

# **1 Oakwood Drive**

3 sets Plans  
1/2" scale  
Copy of Deed  
1585

HEALTH DEPT  
COPY SURVIVAL

TOWN OF SEWALL'S POINT FLORIDA

RECEIVED

JUN 17 1983 6/16/83

Permit No. 1585

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three sets of complete plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections; plumbing, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner DAN FERGUSON Present address Box 667 RTE 60 Ceredo W. Virginia

Phone 304-453-1153

General contractor RIZZOTTO CONST INC Address P.O. Box 2696 STUART

Phone 335-5077

Where licensed MARTIN Co. License No. 00067

Plumbing contractor NORTON License No. —

Electrical contractor WATERS Elec License No. 800028

Air-conditioning contractor COMFORT CONTROL License No. CAC 024 379

Describe the building, or alteration to existing building FRAME STRUCTURE  
BUILT AS ACCORDING TO ALL STATE & LOCAL Bldg Codes

Name the street on which the building, its front building line and its front yard will face # 1 OAKWOOD DRIVE

Subdivision OAKWOOD Lot No. 7 Area —

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2,250

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 40,000  
78,750

Cost of permit \$ 42.5 Plans approved as submitted — or, as marked —

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor John A. Rizzotto Sr. P.

I understand that this building must be in accordance with the approved plans and that it must comply with all code requirements before a Certificate of Occupancy will be issued and the property approved for all utility services. I agree that within 90 days after the building has been approved for occupancy, the property will be landscaped so as to be compatible with its neighborhood, as required by the Town's zoning ordinance.

Owner Dan Ferguson

Occupation builders will be required to sign both of the above statements.

TOWN RECORD

Date submitted —

Building Inspector (date) 7/7/83

Inspector's initials Jim

Town Commissioner (date) 7/7/83

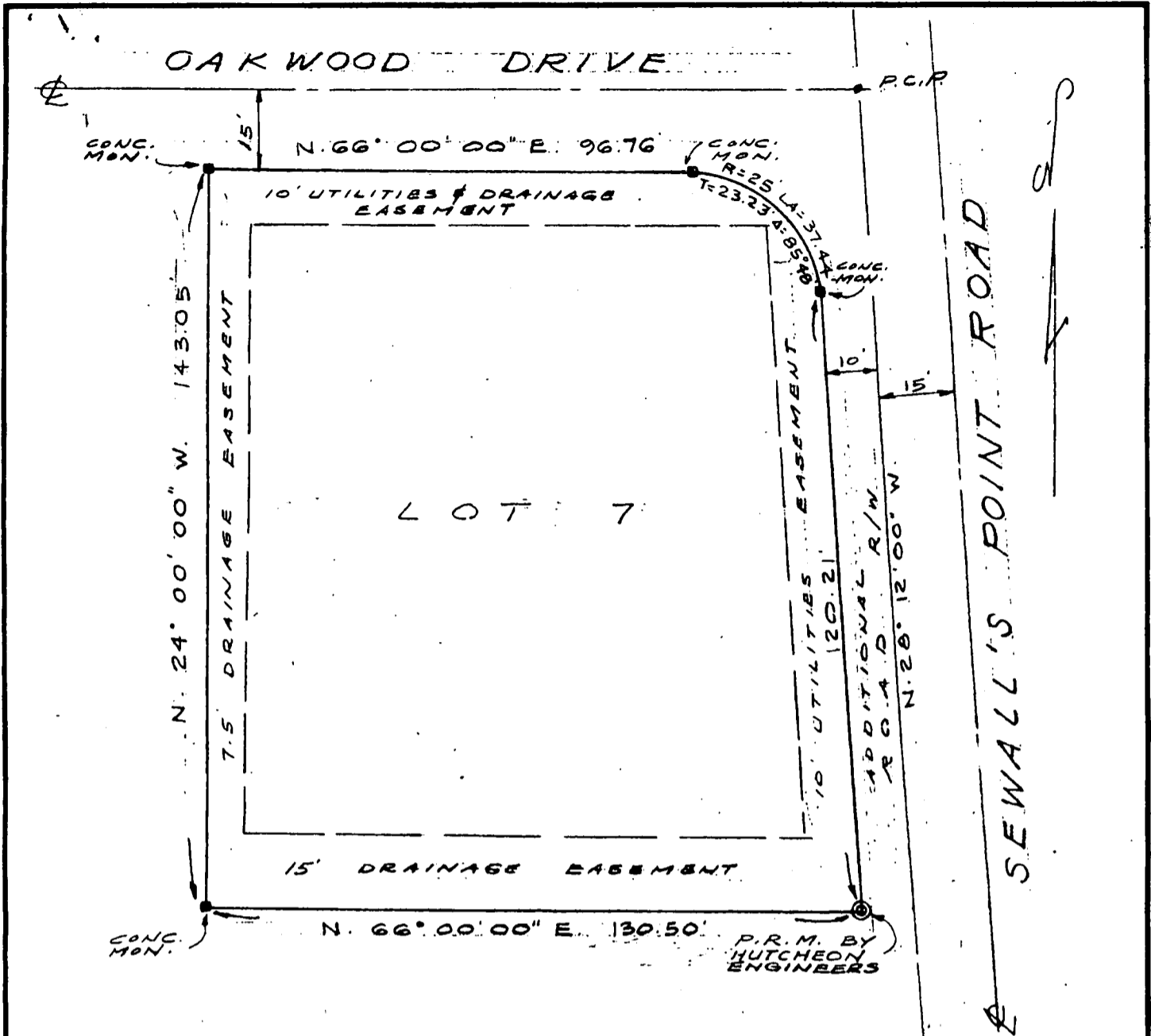
Commissioner's initials JS

Occupancy issued (date) —

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

1585

Plan 7. crano



A SURVEY OF  
 LOT 7  
 OAKWOOD  
 MARTIN COUNTY, FLORIDA  
 FOR  
 DAN FERGUSON.

SCALE: 1" = 30'	DATE: 5-12-83	PLAT BOOK: 8	PAGE: 53
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I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.

*W.L. Williams*

**DON WILLIAMS & ASSOCIATES, INC.**

W.L. WILLIAMS  
R.L.S. FLA. REG. No. 1272

LAND SURVEYORS  
 1115 E. OCEAN BLVD. STUART, FLA.

F.B. \_\_\_\_\_ Page \_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR SEPTIC TANK PERMIT  
AND FINAL INSPECTION FORM

Permit VOID if well or septic system is installed in a location other than that indicated. PERMIT REQUIRED

Authority:  
Chapter 381, 385, 387, FS  
Chapter 100-8, FAC

Permit Number HD83-243

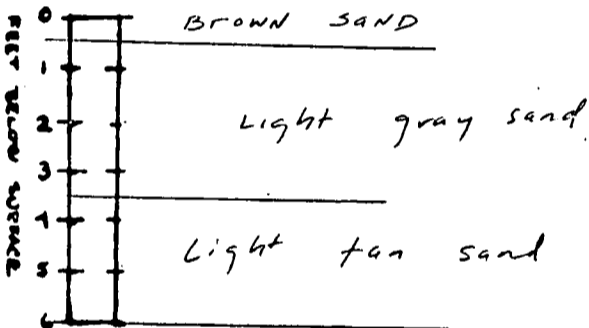
Name of Applicant John Rizzotto Telephone 283-3734  
Mailing Address of Applicant P.O. Box 2696 STUART  
To Be Installed at: (Give Street Address)\* OAKWOOD DRIVE  
Lot 7 Block - Subdivision Oakwood  
Plat Book & Page B-53 Date Recorded FEB-1981  
Residential: No. living units 1 No. Bedrooms 3  
Commercial: Type of Business \_\_\_\_\_ No. People \_\_\_\_\_ No. Toilets \_\_\_\_\_  
\*Note: Attach site location map and other supportive documents.

Signature of applicant John Rizzotto

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? NO  
Is there a public well within 100 ft. of the proposed septic system? NO  
Is there a public sewer within 100 ft. of the proposed lot?..... NO  
Is there a lake, stream, canal or other body water within 50 ft. of the proposed septic system? NO  
Is there a septic system or other interference within 75 ft. of the proposed private well? NO  
Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO  
There is 900' square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



USDA soil type: Jonathan sand  
USDA symbol #: 41

NOTE:  
If fill is required to obtain proper elevation, fill permit must be obtained from Martin County Building Division.

Certified by: W.L. Williams  
Fla. Professional No.: 1272  
Date: 5-8-83 Job No. \_\_\_\_\_  
Percolation Rate \_\_\_\_\_ Min/Inch

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 900 Gallons Absorption Bed size... 300 Square Ft.  
Dosing Tank Capacity \_\_\_\_\_ Gallons Lateral Drainfield size \_\_\_\_\_ Square Ft.  
Grease trap Capacity \_\_\_\_\_ Gallons Sand Filter size..... \_\_\_\_\_ Square Ft.

Specifications:  
STUB OUT  
TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF  
12" ABOVE CROWN OF ROAD

5-16-83  
Date Processed

THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

Robert B. Washam, P.S.  
Signature of Sanitarian

Martin County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection \_\_\_\_\_ Type of Tank (Concrete, Fiberglass, Etc.) \_\_\_\_\_  
Size Tank Installed \_\_\_\_\_ Drainfield Size \_\_\_\_\_  
Dosing Tank Size \_\_\_\_\_ Grease Trap Size \_\_\_\_\_ Sand Filter Size \_\_\_\_\_  
Who Made Installation \_\_\_\_\_

RECOMMENDATION: Approval  Disapproval

FLORIDA DEPARTMENT OF POLLUTION CONTROL

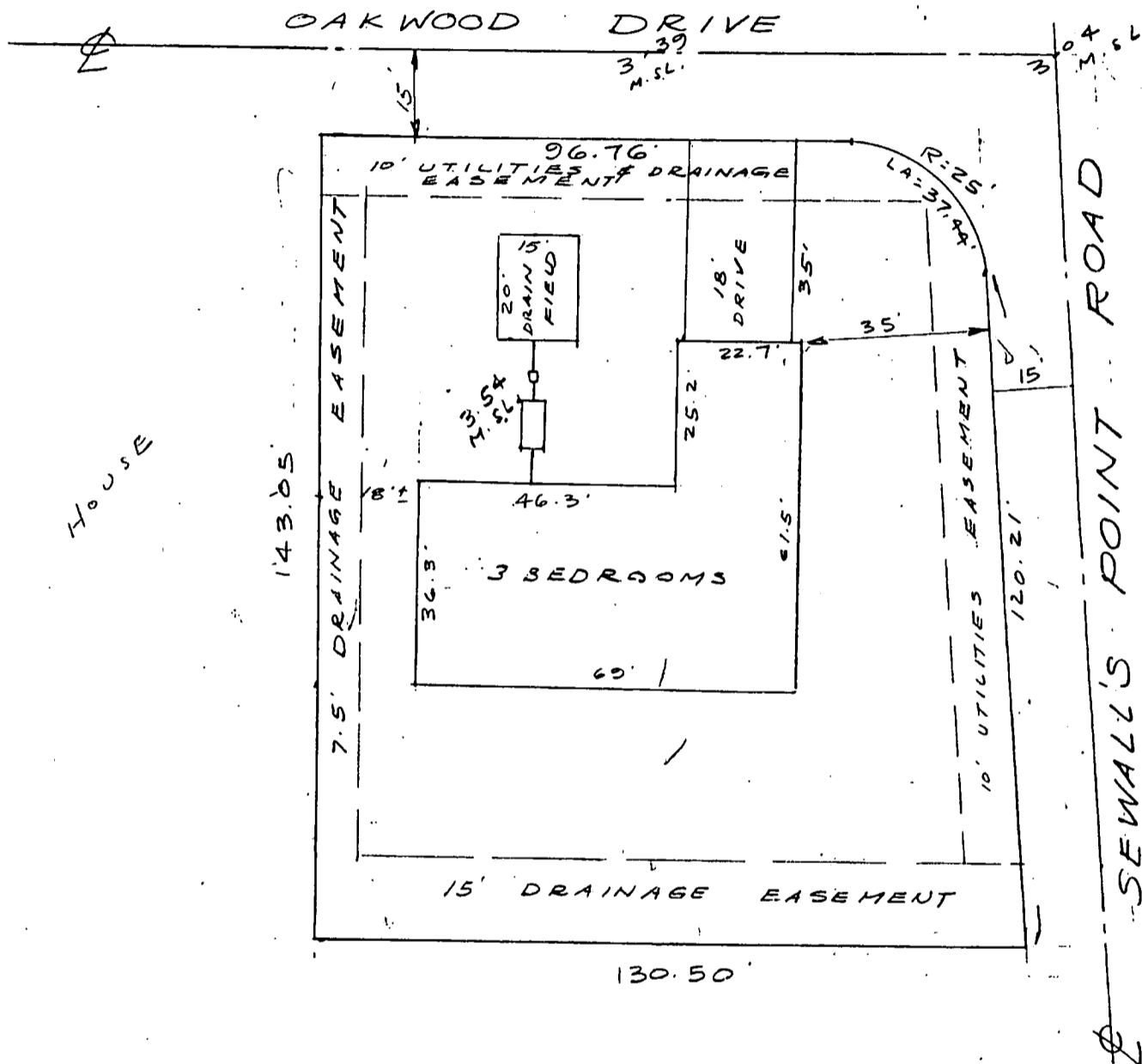
S. E. Subregion  
 806 South 6th Street  
 Fort Pierce, Florida 33450  
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

Location: Lot 7, Oakwood Applicant: John Rizzotto  
 County: Martin

**NOTE:** This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



PLAN  
 Scale: 1" = 30'

SOIL DATA

NOTE: NO WELL CITY WATER

SOIL BORING LOG

Soil Identification: CLASS \_\_\_\_\_ GROUP \_\_\_\_\_  
 Soil Characteristics \_\_\_\_\_

Percolation Rate \_\_\_\_\_ min/inch

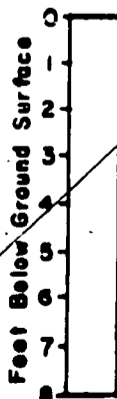
Water Table Depth \_\_\_\_\_

Water Table Depth During Wet Season \_\_\_\_\_

Compacted Fill Of \_\_\_\_\_ Req'd

Compacted Fill Checked By: \_\_\_\_\_

Date \_\_\_\_\_



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

CERTIFIED BY: W.L. Williams

FLORIDA PROFESSIONAL No. 1272

Date 5-8-83 Job No. \_\_\_\_\_

Sheet 2 of 3

MARTIN COUNTY HEALTH DEPT.  
131 E. 7th Street  
Stuart, Fl 33497  
287-2277

SITE INFORMATION

APPLICANT: John Rizzotto

LEGAL DESCRIPTION: Lot 7, Oakwood S/D

1. Present water depth 3' feet below natural grade, not including fill.
2. Wet season water depth 3' feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 3.39 M.S.L. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 3.54 M.S.L.
5. Are all wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? yes
6. Is there a storm water retention area within 15 feet of the proposed septic system? no
7. Is the septic system in an area proposed for paving? no
8. Attach site location map or explain directions to site below:

CERTIFIED BY: W.L. Williams

Florida Professional Number: 1272

Date: 5-8-83 Job Number: \_\_\_\_\_

MARTIN COUNTY HEALTH DEPT.  
131 E. 7th Street  
Stuart, Fl 33497  
287-2277

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: JOHN RIZZOTTO

LEGAL DESCRIPTION: LOT 7 OAKWOOD

SEPTIC TANK PERMIT NUMBER: HD 83-243

The items noted below must be certified prior to the first Building Department inspection:

1. Building Permit number: \_\_\_\_\_
2. I certify that the top of the lowest plumbing stubout is \_\_\_\_\_ feet above the crown of road.
3. I certify that an average depth of 1 feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system \_\_\_\_\_ square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: \_\_\_\_\_
4. Has fill been compacted comparable to the surrounding natural soil? \_\_\_\_\_
5. I certify that all severe limited soil has been removed from an area of 20 feet by 40 feet to a minimum depth of 6 feet. I also certify that all severe limited soil has been replaced by a slight limited soil. Date observed: \_\_\_\_\_

**NOTE:** The septic tank must be at least 4" above top of stubout and the drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

*John Rizzotto*

CERTIFIED BY: \_\_\_\_\_

Florida Professional Number: \_\_\_\_\_

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

RECEIVED

JUN 17 1983

Ans'd.....

-----  
FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

Signature of Sanitarian \_\_\_\_\_

Date \_\_\_\_\_

472518 THIS WARRANTY DEED Made this 11th day of April, A.D. 1983 by THOMAS R. SAWYER, TRUSTEE, hereinafter called the grantor, to DANIEL FERGUSON, whose postoffice address is 375 C Street, Ceredo, West Virginia, 25507, hereinafter called the grantee:

WITNESSETH: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, viz:

Lot 7 of OAKWOOD SUBDIVISION, according to the Plat thereof, recorded in Plat Book 8, Page 53, Martin County, Florida, public records.

SUBJECT TO restrictions, conditions, limitations, easements and reservations of record.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes subsequent to December 31, 1982.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

*[Signatures of witnesses]*

*[Signature of Thomas R. Sawyer]*  
THOMAS R. SAWYER

STATE OF FLORIDA )  
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared THOMAS R. SAWYER, TRUSTEE to me known to be the person(s) described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 8th day of April, A.D. 1983.

*[Signature of Notary Public]*  
Notary Public

My Commission Expires: 6/11/83

(Notary Seal)  
PUB  
This instrument prepared by:  
L...  
421 Martin Avenue  
Stuart, Florida 33494

O.R. BOOK 568 PAGE 1947

APR 19 2:02

STATE OF FLORIDA  
DOCUMENTARY STAMP TAX  
DEPT. OF REVENUE  
APR 10 1983  
157.50  
MARTIN COUNTY  
2824



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TESTING LAB OF THE PALM BEACHES, INC.

P. O. BOX 211  
421 SOUTH H STREET  
LAKE WORTH, FLORIDA

1585

585-7515

ASPHALT ... CONCRETE ... MATERIALS

REPORT OF FIELD DENSITY TESTS: Report #1

PROJECT Ferguson Residence - Lot #7 - Oakwood Sub-Division - Sewell Point 83/260TL  
 CLIENT Rizzotto Const. Co. JOB NO. 83/260TL  
 IDENTIFICATION MARKS \_\_\_\_\_  
 NUMBER OF SAMPLES 5 QUANTITY REPRESENTED ----- SOURCE In Place Material  
 SAMPLED BY MB & IP DATE 6/15/83 TESTED BY MB & IP DATE 6/15/83  
 INTENDED USE Pad fill  
 REPORTED TO Client  
 SPECIFICATIONS GOVERNING \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION	DEPTH	DENSITY	100% MAX. DENSITY	7 MAX. DENSITY
10' East & 10' South of the North-west corner of the Pad.	0"-12" below finished grade	105.3	108.2 *	97.3
10' North & 10' East of the South-west corner of Pad.	0"-12" below finished grade	105.4	108.2	97.4
Center of Pad.	0"-12" below finished grade	109.6	108.2	101.2
10' North & 10' West of the South-east corner of Pad.	0"-12" below finished grade	106.2	108.2	98.1
10' South & 10' West of the North-east corner of Pad.	0"-12" below finished grade	105.8	108.2	97.7

\*AASHTO - T-180 Modified Proctor

REMARKS: The tests shown hereon are representative of and apply only to the exact location as shown above.

RESPECTFULLY SUBMITTED.

TESTING LAB OF THE PALM BEACHES, INC.

BY John Adair

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# TESTING LAB OF THE PALM BEACHES, INC.

P. O. BOX 211  
421 SOUTH H STREET  
LAKE WORTH, FLORIDA

585-7515

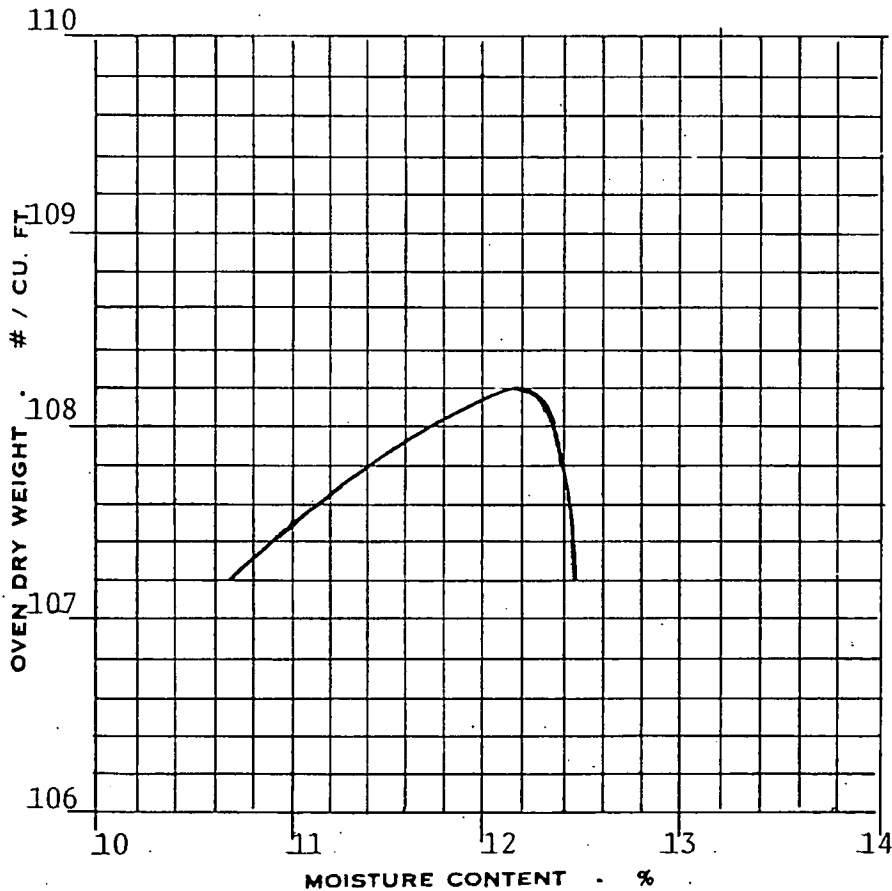
## ASPHALT . . . CONCRETE . . . MATERIALS

### COMPACTION TEST: Report #2

SOURCE OF MATERIAL: In Place  
 PROJECT Ferguson Residence - Lot #7 - Oakwood Sub-division - Sewell Point JOB NO. 83/260TL  
 DATE SAMPLED 6/14/83 SAMPLED BY: IP  
 DATE TESTED 6/15/83 TESTED BY: MB  
 CLIENT Rizzotto Const. Co. REPORTED TO: Client  
 SPECIFICATION GOVERNING \_\_\_\_\_

#### REMARKS:

T-180 Pad fill  
Light brown medium fine sand w/slight  
hardpan  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



RESPECTFULLY SUBMITTED,

MAX. DRY DENSITY 108.2 # / CU. FT.  
 OPTIMUM MOISTURE CONTENT 12.2%

TESTING LAB OF THE PALM BEACHES, INC.

BY \_\_\_\_\_

*John Adair*

## North Elevation

$$2-35 \quad 27 \times 67 = 2 \times 11.0 = 22.0$$

$$1 \quad 9 \times 5 = 45.0$$

$$\text{Door} \quad 2(1 \times 5.5) = 11.0$$

$$\underline{78.0} \quad \checkmark$$

2'-0" overhang

## East Elevation

$$2-25 \quad 2 \times 14.0 = 28.0$$

$$2-1/2 35 \quad 2 \times 11 = 22.0$$

$$\underline{50.0}$$

2'-0" overhang

## West Elevation

$$2-1/2 35 \quad = 22.6$$

$$1-34 \quad = 18.3$$

$$\text{Door} \quad 2 \times 3 = 6.0$$

$$\underline{46.9}$$

2'-0" overhang

## South Elevation

$$2-25 \quad = 31.6$$

$$\text{S.D.} \quad 8 \times 6.67 = 53.0$$

$$\underline{84.6}$$

2'-0" overhang

53.36

## South Elevation

$$2 \text{ S.D.} \quad 2(8 \times 6.67) = 106.0$$

7'-4" overhang

## East Elevation

$$2 \times 4 \quad = \quad 42$$



**FLORIDA MODEL ENERGY EFFICIENCY CODE  
FOR BUILDING CONSTRUCTION**

FORM 902  
BOB GRAHAM  
GOVERNOR

SECTION 9.9H POINTS METHOD  
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES  
SOUTH 789

PROJECT NAME AND ADDRESS	LOT #7 OAKWOOD SUBD. ZIP	JURISDICTION ZONE
BUILDER	RIZZOTTO COAST	PERMIT NO.
OWNER	FERGUSON	JURISDICTION NO. <input type="text"/>

**STATISTICS**

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.) SEC. H901.1	CLEAR	TINT OR FILM
		<input type="text"/> SGL <input type="checkbox"/>	<input type="text"/> SGL <input checked="" type="checkbox"/>
<input type="text"/> DBL <input type="checkbox"/>	<input type="text"/> DBL <input type="checkbox"/>		

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/>	<input type="text"/>	1639	11	2254	R= 19.0	R= <input type="text"/>

COOLING SYSTEM		PRIMARY HEATING SYSTEM			PRIMARY HOT WATER SYSTEM		
<input type="checkbox"/> CENTRAL	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> STRIP	<input type="checkbox"/> GAS	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> RESISTANCE	<input type="checkbox"/> SOLAR	
<input type="checkbox"/> UNITARY	EER-SEER = <input type="text"/> 8.0	<input type="checkbox"/> OIL	<input type="checkbox"/> SOLAR	<input type="checkbox"/> HEAT PUMP: COP = <input type="text"/>	<input type="checkbox"/> HEAT RECOVERY	<input type="checkbox"/> GAS	
		<input type="checkbox"/> HEAT PUMP: COP = <input type="text"/>	<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> DED. HEAT PUMP: COP = <input type="text"/>	<input type="checkbox"/> OTHER: _____	

MAX. E.P.I. ALLOWED (from 9A): <input type="text"/> 85.0	CALCULATED E.P.I.: <input type="text"/> 81.77
CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11)* <input type="checkbox"/>	
CERTIFIED BY: <i>Gary Jensen</i> (owner/agent)	DATE: 6-6-83
FORM COMPLETION CHECKED BY: _____ (building official)	DATE: _____
THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.	

<b>9A</b>	<b>MAX. E.P.I. ALLOWED (CALCULATED E.P.I. MUST NOT EXCEED VALUE SHOWN BELOW)</b>									
CONDITIONED FLOOR AREA	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301-ABOVE	
BASE E P I	120	115	110	105	100	95	90	85	80	
DEDUCTIONS	A/C EFFICIENCY LESS THAN 8.0 EER/SEER (7.5 HEAT PUMP) (as of October 1, 1982) -10.0									
	IF MULTI-FAMILY: COMMON WALLS (maximum of 5 points) - 2.5									
	IF MULTI-FAMILY: COMMON CEILING and/or FLOOR (maximum of 12 points) - 6.0									
	TOTAL DEDUCTIONS									
COMPUTE MAX. E.P.I. ALLOWED	BASE E.P.I.			DEDUCTIONS			MAX. E.P.I. ALLOWED			
	85			-			= 85			

\*RESIDENCES WHICH COMPLY WITH THIS CODE BY THE "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11) ARE REQUIRED TO MEET OR EXCEED ALL MINIMUM PRESCRIPTIVE LEVELS INDICATED BY SHADED BLOCKS ON THIS FORM, AND ALL OTHER APPLICABLE PRESCRIPTIVE REQUIREMENTS LISTED IN TABLE 9B. THE E.P.I. FOR A HOUSE COMPLYING UNDER THIS METHOD IS NOT CALCULATED BUT WILL BE THE MAXIMUM E.P.I. ALLOWED FOR THAT HOUSE SIZE AS SHOWN ON TABLE 9A. THE STATISTICS SECTION ABOVE SHALL BE COMPLETED AND SUBMITTED TO THE LOCAL BUILDING DEPARTMENT.

<b>9B</b>	<b>PRESCRIPTIVE MEASURES (CHECKLIST)</b>		
INFILTRATION: windows/doors	903.1	HVAC DUCT CONSTRUCTION	903.5
WATER HEATER - ASHRAE LABEL	903.2	PIPING INSULATION	903.6
SWIMMING POOLS	903.3	HVAC CONTROLS	903.7
SHOWER FLOW RESTRICTORS	903.4	HVAC SYSTEM EFFICIENCY SECTION	903.8
		CEILING INSULATION	903.10

# RESIDENTIAL CALCULATION

FORM 902

CLIMATE ZONES 7 8 9

COMPONENT			WINTER			GROSS WINTER POINTS	SUMMER			GROSS SUMMER POINTS	
			AREA	x	WPM	=	AREA	x	SPM	=	
WALLS	CONCRETE	R 2.7 - 3.9			6.6				17.5		
		R 4-5.9			5.0				15.0		
		R 6 & UP			4.4				13.9		
	FRAME OR BRICK VENEER	R 11 - 18.9	<i>1639</i>		2.5	<i>4097</i>		<i>1639</i>		13.9	<i>22782</i>
		R 19-25.9			1.5				8.6		
		R 26 & UP			1.1				6.5		
	COMMON				2.7				3.8		
	DOORS	WOOD OR METAL		<i>38</i>		86.5	<i>3287</i>	<i>38</i>		55.4	<i>2105</i>
		INSULATED				84.0				22.2	
		STORM DOOR				44.6				44.3	
COMMON				21.6				6.9			
CEILING	UNDER ATTIC	R 19 - 21.9	<i>2254</i>		1.9	<i>4282</i>	<i>2254</i>		8.4	<i>18933</i>	
		R 22-29.9			1.7				7.6		
		R 30 & UP			1.5				5.5		
	SINGLE ASSEMBLY	R 6-7.9				5.4			22.6		
		R 8-9.9				4.0			17.3		
		R 10-11.9				3.5			14.6		
		R 12-18.9				2.5			10.6		
		R 19 - 21.9				1.9			8.4		
	COMMON				1.7			2.0			
	FLOOR OVER UNCONDITIONED SPACE	WOOD	R 0-6.9			5.8				6.6	
R 7-10.9					2.4				2.9		
R 11 - 18.9					2.1				2.3		
R 19 & UP					1.4				1.5		
CONCRETE		R 0-2.9				6.8			8.2		
		R 3-5.9				4.3			5.7		
		R 6-10.9				3.4			3.6		
		R 11 - 18.9				2.3			2.9		
		R 19 & UP				1.5			1.9		
COMMON				1.7			2.0				
SLAB ON GRADE	EDGE INSULATION		PERIMETER		WPM						
	PERIMETER	R 0 - 2.9	<i>265</i>		28.3	<i>7499</i>					
		R 3-5.9			20.4						
		R 6 & UP			12.4						

GLASS DO NOT INCLUDE INTERIOR SHADING	OR	AREA	SGL	DBL	WOF 9F	GWP	OR	AREA	SINGLE		DOUBLE		SOF 9F	GSP
									CLR	TIN	CLR	TIN		
	N	80 ✓	5.5.4	38.5	1.00	4432	N	80	204	176	163	139	1.00	14080
NE		5.5.4	38.5			NE		309	264	258	218			
E	41 ✓	5.5.4	38.5	.86	1953	E	41	425	360	362	304	.95	14022	
SE		5.5.4	38.5			SE		418	354	355	298			
S	85 ✓	5.5.4	38.5	.86	4049	S	85	746	294	287	242	.92	22990	
SW		5.5.4	38.5			SW		418	354	355	298			
W	55	5.5.4	38.5	1.00	3047	W	55	425	360	362	304	.95	18810	
NW		5.5.4	38.5			NW		309	264	258	218			
H		2.2.6	6.8			H		720	605	627	524			
S	106	5.5.4		.98 (116)	5754	S	106	393	294			.66	20568	
W	40	5.5.4		1.00	2216	W	40	425	360			.62	8928	
E	40	5.5.4		1.00	2216	E	40	425	360			.62	8928	

GLASS AREA MUST NOT EXCEED: SGL/CLR 15% OF FLOOR AREA, SGL/TINT 17% OF FLOOR AREA, DBL/CLR 18% OF FLOOR AREA, DBL/TINT 20% OF FLOOR AREA.

H = HORIZONTAL GLASS (SKYLIGHTS). FOR SC LESS THAN 0.83 SEE SEC. 902.2d

TOTAL GROSS WINTER POINTS	42832	TOTAL GROSS SUMMER POINTS	152146
---------------------------	-------	---------------------------	--------

DUCT MULT	R = 3.5	42382	1.15	49371	R = 3.5	152146	1.15	174967
	R = 5.0			1.12				1.12
	R = 6.7			1.09				1.09
	DUCT IN COND SPACE			1.00		DUCT IN COND SPACE		1.00

HSM FROM 9G	49371 × 1.00	49371	CSM FROM 9H	174967 × .81	141723
-------------	--------------	-------	-------------	--------------	--------

DIVIDE BY FLOOR AREA	49371 ÷ 2254	21.90 WINTER POINTS	DIVIDE BY FLOOR AREA	141723 ÷ 2254	62.87 SUMMER POINTS
----------------------	--------------	---------------------	----------------------	---------------	---------------------

CALCULATE E.P.I.					
WINTER POINTS	SUMMER POINTS	HOT WTR PTS	CREDIT POINTS	PENALTY POINTS	<b>E.P.I.</b>
21.90	+ 62.87	(9I) - 6	(9C) + (9D) + 3	(9E)	= 81.77

FEWER TOTAL POINTS ARE ENCOURAGED FOR MAXIMUM ENERGY SAVINGS

9C	DESIGN CREDIT POINTS (CP)
CEILING FAN IN COND SPACE (max 5 CP)	1   3
MULTIZONE A/C SEPARATED BY DOOR	5
CROSS VENTILATION (1 CP per room)	1   3
WHOLE HOUSE FAN (min. 1.5 cfm/s.f.)	5
WOOD STOVE	2
FIREPLACE with outside combustion air	2
<b>9C TOTAL (not to exceed 12 points)</b>	<b>6</b>

9D	HEATING SYSTEM CREDIT POINTS
NATURAL GAS/PROPANE HEATING	8.0
OIL HEATING	6.4

9E	DESIGN PENALTY POINTS
WASHER AND DRYER IN COND SPACE	3
TOTAL GLASS OPENS LESS THAN 40%	5
FIREPLACE W/ INSIDE COMBUSTION AIR	5

**RECORD OF INSPECTIONS**

**TOWN OF SEWALL'S POINT, FLORIDA**

**CERTIFICATE OF APPROVAL FOR OCCUPANCY**

Date 1/18/84

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Ferguson  
 For property built under Permit No. 1585 Dated 6/28/83 when completed in  
 conformance with the Approved Plans.

Item		Signed	Approved by
1. LOT STAKES/SET BACKS	<u>7/15/83</u>		
2. TERMITE PROTECTION	<u>7/15/83</u>		
3. FOOTING - SLAB	<u>7/15/83</u>		
4. ROUGH PLUMBING	<u>7/14/83 &amp; 11/3/83</u>		
5. ROUGH ELECTRIC	<u>7/14/83 &amp; 11/3/83</u>		
6. LINTEL			
7. ROOF	<u>Partial 10/14/83 Final 11/3/83</u>		
8. FRAMING	<u>11/3/83</u>		
9. INSULATION	<u>11/9/83</u>		
10. A/C DUCTS	<u>11/3/83</u>		
11. FINAL ELECTRIC	<u>1/18/83</u>		
12. FINAL PLUMBING	<u>1/18/83</u>		
13. FINAL CONSTRUCTION	<u>1/18/83</u>		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Maggusca date 1/17/84

Approved by Building Commissioner A. C. Strubell date 1/18

Utilities notified 1/18/84 date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)

**1643**

**POOL**



Permit No. \_\_\_\_\_

Date 11/21/83

RECEIVED

11043

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE AT A HOUSE OR A COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner Don Ferguson Present Address Box 667 Route #16 CEREO, W. VIRG 25507

Phone 1-304-453-1153 Contractor Louder Pools Address 4306 S. US 1 Phone 286-5760

Where licensed STATE (CERTIFIED) License number CPC-011421

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure for which this permit is sought: Swimming Pool & Patio

State the street address at which the proposed structure will be built: #1 OAKWOOD DR.

Subdivision OAKWOOD Lot number 7 Block number \_\_\_\_\_

Contract price \$ 8600<sup>00</sup> Cost of permit \$ 43<sup>00</sup>

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor [Signature]

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner [Signature]

TOWN RECORD Date submitted 11/21/83 Approved: [Signature] Building Inspector Date 11/22/83

Approved: [Signature] Commissioner Date 11/28 Final Approval given: \_\_\_\_\_ Date \_\_\_\_\_

Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

SP1282 Steel Grounding 12/14/83 Permit No. \_\_\_\_\_

Patio Steel 2/10/84 Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code. Final Inspection 2/23/84

**1718**

**POOL ENCLOSURE**

RECEIVED

Permit No. 1718 Rec'd 6/26/84 JUN 26 1984 Date 6/20/84

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner MR. A. FERGUSON Present Address P.O. Box 667

Phone CERIEDD W. VIRGINIA

Contractor P.M. Cioffi CONCEPT CONTRACTORS P.O. Box 1356

Phone 334-8888 TENSEN BEACH, FL 33457

Where licensed STATE CERTIFIED License number CRC 028364

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: POOL ENCLOSURE 20' x 43'

State the street address at which the proposed structure will be built: OAKWOOD & SEWALL'S POINT RD.

Subdivision OAK WOOD Lot number 7 Block number \_\_\_\_\_

Contract price \$ 2000.00 Cost of permit \$ 10.00

Plans approved as submitted  Plans approved as marked \_\_\_\_\_

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor Concept Contractors  
P.M. Cioffi

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner A. Ferguson

TOWN RECORD

Date submitted 6/26/84 Approved: J. Magzucca 6/27/84  
Building Inspector Date

Approved: GC Strubell 6/29 Final Approval given: \_\_\_\_\_  
Commissioner Date Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

Final check 7/23/84 OK

SP1282 JAM Permit No. 1718

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

LOT # 7  
FERGESON

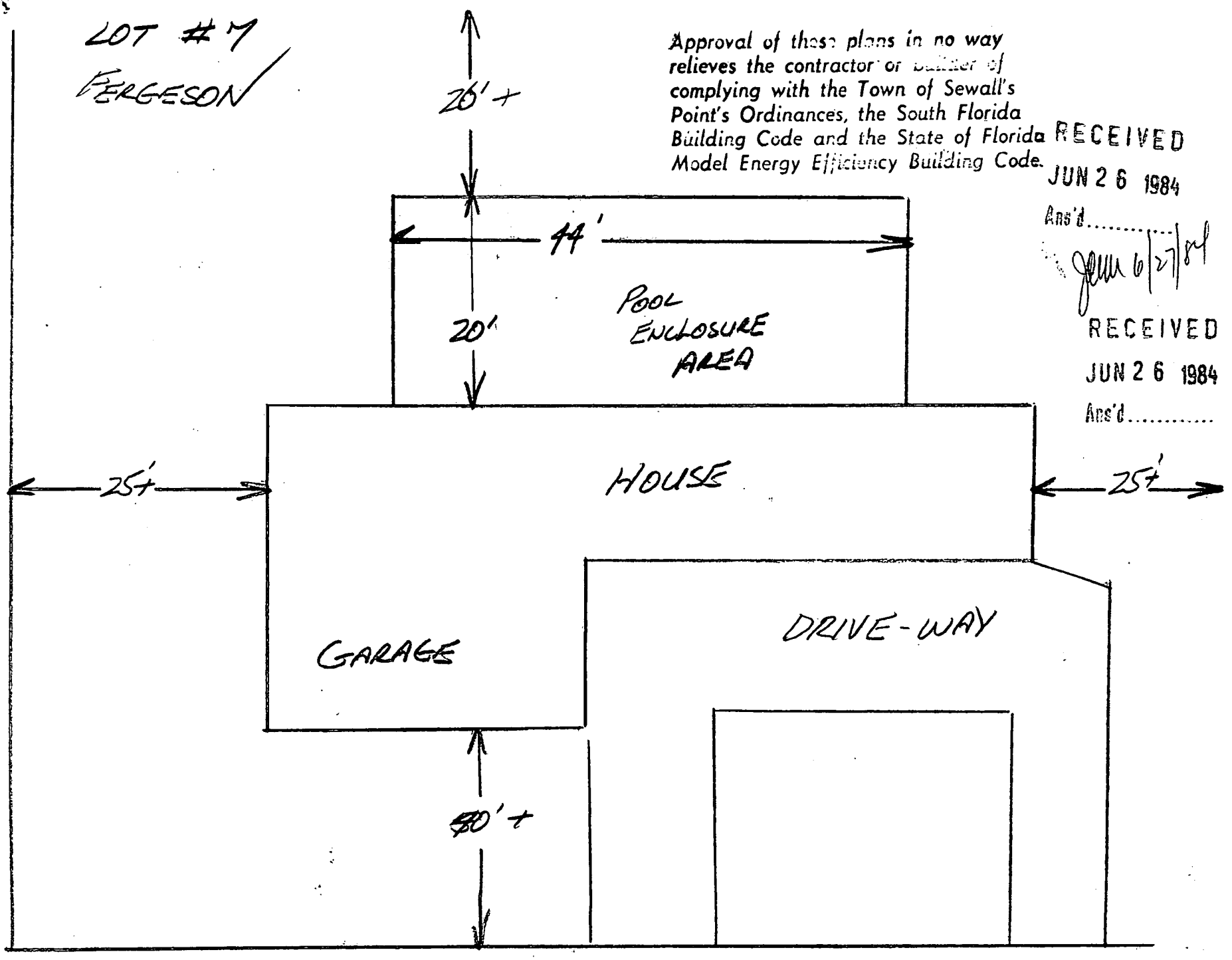
Approval of these plans in no way  
relieves the contractor or builder of  
complying with the Town of Sewall's  
Point's Ordinances, the South Florida  
Building Code and the State of Florida  
Model Energy Efficiency Building Code.

RECEIVED  
JUN 26 1984

Ans'd.....  
June 6/27/84

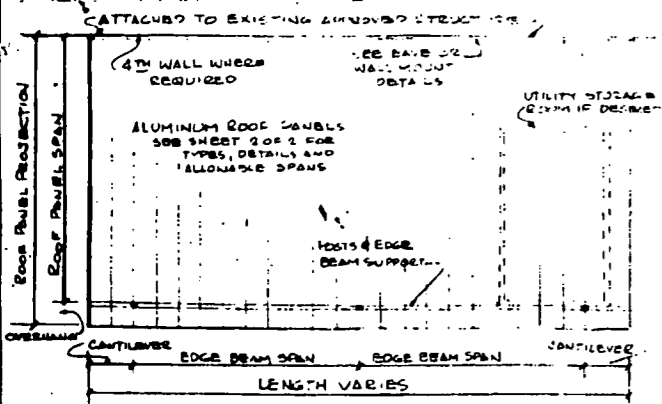
RECEIVED  
JUN 26 1984  
Ans'd.....

SEWALLS POINT RD.

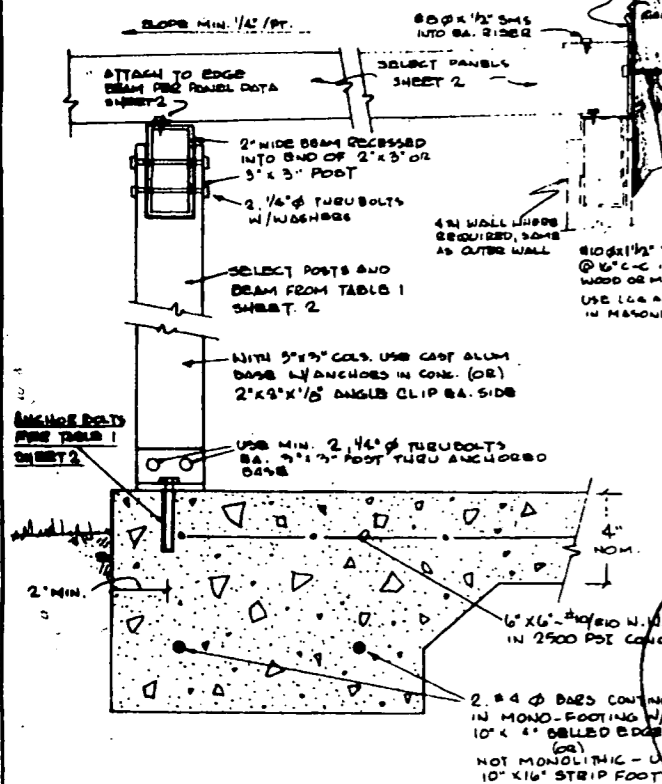


OAKWOOD DR

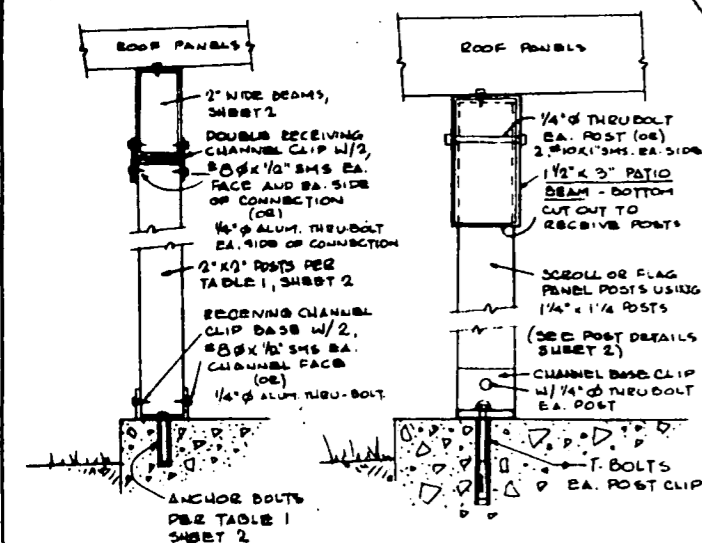
PLAN VIEW - TYPICAL CARPORT OR PATIO



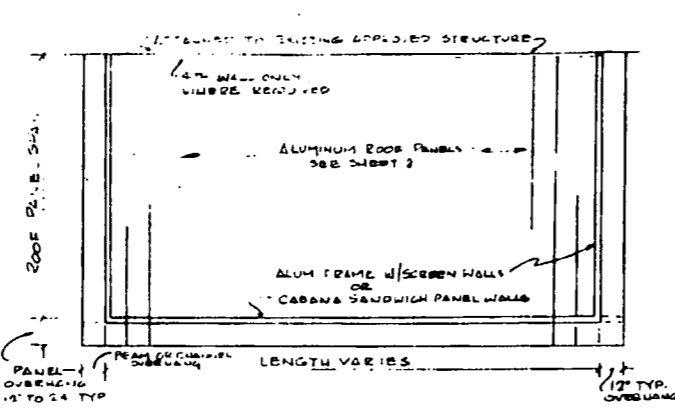
TYPICAL SECTION DETAILS



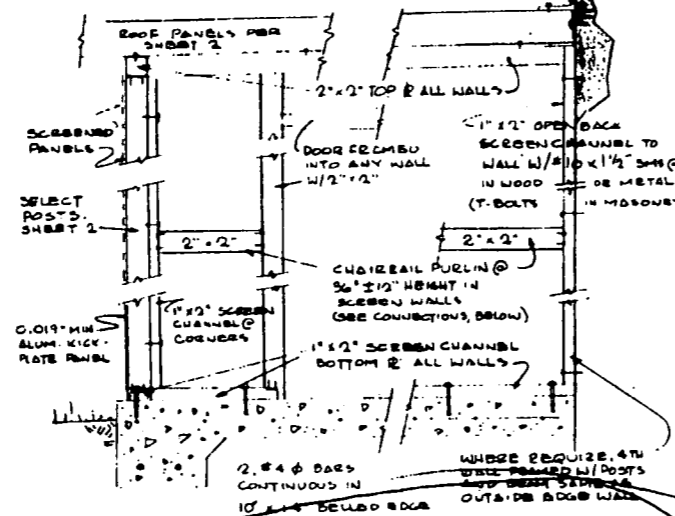
ALTERNATE POST AND BEAM CONNECTIONS



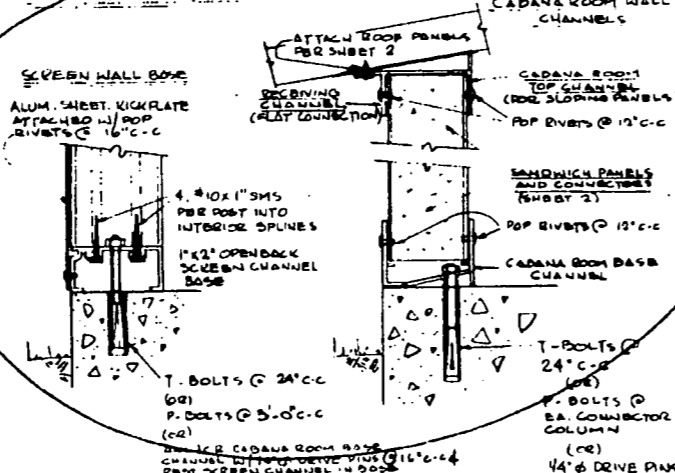
TYPICAL SCREEN ROOM SECTIONS



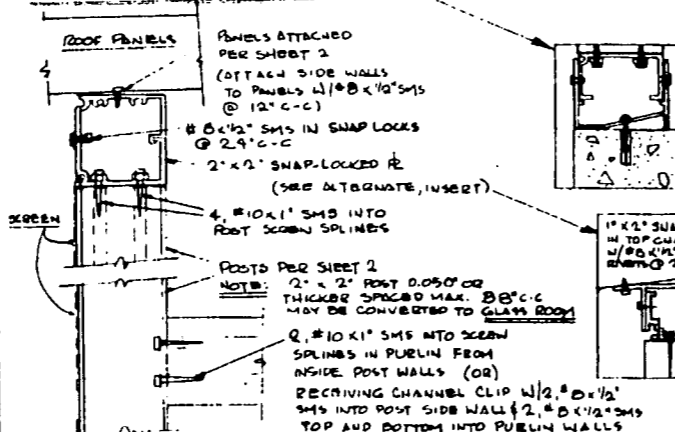
TYPICAL SCREEN ROOM SECTIONS



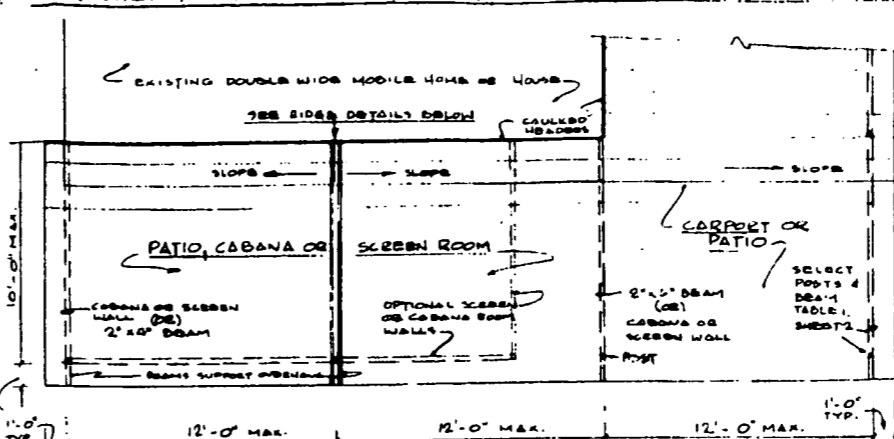
CONNECTION DETAILS



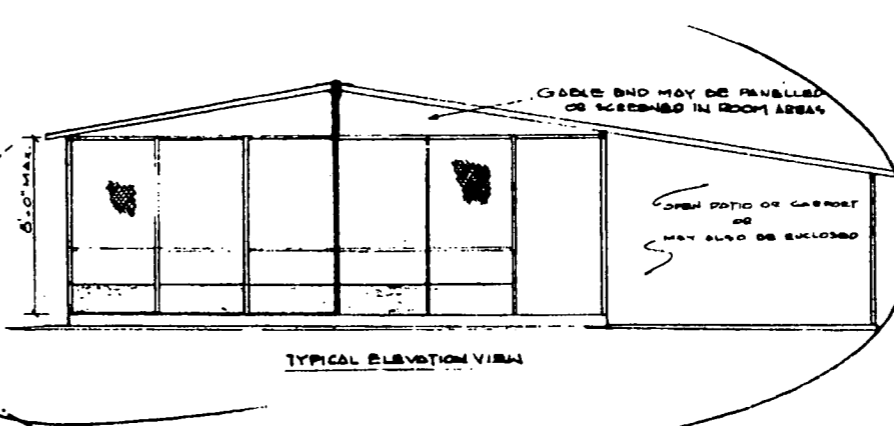
SCREEN WALL POSTS & PURLINS



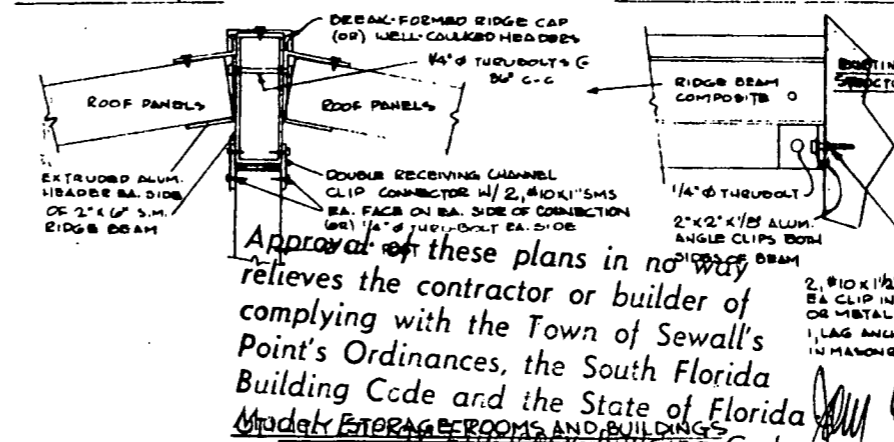
ATTACHED A-FRAME COMBINATION PATIO - CABANA OR SCREEN ROOM - CARPORT



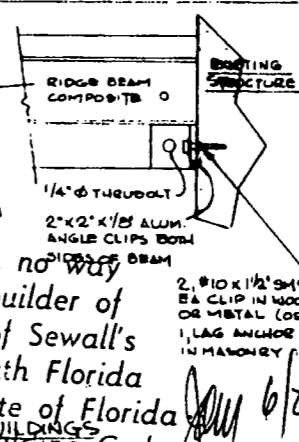
TYPICAL PLAN VIEW



RIDGE BEAM DETAILS



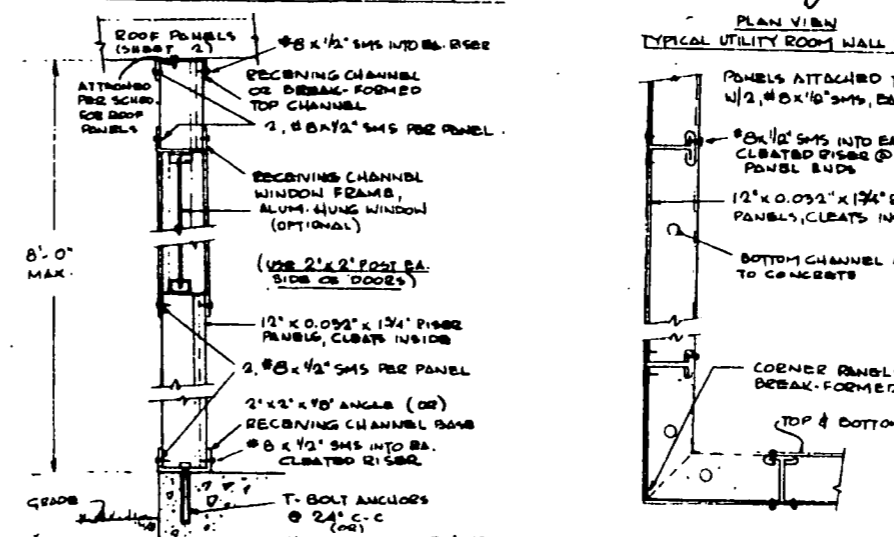
RIDGE BEAM END CONNECTION



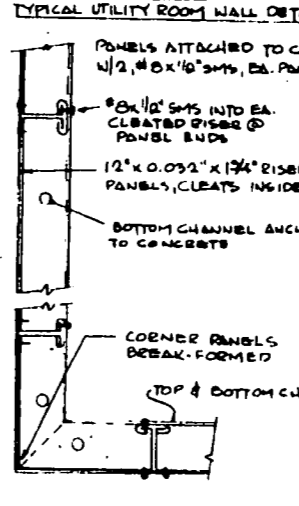
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Building Code.

6/27/84

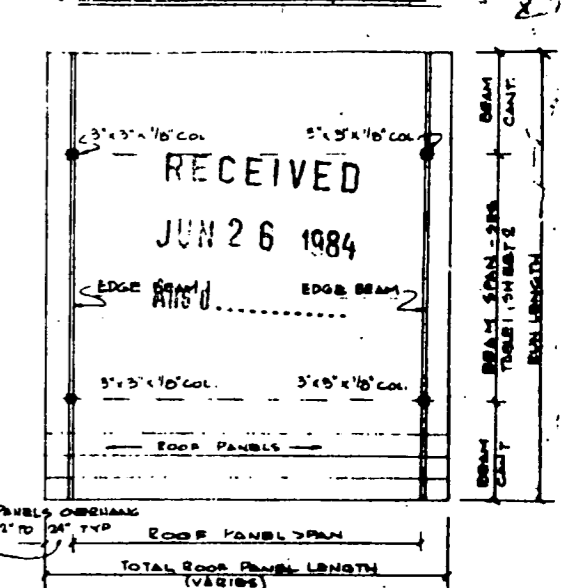
TYPICAL UTILITY ROOM OR BUILDING SECTIONS



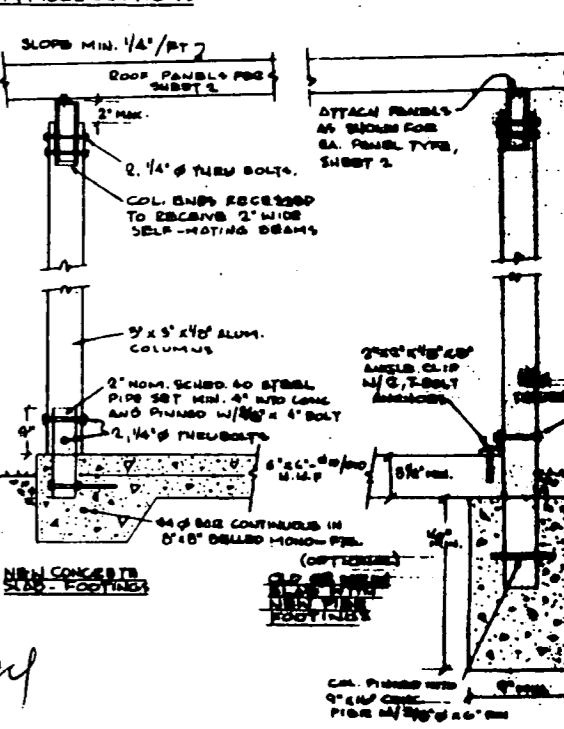
TYPICAL UTILITY ROOM WALL DETAILS



FREE STANDING CARPORT PLAN



TYPICAL SECTIONS



NOTE: BEAMS WITH ONE INTERIOR SPAN, SUPPORTED BY 2 COLUMNS ONLY, WITH BOTH ENDS OVERHANGING AT LEAST 20% OF TABLE 1 THEREAFTER, ARE CONSIDERED CONTINUOUS BEAMS; TABLE SPANS APPLY TO THE SINGLE INTERIOR SPAN. ABOVE CONDITIONS ARE APPLICABLE TO ALL BEAMS FOR FREE-STANDING CARPORTS AND OTHER EDGE BEAMS WHERE THESE CONDITIONS EXIST.

DESIGNED IN ACCORDANCE WITH CHAP. 19 AND 20 OF STANDARD BUILDING CODES (SMC) 1979, PER 1979 WIND REGIONAL AND 20 DFE LEVELS ON BEAMS. CONSULT LOCAL ORDINANCES FOR FURTHER INFORMATION.

MASTER PLANS - ALUMINUM PATIOS, SCREENED AND CABANA ROOMS, CARPORTS AND UTILITY STORAGE ROOMS

HARLAN ENGINEERING LABORATORIES, INC. PO BOX 5050 LAKELAND, FLORIDA 33509 PHONE 813 446 8400

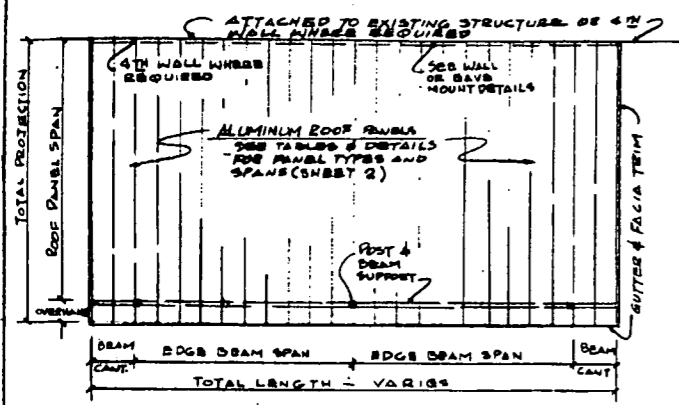
SHEET 1 OF 2 PLANS, DETAILS AND ASSEMBLED SECTION VIEWS

EAST COAST ALUMINUM PRODUCTS, INC. PO BOX 1006 300 N. FRENCHMAN BLVD. FORT PIERCE, FLA. 33902

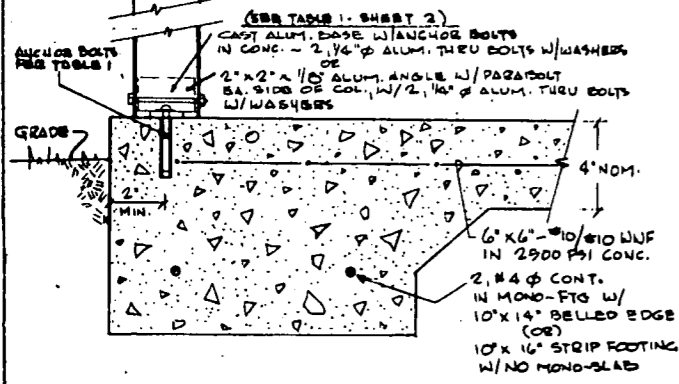
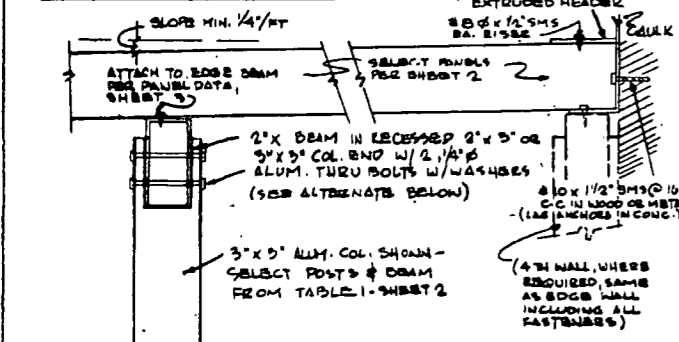
JOB E-831-LTGN 2/21/77



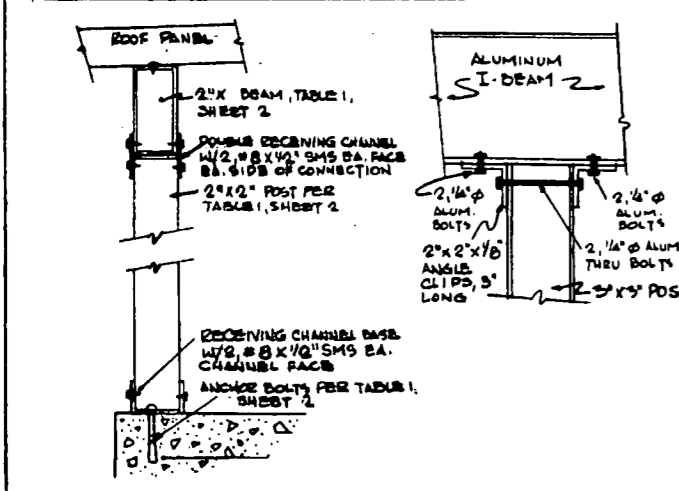
**ATTACHED CARPORT OR PATIO PLAN** 1/4" = 1'-0"



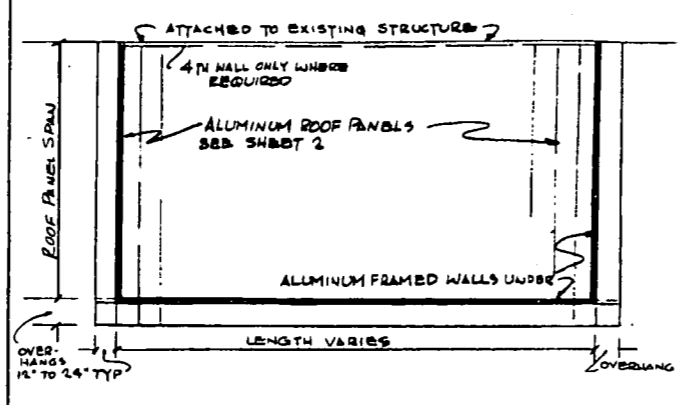
**TYPICAL SECTION DETAILS**



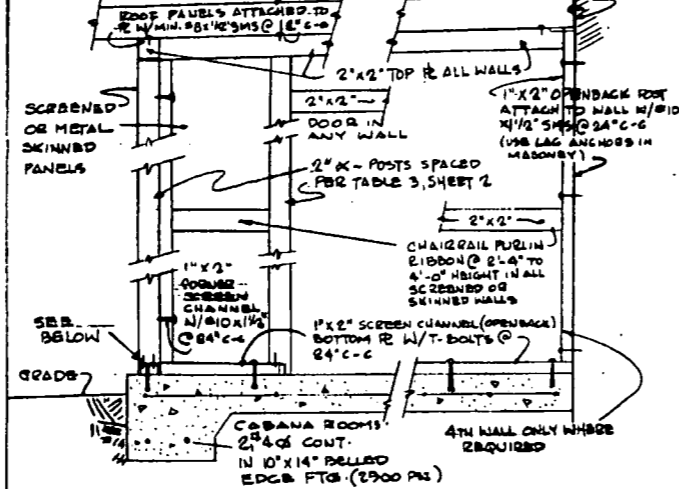
**ALTERNATE POST AND BEAM CONNECTIONS**



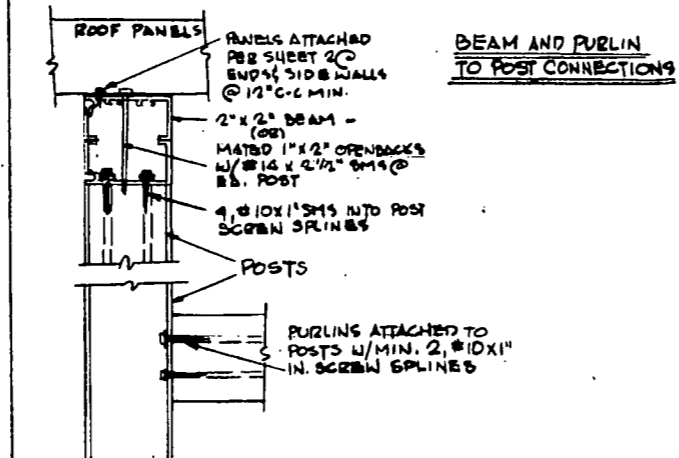
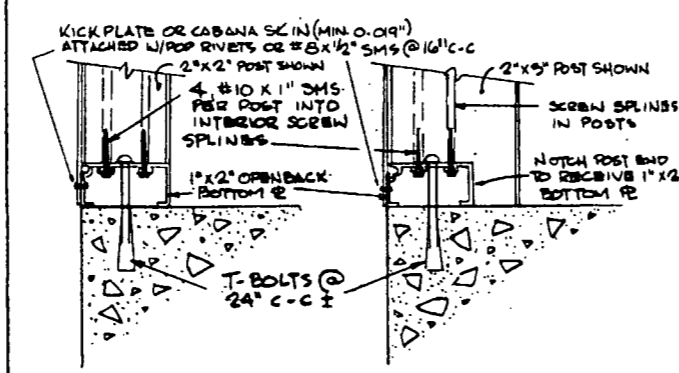
**ATTACHED CABANA ROOM PLAN (SCREENED OR WALL'D)**



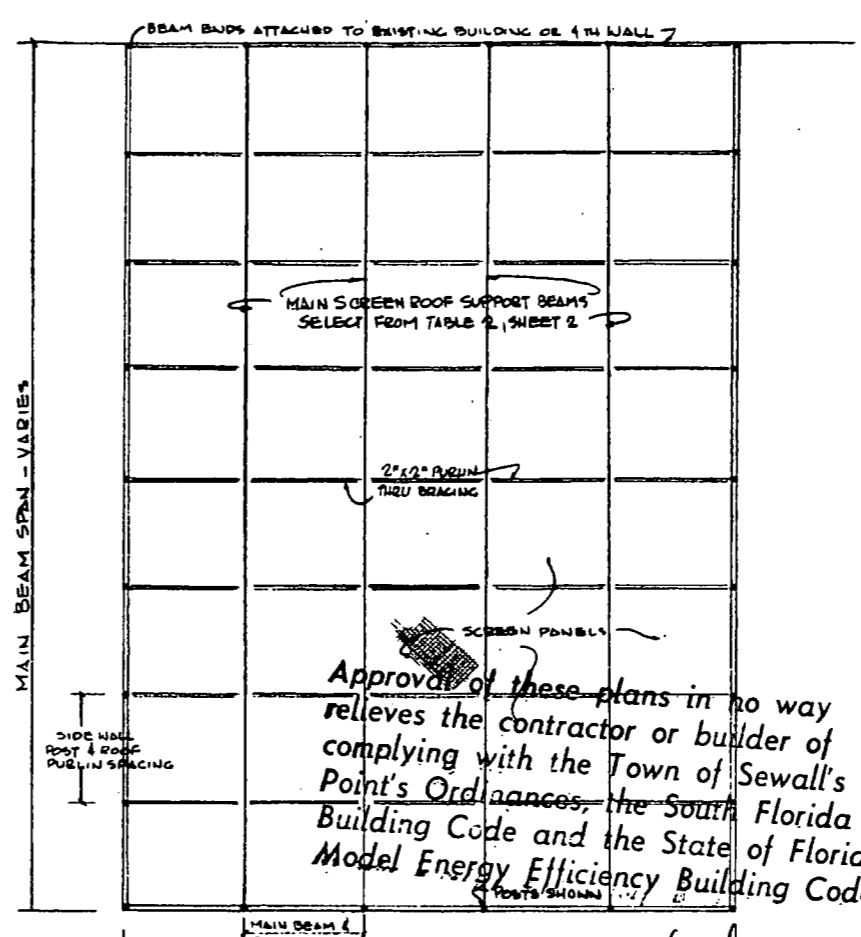
**SECTION VIEW - CABANA ROOM FRAMING**



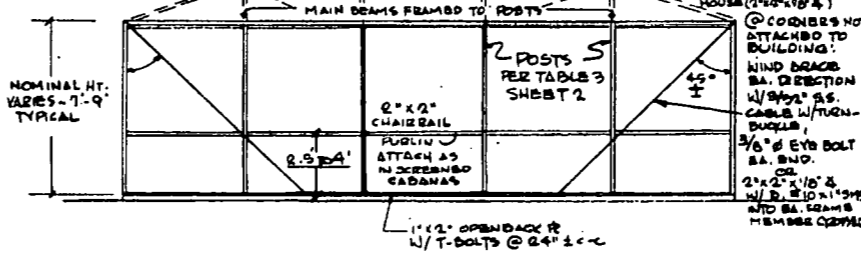
**BASE # AND POST CONNECTIONS**



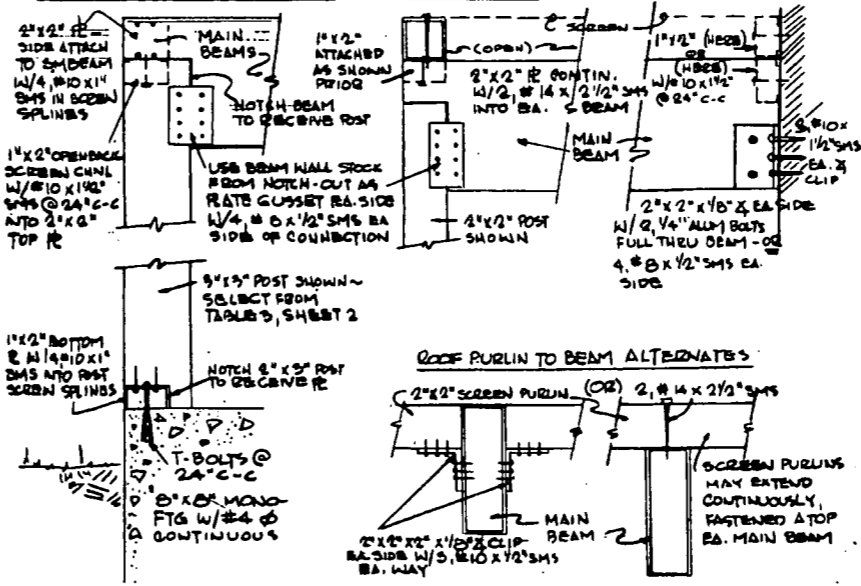
**SCREENED POOL ENCLOSURE PLAN**



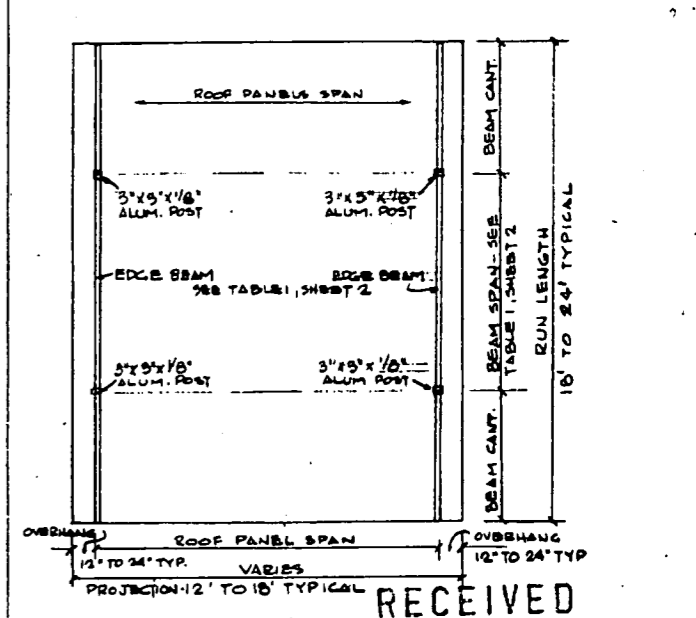
**END ELEVATION VIEW**



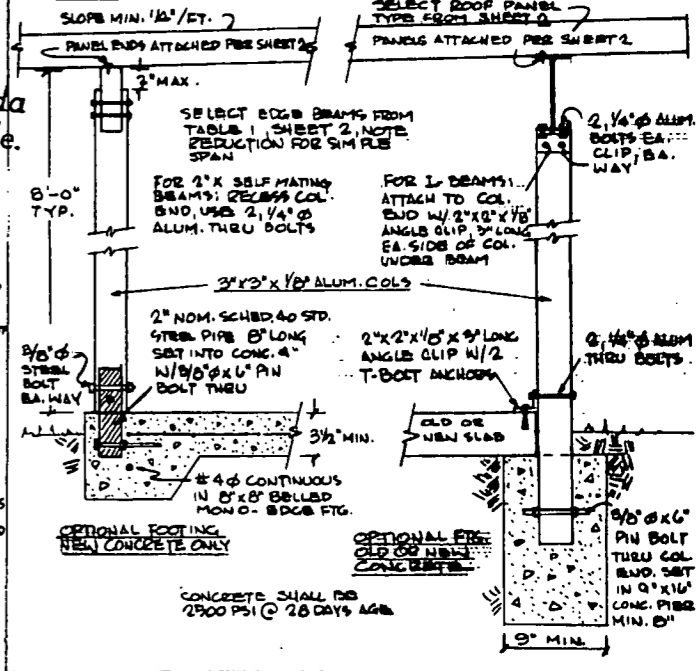
**WALL & BEAM END CONNECTIONS (ALTERNATE) WALL CONNECTION**



**FREE-STANDING CARPORT PLAN**



**TYPICAL SECTIONS**



STRUCTURES DETAILED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH SOUTHERN STANDARD BUILDING CODE, 1974 AMENDMENTS, FOR LOAD CONDITIONS AS FOLLOWS:  
 DEAD LOADS PLUS 20 PSF LIVE LOADS (S = 1/2\"/>

**MASTER PLANS**  
 ALUMINUM PATIOS, CARPORTS, SCREEN ROOMS, CABANAS & POOL ENCLOSURES FOR 120 MPH WIND REGIONS

**SHEET 1 OF 3**  
 PLAN, SECTION AND DETAIL VIEWS

HARLAN ENGINEERING LABORATORIES, INC.  
 P. O. BOX 5032 LAKELAND, FLORIDA 33802

ASHLEY ALUMINUM, INC.  
 5120 WEST CLIFTON STREET  
 TAMPA, FLORIDA 33614

DATE: 10-14-77

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinance, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

*John G. [Signature]* 6/27/84

RECEIVED  
 JUN 26 1984

**1812**

**CHAIN LINK FENCE**



TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1812

Date 5/6/85

APPLICATION FOR A PERMIT TO BUILD A DOCK, FENCE, POOL, SOLAR HEARING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING.

This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable.

Owner NORMAN & CHARLOTTE HAMER Present Address 4590 SANDPEBBLE TRACE #301 HUTCHINSON ISLAND STUART FL. 33494

Phone 305 225-2828 - 288-0257 (225-2828)

Contractor SEARS, REEBUCK & CO. Address 4204 OXFORDHORE RD. FT. MIKAGE FLA. 33450

Phone 468-3347

Where licensed Martin County License number 8128

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

Roofing contractor \_\_\_\_\_ License number \_\_\_\_\_

Air conditioning contractor \_\_\_\_\_ License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: FENCING FOR YARD 5' CHAIN LINK

State the street address at which the structure will be built: LEGAL LOT # 7 OAKWOOD SUBDIVISION / CORNER OAKWOOD DR. & SEWALL'S PT. RD.

Subdivision OAKWOOD Lot number 7 Block number \_\_\_\_\_

Contract price \$ 1177.70 Cost of permit \$ \_\_\_\_\_

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances, the State of Florida Model Energy Efficiency Building Code and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tagging" the construction project.

Contractor Jordan C. Hamer

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

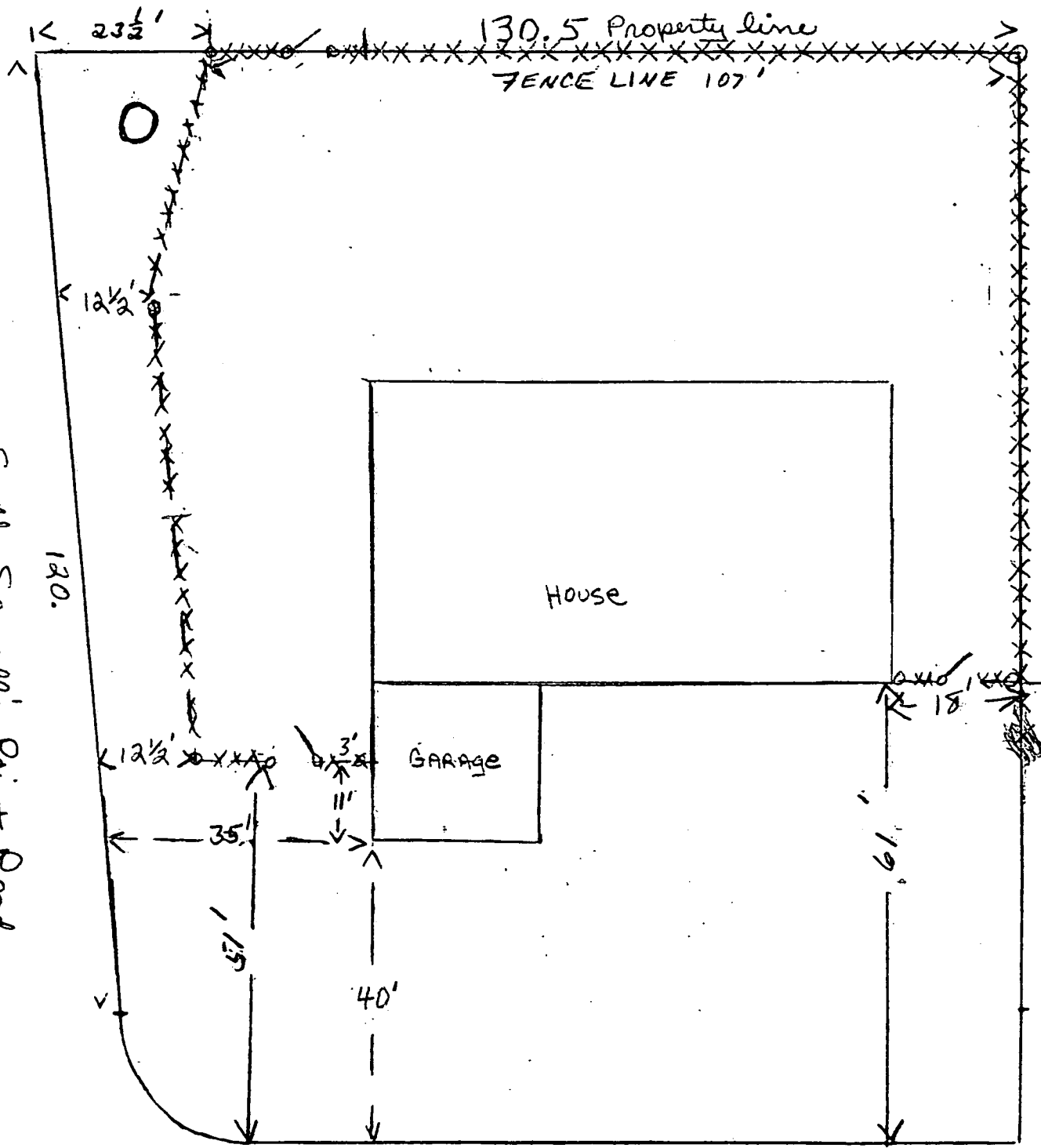
Owner Norman C. Hamer

TOWN RECORD

Date submitted 4/22/85 Approved 5/6/85 Building Inspector [Signature] Date \_\_\_\_\_

Approved [Signature] 4/22/85 Final Approval given 7/5/85 Commissioner Date Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



130.5 Property line  
 FENCE LINE 107'

South Sewall's Point Road

House

GARAGE

143.40

Scale:  
 1 inch = 20 feet

Fence Installation

5 foot Chain-Link Fence

XXXXX - fenced area

Lot # 7 Oakwood Drive

5/6/85-BAJ

Norman E. Hamer

# TOWN *of* SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

## COMMISSIONERS

JOHN C. GUENTHER, Mayor  
GILBERT C. STRUBELL, Vice Mayor  
MIMI TOWL, Commissioner  
CLIFFORD B. DRAKE, Commissioner  
ROBERT R. AUNE, Commissioner

TELEPHONE (305) 287-2455

JOAN H. BARROW  
Town Clerk  
F.J. MATUSZEWSKI  
Chief of Police

June 20, 1985

Mr. Norman Hamer  
1 Oakwood Drive  
Sewall's Point  
Stuart, Florida 33494

Dear Mr. Hamer:

Please contact me at the Town Hall at your earliest convenience regarding the wood fence you have constructed on your property. There is no building permit on file for this structure. A permit was obtained for the chain link fence but not for the wood one.

Thank you for your cooperation.

Sincerely,



Peter Johnsen, Building Inspector  
TOWN OF SEWALL'S POINT

PJ:jb

Hammer  
 DAKWOOD ST. 288-0257

No Permit -

Corner lot -

Guidelines?

To center of street -  
 51' to chain link fence - on SE corner of R  
 Road -  
 76' to western fence

143.40  
 48  
 95

5' chain link  
 4' arborwood

143.40  
 51  
 92.40  
 48

DAKWOOD + So Seaville Road - Wood Fence  
 Behind Also Chain Link Fence

~~Check Commission on Western Seaville Rd for~~



## SECTION I - FIRST OFFENSE

NAME of OFFENDER - NORMAN C. HANER PERMIT # 1812

ADDRESS - 1 OAKWOOD DR. SEASIDE'S PT.

Violation Code Section # VI RESIDENTIAL DISTRICTS - SUB-<sup>(C)</sup>~~C~~-2-4

DESCRIPTION of Violation - THE owner caused to be erected a 4 1/2' wood Privacy Fence approximately 80 Long from corner of property (SOUTH-EAST) ~~THERE~~ EXTENDING in two directions, for road curve reduction - Seaside's Point Code defines roadways as house front as far as setback and height limitations are concerned - In this case 5' maximum height along road and thirty five foot setback. Plus no permit was applied for or granted. Said fencing was installed after chain link fence was installed May 6-1985 - ~~for~~

DATE + time Violation brought to attention of offender June 20-1985  
 Action taken by code inspector - LETTERS sent to owner  
 Response of offender - Submitted application which was denied -

# TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

## COMMISSIONERS

JOHN C. GUENTHER, Mayor  
GILBERT C. STRUBELL, Vice Mayor  
MIMI TOWL, Commissioner  
CLIFFORD B. DRAKE, Commissioner  
ROBERT R. AUNE, Commissioner

TELEPHONE (305) 287-2455

JOAN H. BARROW  
Town Clerk  
F.J. MATUSZEWSKI  
Chief of Police

July 11, 1985

Mr. Norman C. Hamer  
1 Oakwood Drive  
Sewall's Point  
Stuart, Florida 33494

Dear Mr. Hamer:

Your application for a permit for a 6½' high wood privacy fence has been denied due to the fact that it violates Ordinance # 111 and Ordinance # 140. These ordinances state that all walls, fences and other enclosures, outside of building lines, shall not be over 5' in height from the front line of the property back to the front building line.

Corner lots are presumed to have front lines on both streets. (Code page 950, paragraph C-2)

If I have not heard from you in one week I will turn this violation over to the Town Code Enforcement Board.

Sincerely,

TOWN OF SEWALL'S POINT



Peter Johnsen, Building Inspector

PJ:jb

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARTIN, TOWN OF SEWALL'S POINT

In the name of the Town of Sewall's Point, Florida: The undersigned certifies that he has just and reasonable grounds to believe, and does believe that:

On the 1st day of August, 1985, at 11:00 a.m., Norman C. Hamer

whose address is 1 Oakwood Drive, Sewall's Point, Florida 33494

at (location) same as above

in the Town of Sewall's Point, Florida, committed the following offense(s):

1. Constructed a 6' high wooden fence in violation of Town Code height requirements.

2.

In violation of Town of Sewall's Point Code of Ordinances Section VI, C-2-4, or in violation of Section of the Ordinances of the Town of Sewall's Point.

Additional information re: violation(s):

Fence constructed without a permit, permit applied for after-the-fact was denied as the fence does not meet height requirements.

I swear the above and attached statements are true and correct to the best of my knowledge and belief.

[Signature]

Sworn to and subscribed before me this 1st day of August, 1985.

(NOTARY SEAL)

Notary Public STATE OF FLORIDA AT LARGE My Commission Expires:



CODE ENFORCEMENT BOARD  
of the  
TOWN OF SEWALL'S POINT, FLORIDA

Report of Violation of Technical  
Provisions of the Code of Ordinances

Section I - First Offense

Name(s) of offender(s): Norman C. Hamer

Address: 1 Oakwood Drive, Sewall's Point, Florida 33494

Address where violation observed if other than above: \_\_\_\_\_

Violation: Code Section No. VI C-2-4 (Give description of violation including date, time and duration of violation):

On June 20, 1985 the building inspector noticed that a 6" wood fence, approximately 80' long (from the corner of the property, south east) in two directions had been installed without a permit. The owner was contacted and then applied for an after-the-fact building permit. Said permit was denied as the fence can not be over 5' high.

Date and time violation brought to attention of offender: \_\_\_\_\_

June 20, 1985 letter sent to offender

Action taken by Code Inspector: July 11, 1985 letter sent to offender

Response of Offender: Offender says he needs fence for noise reduction.

Case No. assigned: \_\_\_\_\_

  
(Signature of Code Inspector)

PERMIT DENIED -

SEWALL'S PT ROAD IS SECOND

FRONT YARD FOR RESIDENCE -

FENCE HEIGHT LIMIT IS 5 FEET -

ACCORDING TO LEGAL OPINION -

No CONTRACTOR OR OWNER  
SIGNATURES -  
#1812 - Chain Link Fence (5' high)  
5/6/85

PS Form 3811, Oct. 1983

● **SENDER:** Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).  
 Show to whom and date delivered .....  
 Show to whom, date, and address of delivery..

2.  **RESTRICTED DELIVERY**  
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. **ARTICLE ADDRESSED TO:**  
Norman C. Hamer  
1 Oakwood Drive  
Stuart, FL 33494

4. **TYPE OF SERVICE:**  
 REGISTERED  INSURED  CERTIFIED  COD  EXPRESS MAIL

ARTICLE NUMBER  
P408693251

(Always obtain signature of addressee or agent)  
I have received the article described above.  
SIGNATURE  Addressee  Authorized agent

5. DATE OF DELIVERY: 8-3-85

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS  
RMC

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

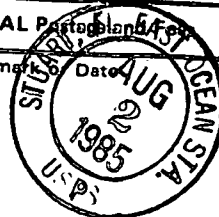
P 408 693 251  
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Norman C. Hamer	
Street and No.	
1 Oakwood Drive	
P.O., State and ZIP Code	
Stuart, FL 33494	
Postage	\$ .20
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	70
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmaster's Date	AUG 2 1985

PS Form 3800, Feb. 1982



**MARTIN COUNTY  
CONTRACTORS  
CERTIFICATE OF COMPETENCY**

Effective October 1, 19 84 through September 30, 19 85

**NAME** GORDON G. WRISLEY  
**FIRM** WRISLEY FENCE COMPANY  
**ADDRESS** PO Box 1864  
Ft. Pierce, FL 33454

**CERTIFIED  
CONTRACTOR** FENCE ERECTION

**AUDIT  
CONTROL**

**No 8128**

**CERTIFICATE NUMBER**  
00001

5/6/85-PQ

# CODE VIOLATION

MR. NORMAN HAMMER  
1 OAKWOOD DR.  
SEWALL'S POINT

1<sup>st</sup> CONTACT - LETTER SENT JUNE 20, 1985 - (SINCE NO CONTACT BY HOME)  
IN RESPECT TO AN UNPERMITTED FENCE ERECTED ON  
HIS PROPERTY.

2<sup>nd</sup> CONTACT - July 11 - 1985 - REFUSAL OF PERMIT APPLICATION  
DUE TO VIOLATION OF ORDINANCES #111 AND #140.  
Plus Code page 950 PARAGRAPH C-2 CONCERNING  
CORNER LOTS.

FIRST OFFENSE - AUGUST 1 - 1985 - ON JUNE 20, 1985 THE BUILDING  
INSPECTOR NOTICED A 6 1/2' HIGH WOOD FENCE HAD  
BEEN ERECTED (APPROXIMATELY 80 FEET FROM SOUTHWEST CORNER  
EQUIDISTANT) WITHOUT A PERMIT - THE OWNER APPLIED  
FOR AN AFTER-FACT BUILDING PERMIT WHICH WAS DENIED  
DUE TO FENCE HEIGHT ABOVE 5' -

August 26, 1985

Mr Norman C. Hamer  
1 Oakwood Dr.  
Sewalls Point

Re: Second violation - (OFFENSE)

No additional names/addresses -

DATE - TIME - Duration of Second Offense -

From Aug 3-1985 to ~~the~~ present DATE

Description of Second Offense -

Same violation code section No. VI, C-2-4

Action taken by code inspector + response of  
alleged offender = issuance of first offense  
+ response of offender was a need of fence  
for noise reduction -

DATE & TIME (ITATION ISSUED (ATTACH COPY TO THIS REPORT)  
August 26-1985

# TOWN of SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

## COMMISSIONERS

JOHN C. GUENTHER, Mayor  
GILBERT C. STRUBELL, Vice Mayor  
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CLIFFORD B. DRAKE, Commissioner  
ROBERT R. AUNE, Commissioner

TELEPHONE (305) 287-2455

JOAN H. BARROW  
Town Clerk  
F.J. MATUSZEWSKI  
Chief of Police

August 26, 1985

Mr. Norman C. Hamer  
1 Oakwood Drive  
Sewall's Point  
Stuart, Florida 33494

Dear Mr. Hamer:

Enclosed is the affidavit regarding your violation of the Town of Sewall's Point Ordinances relating to the fence you have constructed on your property.

If this violation is not corrected in two weeks then a date and time will be set for a hearing before the Town's Code Enforcement Board.

Sincerely,

TOWN OF SEWALL'S POINT



Peter Johnsen, Building Inspector

PJ:jb

Code. Enf. Bd.  
notice  
Please note  
date & time  
delivered \_\_\_\_\_  
8/26/85  
1730 hrs. mat  
JAS

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARTIN, TOWN OF SEWALL'S POINT

In the name of the Town of Sewall's Point, Florida: The undersigned certifies that he has just and reasonable grounds to believe, and does believe that:

On the 26th day of August, 1985, at 8:58

a.m., Norman C. Hamer

whose address is 1 Oakwood Drive, Sewall's Point, Florida 33494

at (location) same as above

in the Town of Sewall's Point, Florida, committed the following offense(s):

1. Offender did construct a 6 1/2' high wood fence, 80 feet long, without a permit. He later applied for a permit which was denied as the fence can be no higher than 5'

2.

In violation of Town of Sewall's Point Code of Ordinances Section VI, C-2-4, or in violation of Section \_\_\_\_\_ of the Ordinances of the Town of Sewall's Point.

Additional information re: violation(s):

Offender contends he needs the fence for noise reduction.

I swear the above and attached statements are true and correct to the best of my knowledge and belief.



Sworn to and subscribed before me this 26th day of August, 1985.

(NOTARY SEAL)

Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires:

Section II - Second Offense

Any additional names/addresses: none

Date, time, duration of second offense: continuous since time of first  
observation

Description of second offense: illegal fence, too high

Action taken by Code Inspector and response of alleged offender:

First offense report issued 8/1/85 , offender stated he needs fence for  
noise reduction.

Date and time citation issued (attach copy to this report):

8/26/85, 8:58 AM

  
(Signature of Code Inspector)

Section III - Third Offense

Names and addresses if any difference: \_\_\_\_\_



# TOWN *of* SEWALL'S POINT

One South Sewall's Point Road, Sewall's Point, Stuart, Florida 33494

## COMMISSIONERS

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GILBERT C. STRUBELL, Vice Mayor  
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ROBERT R. AUNE, Commissioner

TELEPHONE (305) 287-2455

JOAN H. BARROW  
Town Clerk  
F.J. MATUSZEWSKI  
Chief of Police

August 26, 1985

Mr. Norman C. Hamer  
1 Oakwood Drive  
Sewall's Point  
Stuart, Florida 33494

Dear Mr. Hamer:

Enclosed is the affidavit regarding your violation of the Town of Sewall's Point Ordinances relating to the fence you have constructed on your property.

If this violation is not corrected in two weeks then a date and time will be set for a hearing before the Town's Code Enforcement Board.

Sincerely,

TOWN OF SEWALL'S POINT



Peter Johnson, Building Inspector

PJ:jb

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARTIN, TOWN OF SEWALL'S POINT

In the name of the Town of Sewall's Point, Florida: The undersigned certifies that he has just and reasonable grounds to believe, and does believe that:

On the 26th day of August, 1985, at 8:58

a.m., Norman C. Hamer

whose address is 1 Oakwood Drive, Sewall's Point, Florida 33494

at (location) same as above

in the Town of Sewall's Point, Florida, committed the following offense(s):

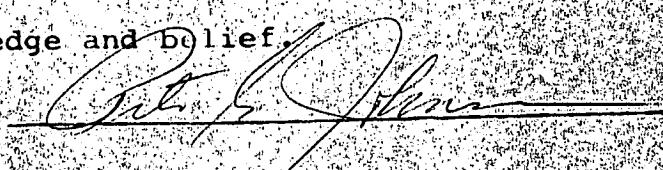
1. Offender did construct a 6 1/2' high wood fence, 80 feet long, without a permit. He later applied for a permit which was denied as the fence can be no higher than 5'
2. \_\_\_\_\_

In violation of Town of Sewall's Point Code of Ordinances Section VI, C-2-4, or in violation of Section \_\_\_\_\_ of the Ordinances of the Town of Sewall's Point.

Additional information re: violation(s):

Offender contends he needs the fence for noise reduction.

I swear the above and attached statements are true and correct to the best of my knowledge and belief.



Sworn to and subscribed before me this 26th day of August, 1985.

(NOTARY SEAL)

Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires:

Section II - Second Offense

Any additional names/addresses: none

Date, time, duration of second offense: continuous since time of first observation

Description of second offense: illegal fence, too high

Action taken by Code Inspector and response of alleged offender:  
First offense report issued 8/1/85, offender stated he needs fence for noise reduction.

Date and time citation issued (attach copy to this report):  
8/26/85, 8:58 AM

  
(Signature of Code Inspector)

Section III - Third Offense

Names and addresses if any difference: \_\_\_\_\_

4441

REPLACE DRIVEWAY

#4441 OK  
KW

### Town of Sewall's Point

PIN \_\_\_\_\_

Date 7/14/95

## BUILDING PERMIT APPLICATION

to construct:

NEW CONSTRUCTION     ADDITION     ALTERATION     DEMOLITION

RESIDENTIAL     COMMERCIAL    400 SF REPAIR CP

OTHER: \_\_\_\_\_ CONTRACT PRICE \$ 2,200

Owner's Name DR. TERESA KIELY REPLACE EXISTING  
Owner's Address 1 OAKWOOD DRIVE DRIVEWAY - DAMAGED  
BY SPRINKLER  
CONTRACTOR

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Name PONNEY PONDWATE

Contractor's Address 1501 DECKER AVENUE UNIT 301

City STUART State FL Zip 34994

Job Name \_\_\_\_\_

Job Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Description \_\_\_\_\_

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has been commenced.

OWNERS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be 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.

[Signature] (Rep) 7/13/93  
 Owner or Agent Date

[Signature] 7/13/93  
 Contractor Date

COUNTY OF MARTIN  
STATE OF FLORIDA

Sworn to and subscribed before me this 16 day of July, 1998 by  
JAMES CONNERY JR who: [ ] is/are personally known to me, or [  ] has/have produced  
FDU# C560-450-50 as identification, and who did not take an oath.  
094-0

Barbara L. Holmes

Name: BARBARA L. HOLMES

Typed, printed or stamped

(NOTARY SEAL)

OFFICIAL NOTARY SEAL
BARBARA L. HOLMES
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC557677
MY COMMISSION EXP. JUNE 3, 2000

I am a Notary Public of the State of Florida having a  
commission number of CC 557677 and my  
commission expires: 6/3/00

STATE OF FLORIDA  
COUNTY OF MARTIN

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

Name: \_\_\_\_\_

Typed, printed or stamped

(NOTARY SEAL)

I am a Notary Public of the State of Florida having a  
commission number of \_\_\_\_\_ and my  
commission expires: \_\_\_\_\_

Certificate of Competency Holder

Contractor's State Certification or Registration No. \_\_\_\_\_

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY [Signature] Permit Officer

**5039**

**REROOF**

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 8/3/00

BUILDING PERMIT NO. 5039

Building to be erected for EDNA F. BUELL TRUST

Type of Permit RE ROOF

Applied for by SAMUEL E. CHES (Contractor)

Building Fee \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 1 OAKWOOD DR.

Impact Fee \_\_\_\_\_

Type of structure S.F.R.

A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Parcel Control Number:  
13-38-41-009-000-00070-30000


Plumbing Fee \_\_\_\_\_

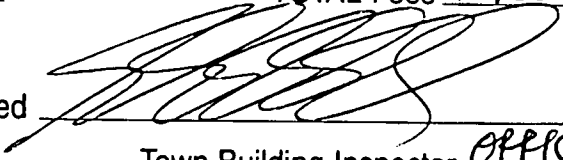
Roofing Fee \$120.00

Amount Paid \$120.00 Check # 7529 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 9,360.00

TOTAL Fees \$120.00

Signed   
Applicant

Signed   
Town Building Inspector OFFICIAL

# RE-ROOFING PERMIT

### INSPECTIONS

DRY IN  
PROGRESS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

PROGRESS  
FINAL

DATE \_\_\_\_\_  
DATE 12/26/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

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

MONDAY THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

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



TAX FOLIO # 13-38-41-009-000-00070-30000

PERMIT #

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):

X LOT 7 OAKWOOD SUBDIVISION

GENERAL DESCRIPTION OF IMPROVEMENT: REROOF

X OWNER: EDNA F. BUELL TRUST

ADDRESS: 1 OAKWOOD DRIVE STUART, FLA 34996

PHONE #: 786-2397

FAX #: \_\_\_\_\_

CONTRACTOR: SAMUEL E. CHASS

ADDRESS: 1218 SW. MANCISO AVE PT. ST. LUCIE FLA. 34953

PHONE #: 336-2192

FAX #: 336-9289

SURETY COMPANY (IF ANY) N/A

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: NONE

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: MR. TERENCE KIELY

ADDRESS: 1 OAKWOOD DRIVE STUART FLA. 34996

PHONE #: 286-2387

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 #: \_\_\_\_\_

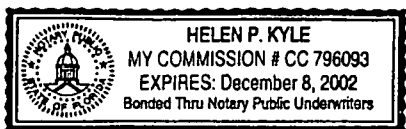
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

X Terence B. Kiely  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6 DAY OF JULY 2000  
BY TERENCE B. KIELY

OR PERSONALLY KNOWN   
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

X Heleen P. Kyle  
NOTARY SIGNATURE



STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.  
BY [Signature] MARSHA STUBBS, CLERK  
DATE 7-18-00 10/28/99





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

RECEIVED  
Bldg. Permit Number: \_\_\_\_\_  
JUL 21 2000  
BY: SA 7/31/00  
Phone No. (561) 286-2387

Owner or Titleholder's Name: EDNA F. BUELL TRUST  
Street: 1 OAKWOOD DR City: STUART State: FL Zip: 34996  
Legal Description of Property: LOT 7 OAKWOOD SUBDIVISION

Parcel Number: 13-38-41-009-000-00070-3000

Location of Job Site: 1 OAKWOOD DRIVE STUART, FLA

TYPE OF WORK TO BE DONE: REMOVE EXISTING WOODSHAKES; Apply 5-V Acrylic

CONTRACTOR/Company Name: SAMUEL E. CHASS Phone No. ( ) \_\_\_\_\_

Street: 1218 SW. MANCUSO AVE City: PT. ST. LUCIE State: FL Zip: 34953

State Registration: RC 0061026 State License: \_\_\_\_\_

ARCHITECT: N/A Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: N/A Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

FLOOD HAZARD INFORMATION

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 9360

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO

Method of determining Fair Market Value: \_\_\_\_\_

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

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: SAMUEL E. CHASS State: FLA. License # RC 0061026

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

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

OWNER or AGENT SIGNATURE (Required)

Terence B. Kieley  
Owner

State of Florida, County of: MARTIN On

this the 6 day of JULY, 2000,

by TERENCE B. KIELEY who is personally

known to me or produced \_\_\_\_\_

as identification.

Heleen P. Kyle  
Notary Public

My Commission Expires: 12/8/02



CONTRACTOR SIGNATURE (Required)

Samuel E. Chass  
Contractor

State of Florida, County of: Martin On

this the 21<sup>st</sup> day of July, 2000,

by SAMUEL CHASS who is personally

known to me or produced Fl-d-1.

as identification.

Joan H. Barrow  
Notary Public

My Commission Expires: \_\_\_\_\_



Joan H. Barrow  
MY COMMISSION # CC 796093 EXPIRES  
November 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

METROPOLITAN DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1903  
(305) 375-2901  
FAX (305) 375-2808

PRODUCT CONTROL DIVISION  
(305) 375-2902  
FAX (305) 372-8339

*Samuel E. Crisp*  
*1 OAKWOOD*

RECEIVED  
JUL 31 2000  
BY:

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

Southeastern Metals Manufacturing Co., Inc.  
11801 Industry Drive  
Jacksonville, FL 32226

Your application for Product Approval of:

"S-V Crimp" Metal Roofing Panels

under Chapter 8 of the Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: Construction Research Laboratory, Inc. and Hurricane Test Laboratory, Inc. has been recommended for acceptance by the Building Code Compliance Office to be used in Dade County, Florida under the specific conditions set forth on pages 2-4 and the standard conditions on page 5.

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

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

ACCEPTANCE NO.: 98-0429.09  
EXPIRES: 06/23/01

Renews & Revises: 97-0404.05

*Raul Rodriguez*  
Raul Rodriguez  
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**  
**BUILDING CODE COMMITTEE**

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

7/31/00 TOWN OF SEWALL'S POINT  
REVIEW: *[Signature]*  
BLDG. OFFICIAL

*Charles Danger*  
Charles Danger, P.E.  
Director  
Building Code Compliance Dept.  
Miami-Dade County

APPROVED: 06/23/98

**FILE** TOWN COPY  
1 OAKWOOD DR

SOUTHEASTERN METALS MANUFACTURING CO., INC.

ACCEPTANCE NO: 70-UT-07-007

### PRODUCT CONTROL NOTICE OF ACCEPTANCE ROOFING SYSTEM APPROVAL

Applicant:  
Southeaster Metal Manufacturing Co. Inc.  
11801 Industry Drive  
Jacksonville, FL 32218

Product Control No.: 98-0429.09  
Approval Date: June 23, 1998

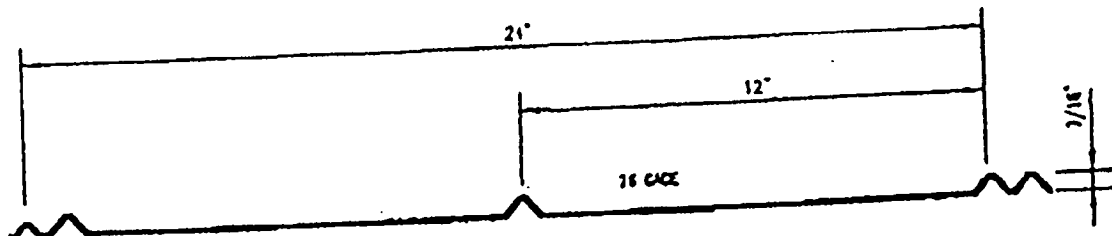
Expiration Date: June 23, 2001

Category: Prepared Roofing  
Sub-Category: Panels  
Type: Non-Structural  
Sub-Type: Metal

#### Evidence Submitted

Test Agency	Test Identifier	Test Name/Report	Date
Construction Research Laboratory, Inc.	5898A	<u>Direct Deck Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Construction Research Laboratory, Inc.	5898B	<u>Over Battens Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Hurricane Test Laboratories, Inc.	0041-0102-98	UL -580 test PA 125	Jan. 1998

"5-V CRIMP" METAL ROOF PANELS



*[Signature]*  
Frank Zuloaga, RRC  
Roofing Product Control Examiner

### System Description

**SYSTEM A-1S:**

"SV-Crimp" 26 ga. Metal Panels

**Deck Type:**

Wood; Non-Insulated

**Deck Description:**

1 9/32" or greater plywood or wood plank.

**Slope Range:**

2":12" or greater

**Maximum Uplift Pressure:**

The maximum allowable design pressure for the 24" wide panel shall be -57.5 psf.

**Deck Attachment:**

In accordance with chapter 29 of the SFBC, but in no case it shall be less than # 8 x 1 1/4" screws or annular ring shank nails spaced at 6" oc. In re-roofing, where deck is less than 1 9/32" thick (minimum 1 5/32") the above attachment method must be in addition to existing attachment.

**Underlayment:**

30lb  
ASTM

Minimum underlayment shall be a ASTM D 226 Type II installed with a minimum 4" side-laps and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.

**Valleys:**

Acrylume  
2028

Valley construction shall be in compliance with Miami-Dade County Roofing Application Standard PA 133 and with Southeastern Metal Manufacturing Company's current published installation instructions.

**Fire Barrier Board:**

M/A

For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Partek Insulations, Inc. (with current NOA) "Roctex" or 5/8" water resistant type X gypsum sheathing with treated core and facer, over the deck prior to installing the underlayment in compliance with Miami-Dade County Roofing Application Standard PA 133.

**Metal Panels and Accessories:**

Install the "SV-Crimp Panels" including flashings penetrations, valleys, and accessories in compliance with Southeastern Metal Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Miami-Dade Roofing Application Standard PA 133.

"SV-Crimp Panels" shall be installed with a minimum #9 corrosion resistant sealing washer fastener of sufficient length (but not less than 2") to penetrate through the sheathing. Fasteners shall be spaced a minimum of 12" o.c. perpendicular to the slope, in rows spaced 16" o.c. running parallel to the slope of the roof.

Fastener shall be spaced a minimum of 3" o.c from the end at the eaves and rakes. End panel seams shall be a minimum of 6" and sealed with double bead sealant tape. All perimeter attachment shall be in accordance with Miami-Dade County Protocol PA 111.

Frank Zuloaga, RRC  
Roofing Product Control Examiner

**SYSTEM LIMITATIONS**

1. Increased design pressures at perimeter and corner areas, in compliance with chapter 23 of the SFBC, may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer proficient in structural design
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol PA 133.
3. All panels shall be permanently labeled with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved."



Frank Zuloaga, RRC  
Roofing Product Control Examiner

**SOUTHEASTERN METALS MANUFACTURING CO., INC.**

**ACCEPTANCE NO: 98-0429.09**

**Southeastern Metals Manufacturing Co., Inc.**  
 11801 Industry Drive  
 Jacksonville, FL 32218

**ACCEPTANCE NO: 98-0429.09**  
**APPROVED: July 23, 1998**  
**EXPIRES: June 23, 2001**

**NOTICE OF ACCEPTANCE STANDARD CONDITIONS**

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

**END OF THIS ACCEPTANCE**

Page 5 of 5

  
 Frank Zumbach, R.R.C.  
 Roofing Product Control Examiner

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

Admiral Insurance Associates  
2313 S Kanner Hwy  
Stuart, FL 34994  
561 781-1099

DATE (MM/DD)  
07/21/00

**COPY FILE FILE**  
*he/ms*  
*permit*

THIS CERTIFICATE IS ISSUED AS A MATTER ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT ALTER THE COVERAGE AFFORDED BY THE POLICY.

INSURED Samuel Chess &  
John Jones  
1218 SW Mancuso Ave  
Pt. St. Lucie, FL 34953

INSURERS AFFORDING COVERAGE

INSURER A:	INSURANCE CO.
INSURER B:	
INSURER C:	AUG - 1 2000
INSURER D:	
INSURER E:	BY: <i>[Signature]</i>

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE. ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ANY POLICY MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DECUR	3AP0035	06-17-00	06-17-01	EACH OCCURRENCE \$10,000 FIRE DAMAGE (EXCLUDED) MED EXP (Any) \$50,000 PERSONAL & ADEXCLUDED GENERAL AGGREGATE \$100,000 PRODUCTS - COMPOUND AGG
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY AGG
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT E.L. DISEASE \$ EA EMPLO E.L. DISEASE \$ POLICY L
<input type="checkbox"/> OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPE

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURANCE INFORMATION

Town of Sewalls Point  
1 South Sewalls Point Rd.  
Sewalls Point Fl. 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DATE THEREOF, THE ISSUING INSURER SHALL GIVE NOTICE TO THE CERTIFICATE HOLDER NAMED TO IMPOSE NO OBLIGATION OR LIABILITY OF AN AUTHORIZED REPRESENTATIVE.

*[Signature]*  
ACORD CORPORATION



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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 09/17/1999  
EXPIRATION DATE 09/16/2001  
EXEMPTED INDIVIDUAL NAME CHESS SAMUEL E  
S.S. 262-53-5297  
BUSINESS NAME CHESS SAMUEL E  
FEIN 650074550  
BUSINESS ADDRESS 1218 SW MANCUSO AVE  
PT ST LUCIE FL 34952

NOTE: Pursuant to Chapter 440.10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 09/17/1999

EXPIRATION DATE 09/16/2001

EXEMPTED PERSON LAST NAME CHESS

FIRST NAME SAMUEL E

SOCIAL SECURITY NUMBER 262-53-5297

BUSINESS NAME CHESS SAMUEL E

FEDERAL IDENTIFICATION NUMBER 650074550

BUSINESS ADDRESS 1218 SW MANCUSO AVE

PT ST LUCIE FL 34952



F  
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H  
E  
R  
E

NOTE: Pursuant to chapter 440.10(1),(g),2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.


CUT HERE

\* Carry bottom portion on the job, keep upper portion for your records.

STATE OF FLORIDA AC# 5647845  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
RC -0061026 09/04/1999 99900575  
REGISTERED ROOFING CONTRACTOR  
CHESS, SAMUEL EARL  
INDIVIDUAL  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)  
HAS REGISTERED under the provisions of Ch. 489 FS.  
Expiration Date: AUG 31, 2001

MARTIN COUNTY CONTRACTORS  
CERTIFICATE OF COMPETENCY  
CHESS, SAMUEL E.  
CHESS ROOFING  
1218 SW MANGUSO AVE  
PSL FL 34953  
EXPIRES SEPTEMBER 30, 2000  
AUDIT CONTROL NUMBER 35918  
CERTIFICATE NUMBER SP00320

SIGNATURE

CERTIFIED CONTRACTOR  
ROOFING CONTRACTOR  
SIGNATURE   
ATTEST VALERIE A. MESSIER  
LICENSING ADMINISTRATOR  
3253

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-8-, 2000; Page 2 of   

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5063	Robinson	temp pole/	PASSED	NEED DUMPSTER ON SITE
⑥	173 S. River Rd.	meter (const.)	✗	FOR METER RELEASE.
	Morris/Driftwood			RESPECT - NO FEE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5039	Buell	roof	PASSED	if possible
⑧	1 Oakwood Dr.	sheathing	✗	
	Chass	(PTL)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4965	Danielson	beam &	PASSED	
⑦	161 S. River Rd.	columns (PTL)	✗	
	David Miller	(PTL)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ T/R	SEYMOUR	FIELD VERIFICATION	APPROVED	
APPL	73 S. SEWALL'S POINT RD		ASSUM.	
⑩	O/B		✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9/11, 2000; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5039 ①	BORLE 1 OAKWOOD DR. CHESS	SHEATHING (IN PROGRESS) (2ND VISIT)	PASSED S	11:00 RELEASED FOR DEPT-10.
✓ N 4650 ②	Swiss-Am 4 Banyan Rd. same HAMUT 334-7700	final	PASSED S	GAR. VEAT. REQ. 15 DAY PTL. C.O.
✓ N 4904 ③	Miranda 34 C Hill Way owner/bldr.	truss eng.	INCOMPLETE S	REINSPECTION REQUIRED (ALL) - NO FEE
✓ N 5081 ④	BARUE 17 FIELDWAY DR. AUTUMN MOOD FIRE/LAKE	FINAL "AFTER FACT" VEROULT	PASSED S	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-13, 2000; Page 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
<del>5227</del>	<del>Buell</del>	<del>metal</del>	<del>PASS</del>	<del>as late as</del>
8	1 Oakwood chess	12:00 P.M. 2:30 REINSPECTION ✓	EQ	possible 9/8; 9/11/00 SHERATON
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4903	KOCH	POOL DECK	NOT READY	CALL FOR REINSPECTION - NO FEE
2B	71 W. RIVER RD ALMIRA/TACKSON POOLS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: \_\_\_\_\_

INSPECTOR (Name/Signature): \_\_\_\_\_

**9324**

**SIDING**



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:	9324	DATE ISSUED:	DECEMBER 30, 2009
SCOPE OF WORK:	SIDING		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	133841-009-000-000703	SUBDIVISION	OAKWOOD - LOT 7
CONSTRUCTION ADDRESS:	1 OAKWOOD DR		
OWNER NAME:	CAMPLIN		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	872-6208

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
 CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

### REQUIRED INSPECTIONS

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

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



RECEIVED  
12-28-09

Town of Sewall's Point

Date: 12-28-09 BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: PETER COMPLIN Phone (Day) \_\_\_\_\_

Job Site Address: 1 OAKWOOD DR City: SEWALLS Pt State: FL Zip: 34996

Legal Description: Lot 7, Oakwood Parcel Control Number: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of work (please be specific): SIDING

**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: \$ 4,000  
(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  AE81  X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Owner Builder Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

**NOTICES TO OWNERS AND CONTRACTORS:**

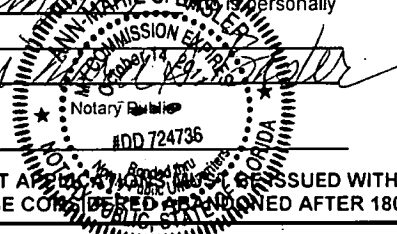
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
\_\_\_\_\_  
State of Florida, County of: Martin  
This the 28th day of December, 2009  
by Peter Complin personally  
known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_  
My Commission Expires: 11DD 724736

CONTRACTOR SIGNATURE: (required)  
\_\_\_\_\_  
On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
As identification. \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



SINGLE FAMILY PERMIT APPLICATIONS 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

Site Provided by...  
governmentmax.com T1.14

### Summary

print | | | - / - / Owner  
1 of 1

#### Parcel Info

- Summary**
- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-009-000-00070-3	1 OAKWOOD DR	27845	Owner	0	1

#### Summary

**Property Location** 1 OAKWOOD DR  
**Tax District** 2200 Sewall's Point  
**Account #** 27845  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres** 0.409

**Legal Description**  
**Property Information**  
 OAKWOOD LOT 7

#### Search By

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

**Owner Information**  
**Owner Information**  
 CAMPLIN PETER M & CYNTHIA W

**Mail Information**  
 1 OAKWOOD DR  
 STUART FL 34996

**Assessment Info**  
**Front Ft.** 0.00

**Market Land Value** \$211,500  
**Market Impr Value** \$200,370  
**Market Total Value** \$411,870

#### Site Functions

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

**Recent Sale**  
**Sale Amount** \$395,000

**Sale Date** 12/14/2009  
**Book/Page** 2427 1427

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 12/27/2009



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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_

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.

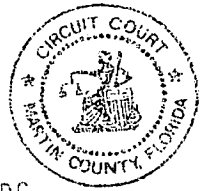
LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):  
Lot 7, Oakwood Subdivision 1 Oakwood Drive, Sewall's Point, FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Re-side with Hardie-Plank

OWNER NAME: Peter & Cynthia Campbell  
ADDRESS: 1 Oakwood Drive, Sewall's Point, FL 34996  
PHONE NUMBER: 772-782-6208 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY:  
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): STATE OF FLORIDA  
MARTIN COUNTY

CONTRACTOR: Owner/Builder THIS IS TO CERTIFY THAT THE  
ADDRESS: \_\_\_\_\_ FOREGOING  PAGES IS A TRUE  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ AND CORRECT COPY OF THE ORIGINAL.



SURETY COMPANY (IF ANY): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_ DATE: 12/28/09 D.C.

LENDER/MORTGAGE COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ 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 I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 28 DAY OF Dec, 2009  
BY: Peter & Cynthia Campbell AS \_\_\_\_\_ 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 RI Dr. License

Linda S Campbell  
NOTARY SIGNATURE/ SEAL

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

I HAVE READ THE PAGES IN IT ARE TRUE TO

--

(Signature of Natural Person Signing Above)

INSTR # 2195063 OR BK 02429 PG 2159 RECD 12/28/2009 02:30:11 PM  
 Pg 2159; (109)  
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter





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**Product Approval**  
USER: Public User

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)

- COMMUNITY PLANNING
- HOUSING & COMMUNITY DEVELOPMENT
- EMERGENCY MANAGEMENT
- OFFICE OF THE SECRETARY

**FL #** FL13192  
**Application Type** New  
**Code Version** 2007  
**Application Status** Approved  
**Comments**  
 Archived

**Product Manufacturer** James Hardie Building Products, Inc.  
**Address/Phone/Email** 10901 Elm Avenue  
 Fontana, CA 92337  
 (909) 356-6366  
 chad.diercks@jameshardie.com

**Authorized Signature** Chad Diercks  
 chad.diercks@jameshardie.com

**Technical Representative** Chad Diercks  
**Address/Phone/Email** 10901 Elm Ave  
 Fontana, CA 92337  
 (909) 356-6366  
 chad.diercks@jameshardie.com

**Quality Assurance Representative** Chad Diercks  
**Address/Phone/Email** 10901 Elm Ave  
 Fontana, CA 92337  
 (909) 356-6366  
 chad.diercks@jameshardie.com



**Category** Panel Walls  
**Subcategory** Siding

**Compliance Method** Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer  
 Evaluation Report - Hardcopy Received

**Florida Engineer or Architect Name who developed the Evaluation Report** Ronald I. Ogawa  
**Florida License** PE-24121  
**Quality Assurance Entity** Intertek Testing Services NA Inc  
**Quality Assurance Contract Expiration Date** 01/01/2011  
**Validated By** John Southard, P.E.  
 Validation Checklist - Hardcopy Received

**Certificate of Independence** [FL13192\\_R0\\_COI\\_RIO - Certificate of Independence.PDF](#)

Referenced Standard and Year (of Standard)	Standard	Year
	ASTM C1186	2002
	ASTM E330	2002

Equivalence of Product Standards

Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 10/30/2009  
 Date Validated 11/04/2009  
 Date Pending FBC Approval 11/09/2009  
 Date Approved 12/09/2009

Summary of Products		
FL #	Model, Number or Name	Description
13192.1	HardiePlank Lap Siding	HardiePlank, Cemplank fiber-cement lap siding
<b>Limits of Use</b> Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: For use in HVHZ install in accordance with NOA 07-0418.04.		<b>Installation Instructions</b> <a href="#">FL13192_R0_II_install-cemplank-south.pdf</a> <a href="#">FL13192_R0_II_Install-hardieplank-hz10.pdf</a> Verified By: Intertek Testing Services NA Inc Created by Independent Third Party: No <b>Evaluation Reports</b> <a href="#">FL13192_R0_AE_HardiePlank Florida Analysis 11-3.PDF</a> <a href="#">FL13192_R0_AE_NOA_07-041804.pdf</a> Created by Independent Third Party: Yes

[Back](#) [Next](#)

DCA Administration

Department of Community Affairs  
 Florida Building Code Online  
 Codes and Standards  
 2555 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-2100  
 (850) 487-1824, Fax (850) 414-8436

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Product Approval Accepts:





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

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

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

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

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

Owner/Builder Applicant Name: Peter Camplin

Site address of the proposed building work: 1 Oakwood Drive, Sewall's Point, FL

Name of legal title owner of the address above: Peter M. & Cynthia W. Camplin

Describe the scope of work for the proposed new construction: Re-side house w/ Hardi-Plank

Name of Architect of Record: n/a Structural Engineer of Record: n/c

Who will supervise the trade work to meet the applicable code? Owner

What provisions have you made for Liability and Property Damage Insurance? In place

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? Not hiring outside help

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

Location: 8880 S. Ocean Dr. #609 - Jensen Beach Scope of Work Done: Carpentry, Painting Year: 2004-2009

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

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

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO

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

Have you consulted with your Homeowner's Insurance Agent? Yes Lender? No Attorney? No

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



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

**OWNER/BUILDER DISCLOSURE STATEMENT**

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

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





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

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

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

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

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

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

ON THIS 28<sup>th</sup> DAY OF December, 2009.

PROPERTY ADDRESS 1 Oakwood Dr.

CITY Sewall's Point STATE FL ZIP 34996

[Signature]

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 28<sup>th</sup> DAY OF Dec. 2009

BY Peter Campkin

PERSONALLY KNOWN

OR PRODUCED ID \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

Ann-Marie A. Basler

NOTARY SIGNATURE \_\_\_\_\_



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	<del>1321/Complex</del>		<del>Pass</del>	
	<del>1000/Edward</del>	<del>Subdiv</del>	<del>Pass</del>	
	OB			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	SW STRUCK @			INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 4-9-10 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9401	WALDO	ROOF		
	113 N SPT RD	DRY-IN/ METAL	Pass	
	ALL AMERICAN			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PRE	24 SIMARA St		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
PRE	1 RIVERVIEW Dr		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
932	<del>CAMPBELL</del>			
	<del>1 DORSETT DR</del>	<del>SIDING FINAL</del>	<del>OK</del>	<del>OK</del>
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**9368**

**POOL & EQUIPEMENT**

**PAD**



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:	9368	DATE ISSUED:	FEBRUARY 18, 2010
SCOPE OF WORK:	INSTALL PAD, NEW PUMP, FILTER & POOL HEATER		
CONDITIONS :			
CONTRACTOR:	AQUATIC SURFACES		
PARCEL CONTROL NUMBER:	133841-009-000-000703	SUBDIVISION	OAKWOOD - LOT 7
CONSTRUCTION ADDRESS:	1 OAKWOOD DR		
OWNER NAME:	CAMPLIN		
QUALIFIER:	DENNIS HARDY	CONTACT PHONE NUMBER:	725-4389

**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**

### REQUIRED 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: \_\_\_\_\_

Date: 2-12-2010

OWNER/TITLEHOLDER NAME: Pete Camplin Phone (Day) 8726208 (Fax) \_\_\_\_\_

Site Address: 1 Oakwood Drive City: Sewalls Pt State: FL Zip: 34996

Legal Description: LOT 2 OAKWOOD DR SEWALLS POINT Parcel Control Number: \_\_\_\_\_

Owner Address (if different): N/A City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of work (please be specific): INSTALL New - Pump - Filter - Pool Heat Pump & PAD

**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 for ALL permit applications)  
Estimated Value of Improvements: \$ 600.00  
(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

CONTRACTOR/Company: Aquatic Surfaces Inc Phone: 2254389 Fax: 3347241

Street: 1820 Ne Jensen Bch Blvd # 597 City: Jensen Bch B State: FL Zip: 34957

State License Number: CPC029643 OR: Municipality: Martin County License Number: CPC029643

LOCAL CONTACT: Dennis Hardy Phone Number: 772 708-4952

DESIGN PROFESSIONAL: Ma Lic# N/A Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: N/A State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 Edition  
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code 2007

**NOTICES 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.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

**OWNER SIGNATURE (required)**  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Pete Camplin

**CONTRACTOR SIGNATURE (required)**  
Dennis Hardy

State of Florida, County of: MARTIN  
This the 11th day of February, 2010  
by Pete Camplin who is personally  
known to me or produced  
as identification. Deborah S. Ellis

On State of Florida, County of: MARTIN  
This the 11th day of February, 2010  
by Dennis Hardy who is personally  
known to me or produced  
As identification. Deborah S. Ellis

My Commission Expires: 5/5/13 Notary Public **DEBORAH ELLIS** Comm# DD0887000

My Commission Expires: 5/5/13 Notary Public **DEBORAH ELLIS** Comm# DD0887000

SINGLE FAMILY PERMIT APPLICATIONS ARE ISSUED WITH 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY.  
APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY.  
Expires 5/5/2013

Florida Notary Assn., Inc



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

Site Provided by...  
governmentmax.com T1.14

**Summary**

print | | | | | Owner  
1 of 1

**Parcel Info**

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-009-000-00070-3	1 OAKWOOD DR	27845	Owner	0	1

**Summary**

- Land
- Residential Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

**Summary**

**Property Location** 1 OAKWOOD DR  
**Tax District** 2200 Sewall's Point  
**Account #** 27845  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres** 0.409

**Legal Description**  
**Property Information**  
 OAKWOOD LOT 7

**Search By**

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

**Owner Information**  
**Owner Information**  
 CAMPLIN PETER M & CYNTHIA W

**Mail Information**  
 1 OAKWOOD DR  
 STUART FL 34996

**Assessment Info**  
 Front Ft. 0.00

**Market Land Value** \$211,500  
**Market Impr Value** \$200,370  
**Market Total Value** \$411,870

**Site Functions**

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

**Recent Sale**  
**Sale Amount** \$395,000

**Sale Date** 12/14/2009  
**Book/Page** 2427 1427

Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 2/9/2010



Feb 11 10:03:23p

Aquatic Surfaces

772-334-7243

p.4

*Handwritten signatures and initials in the top left corner.*

VERIFICATION OF CONTRACTOR

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

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

OWNER'S NAME: Pete Campbell

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

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

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

SCOPE OF WORK: Hook up AE 2000 Jandy Heat Pump

VALUE OF CONSTRUCTION \$ 500<sup>00</sup>

LOW VOLTAGE

TYPE OF EQUIPMENT: \_\_\_\_\_ SECURITY \_\_\_\_\_ VACUUM \_\_\_\_\_ SOUND SYSTEM \_\_\_\_\_ LANDSCAPE \_\_\_\_\_ OTHER

SCOPE OF WORK: Hook up Heat Pump VALUE 500<sup>00</sup>

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

SIGNATURE OF LICENSED CONTRACTOR: \_\_\_\_\_ ADDRESS OF CONTRACTOR: 2501 Calusa ave Ft St Lucie

COMPANY OR QUALIFIER'S NAME: PAYUK ELECTRIC PLEASE PRINT

TELEPHONE NO: 772-337-4197 FAX NO: 772-335-1035

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 13001275

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

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*  
OWNER'S FULL NAME AS STATED ON DEED: Pete Campbell

PARCEL CONTROL #: \_\_\_\_\_

DIVISION: Town of Seawall's Point LOT: 7 BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

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



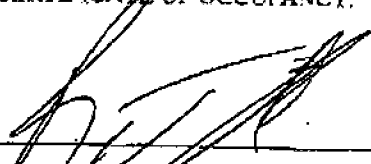


TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-220-4765

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 11<sup>th</sup> day  
of February, 20 10

  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 5/5/13



Oakwood Drive



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

### SWIMMING POOL, DECK, AND SPA CHECKLIST

**NOTICE: POOL OWNERS AND POOL CONTRACTORS ARE RESPONSIBLE FOR COMPLIANCE WITH THE PROVISIONS OF FLORIDA STATE STATUTE 515, "POOL SAFETY ACT" EFFECTIVE OCTOBER 1, 2000 AND 2007 FLORIDA BUILDING CODE, EFFECTIVE MARCH 1, 2009.**

yes  1 Copy completed permit application.

NA  2 Copies complete sets of plans signed and sealed by an architect or engineer.  
Maximum size plans are 24" x 36".

yes  2 Copies survey showing the following:

- ALL EXISTING STRUCTURES ON PROPERTY
- LOCATION OF PROPOSED POOL AND POOL DECK
- SETBACKS FROM POOL AND DECK TO PROPERTY LINES
- LOCATION AND TYPE OF ANY EXISTING FENCING
- LOCATION OF ALL EASEMENTS
- STREET & HOUSE NUMBER ON SITE PLANS
- ~~• LOCATION OF ANY OVERHEAD ELECTRICAL LINES~~
- ~~• ALL FOUR BUILDING SETBACKS LINES.~~
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED

#### DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.

      2 Copies Residential Swimming Pools, Spa & Hot Tub Safety Act Certification Forms.

      1 Copy Florida Building Code Swimming Pool Plan Review Checklist.

Indicate all items applicable to this permit.

yes  1 Copy Pool subcontractors list with Municipal or State Certification numbers. Must be signed and notarized by license holder.

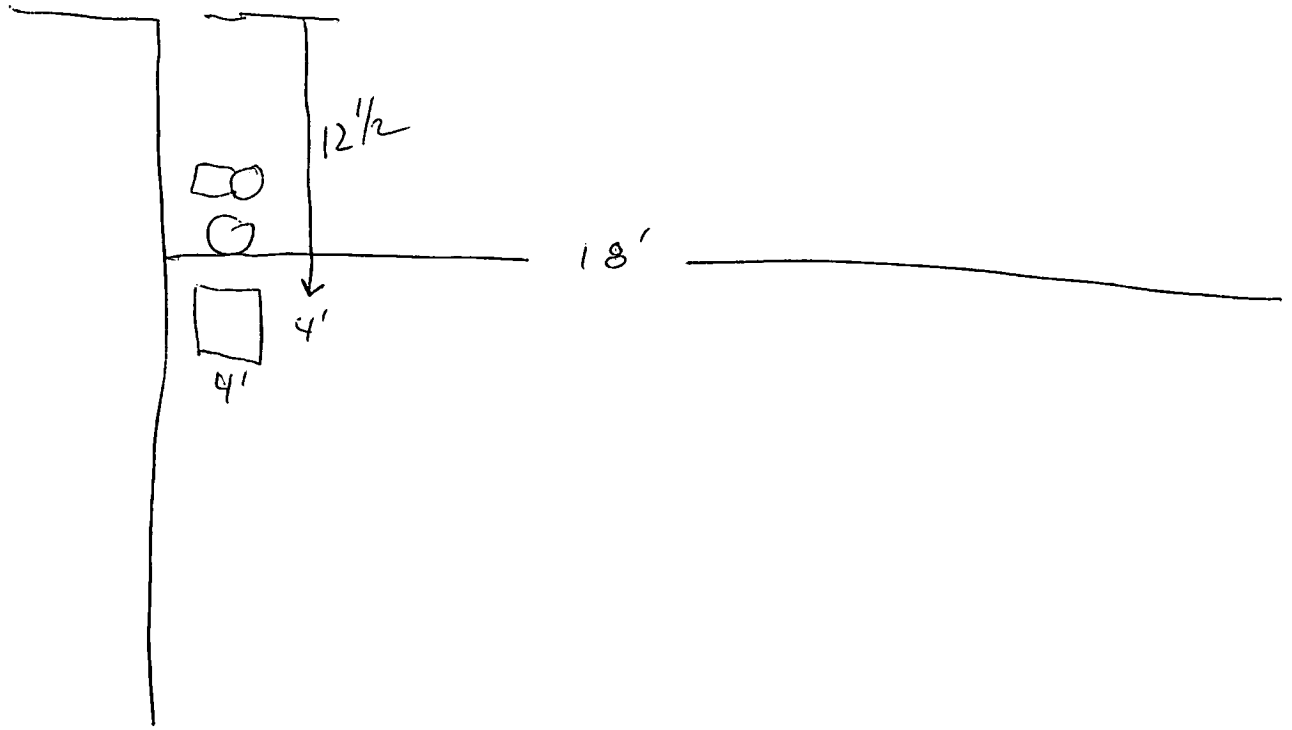
      1 Copy Compaction report and form board tie-in survey prior to deck inspection  
Pool and deck elevation must be indicated on all river front lots.

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

**Pools that are designed to be 4' 11" deep must independently verified for maximum water depth by an architect, engineer or land surveyor registered in the state of Florida prior, to final inspection.**

**A tie-in survey is required for all pools in close proximity to setback lines prior to pool steel inspection. The entire pool wall must be kept within the building setback line.**

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





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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_

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 7 Tract SWMI Sewalls Meadow 1 OAKWOOD DRIVE, Sewalls Pt Fl 34986

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL New Pool Pump - Filter & Heater

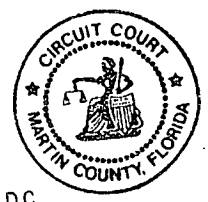
OWNER NAME: Pete Camplin  
 ADDRESS: 1 OAKWOOD DRIVE Sewalls Pt Fl 34986  
 PHONE NUMBER: 772 872 6208 FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: owner  
 NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): N/A

CONTRACTOR: Aquatic Surfaces of the Treasure Coast  
 ADDRESS: 1820 NE Jensen Beach Blvd Suite 597 Jensen Bch. 34957  
 PHONE NUMBER: 772 225 4389 FAX NUMBER: 334 7243

SURETY COMPANY (IF ANY): N/A  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 BOND AMOUNT: \_\_\_\_\_ STATE OF FLORIDA  
 MARTIN COUNTY

LENDER/MORTGAGE COMPANY: N/A  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.



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

NAME: N/A BY: [Signature] D.C.  
 ADDRESS: \_\_\_\_\_ DATE: 2/18/10  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES N/A 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 \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 11<sup>th</sup> DAY OF Feb., 20 10

BY: Pete Camplin AS owner FOR \_\_\_\_\_  
 NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

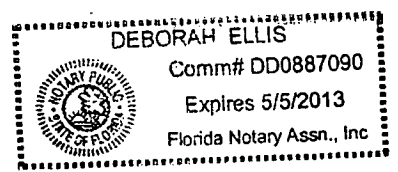
PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

Deborah S. Ellis  
 NOTARY SIGNATURE/ SEAL

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).

(Signature of Natural Person Signing Above)



INSTR # 2193946 OR BK 02438 FG 0663 RECD 02/18/2010 09:32:09 AM  
 Pg 0663 (1ps)  
 MARSHA EWING MARTIN COUNTY CLERK



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

2-25-10

Page

1 of

1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9358</del>	<del>Cambridge</del>	<del>Pool</del>		<del>Pass</del>
	<del>1 Oakwood</del>	<del>Pool</del>	<del>Pass</del>	<del>Inspector</del>
	Aquatic Surfaces			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9369	Kurtin	Steel Main Drains		
	5 Mandalay	Pool Steel	<i>Pass</i>	
	Schiller	Pool Shell Bond		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**9627**

**FENCE & PAVERS**





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:	9627	DATE ISSUED:	NOVEMBER 10, 2010
SCOPE OF WORK:	FENCE & EXTEND PATIO PAVERS		
CONDITIONS :			
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	133841009-000-000702	SUBDIVISION	OAKWOOD - LOT 7
CONSTRUCTION ADDRESS:	1 OAKWOOD DR		
OWNER NAME:	CAMPLIN		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	872-6208

**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**

### REQUIRED INSPECTIONS

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

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

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

Date: 11/8/10 Permit Number: 9627  
 OWNER/TITLEHOLDER NAME: Peter + Cindy Camplin Phone (Day) 872-6208 (Fax) \_\_\_\_\_  
 Job Site Address: 1 Oakwood Drive City: Sewall's Point State: FL Zip: 34996  
 Legal Description Lot 7, Oakwood Sub. Parcel Control Number: \_\_\_\_\_  
 Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SCOPE OF WORK (PLEASE BE SPECIFIC):** Fence + extension of patio pavers

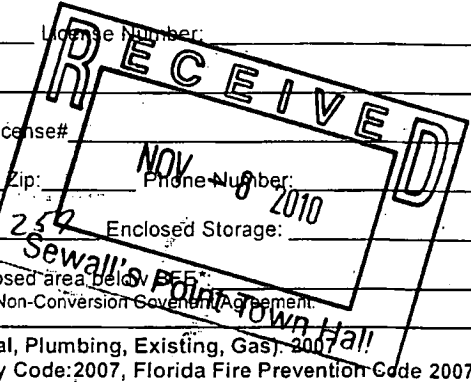
**WILL OWNER BE THE CONTRACTOR?**  
 (If yes, Owner Builder questionnaire must accompany application)  
 YES  NO \_\_\_\_\_  
**Has a Zoning Variance ever been granted on this property?**  
 YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO   
 (Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ 1,900.00  
 (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: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Qualifiers name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 State License Number: \_\_\_\_\_ OR: \_\_\_\_\_ Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 AREAS SQUARE FOOTAGE: Living: 2,254 Garage: 510 Covered Patios/ Porches: 259 Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof: 2,983 Elevated Deck: \_\_\_\_\_ Enclosed area below PFF: \_\_\_\_\_  
 \* 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), 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

**NOTICES TO OWNERS AND CONTRACTORS:**

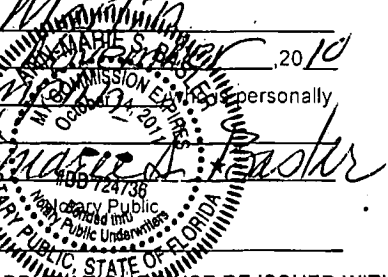
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- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS; OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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**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 NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
 X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the 10th day of November, 2010  
 by Peter Camplin personally  
 known to me or produced \_\_\_\_\_  
 As identification: Amy Marie S. Foster  
 My Commission Expires: \_\_\_\_\_

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)  
 X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification. \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_



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



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

Site Provided by...  
governmax.com 1.12

**Summary**

print [icon] [icon] [icon] [icon] Owner  
1 of 1

**Tabs**

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-009-000-00070-3	27845	1 OAKWOOD DR, SEWALL'S POINT	\$322,390	10/23/2010

**Searches**

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

**Owner Information**

<b>Owner(Current)</b>	CAMPLIN PETER M & CYNTHIA W
<b>Owner/Mail Address</b>	1 OAKWOOD DR STUART FL 34996
<b>Sale Date</b>	12/14/2009
<b>Document Number</b>	2183562
<b>Document Reference No.</b>	2427 1427
<b>Sale Price</b>	395000

		Location/Description	
<b>Account #</b>	27845	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	OAKWOOD LOT 7
<b>Parcel Address</b>	1 OAKWOOD DR, SEWALL'S POINT		
<b>Acres</b>	.4090		

**Functions**

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

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

**Assessment Information**

<b>Market Land Value</b>	\$160,200
<b>Market Improvement Value</b>	\$162,190
<b>Market Total Value</b>	\$322,390

Print First Previous Next Last

*Legal Disclaimer / Privacy Statement*





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

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

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

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

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

Owner/Builder Applicant Name: Peter Camplin

Site address of the proposed building work: 1 Oakwood Drive, Sewall's Point, FL 34996

Name of legal title owner of the address above: Peter + Cindy Camplin

Describe the scope of work for the proposed new construction: Replace fences, replace + expand paved patio.

Name of Architect of Record: n/a Structural Engineer of Record: n/a

Who will supervise the trade work to meet the applicable code? Peter Camplin

What provisions have you made for Liability and Property Damage Insurance? Part of homeowners' insurance

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? All are licensed.

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

Location: 1 Oakwood Drive, Sewall's Point, FL Scope of Work Done: Re-side and re-trim building Year: 2010

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

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

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO \_\_\_\_\_

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

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

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



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

**OWNER/BUILDER DISCLOSURE STATEMENT**

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

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



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

- 12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.
- 13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.
- 14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS' COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.
- 15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

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

ON THIS 9th DAY OF November, 2010.

PROPERTY ADDRESS 1 Oakwood Drive

CITY Sewall's Point STATE FL ZIP 34996

SIGNATURE OF OWNER/BUILDER

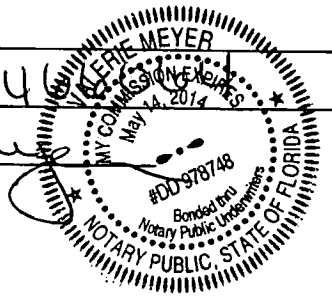
SWORN TO AND SUBSCRIBED BEFORE ME THIS 9th DAY OF November 2010

BY Peer CAMPBELL  
 PERSONALLY KNOWN

OR PRODUCED ID

TYPE OF ID FD#046  
Valerie Meyer

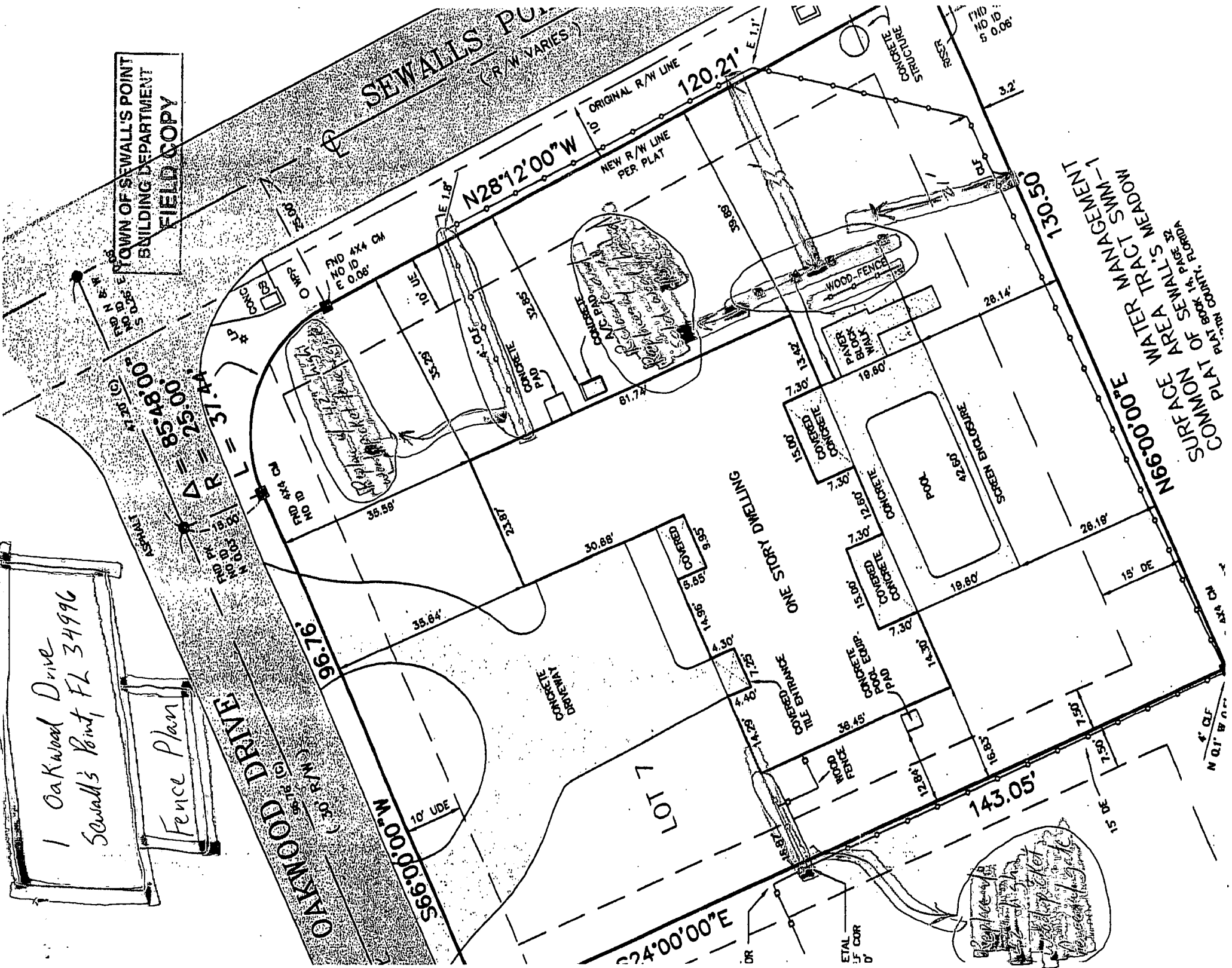
NOTARY SIGNATURE



1 Oakwood Drive  
Sewall's Point, FL 34996

Fence Plan

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FIELD COPY



$R = 25.00'$   
 $L = 31.44'$

OAKWOOD DRIVE

SEWALLS POINT  
(R/W VARIES)

ORIGINAL R/W LINE  
NEW R/W LINE PER PLAT

ONE STORY DWELING

143.05'

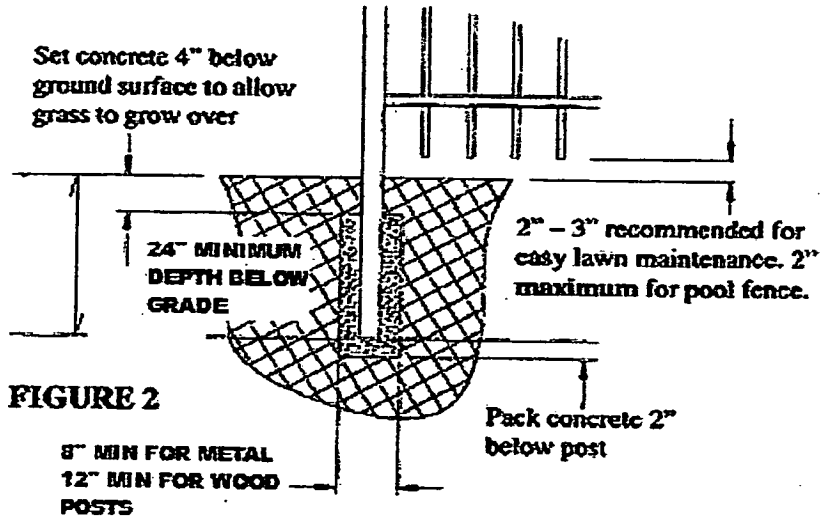
COMMON AREA TRACT SWM-1  
SURFACE WATER MANAGEMENT  
N66-00-00"E

PLAT BOOK 14 PAGE 32  
TAMPA COUNTY, FLORIDA





### Typical Fence Footer





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

## FENCE and or POOL BARRIER CHECKLIST

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.

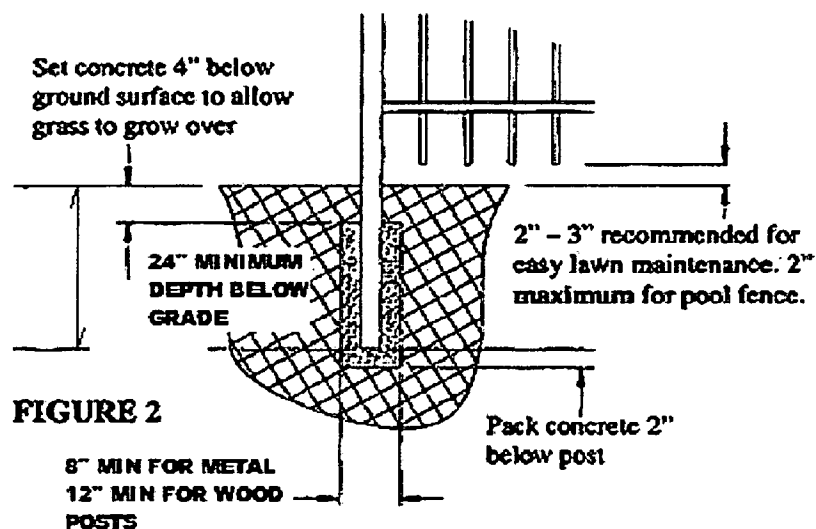
Please make sure you have ALL required copies before submitting permit application

- ✓ 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



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12-16 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9653	Poch	dry-in/metal		
(PM)	14 S Sewalls Gary Marzo		PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	HINNEB			
9-10	8 Riverview Freedom Home B	FINAL	RESET FOR FRIDAY	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9590	Stern 9 Lantana La DTD Garage	Final-garage door	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>9629</del>	<del>Campden</del>	<del>Final</del>	<del>PASS</del>	<del>Close</del>
	OB			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9611	WARRIOR POINT REALTY Debenien 5727 SE Ocean RUPNABUE	FINAL	PASS	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**9775**

**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:	9775	DATE ISSUED:	APRIL 29, 2011
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	133841009-000-000703	SUBDIVISION	OAKWOOD - LOT 7
CONSTRUCTION ADDRESS:	1 OAKWOOD DR		
OWNER NAME:	CAMPLIN		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1227

**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**

### REQUIRED INSPECTIONS

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

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

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

Date: 4-28-11 Permit Number: 9775

OWNER/TITLEHOLDER NAME: Peter + Cynthia Campin Phone (Day) 872-6208 (Fax) \_\_\_\_\_

Job Site Address: 1 Oakwood Drive City: Stuart State: FL Zip: 34996

Legal Description: Oakwood, Lot 7 Parcel Control Number: 13-38-41-009-000-0000-3

Owner Address (if different): Same City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of work (please be specific): Replace AC Equipment like for like

**WILL OWNER BE THE CONTRACTOR?**  
(If yes, Owner Builder questionnaire must accompany application)  
YES \_\_\_\_\_ NO \_\_\_\_\_

Has a Zoning Variance ever been granted on this property?  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
(Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 4692  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8 \_\_\_\_\_ X \_\_\_\_\_  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Krauss + Crane Inc Phone: 287-1227 Fax: 283-4055

Street: 904 South Dixie Highway City: Stuart State: FL Zip: 34994

State License Number: CACD49286 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: John H Crane III Phone Number: 772-287-1227

DESIGN PROFESSIONAL: \_\_\_\_\_ Lic# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007  
National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code 2007

**NOTICES TO OWNERS AND CONTRACTORS:**

- 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.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- 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 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT PROOF REQUIRED  
[Signature]

CONTRACTOR SIGNATURE: (required)  
[Signature]

State of Florida, County of: Martin

State of Florida, County of: Martin

This the 28 day of April

This the 28 day of April 2011

by Peter Campin who is personally known to me or produced MA DL #0466064 as identification.

by John Crane who is personally known to me or produced \_\_\_\_\_ as identification.

My Commission Expires: \_\_\_\_\_  
[Signature] Notary Public

My Commission Expires: \_\_\_\_\_  
[Signature] Notary Public



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 4/28/2011 1:21:24 PM EDT*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-009-000-00070-3	27845	1 OAKWOOD DR, SEWALL'S POINT	\$322,390	4/26/2011

---

**Owner Information**

<b>Owner(Current)</b>	CAMPLIN PETER M & CYNTHIA W
<b>Owner/Mail Address</b>	1 OAKWOOD DR STUART FL 34996
<b>Sale Date</b>	12/14/2009
<b>Document Number</b>	2183562
<b>Document Reference No.</b>	2427 1427
<b>Sale Price</b>	395000

---

**Location/Description**

<b>Account #</b>	27845	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	OAKWOOD LOT 7
<b>Parcel Address</b>	1 OAKWOOD DR, SEWALL'S POINT		
<b>Acres</b>	.4090		

---

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

---

**Assessment Information**

<b>Market Land Value</b>	\$160,200
<b>Market Improvement Value</b>	\$162,190
<b>Market Total Value</b>	\$322,390



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# 4TFF3F48  
 Volts 240 CFM's 1100 Heat Strip 10 (Kw)  
 Min. Circuit Amps 60 Wire gauge # 6  
 Max. Breaker size 60 Min. Breaker size 60  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R410A  
 Location: Existing  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) Laundry Room  
 Access: Door

Condenser: Mfg: Trane Model# 4TTR5D49  
 Volts 240 SEER/EER 16 BTU's 46000  
 Min. Circuit Amps 30 Wire gauge # 10  
 Max. Breaker size 45 Min. Breaker size 30  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R410A  
 Location: Existing  New \_\_\_\_\_  
 Left/Right/Rear/Front/Roof Left  
 Condensate Location @ condenser

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RAHJ24J10  
 Volts 240 CFM's 1100 Heat Strip 10 Kw  
 Min. Circuit Amps 60 Wire gauge # 6  
 Max. Breaker size 60 Min. Breaker size 60  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) Laundry Room  
 Access: Door

Condenser: Mfg: Rheem Model# RAPR0485A  
 Volts 240 SEER/EER 14 BTU's 46000  
 Min. Circuit Amps 30 Wire gauge # 10  
 Max. Breaker size 45 Min. Breaker size 30  
 Ref. line size: Liquid 3/8 Suction 7/8  
 Refrigerant type R-22  
 Location: Ext.  New \_\_\_\_\_  
 Left/Right/Rear/Front/Roof Left  
 Condensate Location @ condenser

Certification:

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

John Lewis  
 Signature

4-28-11  
 Date





# General Data

## Product Specifications

Model No. ①	4TTR5042E1	4TTR5048E1	4TTR5049E1	4TTR5060E1	4TTR5061E
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	28	34	39
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL	CLIMATUFF® SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1	1-2
RL AMPS - LR AMPS	17.9 - 112	19.9 - 109	19.9 - 109	26.4 - 134	28.8 - 152.9
Outdoor Fan FL Amps	0.93	0.93	2.80	0.93	2.80
Fan HP	1/5	1/5	1/3	1/5	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	8/4-LB/OZ	8/5-LB/OZ	11/9-LB/OZ	8/8-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	7/8	7/8	7/8	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46.4 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7
Weight - Shipping	272	282	304	285	312
Weight - Net	235	245	267	248	275
Start Components	NO	NO	NO	YES	NO
Sound Enclosure	YES	YES	NO	YES	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
<b>Optional Accessories: ④</b>					
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260		
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN*4

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line. For 061 units, Max. linear length 60 ft.; Max. lift - Suction 25 ft.; Max lift - Liquid 25 ft. For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (Indicates latest revision)

④ For accessory description and usage, see page 5.

⑤ \* = 15, 20, 25, 30, 40 and 50 foot lineset available.



**TRANE®**

# Performance Data

4TEE3F40 WIRING DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		KW	BTUH				KW	BTUH			
No Heater	-	-	-	-	5	15	-	-	-	5	15
BAYHTR1405 +++	1/1	4.80	16400	20	30	30	3.60	12300	17.3	27	30
	1/1	7.68	26200	32	45	45	5.78	19700	27.7	40	40
	1/1	9.60	32800	40	55	60	7.20	24600	34.6	49	50
	1/3	9.60	32800	34.6	43	45	7.20	24600	30	37	40
BAYHTR1419 BRK	2/1	15.36	52400	40/24	55*/30	60*/30	11.52	39300	34.6/20.8	49*/26	50*/30
	1/3	15.36	52400	38.2	52	60	11.52	39300	33.1	46	50
BAYHTR1425 BRK	3/1	24.96	85200	44/40/20	55/55*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/49*/22	50*/50*/25

+++ = 000, BRK, PDC 000 = pigtail, BRK = contains circuit breakers, PDC = contains pull disconnect  
ected in accordance with local Electrical Codes.

4TEE3F48B1000A WIRING DATA CHECK DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		KW	BTUH				KW	BTUH			
No Heater	-	-	-	-	9	15	-	-	-	9	15
BAYHTR1405 +++	1/1	4.80	16400	20	34	35	3.60	12300	17.3	30	30
	1/1	7.68	26200	32	49	50	5.78	19700	27.7	43	45
	1/1	9.60	32800	40	59	60	7.20	24600	34.6	52	60
	1/3	9.60	32800	34.6	43	45	7.20	24600	30	37	40
BAYHTR1415 BRK	2/1	15.36	52400	40/24	59*/30	60*/30	11.53	39300	34.6/20.8	52*/26	60*/30
	1/3	15.36	52400	38.2	55	60	11.53	39300	33.1	49	50
BAYHTR1419 BRK	2/1	19.20	65500	32/48	49*/60	50*/60	14.42	49200	27.7/41.6	43*/52	45*/60
	3/1	24.96	85200	44/40/20	55/59*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/52*/22	50/60*/25

\* Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amps)  
+++ = 000, BRK, PDC 000 = pigtail, BRK = contains circuit breakers, PDC = contains pull disconnect  
IMPORTANT: Any power supply and/or combination power supply, circuit or circuits must be wired and protected in accordance with local Electrical Codes.

4TEE3F49 WIRING DATA CHECK DATA (Indoor Blower Motor Powered from Heater Circuit *)											
Heater Model No.	Number of Circuits/Phase	240 VOLT					208 VOLT				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		KW	BTUH				KW	BTUH			
No Heater	-	-	-	-	9	15	-	-	-	9	15
BAYHTR1405 +++	1/1	4.80	16400	20	34	40	3.60	12300	17.3	30	30
BAYHTR1408 +++	1/1	7.68	26200	32	49	50	5.78	19700	27.7	43	45
BAYHTR1410 +++	1/1	9.60	32800	40	59	60	7.20	24600	34.6	52	60
BAYHTR3410 000	1/3	9.60	32800	34.6	43	45	7.20	24600	30	37	40
BAYHTR1415 BRK	2/1	15.36	52400	40/24	59*/30	60*/30	11.53	39300	34.6/20.8	52*/26	60*/30
BAYHTR3415 000	1/3	15.36	52400	38.2	55	60	11.53	39300	33.1	49	50
BAYHTR1419 BRK	2/1	19.2	65500	32/48	49*/60	50*/60	14.42	49200	27.7/41.6	43*/52	45*/60
BAYHTR1425 BRK	3/1	24.96	85200	44/40/20	55/59*/25	60/60*/25	18.73	63900	38.1/34.6/17.3	48/50*/22	50/60*/25

NOTES:  
\* Circuit 1/Circuit 2 (Minimum Circuit Ampacity for Circuit 1 includes Blower Motor Amps)  
+++ = 000, BRK, PDC 000 = pigtail, BRK = contains circuit breakers, PDC = contains pull disconnect  
IMPORTANT: Any power supply and/or combination power supply, circuit or circuits must be wired and protected in accordance with local Electrical Codes.

- Notes:
- See Product Data or Air Handler Nameplate for approved combinations of Air Handlers and Heaters.
  - Heater model number may have additional suffix digits.



**10286**

**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:	10286	DATE ISSUED:	NOVEMBER 20, 2012
SCOPE OF WORK:	REMODEL MASTER BATHROOM		
CONTRACTOR:	OB		
PARCEL CONTROL NUMBER:	133841009-000-000703	SUBDIVISION	OAKWOOD - LOT 7
CONSTRUCTION ADDRESS:	1 OAKWOOD DR		
OWNER NAME:	CAMPLIN		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	872-6208

**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: 10286

Date: 11/14/12

OWNER/LESSEE NAME: Peter Camplin Phone (Day) 872-6208 (Fax) \_\_\_\_\_

Job Site Address: 1 Oakwood Drive City: Sewall's Pt. State: FL Zip: 34996

Legal Description Lot 7 Oakwood Subdivision Parcel Control Number: \_\_\_\_\_

Fee Simple Holder Name: Peter M. + Cynthia W. Camplin Address: 1 Oakwood Drive

City: Sewall's Pt. State: FL Zip: 34996 Telephone: 872-6208

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

Remodel Waste Bath

**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: \$ 195,800  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

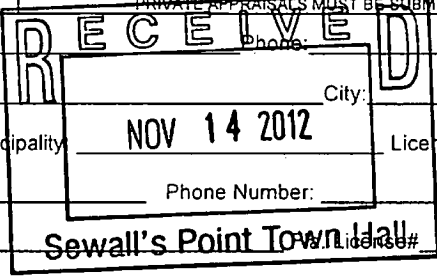
Qualifiers name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DESIGN PROFESSIONAL: \_\_\_\_\_ License # \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_



AREAS SQUARE FOOTAGE: Living: 2,254 Garage: 510 Covered Patios/ Porches: 257 Enclosed Storage: \_\_\_\_\_

Carport: \_\_\_\_\_ Total under Roof 2,983 Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

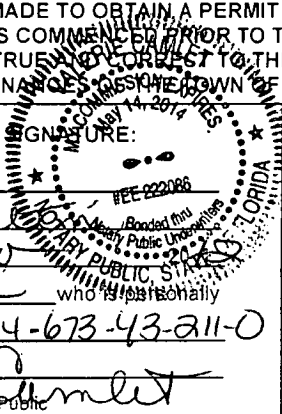
**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER/AGENT/LESSEE NOTARIZED SIGNATURE:  
X [Signature]  
State of Florida, County of: Madison  
On This the 14 day of Nov  
by Peter M. Camplin who is personally  
known to me or produced FDL#C514-673-43-211-0  
As identification. [Signature]  
My Commission Expires: \_\_\_\_\_



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

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

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

*generated on 11/15/2012 10:05:49 AM EST*

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-009-000-00070-3	27845	1 OAKWOOD DR, SEWALL'S POINT	\$303,150	11/10/2012

**Owner Information**

<b>Owner(Current)</b>	CAMPLIN PETER M & CYNTHIA W L/E
<b>Owner/Mail Address</b>	1 OAKWOOD DR STUART FL 34996
<b>Sale Date</b>	8/30/2012
<b>Document Book/Page</b>	2604 1206
<b>Document No.</b>	2354277
<b>Sale Price</b>	100

**Location/Description**

<b>Account #</b>	27845	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	OAKWOOD LOT 7
<b>Parcel Address</b>	1 OAKWOOD DR, SEWALL'S POINT		
<b>Acres</b>	.4090		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120400 Hmwd, Palm Ro, Kngstn, Okwd, Pine

**Assessment Information**

<b>Market Land Value</b>	\$157,500
<b>Market Improvement Value</b>	\$145,650
<b>Market Total Value</b>	\$303,150

HONORABLE RUTH PIETRUSZEWSKI NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS  
 MARTIN COUNTY TAX COLLECTOR ORIGINAL REAL ESTATE 7523695.0000

ACCOUNT NUMBER	EX-TYPE	ESGROW	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILL CD
13-38-41-009-000-00070.30000	2012	0246	* SEE BELOW *	* SEE BELOW *	* SEE BELOW *	2200

OAKWOOD LOT 7

CAMPLIN PETER M & CYNTHIA W  
 1 OAKWOOD DR  
 STUART, FL 34996

1 OAKWOOD DR

TAXING AUTHORITY	PHONE	MILLAGE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED
COUNTY-GENERAL FUND-OP	772-288-5504	5.6956	295,444	50,000	245,444	1,397.95
CNTY-F.I.T BOND	772-288-5504	.0373	295,444	50,000	245,444	9.16
SCHOOL-GENERAL FUND	772-219-1200	4.6560	295,444	25,000	270,444	1,259.19
SCHOOL - DISCRETIONARY	772-219-1200	.7480	295,444	25,000	270,444	202.29
SCHOOL CAPITAL OUTLAY	772-219-1200	1.5000	295,444	25,000	270,444	405.67
CHILDRENS SERVICES ORDNCs	772-288-5758	.3693	295,444	50,000	245,444	90.64
FL-INLAND NAVIGATION DIST	561-627-3386	.0345	295,444	50,000	245,444	8.47
SOUTH FLORIDA WATER MANAGEMENT	561-686-8800	.4289	295,444	50,000	245,444	105.27
TOWN OF SEWALLS-PT	772-287-2455	2.2896	295,444	50,000	245,444	561.97

EXEMPTION: ADDL HX 25,000  
 REG HMST 25,000

TOTAL MILLAGE 15.7592 AD VALOREM TAXES 4,040.61

LEVYING AUTHORITY	PHONE	EX-TYPE	RATE BASIS	AMOUNT
NON AD VALOREM ASSESSMENTS				0.00

13 38 41  
 OAKWOOD LOT 7

1 OAKWOOD DR

COMBINED TAXES AND ASSESSMENTS 4,040.61

NOV 1-NOV30	DEC1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
3,878.99	3,919.39	3,959.80	4,000.20	4,040.61	APRIL 1, 2013

\*SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

HONORABLE RUTH PIETRUSZEWSKI NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS  
 MARTIN COUNTY TAX COLLECTOR REAL ESTATE 7523695.0000

NOV 1-NOV30	DEC1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
3,878.99	3,919.39	3,959.80	4,000.20	4,040.61	APRIL 1, 2013

ACCOUNT NUMBER	EX-TYPE	ESGROW	MILL CD	TOTAL TAXES IF PAID OR POSTMARKED BY
13-38-41-009-000-00070.30000	2012	0246	2200	4,040.61
ASSESSMENT	295,444	TAXES	4,040.61	
ADDL HX	25,000	TOTAL	4,040.61	
REG HMST	25,000			

PLEASE CHECK PAYABLE FUNDS TO:  
 RUTH PIETRUSZEWSKI TAX COLLECTOR

13 38 41  
 OAKWOOD LOT 7

CAMPLIN PETER M & CYNTHIA W  
 1 OAKWOOD DR  
 STUART, FL 34996-6330

012012 000000133841 0090000007030000 0000 00000404061 000000000000 0000 8





INSTR # 2183562  
 OR BK 02427 PG 1427  
 Pg 1427; (1pg)  
 RECORDED 12/16/2009 10:00:55 AM  
 MARSHA EWING  
 CLERK OF MARTIN COUNTY FLORIDA  
 DEED DOC TAX 2,765.00  
 RECORDED BY C Hunter

Prepared by and Return to:  
 Christopher J. Twohey, P.A.  
 844 E. Ocean Blvd. Ste. A  
 Stuart, Florida 34994

Parcel ID Number: 13-38-41-009-000-00070.30000

# Warranty Deed

This Indenture, Made this 14th day of December, 2009 A.D., Between Terence B. Kiely and Sandra L. Kiely, as Trustees of the Terence B. Kiely Trust dated September 1, 1988, as subsequently amended, and Individually as Husband and Wife of the County of Martin, State of Florida, grantor, and Peter M. Camplin and Cynthia W. Camplin, husband and wife

whose address is: 1 Oakwood Dr., Sewalls Point, FL 34996

of the County of Martin, State of Florida, grantees.

Witnesseth that the GRANTOR, for and in consideration of the sum of

\_\_\_\_\_TEN DOLLARS (\$10)\_\_\_\_\_ DOLLARS, and other good and valuable consideration to GRANTOR in hand paid by GRANTEEES, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEEES and GRANTEEES' heirs, successors and assigns forever, the following described land, situate, lying and being in the County of Martin, State of Florida to wit:

Lot 7, OAKWOOD SUBDIVISION, according to the map or plat thereof as recorded in Plat Book 8, Page 53, Public Records of Martin County, Florida.

SUBJECT TO:

1. Taxes for the year 2010 and all subsequent years;
2. Zoning restrictions, prohibitions and other requirements imposed by governmental authority;
3. Restrictions, and matters appearing on the plat or otherwise common to the subdivision; and
4. Public utility easements of record, if any.

and the grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

In Witness Whereof, the grantor has hereunto set its hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Terence B. Kiely and Sandra L. Kiely as Trustees of the Terence B. Kiely Trust dated

NOTICE OF COMMENCEMENT

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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_

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 7 Oakwood Subdivision

GENERAL DESCRIPTION OF IMPROVEMENT:

Remodel master bath

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

NAME: Peter Camplin
ADDRESS: 1 Oakwood Drive, Sewalls Pt., FL 34996
PHONE NUMBER: 878-6208 FAX NUMBER:
INTEREST IN PROPERTY: Owner

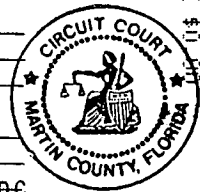
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: Peter Camplin STATE OF FLORIDA MARTIN COUNTY
ADDRESS: Same
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

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

ADDRESS:
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
BOND AMOUNT: \_\_\_\_\_
BY: [Signature] D.C.
DATE: 11-14-12



LENDER/MORTGAGE COMPANY:

ADDRESS:
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME:
ADDRESS:
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

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

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

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

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

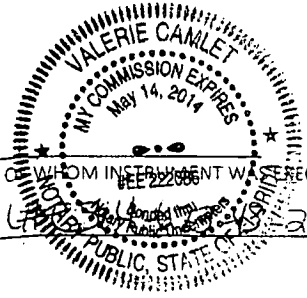
SIGNATORY'S TITLE/OFFICE: Owner

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 14 DAY OF Nov 2012

BY: Peter M Camplin AS owner FOR \_\_\_\_\_
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS RECORDED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED: FD 470

Valerie Camlet
NOTARY SIGNATURE/ SEAL



INSTR 4 2361563 OR BK 2612 PG 1023 RECD 11/14/2012 02:00:10 PM
(1 Page)
MARSHA EWING MARTIN COUNTY CLERK
DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$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

**SUBCONTRACTORS LIST**  
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Peter Camplin BLDG. PERMIT # 10286  
 MAILING ADDRESS 1 Oakwood Drive, Sewall's Pt., FL 34996

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		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE	Randy Baumann / <del>Steve Swanson</del>	PSL Lic. # 3812
WD	WINDOWS & DOORS		
PI	* PLUMBING	Premier Plumbing (?)	
AC	* HARV		
EL	* ELECTRICAL	Arlington Electric	

BTRGX  
 for Jim  
 for Jim



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.

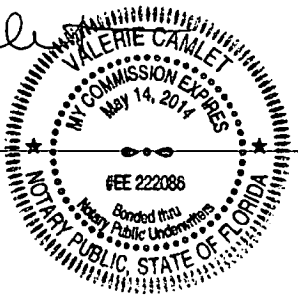
PETER CAMPLIN  
SIGNATURE OF CONTRACTOR  
(OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida  
COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 14 day  
of Nov, 2012

Valerie Camlet  
NOTARY PUBLIC

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



# TOWN OF SEWALL'S POINT

JACQUI THURLOW-  
LIPPISCH  
Mayor

PAUL SCHOPPE  
Vice Mayor

THOMAS P BAUSCH  
Commissioner

PAMELA BUSHA  
Commissioner

PAUL LUGER  
Commissioner

ROBERT L. KELLOGG  
Town Manager

ANN-MARIE S. BASLER  
Town Clerk

JOHN R. ADAMS  
Building Official

JOSE TORRES  
Maintenance



DATE: November 15, 2012

TO: Mr. Camplin

RE: Contractor Licensing

*RN 10286*

---

For: 1 Oakwood Dr

*OK* RANDY BAUMANN - General Liability Insurance naming the Town of Sewall's Point as  
the Certificate Holder and Business Tax Receipt

*OK* PREMIER PLUMBING - Contractor verification form

*OK* ARLINGTON ELECTRIC Contractor verification form

Thank you,

*Valerie*



220 - 4765



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
One S. Sewall Pk Rd  
Sewall's Point, FL 34996  
Tel 888-411-1111 Fax 888-411-1111

*Arlington Elec*

VERIFICATION OF CONTRACTOR

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

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

OWNERS NAME: Peter Campin

CONSTRUCTION ADDRESS: 1 Oakwood Drive Sewalls Pt 34996

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

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

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

SCOPE OF WORK: Install 60 amp circuit for steam generator

VALUE OF CONSTRUCTION \$ 545.00

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

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

*James P. Williams*      3251 SE Dixie Hwy Stuart Fl 34997  
 SIGNATURE OF LICENSED CONTRACTOR      ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: James P Williams

TELEPHONE NO: 289-1353      FAX NO: 289-2380

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 0000127

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

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

OWNER'S FULL NAME AS STATED ON DEED: Peter Campin

PARCEL CONTROL #: 13-38-41-009-000-00070-327865

SUBDIVISION: \_\_\_\_\_ LOT: 7 BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: 1 Oakwood Drive Sewalls Pt 34996

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

3:05:48 PM 11/20/2012

Data Contained In Search Results Is Current As Of 11/20/2012 03:06 PM.

**Search Results**

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Electrical Contractor	<b><u>ARLINGTON ELECTRIC INC</u></b>	DBA	EC0000127 Cert Electrical	Current, Active 08/31/2014
	<b>License Location Address*:</b>	P O BOX 63 STUART, FL 34995-0063		
	<b>Main Address*:</b>	P O BOX 63 STUART, FL 34995-0063		
Certified Electrical Contractor	<b><u>WILLIAMS, JAMES P JR</u></b>	Primary	EC0000127 Cert Electrical	Current, Active 08/31/2014
	<b>License Location Address*:</b>	P O BOX 63 STUART, FL 34995-0063		
	<b>Main Address*:</b>	P O BOX 63 STUART, FL 34995-0063		

[Back](#) [Now Search](#)

**\* denotes**

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

.....  
**1940 North Monroe Street, Tallahassee FL 32399** :: Email: **Customer Contact Center** :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. **Copyright 2007-2010 State of Florida. Privacy Statement**

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our **Chapter 455** page to determine if you are affected by this change.

OK

# Premier Plumbing



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

### VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 10286

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

OWNERS NAME: Peter Camplin

CONSTRUCTION ADDRESS: 1 Oakwood Drive

PERMIT TYPE:  RESIDENTIAL  COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE:  NEW SERVICE  EXISTING SERVICE  OTHER

SCOPE OF WORK: Plumbing Disconnect, Rough In, Reconnect

VALUE OF CONSTRUCTION \$ hourly

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

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

[Signature] 108 N.E. Dixie Hwy, Stuart, FL 34994  
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Joseph Sandy Brownlow

TELEPHONE NO: 772-692-2500 FAX NO: 772-692-1094 PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC 1427780

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

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

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name PETER CAMPLIN, SR. #5771-01		For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 OAKWOOD DRIVE		Policy Number	
City STUART State FL ZIP Code 34996		Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 7, OAKWOOD			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>27°11'05"N</u> Long. <u>80°11'26"W</u>		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <u>1</u>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>	
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

B1. NFIP Community Name & Community Number SEWALL'S POINT, TOWN OF 120164		B2. County Name MARTIN		B3. State FLORIDA	
B4. Map/Panel Number 12085C 0162	B5. Suffix F	B6. FIRM Index Date 10/4/02	B7. FIRM Panel Effective/Revised Date 10/4/02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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

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

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.  
Benchmark Utilized N/A Vertical Datum NGVD 1929  
Conversion/Comments NONE

Check the measurement used.

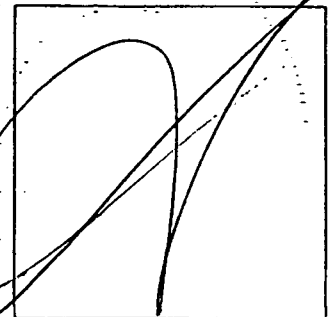
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>7.85</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>7.15</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>7.22</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>4.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

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

Certifier's Name STEPHEN J. BROWN		License Number #4049	
Title SURVEYOR & MAPPER	Company Name STEPHEN J. BROWN, INC.		
Address 619 E 5 <sup>TH</sup> STREET	City STUART	State FL	ZIP Code 34994
Signature	Date 12/01/09	Telephone (772) 288-7176	



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	For Insurance Company Use.
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 OAKWOOD DRIVE	Policy Number
City STUART State FL ZIP Code 34996	Company NAIC Number

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

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

Comments C2 e IS THE AC UNIT

Signature STEPHEN J. BROWN

Date 12/01/09

Check here if attachments

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

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

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE), or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

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

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_
- G10. Community's design flood elevation \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments



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

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

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

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

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

Owner/Builder Applicant Name: Peter Camplin  
 Site address of the proposed building work: 1 Oakwood Drive, Sewall's Pt., FL 34996  
 Name of legal title owner of the address above: Peter + Cynthia Camplin  
 Describe the scope of work for the proposed new construction: Remodel master bath

Name of Architect of Record: \_\_\_\_\_ Structural Engineer of Record: \_\_\_\_\_  
 Who will supervise the trade work to meet the applicable code? Peter Camplin  
 What provisions have you made for Liability and Property Damage Insurance? Homeowners' Insurance

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? All sub-contractors will provide 1099s

What previous Owner/Builder improvements have you done in the State of Florida?  
 Location: 1 Oakwood Drive, Sewall's Pt. Scope of Work Done: Re-siding, re-trim, Pencing, etc. Year: 2010-2012

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_  
 What code books do you have available for reference? Building: FL - on internet

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_  
 Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO \_\_\_\_\_

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

Have you consulted with your Homeowner's Insurance Agent? yes Lender? No Attorney? No

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



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

### OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

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

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

14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS' COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.

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

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

ON THIS 14th DAY OF November, 2012.

PROPERTY ADDRESS 1 Oakwood Dr.

CITY Sewall's Pt. STATE FL ZIP 34996

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14th DAY OF November 2012

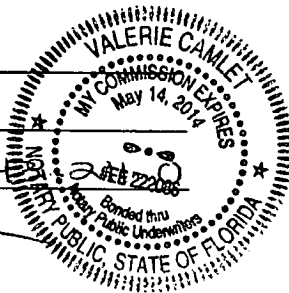
BY PETER CAMPBELL  
 PERSONALLY KNOWN

OR PRODUCED ID

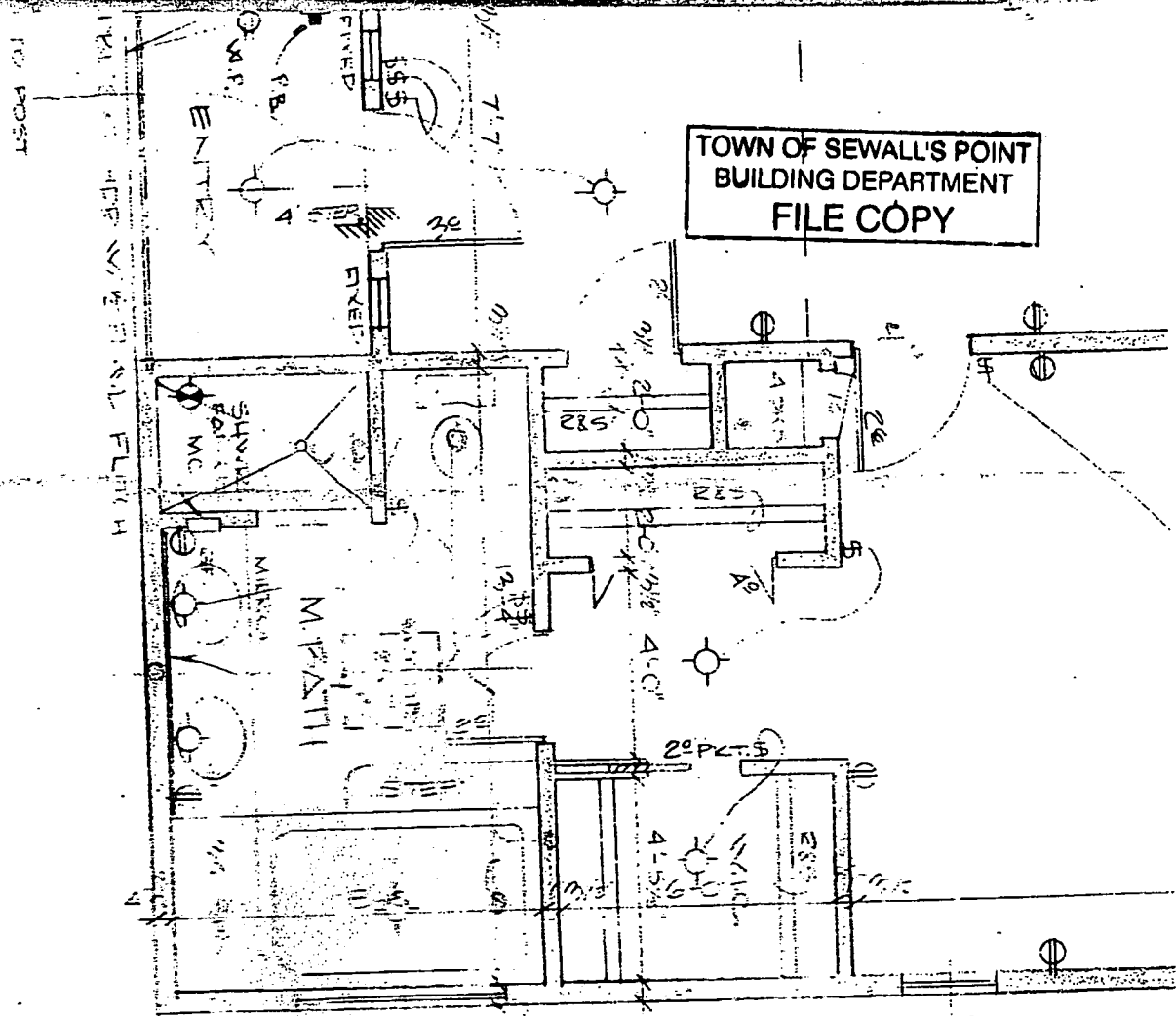
TYPE OF ID PDL# CS14-673-4

Valerie Camlet

NOTARY SIGNATURE



TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



LIVING  
GARAGE  
ENTRY  
TOTAL

AREA (500 FT<sup>2</sup>)

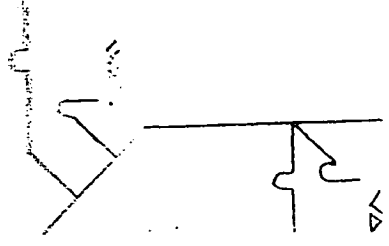
2254  
1910  
2002  
2002

1. Demo existing floor + wall tile + replace with new tile.
2. New tub + vanity of new hardware
3. New lighting + fan
4. Add steam generator to convert shower to steam/shower
5. New shower door
6. Bead-board wainscot w/ veil
7. Paint + wallpaper

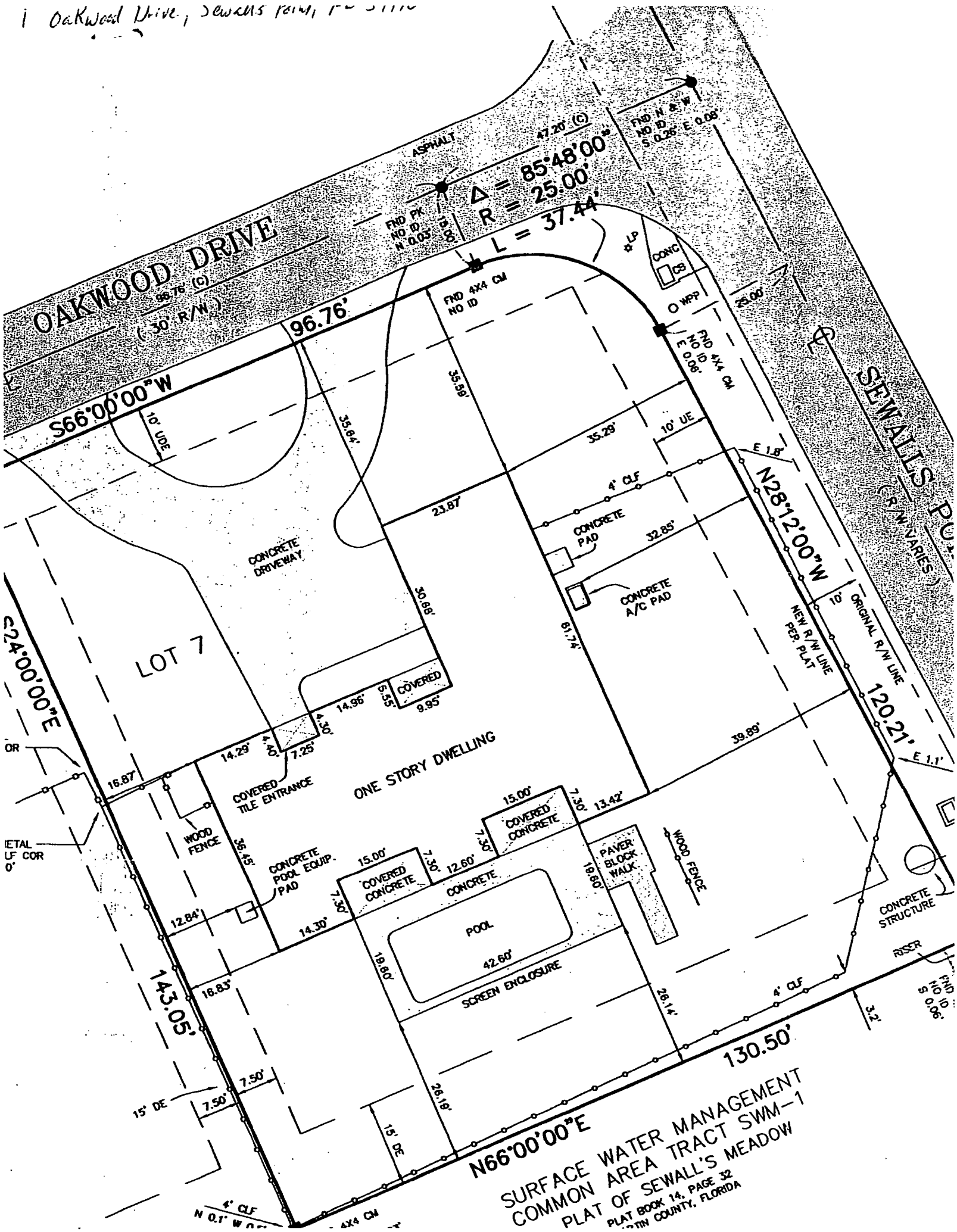
1 Oakwood Drive  
Remodel of Master Bath

36'-4"

W



1 Oakwood Drive, Sewalls Pkwy, Ft. Smith



SURFACE WATER MANAGEMENT  
 COMMON AREA TRACT SWM-1  
 PLAT OF SEWALL'S MEADOW  
 PLAT BOOK 14, PAGE 32  
 11TH COUNTY, FLORIDA

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11-28-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10272	Watson	rough electric		
1ST	16 Reerview Hemmingway	rough plumbing window attachment	PASS	INSPECTOR <i>[Signature]</i>
<del>10272</del>	<del>Cooper</del>	<del>rough plumbing</del>		
fm	<del>10 Oakwood Dr</del> OB	<del>rough electric</del> <del>Hemmingway</del>		INSPECTOR <i>[Signature]</i>
10277	Nehme	in-progress		
9-930	19 S Sewalls OB	balcony (cell 486-5271)	PASS	INSPECTOR <i>[Signature]</i>
Tree	Walser	Tree		
	102 Skerier		<i>[Signature]</i>	INSPECTOR
10271	BUNKHANT	Pool STEEL		
2:00	106 S Sewalls Soft Custom Pools	BOND & MD	PASS	INSPECTOR <i>[Signature]</i>
9917	Tord	UG Gas		
fm	98 N Sewalls Masterpiece		FAIL	NOT READY INSPECTOR <i>[Signature]</i>
Tree	Shore	Tree		
Tree	23 Emarta Poultney	Tree	<i>[Signature]</i>	INSPECTOR
	7 Reerview			



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 1-24-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10286	Carmaker	Final		
1ST	Oakwood Dr	Johnson	Pass	
	OB			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10319	Chodera	Final		
10AM	54 N River	AC	Pass	CLOSE
	Niskin			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				NO ACTIVITY
	6 Banyan	investigate	OK	
		screen nm		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 5-6-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10431	Luria 3 S Sewalls Jack Frost	Final AC	Pass	CLOSE INSPECTOR <i>jt</i>
10441	Beep 34 S Sewalls Century AC	Final AC	Pass	CLOSE INSPECTOR <i>jt</i>
10425	Partels 3 St Lucia Ct JA Taylor	tile in-progress	Pass	INSPECTOR <i>jt</i>
10286	Camplin 1 Oakwood DR OB	Final bathroom	Pass	CLOSE INSPECTOR <i>jt</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

**10471**

**SCREEN ENCLOSURE**



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:	10471	DATE ISSUED:	JUNE 5, 2013
SCOPE OF WORK:	REPLACE POOL ENCLOSURE		
CONTRACTOR:	A QUALITY CONSTRUCTION		
PARCEL CONTROL NUMBER:	133841009-000-000703	SUBDIVISION	OAKWOOD - LOT 7
CONSTRUCTION ADDRESS:	1 OAK WOOD DR		
OWNER NAME:	CAMPLIN		
QUALIFIER:	DAVID MILLER	CONTACT PHONE NUMBER:	343-0805

**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

10471

Date: 5-30-13

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

OWNER/LESSEE NAME: Peter Camplin Phone (Day) 772-343-0805 (Fax) \_\_\_\_\_  
 Job Site Address: 1 Oakwood Dr. City: Stuart State: FL Zip: 34996  
 Legal Description Oakwood Lot 7 Parcel Control Number: 13-38-41-009-000-00070-3  
 Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**COST AND VALUES: (Required on ALL permit applications)**  
 Estimated Value of Improvements: \$ 8800  
 (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: A Quality Construction LLC Phone: 772-343-0805 Fax: 461-3038  
 Qualifiers name: Dave Miller Street: 3531 S. 25th St. City: St. Pierre State: FL Zip: 34981  
 State License Number: CBC 1257739 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_  
 LOCAL CONTACT: Dave Miller Phone Number: 772-201-4200

DESIGN PROFESSIONAL: R.A. Dunlap PE Fla. License# PE 42835  
 Street: 1513 Cervantes Place City: The Villages State: FL Zip: 32159 Phone Number: 772-285-6444

AREAS SQUARE FOOTAGE: Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
 Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*: \_\_\_\_\_  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

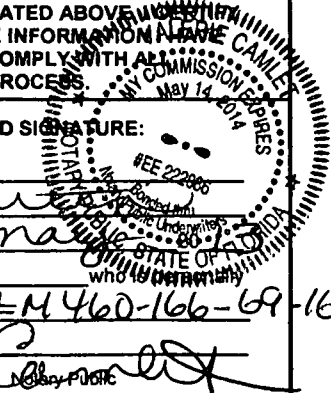
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS 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.
- 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 AND 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:  
X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification. \_\_\_\_\_  
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the 30 day of May, 20\_\_\_\_  
 by DAVID F. MILLER who is personally  
 known to me or produced FLDH#M 460-166-69-1680  
 As identification. \_\_\_\_\_  
 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!



3531 S 25<sup>th</sup> St.  
Ft. Pierce, FL 34981  
772-343-0805 Fax 772-461-3038

Dave Miller  
Certified Building Contractor  
Certified Home Inspector  
CBC 1257739  
HI5313

Attn: Valerie  
From: A Quality Construction  
RE: Signed Proposal

# Proposal



3531 S 25<sup>th</sup> St.  
Ft. Pierce, FL 34981  
772-343-0805 Fax 772-461-3038

Dave Miller  
Certified Building Contractor  
Certified Home Inspector  
CBC 1257739  
HI5313

Job Name: Peter Camplin Phone 216-9815 Date: 05/07/13  
Street: 1 Oakwood Dr.  
City, State and Zip: Stuart, FL

### Proposed Work:

- Take down and haul away old pool cage and super gutter
- Build a 19' x 42' pool enclosure with a mansard style screen roof  
(2) doors and 18/14 fiberglass screen  
White or Bronze aluminum  
Includes: Permit and Engineering  
Built to all new building codes and wind zones  
Because of close proximity to saltwater all fasteners to be stainless steel

Labor and Material: \$9,095.00

- To have 7" Super Gutter rather than 5" + \$275.00

*\*Any alterations or deviation from the above specifications involving extra cost or work will be executed only upon written orders, and will become an extra charge over and above the estimate. If any client is referred to an attorney for collection, then client agrees to pay all fees incurred in the collections of the payment due plus all court cost and attorney's fees. Work will be scheduled upon written signature of client. All materials are property of A Quality Construction, LLC until final payment is received.*

Payments will be made as follows:

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

\* Contractor

Signature: 

Date: 5/31/13

Price reflects 15% discount

**NOTICE OF COMMENCEMENT**  
To be completed when construction value exceeds \$2,500.00

PERMIT #: \_\_\_\_\_ TAX FOLD # 13-38-41-009-000-00070-3

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):  
1 Oakwood Dr. Stuart, FL 34996 Oakwood lot 7

GENERAL DESCRIPTION OF IMPROVEMENT: Pool Enclosure

5/16/13  
[Signature]

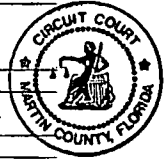
OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:  
Name: ~~Complin~~ Peter Complin  
Address: 1 Oakwood Dr. Stuart, FL 34996  
Interest in property: Owner  
Name and address of fee simple title holder (if different from Owner listed above):

CONTRACTOR'S NAME: David F Miller Phone No.: (772) 343-0805  
Address: 3531 S 25th St Ft. Pierce, FL 34981

STATE OF FLORIDA  
MARTIN COUNTY

SURETY COMPANY (if applicable, a copy of the payment bond is attached):  
Name and address:  
Phone No.:

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



LENDER'S NAME:  
Address:

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:  
BY: \_\_\_\_\_ D.C.  
DATE: 5/30/13  
Phone No.:

Name:  
Address:

In addition to himself or herself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
Phone number of person or entity designated by Owner: \_\_\_\_\_

Expiration date of Notice of Commencement:  
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 penalty 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.

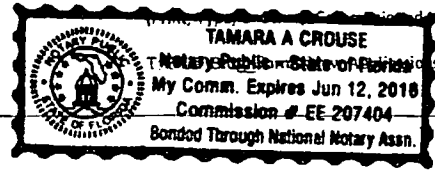
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact  
Peter M. Complin

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 8 day of May, 2013  
By: Tamara A Crouse as Bank Officer for Peter Marson Complin  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Tamara A Crouse  
Notary's Signature

Personally known  or produced identification   
Type of identification produced FL DLH 0514-073-43-2110





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

generated on 5/30/2013 1:35:00 PM EDT

**Summary**

<b>Parcel ID</b>	<b>Account #</b>	<b>Unit Address</b>	<b>Market Total Value</b>	<b>Website Updated</b>
13-38-41-009-000-00070-3	27845	1 OAKWOOD DR, SEWALL'S POINT	\$303,150	5/25/2013

---

**Owner Information**

<b>Owner(Current)</b>	CAMPLIN PETER M & CYNTHIA W L/E
<b>Owner/Mail Address</b>	1 OAKWOOD DR STUART FL 34996
<b>Sale Date</b>	8/30/2012
<b>Document Book/Page</b>	2604 1206
<b>Document No.</b>	2354277
<b>Sale Price</b>	100

---

**Location/Description**

<b>Account #</b>	27845	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	OAKWOOD LOT 7
<b>Parcel Address</b>	1 OAKWOOD DR, SEWALL'S POINT		
<b>Acres</b>	.4090		

---

**Parcel Type**

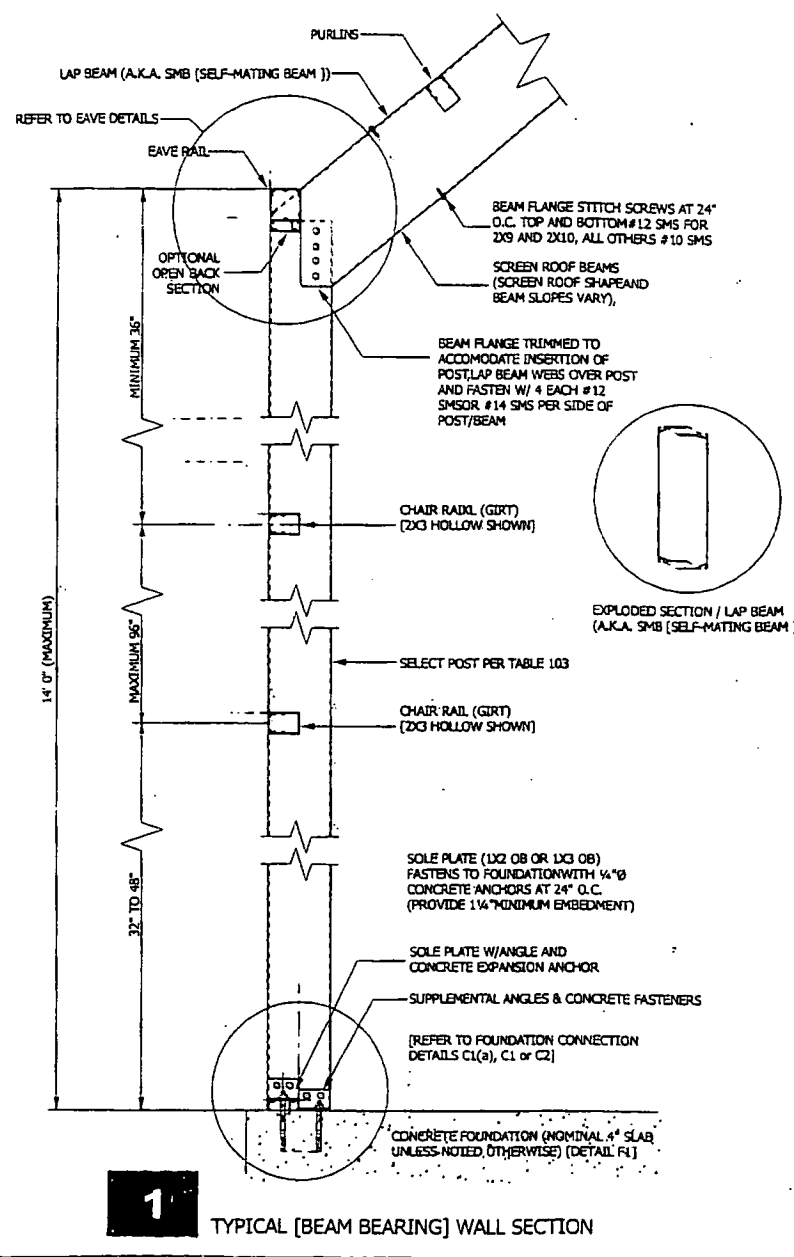
<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

---

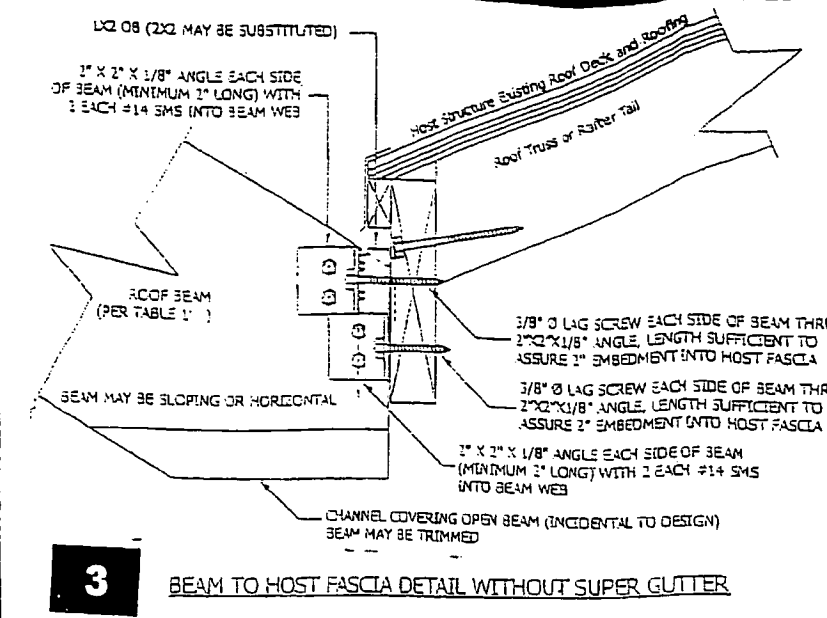
**Assessment Information**

<b>Market Land Value</b>	\$157,500
<b>Market Improvement Value</b>	\$145,650
<b>Market Total Value</b>	\$303,150

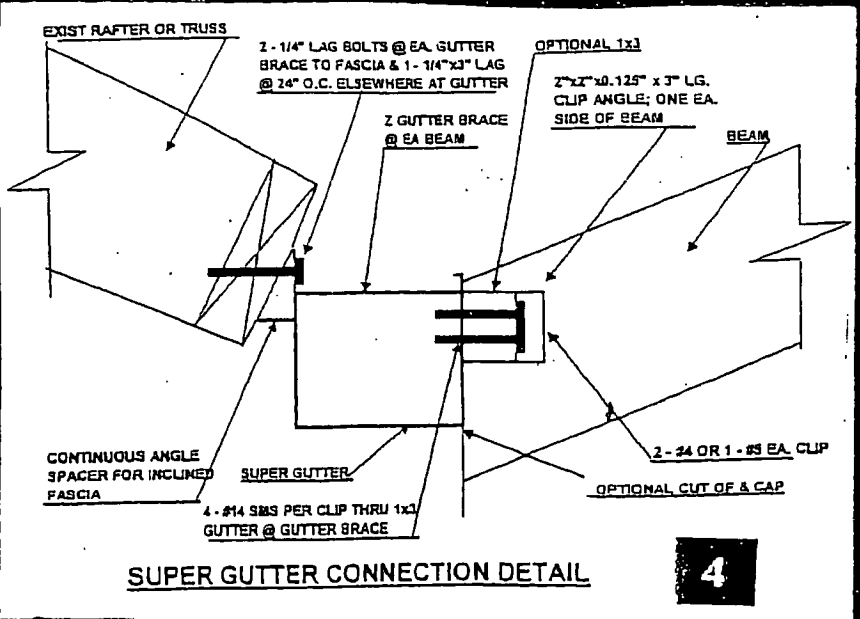




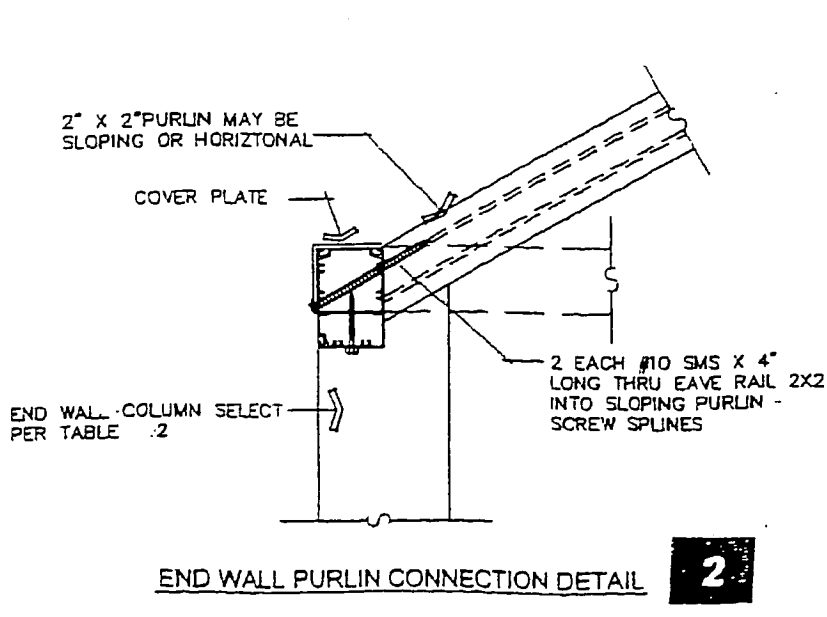
**1** TYPICAL [BEAM BEARING] WALL SECTION



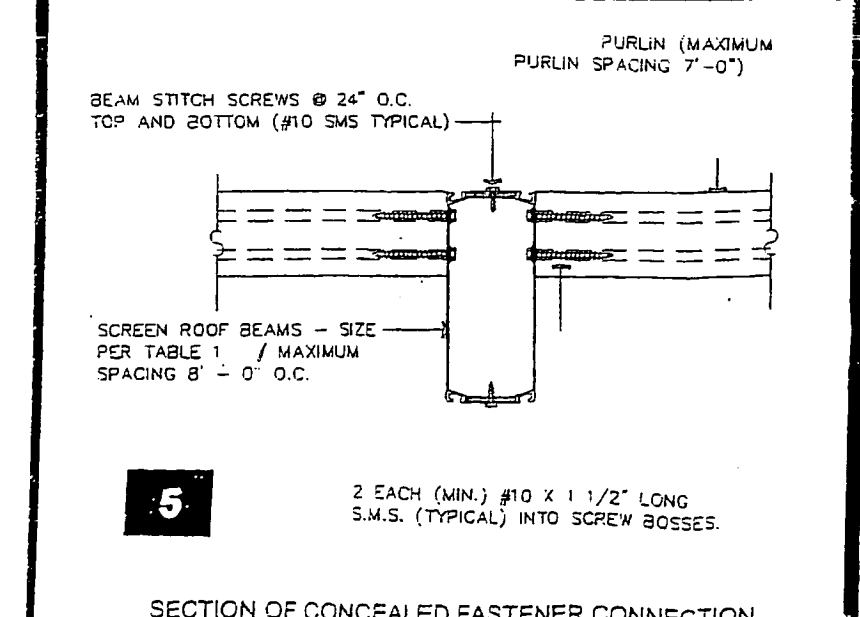
**3** BEAM TO HOST FASCIA DETAIL WITHOUT SUPER GUTTER



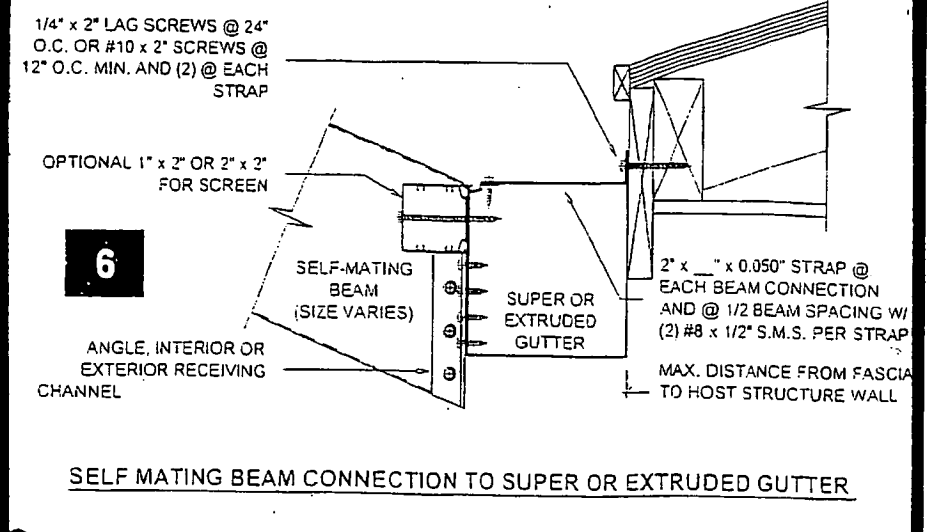
**4** SUPER GUTTER CONNECTION DETAIL



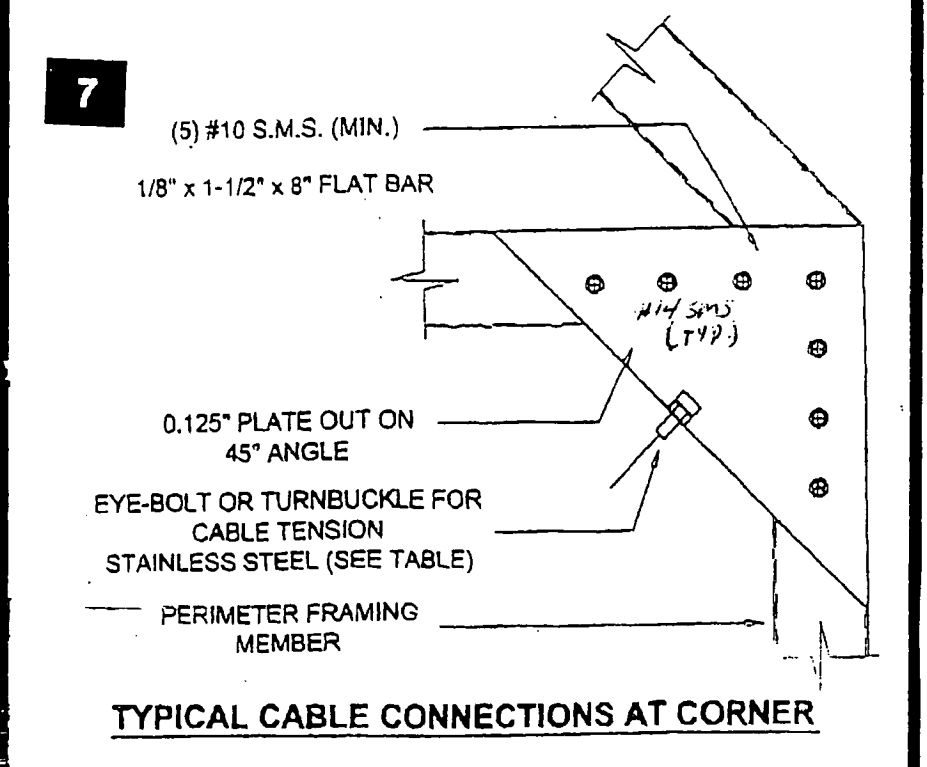
**2** END WALL PURLIN CONNECTION DETAIL



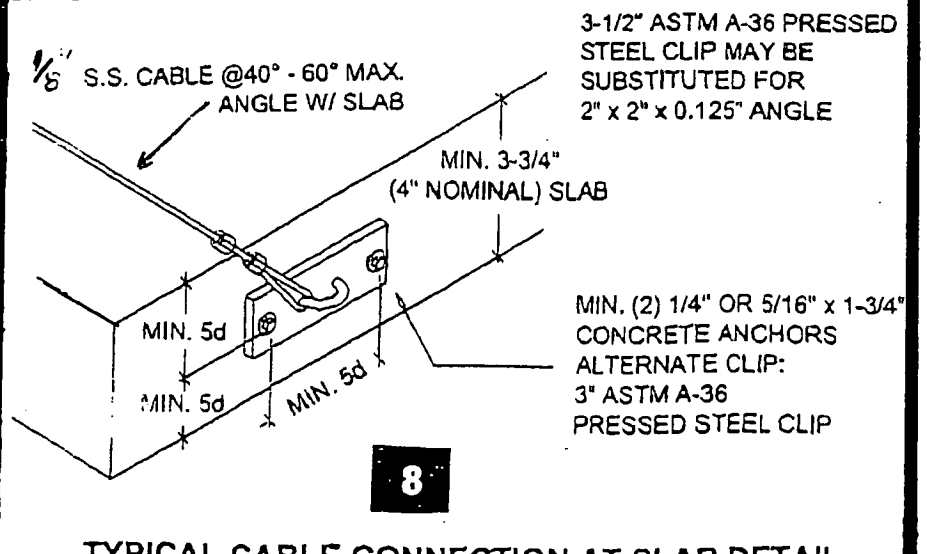
**5** SECTION OF CONCEALED FASTENER CONNECTION



**6** SELF MATING BEAM CONNECTION TO SUPER OR EXTRUDED GUTTER



**7** TYPICAL CABLE CONNECTIONS AT CORNER



**8** TYPICAL CABLE CONNECTION AT SLAB DETAIL

**SCREEN ENCLOSURE**

DWG. # AQC-2013-007, REV. 0

May 22, 2013

SHEET 4 OF 4

**STANDARD CONNECTIONS**

HEIGHT 8'-0", 160 MPH, EXP. 'C'

A QUALITY CONSTRUCTION, LLC  
 3531 S. 25TH STREET  
 FORT PIERCE, FL 34981  
 OFFICE (772) 343-0805  
 FAX (772) 461-3038

**LOCATION:**

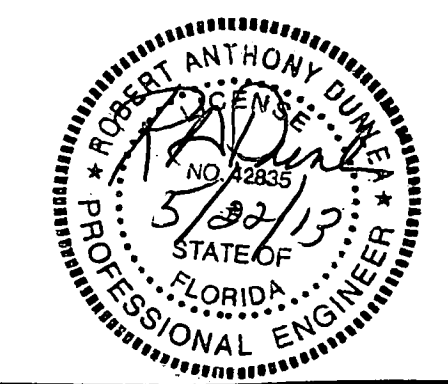
NAME:	CAMPLIN RESIDENCE
ADDRESS:	1 OAKWOOD DRIVE
CITY/STATE:	STUART, FL 34996
COUNTY:	MARTIN

THIS "CIRCLED" CONNECTIONS ON THIS SHEET ARE BEING USED FOR THIS PROJECT.

- 1      2      3
- 4      5      6
- 7      8

NOTE: DRAWINGS ARE NOT TO SCALE

R. A DUNLEA, P.E.  
 1513 CERVANTES PLACE  
 THE VILLAGES, FLORIDA 32159  
 (772) 285-6444, (352) 750-6207  
 FLORIDA P.E. Lic. No. 42835



**TABLE OF ROOF BEAMS, COLUMNS, PURLINS AND GIRTS:**

THIS SCREEN ENCLOSURE MEETS THE FLORIDA BUILDING CODE FOR A HEIGHT 8'-0", 160 MPH, EXP. 'C' WIND SPEED. THE TABLES BELOW ARE BASED ON SIMULTANEOUS LOADING AS DEFINED IN THE FLORIDA BUILDING CODE (FBC), CHAPTERS 16 AND 20, AND OTHER REFERENCES SUCH AS ALUMINUM ASSOCIATION OF FLORIDA (AAF) "GUIDELINES TO ALUMINUM CONSTRUCTION IN HIGH WIND AREAS". STRUCTURAL VALUES FOR EXTRUDED ALLOY 6005T5 ARE TAKEN FROM THE ALUMINUM DESIGN MANUAL, 2010 EDITION.

MAIN MEMBER SCHEDULE								
MEMBER	MARK	SIZE	MATERIAL	TYPE	THICKNESS		LENGTH	DESIGN BASIS
		b x t	ALLOY		W	F	FT.	
ROOF BEAM # 1	R1	2x8	ALUM	SMB	0.072	0.224	17'-6"	CALCULATION
COLUMN # 1	C1	2x6	ALUM	SMB	0.050	0.120	8'-0"	CALCULATION
COLUMN # 2	C2	2x3	ALUM	HOLLOW	0.050	0.050	8'-0"	CALCULATION
COLUMN # 3	C3	2x5	ALUM	SMB	0.050	0.116	8'-0"	CALCULATION
COLUMN # 4	C4	2x3-6	ALUM	HOLLOW	0.060	0.060	8'-0"	CALCULATION
PURLIN # 1	P1	2x3	ALUM	HOLLOW	0.050	0.050	NA	300# RULE CALC
CHAIR RAIL # 1	CR1	2x3	ALUM	HOLLOW	0.050	0.050	6'-11"	CALCULATION
CHAIR RAIL # 2	CR2	2x3	ALUM	HOLLOW	0.050	0.050	5'-8"	CALCULATION
CHAIR RAIL # 3	CR3	2x3	ALUM	HOLLOW	0.050	0.050	4'-8"	CALCULATION
EAVE RAIL # 1 *	ER1 *	2x3P	ALUM	HOLLOW	0.050	0.050	7'-1"	CALCULATION
EAVE RAIL # 2 *	ER2 *	2x3P	ALUM	HOLLOW	0.050	0.050	5'-10"	CALCULATION
WIND BRACING	WB	2x2-9	ALUM	HOLLOW	0.090	0.090	NA	CALCULATION
K- BRACING **	KB **	2x3-7	ALUM	HOLLOW	0.070	0.070	NA	CALCULATION
GUIDE WIRES	GW	1/8"	SS	NA	NA	NA	12'-0"	CALCULATION

NOTE: \* 2x3P IS A 2x3x0.050 HOLLOW WITH A OB ATTACHED, \*\* 2x2x0.125 HOLLOW CAN REPLACE THE 2x3x0.070.  
NOTE THAT EITHER K-BRACING OR GUIDE WIRES CAN BE USED HERE, NOT BOTH.

**ADDITIONAL SITE SPECIFIC INFORMATION**

THIS MANSARD ROOF SCREEN ENCLOSURE IS LOCATED JUST WEST OF S. SEWELL'S POINT ROAD IN SEWELL'S POINT, STUART, FLORIDA. THERE ARE LARGE BODIES OF WATER ALL AROUND THIS AREA. THE DESIGN SELECTED IS 160 MPH WIND SPEED, EXPOSURE C, RISK CATEGORY I.

THE MANSARD ROOF SCREEN ENCLOSURE IS BEING ERRECTED ON AN EXISTING SLAB AND POOL PERIMETER FOOTER THAT HAD A SCREEN ENCLOSURE ON IT BEFORE. THIS ENCLOSURE IS REPLACING THE EXISTING ENCLOSURE. THIS FOUNDATION IS ACCEPTABLE FOR THIS ENCLOSURE. THE ROOF HAS A RISE OF 2'-9" AND A RUN OF 5'-10" FOR A SLOPE OF 25°. THE DESIGN DRAWING IS SHOWN ON SHEET 2. THE CONNECTION DRAWINGS ARE SHOWN ON SHEETS 3 AND 4. DUE TO THE CLOSENESS TO THE OCEAN AND THE SALT AIR ONLY 300 SERIES STAINLESS STEEL FASTENERS WILL BE USED.

**SPECIFICATION NOTES AND DESIGN PARAMETERS:**

- THIS DESIGN COMPLIES WITH THE GUIDELINES DEFINED IN CHAPTERS 16 AND 20 OF THE FLORIDA BUILDING CODE (FBC), EDITION 2010, USING THE ALLOWABLE STRESS DESIGN PRESSURES LISTED IN TABLE 2002.4 AND TABLE 2002.4A. THE AAF STANDARDS OF THE "GUIDELINES TO ALUMINUM CONSTRUCTION IN HIGH WIND AREAS" FOR TABLE 1 ARE ALSO APPLIED.
  - A DESIGN BASICS: THIS SCREEN ENCLOSURE IS A RISK CATEGORY I STRUCTURE. HEIGHT 8'-0", 160 MPH, EXP. 'C'
  - B WIND IMPORTANCE FACTOR (0.7) AND BUILDING CLASSIFICATION RISK CATEGORIES ARE FROM FBC, TABLE 1604.5 AND AREA LOCATION WIND SPEED PER FBC, FIGURE 1609C. BUILDING CLASSIFICATION PER TABLE 27.2-1, ASCE 7-10.
  - C DESIGN PRESSURE: (18/14 SCREENING), WW @ 37.08 PSF, LW @ 30.27 PSF, FOR SCREEN ROOF @ 10.60 PSF PER TABLE 2002.4.
  - D MAXIMUM HEIGHT: HEIGHTS HIGHER THAN LISTED ABOVE REQUIRE SITE-SPECIFIC DESIGN BY THE ENGINEER OF RECORD.
  - E ALLOWABLE DEFLECTION: L / 60 MINIMUM, AS SPECIFIED IN TABLE #1604.3 OF FBC.
  - F CONTINUOUS LOAD PATH IS PROVIDED WITHIN THE CALCULATIONS USING ALLOWABLE STRESS DESIGN PRESSURES.
- MATERIALS (UNLESS OTHERWISE SPECIFIED BY THE ENGINEER OF RECORD):
  - A ALL EXTRUSION MATERIALS SHALL BE ALUMINUM ALLOY # 6005T5 OR # 6061T6; ALLOY # 6063T6 IS NOT ACCEPTABLE.
  - B FASTENERS: ALUMINUM ALLOYS #2024-T4 & #7075-T6, DOUBLE CAD-PLATED STEEL, HOT-DIPPED GALVANIZED STEEL OR 300-SERIES STAINLESS STEEL. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE FOR SEPARATION OF DISSIMILAR MATERIALS AS DEFINED IN THE FBC. HE/SHE MAY IMPLEMENT ANY OF THE MEANS LISTED IN THESE SECTIONS. ALTERNATIVES MUST BE REVIEWED AND APPROVED IN WRITING BY THE ENGINEER OF RECORD PRIOR TO ANY INSTALLATIONS UTILIZING THE SUBJECT METHODS.
  - C SCREEN CLOTH: SHALL BE VINYL-COATED, WOVEN FIBERGLASS, MAXIMUM DENSITY OF 18 X 14, 58% OPEN MINIMUM. OTHER SCREEN DENSITY REQUIRE ADDITIONAL ENGINEERING CONSIDERATION.
  - D ANY CONNECTION USED, THAT IS NOT SHOWN ON THESE SHEETS, MUST MEET ALL FBC AND AAF GUIDELINES.
  - E MATERIAL UPGRADES (STRONGER AND/OR HIGHER GRADE MATERIALS) CAN BE SUBSTITUTED AT ANY TIME.
  - F A 2x2 OR A 2x3 SNAP MEMBER CAN ALWAYS REPLACE A 2x2 OR A 2x3 HOLLOW MEMBER, RESPECTIVELY.
  - G WHEREVER SCREENING OR KICKPLATES ABUTS THE HOUSE OR CONCRETE THE MEMBER USED TO SUPPORT THAT SCREENING OR KICKPLATE WILL BE A 1" x 2" x 0.046" O.B. OR STRONGER ALUMINUM MEMBER.
  - H ALL DOOR JAMS (DJ) SHALL BE 2" x 2" x 0.046" ALUMINUM MEMBERS OR STRONGER.
- ALL HOUSE FASCIA DETAILS, BOLTING OR SCREW SELECTIONS, BEAM SPLICE DETAILS, DIAGONAL "K" BRACING DETAILS, COLUMN TO BEAM DETAILS, STRUCTURAL GUTTER DETAILS, WALL AND FASCIA DETAILS, CORNER ANCHOR DETAILS, ROOF BRACING DETAILS, EAVE BRACING DETAILS, ETC., IF NOT EXPLICITLY OUTLINED ON THIS SPECIFICATION, SHALL BE IN ACCORDANCE WITH THE LATEST FBC EDITION, INCLUDING THE AAF. ALL INTERNAL CONNECTIONS SHALL MEET THE FBC (AAF) AND THERE INSTALLATION ARE THE RESPONSIBILITY OF THE CONTRACTOR.
- THE LOCATION OF ALL "K" BRACING, WIND BRACING, EAVE RAILS AND CHAIR RAILS, ALONG WITH ANY DESIGN ABNORMALITY, ARE SHOWN AND/OR LISTED ON SHEET 2, THE "SITE SPECIFIC DRAWING".
- ALL STRUCTURES ERRECTED ON CONCRETE SLABS AND / OR FOOTERS SHALL BE CALCULATED TO ASSURE THERE IS SUFFICIENT HOLD DOWN CAPABILITY TO MEET THE REQUIREMENTS OF A THE ENCLOSURE.
- THE AVERAGE SPACING BETWEEN BEAMS IS SHOWN ON THE "SITE SPECIFIC DRAWING". THE ACTUAL SPACING BETWEEN ANY TWO BEAMS MUST BE THE LISTED SPACING, +/- 2". THE OVERALL AVERAGE SPACING MUST BE EQUAL TO THE AVERAGE SPACING SHOWN ON THE "SITE SPECIFIC DRAWING". ALL SPACING MUST NEVER BE GREATER THAN 8.0' O.C.
- IF DESIRED, THE 3/8" BOLT SHOWN IN THE WIND BRACING CONNECTION (SHEET 3, #2), THAT SECURES THE 2x2x0.090 MEMBER TO THE U-BRACKET AND THE U-BRACKET TO THE ROOF BEAM CAN BE REPLACED WITH FOUR (4) #14 SMS. THE #4 SMS MUST BE 1/2" FROM THE END OF THE U-BRACKET AND AT LEAST 3/4" APART (STAGGERED) FROM EACH OTHER. NOTE: L-BRACKET, 2x3x0.125 OR STRONGER, CAN BE SUBSTITUTED FOR THE U-BRACKET. WHEN USING L-BRACKETS, SIX (6) #14 SMS MUST BE USED, THREE (3) INTO THE ROOF BEAM AND THREE (3) INTO THE WIND BRACE MEMBER.
- IN LIEU OF "SITE SPECIFIC ENGINEERING" AN EXISTING SLAB SHALL MEET THE FOLLOWING REQUIREMENTS:
  - A THE SLAB MUST BE IN GOOD CONDITION, 4" OR GREATER THICKNESS, CONSTRUCTED WITH REBAR, WIRE OR FIBER MESH.
  - B ALL HOLD DOWN FASTENERS MUST BE NO MORE THAN 12" ON CENTER WITH MINIMUM ENGAGEMENT OF 2-1/4".
- ALL NEW SLABS, WITH OR WITHOUT FOOTERS, SHALL MEET THE FOLLOWING REQUIREMENTS AS A MINIMUM:
  - A SOIL MUST BE WELL COMPACTED AND TREATED FOR TERMITES PER COUNTY REQUIREMENTS,
  - B 4" NOMINAL PATIO SLAB REQUIRES A VAPOR BARRIER IF THE SLAB ABUTS LIVING QUARTERS,
  - C 4" NOMINAL PATIO SLAB WITH CONCRETE @ 3000 PSI (MIN.) WITH FIBER MESH OR REBAR AND WIRE,
  - D SHALL BE SECURED TO EXISTING CONCRETE WITH #5 REBAR EVERY 24" O.C. TO AVOID SETTLEMENT.
- ALL NEW PERIMETER FOOTERS SHALL MEET THE FOLLOWING REQUIREMENTS AS A MINIMUM:
  - A SOIL MUST BE WELL COMPACTED AND TREATED FOR TERMITES PER COUNTY REQUIREMENTS,
  - B CONCRETE @ 3000 PSI (MIN.) WITH ONE #5 REBAR FOR 8" x 8" AND TWO #5 REBAR FOR LARGER FOOTERS.
- ALL NEW PERIMETER FOOTER POURED WITH A SLAB SHALL MEET THE FOLLOWING CONDITIONS:
  - A PERIMETER FOOTER AND THE SLAB SHALL BE MONOLITHICALLY POURED,
  - B ALL REQUIREMENTS OF ITEMS 9 AND 10 ABOVE.

DOWN OF SEWELL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

**SCREEN ENCLOSURE**

DWG. # AQC-2013-007, REV. 0

May 22, 2013

SHEET 1 OF 4

GENERIC DESIGN DATA

HEIGHT 8'-0", 160 MPH, EXP. 'C'

A QUALITY CONSTRUCTION, LLC  
3531 S. 25TH STREET  
FORT PIERCE, FL 34981  
OFFICE (772) 343-0805  
FAX (772) 461-3038

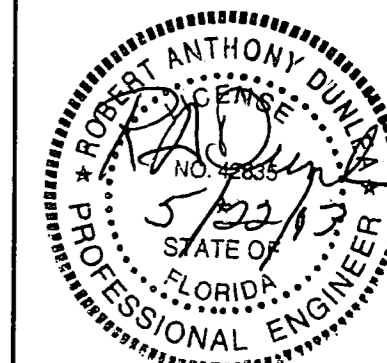
**LOCATION:**

NAME: CAMPLIN RESIDENCE  
ADDRESS: 1 OAKWOOD DRIVE  
CITY/STATE: STUART, FL 34996  
COUNTY: MARTIN

FOR BUILDING OFFICIALS ONLY:  
THIS DRAWING IS ONLY ACCEPTABLE FOR BUILDING PERMITS & ONLY WHEN IT HAS THE ENGINEER OF RECORD'S RAISED SEAL. COPIES ARE NOT DEEMED VALID.

THIS DOCUMENT IS THE PROPERTY OF R. A. DUNLEA, P.E. AND SHALL NOT BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE WRITTEN CONSENT OF R. A. DUNLEA.

R. A. DUNLEA, P.E.  
1513 CERVANTES PLACE  
THE VILLAGES, FLORIDA 32159  
(772) 285-6444, (352) 750-6207  
FLORIDA P.E. Lic. No. 42835



# SITE SPECIFIC DRAWING

## SCREEN ENCLOSURE

DWG. # AQC-2013-007, REV. 0

May 22, 2013

SHEET 2 OF 4

SITE DESIGN DRAWING

HEIGHT 8'-0", 160 MPH, EXP. 'C'

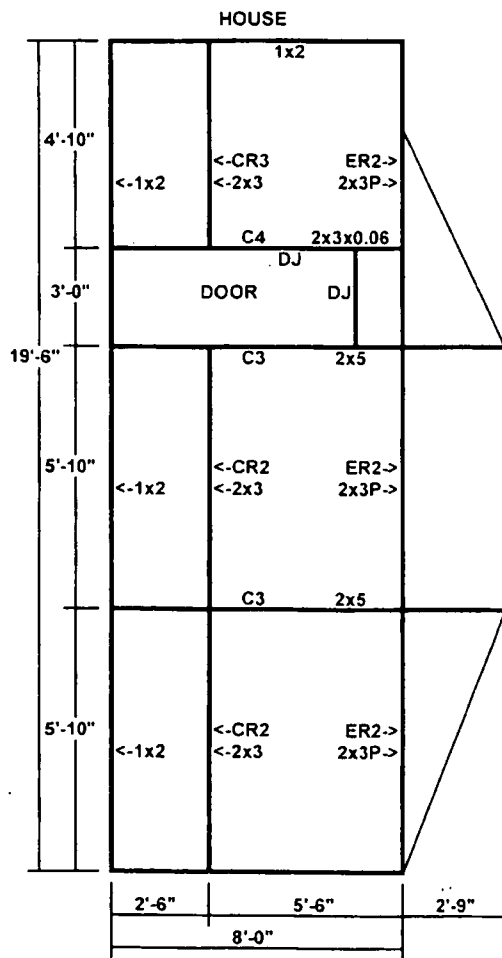
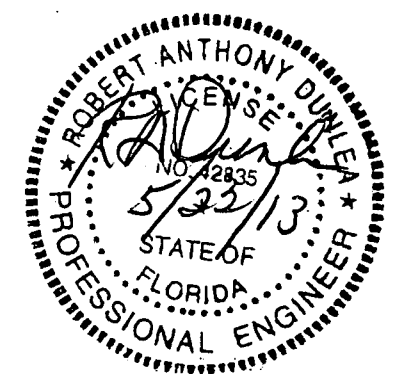
A QUALITY CONSTRUCTION, LLC  
3531 S. 25TH STREET  
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OFFICE (772) 343-0805  
FAX (772) 461-3038

LOCATION:

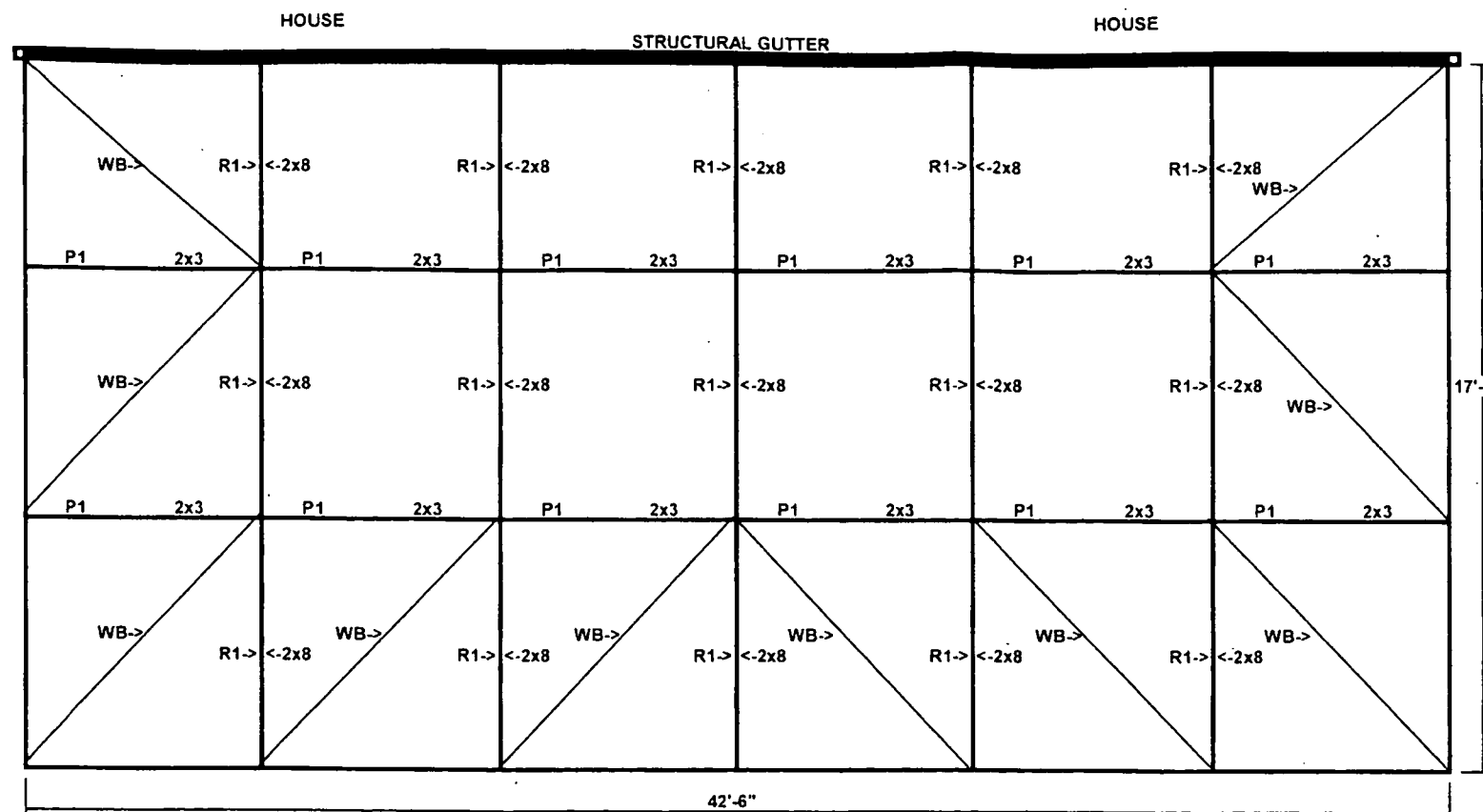
NAME:	CAMPLIN RESIDENCE
ADDRESS:	1 OAKWOOD DRIVE
CITY/STATE:	STUART, FL 34996
COUNTY:	MARTIN

DRAWINGS NOT TO SCALE

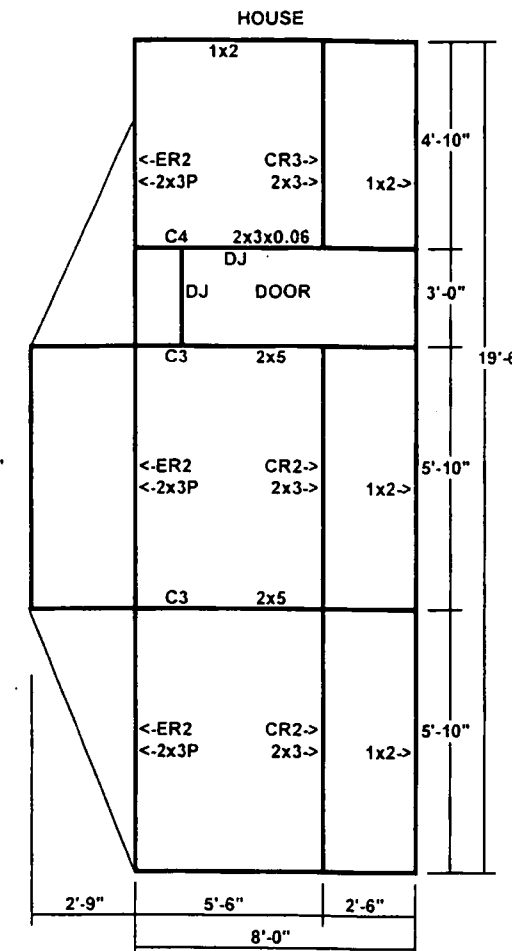
R. A DUNLEA, P.E.  
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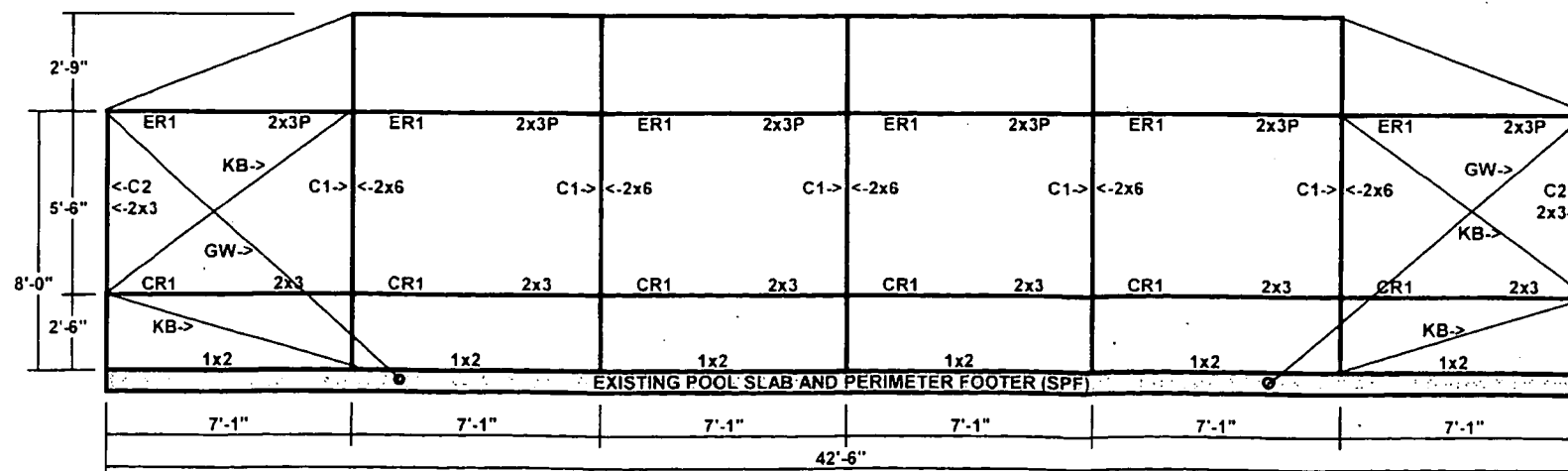
**LEFT SIDE ELEVATION VIEW**



**PLAN VIEW**

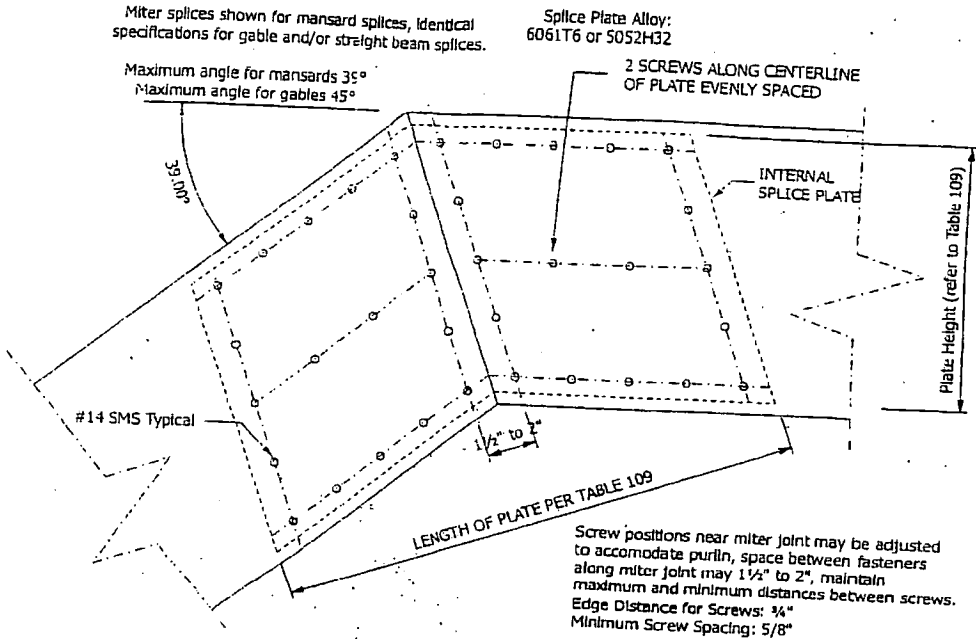


**RIGHT SIDE ELEVATION VIEW**



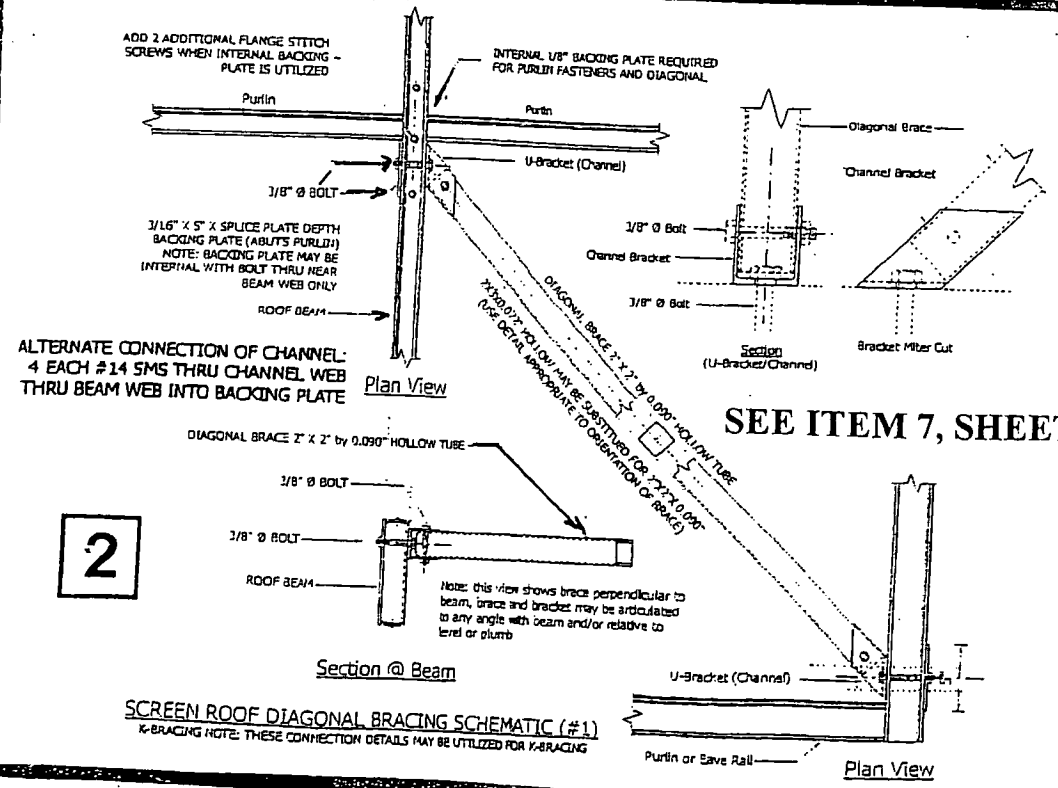
**FRONT ELEVATION VIEW**

NOTE: THIS DESIGN ALLOWS FOR K-BRACING OR GUIDE WIRES TO CONTROL THE MOVEMENT OF THE ENCLOSURE. EITHER ONE OF THESE IS REQUIRED BUT DO NOT USE BOTH.

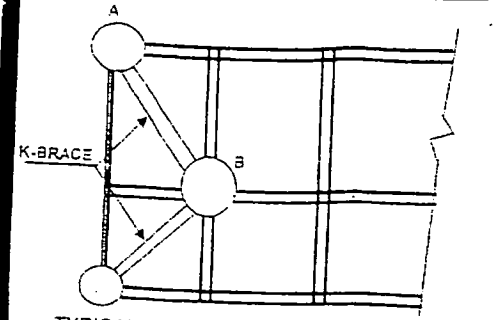


SPlice SPECIFICATIONS PER TABLE 109 BELOW  
**TYPICAL ELEVATION FOR BEAM MITER SPLICE**  
 [DETAIL MAY BE ROTATED FOR GABLE RIDGE SPLICE, AND MAY ALSO SERVE AS SPECIFICATIONS FOR A STRAIGHT SPLICE, MAINTAIN PLATE AND CONNECTOR SPECIFICATIONS IN TABLE 109 FOR ALL]

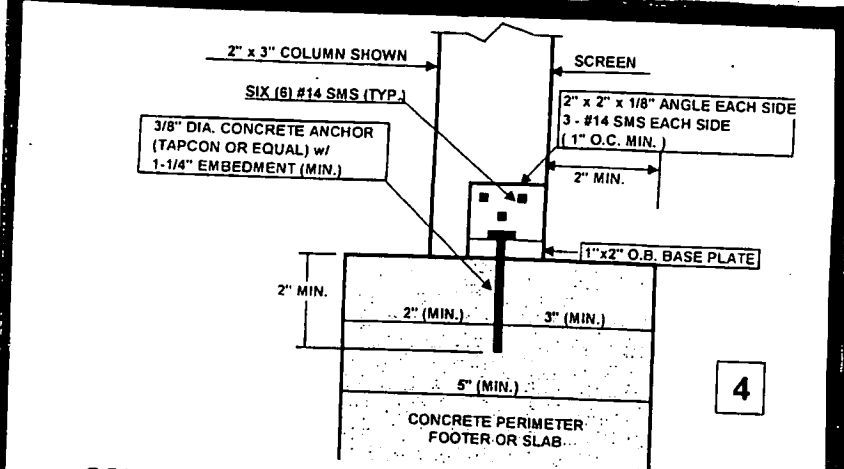
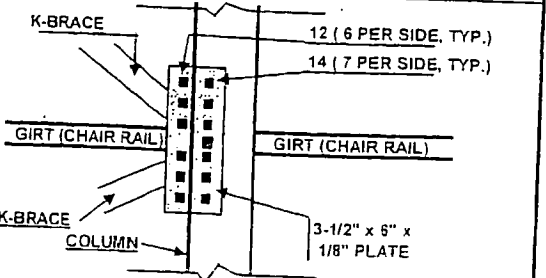
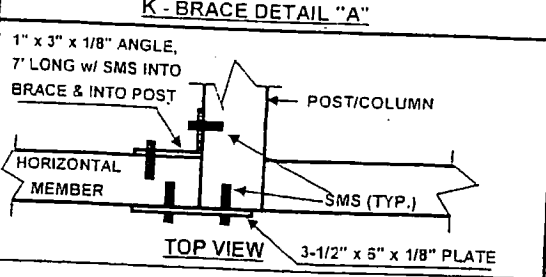
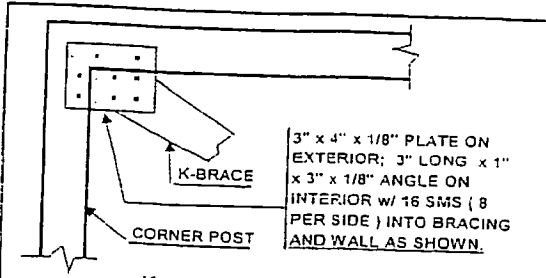
Beam Splice Details Table 109 Beam	Splice Plate Dimensions			#14 SMS Per Side Per End	#14 SMS Total Per Splice	Fastener Spaces Number of Spaces	
	Thickness	Length	Height			Horizontal	Vertical
2X6X0.050X0.120 SMB	1/8"	16"	5 1/4"	14	56	3	3
2X7X0.055X0.120 SMB	1/8"	16"	6 1/4"	14	56	3	3
2X8X0.060X0.120 SMB	3/16"	18"	7 1/4"	18	72	4	4
2X9X0.082X0.306 SMB	3/16"	18"	8 1/4"	18	72	4	4
2X10X0.092X0.389 SMB	1/4"	20"	9"	22	88	4	6



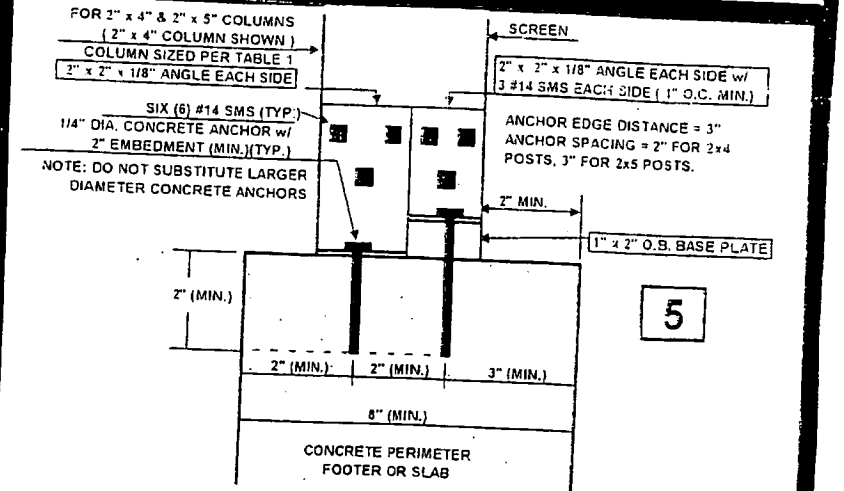
**K-BRACING DETAIL 3**



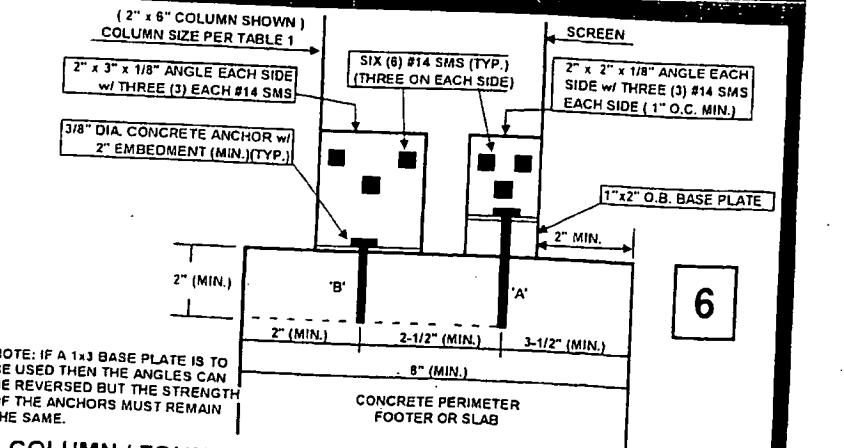
**TYPICAL SCREEN WALL ELEVATION**  
 [NOTE: ALL K-BRACE MEMBERS ARE 2X3X0.070. ALL SHEET METAL CONNECTING SCREWS (SMS) ARE #14.]



**COLUMN / FOUNDATION FASTENER FOR 2x2 AND 2x3**  
 NOTES: LOAD CONDITIONS: CONNECTION UPLIFT CAPACITY = 1,100#, SHEAR CAPACITY = 228#.  
 1) THIS DETAIL MAY NOT BE USED FOR COLUMNS LARGER THAN 2\"/>



**COLUMN / FOUNDATION FASTENER FOR 2x4 & 2x5**  
 LOAD CONDITIONS: CONNECTION UPLIFT CAPACITY = 1,588#, SHEAR CAPACITY = 1,184#.  
 NOTES: 1) THIS DETAIL IS FOR 2x4 AND 2x5 COLUMNS/POSTS ONLY. 2) CONCRETE FASTENERS MUST HAVE AN ULTIMATE PULL-OUT CAPACITY OF 2,110 # OR A WORKING PULL-OUT CAPACITY OF 528#. 3) TWO (2) EACH x 3/8\"/>



**COLUMN / FOUNDATION FASTENER FOR 2x6 THRU 2x10**  
 NOTES: LOAD CONDITIONS: CONNECTION UPLIFT CAPACITY = 2,400#, SHEAR CAPACITY = 2,000#.  
 1) THIS DETAIL IS FOR 2x6 THRU 2x10 COLUMN/POST PER TABLE 1, SHEET 1.  
 2) 2 x 3/8\"/>

**SCREEN ENCLOSURE**

DWG. # AQC-2013-007, REV. 0  
 May 22, 2013  
 SHEET 3 OF 4  
 STANDARD CONNECTIONS  
 HEIGHT 8'-0", 160 MPH, EXP. 'C'

A QUALITY CONSTRUCTION, LLC  
 3531 S. 25TH STREET  
 FORT PIERCE, FL 34981  
 OFFICE (772) 343-0805  
 FAX (772) 461-3038

**LOCATION:**

**NAME:** CAMPLIN RESIDENCE  
**ADDRESS:** 1 OAKWOOD DRIVE  
**CITY/STATE:** STUART, FL 34996  
**COUNTY:** MARTIN

THIS "CIRCLED" CONNECTIONS ON THIS SHEET ARE BEING USED FOR THIS PROJECT.

- 1
- 2
- 3
- 4
- 5
- 6

DRAWINGS NOT TO SCALE

R. A DUNLEA, P.E.  
 1513 CERVANTES PLACE  
 THE VILLAGES, FLORIDA 32159  
 (772) 285-6444, (352) 750-6207  
 FLORIDA P.E. Lic. No. 42835



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

6-12-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10415	Smith 11 Palmetto Ark Homes	Window Buck	Pass	INSPECTOR <i>[Signature]</i>
10475	Burns 11 Oak Hill Way Advanced Hurricane	Final Shutters	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10390	Luger 9 Riverview Schiller	Pool electric	Pass	INSPECTOR <i>[Signature]</i>
<del>10411</del>	<del>Compton</del>	<del>Final</del>	<del>Pass</del>	<del>INSPECTOR <i>[Signature]</i></del>
<del>10411</del>	<del>A Quality Const</del>	<del>Pool Encl</del>	<del>Pass</del>	<del>INSPECTOR <i>[Signature]</i></del>
10314	Filtch 3 Timor St Seagate	rough electric + rough plumbing Kitchen laundry	Pass	INSPECTOR <i>[Signature]</i>
10440	Puchalski 6 Banyan Rd Freedom Home	tie beam/ column	FAIL	No FOOTER INSPECTOR called Brad <i>[Signature]</i>
10451	Bellingham 2 Via de Cristo Solar Energy	Final solar electric all outside open area	Pass	CLOSE INSPECTOR

John

Peter Camplin stopped in he is concerned as he spent \$\$ money to have non native species removed . Now the retention area between him and Sewall's Meadow is encroaching non native species to grow on his property. He is at the SSPR and Oakwood.

Peter Camplin

1 Oakwood 872-6208

**INTERDEPARTMENTAL REFERRAL**

To: JA

Building Dept.     Maintenance Dept.     Police Dept.     Other

Date: 11/4/11    Time: 11<sup>00</sup>    Location: 1 Oakwood

Peter Camplin                      and Sewall's Meadow  
872-6208

Nature of Problem: There are non native  
trees from Sewall's Meadow that  
are encroaching on his property

Observed By: \_\_\_\_\_

Action Taken: \_\_\_\_\_



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

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

**No permit required for:**

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

**Permit Fee:**

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

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, 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 Terence + Sandra Kelly Address 1 SE oakwood Dr Phone 286 2387 \*

Contractor Living Waters Landscaping Address Smelby Hill Phone 408 7346 \*

No. of Trees: REMOVE 4 Type: OAK

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

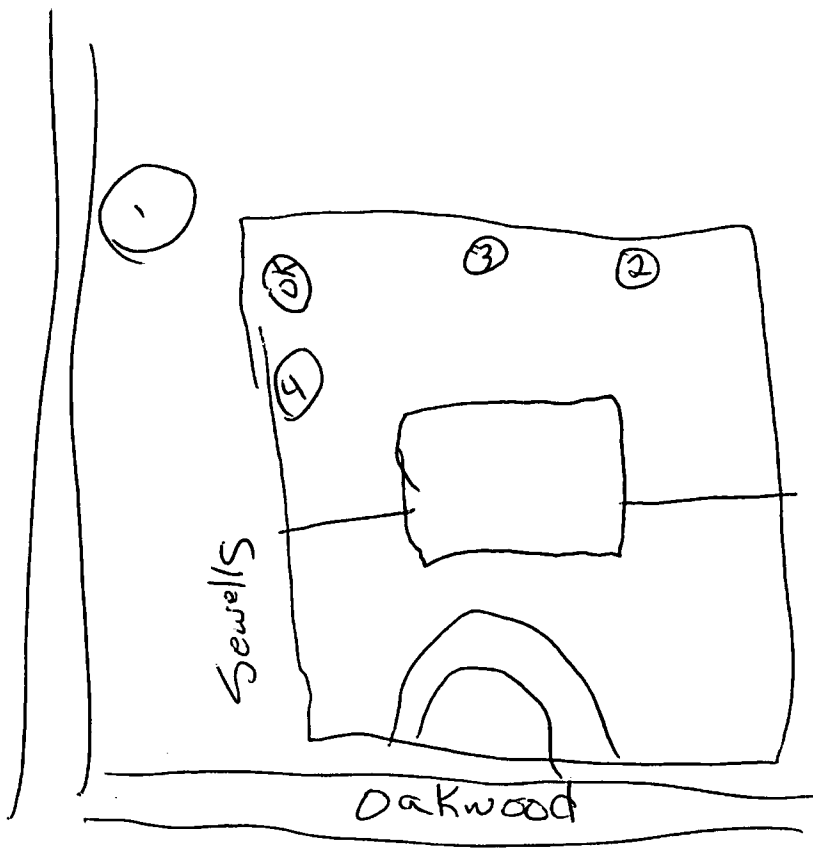
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: 3 Dead 1 almost dead 1 OK staying

Signature of Property Owner Sandra Kelly Date 3/23/05

Approved by Building Inspector: [Signature] Date 3/23 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



ok



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 Peter Camplin Address ~~14 Oakwood Drive~~ Phone 772-872-6208

Contractor Tristan Tree Address 2303 Pineva Rd - Pt. St Lucie Phone 772-335-9274

No. of Trees: REMOVE 21 Species: 18-Cassarina Pine 1-Carrotwood 2-Cabbage Palm

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE 2 Species: Oaks

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

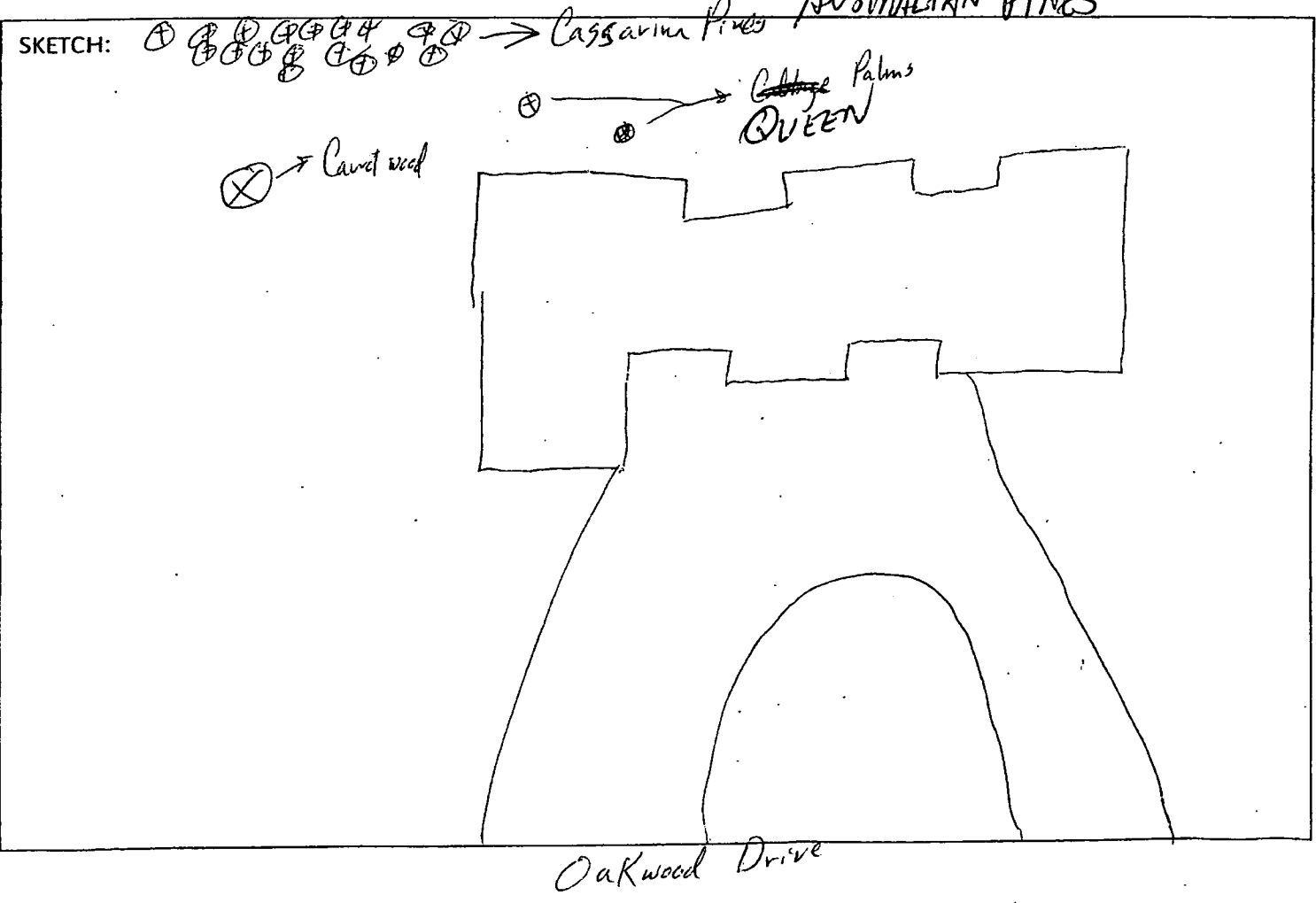
Reason for tree removal/relocation (See notice above) Cassarina Pine and Carrotwood are non-native, invasive species. The 2 small Cabbage Palms are in the way of expanding the patio of concrete pavers.

Signature of Property Owner [Signature] Date 1/14/10

Approved by Building Inspector: [Signature] Date 1-15-10 Fee: N/C

NOTES: \_\_\_\_\_

S. Sewall's Pt Rd.



TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 23 2005 TREE REMOVAL PERMIT No 2444

APPLIED FOR BY KEILY  
Owner 1# OAKWOOD DRIVE (Contractor or Owner)

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_  
No. Of Trees: REMOVE 4 oak

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant  
Signed [Signature] FEE \$ 0  
Gene Simmons (clerk)  
Town Clerk  
BUILDING OFFICIAL

or Inspector  
DAY WORK

WORK HOURS 8:00 A.M. - 5:00 P.M.

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 Peter Camplin Address ~~10400~~ Oakland Drive Phone 772-872-6208

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

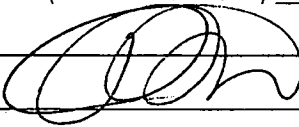
No. of Trees: REMOVE 2 Species: Washingtonian Palms

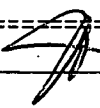
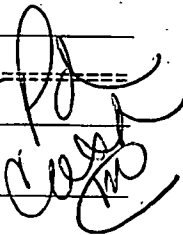
No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

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

Reason for tree removal /relocation (See notice above) See attached letter from arborist

Signature of Property Owner  Date 4/18/11

Approved by Building Inspector:  Date 4-18-11 Fee: \$15 

NOTES: \_\_\_\_\_

SKETCH:  
See attached plot plan

## **Sampson Tree Service Co.**

**2170 SW Conant Avenue**

**Port St. Lucie, FL 34953**

**Office 772-336-3456**

**Fax 772-336-5763**

April 12, 2011

Terra Scapes  
5200 SW Grove Street  
Palm City, FL 34990

To Whom It May Concern:

Re: #1 Oakwood Drive, Sewalls Point, Stuart

I, Brandon McMullen (Certified Arborist for Sampson Tree Service), recommend removing both large Washingtonian palms for the following three reasons:

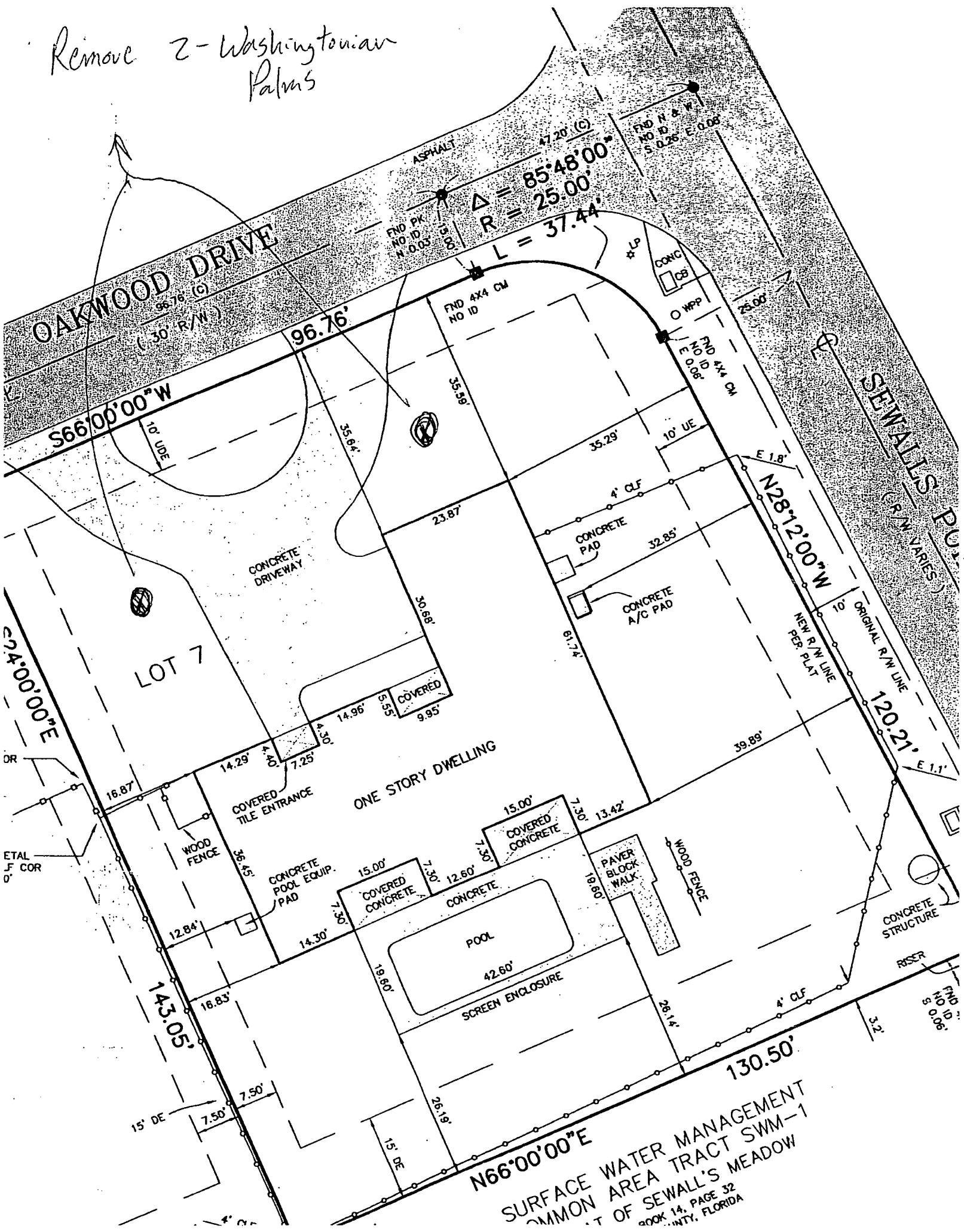
1. The trees could pose a threat to his house if they were to fall in a storm, or they could block the road as well.
2. The trees have outgrown the surrounding landscape, you cannot even see the tops without pulling a neck muscle. They are much too tall and all you can see is the trunks of the trees.
3. It is very expensive to maintain the tall Washingtonian palms, the charge is \$50 per tree each time they are trimmed and they need trimming twice each year.

I can think of many other trees that would be better suited for this neighborhood. Please do not hesitate to contact me if you have any questions.

Sincerely,

Brandon McMullen  
ISA Certified Arborist (FL-6009-A)

Remove 2- Washingtonian Palms



SURFACE WATER MANAGEMENT  
COMMON AREA TRACT SWM-1  
LOT 7 OF SEWALL'S MEADOW  
BOOK 14, PAGE 32  
COUNTY, FLORIDA