-0128.01

February 6, 1996

File Number: 95-204

Report Number: 29

Page 1 of 3

Report Expires: 2/16/2000

TEST OF ALUMINUM SLIDING GLASS DOOR

Client: Keller Industries, Inc.
Project: Metro Dade County Product Approval
Sample: Laboratory Number 16516
Sampled by: Your representative and received July 7, 1995

Reported to: Keller Industries, Inc.
3499 N. W. 53rd Street
Fort Lauderdale, Florida 33309
Attention: Mr. Howell Cornell

DESCRIPTION OF TEST UNIT:

SERIES: 70; Aluminum Sliding Glass Door
TEST SAMPLE SIZE: 7' 11 1/2" by 8' 1/2" high (95 1/2" x 96 1/2") (XO as viewed from exterior).
NO. & SIZE OF PANELS: Two, each 47 1/2" by 94 1/2" high.
WEATHERSTRIPPING: Double pile with integral plastic fin in each panel top and bottom rail, moving panel lock stile and fixed panel jamb stile; single at each interlock stile. One adjustable flat aluminum plate sill closure with vinyl flap at bottom, installed to bottom of moving panel interlock stile, secured with corner assembly screw.
OPERATORS & LOCATION: One adjustable metallic tandem wheels at each end of moving bottom rail. One flush mount conventional lock at moving panel lock stile.
GLAZING MATERIAL: 3/16" tempered glass.
GLAZING METHOD: Exterior glazed using silicone adhesive bedding and extruded aluminum snap-in glazing bead.
WEEPHOLES: Five 1 1/2" by 1/4" high weepholes in each panel track, holes located from left to right, interior track, 1 1/2", 4", 4 1/2", 42 1/4", and 4 1/2"; exterior track 1 1/2", 7", 39 1/4", and 6 1/2". Also all tracks, panel and screen notched 2" at each end.
MUNTINS: None
REINFORCEMENTS: One 1 3/8" by 3/16" steel bar in the interior interlock stile.
CORNER CONSTRUCTION:
Frame; butt joints, each corner secured with three No. 8 by 7/8" sheet metal screws.
Panels; telescopic corners, each secured with two No. 14 by 1 1/2" sheet metal screws.
INSTALLATION METHOD: Unit installed in a wood test buck and secured at head, sill and jambs with a double row No. 10 by 1 1/2" flat head sheet metal screws; each set of two screws located as follows; jambs, top to bottom, 6 1/4", 30", 49 1/4", 66 1/4", 90 1/4", total of 5 sets; Head and Sill, left to right, 6", 30", 44", 65", 89", total of 5 sets.
ADDITIONAL DESCRIPTION: 2 1/2" high overall interior sill flange. One extruded aluminum applied head and sill closure in fixed panel track on exterior of moving panel. The fixed panel secured to jamb with a 1 1/2" extruded aluminum anchor bracket, 5 1/2" from top and bottom, secured with one screw into frame and into stile per bracket.

RESULTS OF TESTS:

**Metro Dade County
Requirements**

Note: All structural load tests were performed per ASTM E330. All water resistance tests were performed per ASTM E331 and ASTM E547 as noted. All air infiltration tests were performed per ASTM E283.

The tests were performed in accordance with the instructions received from your representative. These instructions were based on the agreement between you and the Dade County Building Code Compliance Department. Where applicable tests were performed in accordance with PA 202 and the requirements of the Dade County Building Code Compliance Department that are in writing.

Vinyl Tech, Inc
155 Center Court
Hialeah, FL 33012

Howell
2/16/96



Expeditious service
Conscientious testing

L-49082
Dade County Cert. No.: 94-0128.01
February 6, 1996
File Number: 95-204
Report Number: 29
Page 2 of 3
Report Expires: 2/16/2000

UNIT A

Air Infiltration Test
(ASTM E283) at 1.57psf 0.36 cfm/ft.²

Test	Load (lbs./sq.ft.)	Deflection (Inches)	Permanent Deformation (Inches)	Water Resistance	Load Duration
Preload (ASTM E330)	+41.3	1.13	--		30 sec.
Design Load (E330)	+55.0	2.47	--		30 sec.
Preload (E330)	-52.5	1.53	--		30 sec.
Design Load (E330)	-70.0	2.01	--		30 sec.
WATER: (with & without screws)				No Leakage	4 cycles
(ASTM E547)	+7.60			No Leakage	15 min.
(ASTM E331)	+7.60	2.36	0.050		30 sec.
Test Load (E330)	+82.5	2.83	0.170		
Test Load (E330)	-90.0				

Forced Entry Resistance
AAMA 1303.5-1976,
Paragraph 3.1.1 Test A
through 3.1.5 Test G

No Entry

None Allowed

Deglazing Test

No disengagement of:
Vertical stiles
Horizontal Rails at

70 pounds
50 pounds

70 minimum
50 minimum

Percent Deglazement

6 percent

99 maximum

Test Completed: August 7, 1995

[Handwritten signature]
17/10/96



Expeditious service
Conscientious testing

L-49082

Dade County Cert. No.: 94-0128.01

February 6, 1996

File Number: 95-204

Report Number: 29

Page 3 of 3

Report Expires: 2/16/2000

Remarks: The above tests were conducted in accordance with the instructions received from your representative. Tests were conducted to the general requirements of the South Florida Building Code. This test report does not constitute certification of this product, but only that the above test results were obtained using the designated test methods.

Witnessed by:

Mr. Rocco J-C. Moro

Mr. David G. Ober, P.E.

Laboratory Technicians:

Mr. Allen Groover

Mr. Menahem Hadjez

Mr. Xox Swygard

2 - Keller Industries, Inc.

2 - Keller Industries, Inc. (Metro Dade County)

MIAMI TESTING LABORATORY

David G. Ober, P.E.

Vinyl Tech, Inc



METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
SUITE 1603
METRO DADE FLAGLER BUILDING
140 WEST FLAGLER STREET
MIAMI, FLORIDA 33130-1563
(305) 375-2901
FAX (305) 375-2908
INTERNET: mdcc01@shadow.net

PRODUCT CONTROL NOTICE OF ACCEPTANCE

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



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

Your application for Product Approval of:
Series 4100 Aluminum Single Hung Window
under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by:
Applicant. (For listing, see Section 8 of this Notice of Acceptance)

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

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

Acceptance No.: 96-1203.05 (Revises No.: 96-0709.01)

Expires: 03/31/98

Raul Rodriguez
Product Control Supervisor

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

BUILDING CODE COMMITTEE

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

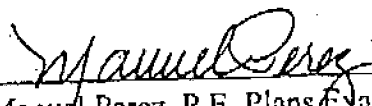
Charles Danger, P.E.
Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 01/06/97

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 96-1203.05APPROVED : JAN 06 1997EXPIRES : March 31, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. DESCRIPTION OF UNIT**

- 1.1 This approves an aluminum single hung window designed to comply with the South Florida Building Code, 1994 Edition for Dade County, for the locations where the pressure requirement, as determined by ASCE 7-88 "Minimum Design Loads for Buildings and Other Structures", do not exceed the Design Pressure Rating values in Section 7 and within the limitations contained in Section 3.
- 1.2 Model Designation Series "4100" Aluminum Single Hung Window - Impact
- 1.3 Overall Size 4' 5" wide by 6' 2" high by 2-3/4" deep
- 1.4 Configuration O/X
- 1.5 No. & Size of Vents: One vent measuring: 50-5/8" wide x 37-1/4" high

2. MATERIAL CHARACTERISTICS2.1 Frame and Sash (Vent) Material: Aluminum alloy 6063-T5 and 6063-T6.**2.2 Glazing**2.2.1 Glazing Material: 3/16" annealed *Sentryglas*, composed of a laminated plastic film on the interior side. The film used is a DuPont's Sentry 457 which utilizes a 45 mil layer of PVB and a 7 mil layer of PET on the exposed side for a total composite thickness of 0.177". Minimum 1/2" bite required.2.2.2 Glazing Method: Exterior glazed using a gray adhesive bedding compound and rolled aluminum glazing bead. Glass bite is 1/2".2.2.3 Daylight Opening: One fixed light frame glazed at the top with a clear opening of 49-7/16" by 33-5/8" high (O/X).**2.3 Sash (Vent) Construction:**2.3.1 Stiles: Consist of a vent stile of equal legs, .625" exterior face and 1.075" interior face by .937" deep and .062" wall thickness aluminum extrusion (Part #), with 2 grooves for weatherstrips.2.3.2 Rails: Bottom rail consists of a square shape with lift extension, a 1.09" outside face by a 1.782" inside face and .062" wall thickness aluminum extrusion with two screw splines. Top rail consists of a square shape with lift extension and notch to join with meeting rail, a 1.081" outside face by a 1.707" inside face and .062" wall thickness aluminum extrusion with two screw splines.2.3.3 Corner Construction: Butt joint.**2.4 Frame Construction:**2.4.1 Head: Consists of an unequal leg, 0.675" exterior face and 0.705" interior by 2.784" deep and .062" wall thickness aluminum channel shaped extrusion.2.4.2 Jambs: Consists of an unequal leg, 1.123" exterior and 1.023" interior face by 2.71" deep and .062" wall thickness aluminum extrusion with two screw splines.2.4.3 Sill: Consists of an unequal leg, 0.655" exterior face and 2.33" nominal interior face by 2.784" deep and .062" wall thickness aluminum extrusion.2.4.4 Fixed Meeting Rail: Consists of a square shape with unequal leg extensions, 1.403" exterior face and 2.03" interior face by 1.487" deep and .062" wall thickness aluminum extrusion with two screw splines.2.4.5 Corner Construction: Butt joint.


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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 96-1203.05APPROVED : JAN 06 1997EXPIRES : March 31, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS2.5 Weatherstripping:

Quantity	Description	Location
2.5.1 Single	Vinyl bulb with multi-flap	At vent bottom rail.
2.5.2 Single	Single pile with integral plastic fin 220-250	At vent jamb rails on the exterior and at vent meeting rail.
2.5.3 Single	0.830" by 0.25" by 0.210" high pile.	At each end of fixed meeting rail.

2.6 Hardware:

Quantity	Description	Location
2.6.1 Two	Spiral balances	One per frame jamb
2.6.2 One	Metallic cam lock, locking into an extruded groove in fixed meeting rail.	One vent meeting rail, 9" from each end:

2.7 Weepholes:

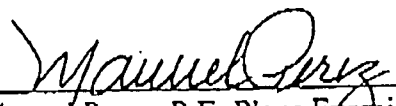
Quantity	Description	Location
2.7.1 One	1-1/8" weep notch. A 1/8" clearance between the frame sill and screen.	At the sill screen retainer.

2.8 Muntins: None.2.9 Reinforcement: None2.10 Additional Description: 2" high overall interior sill flange used.**3. LIMITATIONS**

3.1 This approval applies to single unit applications only, as shown in Section 10.

3.2 Units with dimensions equal to or smaller than those shown in Section 1.3 shall qualify under this approval.

3.3 For Design Pressure Rating see Section 7.


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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 96-1203.05APPROVED : JAN 06 1997EXPIRES : March 31, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**4. INSTALLATION:****4.1 Screws and Method of Attachment**

SILL : #10 x 1-1/4" FH SMS @ 6" from corners and remaining @ 20" o.c. max.
 HEADER: #10 x 1-1/4" FH SMS @ 6" from corners and remaining @ 20" o.c. max.
 JAMBS : #10 x 1-1/4" FH SMS @ 6" from corners and remaining @ 15" o.c. max.

Note: Please see note #11, Page 3

4.2 Limit shim space to a maximum of 1/4".

4.3 Attachments of sub-bucks shall be designed by the Architect or Engineer of Records and must be in compliance with the South Florida Building Code.

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

5. IDENTIFICATION

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

6. USE

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


6.1.1 This Notice of Acceptance.

6.1.2 Completely dimensioned drawing showing size and location, including height above grade of opening to receive window, mean roof height, length and width of building.

6.2 The Building Official shall ensure the adequacy of window to meet the pressure requirement of the opening in which it is to be installed.

6.3 This approval transferred from Notice of Acceptance No. 96-0709.01 approved September 05, 1996.

~~6.4 Note: The installation of this unit will not require a hurricane protective system.~~


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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 96-1203.05APPROVED : JAN 06 1997EXPIRES : March 31, 1998NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**7. TESTS PERFORMED****RESULTS**

TEST	TEST LOADS	DESIGN LOADS
AIR INFILTRATION @ 1.57 PSF SFBC PA 202-94 (0.37 CFM/FT)	0.13 CFM/FT MTL-16024	-----
UNIFORM STATIC PRESSURE SFBC PA 202-94 POSITIVE (3/16" annealed)	+104.0 PSF MTL-16024	+69.33 PSF MTL-16024
UNIFORM STATIC PRESSURE SFBC PA 202-94 NEGATIVE (3/16" annealed)	-104.0 PSF MTL-16024	-69.33 PSF MTL-16024
WATER RESISTANCE (PSF) no leakage SFBC PA 202-94	+10.4 PSF MTL-16024	+69.33 PSF MTL-16024
LARGE MISSILE IMPACT TEST SFBC PA 201-94	SATISFACTORY ATL-0725.01-94	-----
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 (4500 Cycles)	+70 PSF ATL-0725.01-94	+70 PSF ATL-0725.01-94
CYCLIC WIND PRESSURE TEST SFBC PA 203-94 (4500 Cycles)	-70.0 PSF ATL-0725.01-94	-70.0 PSF ATL-0725.01-94
FORCED-ENTRY RESISTANCE (FER) AAMA 1302.5-76	SATISFACTORY MTL-16024	-----
Design Pressure Rating (Positive)		+69.33 PSF
Design Pressure Rating (Negative)		-69.33 PSF

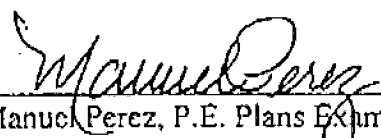
8. EVIDENCE SUBMITTED**8.1 Tests:**

- 8.1.1 Test reports on 1) Air Infiltration Test, per PA 202-94
 2) Uniform Static Air Pressure Test, Loading per PA 202-94
 3) Water Resistance Test, per PA 202-94
 4) Forced Entry Resistance Test, per AAMA 1302.5-76.

prepared by Miami Testing Laboratory, Report No.MTL-16024 dated 4/29/94, signed and sealed by Ernest Mitchell, P.E.

8.2 Drawing:

- 8.2.1 Manufacturer's die dwgs., sections and assembly dwg. Sheets 1 thru 27 of 27.


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

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.: 96-1203.05

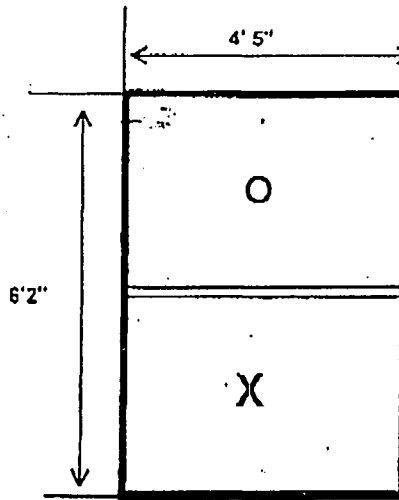
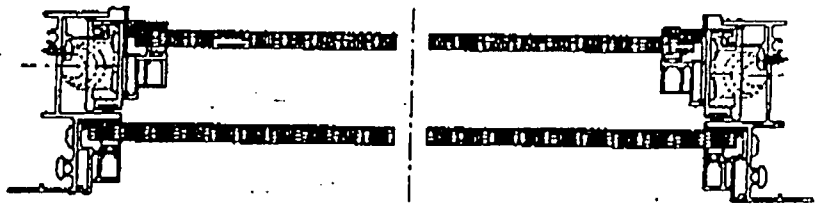
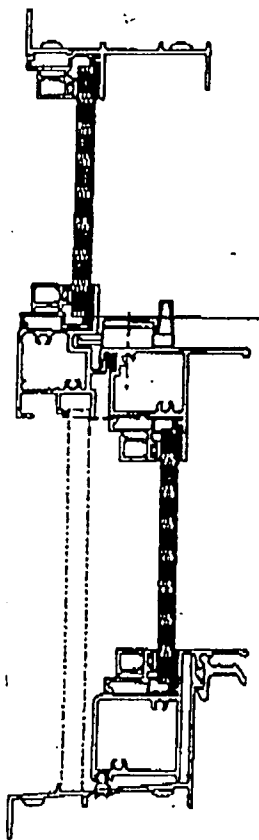
APPROVED : JAN 06 1997

EXPIRES : March 31, 1998

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

9. COMPARATIVE ANALYSIS: None.

10. TYPICAL ELEVATION AND CROSS-SECTIONS:



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

Vinyl Tech/Progressive Glass TechnologyACCEPTANCE No.: 96-1203.05APPROVED : JAN 06 1997EXPIRES : March 31, 1998NOTICE OF ACCEPTANCE STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
 2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
 3. Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
 4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
 5. Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
 6. The Notice of Acceptance number preceded by the words Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
 7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
 8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
 9. This Acceptance contains pages 1, 2, 2(a) through 2(d) and this last page 3.
- Items 10, 11 & 12 listed below only apply to glazed products and doors**
10. Unless specifically indicated in the Acceptance (approval), this unit is approved as a single unit installation. For multiple installation of this unit, a separate Acceptance for mullions is required from the Product Control Section.
 11. The spacing of fasteners at window sills shall be as indicated in Section 4 of this Notice of Acceptance. The spacing of fasteners in all other parts of the frame, shall be as indicated in Section 4 of this Notice of Acceptance, but in no case shall exceed 24" on center. The first fastener shall be located at a maximum of 6" from each corner and mullion or stile. Fastener shall fully penetrate the buck, which shall be the same size as the one tested with the unit. No wood or plastic shields or pins shall be used for anchoring.
 12. Hardware for all windows and doors shall conform to Security and Forced Entry Prevention, Chapter 36 of the South Florida Building Code.

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

END OF THIS ACCEPTANCE

American Test Lab of South Florida

191-B SW 5th Court
Pompano Beach, Florida 33060
(305) 784-6280 Fax (305) 784-6281

*Good for
Breward Co.
only
SGD IMP.*

ATL Certification # 95-0330.04

Date: 5/27/95

ATL Report # 0509.01-95

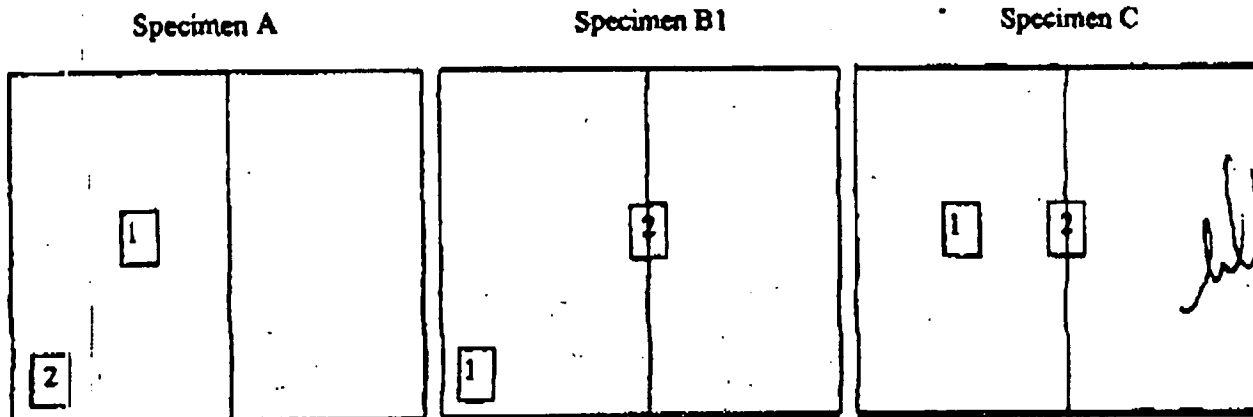
Test Date: 5/9/95, 5/11/95

Test Requested By: Keller Industries Inc., 3499 N.W. 53 street, Fort Lauderdale, Fl., 33309, Phone 305-777-2060, Fax 305-777-2079 and DuPont, Route 23 South DuPont Road, Circleville, Ohio, 43113, Phone 614-474-0360.

Description of Product Being Tested: Series 70 aluminum sliding glass door in an aluminum frame. All three specimens A, B1 & C were the same and glazed with DuPont Sentry glass 3/16" R-457, laminated by Romap, using Dow 899 silicone for the glass backbedding. All doors 95-1/2" x 80-1/2" overall in size, one fixed panel and one moving panel. Plans from Keller Industries - drawings # 35001- 35006, 35008-35013, 35015, 35017, 35018, 35020, 35023, 35026, 35032 - 35034, 6380-1-D, 6380-3-D, 6382-1-A, 8514, 8598-2, 8598-3, 8888-A, 9721, 18021-C, 19528-D, 19819, 19857 and 19858. All three doors were made up from the same extrusions. All three specimens tracks were fastened to the 2 x 10 wood buck with a total of 36 #10 x 1-1/2" FLAT HEAD SMS per specimen. All three specimens had the same spacing of the installation screws to the wood buck - at the top and bottom track from left to right there were a row of two screws 3" oc at 6" (in from the corner), 24", 17-1/2", 17-1/2" and 24" oc. At the sides from top to bottom there were a row of two screws 3-1/2" oc at 6" (in from the corner), 24", 20-1/2", 24" oc.

IMPACT TEST - LARGE MISSILE

Impact tests were conducted in accordance with Dade County Building Code Compliance Protocol PA 201-94



SPEED FT/SEC
 1 2
 50.2 50.3

SPEED FT/SEC
 1 2
 50.3 50.0

SPEED FT/SEC
 1 2
 50.5 50.2

ATL Report # 0509.01-95

TYPE OF MISSILE: # 2 Southern Yellow Pine ND, length approx. 84"
WEIGHT - 9 #, 0 oz.

Description of specimens after impact test:

A. The first impact was made in the center of the operable door, there was no penetration of the missile or separation of the glass from the aluminum frame. The second impact was made in the lower left hand corner of the operable door, there was no penetration of the missile or separation of the glass from the aluminum frame.

B1. The first impact was made in the lower left hand corner of the operable door, there was no penetration of the missile or separation of the glass from the aluminum frame. The second impact was made in the center of the door on the mullion where the fixed and operable panels meet, there was no penetration of the missile or separation of the glass from the aluminum frame.

C. The first impact was made in the center of the operable door, there was no penetration of the missile or separation of the glass from the aluminum frame. The second impact was made in the center of the door on the mullion where the fixed and operable panels meet, there was no penetration of the missile or separation of the glass from the aluminum frame.

CYCLE TEST

Cycle Tests were conducted in accordance with Dade County Building Code Compliance Protocol PA 203-94

Design Load psf = + 55 , - 70

Range of test	actual load psf	# of cycles	cycles/min
Positive loads			
+ .2 - .5	11 - 28	3500	51
+ .0 - .6	0 - 33	300	50
+ .5 - .8	28 - 44	600	50
+ .3 - 1.0	17 - 55	100	50
Negative Loads			
- .3 - 1.0	21 - 70	50	25
- .5 - .8	35 - 56	1050	45
- .0 - .6	0 - 42	50	50
- .2 - .5	14 - 35	3350	50

9000 cycles completed

Handwritten signature and date:
 5/31/95

ATL Report # 0509.01-95

Description of specimens after cycle test:

A. No failure of the fasteners to the wood buck or separation of the glass from the aluminum frame during any of the cycle tests.

B1. No failure of the fasteners to the wood buck or separation of the glass from the aluminum frame during any of the cycle tests.

C. No failure of the fasteners to the wood buck or separation of the glass from the aluminum frame during any of the cycle tests.

2 mill polyethylene film was used on the cycle tests and it is the opinion of the undersigned that they had no influence on the results of these tests.

NOTE: HISTORY OF ENTIRE TEST

Specimen A and B were first impacted and cycled together, both A and B were fitted with a metal pin 1/4" x 3" near the lock handle. The pin was installed from the inside of the door - the pin penetrated the inside leg of the frame jamb and halfway through the side rail of the operable door. During the first 10 cycles on the negative load Spec. B failed, the pin bent and the door opened. Specimen B's operable panel was damaged severely when the door opened during the test. Specimen A was fitted with a pin that extended through a plate (1-1/2" x 2" x 16 gauge), that was fastened to the inside leg of the frame jamb, through the inside leg of the frame jamb through the side rail and through the next leg of the frame jamb into an aluminum angle that was fastened through the frame jamb into the wood buck. Specimen B was fitted with a horizontal brace at mid span that held the operable door closed. The negative test was then started from the beginning and both Specimens A and B were able to complete the test. Specimen B's panels were replaced with 2 new panels, 1 fixed and 1 operable. This Specimen was then called B1. Both B1 and C were fitted with the same pin that was installed on A. B1 and C were first impacted and then cycled together. 140 cycles into the negative test both fixed panels became disengaged, the small clips used to hold the panels to the frame broke. Both B1 and C were fitted with 2 larger L shaped clips, same position as the smaller clips, that were fastened through the side frame jamb into the wood buck and also fastened to the side rail of the fixed panel. Specimens B1 and C were able to complete the test.

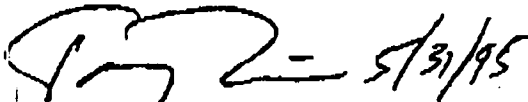
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5/21/95

ATL REPORT # 0509.01-95

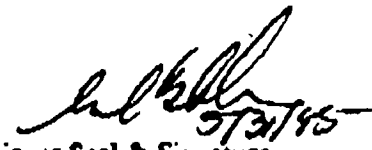
Observers: 5/9/95, 5/11/95

Gerard B. Sullivan P.E.
Bob Hanke, Randy Tinnerman and Tony Sivore- American Test Lab
Howell Cornell, Ken Pangborn- Keller Industries
Bob Durham- Safeguard Glass

Dade County Witness: Not Present



Tony Sivore, Director
American Test Lab of South Florida



Engineer Seal & Signature

All Tests Certified and Witnessed by:
Gerard B. Sullivan
Sullivan & Assoc. E.B. #3863
P.O. Box 770031
Coral Springs, Fla. 33077
State of Florida:
Registered Engineer P.E. #28404

Disclaimer: This test report was prepared by ATL of South Florida, for the exclusive use of the above named client. The results are for that particular specimen tested and does not imply the quality of similar or identical products manufactured or installed from specifications identical to the tested product. ATL of South Florida is a testing lab and does not guarantee or warranty any product tested or installed.

RAB File Number: 97-099

4172

Building Permit No.:

Tax Id. No.: 26-37-41-015-000-001000-30000

NOTICE OF COMMENCEMENT

The undersigned hereby give notice that improvements 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.

01. Description of property (legal description and, if available, the street address):

Lot 10, CASTLE HILL, according to the plat thereof, recorded in Plat Book 12, page 89, Martin County, Florida, public records.

PROPERTYADD: Lot 10, Castle Hill Subdivision, Sewalls, Point, Florida

02. General description of improvement: single family dwelling

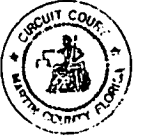
03. Owner information:

a. James and Carol Scarola
160 Pepper Lane
Jensen Beach, Florida 34957

STATE OF FLORIDA
MARTIN COUNTY

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

MARSHALLER, CLERK
BY Charlotte Burke, D.C.
DATE 4-7-97



b. Interest in property: Fee simple
c. Name and address of fee simple titleholder, if other than Owner: N/A

04. Contractor name and address: Owner-builder

05. Surety (Note: Attach copy of bond if applicable): N/A

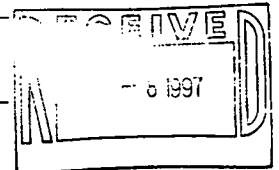
06. Lender name and address: COMMUNITY SAVINGS, F.A.
660 U. S. Highway One
North Palm Beach, Florida 33408

07. Name and addresses of persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: N/A

08. In addition to itself, Owner designates the Lender set forth in paragraph six (6) above and the following to each receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: N/A

09. The expiration date of this notice of commencement is 1 year from the date of recording unless a different date is hereinafter specified:

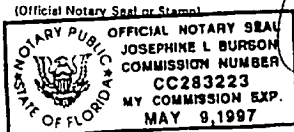
James Scarola
JAMES SCAROLA
April 7, 1997
Carol Scarola
CAROL SCAROLA
April 7, 1997



STATE OF FLORIDA
COUNTY OF MARTIN

Subscribed and acknowledged before me on April 7, 1997, by JAMES SCAROLA AND CAROL SCAROLA, HUSBAND AND WIFE.

[Signature of Notary Public]

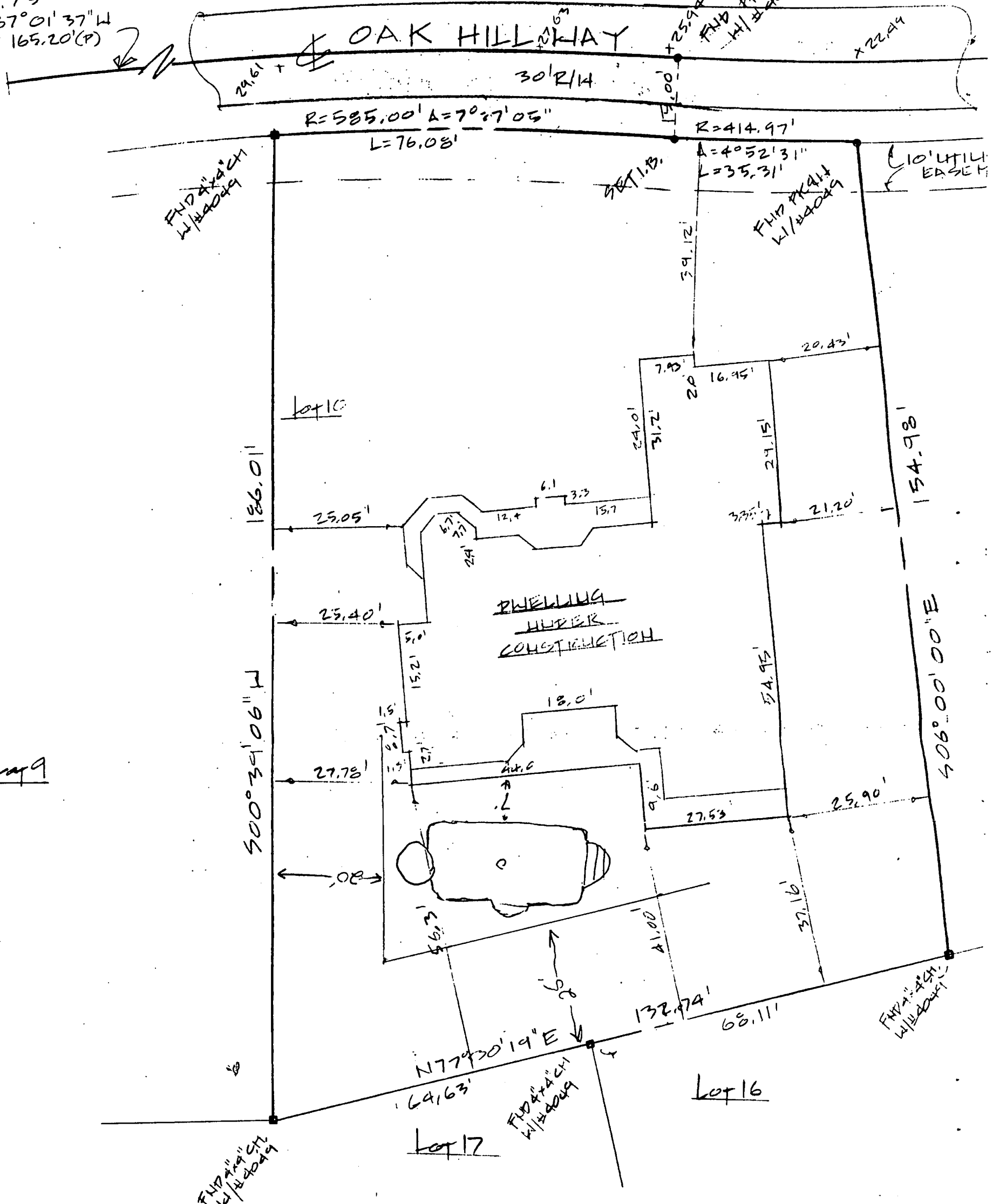


NOTARY SEAL
JOSEPHINE L BURSON
COMMISSION NUMBER
CC283223
COMMISSION EXP.

(Print, type, or stamp commission number of Notary Public)
Personally known or produced identification

Type of identification produced
Driver's license

$R=600.00'$
 $\Delta=15^{\circ}49'33''$
 $L=165.73'$
 $C.B.=S87^{\circ}01'37''W$
 $CHORD 165.20'(P)$



1. PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
2. PROPERTY ADDRESS: OAK HILL WAY
3. CERTIFIED TO: JAMES & CAROL SCAROLA
 COMMUNITY SAVINGS, F.A.
 ROBERT A. BURSON, P. A. ATTORNEYS
 TITLE INSURANCE FUND, INC.

- NOTES:**
1. Survey of description as furnished by C.
 2. Lands shown hereon were not abstract and/or rights-of-way of record.
 - (P) Denotes distance or bearing by description
 - (F) Denotes measured distance or bearing
 - (C) Denotes calculated distance or bearing.
 3. All bearings are referenced to the Inst as shown hereon, unless otherwise noted.
 4. Elevations shown hereon are relative to Vertical Datum of 1929, and are based on...
 5. There are no above ground encroachments, u

SET I.B. - SET 5/8 IRON BAR & CAP #4049	
FND. - FOUND OBJECT	OHW
I.P. - IRON PIPE	
C.M. - CONCRETE MONUMENT	
I.B. - IRON BAR	M.H.
P.K. - P.K. NAIL	P.P.
R.R.S. - RAILROAD SPIKE	C.B.
N. & W. - NAIL & WASHER	B.50
N. & TT - NAIL & TIN TAB	X

THE TOWN OF SEWALL'S POINT

P.O.C. - POINT OF COMMENCEMENT
 P.O.B. - POINT OF BEGINNING
 ENC. - ENCROACHMENT

4293

POOL

PREPARED BY AND RETURN TO:
Town of Sewall's Point
1 S. Sewall's Point Road
Stuart, FL 34996

[Space above this line for recording]

Date: 1/8/98

This is to request a Certificate of Approval for Occupancy to be issued to:
J & C SCARDIA for Permit No. 4172 issued to construct a SINGLE FAM.
RESIDENCE upon property described as follows:

Lot 10, Block —, Section —, Subdivision CASTLE HIL
known as: 9 OAK HILL WAY When completed in conformance
with the approved plans and approval of the following required inspections.

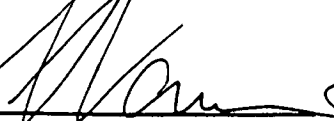
CERTIFICATE OF OCCUPANCY


TOWN OF SEWALL'S POINT, FLORIDA

Lot Stakes/Setbacks	Approved: <u>5/28/97</u>	Termite Protection	Approved: <u>5/29/97</u>
Footings/Slab	Approved: <u>5/29/97</u>	Rough Plumbing	Approved: <u>5/22/97</u>
Rough Electric	Approved: <u>9/26/97</u>	Lintel/Tie-beam	Approved: <u>6/13/97</u>
Roofing	Approved: <u>12/2/97</u>	Framing/Furring	Approved: <u>9/26/97</u>
Insulation	Approved: <u>10/9/97</u>	HVAC Rough	Approved: <u>9/26/97</u>
Final Electric	Approved: <u>1/8/98</u>	Final Plumbing	Approved: <u>1/8/98</u>
Final HVAC	Approved: <u>1/8/98</u>	Storm Shutters	Approved: <u>12/22/97</u>
Tie-in Survey	Approved: <u>12/23/97</u>	Landscape	Approved: <u>1/8/98</u>

ISSUED THIS 8th DAY OF January, 19 98


Building Inspector


Building Commissioner


Town Clerk

Town of Sewall's Point

P.I.N. _____

Date 4293

ACCESSORY STRUCTURE PERMIT APPLICATION to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.

OTHER: SEE: 4172

Owner's Name James & Carol Scarola

Owner's Address 9 Oak Hill wy.

Fee Simple Titleholder's Name (If other than owner) N/A

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

City _____

State _____

Zip _____

Contractor's Name South Florida Custom Pools

Contractor's Address 2186 SE. Elmhurst Rd.

City Port St. Lucie

State FL

Zip 34952

Job Name Scarola, Jim & Carol

Job Address 9 Oak Hill wy

Martin County, Stuart, FL 34966

Legal Description Lot 10, Castle Hill, Sewalls Point

Bonding Company N/A

Bonding Company Address N/A

City _____

State _____

Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address N/A

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

FINISHED

4293

Square Footage _____ Impervious Area _____ Lineal Footage _____ Walls, Fences, Docks
Construction Value _____ (\$)

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

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

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

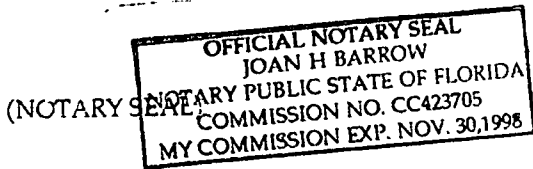
Red J. Maine
Owner or Agent _____ Date _____

Contractor _____ Date _____

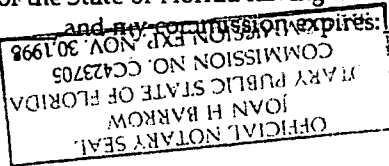
STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 12th day of November, 1997, by Boderick J. Maine
who: is/are personally known to me, or has/have produced F.I.D.I. as
identification, and who did not take an oath.

Joan H. Barrow
Name: _____



Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission
number of _____ and my commission expires: _____



STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199___, by _____ who:
[] is/are personally known to me, or [] has/have produced _____ as identification, and
who did / did not take an oath.

Name: _____

(NOTARY SEAL)

Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission
number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____
Contractor's Certificate of Competency No. _____

Application Approved [Signature] Building Official [Signature] Building Commissioner
Date: 1/21/97 Date: _____

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Fla.

COUNTY OF Martin

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

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

Lot 10, Castle Hill, Sewalls Point

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: James + Carol Scarola

ADDRESS: 9 Oak Hill wy. Sewalls Point, FL

PHONE #: 229 6060 FAX #: _____

CONTRACTOR: South Florida Custom Pools

ADDRESS: 2186 SE Elmhurst Rd PSL FL

PHONE #: 337 9995 FAX #: _____

SURETY COMPANY(IF ANY) N/A

ADDRESS: _____

PHONE # _____

FAX STATE OF FLORIDA
MARTIN COUNTY

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

MARSHA STILLER, CLERK

BY T. COPUS D.C.

DATE 11-10-97



BOND AMOUNT: _____

LENDER: N/A

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: N/A

ADDRESS: _____

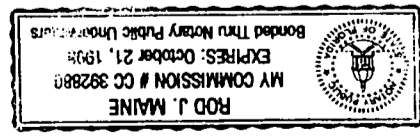
PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: Oct. 21, 1998
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

James Scarola
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 10 DAY OF Nov 19 97 BY Oct 21, 1998

OR PERSONALLY KNOWN
PRODUCED ID _____
TYPE OF ID _____

Rod J. Maine
NOTARY SIGNATURE

10643

A/C CHANGEOUT



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

BUILDING PERMIT CARD

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10643	DATE ISSUED:	10/22/2013
SCOPE OF WORK:	A/C CHANGEOUT		
CONTRACTOR:	NISAIR A/C		
PARCEL CONTROL NUMBER:	263741015000001003	SUBDIVISION	CASTLE HILL L10
CONSTRUCTION ADDRESS:	9 OAKHILL WAY		
OWNER NAME:	DETTORI		
QUALIFIER:	PHIL NISA JR.	CONTACT PHONE NUMBER:	466-8115

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

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

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

Date: 10-15-13 Permit Number: 10643

OWNER/LESSEE NAME: Kim Dettori Phone (Day) 221-3700 (Fax) _____

Job Site Address: 9 Oak Hill way City: Stuart State: FL Zip: 34996

Legal Description _____ Parcel Control Number: 26-37-41-015-000-00100-3

Fee Simple Holder Name: _____ Address: _____
City _____ State: _____ Zip _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Wife for wife A/C Change out

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: \$ 4840
(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

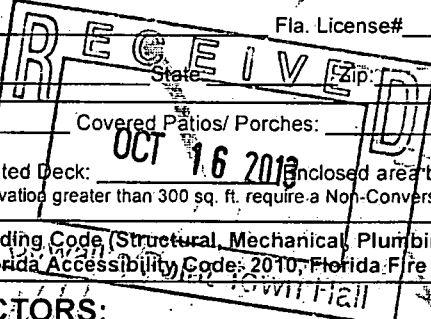
Construction Company: Mosaic A/C Phone: 466-8115 Fax: 468-9745

Qualifiers name: Philip Nisa Jr Street: 3700 S US Hwy 1 City: St Lucie State: FL Zip: 34982

State License Number: CAE041199 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Philip Nisa Jr Phone Number: 466-8115

DESIGN PROFESSIONAL: _____ Fla. License# _____
Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____



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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

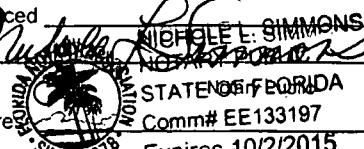
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of _____
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification _____
Notary Public

CONTRACTOR LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: St Lucie
On This the 15 day of October, 2013
by Philip Nisa Jr who is personally
known to me or produced _____
As identification: Nichole E. Simmons
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!

ESTIMATE



AIR CONDITIONING U.S. DACC-41188

3700 S US Highway One
Fort Pierce, FL 34962

Martin: (772) 283-0804
St. Lucie: (772) 488-8118
Toll Free 1-877-7NIBAIR

NAME Dr. Kim Dettori
ADDRESS 9 Oakhill Way
Stuart, FL 34996
Home: 772-771 Fax: _____

DATE 10-15-13
JOB LOCATION _____
FPL Acct/Meter # _____

THERMOSTATS
 Digital Thermostat R206-T-5RT
 Humidistat

ELECTRIC INDOOR AND OUTDOOR
 New Disconnect Box & Wiring
 High Voltage Wiring
 New Weatherproof Conduit & Connections For Outside Unit
 New Weatherproof Conduit & Connections For Inside Unit

AIR DISTRIBUTION/DUCT MODIFICATION
 Increase Return Duct Size to: _____
 New Return Air Grille Size to: _____
 Modify New Fiberglass Return Plenum
 Modify New Fiberglass Supply Air Plenum
 Baran, Hang and Support New Plenums
 Seal Wall Cracks and Crevices to not Draw Attic Air
 Liquid Master Sealant All New Duct Connections
 New Wood Top & Paint White
 Polyboard Insulate Return Air Plenum & Mastic Seal
 Seal Off Return Air Plenum for Air Leaks

FILTRATION / CLEAN AIR
 High-Efficiency Media Air Filter
 High Efficiency Cleaner
 Ultra Violet Light System

PIPING & FITTINGS
 Re-pipe Suction & Liquid Lines at new Unit. Insulate
 New Suction Line & Secure Low Voltage Wiring
 New Refrigerant Copper Tubing Line Set Overhead Exterior
Line cover includes Armaflex & Detailed Workmanship.

RECLAIM / EVACUATION / REFRIGERANT
 Reclaim Refrigerant According to EPA Regulations
 Liquid Line Drier Suction Line Drier
 Triple Evacuation to Remove Moisture & Impurities
 Refrigerant Weighed In to Factory Specifications

EQUIPMENT ACCESSORIES
 Precast Concrete Slab
 Condensate Pump, Power Cord & Fuse
 Vibration Pads under the Outdoor Unit
 Emergency Drain Pan & Support
 Overflow Water Safety Switch
 5 Minute Time Delay/Compressor Protector
 Hurricane Strap Outdoor Unit to Ground
 Potential Relay & Start Capacitor for Compressor
 Clean, Treat & Flush Drain Line System

***Please Note - Duct Sealing if Required by Florida Statutes Code 101.4.7.1 \$85/Hr Plus Materials**

Main panel breakers may need to be resized to new unit requirements; not included in our cost

Warranties (Under Terms of Warranty, Routine Scheduled Maint. Must be Performed on System)

A		B		C	
AH Model #	<u>CBX32M-18/24</u>	AH Model #	<u>CBX32M-18/24</u>	AH Model #	<u>COMP R-22</u>
Cond Model #	<u>14ACX-024-330</u>	Cond Model #	<u>14ACX-024</u>	Cond Model #	
SEER	<u>14</u> Aux. Heat <u>5</u> KW	SEER	<u>14</u> Aux. Heat <u>5</u> KW	SEER	Aux. Heat _____ KW
Compressor	<u>10</u> year	Compressor	<u>10</u> year	Compressor	<u>1</u> year
Condenser Coil	<u>10</u> year	Condenser Coil	<u>10</u> year	Condenser Coil	_____ year
Evaporator Coil	<u>10</u> year	Evaporator Coil	<u>10</u> year	Evaporator Coil	_____ year
Manufacture Parts	<u>10</u> year	Manufacture Parts	<u>10</u> year	Manufacture Parts	_____ year
Labor	<u>1</u> year	Labor	<u>1</u> year	Labor	<u>1</u> year
Job Quote	<u>\$4300.00</u>	Job Quote	<u>\$4980.00</u>	Job Quote	_____
FPL Rebate	<u>\$150.00</u>	FPL Rebate	<u>\$150.00</u>	FPL Rebate	_____
Discounts	_____	Discounts	_____	Discounts	_____
Amount Due By Customer	<u>\$4150.00</u>	Amount Due By Customer	<u>\$4830.00</u>	Amount Due By Customer	<u>\$1900.00</u>

We hereby propose to complete work as specified above for the sum of \$ _____
Payment options: Finance _____ (Subject to approval) Check _____ Cash _____ Credit Card _____
*Finance Plan: _____ Total _____ Down payment = _____ Amount financed _____

PAYMENT TERMS: 25% deposit required with balance upon completion of installation (unless 100% financed)

SPECIAL COMMENTS & MODIFICATIONS:

10 yrs AH PWS 1/4" Cond w/ outdoor PWS.
*10 yrs PWS: LOOSE ADD 600.00 TO TOTAL (10) w/ 49.00 CAPSUL
TOTAL 4840.00

10/16/13 10-16-13 9:00/9:30

Tech Signature: [Signature] Customer Signature: [Signature]

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

generated on 10/15/2013 2:51:12 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00100-3	4154	9 OAK HILL WAY, SEWALL'S POINT	\$861,500	10/12/2013

Owner Information

Owner(Current)	DETTORI KIMBERLY A
Owner/Mail Address	9 OAK HILL WAY STUART FL 34996
Sale Date	2/26/1999
Document Book/Page	1374 1203
Document No.	
Sale Price	540000

Location/Description

Account #	4154	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 10 PI# 26-37-41-015-000;00100- 30000
Parcel Address	9 OAK HILL WAY, SEWALL'S POINT		
Acres	.4740		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information

Market Land Value	\$250,000
Market Improvement Value	\$611,500
Market Total Value	\$861,500



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

Air Conditioning Change out Affidavit

Residential Commercial

Package Unit Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement Yes No - Refrigerant line replacement Yes No

Flushing Existing Refrigerant lines Yes No - Adding Refrigerant Drier Yes No

Rooftop A/C Stand Installation Yes No - Curb Installation Yes No

Smoke Detector in Supply (over 2000 CFM) Yes No

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CBX30M-11/14
 Volts 230 CFM's 800 Heat Strip 5 Kw
 Min. Circuit Amps 25 Wire gauge 10-2
 Max. Breaker size 40 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-410A
 Location: Existing New
 Attic/Garage/Close (specify)
 Access: _____

Condenser: Mfg Lennox Model# 14HX-024
 Volts 230 SEER/EER 14 BTU's 23800
 Min. Circuit Amps 17.2 Wire gauge 10-2
 Max. Breaker size 30 Min. Breaker size 20
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-410A
 Location: Existing New
 Left/Right/Rear/Front/Roof
 Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Carrier Model# _____
 Volts 240 CFM's 800 Heat Strip 5 Kw
 Min. Circuit Amps 25 Wire gauge 10-2
 Max. Breaker size 40 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. New
 Attic/Garage/Close (specify)
 Access: _____

Condenser: Mfg Carrier Model# _____
 Volts 240 SEER/EER _____ BTU's _____
 Min. Circuit Amps 18 Wire gauge 10-2
 Max. Breaker size 30 Min. Breaker size 20
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. _____ New
 Left/Right/Rear/Front/Roof
 Condensate Location _____

Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature

[Handwritten Signature]

Date

10-15-13



Certificate of Product Ratings

AHRI Certified Reference Number: 5535805

Date: 10/15/2013

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

Outdoor Unit Model Number: 14ACX-024-230-16

Indoor Unit Model Number: CBX32M-018/024*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: 14ACX SERIES

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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

Cooling Capacity (Btuh):	23800
EER Rating (Cooling):	12.20
SEER Rating (Cooling):	14.20

FootNote 11 - The AHRI 210/240 certified EER ratings are calculated under the same methodology as the EER ratings at T1 conditions of ISO 5151:2010 and ISO 13253:2011.

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

DISCLAIMER

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CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 130263376348106760



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address: 9 Oak Hill Way, Stuart, FL 34996

Latitude / Longitude: 26.6726° -80.0706°

House Square Footage: 4162 sq. ft.

Name: K. Dettori

Phone: 772-221-3700

Email:

*Replacing one
2-ton system
Serving the
1st - Bedroom*

House Information

SHR: 75

Number of residents: 2

Ceiling height: 9

Wall U-value | R-value: 0.09 | 11

Floor U-value | R-value: 0.2 | 5

Ceiling U-value | R-value: 0.053 | 19

Window U-value: 0.5

Window SHGF: 0.85

Moisture grains: 64

Duct loss %: 10

Duct gain %: 10

Cooling infiltration (ACH): 0.6

Heating infiltration (ACH): 0.8

Winter ventilation: 0

Summer ventilation: 0

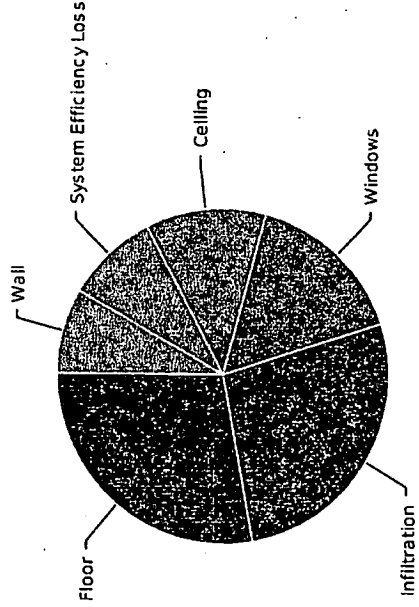
Design Conditions

Outdoor	Heating	Cooling
Dry bulb (°F)	47	90
Daily range		M
Relative humidity		50%
Moisture difference		64
Indoor	Heating	Cooling
Indoor temperature (°F)	70	75
Design temperature difference (°F)	23	15

Heating Loads

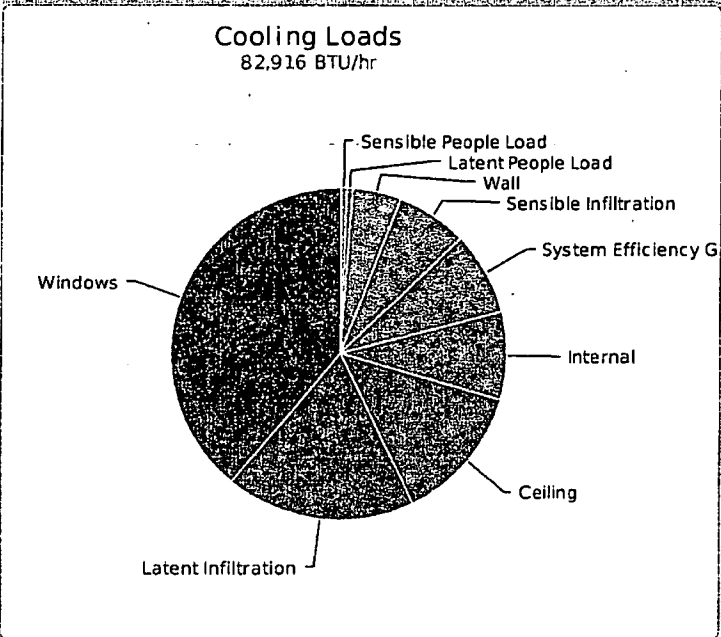
Area	Btuh	% of load
Wall	3572	8.3
Floor	12061	27.9
Ceiling	5073	11.7
Windows	6866	15.9
Infiltration	11751	27.2
System Efficiency Loss	3932	9.1
Total	43256	

Heating Loads
43256 BTU/hr

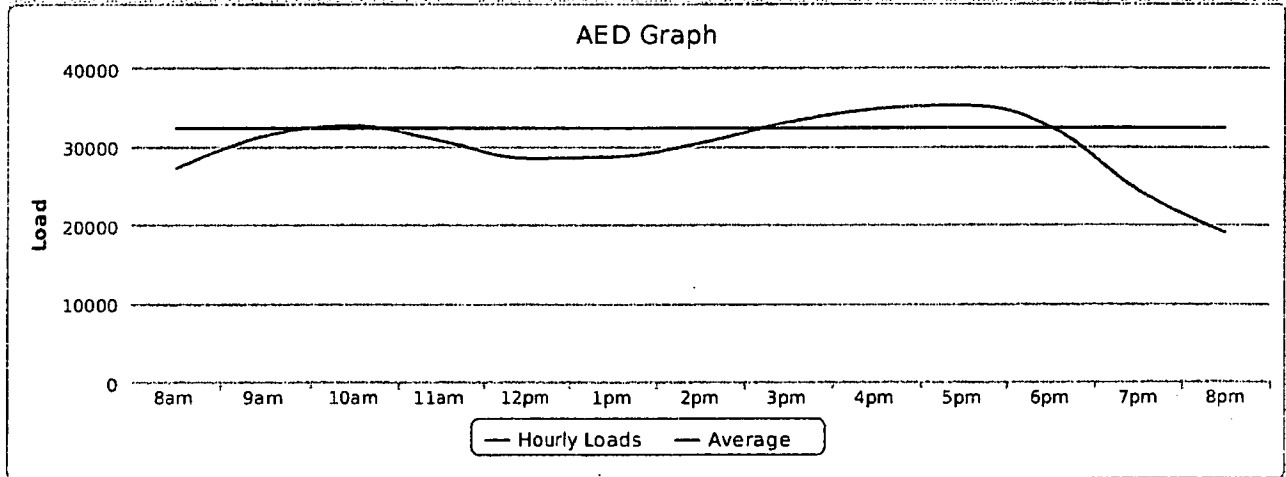


Cooling Loads

Area	Btuh	% of load
Wall	3882	4.7
Ceiling	11029	13.3
Windows	32289	38.9
Sensible Infiltration	5748	6.9
Latent Infiltration	15161	18.3
System Efficiency Gain	6811	8.2
Internal	7075	8.5
Sensible People Load	460	0.6
Latent People Load	460	0.6
Total	82916	
Sensible load	67295	
Latent load	15621	
SHR	0.81	
Capacity at 75 SHR	7.48 Tons	



Adequate Exposure Diversity



Equipment selection

System equipment selection will be made using the following derived values.

Glass (E)	302 sq. ft.
Glass (S)	42 sq. ft.
Glass (N)	42 sq. ft.
Glass (W)	211 sq. ft.
Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	67,295 Btuh
Latent Cooling	15,621 Btuh
Required Cooling Airflow	3,059 CFM
Sensible Heating	43,256 Btuh
Required Heating Airflow	562 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are estimates. Product provided by Energy Design Systems and Idea Tree.

FEATURES

Refrigerant System

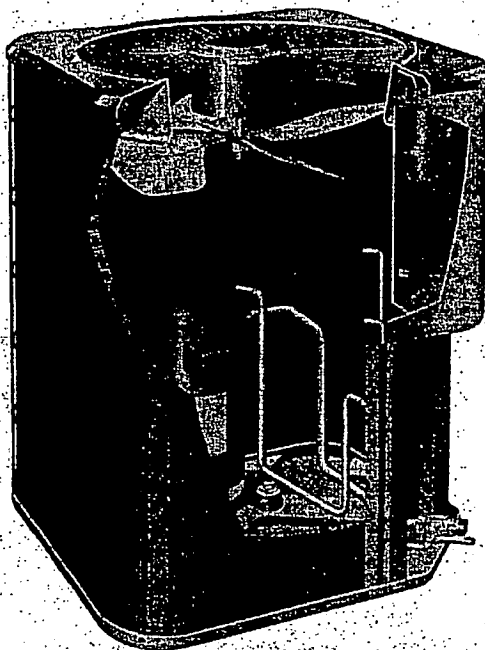
- Scroll Compressor
- Non-chlorine, ozone friendly, R-410A refrigerant.
- Copper tube construction with enhanced ripple-edged aluminum fins.
- PVC coated, steel-wire outdoor coil guard furnished.
- Fully serviceable brass service valves.
- High Pressure Switch.
- Liquid line drier shipped with unit.
- Totally enclosed, direct drive outdoor fan motor with sleeve bearings.
- Louvered steel top fan guard.

Cabinet

- Heavy-gauge galvanized steel cabinet with powder paint finish.
- Corner patch plate allows access to compressor.

Limited Warranty

- Compressor - five years
- All covered components - five years
- Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



ARI RATINGS

See Page 111 - Page 133

OPTIONAL ACCESSORIES

See Page 20

Cabinet

- Hail Guards
- Mounting Base
- Unit Stand-Off Kit

Compressor

- Compressor Crankcase Heater
- Compressor Hard Start Kit
- Compressor Low Ambient Cut-Off
- Compressor Sound Cover
- Compressor Time-Off Control

Controls

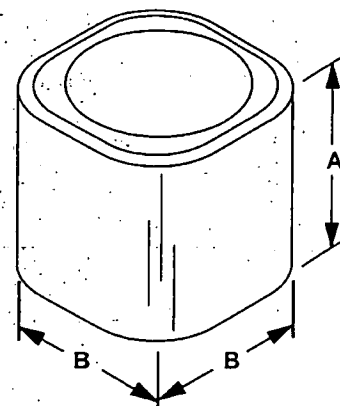
- Freezestat
- Indoor Blower Off Delay-Relay
- Low Ambient Kit
- Loss of Charge Switch Kit
- Thermostat

Refrigerant System

- Expansion Valve Kits
- Refrigerant Line Kits

DIMENSIONS -in. (mm)

Model No.	A	B
14ACX-018	29-1/4	24-1/4
14ACX-024	(743)	(616)
14ACX-030	29-1/4	28-1/4
14ACX-036	(743)	(718)
14ACX-042		
14ACX-048	37-1/4	28-1/4
	(946)	(718)
14ACX-060	33-1/4	32-1/4
	(845)	(819)



ARI Standard
210/240 UAC



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS								
General Data	Model No.	14ACX-018	14ACX-024	14ACX-030	14ACX-036	14ACX-042	14ACX-048	14ACX-060
	Nominal Tonnage	1.5	2	2.5	3	3.5	4	5
¹ Sound Rating Number (dB)		76	76	76	76	78	78	80
Connections (sweat)	Liquid line o.d. - in.	3/8	3/8	3/8	3/8	3/8	3/8	3/8
	Suction line o.d. - in.	3/4	3/4	3/4	7/8	7/8	7/8	1-1/8
¹ Refrigerant (R-410A) furnished		6 lbs. 12 oz.	7 lbs. 10 oz.	8 lbs. 0 oz.	8 lbs. 9 oz.	8 lbs. 10 oz.	10 lbs. 0 oz.	12 lbs. 0 oz.
Outdoor Fan	Diameter - in.	18	18	22	22	22	22	26
	Number of blades	4	4	4	4	4	4	4
	Motor hp	1/5	1/5	1/6	1/6	1/4	1/4	1/3
Shipping Data - lbs. 1 package		146	148	169	172	198	221	238

ELECTRICAL DATA								
	Line voltage data - 60 hz - 1ph	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V	208/230V
² Maximum overcurrent protection (amps)		20	30	30	30	40	50	60
³ Minimum circuit ampacity		12.3	17.9	17.2	18.7	24.1	29.0	34.8
Compressor - Rated load amps		9.0	13.4	12.9	14.1	17.9	21.8	26.4
Condenser Fan Motor - Full load amps		1.0	1.0	1.1	1.1	1.7	1.7	1.8

NOTE — Extremes of operating range are plus 10% and minus 5% of line voltage.

¹ Sound Rating Number in accordance with test conditions included in ARI Standard 270.

² Refrigerant charge sufficient for 15-ft. length of refrigerant lines.

³ HACR type circuit breaker or fuse.

⁴ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.



PRODUCT CATALOG

**AIR HANDLERS
CBX32M
ELITE® SERIES**

**Multi-Position - R-410A
1.5 to 5 Tons
Optional Electric Heat - 2.5 to 25 kW**

Page 3
April 2007
Supersedes November 2006

FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration for large surface area.

Dual, anti-microbial drain pans resist growth of mold and mildew.

Factory installed R-410A Check/Expansion Valve.

Controls

24 Volt Transformer
Blower Cooling Relay
Terminal Strip

Blower

Multi-speed, Direct-Drive Blower

Cabinet

Multi-Position Capability

All models are shipped in one piece but can be separated for ease of installation.

Pre-painted cabinet finish.

Fully insulated cabinet with thick fiberglass insulation.

Tool-less access to disposable, frame-type filter

Limited Warranty

All covered components - five years
Refer to Lennox Equipment Limited Warranty certificate included with equipment for details



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

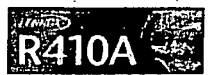
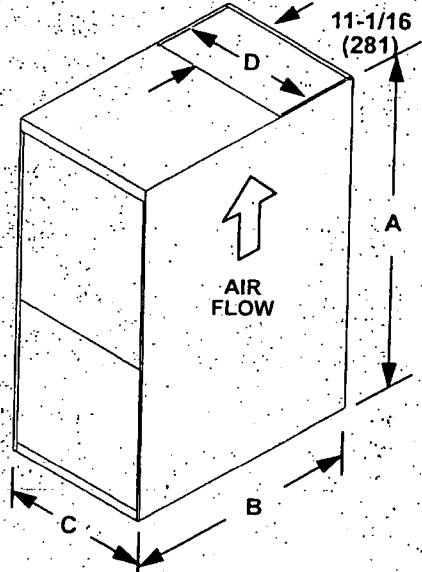
ELECTRIC HEAT

See Page 15

- Electric Heat
- Circuit Breaker Cover Kit
- Single-Point Power Source Control Box

DIMENSIONS - in. (mm)

		-018/ -024	-030	-036	-042	-048 -060
A		45-1/4 (1149)	49-1/4 (1251)	51 (1295)	52-1/2 (1334)	58-1/2 (1486)
B		20-5/8 (524)	20-5/8 (524)	22-5/8 (575)	22-5/8 (575)	24-5/8 (625)
C		16-1/4 (413)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D		14-3/4 (375)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	15 (381)	20 (508)	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	19 (483)	21 (533)	21 (533)	23 (584)



NOTE - Due to Lennox' ongoing commitment to quality, Specifications, Ratings and Dimensions subject to change without notice and without incurring liability. Improper installation, adjustment, alteration, service or maintenance can cause property damage or personal injury. Installation and service must be performed by a qualified installer and servicing agency.

SPECIFICATIONS					
General Data		Model Number	CBX32M-018/024	CBX32M-030	CBX32M-036
		Nominal Size - tons	1.5 - 2	2.5	3
		Refrigerant	R-410A	R-410A	R-410A
Connections	Suction (vapor) line - in. (mm) sweat		5/8 (16)	3/4 (19)	3/4 (19)
	Liquid line - in. (mm) sweat		3/8 (9.5)	3/8 (9.5)	3/8 (9.5)
	Condensate drain - in. (mm) fpt		(2) 3/4 (19)	(2) 3/4 (19)	(2) 3/4 (19)
Blower Data	Wheel nominal diameter x width - in.		10 x 7	10 x 8	11 x 8
		mm	254 x 178	254 x 203	279 x 203
	Blower motor output - hp (W)		1/5 (149)	1/3 (249)	1/3 (249)
	Air Volume Range - cfm (L/s)		350 - 1030 (165 - 485)	335 - 1290 (155 - 610)	485 - 1525 (230 - 720)
Filters	¹ Number and size - in.		(1) 15 x 20 x 1	(1) 20 x 20 x 1	(1) 20 x 20 x 1
		mm	381 x 508 x 25	508 x 508 x 25	508 x 508 x 25
Shipping Data - 1 Package		lbs. (kg)	136 (62)	157 (71)	177 (80)

ELECTRICAL DATA					
		Voltage - 1 phase	208/230V	208/230V	208/230V
		² Maximum overcurrent protection (unit only)	15	15	15
		³ Minimum circuit ampacity (unit only)	2	2	2

SPECIFICATIONS					
General Data		Model Number	CBX32M-042	CBX32M-048	CBX32M-060
		Nominal Tonnage	3.5	4	5
		Refrigerant	R-410A	R-410A	R-410A
Connections	Suction (vapor) line - in. (mm) sweat		7/8 (22.2)	7/8 (22.2)	1-1/8 (28)
	Liquid line - in. (mm) sweat		3/8 (9.5)	3/8 (9.5)	3/8 (9.5)
	Condensate drain - in. (mm) fpt		(2) 3/4 (19)	(2) 3/4 (19)	(2) 3/4 (19)
Blower Data	Wheel nominal diameter x width - in.		11 x 8	11-1/2 x 9	12 x 9
		mm	279 x 203	292 x 229	305 x 229
	Blower motor output - hp (W)		1/3 (249)	1/3 (249)	1/2 (373)
	Air Volume Range - cfm (L/s)		700 - 1825 (330 - 860)	740 - 1910 (350 - 900)	1050 - 2115 (495 - 995)
Filters	¹ Number and size - in.		(1) 20 x 20 x 1	(1) 20 x 24 x 1	(1) 20 x 24 x 1
		mm	508 x 508 x 25	508 x 610 x 25	508 x 610 x 25
Shipping Data - 1 Package		lbs. (kg)	181 (82)	206 (93)	206 (93)

ELECTRICAL DATA					
		Voltage - 1 phase	208/230V	208/230V	208/230V
		² Maximum overcurrent protection (unit only)	15	15	15
		³ Minimum circuit ampacity (unit only)	3	3	5

¹ Disposable frame type filter.² HACR type circuit breaker or fuse.³ Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements. Use wires suitable for at least 167°F. (75°C).

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer:

Douglas W. Lowe, P.E.

FLA# 13355

1206 Millennium Parkway

Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING - HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#770 (4 pk)

#772 (100 box)

#770 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.

All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
Suitable for gradual mounted units.

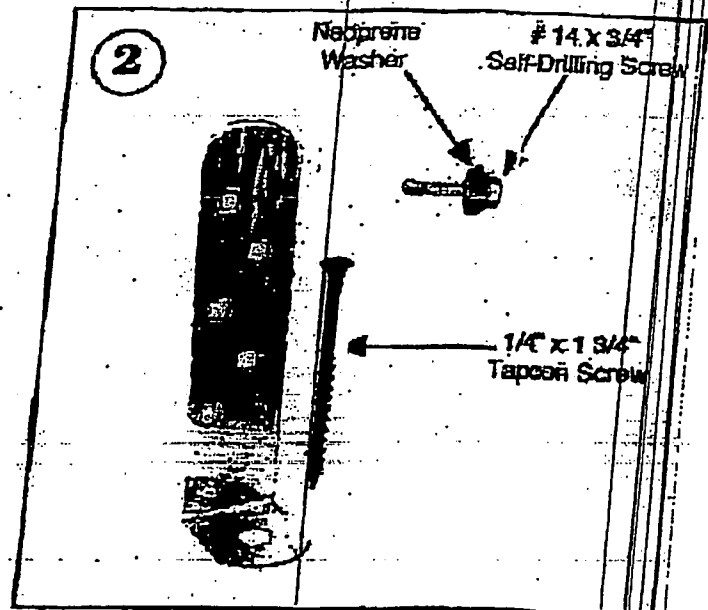
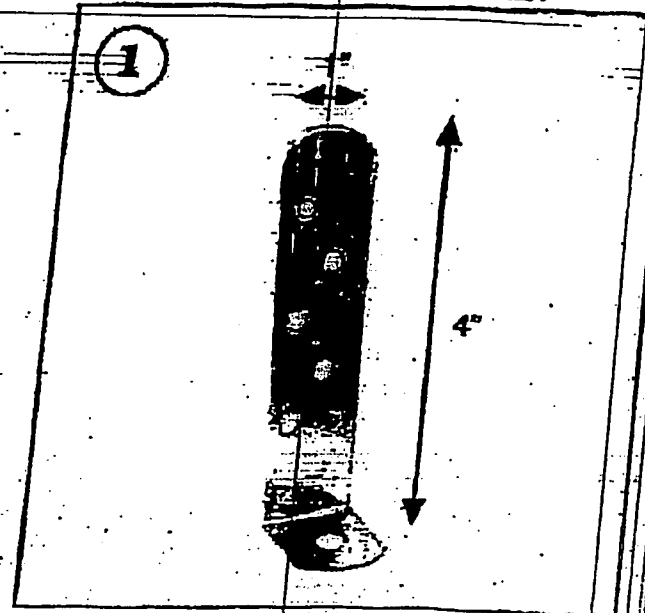
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) Chapter 301.12 for wind resistance up to 140 MPH.

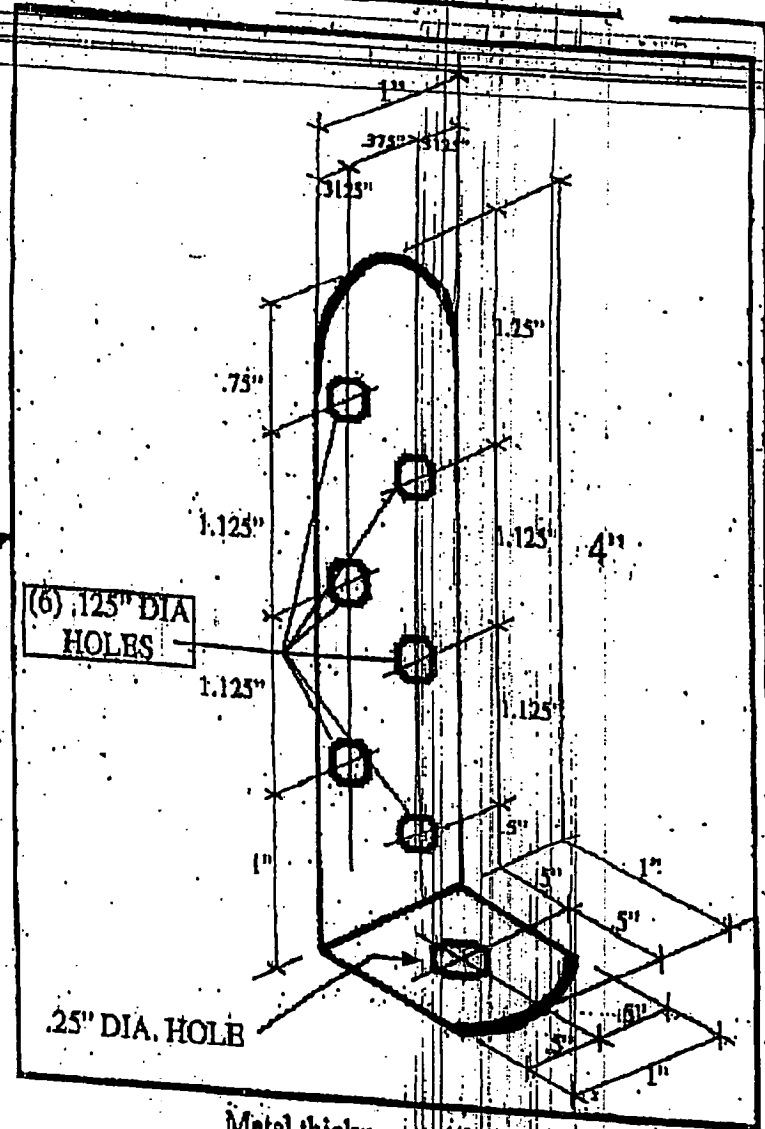
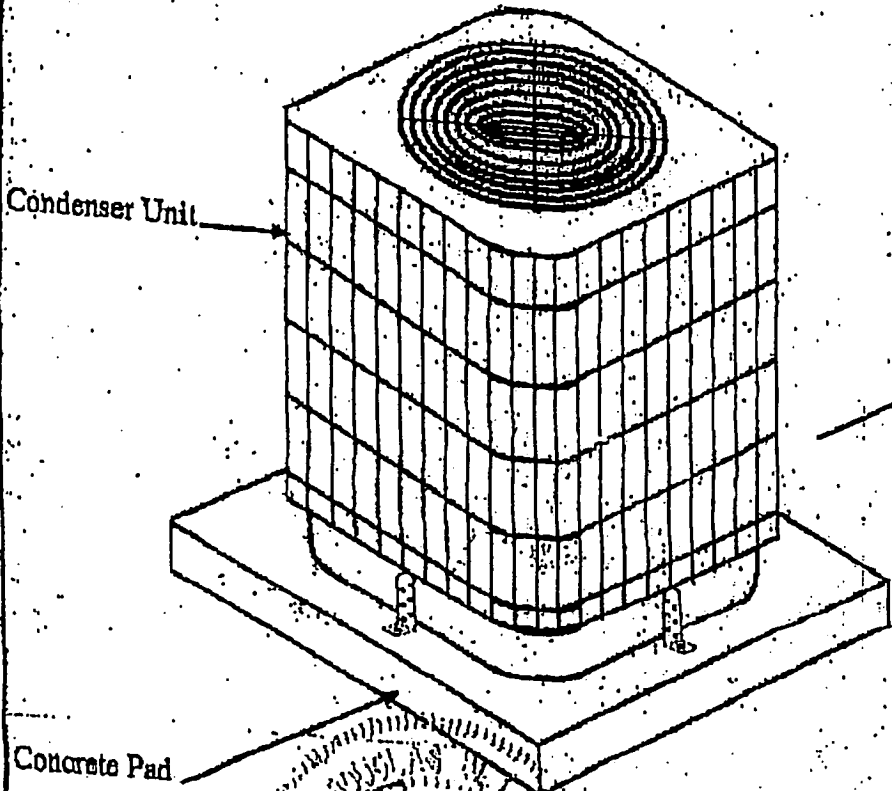
FEATURES

The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.





Metal thickness = 16 gauge

[Handwritten signature]
2-14-08

The Metal Shop
1139 Eldridge Street
Clearwater
FL 33765

PH: (727) 441-2492
Fax: (727) 442-8483
Web: www.metalshop.org

Consulting Engineer:
Douglas W. Lowe, P.E.
FLA # 13956
1206 Millennium Parkway
Brandon, FL 33511

Revision Date:
2/14/08.

Drawn by:
K.P.R.

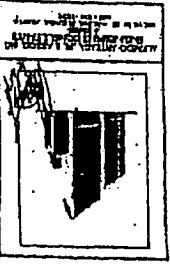
Page:
1 of 1

Scale - Not to scale

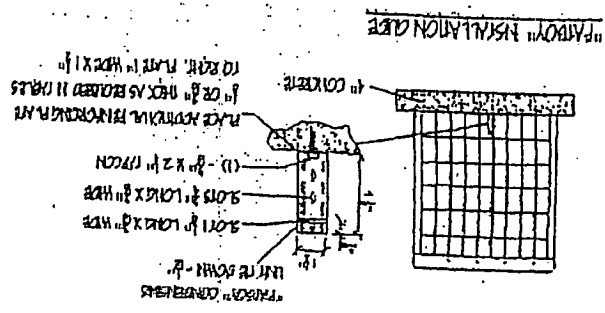
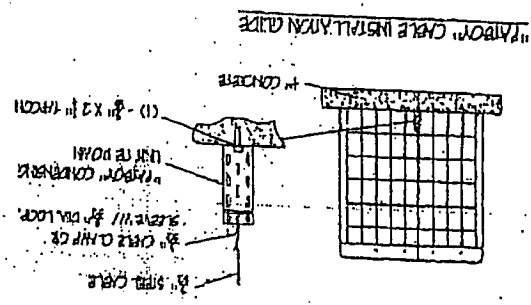
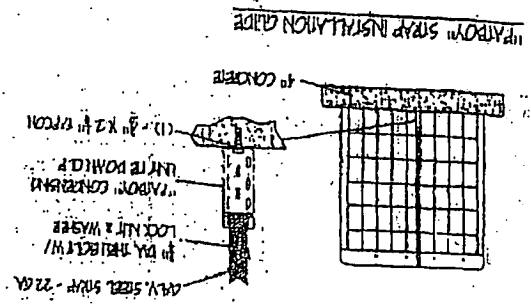
I-S

DATE	AS NOTED
BY	XXX
CHKD BY	XXX
APP'D BY	XXX

AVC UNIT ANCHORING DETAILS
 FATBOY CLIPS AS
 MANUFACTURED BY: THE
 ORIGINAL PAN CO. FOR USE
 UNDER FLORIDA BUILDING CODE



GENERAL NOTES:
 1. ATTACHED TO CONCRETE SHALL BE BY MEANS OF (SEE DRAWING)
 2. THE FASTENERS SHALL BE AS MANUFACTURED BY THE ORIGINAL PAN CO.
 3. THE FASTENERS SHALL BE AS MANUFACTURED BY THE ORIGINAL PAN CO.
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 9. THE FASTENERS SHALL BE AS MANUFACTURED BY THE ORIGINAL PAN CO.
 10. THE FASTENERS SHALL BE AS MANUFACTURED BY THE ORIGINAL PAN CO.



SEE DRAWING FOR MORE DETAILS
 ALSO SEE FATBOY CONCRETE ANCHOR

NISAIR AIR CONDITIONING

3700 S US HIGHWAY 1, FT. PIERCE, FL 34982
MARTIN COUNTY (772) 283-0904 ST. LUCIE COUNTY (772) 468-8115
GENERAL FAX: (772) 468-9752 OR ACCOUNTING DEPT FAX 468-9752

facsimile transmittal sheet

TO: Valerie FROM: Nikki Ext. 201

COMPANY: Town of Seville Point DATE: 10-15-13


FAX NUMBER: 200-4765 TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER: RE: Permit/DET/01

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Valerie
This is going in WED 10-16-13
I will have someone drop off
original's.

Thanks
Nikki




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

*On 40
Full*

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Beich, Andrew Contractor name: Stryker Electric & Air

Street address: 22 Middle Blvd Jurisdiction: _____

City: Stuart Permit No: 1706745

Zip: 34996 Final inspection date: 11-4-13

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.

Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)

The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)

System was tested (see below) and repairs were made as necessary - (Section 101.4.7.1.1 exception 3)

Signature: Kenneth Creteau Date: 10/21/13

Printed Name: KENNETH CRETEAU

Contractor License #: COC 1813250

n/a I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **11-13-13** Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10613	Dutton	Final		
10AM	Oakhill Way	AC	PASS	CLOSE
	Nisler	ladder req'd - ok		INSPECTOR <i>[Signature]</i>
10613	Leighton	Final		
	43 W High Pt	AC	PASS	CLOSE
	Grimes Heat & AC			INSPECTOR <i>[Signature]</i>
10503	Mc Bride	Final AC		
	19 ^N Via Lucinda	Plumbing	PASS	CLOSE
	OB	Electric		INSPECTOR <i>[Signature]</i>
10651	Burkey	attached vent		
	15 Banyan Rd	FINAL	PASS	CLOSE
	SPS			INSPECTOR <i>[Signature]</i>
10636	Garvin	framing		
9-930	109 Hillcrest	electric rough	PASS	
	Ballfoot Cell 325-954-0178	plumbing rough		INSPECTOR <i>[Signature]</i>
Tree	Koenke	Tree		
	8 N Sewalls		OR SEE NOTE	
				INSPECTOR
Quail Run		retention area	OK	
	COPAIRE - BANYAN TREE			INSPECTOR

TOWN OF SEWALL'S POINT, FLORIDA

Date 4/21/97 19 TREE REMOVAL PERMIT No. 208

APPLIED FOR BY JAMES & CAROL SCARDOLA (Contractor or Owner)

Owner SAME

Sub-division CASTLE HILL, Lot 10, Block

Kind of Trees OAK

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE WITHIN 30 DAYS

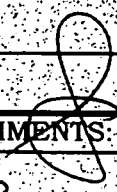

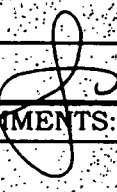


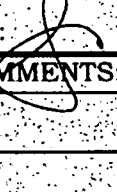
REMARKS

Signed, Carol Scardola Applicant Signed, FEE \$ 25⁰⁰
FOR Town Clerk

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/25/03, 2003 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6360	DOEDENS/VANT BOSCH	GARAGE DOOR	Passed	close
	36 S. RIVER ROAD	FINAL		
	O/B			INSPECTOR: 
6316	W. INER	FINAL	Passed	close
	19 RIDGELAND	POOL DECK BOARD		
	O/B			INSPECTOR: 
6349	W. INER	FINAL	Passed	close
	19 RIDGELAND	CHANGE ALC		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R		Tree cut without permit		
	9 Oakhill Way			INSPECTOR: 
6378	Oboay	Door Replacement	Passed	close
	91 S. Sewalls	Final		
	A+P			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	Cirriello	Tree removal	Passed	
	31 Fieldway Dr.			
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: