

15 Oak Hill Way

TOWN OF SEWALL'S POINT BUILDING PERMIT

26374101500000070000
PARCEL CONTROL NUMBER _____

PERMIT NUMBER 4187
DATE ISSUED 5/23/97
CONTRACTOR OR OWNER/BLDR. ALAN B. MORRIS
ADDRESS _____
CITY/ST/ZIP _____
TELEPHONE _____

OWNER W.M. T. DAUGHTERT
ADDRESS 415 N. RIVER DR # 302
CITY/ST/ZIP STUART FL 34996
TELEPHONE 334-2577

FLOOD ZONE C
TO BE CONSTRUCTED SINGLE FAM RES
SITE ADDRESS 15 OAK HILL WAY
SUBDIVISION CASTLE HILL
CONSTRUCTION VALUE 204,400

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

FEES

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

TOTAL 4212.10
PAID BY CHECK 1658

Southcoast Pest Control, Inc.
791 NE Dixie Hwy.
Rio-Jensen Beach, FL 34957
561-225-0999 15 Oak Hill Way

FOOTING PARTIAL OK 5/29/97 BUILDING INSPECTION (FOR OFFICIAL USE ONLY)
(SIGN OFF)

FORM BOARD SURVEY _____ DATE _____	NAILING <u>9/19/97</u> DATE _____
ROUGH PLUMBING <u>OK</u> DATE <u>6/22/97</u>	<input checked="" type="checkbox"/> ROOF _____ DATE _____
TERMITE PROTECTION <u>OK</u> DATE <u>6/25/97</u>	INSULATION <u>mi</u> DATE <u>10/9/97</u>
FOOTING-SLAB <u>OK</u> DATE <u>6/26/97</u>	FINAL ELECTRIC _____ DATE _____
INTEL <u>mi</u> DATE <u>7/10/97</u>	FINAL PLUMBING _____ DATE _____
ROUGH ELECTRIC <u>mi</u> DATE <u>10/9/97</u>	SEPTIC FINAL _____ DATE _____
FRAMING _____ DATE <u>10/4/97</u>	DRIVEWAY _____ DATE _____
A/C DUCTS <u>mi</u> DATE <u>10/9/97</u>	FINAL C.O. _____ DATE _____

PERMIT AUTHORIZED BY *mi*

- 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.

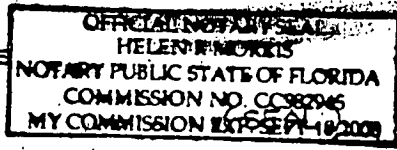
Will [Signature]

DATE 2.28.97.

(Owner or Authorized Agent)

Sworn and Subscribed before me this

28th day of Feb. 1997



Helen R. Morris
NOTARY PUBLIC Helen R. Morris
State of Florida at Large
My Commission Expires:

[Signature]
(Contractor)

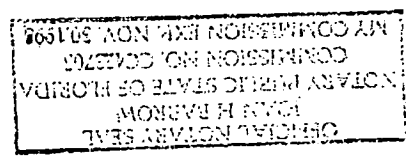
DATE 3/7/97

Sworn and Subscribed before me this

7th day of March 1997

(SEAL)

[Signature]
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 _____

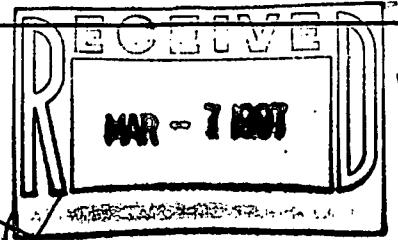
A/C Area 2870 sq. ft. x \$60. = \$ 172,200

Non A/C Area 613 sq. ft. x \$25. = \$ 15,325

Total = \$ 187,525

Contract Price \$ 284,400 (fee will be charged on higher amount)

Tax Folio No. _____



TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name William T. Doughty

Owner's Address 415 N. Riven Dr. #302

Owner's Telephone 692-2081

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

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

City _____ State _____ Zip _____

Contractor's Name ALAN B. MORRIS DBA DRIFTWOOD HOMES

Contractor's Address 2163 PINE RIDGE ST.

City JENSEN BEACH State FL Zip 34957

Contractor's Telephone 334-2577 License Number RR00056789

Job Name DAUGHTY RESIDENCE

Job Address LOT 8 CASTLE HILL

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 8 CASTLE HILL

15 OAK HILL WAY

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name JOE McCARY

Architect/Engineer's Address 900 E. OSCEOLA ST

Mortgage Lender's Name SUN TRUST

Mortgage Lender's Address E OSCEOLA ST

251

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 License No. _____
Electrical Contractor HERITAGE ELECTRIC License No. ME00094
Roofing Contractor PACIFIC ROOFING License No. CC056793
A/C Contractor ASSOCIATED AIR License No. CAC026432
Description of Building or Alterations NEW SINGLE FAMILY RES.

Name of Street Designated as Front Building Line and Front Yard

OAK HILL WAY

subdivision CASTLE HILL Lot 8 Block _____

Building Area (air conditioned) 2870 sq. ft.

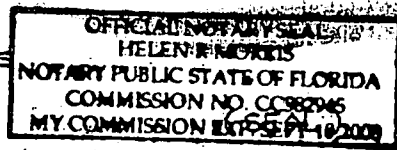
Garage, Porch, Carport Area 1200 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 284,400.00

Will D. Huf
(Owner or Authorized Agent) DATE 2.28.97

Sworn and Subscribed before me this
28th day of Feb. 1997



Helen R. Morris
NOTARY PUBLIC Helen R. Morris
State of Florida at Large
My Commission Expires:

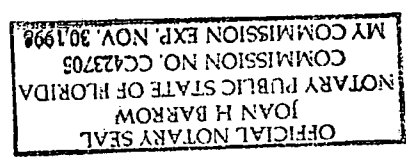
Al B. Alpert
(Contractor)

DATE 3/7/97

Sworn and Subscribed before me this
7th day of March 1997

(SEAL)

Joan H. Barrow
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 [Signature] Permit Officer

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area 2870 sq. ft. x \$60. = \$ 172,200

Non A/C Area 613 sq. ft. x \$25. = \$ 15,325

Total = \$ 187,525

Contract Price \$ 284,400 (fee will be charged on higher amount)

284,400 M. x \$8.00 = \$ 2,275.20 Building Fee
 25% Owner/Builder Fee \$ N/A (if applicable)
 A/C Fee \$ 100.00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 28.70
 County Impact Fee \$ 1508.20
 TOTAL PERMIT FEE \$ 4212.10

PAYMENT RECEIVED _____
 Signature Date

Contractor's License OK
 Sub-Contractors' Licenses OK
 Workers' Comp. Insurance OK
 General Liability Insurance OK
 Three sets of Plans OK
 Plans sealed by architect or engineer YES
 Plot Plan yes
 Boundary survey _____
 Topographic survey certified to the yes
 Town of S.P.
 Recorded warranty deed N/A
 Septic tank permit N/A
 Energy Code calculations OK
 Elevation certificate c
 Recorded notice of commencement _____
 Application for c.o. _____

PD 4187

Department of Community Affairs
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5050

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
PROJECT NAME: ;BUILDER: DRIFTWOOD HOMES
AND ADDRESS: ;PERMITTING ;CLIMATE
OWNER: SEWALLS PT. ;OFFICE: SEWALLS PT ;ZONE: 7; 8; 9;
DAUGHERTY ;PERMIT NO. ;JURISDICTION NO.531300

4187

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. 2870.00	-----
6. Predominant eave overhang (ft.)	6. 1.50	-----
7. Porch overhang length (ft.)	7. 12.00	-----
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 452.8sqft 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 , 175.00 ft	-----
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 4.20, 2110.00sqft	-----
b. Adjacent: 1. Concrete (Insulation R-value)	10b-1 R= 4.20, 117.00sqft	-----
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 1566.00sqft	-----
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	-----
13. Cooling system	13. Type: Central A/C	-----
	SEER: 10.00	-----
13. Cooling system	13. Type: Central A/C	-----
	SEER: 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: 0.94	-----
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. RB MZ	-----
19. EPI (must not exceed 100 points)	19. 92.09	-----
a. Total As-Built points	19a. 44372.04	-----
b. Total Base points	19b. 48185.20	-----

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

PREPARED BY: *R. Lopez*
DATE: *2/20/97*

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

OWNER/AGENT: _____
DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance in accordance with Section 553.908 F.S.

BUILDING OFFICIAL: _____
DATE: _____

4187

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SOUTH

Residential Whole Building Performance Method A

PROJECT NAME:

BUILDER: DRIFTWOOD HOMES

AND ADDRESS:

PERMITTING

SEWALLS PT.

PERMIT NO.

DAUGHERTY

OWNER:

JURISDICTION NO. 531300

OFFICE: SEMALLS PT ZONE: 711 811 911

CK

1. New construction or addition

2. Single family detached or multifamily attached

3. If multifamily-No. of units

4. If multifamily, is this a worst case (yes/no)

0

5. 2870.00

5. Conditioned floor area (sq.ft.)

6. 1.50

6. Predominant eave overhang (ft.)

7. 12.00

7. Porch overhang length (ft.)

8a. 452.8sqft

8. Glass area and type:

8b. 0.00sqft

a. Clear glass

9a. R= 0.00 ; 175.00 ft

b. Tint, film or solar screen

10a-1 R= 4.20; 2110.00sqft

9. Floor type and insulation:

10b-1 R= 4.20; 117.00sqft

a. Slab on grade (R-value, perimeter)

11a. R=19.00 ; 1566.00sqft

10. Net wall type area and insulation:

11a. R=19.00 ; 1566.00sqft

a. Exterior: 1. Concrete (Insulation R-value)

12a. R= 6.00 ; uncond

b. Under attic (Insulation R-value)

13. Type: Central A/C

11. Ceiling type area and insulation:

SEER: 10.00

a. Adjacent: 1. Concrete (Insulation R-value)

13. Type: Central A/C

b. Under attic (Insulation R-value)

SEER: 10.00

12. Air distribution systems

13. Type: Central A/C

a. Ducts (Insulation + Location)

SEER: 10.00

13. Cooling system

14. Type: Strip Heat

13. Cooling system

COP: 1.00

14. Heating System:

14. Type: Strip Heat

14. Heating System:

COP: 1.00

14. Heating System:

15. Type: Electric

15. Hot water system:

EF: 0.94

16. Hot water Credits: (HR-Heat Recovery,

16. Type: Electric

DHP-Dedicated Heat Pump)

17. RB MZ

17. Infiltration Practices: 1, 2 or 3

18. RB MZ

18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent,

19. 92.09

HF-Whole house fan, RB-Attic radiant

44372.04

barrier, MZ-Multizone)

48185.20

19. EPI (must not exceed 100 points)

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.

Prepared by: [Signature]

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

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

OWNER/AGENT:

DATE:

BUILDING OFFICIAL:

DATE:

OWNER/AGENT:

DATE:

OWNER/AGENT:

DATE:

OWNER/AGENT:

DATE:

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	× BSPM =	POINTS	TYPE	SC	ORIEN	AREA	× SPM	× SQF	= POINTS
NE	140.00	109.7	15358.0	SGL CLR		NE	30.0	94.8	.49	1407.1
				SGL CLR		NE	14.0	94.8	.54	722.1
				SGL CLR		NE	30.0	94.8	.49	1407.1
				SGL CLR		NE	10.0	94.8	.82	781.9
				SGL CLR		NE	10.0	94.8	.82	781.9
				SGL CLR		NE	26.0	94.8	.85	2104.1
				SGL CLR		NE	10.0	94.8	.82	781.9
				SGL CLR		NE	10.0	94.8	.82	781.9
SE	84.00	109.7	9214.8	SGL CLR		SE	9.0	146.2	.28	368.4
				SGL CLR		SE	4.0	146.2	.95	554.1
				SGL CLR		SE	4.0	146.2	.95	554.1
				SGL CLR		SE	30.0	146.2	.96	4221.6
				SGL CLR		SE	10.0	146.2	.83	1208.6
				SGL CLR		SE	10.0	146.2	.83	1208.6
				SGL CLR		SE	7.0	146.2	.77	787.1
SW	130.00	109.7	14261.0	SGL CLR		SW	8.0	146.2	.97	1132.1
				SGL CLR		SW	8.0	146.2	.97	1132.1
				SGL CLR		SW	20.0	146.2	.37	1093.8
				SGL CLR		SW	20.0	146.2	.40	1166.0
				SGL CLR		SW	20.0	146.2	.40	1166.0
				SGL CLR		SW	27.0	146.2	.40	1574.1
				SGL CLR		SW	27.0	146.2	.40	1574.1
				SGL CLR		SW	27.0	146.2	.40	1574.1
NW	98.80	109.7	10838.4	SGL CLR		NW	30.0	94.8	.96	2736.3
				SGL CLR		NW	13.0	94.8	.96	1185.7
				SGL CLR		NW	19.8	94.8	.96	1800.5
				SGL CLR		NW	8.0	94.8	.84	639.6
				SGL CLR		NW	7.0	94.8	.79	522.8
				SGL CLR		NW	21.0	94.8	.84	1678.9

.15 × COND. FLOOR /	TOTAL GLASS =	ADJ. ×	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,870.00	452.80	.951	49,672.16	47,225.85
					36,281.09

NON GLASS-----										
AREA	×	BSPM =	POINTS	TYPE	R-VALUE	AREA	×	SPM =	POINTS	
WALLS-----										
Ext	2110.0	1.6	3376.0	Ext NormWtBlock In	4.2	2110.0	2.28	4810.8		
Adj	117.0	1.0	117.0	Adj NormWtBlock In	4.2	117.0	1.18	138.1		
DOORS-----										
Ext	118.0	6.4	755.2	Ext Insulated		118.0	6.40	755.2		
Adj	18.0	2.6	46.8	Adj Wood		18.0	3.80	68.4		
CEILINGS-----										
UA	1566.0	.8	1252.8	Under Attic	19.0	1566.0	1.50	2349.0		
FLOORS-----										
Slb	175.0	-20.0	-3500.0	Slab-on-Grade	.0	175.0	-20.00	-3500.0		
INFILTRATION-----										
	2870.0	14.7	42189.0	Practice #2		2870.0	14.70	42189.0		

```

TOTAL SUMMER POINTS          1
                               91,462.65 |
                                           83,091.55
=====
TOTAL   × SYSTEM = COOLING | TOTAL   × CAP × DUCT × SYSTEM × CREDIT = COOLING
SUM PTS  MULT   POINTS | COMPON  RATIO MULT   MULT   MULT   POINTS
-----
 91,462.65  .37  33,841.18 | 83,091.55 1.00 1.100   .340   .902  28,046.30
=====

```

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----				GLASS-----						
ORIEN	AREA	× BWPM	= POINTS	TYPE	SC	ORIEN	AREA	× WPM	× WOF	= POINTS
NE	140.00	-.4	-56.0	SGL CLR		NE	30.0	2.9	1.46	126.6
				SGL CLR		NE	14.0	2.9	1.39	56.5
				SGL CLR		NE	30.0	2.9	1.46	126.6
				SGL CLR		NE	10.0	2.9	1.16	33.6
				SGL CLR		NE	10.0	2.9	1.16	33.6
				SGL CLR		NE	26.0	2.9	1.14	85.6
				SGL CLR		NE	10.0	2.9	1.16	33.6
				SGL CLR		NE	10.0	2.9	1.16	33.6
SE	84.00	-.4	-33.6	SGL CLR		SE	9.0	-2.1	-1.46	27.6
				SGL CLR		SE	4.0	-2.1	.91	-7.6
				SGL CLR		SE	4.0	-2.1	.91	-7.6
				SGL CLR		SE	30.0	-2.1	.93	-58.7
				SGL CLR		SE	10.0	-2.1	.72	-15.1
				SGL CLR		SE	10.0	-2.1	.72	-15.1
				SGL CLR		SE	7.0	-2.1	.62	-9.1
				SGL CLR		SE	10.0	-2.1	.72	-15.1
SW	130.00	-.4	-52.0	SGL CLR		SW	8.0	-2.1	.94	-15.8
				SGL CLR		SW	8.0	-2.1	.94	-15.8
				SGL CLR		SW	20.0	-2.1	-.71	29.6
				SGL CLR		SW	20.0	-2.1	-.56	23.4
				SGL CLR		SW	20.0	-2.1	-.56	23.4
				SGL CLR		SW	27.0	-2.1	-.56	31.6
				SGL CLR		SW	27.0	-2.1	-.56	31.6
NW	98.80	-.4	-39.5	SGL CLR		NW	30.0	2.9	1.04	90.3
				SGL CLR		NW	13.0	2.9	1.04	39.1
				SGL CLR		NW	19.8	2.9	1.04	59.8
				SGL CLR		NW	8.0	2.9	1.14	26.5
				SGL CLR		NW	7.0	2.9	1.19	24.1
				SGL CLR		NW	21.0	2.9	1.14	69.6

.15 × COND. FLOOR /	TOTAL GLASS	= ADJ. × GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS
.15	2,870.00	.951	-181.12	-172.20
	452.80			846.25

NON GLASS-----				NON GLASS-----						
AREA	× BWPM	= POINTS	TYPE	R-VALUE	AREA	× WPM	= POINTS			
WALLS-----										
Ext	2110.0	.3	633.0	Ext NormWtBlock In	4.2	2110.0	1.02	2152.2		
Adj	117.0	.5	58.5	Adj NormWtBlock In	4.2	117.0	.44	51.5		
DOORS-----										
Ext	118.0	1.8	212.4	Ext Insulated		118.0	1.80	212.4		
Adj	18.0	1.3	23.4	Adj Wood		18.0	1.90	34.2		
CEILINGS-----										
UA	1566.0	.1	156.6	Under Attic	19.0	1566.0	.30	469.8		
FLOORS-----										
Slb	175.0	-2.1	-367.5	Slab-on-Grade	.0	175.0	-2.10	-367.5		
INFILTRATION-----										
	2870.0	1.2	3444.0	Practice #2		2870.0	1.20	3444.0		

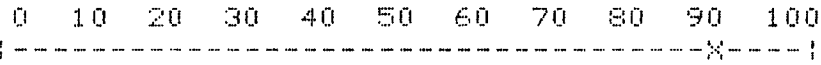
TOTAL WINTER POINTS			3,988.20	:						6,842.83						
=====																
TOTAL	×	SYSTEM	=	HEATING	:	TOTAL	×	CAP	×	DUCT	×	SYSTEM	×	CREDIT	=	HEATING
WIN PTS		MULT		POINTS	:	COMPON		RATIO		MULT		MULT		MULT		POINTS

3,988.20		1.10		4,387.02	:	6,842.83		1.00		1.100		1.000		.931		7,007.74
=====																

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= 92.1



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.....	4.2	R-0	-----X-----	R-7	
Floor R-Value.....	0.0	R-0	X-----	R-19	
AIR CONDITIONER.....					
SEER.....	10.0	10.0	SEER	17.0	
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
WATER HEATER.....					
Electric EF.....	0.94	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 _____

WATER HEATING

=== BASE ===

|

=== AS-BUILT ===

=====

NUM OF BEDRMS	×	MULT	=	TOTAL		TANK VOLUME	EF	TANK RATIO	×	MULT	×	CREDIT MULT	=	TOTAL
------------------	---	------	---	-------	--	-------------	----	---------------	---	------	---	----------------	---	-------

3	×	3319.0	=	9,957.00		40	.94	1.000	×	3106.0	×	1.00	=	9,318.00
---	---	--------	---	----------	--	----	-----	-------	---	--------	---	------	---	----------

=====

SUMMARY

=== BASE ===

|

=== AS-BUILT ===

=====

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS		COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
-------------------	---	-------------------	---	---------------------	---	-----------------	--	-------------------	---	-------------------	---	---------------------	---	-----------------

33841.2	+	4387.0	+	9957.0	=	48,185.20		28046.3	+	7007.7	+	9318.0	=	44,372.04
---------	---	--------	---	--------	---	-----------	--	---------	---	--------	---	--------	---	-----------

=====

 * EPI = 92.09 *

D. Certification of Occupancy:

1. No building hereafter erected, altered or extended shall be used, occupied or (in the event of alteration, reoccupied) until a Certificate of Occupancy shall have been issued by (a) the Mayor or Vice Mayor or Building Commissioner and (b) the Town Building Inspector, stating that the building or proposed use thereof complies with the provisions of this Ordinance.
2. All Certificates of Occupancy shall be applied for coincident with the application for a building permit. Said Certificate shall be issued within ten (10) days after the erection or alteration shall have been completed and approved as complying with the provisions of this Ordinance.
3. The Town Clerk shall maintain a record of all Certificates and copies shall be furnished, upon request, to any person having a proprietary or tenancy interest in the building affected.
4. No permit for excavation for, the erection or alteration of, or repair of, any building shall be issued until an application has been made for a Certificate of Occupancy.
5. Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This subsection shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:
 - (a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;
 - (b) Be dated not more than thirty (30) days prior to the certificate of occupancy;
 - (c) Contain a complete legal description;
 - (d) Reference the source of information used in making the survey;
 - (e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;

- (f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;
- (g) Show the exact lot dimensions, including boundary lines and arcs, which must match the plat, with any variations being noted;
- (h) The scale of the map shown on the survey shall be at least one (1) inch equals ten (10) feet;
- (i) Show the location, dimensions, and accurate identity of all easements as required under Rule 21 HH-6.03(15) of the Minimum Technical Standards;
- (j) Show all setback requirements;
- (k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;
- (l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);
- (m) Contain a certification to the Town of Sewall's Point;
- (n) State for whom the survey was done;
- (o) Show the location, dimensions and square footage of the native habitat preservation area required by section 11-60 of this Code;
- (p) Indicate lowest habitable floor, average natural grade, and average crown of road elevations in accordance with applicable Code provisions;
- (q) Contain a tabulation of the impermeable and permeable areas;
- (r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column;
- (s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. (Ord. No. 216, 3-11-92)

E. Special exceptions. Notwithstanding any portion of this chapter to the contrary, the Town Commission may, in its sole discretion, grant a special exception for a use that would not be appropriate generally or without restriction throughout the particular zoning district, but which, if controlled as to number, area,

Joseph P. McCarty, Architect

900 East Osceola Street
Stuart, Florida, 34994
561-287-6735

DPR Registration Number 9639

May 1, 1997

Town of Sewall's Point, Building Department
1 South Sewall's Point Road
Sewall's Point, Florida
34996

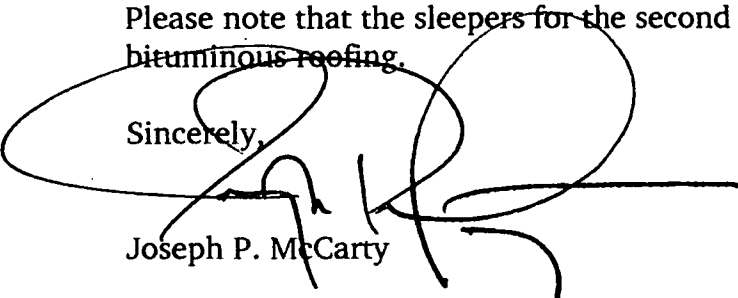
RE: Daugherty Residence, Castle Hill

To whom it may concern:

In order to conform to Seewall's Point height restrictions, the roof pitch on the above referenced project has been changed to 4.5/12 from 5/12. This will result in a total height from top of slab to peak of roof of 26.95 feet. We plan to have the slab approximately 2' above natural grade at the front of the house.

Please note that the sleepers for the second floor deck will be set in mastic to the bituminous roofing.

Sincerely,


Joseph P. McCarty



FRASER ENGINEERING AND TESTING, INC.

1504 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 Driftwood Homes

Date June 12, 1997

Contractor Client

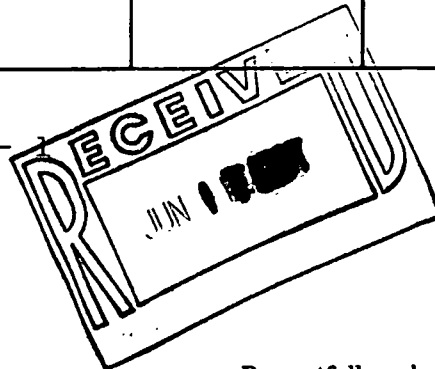
Site 15 Oakhill Way
Stemwall Backfill

Permit #4187

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
3344	N.E. Corner	0 - 1'	117.3	3344	119.2	98.4
	"	1 - 2'	117.7			98.7
	"	2 - 3'	117.0			98.2
	Center	0 - 1'	116.6			97.8
	"	1 - 2'	117.1			98.2
	"	2 - 3'	116.9			98.9
	S.W. Corner	0 - 1'	115.8			97.1
	"	1 - 2'	114.6			96.1
	"	2 - 3'	114.2			95.8
	"	3 - 4'	114.0			95.6
All elevations below slab grade.						

Copies

Client - 1
Sewalls Pt. Bldg. Dept.



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 34948

FORT PIERCE: (561) 461-7508

VERO BEACH: (561) 567-6167

STUART: (561) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

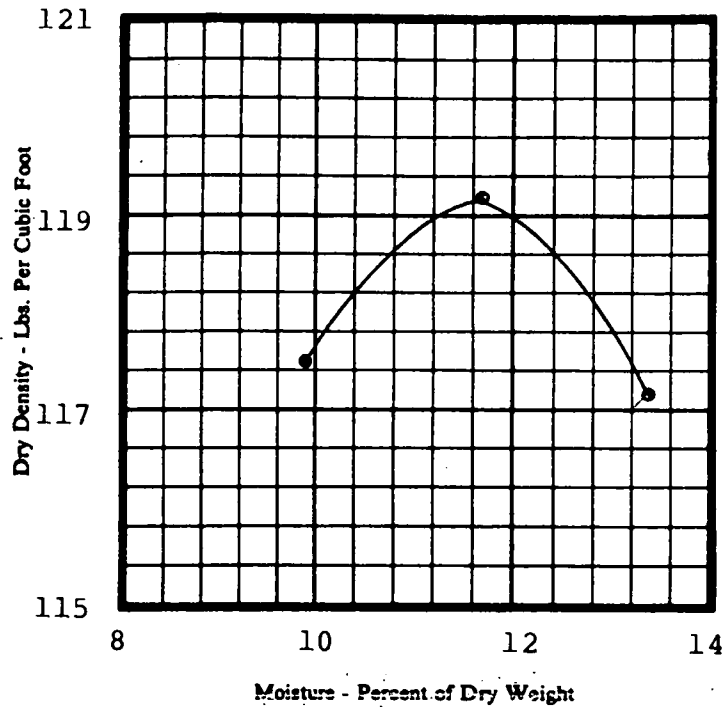
Client Driftwood Homes

Date June 12, 1997

Contractor Client

Site 15 Oakhill Way
Stemwall Backfill

Permit #4187



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
3344	B	Composite	11.7	119.2	Brown, slightly silty, slightly clayey, fine sand.

Copies

Respectfully submitted,

Paul H. Danforth

 PAUL H. DANFORTH, P.E.

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 License No. _____
Electrical Contractor HERITAGE ELECTRIC License No. HE00094
Roofing Contractor PACIFIC ROOFING License No. CC0056193
A/C Contractor ASSOCIATED AIR License No. CA0026132
Description of Building or Alterations NEW SUBURB FAMILY RES.

Name of Street Designated as Front Building Line and Front Yard

OAK HILL WAY

Subdivision CASTLE HILL Lot 8 Block _____

Building Area (air conditioned) 2870 sq. ft.

Garage, Porch, Carport Area 1200 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 284,400.00

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 5/23/97

This is to request that a Certificate of Approval for Occupancy be issued to LOT 8 CASTLE HILL.

For property at 15 OAK HILL WAY built under Permit
(street address)
No. _____ Dated _____ when completed in conformance with the
Approved Plans.

Signed _____

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	_____	_____
2. Termite protection	_____	_____
3. Footing - slab	_____	_____
4. Rough plumbing - slab	_____	_____
5. Rough electric - slab	_____	_____
6. Lintel	_____	_____
7. Dry in (final)	_____	_____
8. Roof	_____	_____
9. Framing	_____	_____
10. Rough electric	_____	_____
11. Rough plumbing	_____	_____
12. A/C Ducts	_____	_____
13. Insulation	_____	_____
14. Final electric	_____	_____
15. Final plumbing	_____	_____
16. Final construction	_____	_____
17. As-built survey	_____	_____
18. Affidavit of cost	_____	_____

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____ date
(owner)

(Keep carbon copy for Town files)

Joseph P. McCarty, Architect

900 East Osceola Street
Stuart, Florida, 34994
561-287-6735

DPR Registration Number 9639

May 1, 1997

Town of Sewall's Point, Building Department
1 South Sewall's Point Road
Sewall's Point, Florida
34996

RE: Daugherty Residence, Castle Hill

To whom it may concern:

In order to conform to Seewall's Point height restrictions, the roof pitch on the above referenced project has been changed to 4.5/12 from 5/12. This will result in a total height from top of slab to peak of roof of 26.95 feet. We plan to have the slab approximately 2' above natural grade at the front of the house.

Please note that the sleepers for the second floor deck will be set in mastic to the ~~bituminous roofing.~~

Sincerely,


Joseph P. McCarty



V.J. GERLEY & ASSOCIATES

CONSULTING ENGINEERS

3190 N.E. Maple Avenue

Jensen Beach, Florida 34957

(407) 334-2600

July 15, 1997

Sewalls Point Building Dept.

Re: **Daugherty Residence**

*Talked w/ Victor
says lintels good for 300#/LF
he calculates load @ 200#/LF*

To whom it may concern:

The use of 8" pre-cast lintels with a minimum of 8" bearing and spanning 8'-0" max. is structurally acceptable for the referenced project.

If you have any questions please feel free to contact me.

Sincerely,

V.J. GERLEY AND ASSOCIATES


Victor J. Gerley, P.E.

Reinforcing steel for flexure, prestressed tendons and stirrups are provided in accordance with the Figure No.2 and Table No. 2.

4.3.3 Composite Precast and Prestressed Concrete: The composite units use either the Precast or Prestressed U shaped member with a single concrete masonry unit on top. Total depth is 15.625" (396.88 mm) with both the CMU and precast or prestressed member filled with concrete. See Figure No. 3 and Tables 1 and 2.

5. INSTALLATION

5.1 General

Wekiwa Lintels are installed in accordance with this Evaluation Report and the engineering drawings prepared by Geoscience & Materials Engineers, Inc., Project No. 14693S CN 2529, dated 8/94. A copy of this engineering drawing and this Evaluation Report shall be available at all times on the job site during installation.

The instructions within this report govern if there are any conflicts between the manufacturer's instructions and this report.

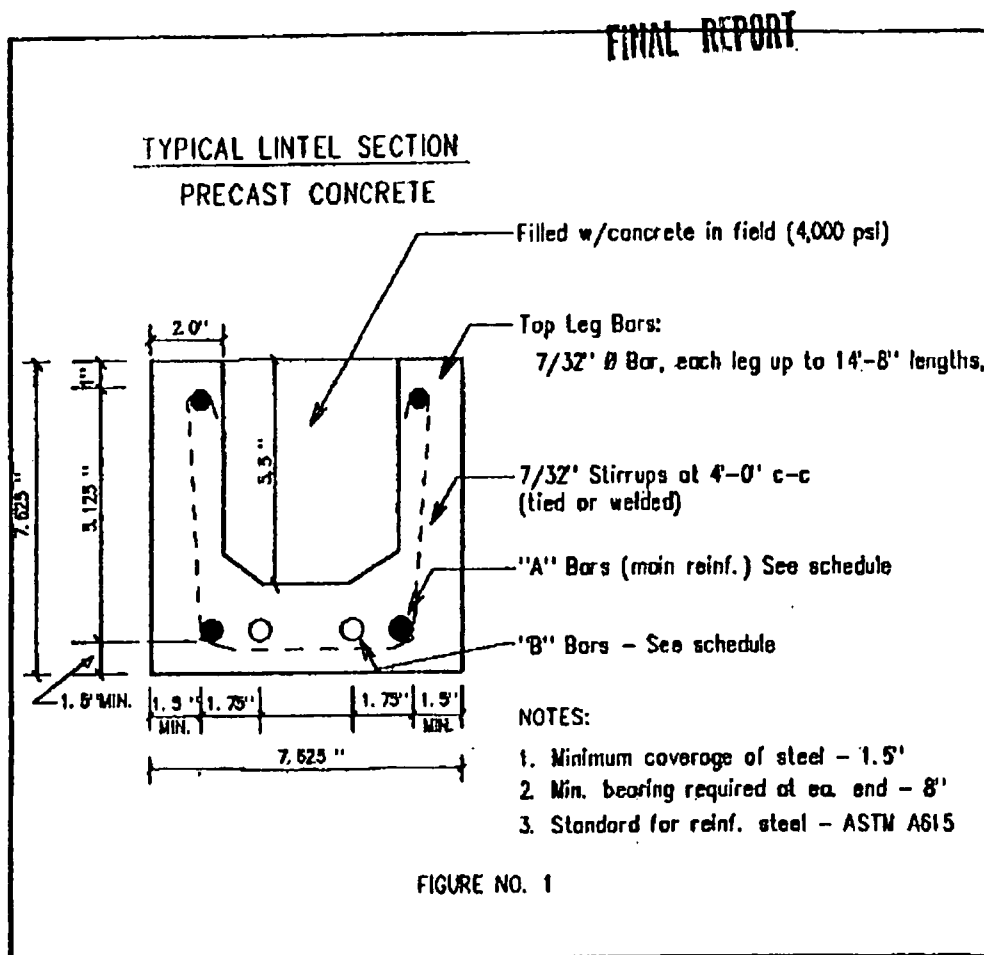


TABLE NO. 1
PRECAST LINTELS
REINFORCING SCHEDULE AND LOAD CAPACITIES

ALLOWABLE LOADS

LINTEL LENGTH	BAR LENGTH	CLEAR SPAN	"A" BARS	"B" BARS	FINAL REPORT	
					LINTEL FILLED LB/FT	COMPOSITE BEAMS LB/FT
2'-10"	2'-8"	1'-6"	2, #3	NONE	1,000	2,250
3'-6"	3'-4"	2'-2"	2, #3	NONE	1,000	2,250
4'-0"	3'-10"	2'-8"	2, #3	NONE	1,000	2,250
4'-6"	4'-4"	3'-2"	2, #3	NONE	1,000	2,250
5'-4"	5'-2"	4'-0"	2, #3	NONE	1,000	2,250
5'-10"	5'-8"	4'-6"	2, #4	NONE	1,000	2,250
6'-4"	6'-2"	5'-0"	2, #4	NONE	1,000	2,250
6'-8"	6'-4"	5'-4"	2, #4	NONE	900	2,250
7'-6"	7'-0"	6'-2"	2, #5	NONE	950	2,250
8'-4"	7'-10"	7'-0"	2, #5	NONE	850	2,250
9'-4"	8'-10"	8'-0"	2, #5	2, #3	850	2,250
10'-6"	10'-0"	9'-2"	2, #5	2, #4	800	2100
11'-4"	10'-10"	10'-0"	2, #5	2, #4	650	1700
12'-6"	12'-0"	11'-2"	2, #5	2, #5	600	1650
13'-4"	12'-10"	12'-0"	2, #5	2, #5	550	1450
14'-0"	13'-6"	12'-8"	2, #5	2, #5	450	1350

Note: All reinforcing steel is Grade 40. Loads designated are safe loads.
Note: See Figure Numbers 1 and 3.

TABLE NO. 2
PRESTRESS LINTELS
REINFORCING SCHEDULE AND LOAD CAPACITIES

ALLOWABLE LOADS

LINTEL LENGTH	CLEAR SPAN	"A" BARS	LINTEL FILLED LB/FT	COMPOSITE BEAM LB/FT
14'-8"	13'-4"	2, #3	550	1400
15'-4"	14'-0"	2, #3	500	1250
17'-4"	16'-0"	2, #4	400	1050
19'-4"	18'-0"	2, #5	350	875
20'-0"	18'-8"	2, #5	325	800
22'-0"	20'-8"	2, #5	260	625
24'-0"	22'-8"	2, #5	200	500

Note: All reinforcing steel is Grade 60. Loads designated are safe loads.
Note: See Figure Numbers 2 and 3.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF Martin

} ss:

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: **Lot 8, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, of the Public Records of Martin County, Florida.**

2. General description of improvement: **SINGLE FAMILY RESIDENCE**

3. Owner information:

a. Name and address: **William T. Daugherty
Cynthia G. Daugherty
415 N River Dr
Stuart FL 34994**

b. Interest in property: **FEE SIMPLE**

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

4. Contractor: **Driftwood Homes
2163 Pine Ridge Street
Jensen Beach, Florida 34957**

5. Surety:

a. Name and Address:

b. Amount of bond: \$

6. Lender: **First National Bank and Trust Company of The Treasure Coast
P.O.Box 9012
Stuart, Florida 34995-9012
ATTN: PENNY MARSTON**

7. Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)7, Florida Statutes:

8. In addition to himself, owner designates:

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified):

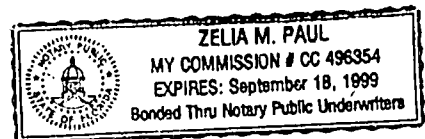
William T. Daugherty
William T. Daugherty

Cynthia G. Daugherty
Cynthia G. Daugherty

Sworn to and subscribed before me this 9th day of May, 1997.

Zelia M. Paul
NOTARY PUBLIC
My Commission Expires:

(seal)



RECORD & RETURN TO:
Charles E. Geary, P.A., Attorney at Law
215 S. Federal Hwy., Suite 100
Stuart, FL 34994

Box 140

4187

Certification of Occupancy:

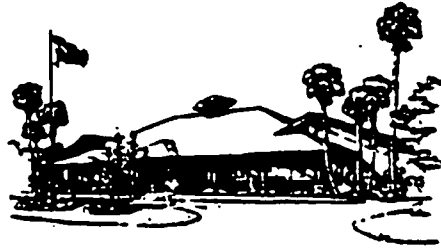
No building hereafter erected, altered or extended shall be used, occupied or (in the event of alteration, reoccupied) until a Certificate of Occupancy shall have been issued by (a) the Mayor or Vice Mayor or Building Commissioner and (b) the Town Building Inspector, stating that the building or proposed use thereof complies with the provisions of this Ordinance.

- 2. All Certificates of Occupancy shall be applied for coincident with the application for a building permit. Said Certificate shall be issued within ten (10) days after the erection or alteration shall have been completed and approved as complying with the provisions of this Ordinance.
- 3. The Town Clerk shall maintain a record of all Certificates and copies shall be furnished, upon request, to any person having a proprietary or tenancy interest in the building affected.
- 4. No permit for excavation for, the erection or alteration of, or repair of, any building shall be issued until an application has been made for a Certificate of Occupancy.
- 5. Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This subsection shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:
 - (a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;
 - (b) Be dated not more than thirty (30) days prior to the certificate of occupancy;
 - (c) Contain a complete legal description;
 - (d) Reference the source of information used in making the survey;
 - (e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;

- (f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;
- (g) Show the exact lot dimensions, including boundary lines and arcs, which must match the plat, with any variations being noted;
- (h) The scale of the map shown on the survey shall be at least one (1) inch equals ten (10) feet;
 - (i) Show the location, dimensions, and accurate identity of all easements as required under ~~Rule 21-111-6.03(15)~~ of the Minimum Technical Standards;
 - (j) Show all setback requirements;
 - (k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;
 - (l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);
 - (m) Contain a certification to the Town of Sewall's Point;
 - (n) State for whom the survey was done;
 - (o) Show the location, dimensions and square footage of the native habitat preservation area required by section 11-60 of this Code;
 - (p) Indicate lowest habitable floor, average natural grade, and average crown of road elevations in accordance with applicable Code provisions;
 - (q) Contain a tabulation of the impermeable and permeable areas;
 - (r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column;
 - (s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. (Ord. No. 216, 3-11-92)

E. Special exceptions. Notwithstanding any portion of this chapter to the contrary, the Town Commission may, in its sole discretion, grant a special exception for a use that would not be appropriate generally or without restriction throughout the particular zoning district, but which, if controlled as to number, area,


TOWN OF SEWALL'S POINT




One South Sewall's Point Road, Sewall's Point, Florida 34996
Phone: (561) 287-2455 • FAX: (561) 220-4765

BUILDING INSPECTORS APPROVAL MANIFEST.

The following has been review and found in compliance with all the codes and ordinances applicable and appropriate to the Town of Sewall's Point.

Accordingly, the permits, Certificates of Occupancy or  listed below have been signed by me and are now being forwarded for the signature of the appropriate town official.


Philip Carauana, Building Inspector

3/29/98
DATE

PERMIT / DOCUMENT NUMBER

4353 PERMIT
4187 C.O.
4354 PERMIT

PROJECT NAME OR DESCRIPTION

WILLIAM A DUNN (TR)
WM. T. DAUGHERTY
CHESTER SMITH

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

COPY FOR
INFORMATION

[Space above this line for recording]

Date: 3/27/98

This is to request a Certificate of Approval for Occupancy to be issued to:
W.M.T. & CYNTHIA DAUGHERY for Permit No. 4107 issued to construct a SINGLE
FAM. RES upon property described as follows:

Lot 0, Block -, Section -, Subdivision CASTLE HILL
known as: 15 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>6/13/97</u>	Termite Protection	Approved: <u>6/24/97</u>
Footings/Slab	Approved: <u>6/26/97</u>	Rough Plumbing	Approved: <u>6/22/97</u>
Rough Electric	Approved: <u>10/4/97</u>	Lintel/Tie-beam	Approved: <u>7/16/97</u>
Roofing	Approved: _____	Framing/Furring	Approved: <u>10/4/97</u>
Insulation	Approved: <u>10/9/97</u>	HVAC Rough	Approved: <u>10/4/97</u>
Final Electric	Approved: <u>3/13/98</u>	Final Plumbing	Approved: <u>3/13/98</u>
Final HVAC	Approved: <u>3/13/98</u>	Storm Shutters	Approved: <u>3/13/98</u>
Tie-in Survey	Approved: <u>3/27/98</u>	Landscape	Approved: <u>3/13/98</u>

ISSUED THIS 27th DAY OF March, 1998



Building Inspector

Building Commissioner

Town Clerk

4296

POOL

MASTER PERMIT NO. 4187

TOWN OF SEWALL'S POINT

Date 12/3/97

BUILDING PERMIT NO. 4296

Building to be erected for DOUGHERTY Type of Permit SW. POOL

Applied for by FLAMINGO POOLS INC. (Contractor) Building Fee _____

Subdivision CASTLE HILL Lot 78 Block _____ Radon Fee _____

Address 15 OAK HILL WAY Impact Fee _____

Type of structure SW. POOL A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

26 - 37 - 4101 - 50000 - 0080 - 7000 Plumbing Fee _____

Amount Paid 200 Check # 7880 Cash _____ Other Fees (POOL) 200 Roofing Fee _____

Total Construction Cost \$ 10,200 TOTAL Fees 200

Signed [Signature] Signed [Signature]

Applicant

Town Building Inspector

Town of Sewall's Point

P.I.N. _____

Date 12-1-97

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 CYNTHIA + BILL DAUGHERTY

Owner's Address 415 N. RIVER DR #02 STUART FL 34994

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

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

City _____ State _____ Zip _____

Contractor's Name FLAMINGO POOLS INC.

Contractor's Address 3400 SE DIXIE HWY

City STUART State FL Zip 34997

Job Name _____

Job Address 15 OAKHILL WAY STUART

City STUART County MARTIN

Legal Description LOT 8 CASTLE HILL

Bonding Company _____

Bonding Company Address _____

City _____ State _____

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.



12296

Square Footage _____ Impervious Area _____ Linear 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.

Cynthia Daugherty _____ 11-26-97
Owner or Agent Date
Roddy Brown _____ 12-2-97
Contractor Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 1 day of Dec, 1997, by RODDY BROWN
who: is/are personally known to me, or [] has/have produced _____ as
identification, and who did not take an oath.



(NOTARY SEAL)

Karol Grabowski
Name: KAROL GRABOWSKI
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC507857 and my commission expires: 12-3-97.

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 26 day of NOV, 1997, by Cynthia Daugherty who:
 is/are personally known to me, or [] has/have produced _____ as identification, and
who did / did not take an oath.



Karol Grabowski
Name: KAROL GRABOWSKI
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC507857 and my commission expires: 12-3-99.

Certificate of Competency Holder

Contractor's State Certification or Registration No. RP0065443
Contractor's Certificate of Competency No. SP01819

Application Approved _____ Building Official _____ Building Commissioner
Date: _____ Date: _____

PERMIT GENERAL CONDITIONS

Permit Applications must be accompanied by two (2) sets of the following: ..

(1) Plans, Sections, and Elevations with wind load and energy calculations signed and sealed by an architect or engineer and including plumbing, mechanical, and electrical drawings and calculations. **Plumbing, Mechanical, and Electrical** (also wells, pools, fences, etc.) require separate applications.

(2) Sketch or survey showing elevations and the locations of existing and proposed improvements, property lines, all setback lines, easements, rights-of-way, and any encroachments.

The permit is valid for twelve (12) months from date of issuance. Renewal of the permit may result in additional requirements and fees prevailing at the time of renewal.

All construction must conform to the Code of Ordinances of the Town of Sewall's Point ("Town Code") and the South Florida Building Code (Dade County 1994 edition, with revisions) ("Building Code"). An approval or permit issued based upon faulty documents or errors and/or omissions by the Building Official does not relieve the owner or the contractor of compliance with the Town Code or the Building Code, nor is it a license to circumvent the Town Code or the Building Code.

A temporary toilet is to be provided for workers or an existing toilet is provided and open to workers.

Debris must be contained in a dumpster-type metal container or must be immediately loaded in a truck (as reroofing may require). Debris will not be allowed to accumulate.

Inspections and permits may be suspended or revoked, work stoppage may be ordered, and other actions may be taken for failure to correct defects, concealing work without inspection, or for willful violations of any of the above conditions or the special conditions, attached, if any.

*NOTE: NOTICE OF COMMENCEMENT required for work with a cumulative value of \$2,500.00 or more.

ATTACHMENTS: _____

ACCEPTED: _____

Cynthia Sanchez
Owner

[Signature]
Contractor

Building Official

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

LOT 8 CASTLE HILL 15 OAKHILL WAY STUART FL

GENERAL DESCRIPTION OF IMPROVEMENT: CONSTRUCT SWIMMING POOL

OWNER: CYNTHIA + BILL DAUGHERTY

ADDRESS: 15 OAKHILL WAY STUART FL 34996

PHONE #: _____

FAX #: _____

CONTRACTOR: FLAMINGO POOLS INC

ADDRESS: 3400 SE DIXIE HWY STUART FL 34997

PHONE #: _____

FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

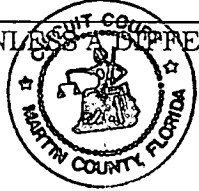
IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____

FAX #: _____

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

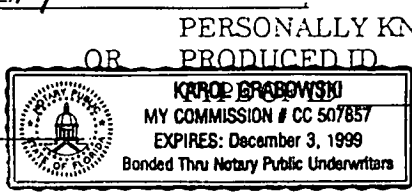
STATE OF FLORIDA
MARTIN COUNTY
THIS IS RECORDING UNLESS A DIFFERENT FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA STILLER, CLERK
BY [Signature] D.C.
DATE 12-2-97



[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26 DAY OF NOVEMBER 1997 BY CYNTHIA DAUGHERTY

[Signature]
NOTARY SIGNATURE



5047765

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

DATE	BATCH NUMBER	LICENSE NBR
03/20/1998	97034663	CP -C056806

The **COMMERCIAL POOL/SPA CONTRACTOR**
Named below **IS CERTIFIED**
Under the provisions of Chapter **489** **FS.**
Expiration date: **AUG 31, 1998**

SCHROEDER, ALLEN KEMP
FLAMINGO POOLS & PATIO INC
3400 SE DIXIE HWY
STUART FL 34997

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

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 ~~1992-530-013~~ CERT CPC056806
PHONE ~~561-220-0627~~ SIC NO 1799
LOCATION:
3400 SE DIXIE HWY

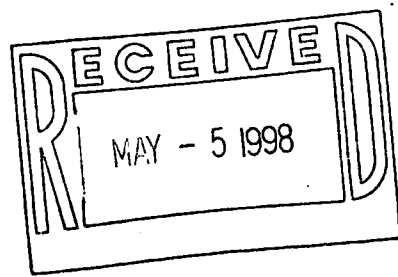
PREV YR. \$	<u>0.00</u>	LIC. FEE \$	<u>0.00</u>
\$	<u>0.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>0.00</u>	COL. FEE \$	<u>10.00</u>
\$		TRANSFER \$	<u>3.00</u>
TOTAL			<u>3.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **SWIMMING POOL CONTRACTOR**
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

FLAMINGO POOLS & PATIOS, INC
3400 SE DIXIE HWY
STUART FL 34997

4 DAY OF MARCH 19 98 SEC.
AND ENDING SEPTEMBER 30. 2 19970929 6809

PAID L C O STEEN TAX COLLECTION
MACH:002 10:01K 05/04/98 10:48 0000291
0000-1992530013
BC:37 PER:01
CX TEND 3.00 CHANGE 0.00



ABCDEF

CERTIFICATE OF INSURANCE TL

09316

ISSUE DATE (MM/DD/YY)

05/05/98

PRODUCER

ACORDIA SOUTHEAST
501 S. FLAGLER DR. #600
WEST PALM BEACH FL 33401

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 C N A**

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

FLAMINGO POOLS & PATIOS
INC
3400 SE DIXIE HIGHWAY
STUART, FL 34997

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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> POOL POP UP IS INCLUDED	BINDER31455	03/04/98	03/04/99	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
	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	WCB173770676	03/04/98	03/04/99	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER PROPERTY				

RECEIVED
 MAY - 5 1998

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALLS PT
1 SOUTH SEWALLS PT RD
STUART FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

[Signature]

Building Inspector
Sewall's Point
Building Dept.

May 5, 1998

Building Inspector:

This serves to confirm that Flamingo Pools
and Patios have completed our pool and that
they will apply for the final inspection.

Thank You,

Cynthia and Bill Daugherty
15 Oak Hill Way
Stuart, Florida 34996
(861) 287-2276

5990

FENCE

TOWN OF SEWALL'S POINT

Date 9-30-02

BUILDING PERMIT NO. 5990

Building to be erected for William Daugherty

Type of Permit FENCE

Applied for by United Fence

(Contractor)

Building Fee 30.00

Subdivision Castle Hill Lot 8 Block _____

Radon Fee _____

Address 15 OAKHILL WAY

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

2637410150000008070000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # 2321 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2380.00

TOTAL Fees 30.00

Signed [Signature]
Applicant

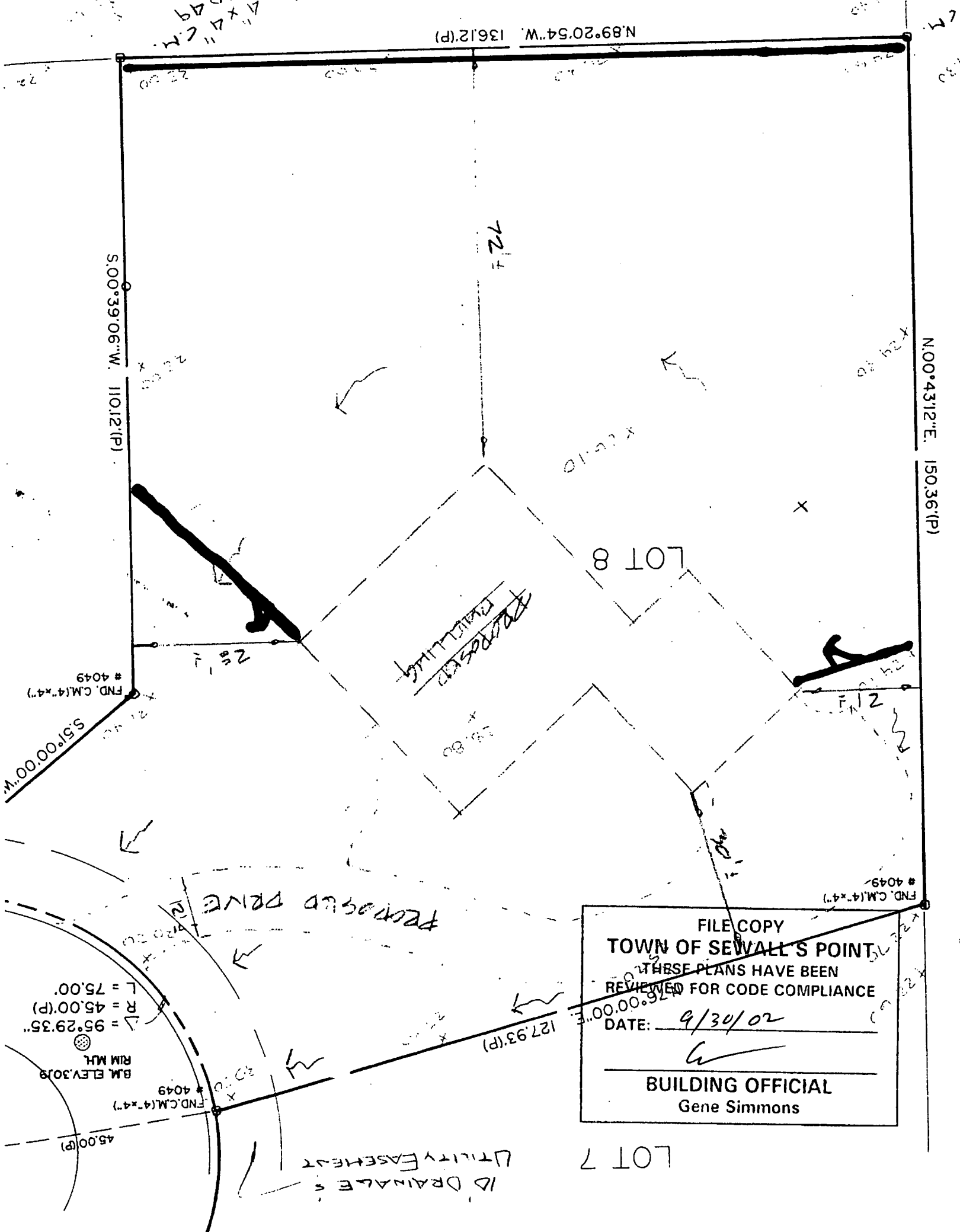
Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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



4x4 CM
MD 49

N.89°20'54\" W. 136.12'(P)

S.00°39'06\" W. 110.12'(P)

N.00°43'12\" E. 150.36'(P)

LOT 8

PROPOSED
REAR SETBACK

4049
FND. C.M. (4\" x 4\")
S.51°00'00\" W.

4049
FND. C.M. (4\" x 4\")

B.M. ELEV. 30.19
RIM M.H.
Δ = 95°29'35\"
R = 45.00'(P)
L = 75.00'

PROPOSED DRIVE

UTILITY EASEMENT
DRAINAGE

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 9/30/02
[Signature]
BUILDING OFFICIAL
Gene Simmons

LOT 7

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Owner or Titleholder Name William + Cynthia Daugherty Building Permit Number: _____
City: Sewalls Point State: FL Zip: _____
Legal Description of Property: Lot 8 Castle Hill Parcel Number: 26374101500000807000
Location of Job Site: 15 SAK Hill Way Type of Work To Be Done: Install 4" High white P.V.C. Picket Fence on Front Left + 4" green Chainlink on Backlines
CONTRACTOR/Company Name: United Fence Phone Number: 3352627
Street: 367 Notten Dr City: Ft Pierce State: FL Zip: 34982
State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP-00541

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____
Type Sewage: _____ Septic Tank Permit Number From Health Dept. _____ Well Permit Number: _____

FLOOD HAZARD INFORMATION Flood Zone _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed First Floor Habitable Floor Finished Elevation: _____ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$2380.00 Estimated Fair Market Value (FMV) Prior
To Improvements _____ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES _____ NO _____

SUBCONTRACTOR INFORMATION

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____
National Electrical Code _____ Florida Energy Code _____
Florida Accessibility Code _____

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

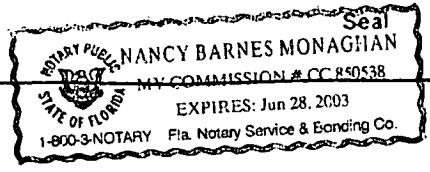
OWNER OR AGENT SIGNATURE (Required)
State of Florida, County of: _____
This the _____ day of _____, 200____
by _____ who is personally
known to me or produced _____
as identification: _____

Notary Public
My Commission Expires: _____

CONTRACTOR SIGNATURE (Required) George Quinn
On State of Florida, County of: Martin
This the 29th day of August 2002
by GEORGE QUINN who is personally
known to me or produced _____
As identification: Nancy Barnes Monaghan

Notary Public
My Commission Expires: June 28, 2003

Seal



ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 2/15/2002
PRODUCER R.V. Howard & Associates 8487 South US 1 Port St. Lucie FL 34952 561 343-9878	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURED United Fence & Steel George Quinn dba 367 Nothlem Avenue Fort Pierce, FL 34982 1335-2627	INSURER A: <u>Commercial Casualty of Georgia</u> INSURER B: INSURER C: <u>RECOGNIZED</u> INSURER D: INSURER E:	

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	UFS080201	08-02-01	08-02-02	EACH OCCURRENCE	\$100,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$50,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$1,000
					PERSONAL & ADV INJURY	\$100,000
					GENERAL AGGREGATE	\$200,000
					PRODUCTS - COMP/OP AGG	\$100,000
					GENTL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY, AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewalls Point Building Department 1 South Sewalls Point Rd Sewalls Point		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

PRODUCER

RISK TRANSFER SOLUTIONS, INC.
LANDMARK CENTER ONE
315 EAST ROBINSON STREET, STE 580
ORLANDO, FL 32801

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 FIRST COMMERCIAL MUTUAL
- COMPANY B
- COMPANY C
- COMPANY D

RECEIVED
 AUG 09 2002
 BY: _____

INSURED PRESIDION SOLUTIONS I - V, INC.
 4400 PGA BOULEVARD, SUITE 1000
 PALM BEACH GARDENS, FL 33410
 PH: 800-477-5606

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, EXCLUSION AND CONTITION 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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	15846-0	08/01/2002	07/31/2003	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	OTHER LOCATION COVERAGE		08/01/2002	07/31/2003	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:

6955 **UNITED FENCE & STEEL**
 367 NOTLEM DRIVE, FT PIERCE, FL 34982

PT. ST. LUCIE FAX # 561-335-0071

CERTIFICATE HOLDER

FAX: 561 220-4765

SEWALL'S POINT BUILDING DEPT.

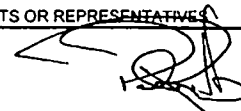
1 S. SEWALL'S POINT ROAD.
SEWALL'S POINT, FL 34996.
ATTN: NANCY

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 REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE

Paul R. Hughes



PROFESSIONALS MAINTENANCE

File Actions Permit Land RFS Inap W/O People Haz Mat System

Name: QUINN, GEORGE R

Id: 2849

Prof. Status: ACTIVE On Hold: Bond Exempt:

Address: 367 NOTLEM DR

City: FT PIERCE State: FL Zip: 34982

Phone: 772-335-2627

Contact: UNITED FENCE CO

Phone: - -

SSN: - - DOB:

Type:

E-Mail:

Other Phone:

Local Bus Lic#: MARTIN Date: Class:

State Tax #: Date:

Work Comp Ins: WAIVER ON WC Date: 10-JAN-2002

Policy #:

Type	Description	State License #	Expires	Status	Hold
FENCE ERECTION	FENCE ERECTION	SP0054	30-SEP-2003		<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Qualifying Party

Exam Details

Charge / Comments

License / Specialty

Contractors

Print Current

Financial Responsibility

Additional Parties

Return

MARTIN COUNTY CONTRACTORS LICENSING
2401 S.E. Monterey Road
Stuart, FL 34996

MARTIN COUNTY CONTRACTORS LICENSING
2401 S.E. Monterey Road
Stuart, FL 34996

MARTIN COUNTY CONTRACTORS LICENSING
2401 S.E. Monterey Road
Stuart, FL 34996

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/18, 2008 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6375	ECKNA	FINAL	Passed	close
①	107 HENRY SEWALL	SCREEN ENCL		
				INSPECTOR: <i>[Signature]</i>
5795	PANTON	DRIVEWAY	Passed	close
②	17 ISLAND RD	FINAL		
	KIPPER + DUNNE			INSPECTOR: <i>[Signature]</i>
5798	DANTON	CONC WALL	Passed	close
③	17 ISLAND ROAD	GATE FINAL		
	KIPPER + DUNNE			INSPECTOR: <i>[Signature]</i>
5974	CORR	PAVER WALK	Passed	close
⑤	7 RIDGELAND DR	FINAL		
	PAVING STONE			INSPECTOR: <i>[Signature]</i>
5985	LOWELL	WALL	Passed	close
④	7 W HIGH POINT	FINAL		
	IANIERO			INSPECTOR: <i>[Signature]</i>
5989	KURTIN	FENCE	Passed	close
⑦	4 CASTLE HILL WAY			
	UNITED FENCE			INSPECTOR: <i>[Signature]</i>
5990	DRUGHERTY	FENCE	Passed	close
⑥	15 OAK HILL WAY			
	UNITED FENCE			INSPECTOR: <i>[Signature]</i>

OTHER:

Ruford: site compliance - silt screen

6355 Paradise silt screen, clean road

10401

REAR PAVER STEPS



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:	10401	DATE ISSUED:	APRIL 2, 2013
SCOPE OF WORK:	REPLACE WOOD STEPS WITH PAVERS		
CONTRACTOR:	APEX PAVERS		
PARCEL CONTROL NUMBER:	263741015-000-000807	SUBDIVISION	CASTLE HILL - LOT 8
CONSTRUCTION ADDRESS:	15 OAK HILL WAY		
OWNER NAME:	DAUGHERTY		
QUALIFIER:	RYAN FIGMAN	CONTACT PHONE NUMBER:	419-5151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

INSPECTIONS

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

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

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

Permit Number: 10401

Date: _____
 OWNER/LESSEE NAME: Cynthia Daugherty Phone (Day) 772-287-2276 (Fax) _____
 Job Site Address: 15 Oak Hill, Sewalls Pt. City: Sewalls Pt State: FL Zip: 34996
 Legal Description CASHE Hill, lot 8 Parcel Control Number: 26 37 41 015 000 000807
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** replace existing wood steps with concrete pavers

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO _____
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4320-
 (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: Apex Pavers Phone: 772-419-5151 Fax: 772-419-5101

Qualifiers name: Ryan Figman Street: 834 SE Lincoln Ave City: Stuart State: FL Zip: 34994

State License Number: _____ License Number: MCPB4701

LOCAL CONTACT: Doreen Buffa Phone Number: 772-419-5151

DESIGN PROFESSIONAL: _____ Title: _____ License #: _____

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

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

Carport: _____ Total under Roof _____ 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:

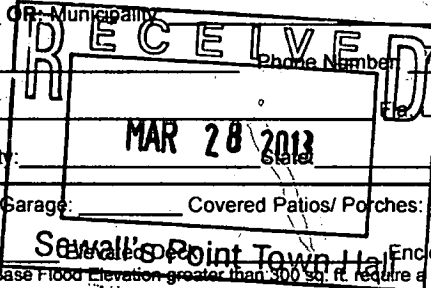
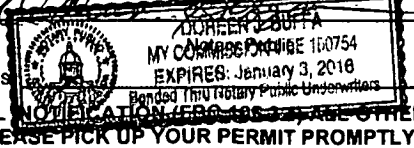
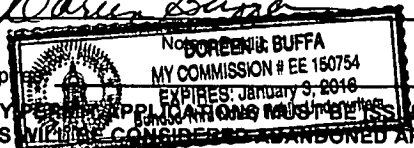
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST 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:
Cynthia Daugherty
 State of Florida, County of: Martin
 On This the 25 day of March 20 13
 by Cynthia Daugherty who is personally known to me or produced FL DL D 263 10759 00070
 As identification: Doreen Buffa
 My Commission Expires _____
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
Ryan Figman
 State of Florida, County of: Martin
 On This the 25 day of March 20 13
 by Ryan Figman who is personally known to me XX
 As identification: _____
 My Commission Expires _____



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

generated on 4/1/2013 10:00:28 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00080-7	4152	15 OAK HILL WY, SEWALL'S POINT	\$546,600	3/30/2013

Owner Information

Owner(Current)	DAUGHERTY WILLIAM TAYLOR DAUGHERTY CYNTHIA G
Owner/Mail Address	15 OAK HILL WAY STUART FL 34996-6510
Sale Date	5/9/1997
Document Book/Page	1236 1987
Document No.	
Sale Price	0

Location/Description

Account #	4152	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 8
Parcel Address	15 OAK HILL WY, SEWALL'S POINT		
Acres	.5260		

Parcel Type

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

Assessment Information

Market Land Value	\$225,000
Market Improvement Value	\$321,600
Market Total Value	\$546,600

12:01:43 PM

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 26 37 41 015 000 000807

STATE OF FLORIDA COUNTY OF MARTIN

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

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

Castle Hill, lot 8 15 Oak Hill Way, Swains Pt, FL

GENERAL DESCRIPTION OF IMPROVEMENT: Replace existing wooden steps with pavers

OWNER NAME: Cynthia Daugherty

ADDRESS: same

PHONE NUMBER: 772-887-2276 FAX NUMBER: _____

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: Apex Pavers

ADDRESS: 834 SE Lincoln Ave, Stuart, FL 34994

PHONE NUMBER: 772-419-5151 FAX NUMBER: 772-419-5101

INSURANCE COMPANY (IF ANY): _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

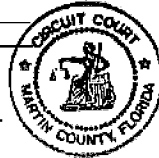
BOND AMOUNT: _____

FINANCING MORTGAGE COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

STATE OF FLORIDA
MARTIN COUNTY



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OF SERVICE OF THIS INSTRUMENT MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7, FLORIDA STATUTES, AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CAROLYN TIMMANN, CLERK
BY: _____ D.C.

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ DATE: 03/29/13 OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),

FLORIDA STATUTES: _____

PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

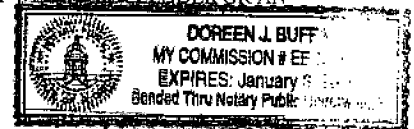
SIGNATORY'S TITLE/OFFICE: Cynthia Daugherty

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 25 DAY OF March, 20 13

BY: Cynthia Daugherty AS OWNER FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED FL DL D263107 576007-0 Doreen J. Buffa
NOTARY SIGNATURE/ SEAL



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-10-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10395	Robinson 173 Silver Rd Paulie Propane	Final Gas	PASS	CLOSE INSPECTOR [Signature]
10487	Ghioto 107 S. Simons TOTAL ROOFING	TRIM & METAL	PASS	INSPECTOR [Signature]
10518	WILLIAMS 24 Castle Hill DRIED WOOD	TRIM POLE	PASS	*READY FOR FPL INSPECTOR [Signature]
10401	[Obscured] 15 [Obscured] Open	Final Power Slips	PASS	INSPECTOR [Signature]
10314	Pitche 3 Timon Seagate	U.G. GAS TRIM & LINES	PASS	INSPECTOR [Signature]
		Stormwater		
	82-86 S SPYRO	PIPE FAILURE		Called Captec INSPECTOR
	22 MIDDLE RD			INSPECTOR

10476

FRONT ENTRY STEPS

&

A/C FENCE



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10476	DATE ISSUED:	JUNE 6, 2013
SCOPE OF WORK:	NEW FRONT ENTRY STEPS & FENCE AROUND AC PAD		
CONTRACTOR:	ADAM PETERS CARPENTRY		
PARCEL CONTROL NUMBER:	263741015-000-000807	SUBDIVISION	CASTLE HILL - LOT 8
CONSTRUCTION ADDRESS:	15 OAK HILL WAY		
OWNER NAME:	DAUGHERTY		
QUALIFIER:	ADAM L PETERS	CONTACT PHONE NUMBER:	370-7923

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

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10476

Date: _____
 OWNER/LESSEE NAME: Bill Dougherty Phone (Day) 772 287 2276 (Fax) _____
 Job Site Address: 15 OAK Hill way City: Sewalls State: FL Zip: 34957
 Legal Description _____ Parcel Control Number: _____
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

NEW ENTRY STEPS (FRONT) & Fence around AC PAD

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 4400.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Has a Zoning Variance ever been granted on this property?

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

Is subject property located in flood hazard area? VE10 AE9 AE8 X NO

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: Adam Peters Carpentry Inc Phone: 772 370 7923 Fax: _____

Qualifiers name: Adam Peters Street: 237 SW STARFISH AV. City: _____ State: _____ Zip: _____

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

LOCAL CONTACT: _____

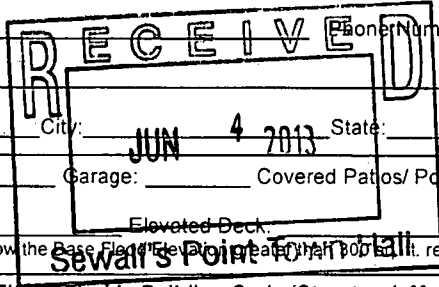
DESIGN PROFESSIONAL: _____ Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: 108^{sq} Enclosed Storage: _____

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

* Enclosed non-habitable areas below the Base Flood Elevation (BFE) 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 OF THE DATE OF ISSUANCE. IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED, RENEWAL 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 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: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: _____

State of Florida, County of: Martin

State of Florida, County of: Martin

On This the 4 day of June 2013

On This the 4 day of June 2013

by Cynthia G. Dougherty

by Adam L. Peters who is personally

known to me or produced FDL# D267-107-37-6070

known to me or produced FDL# P362-012-78-003-0

As identification, Valerie Carmlit

As identification, Valerie Carmlit

Notary Public

Notary Public

My Commission Expires: _____

My Commission Expires: _____

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

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

generated on 6/4/2013 11:32:04 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00080-7	4152	15 OAK HILL WY, SEWALL'S POINT	\$546,600	6/1/2013

Owner Information

Owner(Current)	DAUGHERTY WILLIAM TAYLOR DAUGHERTY CYNTHIA G
Owner/Mail Address	15 OAK HILL WAY STUART FL 34996-6510
Sale Date	5/9/1997
Document Book/Page	1236 1987
Document No.	
Sale Price	0

Location/Description

Account #	4152	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 8
Parcel Address	15 OAK HILL WY, SEWALL'S POINT		
Acres	.5260		

Parcel Type

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

Assessment Information

Market Land Value	\$225,000
Market Improvement Value	\$321,600
Market Total Value	\$546,600



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

Business lic. copy

tax Receipt

Liability and comp
 w/sewall's
 as holder

FENCE and or POOL BARRIER CHECKLIST

Exempt copy

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

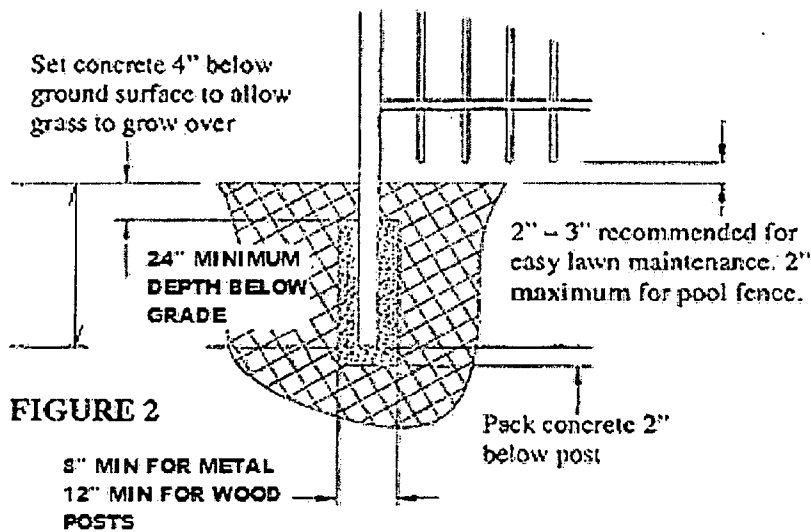
Please make sure you have ALL required copies before submitting permit application

- _____ 1 Copy Completed permit application
- _____ 2 Copies Survey or site plan showing the following:
 - All existing structures on property
 - Location of proposed fence
 - Setbacks from the fence to property lines
 - Height & type of fence
 - Location of all easements
 - Street & house number on site plans

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

- _____ 2 Copies support post footer sketch indicating size of footers. Fences to be used as a Pool Barrier (other than chain link fence) must include an accurate sketch or drawing indicating barrier requirement compliance.
- _____ 2 Copies, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.

Typical Fence Footer



Joseph P. McCarty, Architect, Inc.

900 East Osceola Street
Stuart, Florida, 34994
772-287-6735 fax: 772-287-4618

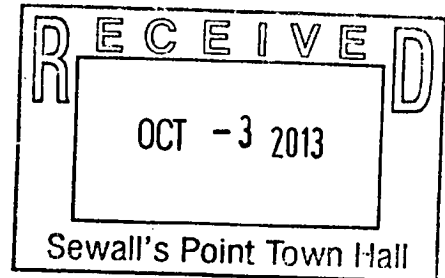
PN 10476

DPR Registration Number 9639

September 10, 2013

John R. Adams, CBO

Town of Sewall's Point
One South Sewalls Point Road
Sewalls Point, Florida
34996



RE: 15 Oak Hill Way

John:

Please be advised that the following work has been added to the scope of work for the permit for replacement of the front steps and handrails:

- 1) Replace existing wood decking with epoxy decking.
- 2) Replace existing porch railings. New railings to match existing 36" height above deck, and pickets shall be placed to resist passage of a 4" sphere through the picket spaces.

Sincerely,

Joseph P. McCarty

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

11-4-13

Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10552	Smiths 11 Palmetto Alexander Pools	Final Pool	PASS	CLOSE INSPECTOR <i>JP</i>
10642	Stern 9 Lantana Alexander	Steel Pond main drain	PASS	INSPECTOR <i>JP</i>
10651	Vance 12 Wendy Ln Adam Peters	window + SGD attachments R. ELEV FRAME	PASS	INSPECTOR
10646	Dougherty 19 Oakhill Way Adam Peters	Final front steps 4. check around AC	PASS	CLOSE INSPECTOR <i>JP</i>
Tree	McKeige 31 W High Pt	Tree	OK	INSPECTOR
10644	Reich 22 Middle Rd Streyker	Final AC Tech will bring ladder	PASS	CLOSE INSPECTOR <i>JP</i>
10549	CROSSTON 83 S. SP7 RD Modern House	GRADE Sewer	PASS	INSPECTOR <i>JP</i>

10833

REMODEL



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:	10833	DATE ISSUED:	4/17/2014
SCOPE OF WORK:	ADDITION / REMODEL		
CONTRACTOR:	WALTER M WHITE CONSTRUCTION		
PARCEL CONTROL NUMBER:	26374101500000807	SUBDIVISION	CASTLE HILL LOT 8
CONSTRUCTION ADDRESS:	15 OAK HILL WAY		
OWNER NAME:	DAUGHERTY		
QUALIFIER:	WALTER WHITE	CONTACT PHONE NUMBER:	772 485-0700

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

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

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

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

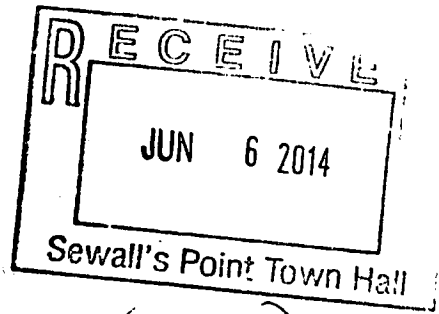
INSPECTIONS

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

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



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



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

DATE: 5/30/14 PERMIT NUMBER: 10877
 JOB ADDRESS: 15 Oak Hill Way (Castle Hill)

PLEASE CHECK ONE OF THE FOLLOWING:

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

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

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

DESCRIPTION OF REVISION(S): Remodel hall bath & master bath

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 18,000
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Walter White SIGNATURE: [Signature]
 PHONE NUMBER: (772) 485-0700 FAX NUMBER: white772@aol.com

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 6.16.14 Approve Deny

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

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

Other declared value increase (must be based on value not cost) 18,000 $\times 2\% =$ 180⁰⁰

Other additional fees: 5 INSP @ 100⁰⁰ Revision review fee: 1 Pages @ \$25.00/Page 525⁰⁰

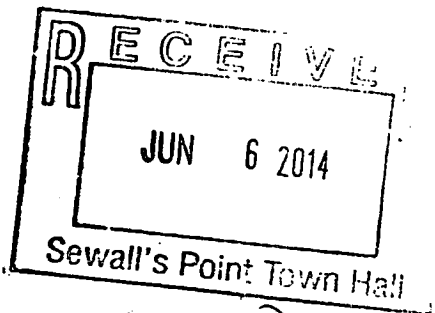
Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEES \$ 765⁰⁰

Applicant notified by: _____ Date: _____



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



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

DATE: 5/30/14 PERMIT NUMBER: 10839
 JOB ADDRESS: 15 Oak Hill Way (Castle Hill)

PLEASE CHECK ONE OF THE FOLLOWING:

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

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

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

DESCRIPTION OF REVISION(S): Remodel hall bath & master bath

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES NO VALUE \$ 18,000
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Walter White SIGNATURE: [Signature]
 PHONE NUMBER: (772) 485-0700 FAX NUMBER: white7727@aol.com

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 6.16.14 Approve Deny

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

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

Other declared value increase (must be based on value not cost) 18,000 x 2% = 180⁰⁰

Other additional fees: 5 INSP @ 100⁰⁰ Revision review fee: 1 Pages @ \$25.00/Page 525⁰⁰

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 765⁰⁰

WALTER M. WHITE CONSTRUCTION COMPANY
 3920 N.E. SUGARHILL AVE.
 JENSEN BEACH, FL 34957
 PH. 334-5819

DATE	INVOICE	AMOUNT

63-8413/2670

1039

PAY Seven hundred five & 100/100 DOLLARS

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO.	ACCT. NO.	CHECK AMOUNT
6/16/14	Town of Sewall's Point	Permit Fee	1039	-	765.00

CHASE MIAMI FLORIDA
 JPMorgan Chase Bank, N.A.
 www.Chase.com

[Signature]

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

Permit Number: **10833**

Date: 3.31.14
 OWNER/LESSEE NAME: Cynthia/Bill Daugherty Phone (Day) 287-2276 (Fax) 220-4912
 Job Site Address: 15 Oak Hill Way City: Stuart State: FL Zip: 34996
 Legal Description: Castle Hill # 8 Parcel Control Number: _____
 Fee Simple Holder Name: Cynthia/Bill Daugherty Address: see above
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Enclose rear balcony, correct railing
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: \$ 15,000
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X ___
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Walter M. White Construction Phone: 485-0700 Fax: _____
 Qualifiers name: Walter White Street: 2920 NE Sugar Hill Dr - Jensen City: Fort State: FL Zip: 34951
 State License Number: CGC 017774 OR, Municipality: _____ License Number: _____
 LOCAL CONTACT: Walter White Phone Number: 772-485-0700
 DESIGN PROFESSIONAL: Joseph P. McLeary, Architect Fla. License# 9639
 Street: 900 E. Breaker St. City: Stuart State: FL Zip: 34996 Phone Number: 287-6738

AREAS SQUARE FOOTAGE: Living: 670 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.

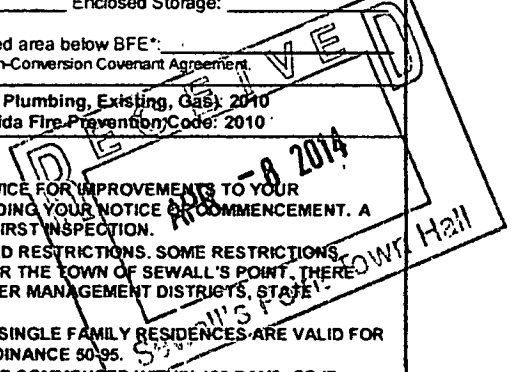
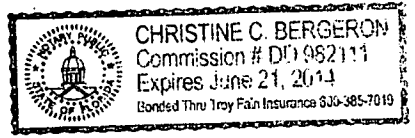
*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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:
Cynthia Daugherty
 State of Florida, County of: MARTIN
 On This the 1st day of APRIL 2014
 by CYNTHIA G. DAUGHERTY personally
 known to me or produced FL/D/L D263-101-57-607-0
 As identification: Christine C. Bergeron
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
Walter White
 State of Florida, County of: MARTIN
 On This the 8th day of APRIL 2014
 by WALTER MITCHELL WHITE personally
 known to me or produced FL/D/L W300 91356 375-0
 As identification: Christine C. Bergeron
 Notary Public
 My Commission Expires: _____

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





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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10833		
ADDRESS:	15 OAK HILL WAY		
DATE ISSUED:	4/17/2014	SCOPE OF WORK:	ADDITION / REMODEL

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	\$ 75,000.00
---	----------------	----	--------------

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K) (No plan submittal fee when value is less than \$100,000)		\$	
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ 75,000.00
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	750.00
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp	\$ 11.00	\$	1,100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 27.75
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 27.75
Road impact assessment: (.04% of construction value - \$5 min.)		\$	30.00
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ 1,935.50

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

Pa 4-21-14
 CK 1012

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: 10854 TAX FOLIO #: 26-37-41-015-000-00080-7
STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE)

Lot 8 Castle Hill Dr, Sewall's Point, FL 32996

GENERAL DESCRIPTION OF IMPROVEMENT:

interior remodel/balcony enclosure

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT:

NAME: Cynthia + William Daugherty
ADDRESS: 45 Oak Hill way
PHONE NUMBER: 287-2734 FAX NUMBER: 220-4912
INTEREST IN PROPERTY: owner/primary residence

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

CONTRACTOR:

Walter M. White Const. Co
ADDRESS: 5720 NE Sewall Dr - Jensen Beach, FL 33457
PHONE NUMBER: (772) 905-3795 FAX NUMBER: (772) 905-3795

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: N/A

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE.



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

NAME: none
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BY: Carolyn Timmann, Clerk
DATE: 5/21/14

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES none OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(b), FLORIDA STATUTES:

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

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

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

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

Cynthia Daugherty
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

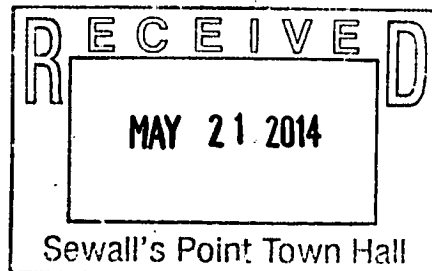
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1st DAY OF APRIL 20 14

CYNTHIA G. DAUGHERTY
NAME OF PERSON TYPE OF AUTHORITY FOR PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED FLD/L D263-107-57-607-0

Christine C. Bergeron
NOTARY SIGNATURE/ SEAL



03:29:20 PM 05/21/2014 RECD 1573 PG 2719 BK 2456953 INSTR # 2456953 OR BK 2719 PG 1573 RECD 05/21/2014
CAROLYN TIMMANN MARTIN COUNTY CLERK
(1 Pgs)
DEED DOC \$0.00, INTANGIBLE \$0.00, MITG DOC \$0.00



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

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

* REQUIRES SEPARATE VERIFICATION FORMS.

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

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF FLORIDA
 COUNTY OF MARTIN

SWORN TO AND SUBSCRIBED before me this 8th day
 of APRIL, 2014

Christine C. Bergeron
 NOTARY PUBLIC



MY COMMISSION EXPIRES: _____



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Walter M. White Const. Co. BLDG. PERMIT # _____
 MAILING ADDRESS 3920 NE Sugarhill Dr., Jensen Beach, FL 34957

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH	<i>Vickroy Const.</i>	1049
GD	GARAGE DOOR		<i>M. Car 01650</i>
DH	DRYWALL - HANG	<i>John Croft's</i>	<i>GGC 1504944</i>
DF	- FINISH	<i>Dunnell</i>	
IN	INSULATION	<i>Thompson</i>	<i>SR0 00375</i>
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING	<i>Levi's Painting</i>	<i>SR0 2583</i>
PL	PLASTER & STUCCO	<i>Precision Plastering</i>	<i>MC9502501</i>
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE	<i>Academy of Finlay</i>	<i>CGC 026077</i>
WD	WINDOWS & DOORS	<i>Walter White Const.</i>	<i>CGC 017774</i>
PLU	* PLUMBING	<i>Favorite Plumbing</i>	<i>CFC 056760</i>
AC	* HARV	<i>NISAITH</i>	<i>CKO # 41199</i>
EL	* ELECTRICAL	<i>Ocean Electric</i>	<i>EC 0001399</i>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2014

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

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

PRODUCER REEL INSURANCE DBA COVER ALL INSURACEN 5800 W ATLANTIC BLVD MARGATE FL 33063	CONTACT NAME: PHONE (A/C No. Ext): 954-956-0006	FAX (A/C No.): 954-958-0555
	E-MAIL ADDRESS: _____	
INSURED WALTER M. WHITE CONSTRUCTION CO. 3920 NE SUGARHILL AVE JENSEN BEACH FL 34957	INSURER(S) AFFORDING COVERAGE:	
	INSURER A: FEDERATED NATIONAL INSURANCE	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

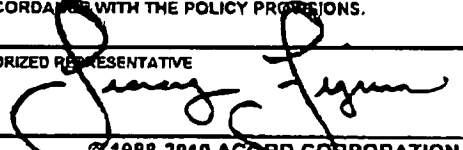
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GL-0504011746-00	02/17/2014	02/17/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (EA Occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accid/pol) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

REMODELING

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT BUILDING DEPT ONE S SEWALL'S POINT ROAD SEWALL'S POINT FL 34996 FAX: 772-220-4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

2013-2014

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

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

ACCOUNT 1996-513-0018 CERT _____
PHONE (772) 334-5819 SIC NO 235510

LOCATION:
3920 NE SUGARHILL AVE



CHARACTER COUNTS IN MARTIN COUNTY

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

WHITE, WALTER M
WALTER M WHITE CONSTRUCTION
3920 NE SUGARHILL AVE
JENSEN BEACH, FL 34957

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERT. GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

03 DAY OF SEPTEMBER 2013
AND ENDING SEPTEMBER 30, 2014

11 2012 32976.0001 26.25 PAID

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6327905

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L1208310379

DATE	BATCH NUMBER	LICENSE NBR
08/31/2012	120064612	CGC017774

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 2014

WHITE, WALTER M
WALTER M WHITE CONSTRUCTION COMPANY
3920 NE SUGARHILL AVE
JENSEN BEACH FL 34957

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

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

generated on 4/17/2014 1:42:50 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00080-7	4152	15 OAK HILL WAY, SEWALL'S POINT	\$583,690	4/12/2014

Owner Information

Owner(Current)	DAUGHERTY WILLIAM TAYLOR DAUGHERTY CYNTHIA G
Owner/Mail Address	15 OAK HILL WAY STUART FL 34996-6510
Sale Date	5/9/1997
Document Book/Page	1236 1987
Document No.	
Sale Price	0

Location/Description

Account #	4152	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 8
Parcel Address	15 OAK HILL WAY, SEWALL'S POINT		
Acres	.5260		

Parcel Type

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

Assessment Information

Market Land Value	\$250,000
Market Improvement Value	\$333,690
Market Total Value	\$583,690

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Business and Professional Regulation - Residential Performance Method

Project Name: DAUGHERTY Street: City, State, Zip: STUART, FL, 34996 Owner: DAUGHERTY RESIDENCE Design Location: FL, West Palm Beach	Builder Name: DS AIR CONDITIONING INC Permit Office: Permit Number: Jurisdiction:
---	--

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1. New construction or existing</td> <td style="width:30%;">New (From Plans)</td> <td style="width:40%;"></td> </tr> <tr> <td>2. Single family or multiple family</td> <td>Single-family</td> <td></td> </tr> <tr> <td>3. Number of units, if multiple family</td> <td>1</td> <td></td> </tr> <tr> <td>4. Number of Bedrooms</td> <td>3</td> <td></td> </tr> <tr> <td>5. Is this a worst case?</td> <td>No</td> <td></td> </tr> <tr> <td>6. Conditioned floor area above grade (ft²)</td> <td>1783</td> <td></td> </tr> <tr> <td> Conditioned floor area below grade (ft²)</td> <td>0</td> <td></td> </tr> <tr> <td>7. Windows (326.0 sqft.)</td> <td>Description</td> <td>Area</td> </tr> <tr> <td> a. U-Factor:</td> <td>Sgl, U=0.60</td> <td>326.00 ft²</td> </tr> <tr> <td> SHGC:</td> <td>SHGC=0.30</td> <td></td> </tr> <tr> <td> b. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> <td></td> </tr> <tr> <td> c. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> <td></td> </tr> <tr> <td> d. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td> SHGC:</td> <td></td> <td></td> </tr> <tr> <td>Area Weighted Average Overhang Depth:</td> <td></td> <td>2.000 ft.</td> </tr> <tr> <td>Area Weighted Average SHGC:</td> <td></td> <td>0.300</td> </tr> <tr> <td>8. Floor Types (192.0 sqft.)</td> <td>Insulation</td> <td>Area</td> </tr> <tr> <td> a. Slab-On-Grade Edge Insulation</td> <td>R=0.0</td> <td>192.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td> c. N/A</td> <td>R=</td> <td>ft²</td> </tr> </table>	1. New construction or existing	New (From Plans)		2. Single family or multiple family	Single-family		3. Number of units, if multiple family	1		4. Number of Bedrooms	3		5. Is this a worst case?	No		6. Conditioned floor area above grade (ft ²)	1783		Conditioned floor area below grade (ft ²)	0		7. Windows (326.0 sqft.)	Description	Area	a. U-Factor:	Sgl, U=0.60	326.00 ft ²	SHGC:	SHGC=0.30		b. U-Factor:	N/A	ft ²	SHGC:			c. U-Factor:	N/A	ft ²	SHGC:			d. U-Factor:	N/A	ft ²	SHGC:			Area Weighted Average Overhang Depth:		2.000 ft.	Area Weighted Average SHGC:		0.300	8. Floor Types (192.0 sqft.)	Insulation	Area	a. Slab-On-Grade Edge Insulation	R=0.0	192.00 ft ²	b. N/A	R=	ft ²	c. N/A	R=	ft ²	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">9. Wall Types (1356.0 sqft.)</td> <td style="width:30%;">Insulation</td> <td style="width:40%;">Area</td> </tr> <tr> <td> a. Concrete Block - Ext Insul, Exterior</td> <td>R=5.0</td> <td>1356.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td> c. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td> d. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td>10. Ceiling Types (1783.0 sqft.)</td> <td>Insulation</td> <td>Area</td> </tr> <tr> <td> a. Under Attic (Vented)</td> <td>R=30.0</td> <td>1783.00 ft²</td> </tr> <tr> <td> b. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td> c. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td>11. Ducts</td> <td></td> <td>R ft²</td> </tr> <tr> <td> a. Sup: Attic, Ret: Attic, AH: WIC</td> <td></td> <td>6 350</td> </tr> <tr> <td>12. Cooling systems</td> <td>kBtu/hr</td> <td>Efficiency</td> </tr> <tr> <td> a. Central Unit</td> <td>41.5</td> <td>SEER:14.00</td> </tr> <tr> <td>13. Heating systems</td> <td>kBtu/hr</td> <td>Efficiency</td> </tr> <tr> <td> a. Electric Strip Heat</td> <td>15.5</td> <td>COP:1.00</td> </tr> <tr> <td>14. Hot water systems</td> <td></td> <td></td> </tr> <tr> <td> a.</td> <td></td> <td></td> </tr> <tr> <td> b. Conservation features</td> <td></td> <td>EF: 5.66897E26</td> </tr> <tr> <td>15. Credits</td> <td></td> <td>None</td> </tr> </table>	9. Wall Types (1356.0 sqft.)	Insulation	Area	a. Concrete Block - Ext Insul, Exterior	R=5.0	1356.00 ft ²	b. N/A	R=	ft ²	c. N/A	R=	ft ²	d. N/A	R=	ft ²	10. Ceiling Types (1783.0 sqft.)	Insulation	Area	a. Under Attic (Vented)	R=30.0	1783.00 ft ²	b. N/A	R=	ft ²	c. N/A	R=	ft ²	11. Ducts		R ft ²	a. Sup: Attic, Ret: Attic, AH: WIC		6 350	12. Cooling systems	kBtu/hr	Efficiency	a. Central Unit	41.5	SEER:14.00	13. Heating systems	kBtu/hr	Efficiency	a. Electric Strip Heat	15.5	COP:1.00	14. Hot water systems			a.			b. Conservation features		EF: 5.66897E26	15. Credits		None
1. New construction or existing	New (From Plans)																																																																																																																											
2. Single family or multiple family	Single-family																																																																																																																											
3. Number of units, if multiple family	1																																																																																																																											
4. Number of Bedrooms	3																																																																																																																											
5. Is this a worst case?	No																																																																																																																											
6. Conditioned floor area above grade (ft ²)	1783																																																																																																																											
Conditioned floor area below grade (ft ²)	0																																																																																																																											
7. Windows (326.0 sqft.)	Description	Area																																																																																																																										
a. U-Factor:	Sgl, U=0.60	326.00 ft ²																																																																																																																										
SHGC:	SHGC=0.30																																																																																																																											
b. U-Factor:	N/A	ft ²																																																																																																																										
SHGC:																																																																																																																												
c. U-Factor:	N/A	ft ²																																																																																																																										
SHGC:																																																																																																																												
d. U-Factor:	N/A	ft ²																																																																																																																										
SHGC:																																																																																																																												
Area Weighted Average Overhang Depth:		2.000 ft.																																																																																																																										
Area Weighted Average SHGC:		0.300																																																																																																																										
8. Floor Types (192.0 sqft.)	Insulation	Area																																																																																																																										
a. Slab-On-Grade Edge Insulation	R=0.0	192.00 ft ²																																																																																																																										
b. N/A	R=	ft ²																																																																																																																										
c. N/A	R=	ft ²																																																																																																																										
9. Wall Types (1356.0 sqft.)	Insulation	Area																																																																																																																										
a. Concrete Block - Ext Insul, Exterior	R=5.0	1356.00 ft ²																																																																																																																										
b. N/A	R=	ft ²																																																																																																																										
c. N/A	R=	ft ²																																																																																																																										
d. N/A	R=	ft ²																																																																																																																										
10. Ceiling Types (1783.0 sqft.)	Insulation	Area																																																																																																																										
a. Under Attic (Vented)	R=30.0	1783.00 ft ²																																																																																																																										
b. N/A	R=	ft ²																																																																																																																										
c. N/A	R=	ft ²																																																																																																																										
11. Ducts		R ft ²																																																																																																																										
a. Sup: Attic, Ret: Attic, AH: WIC		6 350																																																																																																																										
12. Cooling systems	kBtu/hr	Efficiency																																																																																																																										
a. Central Unit	41.5	SEER:14.00																																																																																																																										
13. Heating systems	kBtu/hr	Efficiency																																																																																																																										
a. Electric Strip Heat	15.5	COP:1.00																																																																																																																										
14. Hot water systems																																																																																																																												
a.																																																																																																																												
b. Conservation features		EF: 5.66897E26																																																																																																																										
15. Credits		None																																																																																																																										

Glass/Floor Area: 0.183	Total Proposed Modified Loads: 46.04	PASS
	Total Standard Reference Loads: 57.53	


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

PREPARED BY: *[Signature]*
 DATE: 2/24/14

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

OWNER/AGENT: _____
 DATE: _____

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance with Section 553.908 Florida Statutes.



BUILDING OFFICIAL: *[Signature]*
 DATE: 4-17-14

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

TOWN OF BEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PROJECT

Title:	DAUGHERTY	Bedrooms:	3	Address Type:	Street Address
Building Type:	User	Conditioned Area:	1783	Lot #	
Owner:	DAUGHERTY RESIDENCE	Total Stories:	1	Block/SubDivision:	
# of Units:	1	Worst Case:	No	PlatBook:	
Builder Name:	DS AIR CONDITIONING INC	Rotate Angle:	0	Street:	
Permit Office:		Cross Ventilation:	No	County:	Martin
Jurisdiction:		Whole House Fan:	No	City, State, Zip:	STUART , FL , 34996
Family Type:	Single-family				
New/Existing:	New (From Plans)				
Comment:					

CLIMATE

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

BLOCKS

Number	Name	Area	Volume
1	Entire House	1783	14264

SPACES

Number	Name	Area	Volume	Kitchen	Occupants	Bedrooms	Infil ID	Finished	Cooled	Heated
1	1st Floor	192	1536	Yes	0		1	Yes	Yes	Yes
2	NEW WIC	108	864	No	0		1	Yes	Yes	Yes
3	NEW BDRM	168	1344	No	0	1	1	Yes	Yes	Yes
4	BATH	203	1624	No	0		1	Yes	Yes	Yes
5	WIC	102	816	No	0		1	No	Yes	Yes
6	M BDRM	293	2344	No	0	1	1	Yes	Yes	Yes
7	BATH 2	80	638	No	0		1	Yes	Yes	Yes
8	BDRM 3	207	1656	No	0	1	1	Yes	Yes	Yes
9	WC	35	280	No	0		1	Yes	Yes	Yes
10	M BATH	208	1664	No	0		1	Yes	Yes	Yes
11	COMMON	187	1496	No	0		1	Yes	Yes	Yes

FLOORS

✓	#	Floor Type	Space	Perimeter	R-Value	Area	Tile	Wood	Carpet
_____	1	Slab-On-Grade Edge Insulation	1st Floor	50 ft	0	192 ft²	0	0	1

ROOF

✓	#	Type	Materials	Roof Area	Gable Area	Roof Color	Solar Absor.	SA Tested	Emitt	Emitt Tested	Deck Insul.	Pitch (deg)
_____	1	Gable or Shed	Composition shingles	1994 ft²	448 ft²	Medium	0.9	No	0.9	No	0	26.6

ATTIC

✓	#	Type	Ventilation	Vent Ratio (1 in)	Area	RBS	IRCC
_____	1	Full attic	Vented	300	1783 ft²	N	N

CEILING

✓ #	Ceiling Type	Space	R-Value	Area	Framing Frac	Truss Type
1	Under Attic (Vented)	1st Floor	30	192 ft²	0.1	Wood
2	Under Attic (Vented)	NEW WIC	30	108 ft²	0.1	Wood
3	Under Attic (Vented)	NEW BDRM	30	168 ft²	0.1	Wood
4	Under Attic (Vented)	BATH	30	203 ft²	0.1	Wood
5	Under Attic (Vented)	WIC	30	102 ft²	0.1	Wood
6	Under Attic (Vented)	M BDRM	30	293 ft²	0.1	Wood
7	Under Attic (Vented)	BATH 2	30	80 ft²	0.1	Wood
8	Under Attic (Vented)	BDRM 3	30	207 ft²	0.1	Wood
9	Under Attic (Vented)	WC	30	35 ft²	0.1	Wood
10	Under Attic (Vented)	M BATH	30	208 ft²	0.1	Wood
11	Under Attic (Vented)	COMMON	30	187 ft²	0.1	Wood

WALLS

✓ #	Omt	Adjacent To	Wall Type	Space	Cavity R-Value	Width Ft	In	Height Ft	In	Area	Sheathing R-Value	Framing Fraction	Solar Absor	Below Grade%
1	N	Exterior	Concrete Block - Ext Insul	1st Floor	5	16	0	8	0	128.0 ft²	0	0	0.8	0
2	W	Exterior	Concrete Block - Ext Insul	1st Floor	5	12	0	8	0	96.0 ft²	0	0	0.8	0
3	N	Exterior	Concrete Block - Ext Insul	NEW WIC	5	9	0	8	0	72.0 ft²	0	0	0.8	0
4	N	Exterior	Concrete Block - Ext Insul	NEW BDRM	5	14	0	8	0	112.0 ft²	0	0	0.8	0
5	E	Exterior	Concrete Block - Ext Insul	NEW BDRM	5	12	0	8	0	96.0 ft²	0	0	0.8	0
6	E	Exterior	Concrete Block - Ext Insul	BATH	5	14	0	8	0	112.0 ft²	0	0	0.8	0
7	W	Exterior	Concrete Block - Ext Insul	M BDRM	5	15	6	8	0	124.0 ft²	0	0	0.8	0
8	E	Exterior	Concrete Block - Ext Insul	BATH 2	5	5	6	8	0	44.0 ft²	0	0	0.8	0
9	E	Exterior	Concrete Block - Ext Insul	BDRM 3	5	14	0	8	0	112.0 ft²	0	0	0.8	0
10	S	Exterior	Concrete Block - Ext Insul	BDRM 3	5	14	6	8	0	116.0 ft²	0	0	0.8	0
11	W	Exterior	Concrete Block - Ext Insul	WC	5	5	0	8	0	40.0 ft²	0	0	0.8	0
12	S	Exterior	Concrete Block - Ext Insul	M BATH	5	16	0	8	0	128.0 ft²	0	0	0.8	0
13	W	Exterior	Concrete Block - Ext Insul	M BATH	5	13	0	8	0	104.0 ft²	0	0	0.8	0
14	S	Exterior	Concrete Block - Ext Insul	COMMON	5	8	6	8	0	68.0 ft²	0	0	0.8	0
15	W	Exterior	Concrete Block - Ext Insul	COMMON	5	0	6	8	0	4.0 ft²	0	0	0.8	0

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Omnt	Wall ID	Frame	Panes	NFRC	U-Factor	SHGC	Area	Overhang Depth	Separation	Int Shade	Screening
1	N	1	TIM	Single (Clear)	Yes	0.6	0.3	45.0 ft²	2 ft 0 in	0 ft 0 in	None	None
2	W	2	TIM	Single (Clear)	Yes	0.6	0.3	30.0 ft²	2 ft 0 in	0 ft 0 in	None	None
3	N	3	TIM	Single (Clear)	Yes	0.6	0.3	15.0 ft²	2 ft 0 in	0 ft 0 in	None	None
4	N	4	TIM	Single (Clear)	Yes	0.6	0.3	45.0 ft²	2 ft 0 in	0 ft 0 in	None	None
5	E	5	TIM	Single (Clear)	Yes	0.6	0.3	30.0 ft²	2 ft 0 in	0 ft 0 in	None	None
6	E	6	TIM	Single (Clear)	Yes	0.6	0.3	30.0 ft²	2 ft 0 in	0 ft 0 in	None	None
7	W	7	TIM	Single (Clear)	Yes	0.6	0.3	18.0 ft²	2 ft 0 in	0 ft 0 in	None	None
8	E	8	TIM	Single (Clear)	Yes	0.6	0.3	9.0 ft²	2 ft 0 in	0 ft 0 in	None	None
9	E	9	TIM	Single (Clear)	Yes	0.6	0.3	10.0 ft²	2 ft 0 in	0 ft 0 in	None	None
10	S	10	TIM	Single (Clear)	Yes	0.6	0.3	30.0 ft²	2 ft 0 in	0 ft 0 in	None	None

WINDOWS

Orientation shown is the entered, Proposed orientation.

✓ #	Wall				NFRC	U-Factor	SHGC	Overhang			Int Shade	Screening	
	Omt	ID	Frame	Panes				Area	Depth	Separation			
_____	11	W	11	TIM	Single (Clear)	Yes	0.6	0.3	9.0 ft²	2 ft 0 in	0 ft 0 in	None	None
_____	12	S	12	TIM	Single (Clear)	Yes	0.6	0.3	30.0 ft²	2 ft 0 in	0 ft 0 in	None	None
_____	13	W	13	TIM	Single (Clear)	Yes	0.6	0.3	15.0 ft²	2 ft 0 in	0 ft 0 in	None	None
_____	14	S	14	TIM	Single (Clear)	Yes	0.6	0.3	10.0 ft²	2 ft 0 in	0 ft 0 in	None	None

INFILTRATION

#	Scope	Method	SLA	CFM 50	ELA	EqLA	ACH	ACH 50
1	Wholehouse	Best Guess	.0005	2338.4	128.38	241.43	.345	9.8377

HEATING SYSTEM

✓ #	System Type	Subtype	Efficiency	Capacity	Block	Ducts
_____	1	Electric Strip Heat	None	COP: 1	15.5 kBtu/hr	1 sys#1

COOLING SYSTEM

✓ #	System Type	Subtype	Efficiency	Capacity	Air Flow	SHR	Block	Ducts
_____	1	Central Unit	Split	SEER: 14	41.5 kBtu/hr	cfm	0.7	1 sys#1

SOLAR HOT WATER SYSTEM

✓ FSEC Cert #	Company Name	System Model #	Collector Model #	Collector Area	Storage Volume	FEF
_____				ft²		

DUCTS

✓ #	--- Supply ---		--- Return ---		Leakage Type	Air Handler	CFM 25 TOT	CFM25 OUT	QN	RLF	HVAC #	
	Location	R-Value	Area	Location							Area	Heat
_____	1	Attic	6	350 ft²	Attic	175 ft²	Default Leakage	WIC	(Default) c	(Default) c	1	1

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE INDEX* = 80

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

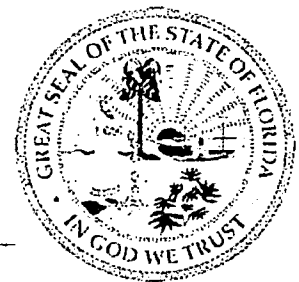
, STUART, FL, 34996

<p>1. New construction or existing 2. Single family or multiple family 3. Number of units, if multiple family 4. Number of Bedrooms 5. Is this a worst case? 6. Conditioned floor area (ft²)</p>	<p style="text-align: center;">New (From Plans)</p> <p>Single-family</p> <p>1</p> <p>3</p> <p>No</p> <p>1783</p> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 20%;">7. Windows**</td> <td style="width: 50%;">Description</td> <td style="width: 30%;">Area</td> </tr> <tr> <td>a. U-Factor:</td> <td>Sgl, U=0.60</td> <td>326.00 ft²</td> </tr> <tr> <td>SHGC:</td> <td>SHGC=0.30</td> <td></td> </tr> <tr> <td>b. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>c. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td>d. U-Factor:</td> <td>N/A</td> <td>ft²</td> </tr> <tr> <td>SHGC:</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Area Weighted Average Overhang Depth:</td> <td>2.000 ft.</td> </tr> <tr> <td colspan="2">Area Weighted Average SHGC:</td> <td>0.300</td> </tr> </table> <p>8. Floor Types</p> <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">a. Slab-On-Grade Edge Insulation</td> <td style="width: 20%;">Insulation</td> <td style="width: 50%;">Area</td> </tr> <tr> <td></td> <td>R=0.0</td> <td>192.00 ft²</td> </tr> <tr> <td>b. N/A</td> <td>R=</td> <td>ft²</td> </tr> <tr> <td>c. N/A</td> <td>R=</td> <td>ft²</td> </tr> </table>	7. Windows**	Description	Area	a. U-Factor:	Sgl, U=0.60	326.00 ft ²	SHGC:	SHGC=0.30		b. U-Factor:	N/A	ft ²	SHGC:			c. U-Factor:	N/A	ft ²	SHGC:			d. U-Factor:	N/A	ft ²	SHGC:			Area Weighted Average Overhang Depth:		2.000 ft.	Area Weighted Average SHGC:		0.300	a. Slab-On-Grade Edge Insulation	Insulation	Area		R=0.0	192.00 ft ²	b. N/A	R=	ft ²	c. N/A	R=	ft ²	<p>9. Wall Types</p> <p>a. Concrete Block - Ext Insul, Exterior b. N/A c. N/A d. N/A</p> <p>10. Ceiling Types</p> <p>a. Under Attic (Vented) b. N/A c. N/A</p> <p>11. Ducts</p> <p>a. Sup: Attic, Ret: Attic, AH: WIC</p> <p>12. Cooling systems</p> <p>a. Central Unit</p> <p>13. Heating systems</p> <p>a. Electric Strip Heat</p> <p>14. Hot water systems</p> <p>a. b. Conservation features</p> <p>15. Credits</p>	<table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> </tr> <tr> <td>R=5.0</td> <td>1356.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">Insulation</td> <td style="width: 15%;">Area</td> </tr> <tr> <td>R=30.0</td> <td>1783.00 ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> <tr> <td>R=</td> <td>ft²</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">R</td> <td style="width: 15%;">ft²</td> </tr> <tr> <td></td> <td>6</td> <td>350</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">kBTu/hr</td> <td style="width: 15%;">Efficiency</td> </tr> <tr> <td>41.5</td> <td>SEER:14.00</td> </tr> </table> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">kBTu/hr</td> <td style="width: 15%;">Efficiency</td> </tr> <tr> <td>15.5</td> <td>COP:1.00</td> </tr> </table> <p style="margin-top: 10px;">EF:</p> <p style="margin-top: 10px;">None</p>	Insulation	Area	R=5.0	1356.00 ft ²	R=	ft ²	R=	ft ²	R=	ft ²	Insulation	Area	R=30.0	1783.00 ft ²	R=	ft ²	R=	ft ²		R	ft ²		6	350	kBTu/hr	Efficiency	41.5	SEER:14.00	kBTu/hr	Efficiency	15.5	COP:1.00
7. Windows**	Description	Area																																																																														
a. U-Factor:	Sgl, U=0.60	326.00 ft ²																																																																														
SHGC:	SHGC=0.30																																																																															
b. U-Factor:	N/A	ft ²																																																																														
SHGC:																																																																																
c. U-Factor:	N/A	ft ²																																																																														
SHGC:																																																																																
d. U-Factor:	N/A	ft ²																																																																														
SHGC:																																																																																
Area Weighted Average Overhang Depth:		2.000 ft.																																																																														
Area Weighted Average SHGC:		0.300																																																																														
a. Slab-On-Grade Edge Insulation	Insulation	Area																																																																														
	R=0.0	192.00 ft ²																																																																														
b. N/A	R=	ft ²																																																																														
c. N/A	R=	ft ²																																																																														
Insulation	Area																																																																															
R=5.0	1356.00 ft ²																																																																															
R=	ft ²																																																																															
R=	ft ²																																																																															
R=	ft ²																																																																															
Insulation	Area																																																																															
R=30.0	1783.00 ft ²																																																																															
R=	ft ²																																																																															
R=	ft ²																																																																															
	R	ft ²																																																																														
	6	350																																																																														
kBTu/hr	Efficiency																																																																															
41.5	SEER:14.00																																																																															
kBTu/hr	Efficiency																																																																															
15.5	COP:1.00																																																																															

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

Builder Signature: _____ Date: _____

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



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

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



**Load Short Form
Entire House
DS AIR CONDITIONING INC**

Job:
Date: Feb 18, 2014
By: MAXINE SHAWVER

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

Project Information

For: DAUGHERTY RESIDENCE, 15 OAK HILL WAY
STUART, FL 34996

Design Information

	Htg	Clg	Method	Infiltration
Outside db (°F)	45	91		Simplified
Inside db (°F)	70	75	Construction quality	Average
Design TD (°F)	25	16	Fireplaces	0
Daily range	-	L		
Inside humidity (%)	30	50		
Moisture difference (gr/lb)	-3	57		

HEATING EQUIPMENT

Make
Trade
Model
AHRI ref

Efficiency 100 EFF
Heating input 0 kW
Heating output 0 Btuh
Temperature rise 0 °F
Actual air flow 1383 cfm
Air flow factor 0.063 cfm/Btuh
Static pressure 0 in H2O
Space thermostat

COOLING EQUIPMENT

Make Bryant
Trade LEGACY RNC 13 PURON AC
Cond 113AN(A,W)042-C
Coil FX4DN(B,F)043
AHRI ref 3752140
Efficiency 11.5 EER, 14 SEER
Sensible cooling 29050 Btuh
Latent cooling 12450 Btuh
Total cooling 41500 Btuh
Actual air flow 1383 cfm
Air flow factor 0.044 cfm/Btuh
Static pressure 0 in H2O
Load sensible heat ratio 0.88

ROOM NAME	Area (ft ²)	Htg load (Btuh)	Clg load (Btuh)	Htg AVF (cfm)	Clg AVF (cfm)
NEW SITTING	192	4199	6810	265	298
NEW WIC	108	1102	1089	70	48
NEW BDRM	168	4064	5459	257	239
BATH	203	1971	3470	125	152
WIC	102	112	223	7	10
M BDRM	293	1758	3481	111	152
BATH 2	80	683	973	43	43
BDRM 3	207	3094	3337	195	146
WC	35	606	1412	38	62
M BATH	208	3287	4320	208	189
COMMON	187	1024	1070	65	47

Bold italic values have been manually overridden

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

Entire House	1782	21901	31644	1383	1383
Other equip loads		0	0		
Equip. @ 0.96 RSM			30378		
Latent cooling			4186		
TOTALS	1782	21901	34564	1383	1383

Bold/italic values have been manually overridden

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



wrightsoft

Right-Suite® Universal 2013 13.0.06 RSU08153

2014-Feb-24 18:17:24

Page 2

...Documents\Wrightsoft HVAC\McCarty\DAUGHERTY.rup Calc = MJ8 Front Door faces: N



Component Constructions
Entire House
DS AIR CONDITIONING INC

Job:
 Date: Feb 18, 2014
 By: MAXINE SHAWVER

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

Project Information

For: DAUGHERTY RESIDENCE, 15 OAK HILL WAY
 STUART, FL 34996

Design Conditions

Location: West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N	Indoor: Indoor temperature (°F) 70 Design TD (°F) 25 Relative humidity (%) 30 Moisture difference (gr/lb) -2.7	Heating 70 25 30 -2.7	Cooling 75 16 50 57.2
Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 45 - - 15.0	Cooling 91 13 (L) 78 7.5	Infiltration: Method Construction quality Fireplaces
		Simplified Average 0	

Construction descriptions

Construction descriptions	Or	Area ft²	U-value Btu/ft²·°F	Insul R ft²·°F/Btu	Htg HTM Btu/ft²	Loss Btu	Clg HTM Btu/ft²	Gain Btu
Walls								
13A-5ocs: Blk wall, stucco ext, r-5 ext bd ins, 8" thk, 5/8" gypsum board int fnsh	n	207	0.125	5.0	3.13	647	2.47	511
	e	285	0.125	5.0	3.13	891	2.47	704
	s	242	0.125	5.0	3.13	756	2.47	598
	w	296	0.125	5.0	3.13	925	2.47	731
	all	1030	0.125	5.0	3.12	3219	2.47	2543
Partitions (none)								
Windows								
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/8" thk; 2 ft overhang (5 ft window ht, 0 ft sep.)	n	105	1.080	0	27.0	2835	33.0	3465
	e	70	1.080	0	27.0	1890	70.6	4945
	s	70	1.080	0	27.0	1890	33.0	2310
	w	45	1.080	0	27.0	1215	70.6	3179
	all	290	1.080	0	27.0	7830	47.9	13900
1A-c1ob: 1 glazing, clr glz, mtl /w brk frm mat, 1/8" thk; 2 ft overhang (3 ft window ht, 0 ft sep.)	e	9	1.080	0	27.0	243	58.2	524
	w	27	1.080	0	27.0	729	58.2	1571
	all	36	1.080	0	27.0	972	58.2	2094
Doors (none)								
Ceilings								
16B-30ad: Attic ceiling, asphalt shingles roof mat, r-30 ceil ins, 5/8" gypsum board int fnsh		1782	0.032	30.0	0.80	1426	1.74	3106
Floors (none)								

Project Information

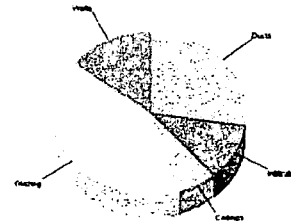
For: DAUGHERTY RESIDENCE, 15 OAK HILL WAY
STUART, FL 34996

Design Conditions

Location:		Indoor:		Heating	Cooling
West Palm Beach, FL, US		Indoor temperature (°F)		70	75
Elevation: 20 ft		Design TD (°F)		25	16
Latitude: 27°N		Relative humidity (%)		30	50
		Moisture difference (gr/lb)		-2.7	57.2
Outdoor:	Heating	Cooling	Infiltration:		
Dry bulb (°F)	45	91	Method	Simplified	
Daily range (°F)	-	13 (L)	Construction quality	Average	
Wet bulb (°F)	-	78	Fireplaces	0	
Wind speed (mph)	15.0	7.5			

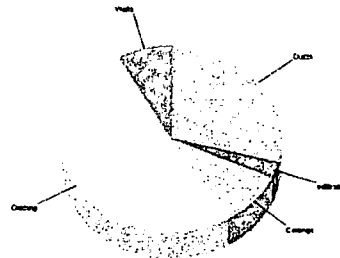
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	3.1	3219	14.7
Glazing	27.0	8802	40.2
Doors	0	0	0
Ceilings	0.8	1426	6.5
Floors	0	0	0
Infiltration	1.8	2482	11.3
Ducts		5972	27.3
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		21901	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	2.5	2543	8.0
Glazing	49.1	15994	50.5
Doors	0	0	0
Ceilings	1.7	3106	9.8
Floors	0	0	0
Infiltration	0.6	836	2.6
Ducts		9166	29.0
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
Total		31644	100.0



Latent Cooling Load = 4186 Btuh
Overall U-value = 0.171 Btuh/ft²-°F

Data entries checked.

Bold/italic values have been manually overridden



Project Summary
Entire House
DS AIR CONDITIONING INC

Job:
 Date: Feb 18, 2014
 By: MAXINE SHAWVER

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

Project Information

For: DAUGHERTY RESIDENCE, 15 OAK HILL WAY
 STUART, FL 34996

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db **45 °F**
 Inside db 70 °F
 Design TD 25 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 15929 Btuh
 Ducts 5972 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 21901 Btuh

Sensible Cooling Equipment Load Sizing

Structure 22478 Btuh
 Ducts 9166 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 30378 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	1782	1782
Volume (ft ³)	14259	14259
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	90	48

Latent Cooling Equipment Load Sizing

Structure 1847 Btuh
 Ducts 2338 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 4186 Btuh
 Equipment total load 34564 Btuh
 Req. total capacity at 0.70 SHR 3.6 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

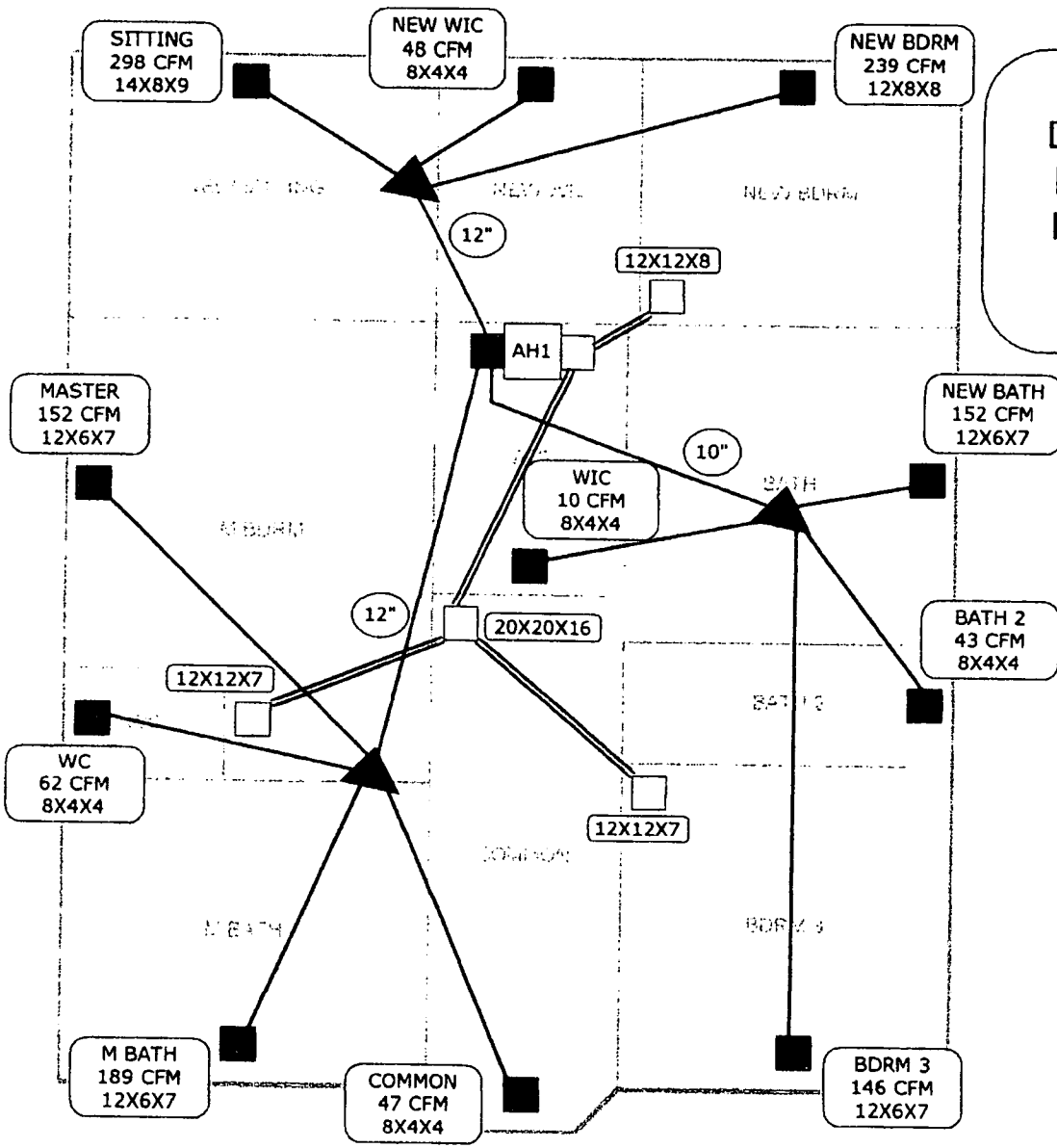
Efficiency 100 EFF
 Heating input 0 kW
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 1383 cfm
 Air flow factor 0.063 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat

Cooling Equipment Summary

Make Bryant
 Trade LEGACY RNC 13 PURON AC
 Cond 113AN(A,W)042-C
 Coil FX4DN(B,F)043
 AHRI ref 3752140
 Efficiency 11.5 EER, 14 SEER
 Sensible cooling 29050 Btuh
 Latent cooling 12450 Btuh
 Total cooling 41500 Btuh
 Actual air flow 1383 cfm
 Air flow factor 0.044 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0.88

Bold/italic values have been manually overridden

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



DAUGHERTY RESIDENCE HVAC DUCT LAYOUT

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10859	Eberst 138 S Sewall h Pt Rd Browne	Reinspect all	relet from 6/5 PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10894	Klose 2 BARKU SO AC MANN	A/E FINAL	PMS	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	WESTON 30 S. SP7 RD WESTON CONST	METEN FINAL	FAIL	- GARAGE DOORS - HOUSE #'s INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10680	WINSLOW 10 S. SP7 RD GREEN BLDG	COLUMNS POSTING	FAIL	NO STEEL IN WINDOW COLUMNS INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10830	DOUBKENTY	FRAMING	PMS	INSPECTOR
10833	15 OAK HILL WALTER WHITE	FRAMING	PMS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10833	DOUBKENTY	A/E FINAL	PMS	CLOSE
10878	15 OAK HILL WAY NISAIR		PMS	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10842	SMART ROSEMAN 5 RIO VISTA CADE RED ROOF	FINAL ROOF	PMS	CLOSE INSPECTOR <i>JA</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7/18-14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10798	Robert Green Stuart Roof Repair 26 ISLAND RD	Final Inspection	PASS PICCOLI	CLOSE INSPECTOR <i>CF</i>
10927	AMM 17 ISLAND RD KRAUSS & CRANE	A/c FINAL	PASS	CLOSE INSPECTOR <i>CF</i>
10926	86 S. 8th RD KRAUSS & CRANE	M/C FINAL	PASS	CLOSE INSPECTOR <i>CF</i>
10889	WILLIAMS 110 HENRY SEWALLS KRAUSS & CRANE	M/C FINAL	FAIL NO ANSWER	INSPECTOR <i>CF</i>
10922	MANN 5 MIRIAM ELITE GAS	INT GAS ROUGH	CANCEL	INSPECTOR
10833	DOUGHERTY 15 OAK HILL RD W. WHITE CONSO	FRAME TRUSS	PASS	INSPECTOR <i>CF</i>
10792	LARANA 1 PINEAPPLE ADVANCED CONCEPTS	ROOF FINAL	PASS	CLOSE INSPECTOR <i>CF</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 10/22/14 Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10833	Daugherty	Final		
	15 Oak Hill Way	All Trades	Pass	Inspector
	Walter M. White Const.	REMODEL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11055	Potter	Mechanical		
	4 Perriwinkle	Final	PASS	CLOSE
	Absolutely Cool			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11051	HB Assoc. of the TC	Final		
	3750 SE Ocean Blvd	Mechanical	PASS	CLOSE
	Aircon			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10866	Ihle	Final		
	121 Hillcrest Dr	Remodel	FAIL - NOT READY	
	GLG Homes			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11000	Mendoza	Roof In Progress		
	144 S SPR	+ Final.	PASS	CLOSE
	Cardinal Roofing + Siding	Pictures w/ Permit		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS

INSPECTOR

10878

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:	10878	DATE ISSUED:	5/21/2014
SCOPE OF WORK:	A/C CHANGE OUT		
CONTRACTOR:	NISAIR A/C		
PARCEL CONTROL NUMBER:	26374101500000807	SUBDIVISION	CASTLE HILL LOT 8
CONSTRUCTION ADDRESS:	15 OAK HILL WAY		
OWNER NAME:	DAUGHERTY		
QUALIFIER:	PHILIP NISA JR	CONTACT PHONE NUMBER:	772 466-8115

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10878		
ADDRESS:	15 OAK HILL WAY		
DATE ISSUED:	5/21/2014	SCOPE OF WORK:	A/C CHANGE OUT

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

ACCESSORY PERMIT	Declared Value:	\$	\$
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

*Pa 5/22/14
 CK 3083/*

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5-13-14 Permit Number: _____

OWNER/LESSEE NAME: William Daugerty Phone (Day) _____ (Fax) _____

Job Site Address: 15 Oak Hill way City: Stuart State: FL Zip: 34996

Legal Description: Castle Hill Lot 8 Parcel Control Number: 26-37-41-015-000-00080-7

Fee Simple Holder Name: _____ Address: _____

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

*SCOPE OF WORK (PLEASE BE SPECIFIC): Changing out 3.5 ton A/C system ^{2nd F/R} w/ stairs

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: \$ 7400.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

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

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

State License Number: CA041199 OR: _____ Municipality: _____ License Number: CA041199

LOCAL CONTACT: Phil Nisa 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 ENCOMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X Philip Nisa Jr
State of Florida, County of: St. Lucie
On This the 13 day of May, 2014
by Philip Nisa Jr who is personally
known to me or produced _____
As identification, Nichole Simmons
Notary Public
My Commission Expires: _____
NOTARY PUBLIC
STATE OF FLORIDA

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPLICATION FOR PERMIT (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) PLEASE EXPEDITE PERMIT PROMPTLY!

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

Date: 5-13-14 Permit Number: 10878

OWNER/LESSEE NAME: William Daugerty Phone (Day) _____ (Fax) _____
 Job Site Address: 15 Oak Hill Way City: Stuart State: FL Zip: 34996
 Legal Description: Castle Hill Lot 8 Parcel Control Number: 26-37-41-015-000-00080-7
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Changing out 3.5 ton A/C system up stairs ^{2nd Flr}

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: \$ 7400.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Nisa Air A/C Phone: 466-8115 Fax: 468-9745
 Qualifiers name: Philip Nisa Jr Street: 37005 US Hwy 1 City: Ft Pierce State: FL Zip: 34982
 State License Number: CAC041199 OR: Municipality: _____ License Number: CAC041199
 LOCAL CONTACT: PHIL NISA 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 _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: St. Lucie
 On This the 13 day of May, 2014
 by Philip Nisa Jr who is personally
 known to me or produced _____
 As identification, Notary Public
 NOTARY PUBLIC
 My Commission Expires: _____
 STATE OF FLORIDA

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) RELEASE PERMIT PROMPTLY

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

generated on 5/21/2014 12:26:46 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00080-7	4152	15 OAK HILL WAY, SEWALL'S POINT	\$583,690	5/15/2014

Owner Information

Owner(Current)	DAUGHERTY WILLIAM TAYLOR DAUGHERTY CYNTHIA G
Owner/Mail Address	15 OAK HILL WAY STUART FL 34996-6510
Sale Date	5/9/1997
Document Book/Page	1236 1987
Document No.	
Sale Price	0

Location/Description

Account #	4152	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 8
Parcel Address	15 OAK HILL WAY, SEWALL'S POINT		
Acres	.5260		

Parcel Type

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

Assessment Information

Market Land Value	\$250,000
Market Improvement Value	\$333,690
Market Total Value	\$583,690



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.

STATE OF FLORIDA AC# 6172185
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CAC041199 06/23/12 117061426
CERTIFIED AIR COND CONTR
NISA PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 L12062300256

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6172185

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062300256

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 06/23/2012, 117061426, CAC041199

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2014

NISA, PHILIP ANTHONY JR
NISAIR AIRCONDITIONING
3700 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 29

TYPE OF BUSINESS 1711 AIR COND/PLUMBING CONTRACTOR (AIR CONDITIONING)

BUSINESS/ Philip Anthony Nisa Jr

DBA NAME Nisair Air Conditioning
MAILING Nisair Air Conditioning
ADDRESS 3700 S US Hwy 1
Fort Pierce, FL 34982

BUSINESS LOCATION 3700 S US Hwy 1
Fort Pierce, FL 34982

City of Fort Pierce



RENEWAL ORIGINAL TAX \$27.55
PENALTY
COLLECTION COST
TOTAL \$27.55

575220

Paid 07/15/2013 27.55

0019-20130715-008140

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Nisair Air Conditioning
3700 S US Hwy 1
Fort Pierce, FL 34982

NISAIR AIR CONDITIONING
3700 S US HIGHWAY 1
FORT PIERCE, FL 34982

MARTIN:
 Service: (772) 283-0904
 Construction: (772) 220-3490
 Fax: (772) 283-7229

ST. LUCIE:
 Service: (772) 466-8115
 Construction: (772) 468-9731
 Fax: (772) 468-9745

PROPOSAL

SUBMITTED TO: Walter White Construction
 3920 NE Sugar Hill Avenue
 Jensen Beach, FL 34957

JOB NAME: Daugherty Residence
 15 Oak Hill Way
 Sewall's Point

Phone Numbers: 334-5819 Email: wwhite7727@aol.com

NISAIR AIR CONDITIONING, hereby submits specifications and estimates for:

Installing 1 - 3 1/2 Ton LENNOX High Efficiency Air Conditioning & Heating System.
 This system is rated at (16 SEER).

Job To Include:

- 1 - 14ACX-041-230 3 1/2 Ton Condenser
- 1 - CBX27UH-048-230 4 Ton Air Handler
- 1 - ECB29-10 KW Heater
- 1 - Digital Heat/Cool Thermostat
- 11 - Supply Drops White Aluminum
- 4 - Return Air Intakes
- All Venting Included

Warranties/Guarantees:

- 10 Year Parts Warranty (with Online Registration)
- 1 Year Labor Guarantee

Options:

- Add \$600.00 for Complete Care Plus 10 Years Parts & Labor
- Add \$485.00 for MERV10 5" High Efficiency Filtration
- Add \$460.00 for Germicidal UltraViolet Light

NISAIR AIR CONDITIONING, hereby proposes to furnish labor and materials complete in accordance with the above specifications, for the sum of: Seven Thousand Four Hundred Dollars and No Cents*****	Total:	\$ 7,400.00
	FPL Rebate:	\$ (685.00)
	Net Cost:	\$ 6,715.00

With Payment to be as follows:

\$7,400.00 Due Upon Completion Balance of \$685.00 Due by FPL

NOTE: INVOICE BALANCES OVER 30 DAYS WILL BE SUBJECT TO A SERVICE CHARGE COMPUTED AT 1 1/2% MONTHLY, 18% ANNUM, PLUS ATTORNEY FEES AND COURT COSTS, WHEN REQUIRED FOR COLLECTION.

This proposal is subject to acceptance within thirty days and is void thereafter at the option of the undersigned.

DATE: May 13, 2014

AUTHORIZED SIGNATURE:

PHILIP A. NISA, JR.

CACO #41199

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are hereby accepted.
 You are authorized to do the specified work. Payment will be made as outlined.

DATE: 5-13-2014

ACCEPTED BY



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

2nd floor

Residential Commercial _____
 Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No
 Flushing Existing Refrigerant lines Yes ___ No - Adding Refrigerant Drier ___ Yes ___ No
 Rooftop A/C Stand Installation ___ Yes ___ No - Curb Installation ___ Yes ___ No
 Smoke Detector in Supply (over 2000 CFM) ___ Yes ___ No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CBX27ULT48
 Volts 23 CFM's 1600 Heat Strip 10 Kw
 Min. Circuit Amps 45 Wire gauge 6-2
 Max. Breaker size 60 Min. Breaker size 45
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) vernon
 Access: _____

Condenser: Mfg Lennox Model# 14ACX-041
 Volts 230 SEER/EER 16 BTU's 39000
 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 _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location SLAB

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Lennox Model# CB22M4
 Volts 208 CFM's 1600 Heat Strip 10 Kw
 Min. Circuit Amps 45 Wire gauge 6-2
 Max. Breaker size 60 Min. Breaker size 45
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) vernon
 Access: _____

Condenser: Mfg: Lennox Model# 13ACX-042
 Volts 208 SEER/EER 13 BTU's 42000
 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-22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location SLAB

Certification:

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

Signature [Signature]

Date 5.13.14



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3869097

Date: 5/13/2014

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

Outdoor Unit Model Number: 14ACX-041-230*

Indoor Unit Model Number: CBX27UH-048-230*+TDR

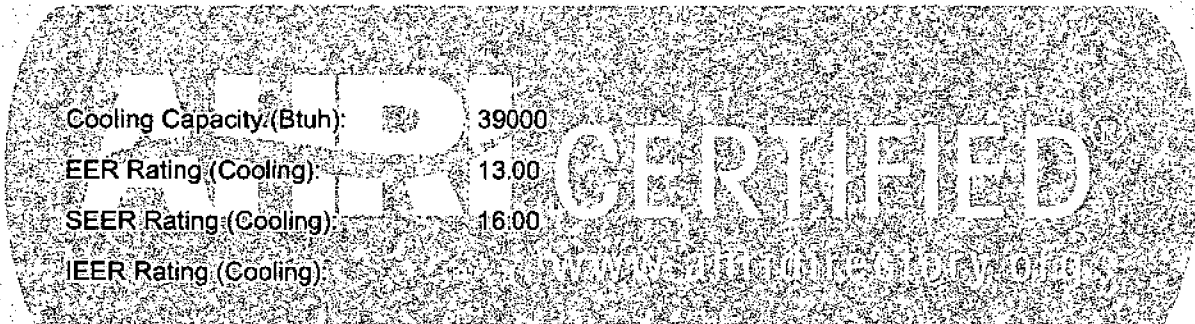
Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: 14ACX SERIES

Series name:

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

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



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

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

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

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

©2014 Air-Conditioning, Heating, and Refrigeration Institute



we make life better™

CERTIFICATE NO.:

130444809801416362



DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

Customer Information

Street Address: 15 OAK HILL WAY, Stuart, FL 34996

Latitude, Longitude: 26.6726°, -80.0706°

House Square Footage: 1872 sq. ft.

Name: DAUGHERTY

Phone:

Email:

2nd Floor

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

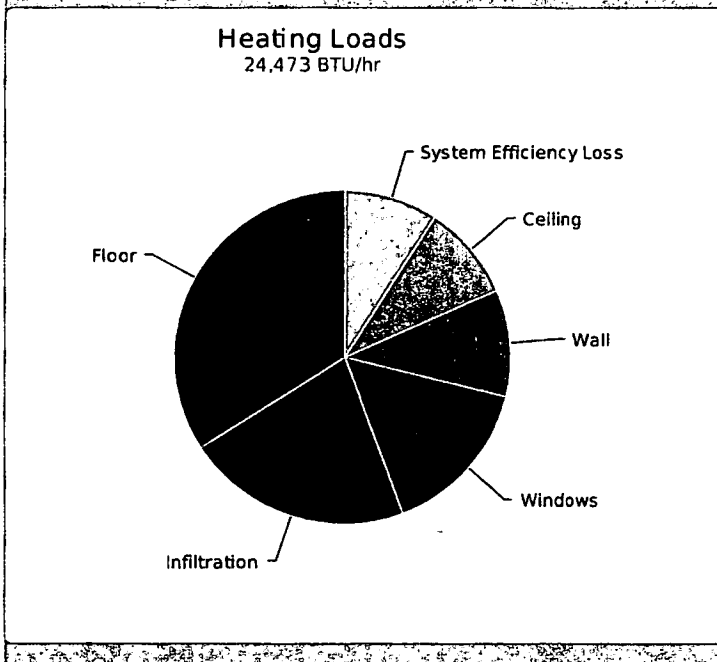
Design Conditions

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

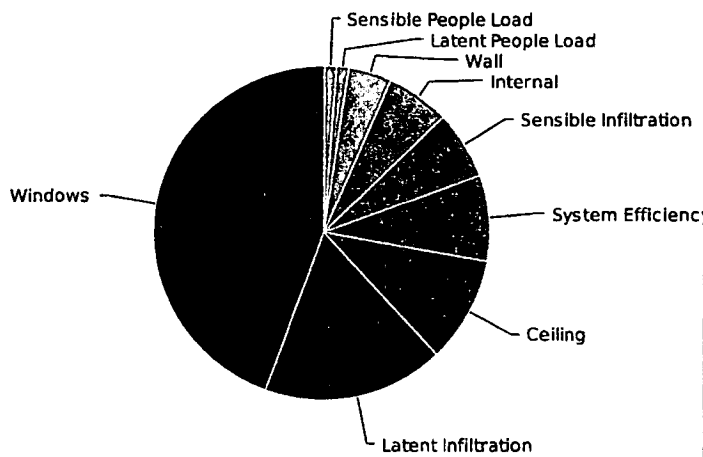
Area	Btuh	% of load
Wall	2543	10.4
Floor	8354	34.1
Ceiling	2282	9.3
Windows	3784	15.5
Infiltration	5286	21.6
System Efficiency Loss	2225	9.1
Total	24473	



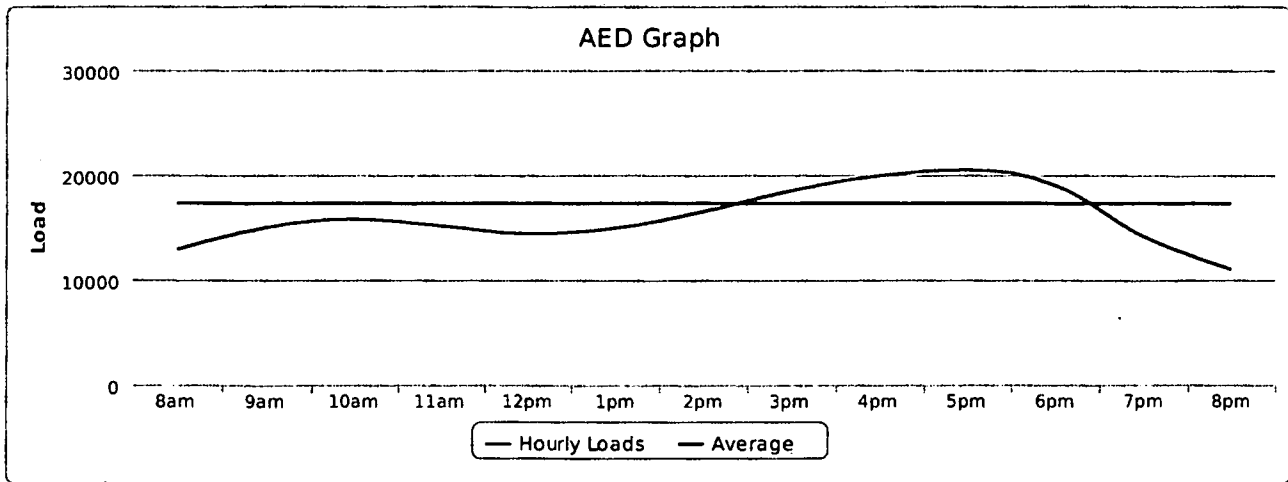
Cooling Loads

Area	Btuh	% of load
Wall	1659	4.3
Ceiling	3969	10.2
Windows	17328	44.5
Sensible Infiltration	2585	6.6
Latent Infiltration	6819	17.5
System Efficiency Gain	3236	8.3
Internal	2400	6.2
Sensible People Load	460	1.2
Latent People Load	460	1.2
Total	38915	
Sensible load	31636	
Latent load	7279	
SHR	0.81	
Capacity at 75 SHR	3.52 Tons	

Cooling Loads
38,915 BTU/hr



Adequate Exposure Diversity



Equipment selection

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

Glass (E)	135 sq. ft.
Glass (S)	29 sq. ft.
Glass (N)	29 sq. ft.
Glass (W)	136 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	31,636 Btuh
Latent Cooling	7,279 Btuh
Required Cooling Airflow	1,438 CFM
Sensible Heating	24,473 Btuh
Required Heating Airflow	318 CFM

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

FEATURES

Refrigerant System

Copper tube construction with enhanced ripple-edged aluminum fins.

Twin coil construction in an "A" configuration.

Factory installed R-410A or R-22 Check/Expansion Valve.

Controls

- 24 Volt Transformer
- Blower Cooling Relay
- Terminal Strip

Programmable Multi-speed Blower

High efficiency, multi-speed ECM (Electronically Commutated Motor) with electronic braking.

Cabinet

- Up-Flow / Horizontal Configuration
- Shipped in one piece but can be separated for ease of installation.
- Pre-painted cabinet finish.
- Fully insulated cabinet with thick fiberglass insulation.
- Tool-less access to disposable, frame-type filter

Limited Warranty

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



OPTIONAL ACCESSORIES

See Page 16

Cabinet

- Down-Flow Combustible Base
- Down-Flow Conversion Kit
- Horizontal Support Frame Kit
- Side Return Unit Stand (Up-Flow)
- Side Return Filter Adaptor (CB30U)
- Wall Hanging Bracket Kit (Up-Flow)

Controls

- Thermostat

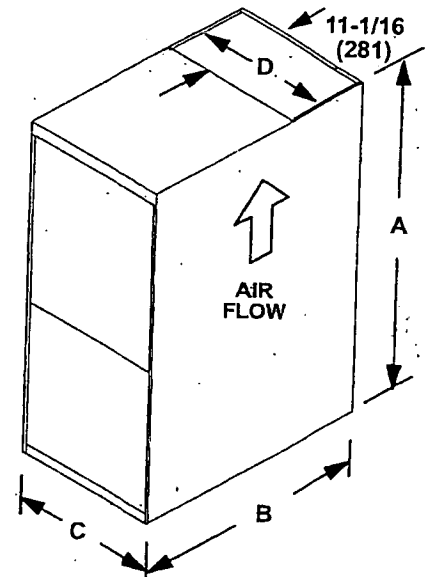
ELECTRIC HEAT

See Page 15

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

DIMENSIONS - in. (mm)

		-018 -024	-030 -036	-042 -048	-060
A		49-1/4 (1251)	51 (1295)	58-1/2 (1486)	52-1/2 (1588)
B		20-5/8 (524)	22-5/8 (575)	24-5/8 (625)	24-5/8 (625)
C		21-1/4 (540)	21-1/4 (540)	21-1/4 (540)	21-1/4 (540)
D		19-3/4 (502)	19-3/4 (502)	19-3/4 (502)	19-3/4 (502)
Return Air	Width	20 (508)	20 (508)	20 (508)	20 (508)
	Depth	19 (483)	21 (533)	23 (584)	23 (584)



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

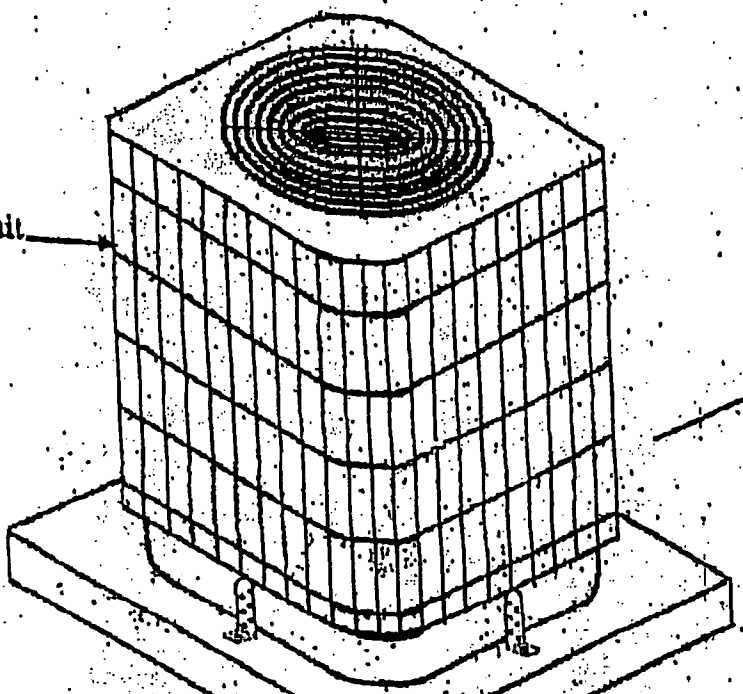
SPECIFICATIONS					
General Data	R-22 Model Number	CB27UH-018	CB27UH-024	CB27UH-030	CB27UH-036
	R-410A Model Number	CBX27UH-018	CBX27UH-024	CBX27UH-030	CBX27UH-036
	Nominal Size - Tons	1.5	2.5	3	3
Connections	Suction (vapor) line (o.d.) - in. sweat	3/4	3/4	3/4	3/4
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	10 x 8	10 x 8	11 x 8	11 x 8
	Blower motor output - hp	1/2	1/2	1/2	1/2
	Air Volume Range - cfm	170-1010	320-1190	360-1365	515-1555
¹ Filters	Size of filter - in.	20 x 20 x 1	20 x 20 x 1	20 x 20 x 1	20 x 22 x 1
Shipping Data -1 package lbs.		148	148	159	159
ELECTRICAL DATA					
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15	15
	Minimum circuit ampacity (unit only)	2	2	2	2
	Blower Motor Full Load Amps	1.5	1.73	1.73	1.72

¹ Disposable frame type filter.³ HACR type circuit breaker or fuse.

SPECIFICATIONS				
General Data	R-22 Model Number	CB27UH-042	CB27UH-048	CB27UH-060
	R-410A Model Number	CBX27UH-042	CBX27UH-048	CBX27UH-060
	Nominal tonnage	3.5	4	5
Connections	Suction (vapor) line (o.d.) - in. sweat	7/8	7/8	7/8
	Liquid line (o.d.) - in. sweat	3/8	3/8	3/8
	Condensate - in. fpt	(2) 3/4	(2) 3/4	(2) 3/4
Blower	Wheel nominal diameter x width - in.	12 x 9	12 x 9	12 x 9
	Blower motor output - hp	1	1	1
	Air Volume Range	825-1815	810-1860	965-2365
¹ Filters	Size of filter - in.	20 x 24 x 1	20 x 24 x 1	20 x 24 x 1
Shipping Data -1 package lbs.		194	194	216
ELECTRICAL DATA				
	Voltage - phase	208/230V-1ph	208/230V-1ph	208/230V-1ph
	³ Maximum overcurrent protection (unit only)	15	15	15
	Minimum circuit ampacity (unit only)	3	3	5
	Blower Motor Full Load Amps	2.4	2.4	3.9

¹ Disposable frame type filter.³ HACR type circuit breaker or fuse.

Condenser Unit



Concrete Pad

Handwritten signature and date: 2/14/08

(6) .125" DIA HOLES

2.5" DIA. HOLE

Metal thickness = 16 gauge

The Metal Shop
1139 Eldridge Street
Clearwater
FL 33765

PH: (727) 441-2492
Fax: (727) 442-8499
Web: www.metalsshop.org

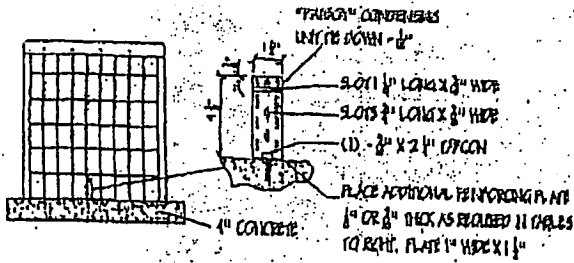
Consulting Engineer:
Douglas W. Lows, P.E.
FLA # 19388
1206 Millennium Parkway
Brandon, FL 38611

Revision Date:
2/14/08

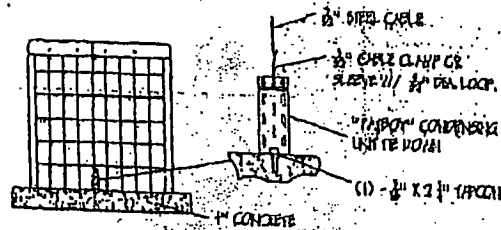
Drawn by:
K.P.R.

Page:
1 of 1

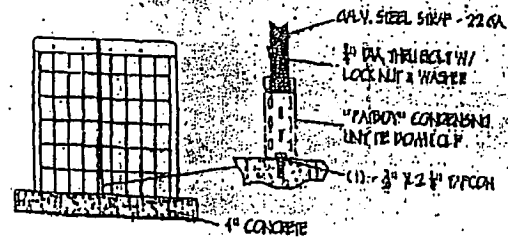
Scale: Not to scale



"FATBOY" INSTALLATION GUIDE



"FATBOY" CABLE INSTALLATION GUIDE



"FATBOY" STRAP INSTALLATION GUIDE

NOTE: SEE TABLES FOR SIZES AND WEIGHTS OF STRAPS AND CABLES. ALSO SEE TABLES FOR CONNECTIONS WHEN ATTACHING TO ALUMINUM OR STEEL.

FATBOY STRAP SIZE IN IN	1/4\"/>		
	CONCRETE TO CONCRETE	CONCRETE TO ALUMINUM	CONCRETE TO STEEL
0-15'	1	1	1
15'	2	2	2
25'	2	2	2
35'	2	2	2
45'	2	2	2
55'	2	2	2
65'	2	2	2
ALUMINUM STRAP			
0-15'	1	1	1
15'	1	1	1
25'	1	1	1
35'	1	1	1
45'	1	1	1
55'	1	1	1
65'	1	1	1

ALUMINUM STRAP	1/4\"/>		
	CONCRETE TO CONCRETE	CONCRETE TO ALUMINUM	CONCRETE TO STEEL
0-15'	1	1	1
15'	1	1	1
25'	1	1	1
35'	1	1	1
45'	1	1	1
55'	1	1	1
65'	1	1	1
ALUMINUM STRAP			
0-15'	1	1	1
15'	1	1	1
25'	1	1	1
35'	1	1	1
45'	1	1	1
55'	1	1	1
65'	1	1	1

GENERAL NOTES:

1- ATTACHMENT TO CONCRETE SHALL BE BY MEANS OF (SEE TABLE) OTHER FATBOY AS MANUFACTURED BY KILCO TEEB OF INC. N.O.A. 44-11111 AND THE JACOBY & JON. MANUFACTURED DISTANCE OF 3 FEET - 1/2\"/>

2- CONCRETE TO WHICH ATTACHMENT OF CLIP IS MADE SHALL HAVE A COMPRESSIVE STRENGTH OF 3000 PSI.

3- STEEL STRAPS OVER 15' UNITS SHALL BE 1/4\"/>

4- THE STEEL STRAP SHALL BE 1\"/>

5- ANGLE CLIP USED IN ATTACHING THE STRAP TO THE SUPPORTING STRUCTURE SHALL BE AS MANUFACTURED BY THE ORIGINAL TEEB COMPANY, 1750 N.W. 17th AVE., MIAMI, FLORIDA 33142 AND AS DETAIL IN THIS DRAWING.

6- ATTACHMENT OF CLIP TO ALUMINUM SHALL BE BY USING A ROOFING BRK AS SEPARATOR BETWEEN CLIP AND SUPPORTING ALUMINUM STRUCTURE AND USE OF A 1/4\"/>

7- ATTACHMENT OF CLIP TO SUPPORTING STEEL STRUCTURE SHALL BE BY A WELD TAPPING SCREW AND DIRT MATERIAL AT LEAST 1/2\"/>

8- ADDITIONAL PLATE UNITS AS REINFORCEMENT SHALL BE EQUAL SPECIFICATION AS CLIP AND BE BOLTED WITH ONLY ONE BOLT MAXIMUM 1/2\"/>

9- USE OF CABLE INSTEAD OF STEEL STRAP SHALL CONFORM TO FEDERAL SPECIFICATION 43-10-110 EXCEPTING DOWEL BOLT STRENGTH AND DIMENSIONS OF 1/4\"/>

10- ATTACHING CLIP SHALL BE 1/4\"/>

11- A/C UNITS THAT CONFORM TO THE SPECIFIED ATTACHMENT SHALL BE NO LARGER THAN 24\"/>

REVISIONS	BY



KILCO TEEB OF INC.
1750 N.W. 17th AVE.
MIAMI, FLORIDA 33142

A/C UNIT ANCHORING DETAILS
 FATBOY CLIPS AS
 MANUFACTURED BY THE
 ORIGINAL PAN CO. FOR USE
 UNDER FLORIDA BUILDING CODE

DESIGNED	A.A.A.
CHECKED	A.A.
DATE	6-2-77
SCALE	AS NOTED
JOB NO.	
DATE	

S-1

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10859	Eberst 138 S Sewall Pt Rd Browne	Reinspect all	retest from 6/5 PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10894	Klose 2 BAKU SO AC Mann	A/C FINAL	PMS	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10527	WESTON 30 S. SP7 RD WESTON CONST	METEN FINAL	FAIL	- GARAGE DOORS - ROUSE #'s INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10680	WINSLOW 10 S. SP7 RD GREEN BLDG	COLUMNS FOOTINGS	FAIL	NO STEEL IN WINDOW COLUMNS INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10878 12833	DOUGHERTY 15 OAK HILL WALTER WHITE	SEMI WALL FRAMING	PASS	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10878 10878	DOUGHERTY 15 OAK HILL WAY NISAIR	A/C FINAL	PASS	CLOSE INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10842	SMART ROSEMAN 5 RIO VISTA CARE RED ROOF	FINAL ROOF	PASS	CLOSE INSPECTOR <i>JA</i>

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 209

Date Issued 5/5/97

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner BILEI CYNTHIA DAVENPORT Address _____ Phone 692-2081

Contractor ALAN B. MORRIS Address 2163 PINE RIDGE ST Phone 334-5827

Number of trees to be removed (list kinds of trees) 5 OAKS, 4 PALM,

2 STRANGLER FIG, 1 GUMBO LIMBO
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

Number of trees to be replaced _____ (list kinds of trees):

Permit Fee \$ 100.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

(No permit fee for trees which are relocated on property or lie within a utility easement & are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

Plans approved as submitted SITE VISIT TREES Plans approved as marked [Signature]

Permit good for one year. Fee for renewal of expired permit is \$5.00

Signature of applicant [Signature] Date submitted 5/5/97

Approved by Building Inspector [Signature] Date 5/5/97

Approved by Building Commissioner [Signature] Date _____

Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

209

TOWN OF SEWALL'S POINT, FLORIDA

Date 5/5 19 97 TREE REMOVAL PERMIT No. 209

APPLIED FOR BY DRIFTWOOD HOMES (Contractor or Owner)

Owner DAUGHERTY

Sub-division CASTLE HILL, Lot 2, Block _____

Kind of Trees PALMS, FIGS, GUMBO LIMBO, OAK

No. Of Trees: REMOVE 10

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS IN HOUSE PAD

_____ FEE \$ 100

Signed, X [Signature]
Applicant

Signed, [Signature]
Town Clerk

TOWN OF SEWALL'S POINT, FLORIDA

PERMIT REISSUED 2/17/04, valid for 90 days *YAS*

Date 9/12 ~~2003~~ TREE REMOVAL PERMIT No 2090

APPLIED FOR BY DAUGHERTY (Contractor or Owner)

Owner 15 OAK HILL WAY

Sub-division _____, Lot _____, Block _____

Kind of Trees Large Leaf

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (SOS)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for notes or drawings.

PROJECT DESCRIPTION _____

Blank lined area for project description.

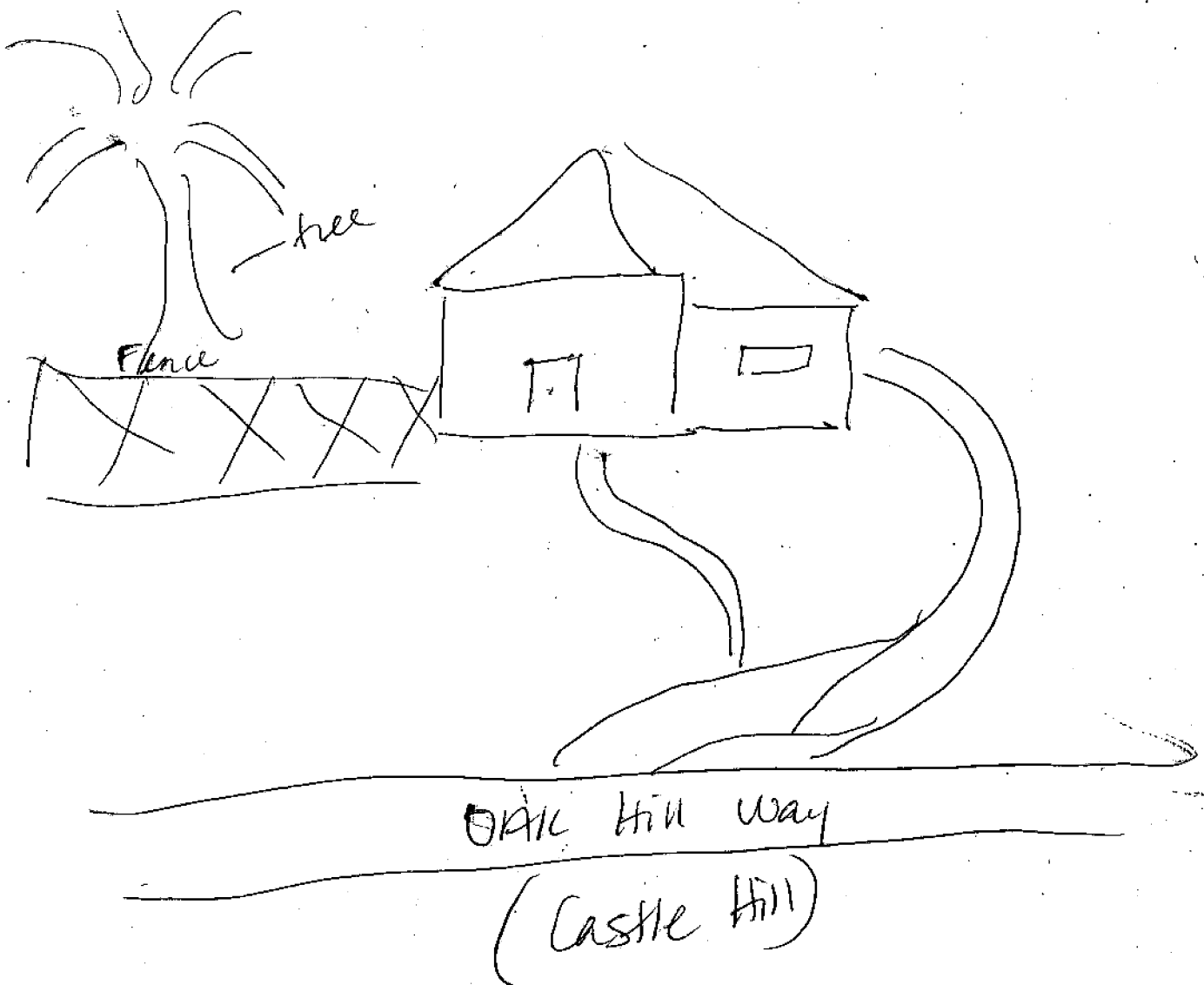
REMARKS _____

Blank lined area for remarks.

TREE REMOVAL, RELOCATE OR REPLACE PERMIT APPLICATION PACKAGE

DOCUMENTS CONTAINED IN PACKAGE

1. Tree Removal/Relocation Application
2. Tree Removal/Relocation Submittal Requirements





KING TREE SERVICE

OF SOUTH FLORIDA

September 2, 2003

Dr. and Mrs. Daugherty
15 Oak Hill Way
Sewall's Point, FL 34996

P.O. Box 210847
Royal Palm Beach, FL 33421-0847

RE: Removal of Hazardous Large Leaf Ficus Tree

Dear Dr. and Mrs. Daugherty:

Based on our conversation, my frequent observations, and our long term concern for the health and condition of your Large Leaf Ficus tree located on the south side of your property, I recommend removing this tree. As a result of several hard freezes over the last 30 years, it has massive areas of decay, poorly attached sprouted suckers that have become large branches, and in several places on the main trunk you can see right through the tree. As a certified arborist and an evaluator of trees, I classify this tree as nothing but an absolute hazard. It is only a matter of time before you would start experiencing failure in large branches. In my opinion it is most appropriate to remove the tree.

CREDENTIALS/REFERENCES

The expertise of King Tree Service now spans 28 years, 5 Florida counties, the Bahamas and Belize, South America. We have provided over 1.9 million palm injections, 5.5 million gallons of liquid fertilizer, and 900,000 pounds of granular fertilizer. We have pruned or removed over 200,000 trees and provided thousands of diagnostic consultations. Over the last 28 years some of our municipal contracts have included the City of Coral Gables, Dade County Parks, the Town of Palm Beach, the Town of Jupiter Island, and the Town of Lauderdale by the Sea. Our Golf Course experience includes Bear Lakes, Jupiter Island, Lost Tree Village, Loxahatchee Club, Emerald Dunes, Monarch, Cutter Sound, PGA, Addison Reserve, and Frenchman's Creek. We service hundreds of commercial and residential customers, as well as subcontract for several local Tree Services. We belong to the National Arborist Association and many other environmental and trade related groups. **We have three International Society of Arboriculture (ISA) Southern Chapter CERTIFIED ARBORISTS on staff.**

I am the Charter President of the Florida Arborist Association, Palm Beach County Chapter. I served as the Private Arborist Representative to the Florida Urban Forestry Council Executive Committee from its inception in 1989 through 1997. During that time, I served as Secretary/Treasurer from 1994 to 1995, the Treasurer from 1995 to 1997 and held an Ex-officio position on the Executive Committee for that period. As well as being a member of 2 ISA Chapters, I am an ISA Southern Chapter Certified Arborist (#SO-105).

If you have any questions or if I can be of further assistance, please feel free to call my office.

Sincerely,



Richard Maxwell, ISA Certified Arborist SO-105
President/Owner

West Palm Beach (561) 798-3977 Fax (561) 798-0445 • Boca Raton (561) 367-0211 • Martin County (561) 283-5009



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/12, 2003 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	COWAN 100 HILLCREST	TREE	PASS	NO FEE DISPERSED INSPECTOR:
6172	STORCK 27 N RIVER RD TROPIC	FINAL DOCK	PASS	CLOSE FILE INSPECTOR:
6404	GAUL 107 S. RIVER RD PACIFIC ROOFING	FINAL REPORT	PASS	CLOSE FILE INSPECTOR:
TREE	MAJEWSKI 24 E. HIGH POINT	TREE	PASS	PROPOSED NOT RE HAZARD INSPECTOR:
TREE	DAUGHERTY 15 OAK HILL WAY	TREE	PASS	NO FEE PROPOSED HAZARD INSPECTOR:
6370	ROMAN 14 COPAIRE WOODWARD	ROUGH PLUMBING 2 WINDOW/DOOR ELEC. ROUGH COLUMNS	FAIL PASS FAIL	OK TO POUR INSPECTOR: ALG
9931	FOSTER 128 S. SEWALL'S PARKS	PRE POWER	FAIL	NOT READY INSPECTOR:
OTHER:	ARCADEA - TERRACE - DOCK ELEC 8 MORGAN CR. - POOL			



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Daugherty Address 15 Oak Hill Way Phone 287-2276

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Hickory

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

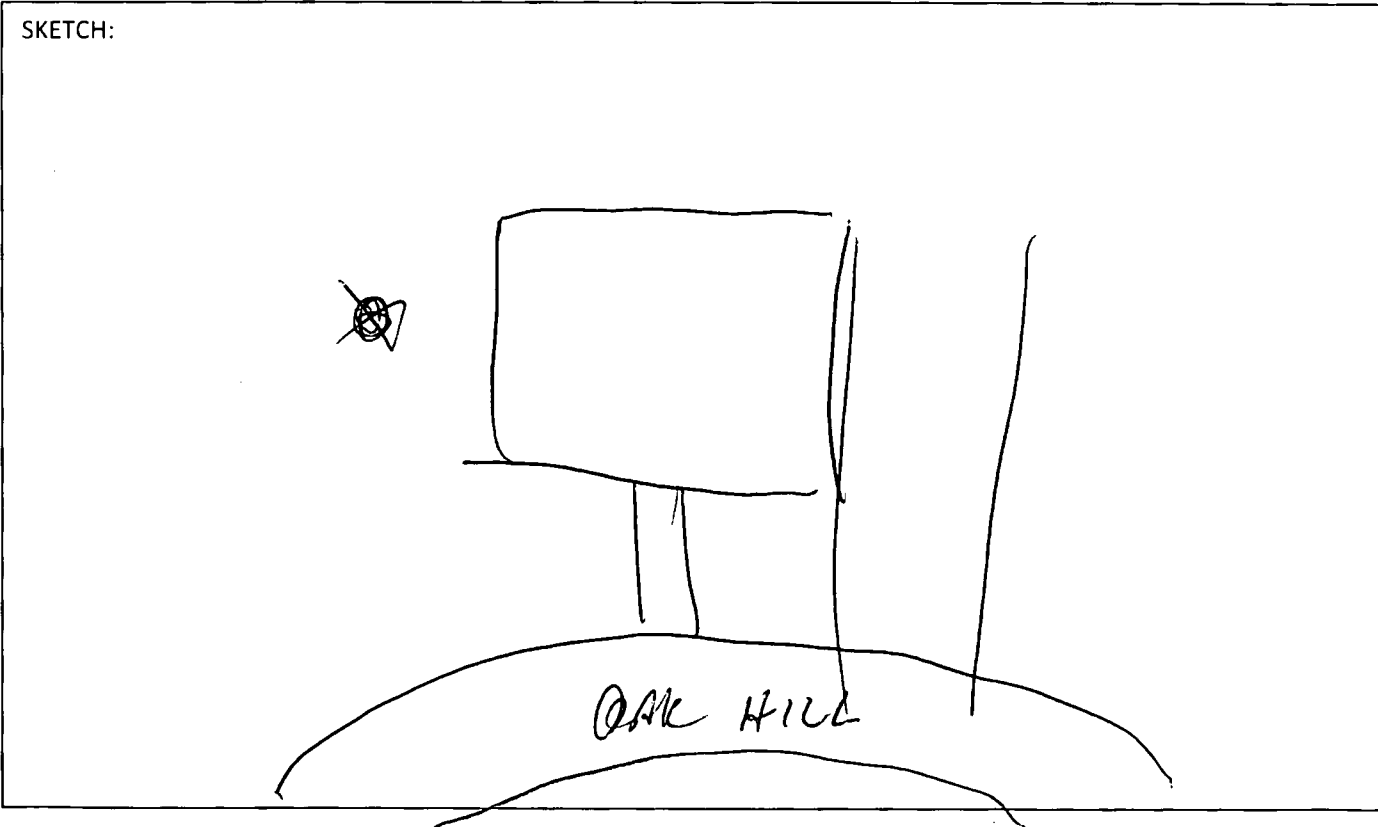
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Dead tree

Signature of Property Owner Cynthia Daugherty Date Nov 3, 2014

Approved by Building Inspector: [Signature] Date 11-4-14 Fee: N/C

NOTES: _____





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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Daugherty Address 15 Oak Hill Way Phone 287-2276

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Hickory

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

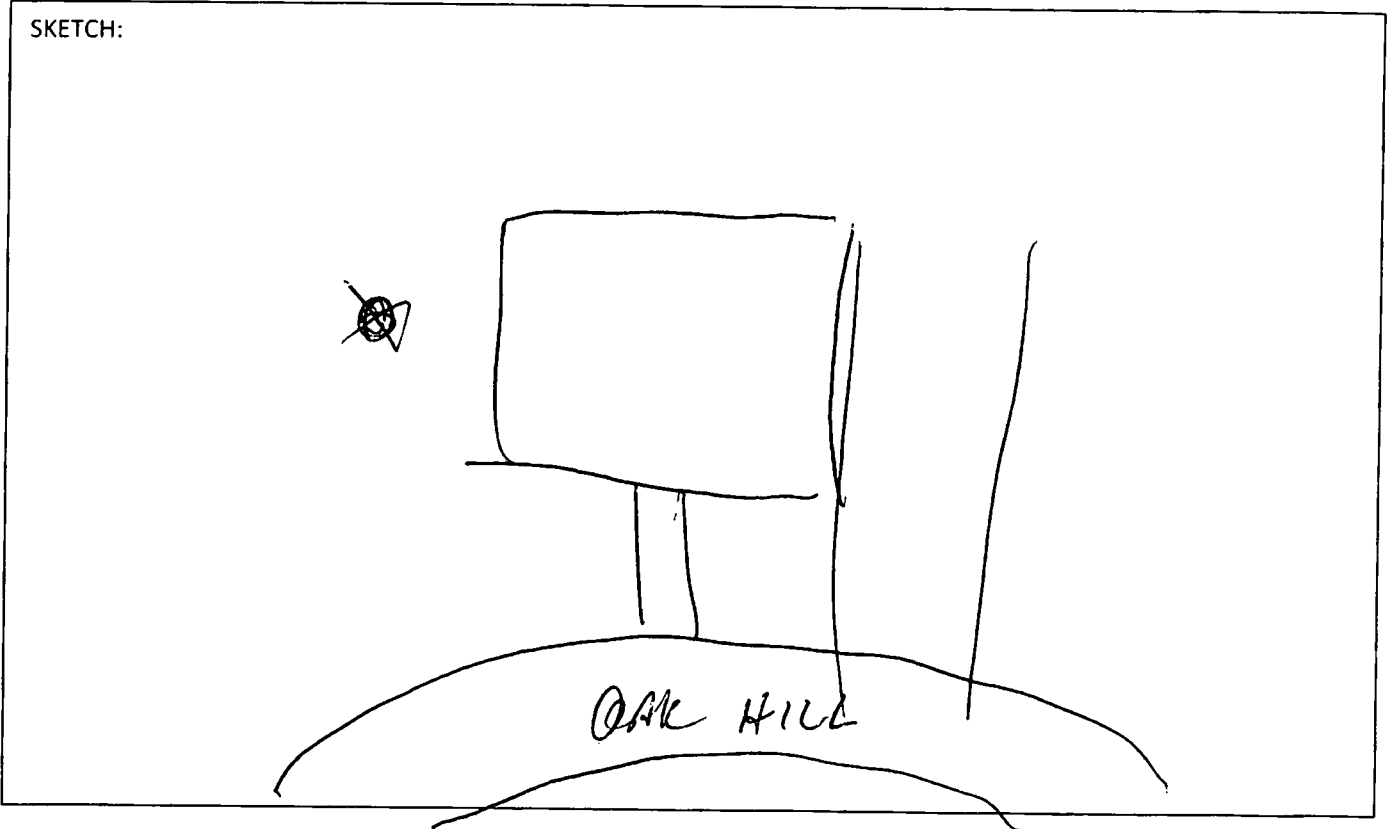
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Dead tree

Signature of Property Owner Cynthia Daugherty Date Nov 3, 2014

Approved by Building Inspector: [Signature] Date 11-4-14 Fee: N/C

NOTES: _____



**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Mariberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Bill + Cynthia Daugherty Address 15 Oak Hill Way Phone 287-2276

Contractor King Tree Service Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Large Leaf Ficus

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Decayed tree has become hazardous
- see attached letter -

Signature of Applicant Cynthia Daugherty Date _____

Approved by Building Inspector: P/C Date 9/12/09 Fee: NO FEE

Plans approved as submitted _____ Plans approved as revised/marked: PROPOSED HAZARD