

4 Oakwood Drive

1859

SFR

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1859

287-4782

Date 10-16-85

APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

This application must be accompanied by three (3) sets of plans, to scale, (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing, electrical and airconditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

Owner William A. Stella Present Address 4220 S.W. Egret Pond Ter.

Phone 286-7736 - 287-4782 Palm City, Fl. 32950

General Contractor _____ Address _____

Phone _____

Where Licensed _____ License Number _____

Plumbing contractor Howard Bros. License Number 00057

Electrical contractor Riverside Electric License Number 00056

Airconditioning contractor Personalized Ac License Number SP 00341

Roofing contractor Acc License Number SP 00080

Describe the building, or alteration to existing building RESIDENCE

Name the street on which the building, its front building line and its front yard will face: 4 Oakwood Drive

Subdivision _____ Lot Number # 5 Block Number _____

Building area, inside walls 2409 square feet
Garage, carport, porches, etc. 787 square feet

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 80,000

Cost of permit \$ 440.00 Plans approved as submitted _____ or, as marked X

I understand that this permit is good for twelve 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 Commission "red-tagging" the building project. All debris must be contained in a dumpster.

Contractor's signature William A. Stella

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 the neighborhood, as required by the Town's zoning ordinance.

Owner's signature William A. Stella

Note: Speculation builders will be required to sign both of the above statements.

TOWN RECORD

Approved by Building Inspector (date) 10/17/85 inspector's initials PS

Approved by Town Commissioner (date) 10/17/85 inspector's initials AS

Certificate of occupancy issued (date) 1/31/86

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 FLORIDA MODEL ENERGY EFFICIENCY BUILDING CODE.

See Attachment

John Young

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 80,000 .

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

William G. Fields

Affiant

Property street address:

4 Oakwood Dr.
Stuart, Fl. 32778

Sworn to and subscribed
before me this 31st day of
January, 1986.

John H. Barrow

Notary Public

STATE OF FLORIDA AT LARGE

My Commission Expires:

(NOTARY SEAL)

Notary Public, State of Florida
My Commission Expires Nov. 15, 1986
Bonded Thru Troy Fain Insurance, Inc.

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277

90.00

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: Bill Stella

LEGAL DESCRIPTION: Lot 5 OAKWOOD

SEPTIC TANK PERMIT NUMBER: HD85-552

The items noted below must be certified by a surveyor or engineer and returned to the Health Department prior to the first plumbing inspection by the Building Department.

X 1. Building Permit Number: _____.

____ 2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on septic tank permit application.

Date elevation checked: _____.

X 3. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.

X 4. I certify that all severe limited soil has been removed from an area of 25 feet by 55 feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

Date observed: _____.

- NOTE:
- a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
 - b. Drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: _____ As applicant or applicant's representative, I understand the above requirements.

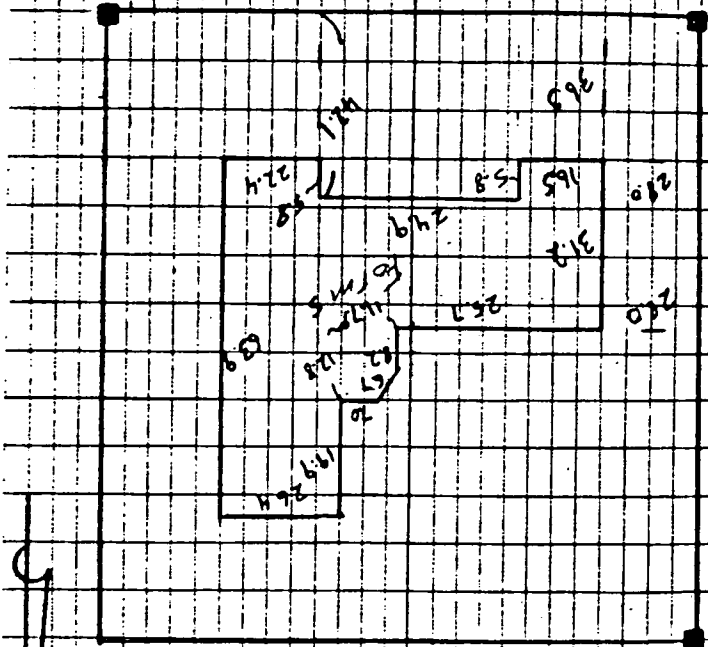
Florida Professional Number: _____

Date: _____ Job Number: _____ (Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist) (Date)

⑥ 918



486	9.81	-	4.95	107.2
+	HI	-	4.95	107.2
Tie-in + Stub-out				
1.06	8.75	1.06	8.75	510.6
0.44	9.37	0.44	9.37	107.01

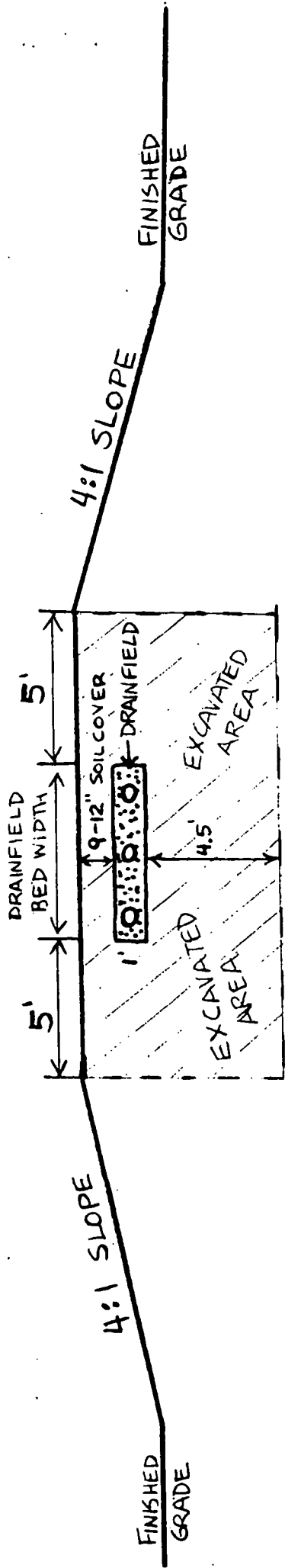
Oakwood
lot # 5

Bailey Jr

Oct 31, 1985

1091

DRAINFIELD MOUND REQUIREMENTS

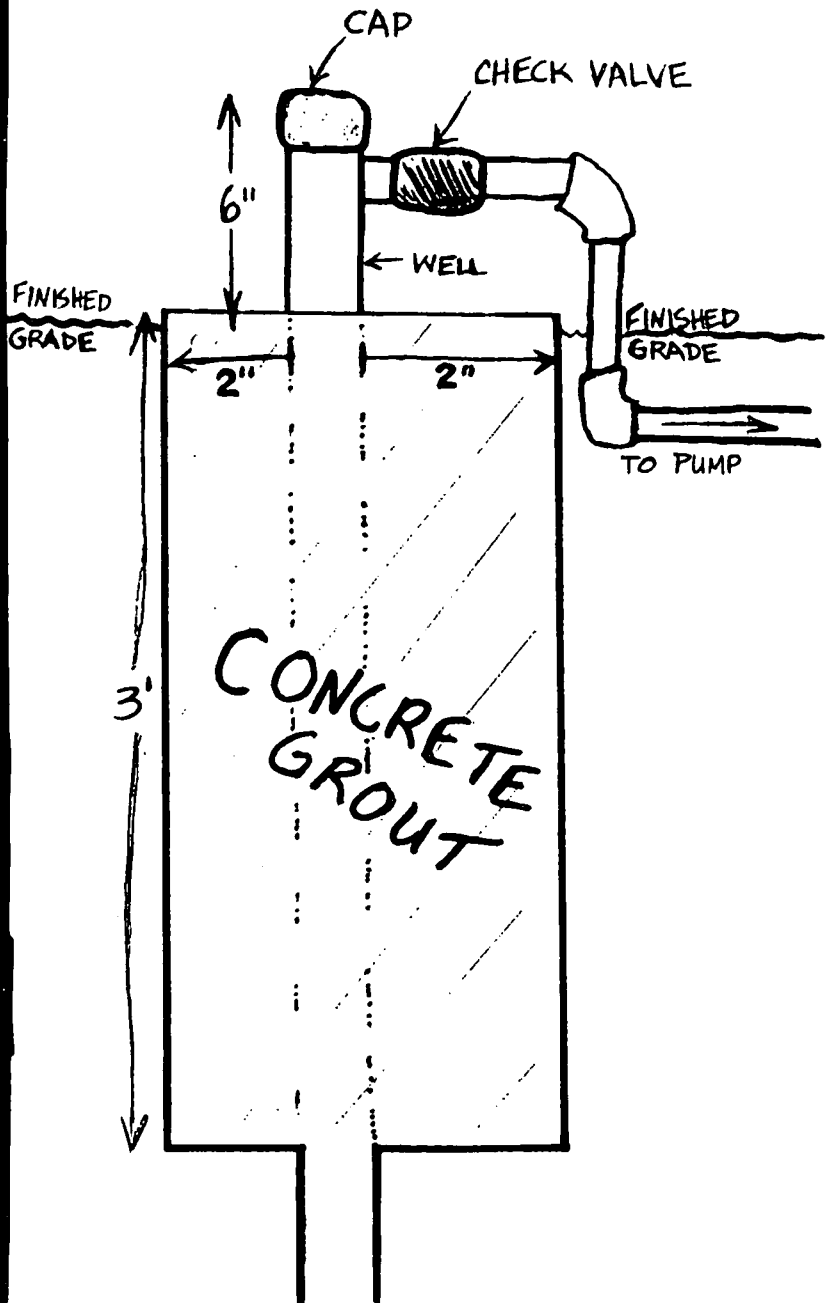


NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

MMNC 4/85

WELL REQUIREMENTS

NOTE: ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.



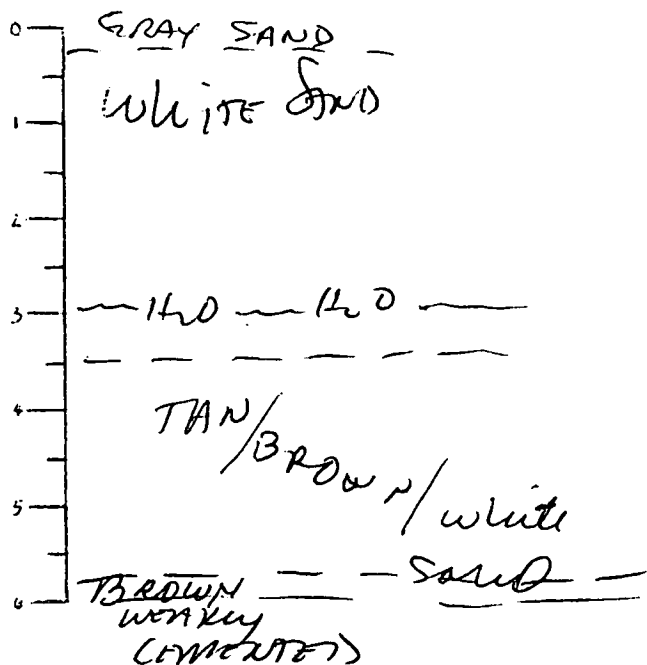
MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 33497
287-2277

SITE EVALUATION

APPLICANT: BILL STELLA

LEGAL DESCRIPTION: LOT 5 OAKWOOD SUBDIVISION

SOIL PROFILE



USDA SOIL TYPE JONATHAN

USDA SOIL NUMBER 41

Impervious soils are present at
5.5 feet below natural grade.

PRESENT WATER DEPTH BELOW NATURAL GRADE 3.0 FEET.

WET SEASON RANGE PER SOIL SURVEY 3.0 - 5.0 FEET.

ESTIMATED WET SEASON WATER DEPTH BELOW NATURAL GRADE 3.0 FEET

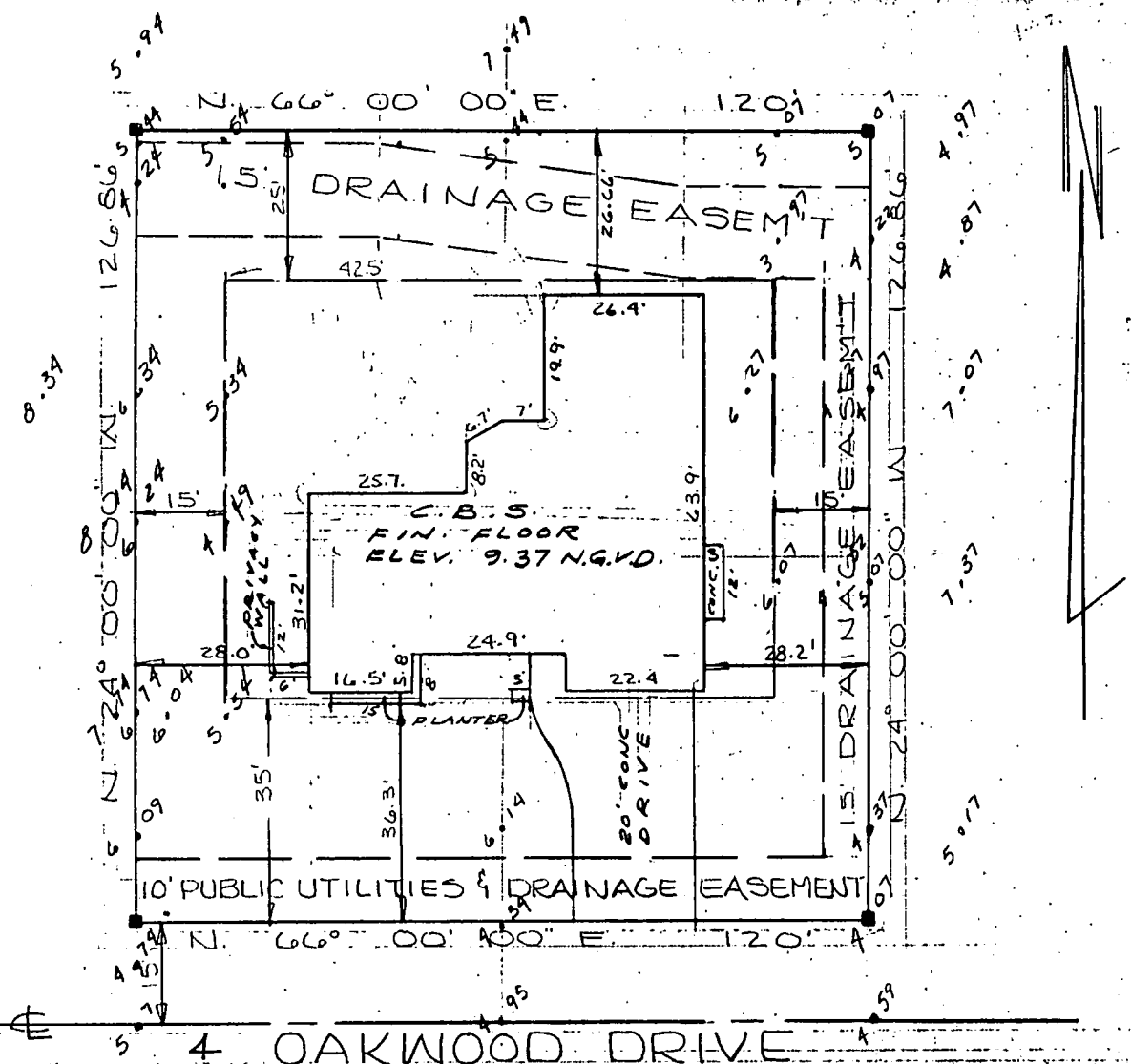
INDICATOR VEGETATION PRESENT SLASH PINE

IS BENCHMARK LOCATED ON PLOT PLAN AND PRESENT ON SITE? YES

APPROXIMATE AMOUNT OF FILL ON NEIGHBORING LOTS 3'-4'

OTHER FINDINGS:

EVALUATION BY: Daniel Maskowsky
DATE: 10-11-85



■ DENOTES FOUND CONC MON. LOCATED IN FLOOD ZONE "A-B"

A SURVEY OF
 LOT 5
 OAKWOOD
 MARTIN COUNTY, FLORIDA
 for
 BILL STELLA

UPDATED 1-30-86 *W.W.*
 UPDATED 11-6-85 *W.W.*

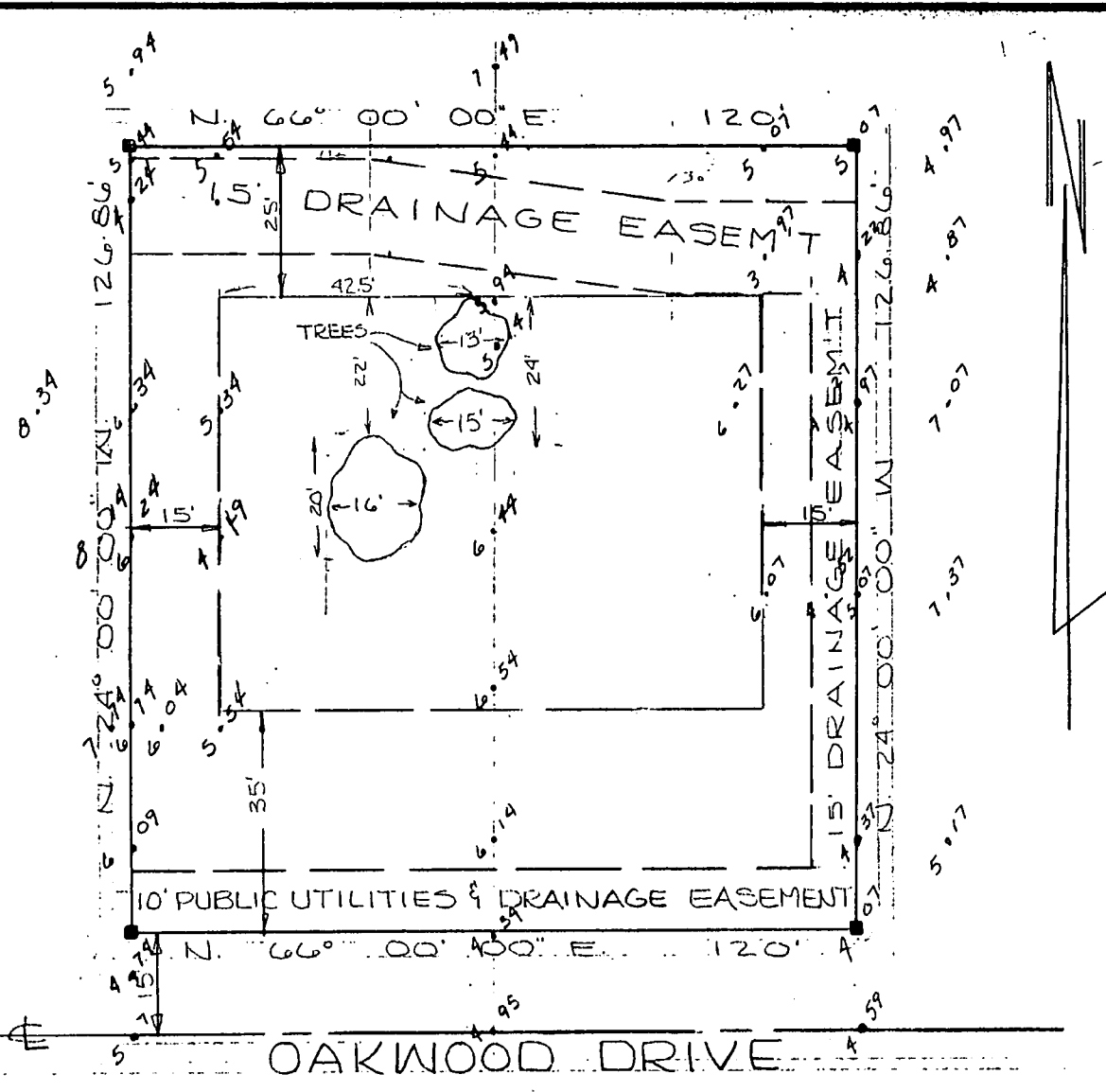
SCALE: 1" = 30'	DATE: 10-7-85	PLAT BOOK: 8	PAGE: 53
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I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. I Hereby Certify to American Bank of Martin County and/or their successors or assigns 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. There are no encroachments unless otherwise shown.

DON WILLIAMS & ASSOCIATES, INC.

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

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



■ - DENOTES FOUND CONC. MON.

A SURVEY OF
 LOT 5
 OAKWOOD
 MARTIN COUNTY, FLORIDA
 for
 BILL STELLA

BILL STELLA

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

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

PERMIT NUMBER: MD85-552

NAME OF APPLICANT: Bill Stella

HOME PHONE: 286-7736

WORK PHONE: _____

MAILING ADDRESS OF APPLICANT: 4220 S.W. Earet Pond Terr. Palm City

LOT 5 BLOCK - SUBDIVISION Oakwood Subdivision

PLAT BOOK 8 PAGE 53 DATE SUBDIVIDED Feb 20, 1981

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 4

HEATED OR COOLED AREA OF HOME 2390 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED _____ NUMBER PEOPLE _____

AFFIDAVIT

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

Bill Stella

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 500 SQUARE FEET

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF 28" ABOVE CROWN OF ROAD

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF

32" ABOVE CROWN OF ROAD

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

ISSUED BY: Daniel M. Saskowsky DATE: 10-11-85
ENVIRONMENTAL HEALTH SPECIALIST

- PLEASE NOTE:
1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
 2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
 3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
 4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
 5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

Inspection results will be posted in electrical box.

FINAL INSPECTION

CONSTRUCTION APPROVED BY: _____ DATE: _____
ENVIRONMENTAL HEALTH SPECIALIST

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

Lot 5 OAKWOOD

SITE INFORMATION

BILL STELLA

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? No
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? No
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 4.95 SHOW LOCATION ON PLOT PLAN.
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 6.59
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES(A-B) IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 9' NGVD 1929 (ELEVATION OPTIONAL)

NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OF ENGINEER IN THE STATE OF FLORIDA.

CERTIFIED BY: [Signature]
FL. PROFESSIONAL NO: 1272
DATE: 10-7-85 JOB NO:

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

EAST OCEAN (AIA) EAST TO
SEWALLS POINT RD. SOUTH TO OAKWOOD
DRIVE WEST TO SITE (2nd lot on
right)

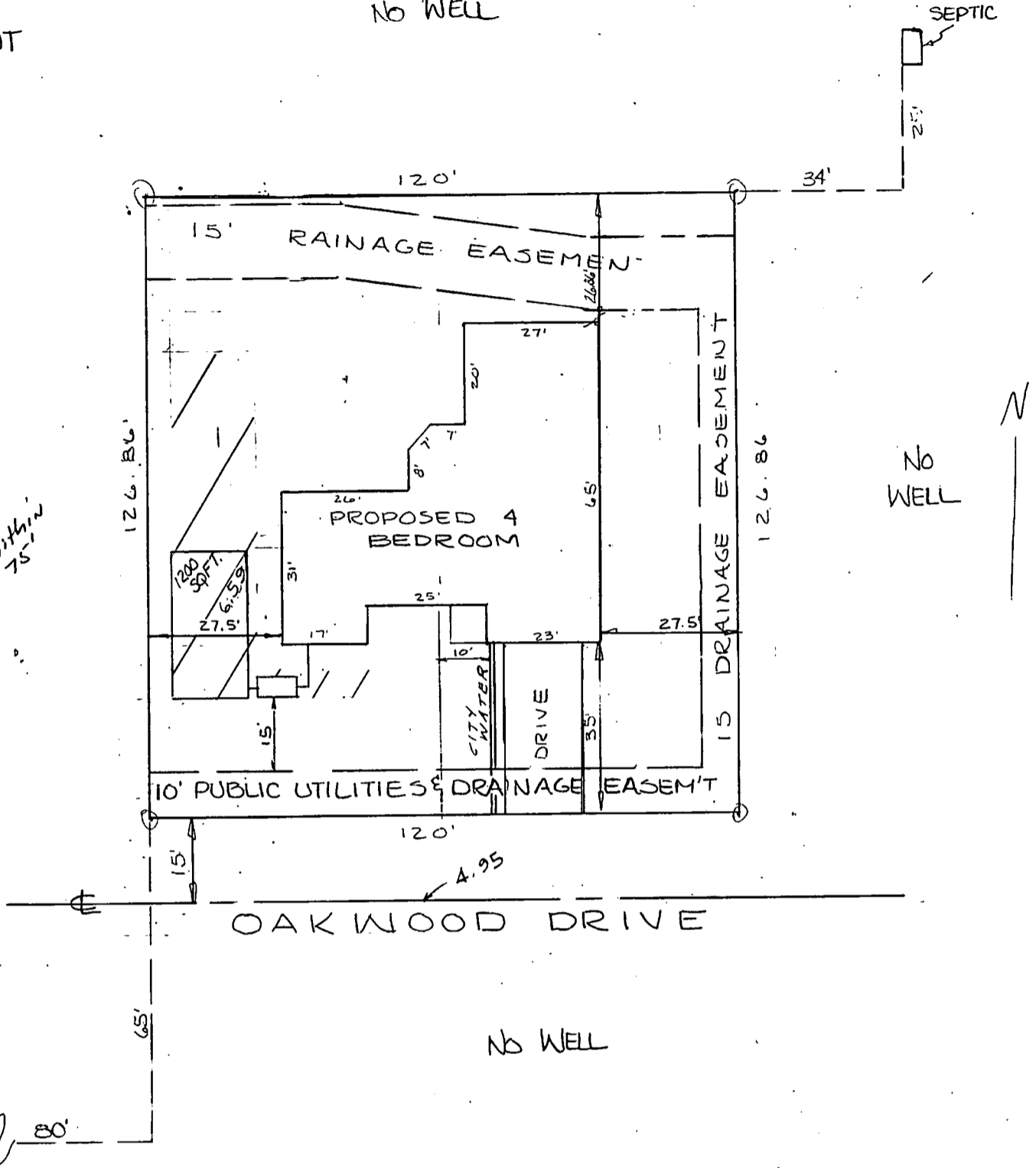
DATA SHEET

Location: Lot 5 Applicant: Bill Stella
OAKWOOD County: MARTIN

NO WELL

VACANT

SEPTIC



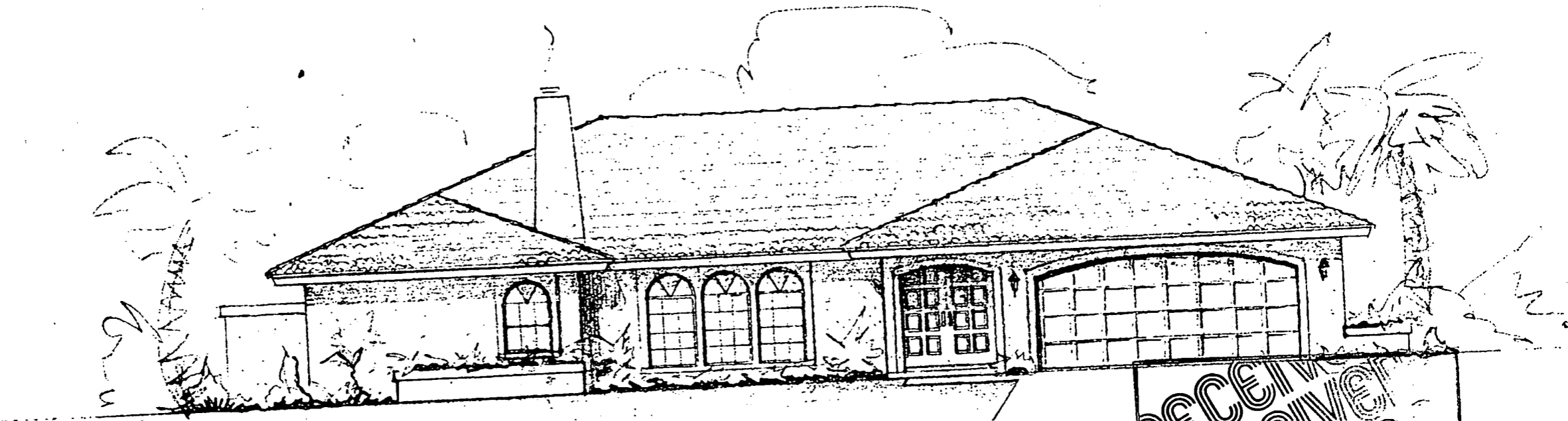
No WELL
or
SEPTIC
TANK WITHIN
75'

No
WELL



CERTIFIED BY: [Signature]
FLORIDA PROFESSIONAL No. 1272
Date 10-7-85 Job No. _____

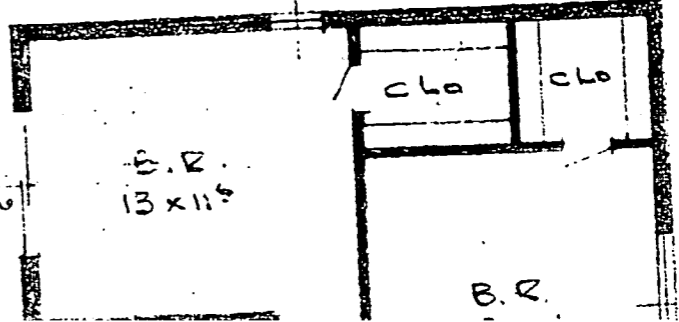
PLAN 30

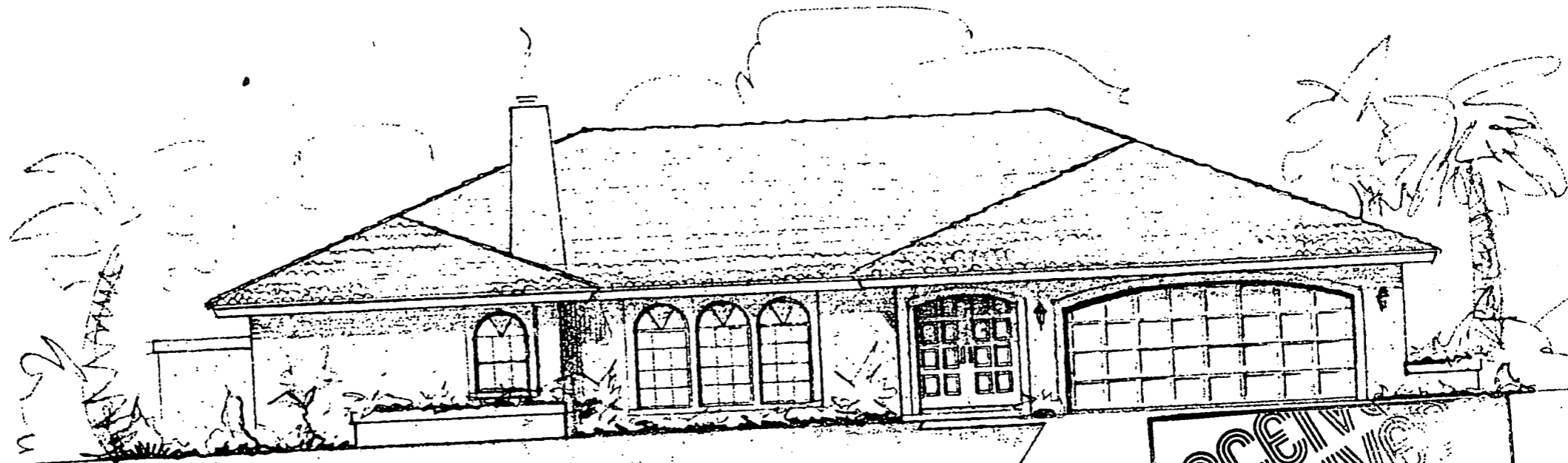


PROPOSED RESIDENCE FOR
BILL STELLA
ADVANCE DESIGN - 10/4/85

RECEIVED
OCT 17 1985
RECEIVED

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.

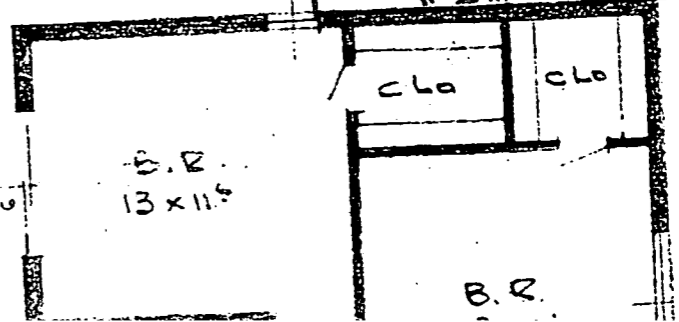




PROPOSED RESIDENCE FOR
BILL STELLA
ADVANCE DESIGN - 10/4/85

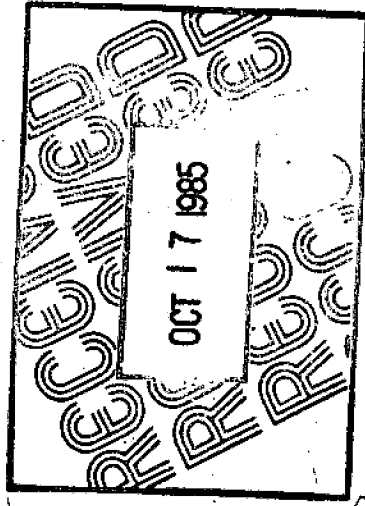
RECEIVED
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Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

Tom Conklin



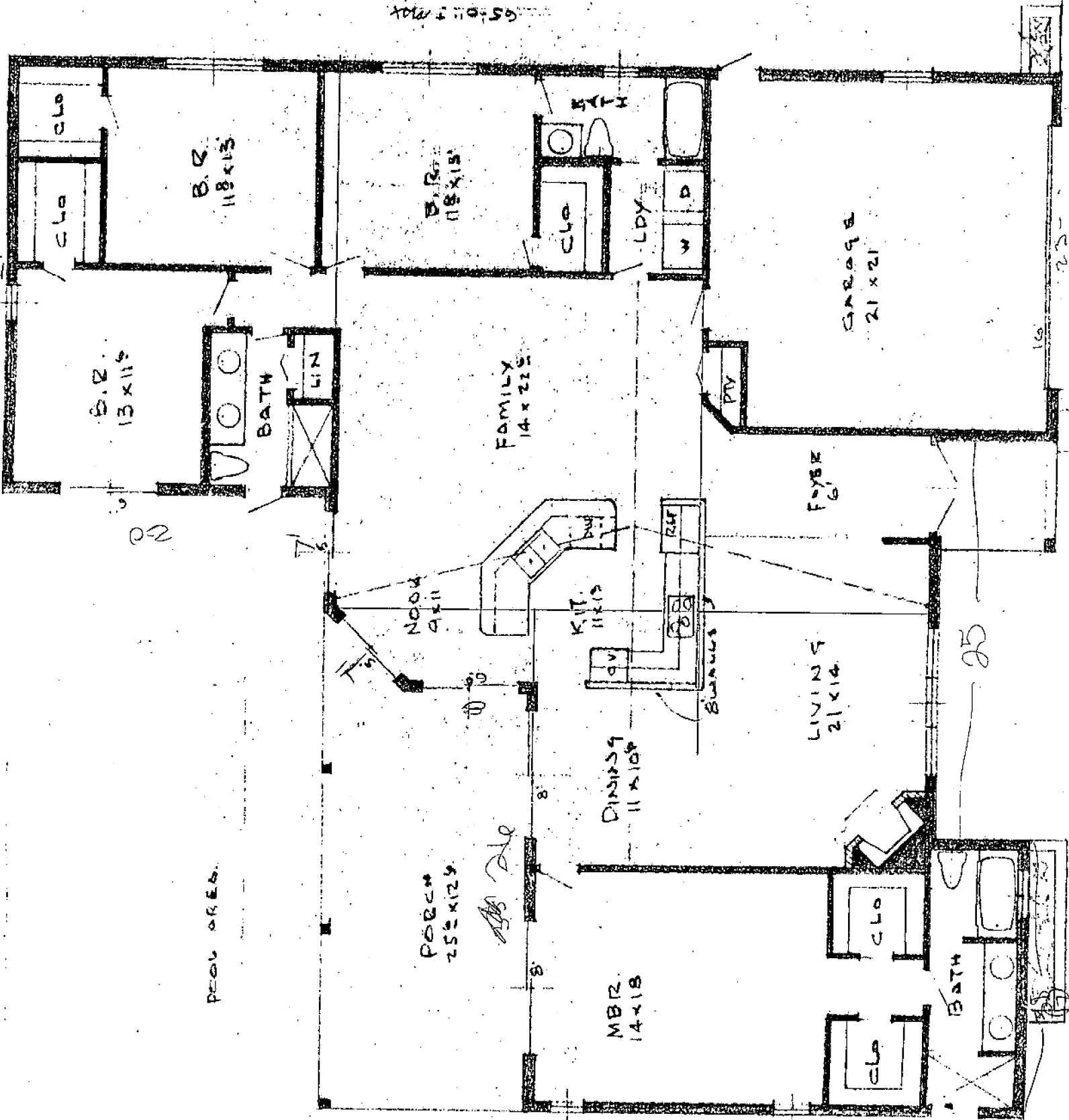
540
690
154
875
88
36

MARTIN COUNTY HEALTH DEPT.

Approval Number HA85-552

By: Wenwald M. Jankowsky

Date: 10-11-85



31

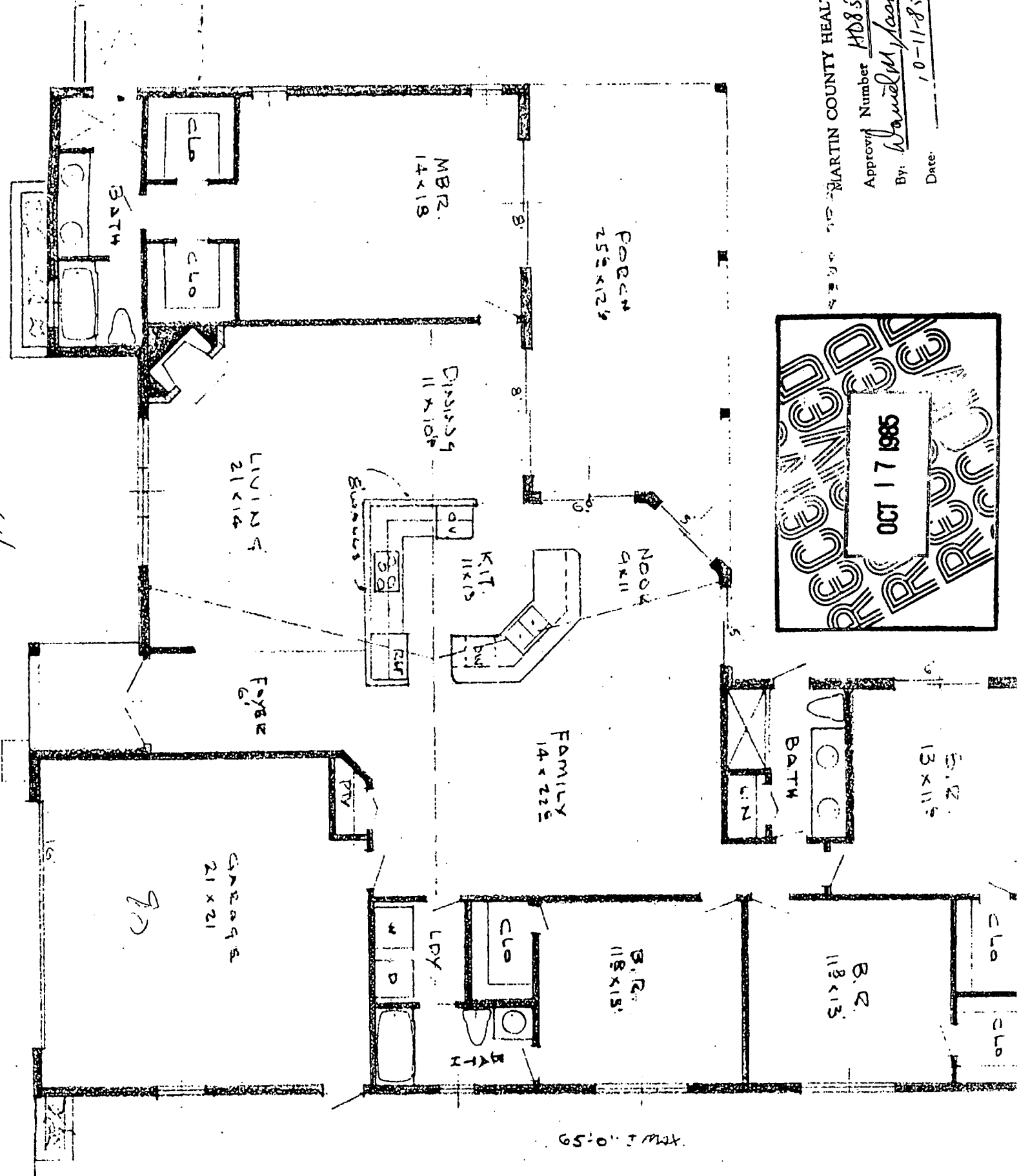
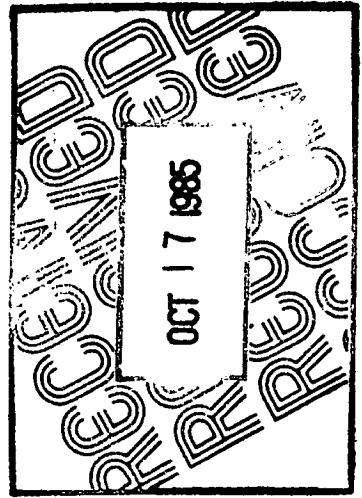
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Building Code and the State of Florida
Model Energy Efficiency Building Code.

MARTIN COUNTY HEALTH DEPT.

Approval Number HD85-552

By: Wendell M. Lockman

Date: 10-11-85

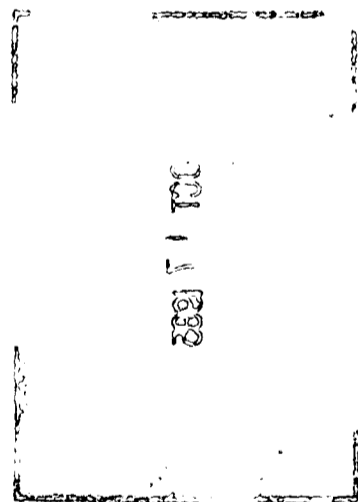


1/8" = 1 foot

$$\begin{array}{r} 2409 \\ 40 \\ \hline 96320 \end{array}$$

$$\begin{array}{r} 240960 \\ \hline 1424540 \\ 1455 \end{array}$$

$$\begin{array}{r} 120 \\ 124 \\ \hline 720 \\ 240 \\ 120 \\ \hline 15120 \end{array}$$



WARRANTY DEED
INDIVID. TO INDIVID

This Warranty Deed Made the 26th day of September A. D. 19 85 by

572002

PHILIP L. MENDELL, M.D., P.A. Employees' Pension Trust,

hereinafter called the grantor, to

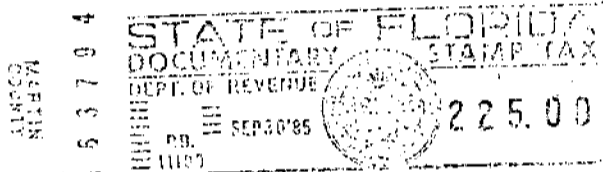
ROBERT C. STELLA, a married man, and WILLIAM A. STELLA, a single man, as joint tenants with rights of survivorship, whose postoffice address is 240 Old Farm Road, Hanover, Massachusetts hereinafter called the grantee:

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

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, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, viz:

Lot 5, OAKWOOD SUBDIVISION, Town of Sewall's Point, according to the Plat thereof as recorded in Plat Book 8 page 53, public records of Martin County, Florida.

SUBJECT TO Restrictions, Reservations, Easements and Conditions and all Governmental Zoning Rules and Regulations of record.



Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise 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 accruing subsequent to December 31, 19 84.

THIS INSTRUMENT PREPARED BY:

Grayce P. Ausburn, C.L.S., President
FIRST AMERICAN TITLE COMPANY
of MARTIN COUNTY, INC.
P.O. Box 2008
Stuart, Florida 33495.

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:

Signature of Robert C. Stella
Signature of William A. Stella

Philip L. Mendell, M.D., P.A. Emp Pension Trust
By: Philip L. Mendell, M.D. (L.S.)

STATE OF FLORIDA
COUNTY OF MARTIN

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

PHILIP L. MENDELL, M.D., P.A. EMPLOYEES' PENSION TRUST,

to me known to be the person 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 26th day of September, A. D. 19 85.

Signature of Notary Public

This Instrument prepared by:
Address

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES APR 2 1987
BONDED THRU GENERAL INSURANCE UND

BOOK 650 PAGE 1178

LOUISE V. BRACCS
CLERK OF COUNTY CLERK
BY *Signature*

95 SEP 30 P 3: 31

FILED FOR RECORD
MARTIN COUNTY, FLA.



**FLORIDA ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION**

SECTION 9—RESIDENTIAL POINT SYSTEM METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 7 8 9

FORM 900-B-84

PROJECT NAME AND ADDRESS: <i>Lot 5 Sewalls Point</i>	PERMITTING OFFICE: <i>SEWALL'S POINT</i>
	CIRCLE CLIMATE ZONE: 7 8 9
BUILDER: <i>Bill Stella</i>	PERMIT NO.: <i>1859</i>
OWNER: <i>Bill Stella</i>	JURISDICTION NO.: <i>531000</i>

STATISTICS

<input type="checkbox"/> DETACHED	IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/> <input type="text"/> <input type="text"/>	GLASS AREA AND TYPE	
		CLEAR	TINT, FILM, SOLAR-SCREEN
<input type="checkbox"/> ATTACHED	SEPARATE CALCULATIONS ARE REQUIRED FOR EACH WORST CASE UNIT TYPE. CHECK IF THIS CALCULATION REPRESENTS A WORST CASE CONDITION. <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> SGL	<input type="text"/> <i>394</i> <input type="text"/> SGL
		<input type="text"/> <input type="text"/> <input type="text"/> DBL	<input type="text"/> <input type="text"/> <input type="text"/> DBL

NET WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL. ASSEMBLY
<input type="text"/> <i>1326</i>	<input type="text"/> <i>60</i>	<input type="text"/> <i>166</i>	<input type="text"/> <i>110</i>	<input type="text"/> <i>2242</i>	R= <input type="text"/> <i>190</i>	R= <input type="text"/> <input type="text"/> <input type="text"/>

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AC EER/SEER = <input type="text"/> <i>90</i>	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> GAS <input type="checkbox"/> NONE <input type="checkbox"/> OIL <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> ELECTRIC RESISTANCE <input type="checkbox"/> SOLAR <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> GAS <input type="checkbox"/> DED HEAT PUMP: COP = <input type="text"/> <input type="text"/> <input type="checkbox"/> OTHER: _____

CALCULATED E.P.I.: <input type="text"/> <i>99</i> <input type="text"/> <i>12</i>	CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS
In accordance with Section 553.907 F.S., I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.
OWNER/AGENT: <i>[Signature]</i>	BUILDING OFFICIAL: <i>[Signature]</i>
DATE: _____	DATE: <i>10/18/85</i>

THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.

*Sun Insulation
607 So. 38th Street
Fort Pierce, FL
466-7565*



FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SECTION 9—RESIDENTIAL POINT SYSTEM METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 7 8 9

FORM 900-A-84

This form may be used to demonstrate compliance with the Energy Code for new single-family detached or multifamily attached dwellings under Section 9 of the Energy Code. An alternative to this method for single-family detached dwellings, and multifamily attached dwellings of three stories or less, is provided in Section 10 of this Code. Only dwellings which are above ground frame (wood siding, brick veneer, etc.) or concrete wall type construction may be calculated using Sections 9 and 10. Other types of construction must comply under Section 4 or Section 5 of this Code. Additions to existing residential buildings shall comply with the requirements of Section 10 of this Code. Detailed information on how to complete this form may be obtained from your local building department or the Department of Community Affairs, Energy Code Program, 2571 Executive Center Circle East, Tallahassee, Florida 32301.

PROJECT NAME AND ADDRESS: <u>Lot 5 Sewalls Pt.</u>	PERMITTING OFFICE: <u>SEWALL'S POINT</u>
BUILDER: <u>BILL STELLA</u>	CIRCLE CLIMATE ZONE: 7 <input checked="" type="radio"/> 9
OWNER: <u>BILL STELLA</u>	PERMIT NO.: <u>1839</u>
	JURISDICTION NO.: <u>531000</u>

<input type="checkbox"/> DETACHED <input type="checkbox"/> ATTACHED	IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	GLASS AREA AND TYPE	
	SEPARATE CALCULATIONS ARE REQUIRED FOR EACH WORST CASE UNIT TYPE. CHECK IF THIS CALCULATION REPRESENTS A WORST CASE CONDITION. <input type="checkbox"/>	CLEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SGL	TINT, FILM, SOLAR SCREEN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SGL
		DBL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DBL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NET WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL ASSEMBLY
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>1326</u>	<input type="checkbox"/> <input type="checkbox"/> <u>6.0</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>166</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>11.0</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>2242</u>	R= <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>19.0</u>	R= <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

COOLING SYSTEM		PRIMARY HEATING SYSTEM			PRIMARY HOT WATER SYSTEM		
<input type="checkbox"/> CENTRAL	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ELECTRIC STRIP	<input type="checkbox"/> GAS	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> ELECTRIC RESISTANCE	<input type="checkbox"/> SOLAR	
<input type="checkbox"/> ROOM		<input type="checkbox"/> OIL	<input type="checkbox"/> SOLAR		<input type="checkbox"/> HEAT RECOVERY	<input type="checkbox"/> GAS	
<input type="checkbox"/> PACKAGE TERMINAL AC		<input type="checkbox"/> HEAT PUMP: COP = <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> DED. HEAT PUMP: COP = <input type="checkbox"/> <input type="checkbox"/>		
EERV/SEER = <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>9.0</u>		<input type="checkbox"/> OTHER: _____			<input type="checkbox"/> OTHER: _____		

CALCULATED E.P.I.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>99.12</u>	CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS
In accordance with Section 553.907 F.S., I hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.	Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.
OWNER/AGENT: <u>[Signature]</u>	BUILDING OFFICIAL: <u>[Signature]</u>
DATE: _____	DATE: <u>10/18/85</u>

9A PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences.)		CHECK TO INDICATE COMPLIANCE
COMPONENTS	MINIMUM REQUIREMENTS	
WINDOWS (903.1)	MAXIMUM OF 0.5 CFM per LINEAR FOOT OF OPERABLE SASH CRACK.	
DOORS (903.1)	MAXIMUM OF 0.5 CFM PER SQUARE FOOT OF DOOR AREA. INCLUDES SLIDING GLASS DOORS.	
EXT. JOINTS & CRACKS (903.1)	TO BE CAULKED, GASKETED, WEATHER-STRIPPED OR OTHERWISE SEALED.	
CEILING INSULATION (903.9)	MINIMUM OF R-19.	
WATER HEATERS (903.2)	MUST BEAR ASHRAE STANDARD 90-80 LABEL OR A MAX. 4 WATT/SQ. FT. STAND-BY LOSS. SWITCH OR CLEARLY MARKED CIRCUIT BREAKER (ELECTRIC) OR CUT-OFF VALVE (GAS) MUST BE PROVIDED.	
SWIMMING POOLS (903.3)	IF HEATED BY OTHER THAN SOLAR, MUST HAVE POOL COVER DESIGNED TO MINIMIZE HEAT LOSS. ALL NON-COMMERCIAL POOLS MUST BE EQUIPPED WITH A POOL PUMP TIMER.	
HOT WATER PIPES (903.4)	INSULATION IS REQUIRED ONLY FOR RECIRCULATING SYSTEMS. IN SUCH CASES, PIPING HEAT LOSS SHALL BE LIMITED TO A MAX. OF 17.5 BTU /H PER LINEAR FOOT OF PIPE (SEE 504.4).	
SHOWER HEADS (903.5)	WATER FLOW MUST BE RESTRICTED TO NO MORE THAN 3 GALLONS PER MINUTE.	
HVAC DUCT CONSTRUCTION (903.6)	CONSTRUCTED IN ACCORDANCE WITH INDUSTRY STANDARDS AND LOCAL MECHANICAL CODE. DUCTS IN UNCONDITIONED SPACE MUST BE INSULATED TO A MINIMUM R-4.2.	
HVAC CONTROLS (903.7)	A SEPARATE, READILY ACCESSIBLE MANUAL OR AUTOMATIC THERMOSTAT FOR EACH SYSTEM.	

RESIDENTIAL CALCULATION

CLIMATE ZONES 7 8 9

FORM 900-A-84

COMPONENT		WINTER			SUMMER							
		AREA	x	WPM	=	GROSS WINTER POINTS	AREA	x	SPM	=	GROSS SUMMER POINTS	
WALLS	CONCRETE	R 0-2.6		10.9					24.8			
		R 2.7-3.9		6.6					17.5			
		R 4.0-5.9		5.0					15.0			
		R 6.0 & UP	1326		4.4		5834	1326		13.9		18431
		R 0-10.9			9.8					30.5		
	FRAME OR BRICK VENEER	R 0-10.9			2.5		415	166		13.9		2307
		R 11.0-18.9	166		1.5					8.6		
		R 19-25.9			1.1					6.5		
		R 26 & UP			2.7					3.8		
		COMMON										
DOORS	WOOD OR METAL			86.5		5795	67		55.4		3711	
	INSULATED			84.0					22.2			
	STORM DOOR			44.8					44.3			
	COMMON			21.8					6.9			
CEILING	UNDER ATTIC	R 19-21.9		1.9		4259	2242		8.4		18832	
		R 22-29.9		1.7					7.6			
		R 30 & UP		1.5					5.5			
	SINGLE ASSEMBLY NO ATTIC	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		
		COMMON										
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	R 0-2.9	215		28.3	6084						
		R 3-5.9			20.4							
		R 6 & UP			12.4							

WINTER

SUMMER

GLASS DO NOT INCLUDE INTERIOR SHADING

OR	AREA	SGL	DBL	WOF (9F)	GROSS WINTER POINTS
N	40.3 2'	55.4	38.5	1.00	2232
NE		55.4	38.5		
E	76.4 2'	55.4	38.5	.86	3640
SE		55.4	38.5		
S	99 2'	55.4	38.5	.86	471
SW		55.4	38.5		
W	83.2 2'	55.4	38.5	1.00	4609
NW		55.4	38.5		
H		22.6	6.8		
N	106 12'	55.4		1.00	5812
E					
S	39 1'	55.4		.96	2074
W	40 12'	55.4		1.00	2216

H = HORIZONTAL GLASS (SKYLIGHTS).

OR	AREA	SINGLE		DOUBLE		SOF (9F)	GROSS SUMMER POINTS
		CLR	TINT	CLR	TINT		
N	40.3 2'	204	176	163	139	1.00	7092
NE		309	264	258	218		
E	76.4 2'	425	360	362	304	.95	96128
SE		418	354	355	298		
S	99 2'	346	294	287	242	.92	3677
SW		418	354	355	298		
W	83.2 2'	425	360	362	304	.95	28451
NW		309	264	258	218		
H		720	605	627	524		
N	106 12'		176			.97	18096
E							
S	39 1'		294			.70	8026
W	40 12'		360			.62	8928

FOR SC OTHER THAN 0.83 SEE SEC. 902.2(a)5. TINT MULT. MAY BE USED FOR GLASS WITH SOLAR SCREENS, FILM, OR TINT.

TOTAL GROSS WINTER POINTS 43501

TOTAL GROSS SUMMER POINTS 142682

DUCT MULT	R = 4.2-4.9	43501	1.14	49591
	R = 5.0-6.6		1.12	
	R = 6.7 & UP		1.09	
	DUCTS IN CONDITIONED SPACE		1.00	

DUCT MULT	R = 4.2-4.9	142682	1.14	162657
	R = 5.0-6.6		1.12	
	R = 6.7 & UP		1.09	
	DUCTS IN CONDITIONED SPACE		1.00	

HSM FROM 9G 49591 * 100 = 49591

CSM FROM 9H 162657 * 92 = 117185

DIVIDE BY CONDITIONED FLOOR AREA 49591 = 2242 WINTER POINTS 22.11

DIVIDE BY CONDITIONED FLOOR AREA 117185 = 2242 SUMMER POINTS 52.26

CALCULATE ENERGY PERFORMANCE INDEX								
WINTER POINTS	SUMMER POINTS	HOT WATER PTS. (9I)	E.P.I. SUBTOTAL	ADJUSTMENT MULTI. (9B)	ADJUSTED E.P.I.	CREDIT PTS. (9C + 9D)	PENALTY PTS. (9E)	CALCULATED E.P.I.
22.11	52.26		74.37	1.40	104.12	8	3	99.12

THE CALCULATED E.P.I. MUST BE EQUAL TO OR LESS THAN 100 POINTS.

9B	ADJUSTMENT MULTIPLIERS								
CONDITIONED FLOOR AREA (SQ. FT.)	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301-ABOVE
ADJUSTMENT MULTIPLIER	1.03	1.07	1.11	1.16	1.21	1.27	1.33	1.40	1.47

9C DESIGN CREDIT POINTS (CP)		
CEILING FAN IN COND SPACE (max 5 CP)	1	5
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	
9C TOTAL (not to exceed 12 points)		8

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 WITH INSIDE COMBUSTION AIR	5

9F WINTER OVERHANG FACTOR (WOF)								
FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1.9	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2.9	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00
3-3.9	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4.9	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.9	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.9	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7.9	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00
8-8.9	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.9	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10.9	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11-11.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12 UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F SUMMER OVERHANG FACTOR (SOF)								
FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.9	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00
2-2.9	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3.9	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95
4-4.9	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.9	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6.9	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85
7-7.9	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8.9	0.98	0.81	0.69	0.66	0.66	0.66	0.69	0.81
9-9.9	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10.9	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11.9	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76
12 UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76

9G HEATING SYSTEM MULTIPLIER (HSM)							
HEAT PUMP	COP	2.5-2.6	2.7-2.8	2.9-3.0	3.1-3.2	3.3-3.4	3.5 & UP
	HSM	.40	.37	.34	.32	.30	.29
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) x (BACKUP SYSTEM HSM)						
ELECTRIC STRIP HEAT	1.0						
NATURAL GAS/PROPANE/OIL	1.0 (SEE TABLE 9D FOR CREDITS)						
PTAC & ROOM HEAT PUMPS	MINIMUM COP 2.2. HSM FOR COP 2.2 - 2.4 = .45. SEE TABLE ABOVE FOR COP > 2.4						

9H COOLING SYSTEM MULTIPLIER (CSM)										
ELECTRIC	EER/SEER	7.8-7.9	8.0-8.4	8.5-8.9	9.0-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.9	12.0-UP
	CSM	.83	.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP		
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89		

MINIMUM SEER/EER LEVEL 7.8 FOR STRAIGHT COOL OR HEAT PUMPS; MINIMUM OF 7.5 EER FOR ROOM UNITS AND PTAC.
FOR ROOM UNITS AND PTAC, CSM FOR EER 7.5 - 7.7 = .87. SEE TABLE ABOVE FOR EER > 7.7.

9I HOT WATER CREDIT POINTS (HWCP)												
ELECTRIC RESISTANCE WATER HEATER												0
GAS WATER HEATER												10
INSTANTANEOUS WATER HEATER	ELECTRIC											4.5
	GAS											12.6
HRU (A/C) WATER HEATER	ELECTRIC BACKUP											8.9
	GAS BACKUP											15.2
HRU (HP) WATER HEATER	ELECTRIC BACKUP											9.7
	GAS BACKUP											15.4
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP											
	CREDIT POINTS											
SOLAR HOT WATER	OVERALL SOLAR FRACTION*		1.80-1.89	1.90-2.19	2.20-2.49	2.50-2.79	2.80-3.00					
	CREDIT POINTS	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	
		ELECTRIC BACKUP	2.4	4.8	7.2	9.6	12.0	14.4	16.8	19.2	21.6	24.0
GAS BACKUP		11.4	12.8	14.2	15.6	17.0	18.0	19.8	21.2	22.6	24.0	

* PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM + 100 = OVERALL SOLAR FRACTION



INSURANCE BINDER

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

Binder No.

10/10/85

NAME AND ADDRESS OF AGENCY

EASTON INS.
PO 276
HOBE SOUND, FL
33455

COMPANY

NORTH RIVER

Effective 12:01 AM 10/10, 19 85
Expires 12:01 am Noon 11/10, 19 85

This binder is issued to extend coverage in the above named company per expiring policy # _____ (except as noted below)

NAME AND MAILING ADDRESS OF INSURED

William Stella, SR

Description of Operation/Vehicles/Property

1 FAMILY DWELLING

Type and Location of Property	Coverage/Perils/Forms	Amt of Insurance	Ded.	Coins. %
PROPERTY Lot 5, OAKWOOD DR, South Swails Pt Street, FL	Dwelling	129,000	500	

LIABILITY	Type of Insurance	Coverage/Forms	Limits of Liability	
			Each Occurrence	Aggregate
<input type="checkbox"/> Scheduled Form	<input checked="" type="checkbox"/> Comprehensive Form		Bodily Injury	\$
<input type="checkbox"/> Premises/Operations			Property Damage	\$
<input type="checkbox"/> Products/Completed Operations			Bodily Injury & Property Damage Combined	\$300,000
<input type="checkbox"/> Contractual			Personal Injury	\$
<input type="checkbox"/> Other (specify below)				
<input type="checkbox"/> Med. Pay. \$	Per Person \$	Per Accident \$		
<input type="checkbox"/> Personal Injury		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		

AUTOMOBILE	Type of Insurance	Coverage/Forms	Limits of Liability	
			Bodily Injury (Each Person)	\$
			Bodily Injury (Each Accident)	\$
			Property Damage	\$
<input type="checkbox"/> Liability	<input type="checkbox"/> Non-owned	<input type="checkbox"/> Hired		
<input type="checkbox"/> Comprehensive-Deductible	\$			
<input type="checkbox"/> Collision-Deductible	\$			
<input type="checkbox"/> Medical Payments	\$			
<input type="checkbox"/> Uninsured Motorist	\$			
<input type="checkbox"/> No Fault (specify):				
<input type="checkbox"/> Other (specify):				
			Bodily Injury & Property Damage Combined	\$

WORKERS' COMPENSATION — Statutory Limits (specify states below) EMPLOYERS' LIABILITY — Limit \$

SPECIAL CONDITIONS/OTHER COVERAGES

* 1,000,000 UMBRELLA eff. 10/10/85

NAME AND ADDRESS OF MORTGAGEE LOSS PAYEE ADD'L INSURED

AMERICAN BANK
PO BOX 839
Street, FL 33495

LOAN NUMBER

Jeanne Wilson 10/10/85
Signature of Authorized Representative Date

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Don Williams and Associates, Inc.

Land Surveyors

PHONE 283-2977

1115 EAST OCEAN BLVD. • STUART, FLA. 33494

November 4, 1985

Pete Johnson
Building Inspector
Town of Sewall's Point

Re: Building Permit No. 1859

Dear Mr. Johnson,

I hereby certify that the elevation of the lowest top of the formboards for residence under construction located on Lot 5, Oakwood, Martin County, Florida is 9.37 feet, N.G.V.D.

Very truly yours,



W.L. Williams
R.L.S. Florida
Reg. No. 1272

WLW/lw

To: The town of Sevalls Pt., Town Manager
From : Martin County Health Department.

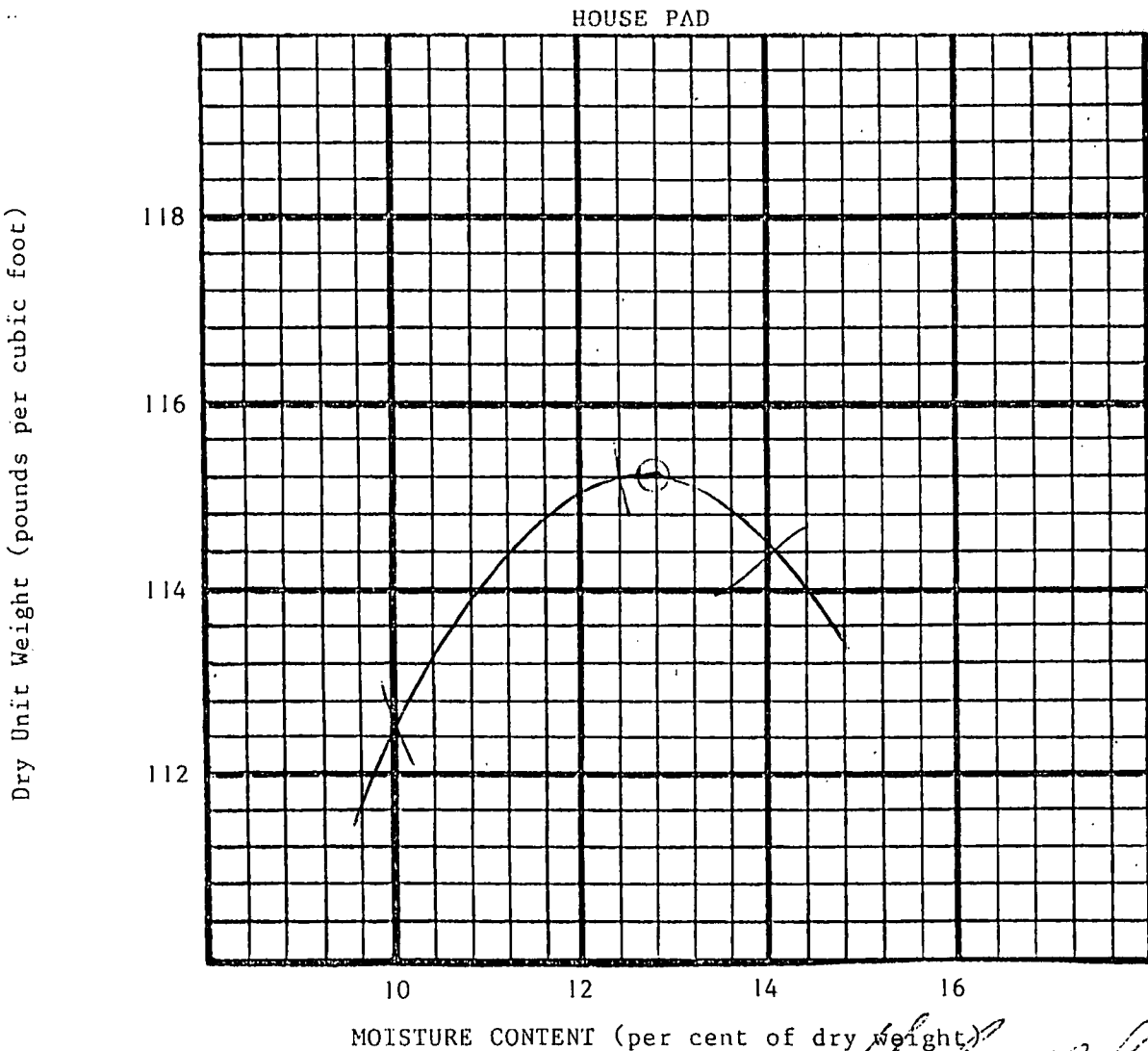
Be it known that the individual sewage disposal system(s) installed
on Oakwood Dr. Lot 5
for W.A. Stella
has been found to be in compliance with Chapter 10D-6, Florida
Administrative Code, and therefore is granted final approval.

HD # 85-552 By: Jeppeline J. Kelly
(Sanitarian)

CONSTRUCTION TESTING SERVICES INC.
1666 S.E. VILLAGE GREEN DRIVE-UNIT I
PORT ST. LUCIE, FLORIDA 33452
335-0724 - 466-0207 - 747-3422

SOIL COMPACTION TEST GRAPH

PROJECT Stella Residence REPORT NO. 100-121-1
LOCATION Oakwood Drive Lot 5 Sewall's Point DATE 10-11-85
CLIENT BILL STELLA TYPE PROCTOR T-180
SOIL DESCRIPTION Brown sand with marl
MAXIMUM DENSITY OF MATERIAL 115.2 P.C.F. OPTIMUM MOISTURE 12.8 %



LAB TECHNICIAN D.B.N.
PLOTTED BY D.B.N.
CHECKED BY L.V.E.

APPROVED *Hector P. Arias*
Hector P. Arias, P.E.
Larry V. Eardley
Larry V. Eardley, President

jae

CONSTRUCTION TESTING SERVICES INC.
 1666 S.E. VILLAGE GREEN DRIVE-UNIT I
 PORT ST. LUCIE, FLORIDA 33452
 335-0724 - 466-0207 - 747-3422

DAILY SOILS INSPECTION

PROJECT Stella Residence REPORT NO. 100-121-2

LOCATION Oakwood Drive Lot 5 Sewall's Point DATE 10-11-85

CLIENT BILL STELLA

TYPE OF SOILS Brown sand with marl TYPE OF PROCTOR T-180

METHOD OF COMPACTION VIB Steel Wheel roller DENSITY REQUIRED 95 %

MAXIMUM DENSITY OF MATERIAL 115.2 P.C.F. OPTIMUM MOISTURE 12.8 %

LOCATIONS AND TEST RESULTS				
TEST NUMBER	TEST LOCATION	DEPTH BELOW FINISHED GRADE	PERCENT MOISTURE	PERCENT COMPACTION
1.	18" outside Dwelling east	0-1'	9.3	96.1
2.	18" outside Dwelling west	0-1'	10.2	97.7
3.	Center of pad	0-1'	8.2	99.8
4.	Center of pad	1-2'	8.8	98.9
5.	Center of pad	2-3'	8.5	96.8

REMARKS: _____

FIELD TECHNICIAN D.B.N.

APPROVED Hector P. Arias
 Hector P. Arias, P.E.

SHEET 1 OF 1

Larry V. Eardley
 Larry V. Eardley, President

jae

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 1/31/86

This is to request that a Certificate of Approval for Occupancy be issued to MR. WILLIAM STELLA
 For property built under Permit No. 1859 Dated _____ when completed in
 conformance with the Approved Plans.

Item	
1. LOT STAKES/SET BACKS	<u>ROUGH & FINAL SURVEY</u> Signed <u>William C. Stella</u>
2. TERMITE PROTECTION	<u>11/4/85</u>
3. FOOTING - SLAB	<u>11/4/85</u> PAT# <u>11/12/85</u>
4. ROUGH PLUMBING	<u>10/29/85</u>
5. ROUGH ELECTRIC	<u>12/5/85</u>
6. LINTEL	<u>11/12/85</u>
7. ROOF	
8. FRAMING	<u>HURRICANE CLIPS</u> <u>12/2/85</u>
9. INSULATION	<u>12/10/85</u>
10. A/C DUCTS	<u>12/5/85</u>
11. FINAL ELECTRIC	<u>1/31/86</u>
12. FINAL PLUMBING	<u>1/31/86</u>
13. FINAL CONSTRUCTION	<u>1/31/86</u>

Approved by

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] 1/31/86 date

Approved by Building Commissioner [Signature] 1/31/86 date

Utilities notified 2/4/86 date

Original Copy sent to _____

(Keep carbon copy for Town files)

3013

POOL, PATIO, SPA

Date 6-10-91

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

3013

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 ROBERT STELLA Present Address 101 S. RIVER RD. SEWALL'S POINT

Phone H-287-4782 O-692-1778

Contractor OWNER/BUILDER Address _____

Phone _____

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

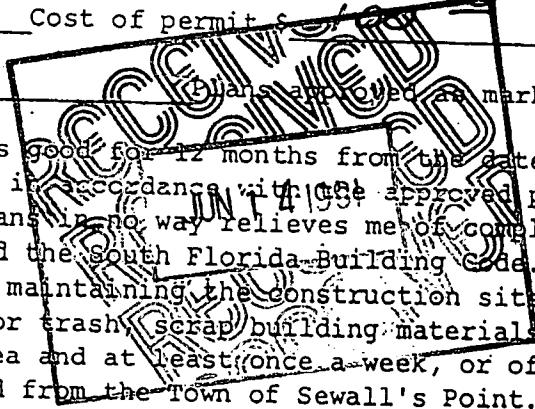
Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: SWIMMING POOL, SPA & PATIO
4 OAKWOOD DR.

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

Subdivision _____ Lot number 5 Block number _____

Contract price \$ 10,000⁰⁰ 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 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 _____ Approved: Dale Brown 6/14/91
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282 Permit No. _____

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.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/14/90

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

STUART INSURANCE INC
3070 S W MAPLE RD
PALM CITY FL 34990

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	AUTO OWNERS
COMPANY LETTER	B	AUTO OWNERS
COMPANY LETTER	C	
COMPANY LETTER	D	ASSOCIATED GENERAL
COMPANY LETTER	E	

CODE SUB-CODE

INSURED

ALEXANDER GUNITE INC
PO BOX 292
STUART FL 34995

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

CO TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY PRODUCTS <input checked="" type="checkbox"/> OPERATIONS WHOLESALE GENERAL LIABILITY	20338430	1/15/91	1/15/92	GENERAL AGGREGATE 500 PRODUCTS - COMP. OPS AGGREGATE 500 PERSONAL & ADVERTISING INJURY 500 EACH OCCURRENCE 500 FIRE DAMAGE (Any one fire) 50 MED. EXPENSE (Any one person) 5
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL COVERED VEHICLES UNINSURED MOTORIST <input checked="" type="checkbox"/> PERSONAL AUTO <input checked="" type="checkbox"/> PERSONAL VEHICLES MEDICAL LIABILITY	20337737	1/15/91	7/15/91	COMBINED SINGLE LIMIT 1,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	EXCESS LIABILITY DEFENSE COSTS				EACH OCCURRENCE AGGREGATE
D	EMPLOYERS COMPENSATION EMPLOYERS LIABILITY	8-80-0975	1/01/91	1/01/92	STATUTORY 2,000 (EACH ACCIDENT) 2,000 (DISEASE - POLICY LIMIT) 2,000 (DISEASE - EACH EMPLOYEE)

DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/SPECIAL ITEMS

POOL CONTRACTOR
STATE OF FLORIDA

CERTIFICATE HOLDER

CHUCK SEABERT THE POOL MAN
8932 SE SANDRIDGE AVE
HOBE SOUND FL 33455

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Quinn E. Burns

J

CERTIFICATE OF INSURANCE

SSK

00088

ISSUE DATE

03/01/91

PRODUCER
 RICK CARROLL INSURANCE
 P.O. BOX 877
 JENSEN BEACH FL 34958

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

CODE	SUB-CODE	COMPANIES AFFORDING COVERAGE
		COMPANY LETTER A American States DB COMPANY LETTER B Fla Hm Bld-Sif/Bldrs DB COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E

COVERAGES

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

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> BROAD FORM INCL	01CL3497818	04/17/91	04/17/92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 300</td></tr> <tr><td>PRODUCTS-COMP/OPS AGGR</td><td style="text-align: right;">\$ 300</td></tr> <tr><td>PERSONAL & ADVERTISING INJURY</td><td style="text-align: right;">\$ 300</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 300</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 50</td></tr> <tr><td>MEDICAL EXPENSE (Any one person)</td><td style="text-align: right;">\$ 5</td></tr> </table>	GENERAL AGGREGATE	\$ 300	PRODUCTS-COMP/OPS AGGR	\$ 300	PERSONAL & ADVERTISING INJURY	\$ 300	EACH OCCURRENCE	\$ 300	FIRE DAMAGE (Any one fire)	\$ 50	MEDICAL EXPENSE (Any one person)	\$ 5
GENERAL AGGREGATE	\$ 300																
PRODUCTS-COMP/OPS AGGR	\$ 300																
PERSONAL & ADVERTISING INJURY	\$ 300																
EACH OCCURRENCE	\$ 300																
FIRE DAMAGE (Any one fire)	\$ 50																
MEDICAL EXPENSE (Any one person)	\$ 5																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per acc)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per acc)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per acc)	\$																
PROPERTY DAMAGE	\$																
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">EACH OCCUR. \$</td> <td style="text-align: right;">AGGREGATE \$</td> </tr> </table>		EACH OCCUR. \$	AGGREGATE \$									
	EACH OCCUR. \$	AGGREGATE \$															
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	23116	03/01/91	03/01/92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">STATUTORY</td></tr> <tr><td>\$</td><td style="text-align: right;">100 (EACH ACCIDENT)</td></tr> <tr><td>\$</td><td style="text-align: right;">500 (DISEASE-POLICY LIMIT)</td></tr> <tr><td>\$</td><td style="text-align: right;">100 (DISEASE-EACH EMPLOYEE)</td></tr> </table>	STATUTORY		\$	100 (EACH ACCIDENT)	\$	500 (DISEASE-POLICY LIMIT)	\$	100 (DISEASE-EACH EMPLOYEE)				
STATUTORY																	
\$	100 (EACH ACCIDENT)																
\$	500 (DISEASE-POLICY LIMIT)																
\$	100 (DISEASE-EACH EMPLOYEE)																
	OTH.																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 CONCRETE FINISHING/STATE OF FLORIDA

<p>CERTIFICATE HOLDER</p> <p>POOLMAN 8932 SE SANDRIDGE AVE HOBE SOUND, FL 33455</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>[Signature]</i></p>
--	---

CERTIFICATE OF INSURANCE

ISSUE DATE

2/26/91

YOUNGBLOOD INSURANCE, INC.
P.O. Box 1349
Palm City, FL. 34990

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Transcontinental Ins. Co.

COMPANY LETTER **B** Transportation Ins. Co.

COMPANY LETTER **C** Liberty National INs. Co.

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

G&L Trucking Inc.
5804 SW Mapp Road
Palm City, FL. 34990

WE HEREBY CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD DESCRIBED HEREIN. THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF EACH POLICY.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A PERSONAL LIABILITY <input checked="" type="checkbox"/> PERSONAL AUTO <input checked="" type="checkbox"/> HOMEOWNERS <input checked="" type="checkbox"/> CONDOMINIUM <input checked="" type="checkbox"/> RENTERS <input checked="" type="checkbox"/> BOAT <input checked="" type="checkbox"/> AIRCRAFT <input checked="" type="checkbox"/> OTHER	706827036	2/17/91	2/17/92	BODILY INJURY OCC. \$
				BODILY INJURY AGG. \$
				PROPERTY DAMAGE OCC. \$
				PROPERTY DAMAGE AGG. \$
				BI & PD COMBINED OCC. \$ 1,000,000
				BI & PD COMBINED AGG. \$ 1,000,000
				PERSONAL INJURY AGG. \$ 1,000,000
B AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> OWNED AND NON-OWNED <input checked="" type="checkbox"/> OTHER	706827036	2/17/91	2/17/92	BODILY INJURY (Per person) \$
				BODILY INJURY (Per accident) \$
				PROPERTY DAMAGE \$
				BODILY INJURY & PROPERTY DAMAGE COMBINED \$ 500,000
				AGGREGATE \$
C EMPLOYER'S COMPENSATION AND EMPLOYER'S LIABILITY	WC13512187808	6/30/90	6/30/91	STATUTORY LIMITS
				EACH ACCIDENT \$ 100,000
				DISEASE - POLICY LIMIT \$ 500,000
				DISEASE - EACH EMPLOYEE \$ 100,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Pool Man
8932 SE Sandridge Avenue
Hobe Sound, FL. 33455

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

John G. Youngblood

ACCORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2/25/91

OWNER
 in State Insurance Agency
 Box 31418
 Palm Beach Gardens, FL 33410

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Hartford Insurance Co.
- COMPANY LETTER **B** Cigna Insurance Co.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

#: SUB-CODE

RED

ROY'S Pools, Inc.
 18 Yvonne Drive
 West Palm Beach, FL 33406

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
GENERAL LIABILITY				GENERAL AGGREGATE	\$ 100
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPOPS AGGREGATE	\$ 100
CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	G13750919	11/20/90	11/20/91	PERSONAL & ADVERTISING INJURY	\$ 100
OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 100
				FIRE DAMAGE (Any one fire)	\$ 50
				MEDICAL EXPENSE (Any one person)	\$ 5
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
ANY AUTO				BODILY INJURY (Per person)	\$
ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
SCHEDULED AUTOS				PROPERTY DAMAGE	\$
HIRED AUTOS					
NON-OWNED AUTOS					
GARAGE LIABILITY					
EXCESS LIABILITY				EACH OCCURRENCE	\$
				AGGREGATE	\$
OTHER THAN UMBRELLA FORM					
WORKER'S COMPENSATION				STATUTORY	\$ 100 (EACH ACCIDENT)
AND	21WZEP0927	11/20/90	11/20/91		\$ 500 (DISEASE-POLICY LIMIT)
EMPLOYERS' LIABILITY					\$ 100 (DISEASE-EACH EMPLOYEE)
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

Hibben Construction

CANCELLATION

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

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2-13-91sp

PRODUCER

R.V. JOHNSON AGENCY
P.O. BOX 26
STUART, FL 34995

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

COMPANIES AFFORDING COVERAGE

INSURED

RODDY BROWN
1583 SOTTONG DRIVE
JENSEN BEACH, FL 34957

COMPANY LETTER **A** OHIO CASUALTY
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D** LIBERTY MUTUAL
COMPANY LETTER **E**

COVERAGES

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

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	BH050412839	9-27-90	9-27-91	GENERAL AGGREGATE \$ 300,000 PRODUCTS-COMP/OP AGG. \$ 300,000 PERSONAL & ADV. INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
D		WC1351222345010	9-7-90	9-7-91	EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

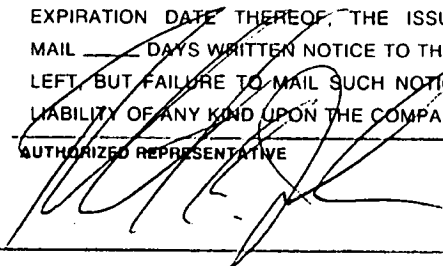
CERTIFICATE HOLDER

GRIBBEN CONSTRUCTION CO.
3077 SE DIXIE HWY.
STUART, FL 34997

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF INSURANCE

DATE: 05/02/91

PRODUCER

Campbell-Wilson Insurance Agcy
 8882 S E Bridge Road
 Post Office Box 376
 Hobe Sound, FL 33475
 (407) 546-5600

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

COMPANIES AFFORDING COVERAGE

- COMPANY A AUTO OWNERS INS. CO.
LETTER
- COMPANY B
LETTER
- COMPANY C
LETTER
- COMPANY D
LETTER
- COMPANY E
LETTER

INSURED

BRIAN WEISGERBER
 2344 Caballero St.
 Port St Lucie, , FL 34953

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	ALL LIMITS IN THOUSANDS	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> () CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	20389855	09/19/90	09/19/91	GENERAL AGGREGATE	\$ 300
				PRODUCTS-COMP/OPS AGGREGATE	\$ 0
				PERSONAL & ADVERTISING INJURY	\$ 100
				EACH OCCURRENCE	\$ 100
				FIRE DAMAGE (ANY ONE FIRE)	\$ 50
				MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>	NONE			CSL	\$
				BODILY INJURY (PER PERSON)	\$
				BODILY INJURY (PER ACCIDENT)	\$
				PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA	NONE			EACH OCCURRENCE	\$
				AGGREGATE	\$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	NONE			STATUTORY	\$
					\$ (EACH ACCIDENT)
					\$ (DISEASE-POLICY LIMIT)
					\$ (DISEASE-EACH EMPLOYEE)
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 STATE OF FLORIDA - SWIMMING POOL CONTRACTOR

CERTIFICATE HOLDER

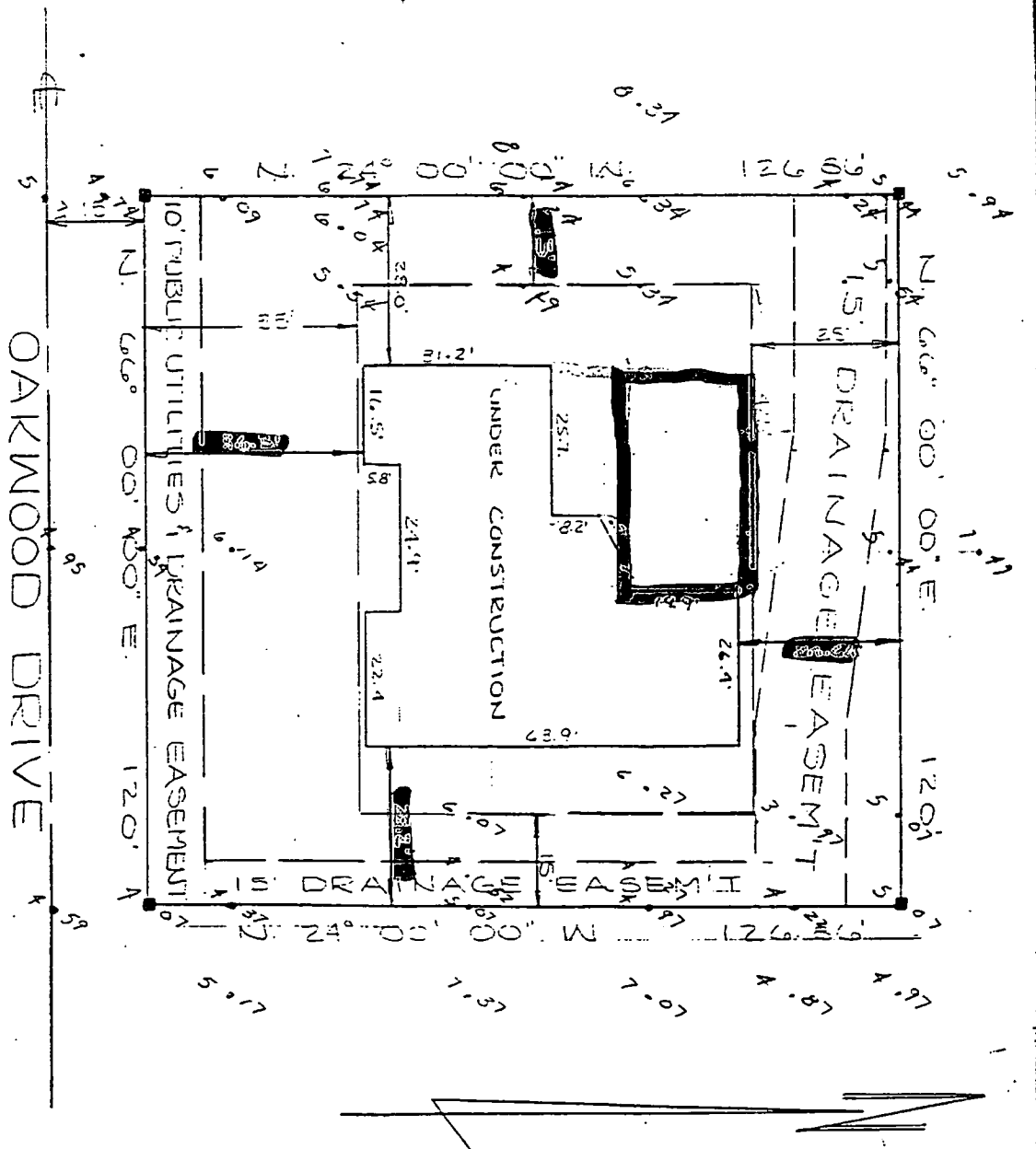
GRIBBEN CONSTRUCTION
 3077 SE DIXIE HWY.
 STUART, FL 34997

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joanne C. Wilson



■ DENOTES FOUND CONSTRUCTION LOCATED IN FLOOD ZONE "A-8"

A SURVEY OF

LOT 5

OAKWOOD

MARTIN COUNTY, FLORIDA



RECORDED 11-6-85

upen

SCALE: 1" = 20' DATE: 10/17/85

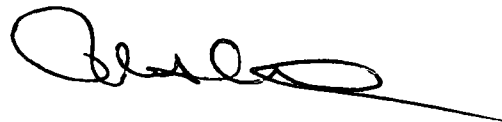
June 12, 1991

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

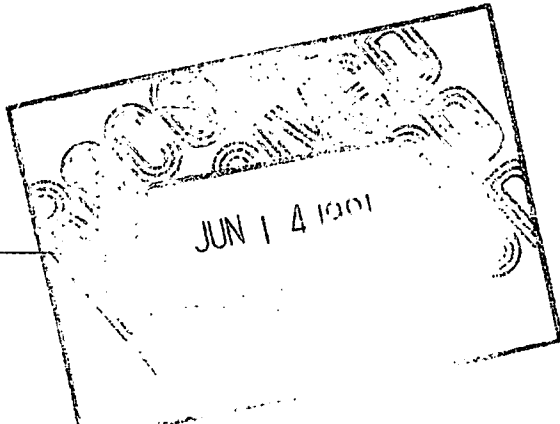
Attention: Town of Sewall's Point Building Department

This letter is to advise you that I will not hold the Town of Sewall's Point responsible for my septic tank and/or septic field tile in the event there is a problem during the construction of my swimming pool.

Sincerely,



Robert Stella
4 Oakwood Drive
Stuart, Florida 34996
Home phone: 692-1778
Office phone: 287-4782



JUN 14 1991

3039

SCREEN ENCLOSURE

TOWN OF SEWALL'S POINT, FLORIDA

Permit No. _____

Date _____

APPLICATION FOR 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 ROBT STELLA Present Address 4 ORKWOOD DR

Phone 692-1778

Contractor L & K ALUMINUM Address 3110 SLATER ST STUART FLA

Phone 283-1297 34997

Where licensed FLA STATE PROOF SURV License number _____ MARTIN COUNTY 0122

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

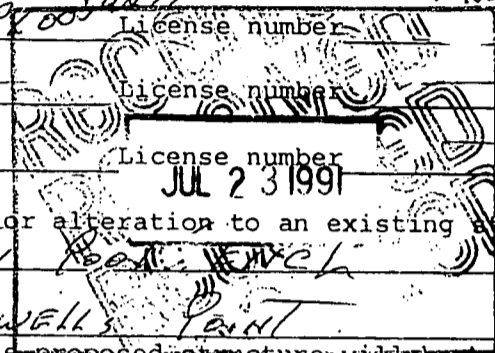
Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: SCREEN POOL NEWEL

4 ORKWOOD DR SEWELL'S POINT
State the street address at which the proposed structure will be built:

Subdivision OAKWOOD SEWELL'S POINT Lot number 5 Block number _____

Contract price \$ 2500 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 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

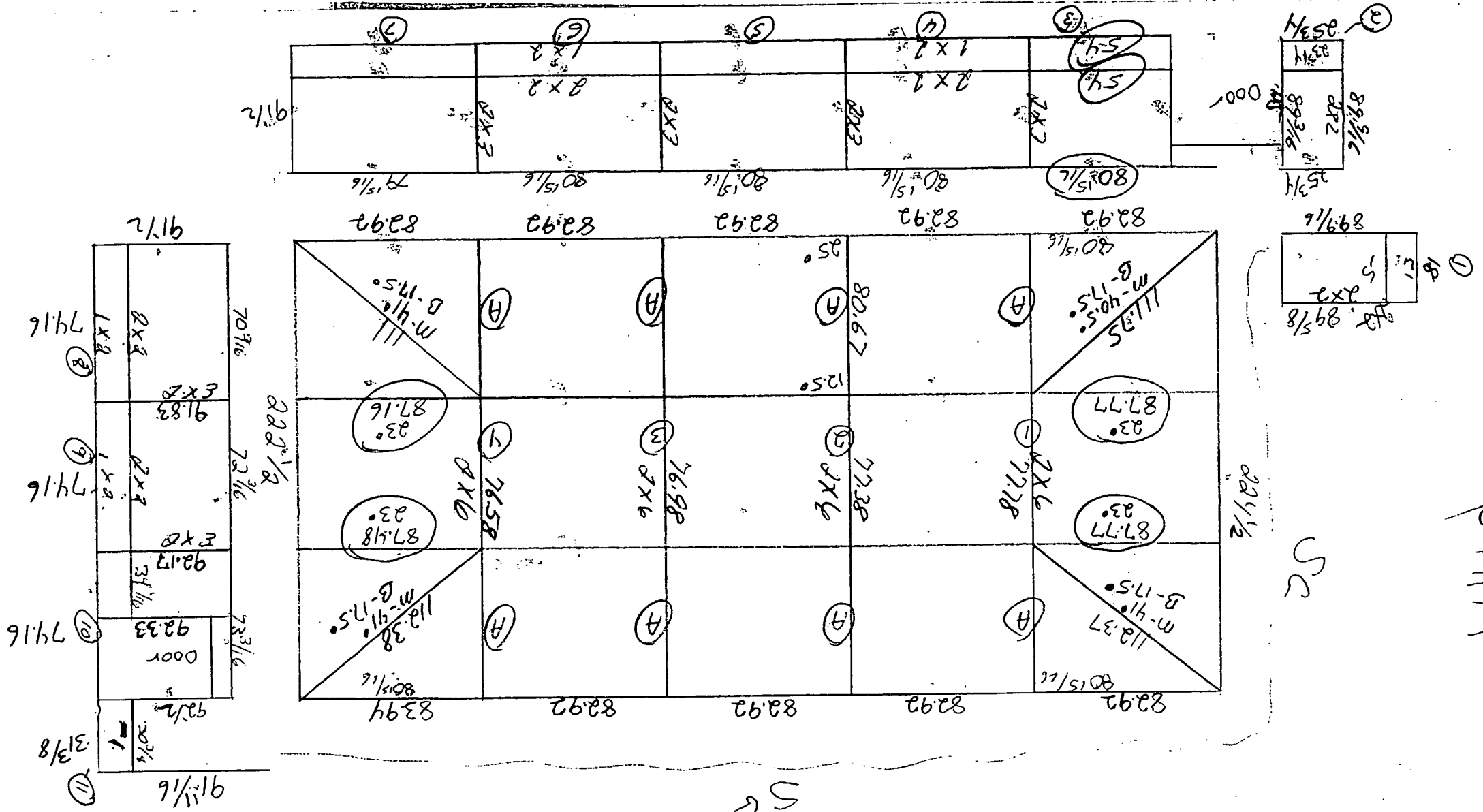
Date submitted _____ Approved: Dale Brown 7/23/91
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282 Permit No. _____

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.



- 1. ~~22410~~
 - 2. ~~22370~~
 - 3. ~~22330~~
 - 4. ~~22290~~
- JLS

STELLA

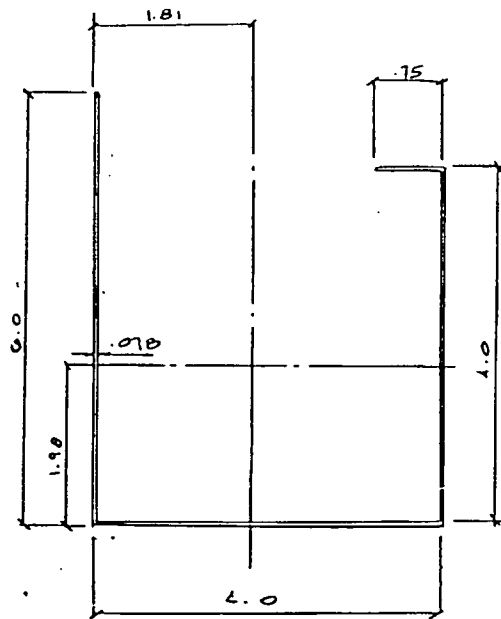
Risc36"

Installer wants to reuse House Gutter Home

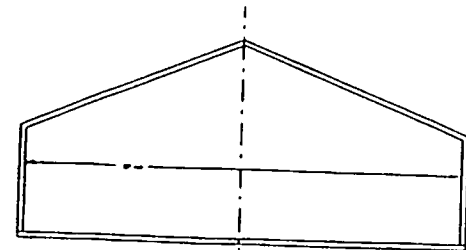
RS

SC

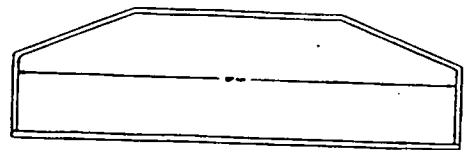
SG



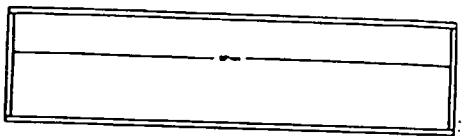
ALLOY 6063-T6
 A = 1.15 in²
 S_x = 1.21 in³
 S_{x'} = 1.82 in³



CABLE



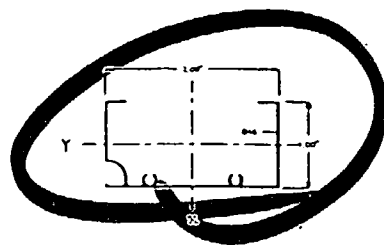
MANSARD ROOF



FLAT ROOF

BUILDING CODE
 ADVISORY BOARD
 PALM BEACH COUNTY
 FLORIDA
 RECOMMENDED FOR
 APPROVAL

Date: 10-8-89
 Control No. 1000
 By: [Signature]
 Designer

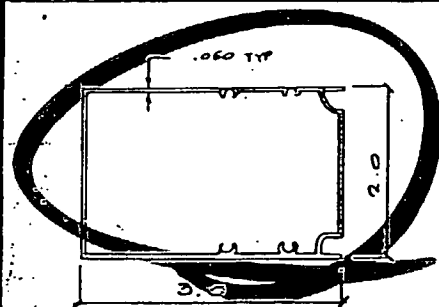


1"x2" OPEN BACK
 ALLOY 6063-T6
 A = 0.194 in²
 I_x = 0.125 in⁴
 S_x = 0.125 in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.			
3'				
4'	4'-0"			
5'	3'-3"			
6'	2'-0"			
7'	-			
8'	-			
9'	-			
10'	-			

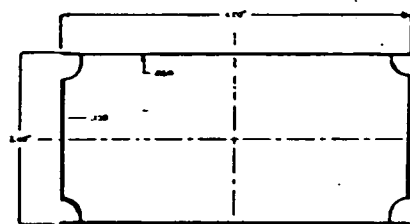
SUPER GUTTER



ALLOY 6063-T6
 AREA = 0.49 in²
 S_x = 0.43 in³

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 15# PER S.F.		
3				
4	11'-2"	10'-0"		
5	12'-9"	9'-5"		
6	11'-8"	8'-7"		
7	10'-9"	7'-11"		
8	10'-1"	7'-5"		
9	9'-0"	7'-0"		
10	9'-0"	-		

SPAN DEFINITION

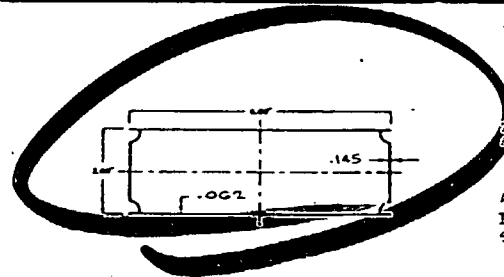


2"x4" SELF MATING BEAM
 ALLOY 6063-T6
 WALL = .050
 FLANGE = .120
 A = 0.86 in²
 I_x = 2.25 in⁴
 S_x = 1.125 in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 15# PER S.F.		
3				
4	22'-11"	15'-0"		
5	20'-0"	14'-9"		
6	18'-9"	15'-0"		
7	17'-4"	12'-0"		
8	16'-3"	11'-0"		
9	15'-4"	11'-0"		
10	14'-0"	10'-5"		

1"x2" OPEN BACK



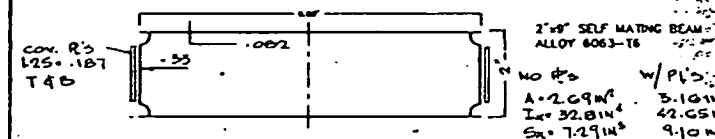
1"x2" SELF MATING BEAM
 ALLOY 6063-T6
 A = 1.29 in²
 I_x = 0.90 in⁴
 S_x = 2.30 in³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 15# PER S.F.		
3				
4				
5				
6	20'-5"	19'-0"		
7	24'-5"	18'-1"		
8	23'-0"	16'-11"		
9	21'-9"	16'-0"		
10	20'-7"	15'-2"		

FOR GENERAL NOTES SEE SH. NO. 4 OF 5

2"x2" PATIO BEAM



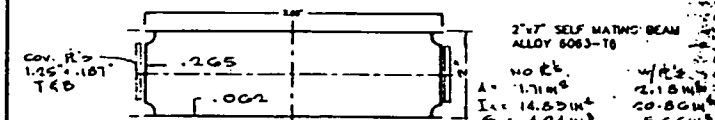
2"x2" SELF MATING BEAM
 ALLOY 6063-T6
 NO R'S
 A = 2.69 in²
 I_x = 32.8 in⁴
 S_x = 7.29 in³
 W/P'S: 5.10 in⁴, 42.65 in⁴, 9.10 in³

FOR COV. R. CONN. LENGTH SEE 2x9 SH. BELOW

MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING

NO R'S	5'-0"	5'-5"	6'-0"	7'-0"	7'-6"	8'-0"
W/P'S	50'-11"	43'-0"	40'-0"	43'-0"	41'-0"	40'-5"
	50'-4"	53'-8"	51'-5"	47'-7"	46'-0"	44'-0"

2"x9" SELF MATING BEAM



2"x9" SELF MATING BEAM
 ALLOY 6063-T6
 NO R'S
 A = 1.71 in²
 I_x = 14.85 in⁴
 S_x = 4.24 in³
 W/P'S: 2.18 in⁴, 60.86 in⁴, 5.66 in³

COV. R. LENGTH = 60% OF SPAN CENTERED ABOUT C OF SPAN
 CONNECT COV. R'S W/ SIDES 3/8" DIA. (1x5), LG' EA. END REST @ 12" OC

SPACING	SCREEN ROOF NO COV. R'S	SCREEN ROOF W/ COV. R'S		
3				
4				
5				
6	35'-7"	42'-4"		
7	33'-0"	39'-2"		
8	30'-10"	36'-0"		
9	29'-1"	34'-7"		
10	27'-7"	32'-9"		

2"x3" SELF MATING BEAM

2"x4" SELF MATING BEAM

2"x6" SELF MATING BEAM

2"x7" SELF MATING BEAM

DATE	BY	DESCRIPTION

PIONEER SCREEN CO.

STUART

FL

WILLIAM J. McGRAW PE
 CONSULTING ENGINEERS

TAMPA

FL

ALUMINUM CONSTRUCTION
 DETAILS

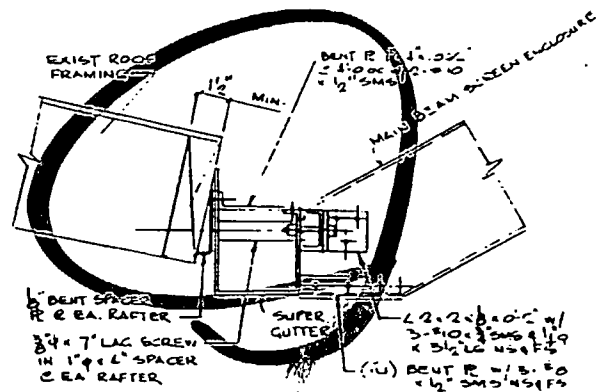
DRAWN	BM
CHECKED	WJM
SCALE	N.T.S.
DATE	9-5-89
JOB NO.	

[Signature]
 10/5/89

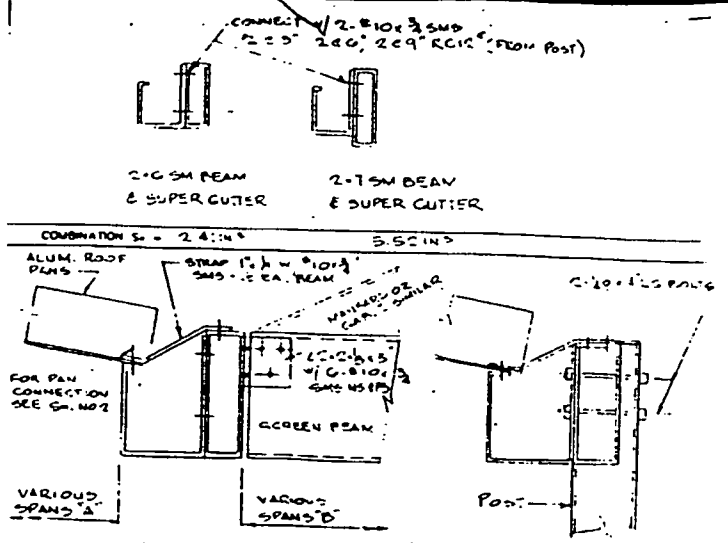
SHEET

1

OF 3 SHEETS



CONNECTION TO VERTICAL FASCIA SIMILAR

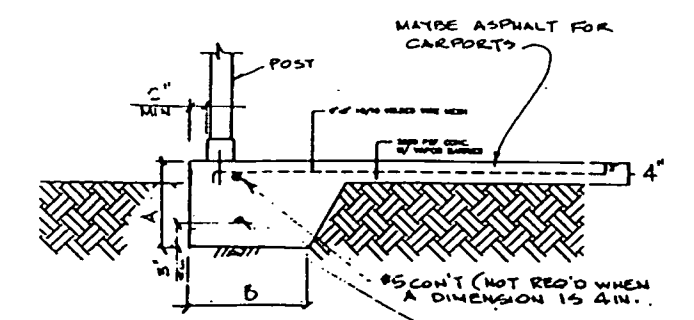
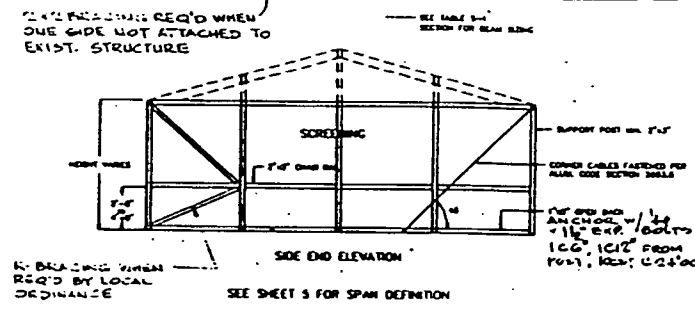
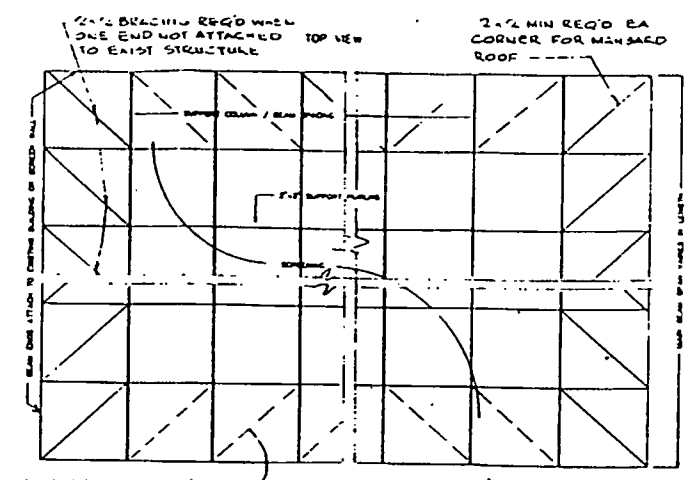


TYPICAL CONNECTION DETAILS

SPAN TABLE - FOR COMBINATION - SUPER CUTTER + 2\"/>

VARIOS SPANS OF ROOF PARTS "A"	VARIOS SPANS OF SCREEN ROOFS "B"									
	15'	20'	25'	30'	35'	40'	45'	50'	55'	60'
2x6 SM BEAM	14'6"	15'7"	16'11"	17'5"	17'9"	18'3"	18'7"	19'1"	19'5"	19'9"
2x7 SM BEAM	15'6"	16'11"	17'6"	18'1"	18'5"	18'9"	19'3"	19'7"	20'1"	20'5"
2x9 SM BEAM	17'9"	18'5"	19'0"	19'5"	19'9"	20'4"	20'8"	21'3"	21'7"	22'2"
2x6 SM BEAM W/COV. P.	21'6"	22'7"	23'19"	24'0"	24'11"	25'2"	25'11"	26'2"	26'11"	27'2"
2x7 SM BEAM W/COV. P.	22'5"	23'5"	24'10"	25'0"	25'10"	26'1"	26'10"	27'1"	27'10"	28'1"
2x9 SM BEAM W/COV. P.	24'3"	25'3"	26'0"	26'9"	26'11"	27'6"	27'11"	28'4"	28'9"	29'4"

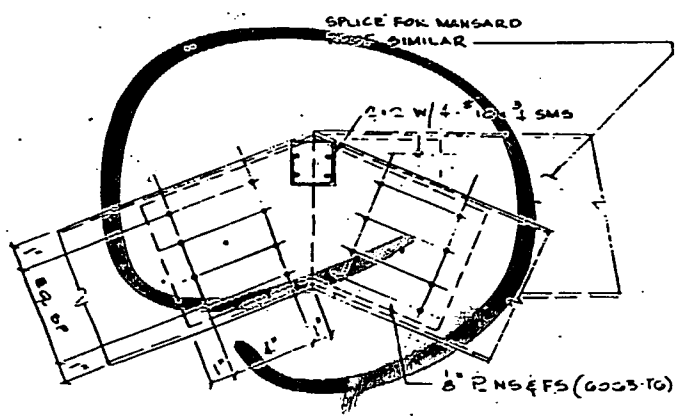
INTERPOLATION BETWEEN SPANS IS PERMISSIBLE



BEAM	SCREEN ENCLOSURE		CARPORT ATTACHED	
	A	B	A	B
2x6 SM	4'	0'	1'-0"	1'-0"
2x7 SM	4'	0'	1'-3"	1'-3"
2x9 SM	1'-0"	8'	1'-3"	1'-3"

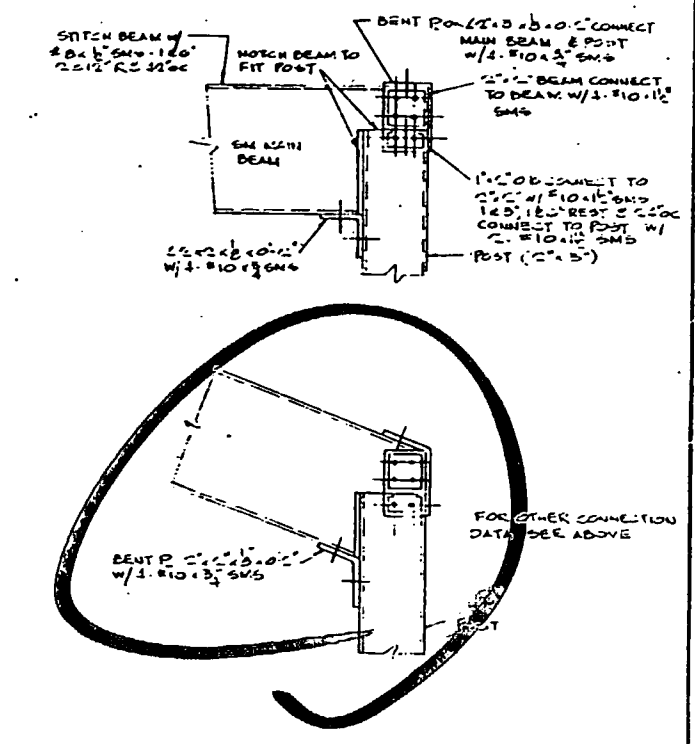
RI 9.6-90

SUPER CUTTER - FASCIA ATTACHMENT



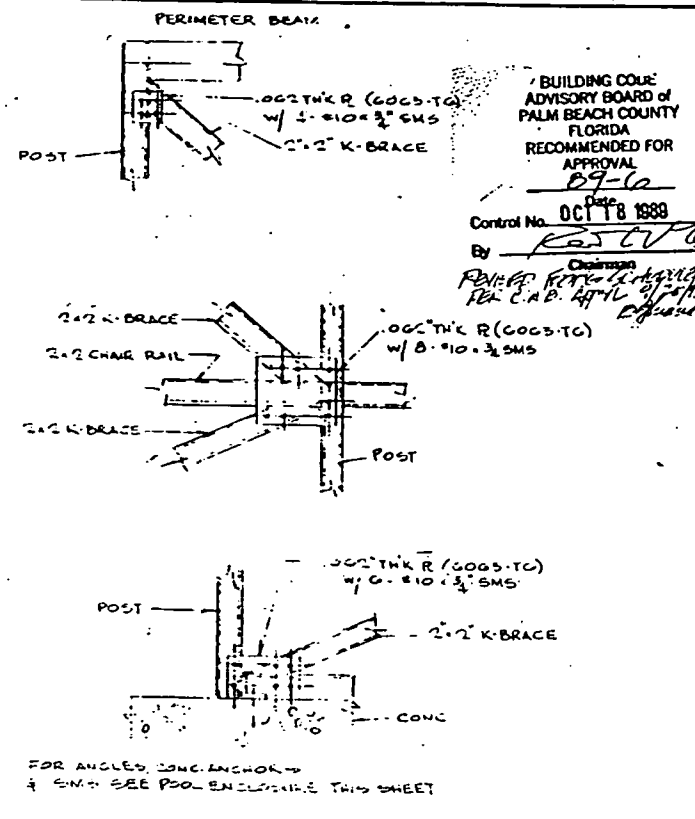
- 2x6 SM BEAM - 6 - #14x 3/8" SMS NS & FS (TOTAL 24)
- 2x7 SM BEAM - 8 - #14x 3/8" SMS NS & FS (TOTAL 32)
- 2x9 SM BEAM - 10 - #14x 3/8" SMS NS & FS (TOTAL 40)

CARRIER BEAM SPAN TABLE



TYPICAL POST TO BEAM CONNECTION FOR SCREEN ENCLOSURES

POOL ENCLOSURE (TYPICAL)



K-BRACING

EXISTING SLAB ON GRADE FOR SCREEN ENCLOSURES & ATTACHED CARPORTS

BEAM SIZE	MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING							
	4'-0"	4'-6"	5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"
2x6 SM BEAM S ₁ = 11.25'	22'-1"	20'-6"	19'-7"	18'-9"	18'-0"	17'-4"	16'-9"	16'-3"
2x7 SM BEAM S ₁ = 2.30'	-	-	-	26'-5"	25'-7"	24'-5"	23'-10"	23'-0"
2x7 SM BEAM S ₁ = 4.23'	-	-	-	35'-7"	35'-3"	33'-0"	31'-10"	30'-10"
2x7 SM BEAM W/COV. P. S ₁ = 0.35'	-	45'-9"	45'-6"	41'-9"	40'-1"	38'-8"	37'-4"	36'-2"
2x9 SM BEAM S ₁ = 7.29'	-	50'-11"	48'-6"	46'-6"	44'-4"	43'-0"	41'-6"	40'-3"
2x9 SM BEAM W/COV. P. S ₁ = 9.10'	-	56'-4"	53'-8"	51'-5"	49'-4"	47'-7"	46'-0"	44'-6"
2x10 SM BEAM W/COV. P. S ₁ = 5.22'	-	49'-3"	45'-2"	41'-5"	39'-0"	38'-3"	37'-0"	35'-9"

NOTE: THIS TABLE IS BASED ON:
WINDLOAD OF 120 MPH LIVELOAD - 7 LBS/SQ. FT.

SCREEN ROOF BEAM - SPAN TABLE S-1

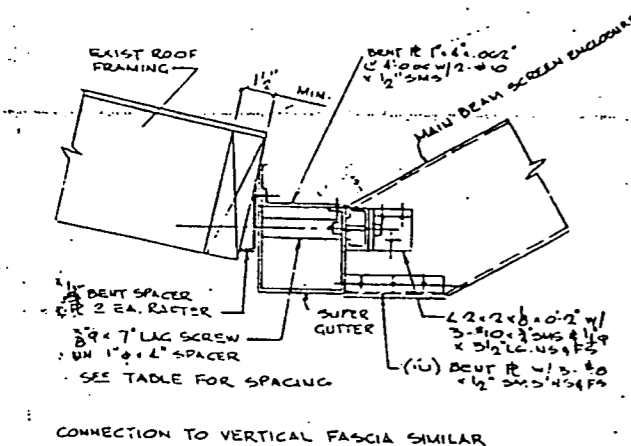
DATE	BY	DESCRIPTION
9/6/90	KJM	CHANGED A DIM 1'-0" TO 0"

PIONEER SCREEN CO.
STUART FL

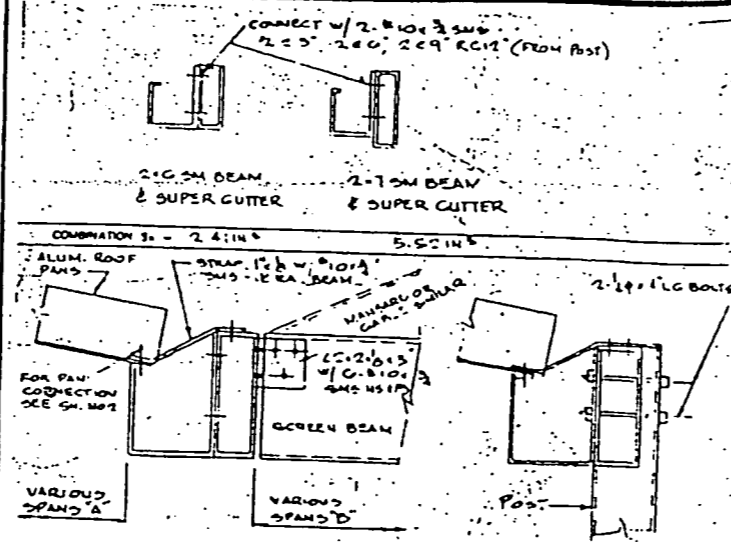
WILLIAM J. MCGRAW PE
CONSULTING ENGINEERS
TAMPA FL

ALUMINUM CONSTRUCTION
DETAILS

DRAWN BY: BM
CHECKED BY: WJM
SCALE: N.T.S.
DATE: 7/24/89
JOB NO.:
SHEET 2 OF 3



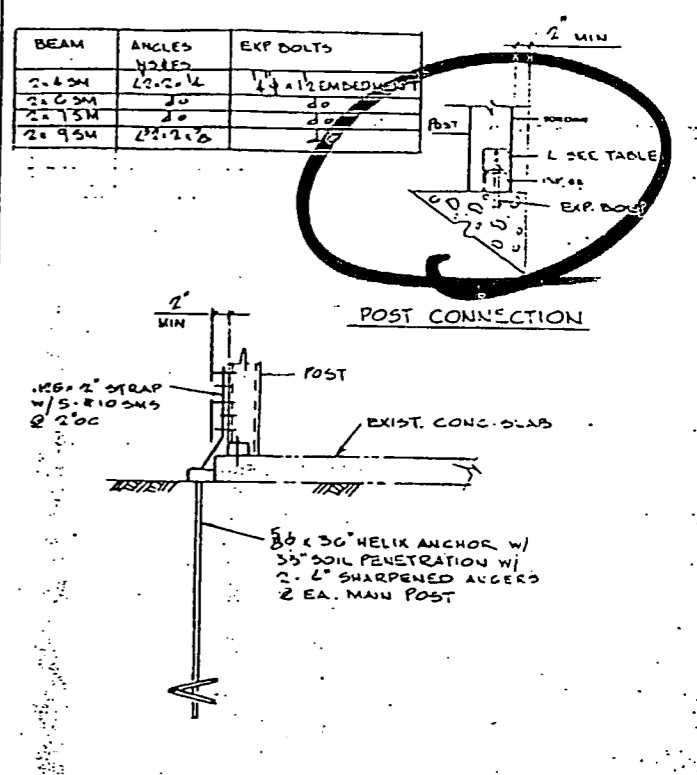
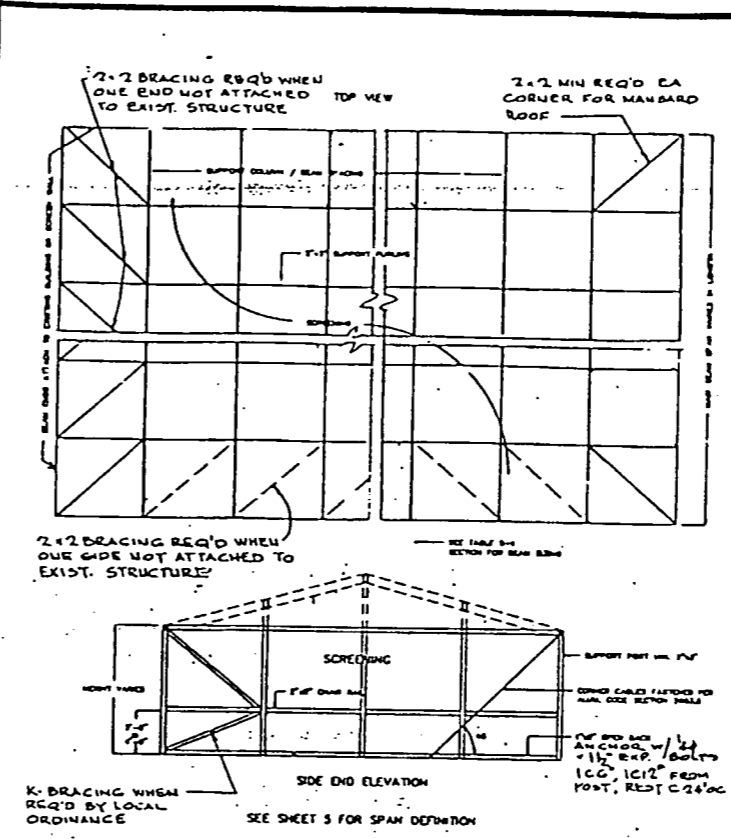
BEAM SIZE	SPACING C.T.O.C.
2x4 SM	2'-0" OC
2x6 SM	2'-0" OC
2x7 SM	1'-0" OC
2x9 SM	1'-0" OC



SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2" x 4" S.M.B.

VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOF "B"							
	15'	22'	26'	30'	33'	36'	40'	44'
10'	12'0"	15'7"	18'1"	21'5"	23'9"	26'3"	28'7"	31'1"
12'	13'6"	17'11"	20'5"	23'9"	26'3"	28'7"	31'1"	33'5"
14'	15'2"	19'7"	22'1"	25'5"	27'9"	30'3"	32'7"	35'1"
16'	16'8"	21'2"	24'6"	28'0"	30'4"	32'8"	35'2"	37'6"
18'	18'4"	22'8"	26'2"	29'6"	32'0"	34'4"	36'8"	39'2"
20'	20'0"	24'4"	27'8"	31'2"	33'6"	36'0"	38'4"	40'8"
22'	21'6"	26'0"	29'4"	32'8"	35'2"	37'6"	39'10"	42'4"
24'	23'2"	27'6"	31'0"	34'4"	36'8"	39'2"	41'6"	44'0"
26'	24'8"	29'2"	32'6"	36'0"	38'4"	40'8"	43'2"	45'6"
28'	26'4"	30'8"	34'2"	37'6"	39'10"	42'4"	44'8"	47'2"
30'	28'0"	32'4"	35'8"	39'2"	41'6"	44'0"	46'4"	48'8"

INTERPOLATION BETWEEN SPANS IS PERMISSIBLE

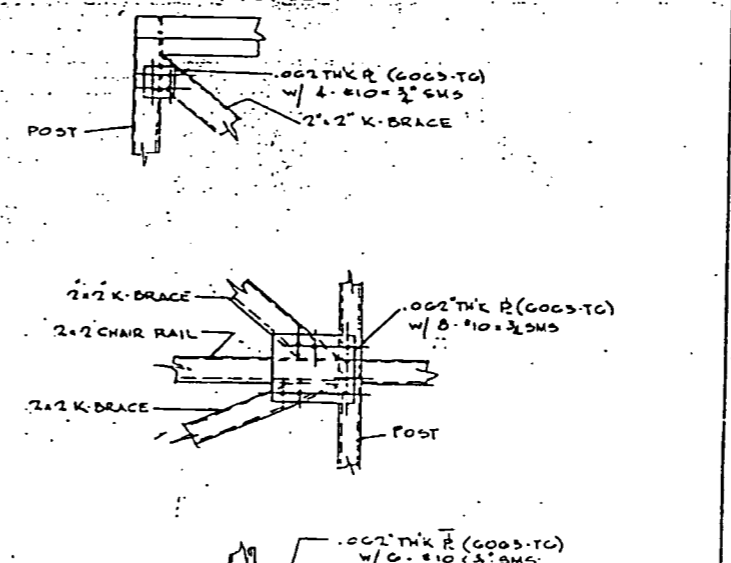
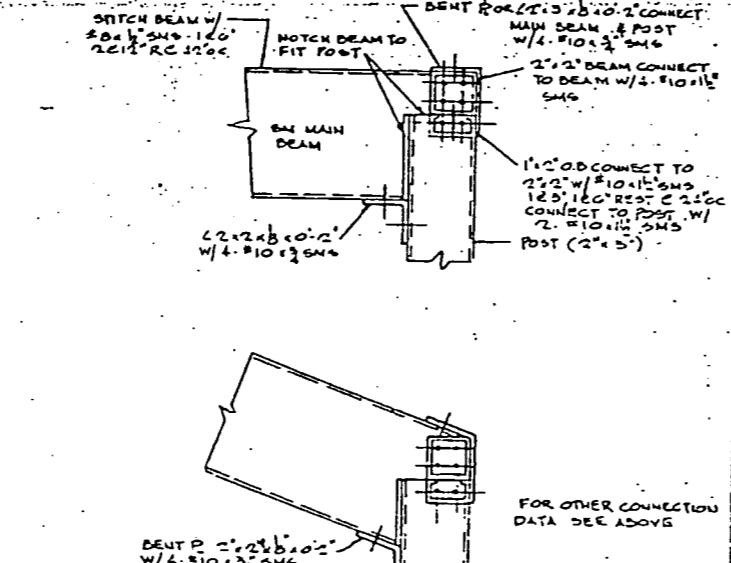
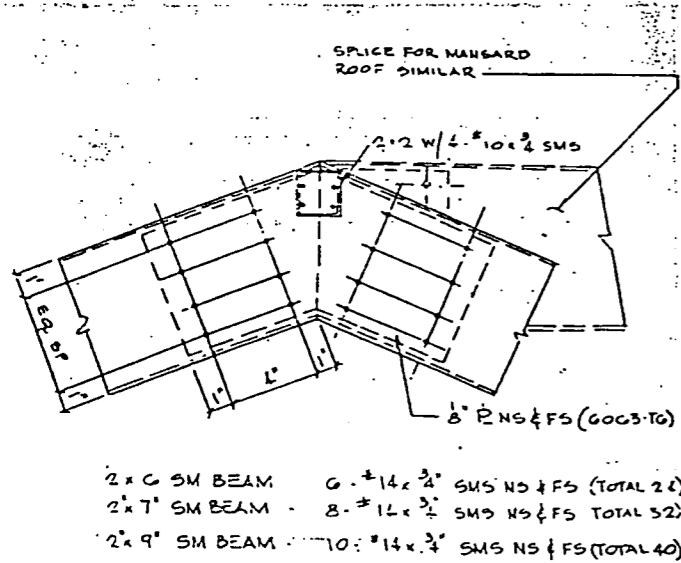


SUPER GUTTER - FASCIA ATTACHMENT

CARRIER BEAM SPAN TABLE

POOL ENCLOSURE (TYPICAL)

POOL ENCLOSURE & SCREEN ROOM WITH SCREEN ROOF



BEAM SIZE	MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING							
	1'-0"	1'-6"	2'-0"	2'-6"	3'-0"	3'-6"	4'-0"	4'-6"
2x4 SM BEAM S ₁ = 1.125m ³	22'-1"	20'-0"	19'-7"	18'-9"	18'-0"	17'-4"	16'-9"	16'-5"
2x6 SM BEAM S ₂ = 2.30m ³	-	-	-	26'-5"	25'-7"	24'-5"	23'-10"	23'-0"
2x7 SM BEAM S ₃ = 4.24m ³	-	-	-	35'-7"	34'-5"	33'-0"	31'-10"	30'-10"
2x7 SM BEAM W/ COV. R S ₄ = 6.35m ³	-	45'-9"	43'-0"	41'-9"	40'-1"	38'-0"	37'-4"	36'-2"
2x9 SM BEAM S ₅ = 12.9m ³	-	50'-11"	48'-0"	46'-0"	44'-6"	43'-0"	41'-6"	40'-5"
2x9 SM BEAM W/ COV. R S ₆ = 9.10m ³	-	56'-4"	53'-0"	51'-5"	49'-2"	47'-7"	46'-0"	44'-0"
2x9 SM BEAM W/ COV. R S ₇ = 5.66m ³	-	49'-5"	45'-2"	44'-5"	43'-0"	41'-0"	39'-0"	37'-9"

NOTE: THIS TABLE IS BASED ON:
 WINDLOAD OF 120 MPH LIVELOAD = 7 LBS/SQ. FT.

TYPICAL SPLICE DETAIL

TYPICAL POST TO BEAM CONNECTIONS FOR SCREEN ENCLOSURES

K-BRACING

SCREEN ROOF BEAM - SPAN TABLE S-1

DATE	BY	DESCRIPTION
11/28/07	WJM	AS NOTED
REVISIONS		

PIONEER SCREEN CO. WILLIAM J. MCGRAW PE ALUMINUM CONSTRUCTION DETAILS

STUART, FL TAMPA, FL DATE 7/24/09 SCALE N.T.S. 3 OF 5 SHEETS

DRAWN B.M. CHECKED W.J.M. JOB NO. SEAL

6403

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/29/03

BUILDING PERMIT NO. 6403

Building to be erected for PETERSON

Type of Permit REROOF

Applied for by PACIFIC ROOFING

(Contractor) Building Fee 240.00
x2 dbl fee work w/o permit

Subdivision OAKWOOD Lot 5 Block _____

Radon Fee _____

Address 4 OAKWOOD DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

133841009000 000507000

Plumbing Fee _____


Amount Paid 240.00 Check # 3387 Cash _____

Roofing Fee _____

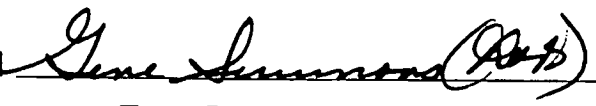
Other Fees (_____)

Total Construction Cost \$ 18,000.

TOTAL Fees 240.00

Signed 

Applicant

Signed 

Town Building Official

PERMIT

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

INSPECTIONS

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

renewal fee \$440 - Pd 2/21/07
\$1700 *CR#1166*

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/29/03

BUILDING PERMIT NO. 6403

Building to be erected for PETERSON

Type of Permit RE ROOF

Applied for by PACIFIC ROOFING

(Contractor) Building Fee 240.00
*2 db fee w/d.k. w/30 perm.

Subdivision OAKWOOD Lot 5 Block _____

Radon Fee _____

Address 4 OAKWOOD DRIVE

Impact Fee _____

Type of structure SF12

A/C Fee _____

Parcel Control Number:

133841009000 000507000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 240.00 Check # 3387 Cash _____

Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 18,000.

TOTAL Fees 240.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- BUILDING
- PLUMBING
- DOCK/BOAT LIFT
- SCREEN ENCLOSURE
- FILL
- TREE REMOVAL

- ELECTRICAL
- ROOFING
- DEMOLITION
- TEMPORARY STRUCTURE
- HURRICANE SHUTTERS
- STEMWALL

- MECHANICAL
- POOL/SPA/DECK
- FENCE
- GAS
- RENOVATION
- ADDITION

INSPECTIONS

- UNDERGROUND PLUMBING _____
- UNDERGROUND MECHANICAL _____
- STEMWALL FOOTING _____
- SLAB _____
- ROOF SHEATHING _____
- TRUSS ENG/WINDOW/DOOR BUCKS _____
- ROOF TIN TAG/METAL _____
- PLUMBING ROUGH-IN _____
- MECHANICAL ROUGH-IN _____
- FRAMING _____
- FINAL PLUMBING _____
- FINAL MECHANICAL _____
- FINAL ROOF _____

- UNDERGROUND GAS _____
- UNDERGROUND ELECTRICAL _____
- FOOTING _____
- TIE BEAM/COLUMNS _____
- WALL SHEATHING _____
- LATH _____
- ROOF-IN-PROGRESS _____
- ELECTRICAL ROUGH-IN _____
- GAS ROUGH-IN _____
- EARLY POWER RELEASE _____
- FINAL ELECTRICAL _____
- FINAL GAS _____
- BUILDING FINAL _____

Town of Sewall's Point

AUG 27 2003

BUILDING PERMIT APPLICATION

Owner or Titleholder Name: JOHN PETERSON

Building Permit Number: 6403
City: Stuart State: FL Zip: 34996

Legal Description of Property: 4 OAKWOOD DRIVE

Parcel Number: 19-38-41-009-000-00050-1

Location of Job Site: 4 OAKWOOD DRIVE

Type of Work To Be Done: RE-ROOF SHAIce TO TALE

CONTRACTOR/Company Name: PACIFIC ROOFING

Phone Number: 283-7663

Street: P.O. Box 2697

City: Stuart State: FL Zip: 34995

State Registration Number: State Certification Number: C06056798 Martin County License Number:

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch: Carport: Total Under Roof 4,800 S.F. Wood Deck: Accessory Building: Type Sewage: Septic Tank Permit Number From Health Dept. Well Permit Number:

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

COST AND VALUES Estimated Cost of Construction or Improvements: 18,000 Estimated Fair Market Value (FMV) Prior To Improvements If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES NO

SUBCONTRACTOR INFORMATION

Electrical: State: License Number: Mechanical: State: License Number: Plumbing: State: License Number: Roofing: PACIFIC ROOFING State: FL License Number: C06056798

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

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

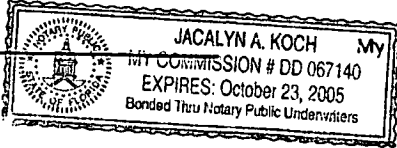
I HERESY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE: JOHN PETERSON State of Florida, County of: MARTIN This the 28 day of August 2003 by JOHN PETERSON who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (Required): RICHARD GONES On State of Florida, County of: MARTIN This the 28 day of August 2003 by RICHARD GONES who is personally known to me or produced as identification.

Notary Public: JACALYN A KOCH My Commission Expires:

Notary Public: JACALYN A KOCH My Commission Expires:



CRITIQUE

*08/28/03
REVISIT
FULL & REV. APPR
RECALL FOR
PERMIT*

Owner: John Peterson

Date: August 28, 2003

Tel: 772-288-4164 Fax:

Contractor: Pacific Roofing

Tel: 772-283-7663 Fax: 772-283-9505 Plan Reviewer: Edwin B. Arnold

**PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS
FOR: REROOF (CEDAR SHAKE/CEMENT TILE); 4 OAKWOOD DR.**

Submittals (2 copies)

1. ✓ Product Approval Incomplete (MDC Acceptance No. 01-0703.04):
 - a. Page 2 missing (MDC Acceptance 01-0509.09, modified bitumen, attached).

OK

B . A . M .

Engineering Corporation Inc.

2431 SE Dixie Highway
Stuart, FL 34996
Phone: (561) 287-0525
Fax: (561) 220-8686

August 24, 2003

TO: Pacific Roofing Corp.
808 S.E. Dixie Hwy. Stuart FL 34994
Phone: 772- 283 9505

RE: Mr. John Peterson Residence
4 Oakwood Dr. Sewalls's Point.
Stuart, FL 34996

TO: Martin County Building Department

◆ **Installation of New Cement Roof Tile**

To Whom It May Concern:

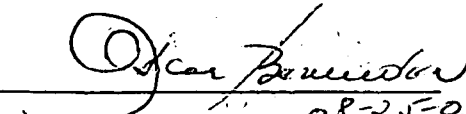
An Engineer from B.A.M. Engineering Corporation visited the site to visually inspect the structure as to its ability to support the proposed new roof. The existing roof structures are composed of pre-manufactured wood trusses at 24" on center with cedar shakes and laths for the roof covering. Based on the visual inspection, the existing roof structures will be capable of supporting the weight of the new roof.

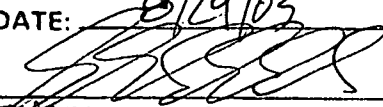
The proposed concrete roof tile will be installed over a new 1/2" CDX plywood. The new sheathing will be nailed into the trusses. To met the required wind load as per 2001 F.B.C. with 140 MPH GUST, exposure B the roof tiles shall be attached to the sheathing with the proper Roof Tile Adhesive (Polypro R AH 160" or approved equal as per Miami-Dade County Code Compliance acceptances No. 00-1106.03, or as per the Martin County Building Code and the Manufactures' recommendations

This review and analysis is a precursory for the determination of Scope of Work required for this project to install a concrete tile roof. Because the structure is complete, access to support members was limited. Therefore, conditions may exist that require further engineering and repair work that has not been foreseen or covered in the current review. Also, because the interior finished has been installed based on current loads, the addition of extra roof loading may cause cracking or slight damages to interior finishes.

If you have any questions please feel free to contact as at the number above.

Approved,


08-25-03
Oscar M. Bermudez, PE
FL License No. 55141

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 8/29/03

ACTIVE BUILDING OFFICIAL
Gene Simmons
EDWIN B. ARWOLD

PN 6403

MARTIN COUNTY BUILDING SERVICES DEPARTMENT

DESIGN CERTIFICATION FOR WIND LOAD COMPLIANCE BY ARCHITECT OR ENGINEER OF RECORD

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

MR. John Peterson Residence
4 OAKWOOD DR. SEWALL'S PT.
STUART FL. 34996

BLDG. PERMIT#
OCCUPANCY TYPE
CONST. TYPE
COMMENTS

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by Martin County Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I herby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 1997 STANDARD BUILDING CODE
CHAPTER 6 OF ASCE 7-98
MARTIN COUNTY HURRICANE ORDINANCE #559
MARTIN COUNTY BARRIER ISLAND ORDINANCE #288

BUILDING DESIGN AS: PARTIALLY ENCLOSED
ENCLOSED
OPEN
WIND TUNNEL TEST

BASIC WIND SPEED: WEST OF TURNPIKE 130 MPH 3 SECOND GUST
EAST OF TURNPIKE 140 MPH 3 SECOND GUST

IMPORTANCE/USE FACTOR 1.0

VELOCITY PRESSURE 38.2 psf

GARAGE DOOR DESIGN PRESSURE N/A +psf (positive) -psf (negative)

DOOR DESIGN PRESSURE (INT. ZONE) N/A +psf -psf (END ZONE) +psf -psf

WINDOW DESIGN PRESSURE (INT. ZONE) N/A +psf -psf (END ZONE) +psf -psf

MINIMUM SOIL BEARING PRESSURE 2500 psf

EXPOSURE

MEAN BUILDING HEIGHT 15'

FLOOR LOADS N/A

ROOF DEAD LOAD 15 #

ROOF LIVE LOAD 35 #

SHEAR WALL CONSIDERED YES NO

CONTINUOUS LOAD PATH PROVIDED YES NO

COMPONENTS AND CLADDING DETAILS PROVIDED YES NO

IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS N/A IMPACT RESIST. GLASS

(MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

NAME OSCAR M. BERMUDEZ
CERTIFICATION # 55141
DATE 08-25-03
DESIGN FIRM BAM ENGINEERING CORP.
OTHER

SEAL

Handwritten signature and date 08-25-03



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1363
(305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Entegra Roof Tile Corporation
1201 N.W. 18 Street
Pompano Beach, FL 33069

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of:
Estate "S" Tile

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO 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, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO 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.: 01-0703.04
EXPIRES: 08/23/2006

Raul Rodriguez
Chief Product Control Division

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

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

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 08/23/2001

ENTEGRA ROOF TILE CORPORATION**ACCEPTANCE No. : 01-0703.04**

Category: Roofing
Sub-Category: Roofing Tile
Material: Concrete

Approval Date: August 23, 2001
Expiration Date: August 23, 2006

1. SCOPE

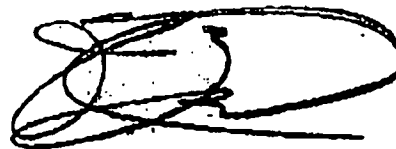
This revises a roofing system using Entegra Estate 'S' Concrete Roof Tile, as manufactured Entegra Roof Tile Corporation described in Section 2 of this Notice of Acceptance, designed to comply with applicable building code, 1994 Edition for Miami-Dade County. For the locations where the pressure requirements, as determined by applicable building code, do not exceed the design pressure values obtain by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Entegra Estate 'S' Roof Tile	Length: 16 1/4" Width: 13" 1/2" thick	PA 112	Low profile, interlocking, extruded concrete roof tile equipped with two nail hole and double roll ribs. For direct deck or battened nail-on, mortar or adhesive set applications. □
Trim Pieces	Length: varies Width: varies varying thickness	PA 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile. □

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Rainproof II	30" x 75' roll 36" x 75' roll or 60" x 75' roll	PA 104	Single ply, nail-on underlayment with 2" self-adhering top edge.	Protect-O-Wrap, Inc. (with current NOA)
Ice and Water Shield	36" x 75' roll	PA 103	Self-adhering underlayment	W.R. Grace Co. (with current NOA)



Frank Zuloaga, RRC
 Roofing Product Control Examiner

ENTEGRA ROOF TILE CORPORATION

ACCEPTANCE No. : 01-0703.04

Product	Dimensions	Test Specifications	Product Description	Manufacturer
Wood Battens	<u>Vertical</u> Min. 1"x 4" <u>Horizontal</u> Min. 1"x 4" for use with vertical battens or Min. 1"x 2" for use alone	Wood Preservers Institute LP - 2	Salt pressure treated or decay resistant lumber battens	Generic (with current NOA)
Tile Nails	Min. 10dx 3"	PA 114 Appendix E	Corrosion resistant screw or smooth shank nails	Generic (with current NOA)
Tile Screws	#8x 2 1/2" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia.	PA 114 Appendix E	Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws	Generic (with current NOA)
Roof Tile Mortar ("TileTite™")	N/A	PA 123	Prepared mortar mix designed for mortar set roof tile applications.	Bermuda Roof Company, Inc. (with current NOA)
Roof Tile Mortar ("Quikrete® Roof Tile Mortar #1140")	N/A	PA 123	Prepared mortar mix designed for mortar set roof tile applications.	Quikrete Construction Products (with current NOA)
Roof Tile Mortar ("BONSAL® Roof Tile Mortar Mix")	N/A	PA 123	Prepared mortar mix designed for mortar set roof tile applications.	W. R. Bonsal Co. (with current NOA)
Roof Tile Adhesive ("Polypro® AH160")	N/A	See PCA	Two component polyurethane adhesive designed for adhesive set roof tile applications.	Polyfoam Products, Inc. (with current NOA)
Roof Tile Adhesive TileBond	Factory premixed canisters	See PCA	Single component polyurethane foam roof tile adhesive	Flexible Products (with current NOA)
Hurricane Clip & Fasteners	Clips Min. 1/2" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 1/4"	PA 114 Appendix B	Corrosion resistant clips with corrosion resistant nails.	Generic (with current NOA)



Frank Zuloaga, RRC
Roofing Product Control Examiner

ENTEGRA ROOF TILE CORPORATION

ACCEPTANCE No. : 01-0703.04

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with PA 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayments shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.

4. INSTALLATION

- 4.1 Entegra Roof Tile Corporation and its components shall be installed in strict compliance with Miami Dade County Roofing Application Standard RAS 118, RAS 119, and RAS 120.
- 4.2 Data For Attachment Calculations

Table 1: Aerodynamic Multipliers - λ (ft²)

Tile Profile	λ (ft ²) Batten Application	λ (ft ²) Direct Deck Application
Entegra Estate 'S' Roof Tile	0.267	0.289

Table 2: Restoring Moments due to Gravity - M_r (ft-lbf)

Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Entegra Estate 'S' Roof Tile	5.91	6.74	5.82	6.84	5.70	6.50	5.56	6.33	5.40	N/A

Table 3: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Nail-On Systems

Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Entegra Estate 'S' Roof Tile	2-10d Ring Shank Nails	27.8	37.4	28.8
	1-10d Smooth or Screw Shank Nail	8.8	11.8	4.1
	2-10d Smooth or Screw Shank Nails	16.4	21.9	7.1
	1 #8 Screw	25.8	25.8	22.9
	2 #8 Screw	47.1	47.1	49.1
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.2	24.2


 Frank Zuloaga, RRC
 Roofing Product Control Examiner

ENTEGRA ROOF TILE CORPORATION

ACCEPTANCE No. : 01-0703.04

**Table 3: Attachment Resistance Expressed as a Moment - M, (ft-lbf)
for Nail-On Systems**

1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
2-10d Ring Shank Nails ¹	43.0	87.5	50.9

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2 1/4" from head of tile.

**Table 4: Attachment Resistance Expressed as a Moment M, (ft-lbf)
for Two Patty Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Adhesive	26.1 ³

² See manufactures component approval for installation requirements.
³ Flexible Products Company TileBond Average weight per patty 11.4 grams.
 Polyfoam Product, Inc. Average weight per patty 8 grams.

**Table 4A: Attachment Resistance Expressed as a Moment - M, (ft-lbf)
for Single Patty Adhesive Set Systems**

Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Estate 'S' Roof Tile	Polyfoam PolyPro™	88.61 ⁴
	Polyfoam PolyPro™	45.5 ⁵

⁴ Large patty placement of 54grams of PolyPro™.
⁵ Medium patty placement of 24grams of PolyPro™.

**Table 4B: Attachment Resistance Expressed as a Moment - M, (ft-lbf)
for Mortar Set Systems**

Tile Profile	Tile Application	Attachment Resistance
Entegra Estate 'S' Roof Tile	Mortar Set	20.60

5. LABELING

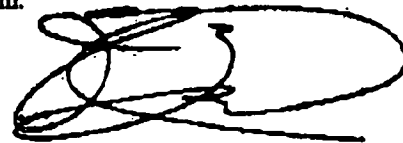
All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

6. BUILDING PERMIT REQUIREMENTS

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

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

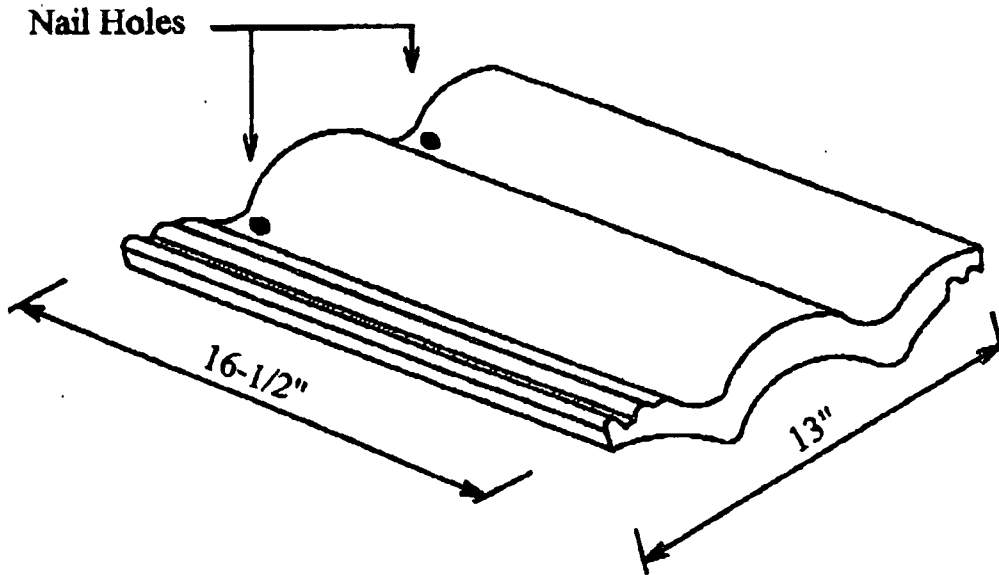


Frank Zuloaga, RRC
 Roofing Product Control Examiner

ENTEGRA ROOF TILE CORPORATION

ACCEPTANCE No. : 01-0703.04

PROFILE DRAWINGS



ENTEGRA ESTATE 'S' CONCRETE ROOF TILE

Frank Zuloaga, RRC
Roofing Product Control Examiner

ENTEGRA ROOF TILE CORPORATION**ACCEPTANCE No. : 01-0703.04****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 documents, 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 Approval", 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 time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 2 through 7.

END OF THIS ACCEPTANCE

Frank Zuloaga, RRC
Roofing Product Control Examiner

PERMIT # _____

TAX FOLIO # 13-38-41-009-000-0005.0-7

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):
OAKWOOD LOT 5 (LESS STRIP ALG E/LN AS DESC IN OR 1149/788)

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: JOHN & LILJANN PETERSON
ADDRESS: 4 OAKWOOD DRIVE STUART, FL 34996
PHONE #: NA FAX #: NA

INTEREST IN PROPERTY: _____

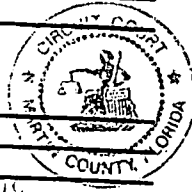
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: Pacific Roofing
ADDRESS: P.O. Box 2697 Stuart, FL 34985
PHONE #: 283-7463 FAX #: 283-9505

SURETY COMPANY (IF ANY) _____
ADDRESS: _____
PHONE #: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____
ADDRESS: _____
PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL AND CURRENTLY IN EFFECT.
BY: [Signature] D.C.
DATE: 8-27-03



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

NAME: _____
ADDRESS: _____
PHONE #: _____
FAX #: _____

IN ADDITION TO HIMSELF 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 #: _____ FAX #: _____

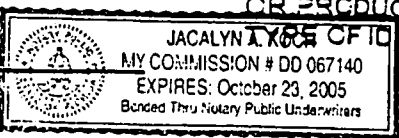
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF August 2003
BY John Peterson

PERSONALLY KNOWN
OR PRODUCED ID _____

Jacalyn A. Koch
NOTARY SIGNATURE



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/5, 2007/3 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5636	WIL BORDING 2 PALAMA WAY WIL BORDING	TR BEAMA <i>(Signature)</i> A.M. EARLY		INSPECTOR: <i>(Signature)</i>
64103	PETRELON 4 OAK WOOD PACIFIC	ROOF TIN TAB	Pass	INSPECTOR: <i>(Signature)</i>
6404	GALL 107 S. RIVER RD. PACIFIC	ROOF TIN TAB	Pass	INSPECTOR: <i>(Signature)</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-26, 2007 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8504	Himes	Partial window	PASS	
8	2 Riverview OB	Installation		INSPECTOR: <i>OM</i>
6403	Peterson	Final	PASS	CLOSE
7	4 Oakwood DR Pacific Roof			INSPECTOR: <i>OM</i>
6838	Giachino	Final	PASS	CLOSE
9	4 Rio Vista Pacific Roof			INSPECTOR: <i>OM</i>
6888	Elliot	Final	FAIL	
2	25 W High Pt Pacific Roof			INSPECTOR: <i>OM</i>
6908	Walcott	Final	PASS	CLOSE
6A	7 Island Rd Pacific Roof			INSPECTOR: <i>OM</i>
6909	Halee	Final	FAIL	needed NO ONE ON <u>JOB</u>
1 156 830	7 Worth Ct Pacific Roof - contractor with ladder	OFF RIDGELAND		INSPECTOR: <i>OM</i>
7288	Peterson	Final	PASS	CLOSE
10	49 Rio Vista Pacific Roof			INSPECTOR: <i>OM</i>
OTHER:				

6629

FENCE

TOWN OF SEWALL'S POINT

Date 3/10/04

BUILDING PERMIT NO. 6629

Building to be erected for PETERSON Type of Permit FENCE

Applied for by STUART FENCE (Contractor) Building Fee 30.00

Subdivision OAKWOOD Lot 5 Block _____ Radon Fee _____

Address 4 OAKWOOD DRIVE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

133841009000005070000 Plumbing Fee _____

Amount Paid 30.00 Check # 1297 Cash _____ Other Fees (_____) Roofing Fee _____

Total Construction Cost \$ 3500.00 TOTAL Fees 30.00

Signed Jacob Rowdin
Applicant

Signed Gene Summers
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED

MAR 10 2004

Permit Number: _____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: JOHN PETERSON Phone (Day) 285-7027 (Fax) _____

Job Site Address: 4 Oakwood Dr City: Sewall's Point State: FL Zip: _____

Legal Description of Property: LOTS "Oakwood Subdivision" Parcel Number: 13-38-41-009-000-00050-7000

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Description of Work To Be Done: INSTALL 120' OF 5' HT ALUM. FENCE WITH 2 WALK GATES & 94' OF 5' BLK VINYL RABIN LINK

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: STUART FENCE CO Phone: 288-1151 Fax: 288-3035

Street: 2826 SE IRIS ST City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CFE3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$3500.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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.

OWNER OR AGENT SIGNATURE (required)
State of Florida, County of: MARTIN
This the 5 day of MARCH, 2004
by John Peterson who is personally known to me or produced FL DL as identification.

CONTRACTOR SIGNATURE (required)
On State of Florida, County of: MARTIN
This the 10 day of MARCH, 2004
by CHESTER RICHMOND who is personally known to me or produced as identification.

Notary Public Seal: Janis L. Loudin, Commission # DD119654, Expires May 21, 2006, Bonded Thru Atlantic Bonding Co., Inc.

Notary Public Seal: Janis L. Loudin, Commission # DD119654, Expires May 21, 2006, Bonded Thru Atlantic Bonding Co., Inc.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-33-41-009-00-

NOTICE OF COMMENCEMENT

00050-70000

STATE OF FL

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):

4 OAKWOOD DR

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL 130' of 5' HT ALUMINUM FENCE & (2) WALK GATES AND 94' of 5' CHAINLINK FENCE

OWNER: JOHN PETERSON

ADDRESS: 4 OAKWOOD DR, SPANISH POINT

PHONE #: 285-7027

FAX #: _____

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: STUART FINCE CO

ADDRESS: PO Box 26310, STUART, FL 34995

PHONE #: 288-1151

FAX #: 288-3035

STATE OF FLORIDA
MARTIN COUNTY

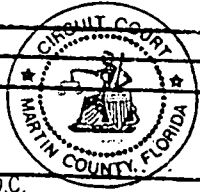
SURETY COMPANY (IF ANY): NA

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

THIS IS TO CERTIFY THAT THE
FOFAXING: 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



LENDER/MORTGAGE COMPANY: NA

ADDRESS: _____

PHONE #: _____

D/FAX #: 310-04

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF 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 #: _____

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.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 DAY OF MARCH 2004
BY John Peterson

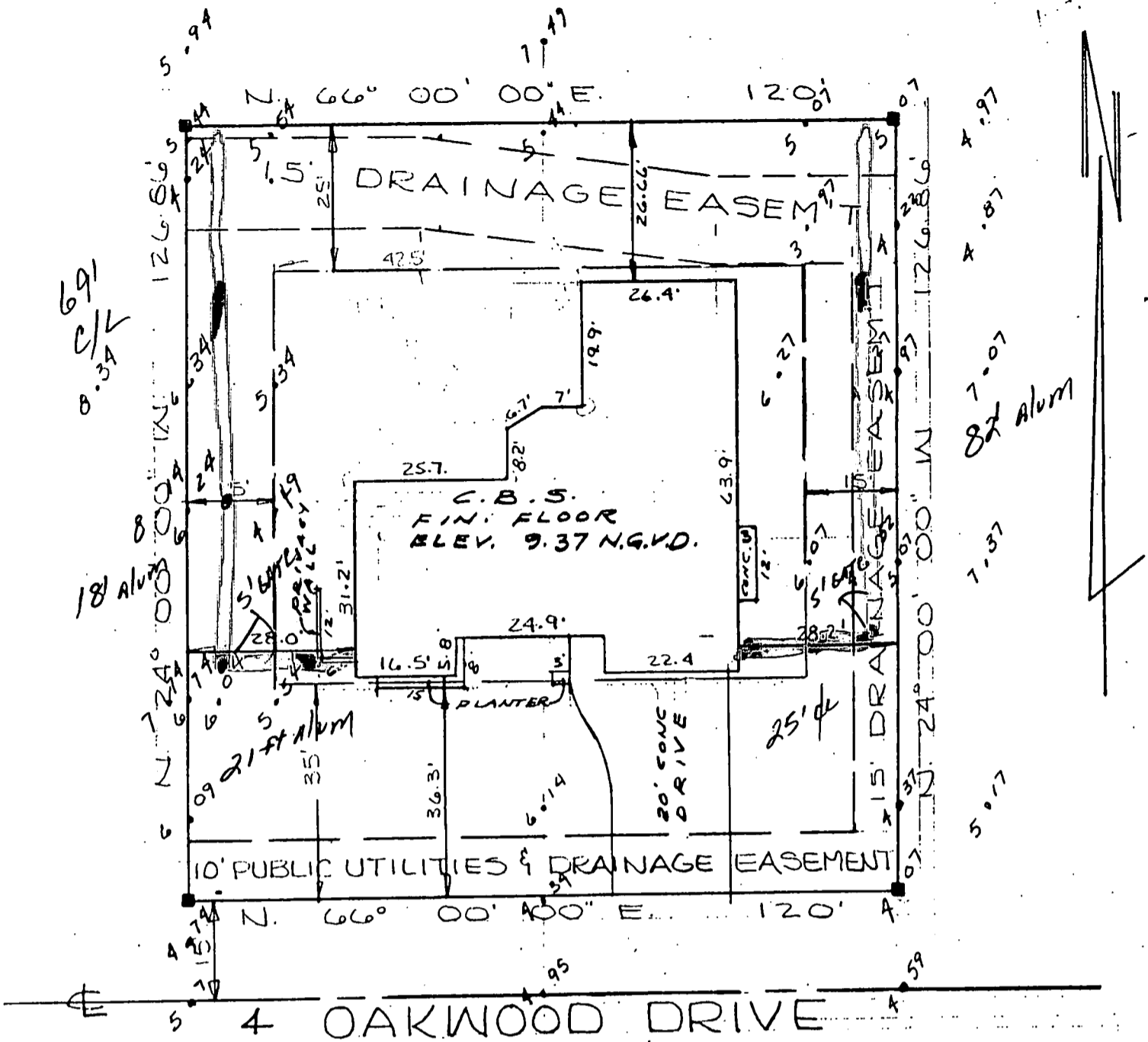
PERSONALLY KNOWN _____
OR PRODUCED ID ✓
TYPE OF ID FL DL

[Signature]
NOTARY SIGNATURE



Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

INSTR # 1734415 OR BK 01873 PG 2505 RECD 03/10/2004 11:29:18 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S ProNotix



■ - DENOTES FOUND CONC. MON. LOCATED IN FLOOD ZONE "A-B"

A SURVEY OF
 LOT 5
 OAKWOOD
 MARTIN COUNTY, FLORIDA
 for
 BILL STELLA

UPDATED 1-30-86 *wlw*
 UPDATED 11-6-85 *wlw*

SCALE: 1" = 30'	DATE: 10-7-85	PLAT BOOK: 8	PAGE: 53
-----------------	---------------	--------------	----------

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. I Hereby Certify to American Bank of Martin County and/or their successors or assigns 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. There are no encroachments unless otherwise shown.

DON WILLIAMS & ASSOCIATES, INC.

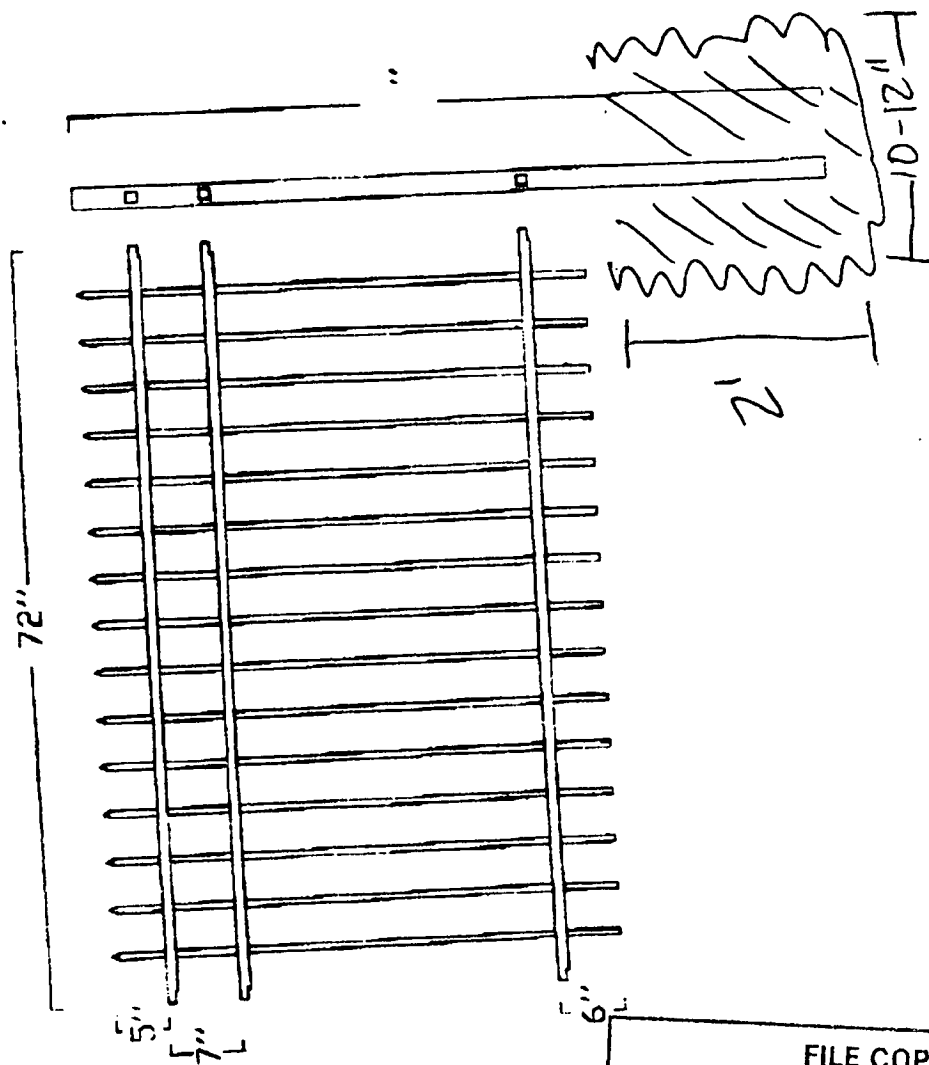
W.L. Williams
 W.L. WILLIAMS
 R.L.S. FLA. REG. No. 1272

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

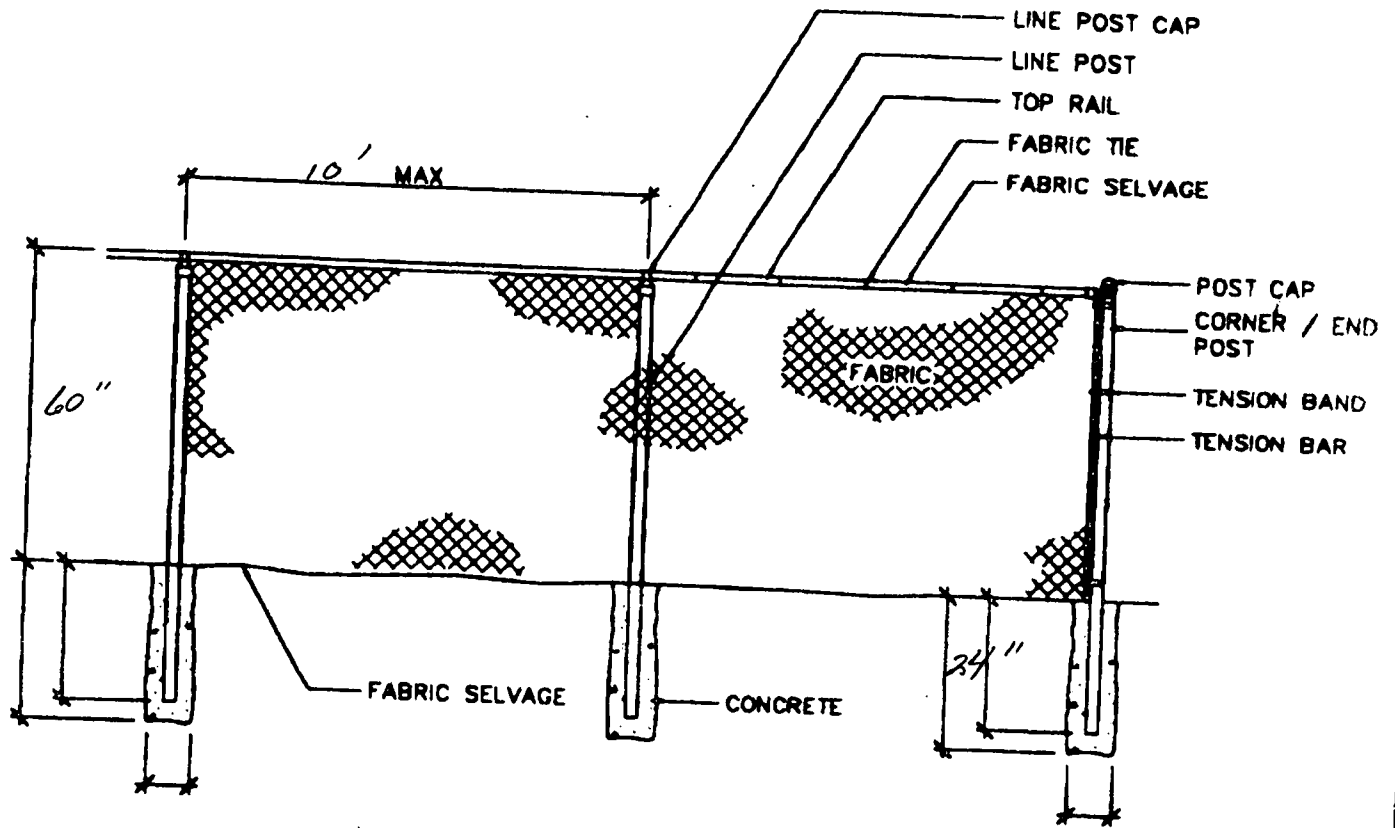
F.B. 21 A Page 24-26
 W.O. # 973

PICKETS: 5/8" SQ. X .050
RAILS: TOP WALL 1 1/16" X .062
SIDE 1" X .072

POST: 2" SQ. X 72"



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 3/10/04
Gene Simmons
BUILDING OFFICIAL
Gene Simmons



CHAIN LINK FENCING DETAIL

BLACK VINYL COATED

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 2, 2004 Page 4 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6480	WADE	FOOTER	PASS	
1	9 E. HIGH POINT	INSULATION	PASS	INSPECTOR:
	PINE ORCHARD			
6005	ANDERSON	FOOTER + GROUND	FAIL	
8	9 PALMETTO			INSPECTOR:
	PALM BEACH C. DR			
6800	PALMIERI	TEMP POWER POLE	PASS	CHECK TO MAKE SURE POLE IS ON PROPERTY
7	4 MORGAN CIRCLE			INSPECTOR:
	RMS ELECTRIC			
6581	LASHY	ROOF SHEATHING	PASS	LOWER LEVEL ONLY
2	27 W. HIGH POINT			INSPECTOR:
	SEAGATE BUILDERS			
6476	CIVIELLO	ROUGH PLUMBING BATHROOM	PASS	
9	31 FIELDWAY			INSPECTOR:
	O/B			
6781	SANGRAJILA	FORM BOARD FOUNDATION SLAB	FAIL	\$40 FEE
6	20 S. VIALUCINDIA			INSPECTOR:
	AZTECA CONST			
6029	PETERSON	FENCE FINAL	PASS	CLOSE
4	4 OAKWOOD DRIVE			INSPECTOR:
	SQUARE + FENCE	529-3344		

OTHER: 22 MIDDLE ROAD

8942

GARAGE DOOR



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:	8942	DATE ISSUED:	JULY 2, 2008
SCOPE OF WORK:	REPLACE GARAGE DOOR		
CONDITIONS :			
CONTRACTOR:	D&D GARAGE DOORS		
PARCEL CONTROL NUMBER:	133841009000000507	SUBDIVISION	OAKWOOD - LOT 5
CONSTRUCTION ADDRESS:	4 OAKWOOD DR		
OWNER NAME:	PETERSON		
QUALIFIER:	DENVER MILLER	CONTACT PHONE NUMBER:	772-460-7630

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 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.

RECEIVED
DATE: 6-26-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: Miann Peterson Phone (Day) _____ (Fax) _____

Job Site Address: 4 Oakwood Dr City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): Oakwood Lot 5 Parcel Number: 13-38-41-009-000-00050-7

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work: Tear down & replace 16x7 garage door

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

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements: \$ 1200
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V: A9 A8 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 ***

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

CONTRACTOR/Company: De D Garage Doors Phone: 407-7630 Fax: 407-7635

Street: 500 Kitterman Rd City: St Lucie State: FL Zip: 34952

State Registration Number: _____ State Certification Number: _____ Municipality License Number: SP03359

PROJECT SUPERINTENDANT: _____ State of Florida

OWNER: Miann Peterson County of St Lucie

On this 26 day of June 2008

before me personally appeared Miann Peterson FLID
I, the undersigned, being a Notary Public, do hereby certify that he/she is known to be the person who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

SEAL (signed) [Signature] Notary Public

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Pans: _____ Screened Porch: _____
Carpport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas - 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

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 TO YOUR ADVANTAGE AND 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, AND 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 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1: 105.4.1.1 - 5.
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.

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

OWNER SIGNATURE (required)
[Signature]
State of Florida, County of: St Lucie
This the 23 day of June, 2008
by John Peterson who is personally known to me or produced as identification: [Signature]
My Commission Expires: 09/17/2010

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: St Lucie
This the 23 day of June, 2008
by DENVER MILLER who is personally known to me or produced as identification: [Signature]
My Commission Expires: 09/17/2010

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 T1.13

Summary

Print Owner
39 of 65

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-009-000-00050-7	4 OAKWOOD DR	27843	Owner	0	1

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

Summary
Property Location 4 OAKWOOD DR
Tax District 2200 Sewall's Point
Account # 27843
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.349

Legal Description
Property Information
 OAKWOOD LOT 5 (LESS STRIP ALG E/LN AS
 DESC IN OR 1149/788)

Search By

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

Owner Information
Owner Information
 PETERSON, LILIANN

Mail Information
 4 OAKWOOD DR
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$251,920
Market Total Value \$526,920

Site Functions

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

Recent Sale
Sale Amount \$240,000

Sale Date 3/30/1995
Book/Page 1115 1040

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

[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 05/01/2008





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

TABLE 1609.6D

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE, (K)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.24	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SI: 1 foot = 304.8mm.

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 6-27-08

BUILDING OFFICIAL

TABLE 1609.6E

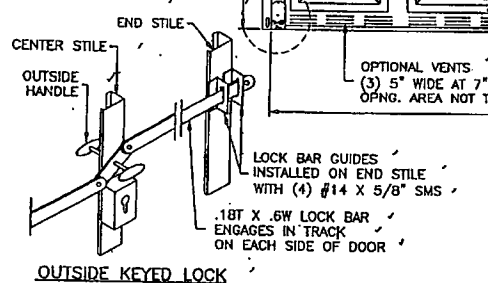
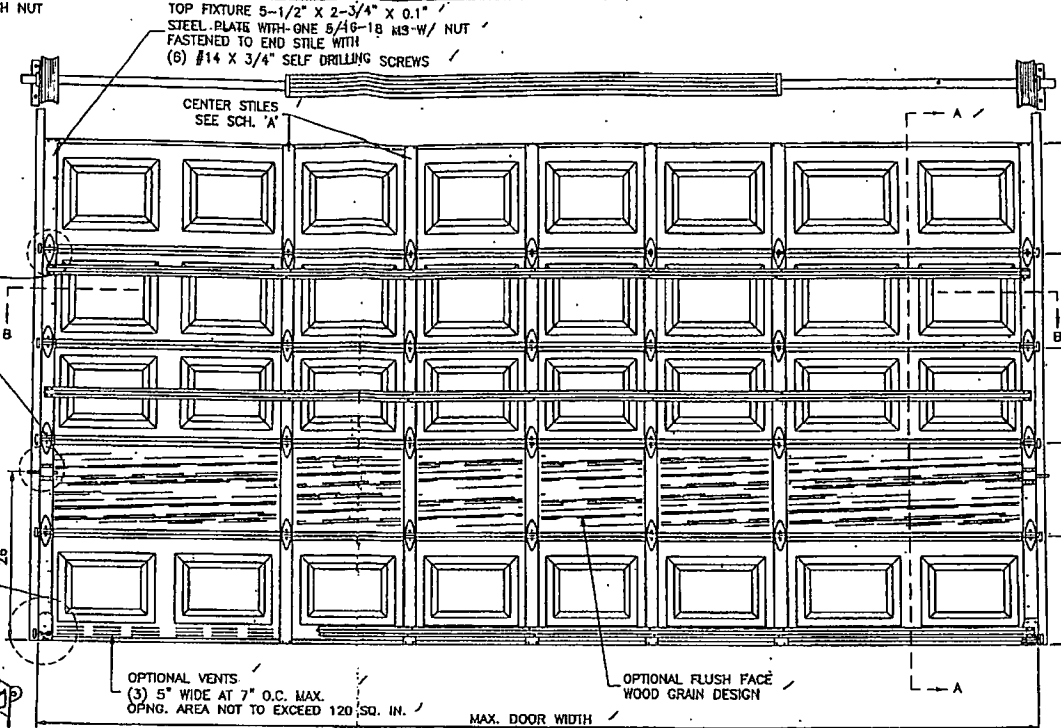
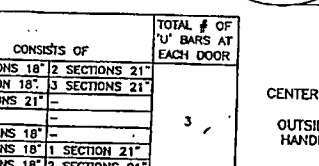
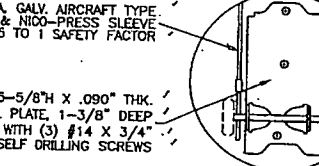
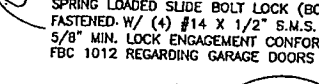
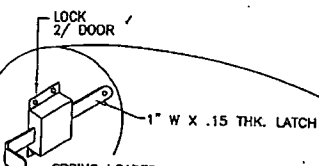
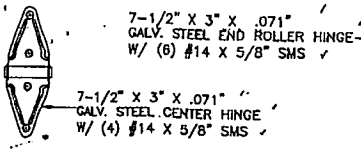
GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)							
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150
Roof Angle 0-10 degrees									
8	8	10.5 -11.9	11.7 -13.3	14.5 -16.4	17.5 -19.9	20.9 -23.6	24.5 -27.7	28.4 -32.2	32.6 -36.9
10	10	10.1 -11.4	11.4 -12.7	14.0 -15.7	17.0 -19.0	20.2 -22.7	23.7 -26.6	27.5 -30.8	31.6 -35.4
14	14	10.0 -10.7	10.8 -12.0	13.3 -14.8	16.1 -17.9	19.2 -21.4	22.5 -25.1	26.1 -29.1	30.0 -33.4
Roof Angle > 10									
9	7	11.4 -12.9	12.8 -14.5	15.8 -17.9	19.1 -21.6	22.8 -25.8	26.7 -30.2	31.0 -35.1	35.6 -40.2
16	7	10.9 -12.2	12.3 -13.7	15.2 -16.9	18.3 -20.4	21.8 -24.3	25.6 -28.5	29.7 -33.1	34.1 -38.0

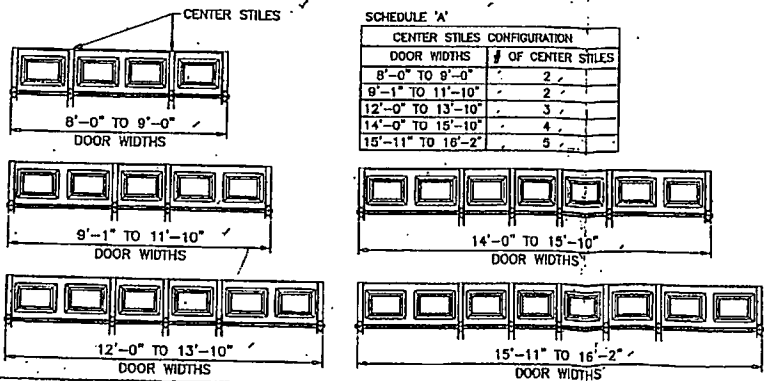
For SI: 1 Square foot = 0.929 Sqm, 1mpg = 0.447 m/s, 1psf = 47.88 N/sqm.

- For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
- Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
- Plus and minus signs signify pressures acting toward and away from the building surfaces.
- Negative pressures assume door has 2 feet of width in building's end zone.

1609.6.5.1 Garage doors. Pressures from Table 1609.6E. for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.



DOOR HEIGHT	CONSISTS OF		TOTAL # OF 'U' BARS AT EACH DOOR	
6'-6"	2 SECTIONS 18"	2 SECTIONS 21"	3	
6'-9"	1 SECTION 18"	3 SECTIONS 21"		
7'	4 SECTIONS 21"	-		
7'-3"	-	-		
7'-6"	5 SECTIONS 18"	-		
7'-9"	4 SECTIONS 18"	1 SECTION 21"		
8'	3 SECTIONS 18"	2 SECTIONS 21"		
8'-3"	2 SECTIONS 18"	3 SECTIONS 21"		
8'-6"	1 SECTION 18"	4 SECTIONS 21"		
8'-9"	3 SECTIONS 21"	-		
9'	6 SECTIONS 18"	-	4	
9'-3"	5 SECTIONS 18"	1 SECTION 21"		
9'-6"	4 SECTIONS 18"	2 SECTIONS 21"		
9'-9"	3 SECTIONS 18"	3 SECTIONS 21"		
10'	2 SECTIONS 18"	4 SECTIONS 21"		
10'-3"	1 SECTION 18"	5 SECTIONS 21"		
10'-6"	8 SECTIONS 21"	-		
10'-9"	6 SECTIONS 18"	2 SECTIONS 21"		
11'	5 SECTIONS 18"	3 SECTIONS 21"		
11'-3"	4 SECTIONS 18"	4 SECTIONS 21"		
11'-6"	3 SECTIONS 18"	5 SECTIONS 21"		
11'-9"	2 SECTIONS 18"	6 SECTIONS 21"		
12'	1 SECTION 18"	7 SECTIONS 21"	5	
12'-3"	7 SECTIONS 18"	2 SECTIONS 21"		
12'-6"	6 SECTIONS 18"	3 SECTIONS 21"		
12'-9"	5 SECTIONS 18"	4 SECTIONS 21"		
13'	4 SECTIONS 18"	5 SECTIONS 21"		
13'-3"	3 SECTIONS 18"	6 SECTIONS 21"		
13'-6"	2 SECTIONS 18"	7 SECTIONS 21"		
13'-9"	1 SECTION 18"	8 SECTIONS 21"		
14'	8 SECTIONS 21"	-		6
14'-3"	6 SECTIONS 18"	3 SECTIONS 21"		
14'-6"	5 SECTIONS 18"	4 SECTIONS 21"		
14'-9"	4 SECTIONS 18"	5 SECTIONS 21"		
15'	3 SECTIONS 18"	6 SECTIONS 21"		
15'-3"	2 SECTIONS 18"	7 SECTIONS 21"		
15'-6"	1 SECTION 18"	8 SECTIONS 21"		
15'-9"	9 SECTIONS 21"	-		
16'	8 SECTIONS 18"	4 SECTIONS 21"		



INSIDE ELEVATION
RAISED PANEL EMBOSSED DOOR

THIS PRODUCT IS RATED FOR LARGE MISSILE IMPACT

DAB DOOR MODEL 824
MAX. SIZE 16'-2" WIDE X 16'-0" HIGH
24 GA. ROLL FORMED STEEL

WIND PRESSURE RATINGS: + 30.0 PSF, - 40.0 PSF

- GENERAL NOTES
- THIS PRODUCT HAS BEEN DESIGNED AND TESTED TO COMPLY WITH THE REQUIREMENTS OF THE FLORIDA BUILDING CODE 2004 EDITION INCLUDING HIGH VELOCITY HURRICANE ZONE.
 - ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS, ANCHORS EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
 - ALL BOLTS, NUTS AND WASHERS SHALL BE ZINC PLATED CARBON STEEL.
 - ANCHORING OR LOADING CONDITIONS NOT SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.
 - A 33% INCREASE IN ALLOWABLE STRESS IS USED IN DESIGN OF WOOD ANCHORS ONLY.

Engr. DR. JUMAYOUN FAROOQ
STRUCTURES
FLA. PE # 11557
C.A.N. 3538

JUN 0-6 2005

Approved as complying with the Florida Building Code
Date: 07/21/05
NOA# 03-0228-02
Miami Dade Product Control
Division

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 3317
TEL. (305) 284-8100 FAX. (305) 262-6978

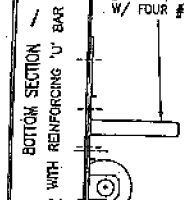
SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
12195 N.W. 98 TH. AVE.
HIALEAH GARDENS, FL 33018
TEL. (305) 556 - 6624

REV.	DATE	BY	DESCRIPTION
A	12/09/02		REV. PER BCCO COMMENTS
B	01/16/03		DOORS W/ WIND OPTION ADDED
C	03/20/03		REV. PER BCCO COMMENTS

Revisions:
date: 09-10-02
scale: 1/2"=1'-0"
dr. by: HAMID
chk. by:

drawing no. 02-21
sheet 1 of 4

055" X 2-1/4" X 3/4" X 2"
GALV. STEEL U.BAR REINFORCING TRUSS
● BOTTOM OF-PANEL TRUSS FASTENED TO
VERTICAL INTERMEDIATE STILES W/ TWO
#14 X 5/8" S.M.S. AND TO END STILE
W/ FOUR #14 X 3/4" SELF DRILLING S.



BOTTOM SEAL
.058 ALUM PLATE
WITH 1/8" X 1" S.M.S. @ 48" O.C.
AND RUBBER WEATHERSTRIPPING

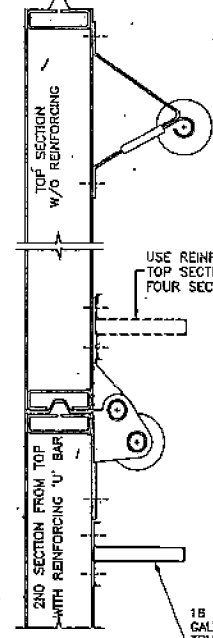
1ST SECTION (BOTTOM)

REINFORCING 'U' BARS AS REQD.
SEE CHART ON SHEET 1

16 GA. X 2-1/4" X 3/4" X 2"
GALV. STEEL U.BAR REINFORCING TRUSS
TRUSS FASTENED TO VERTICAL INTERMEDIATE STILES
W/ TWO # 14 X 5/8" S.M.S. AND TO END STILE
W/ FOUR # 14 X 3/4" SELF DRILLING SCR.

1/2" X 1-3/4" X 16 GA.
OPEN TUBE
● TOP & BOTTOM
OF EACH PANEL

INTERMEDIATE SECTION
WITH OR W/O REINFORCING



TOP SECTION

USE REINFORCING 'U' BAR AT
TOP SECTION ONLY AT
FOUR SECTION DOORS

16 GA. X 2-1/4" X 3/4" X 2"
GALV. STEEL U.BAR REINFORCING TRUSS
TRUSS FASTENED TO VERTICAL INTERMEDIATE STILES
W/ TWO # 14 X 5/8" S.M.S. AND TO END STILE
W/ FOUR # 14 X 3/4" SELF DRILLING SCR.

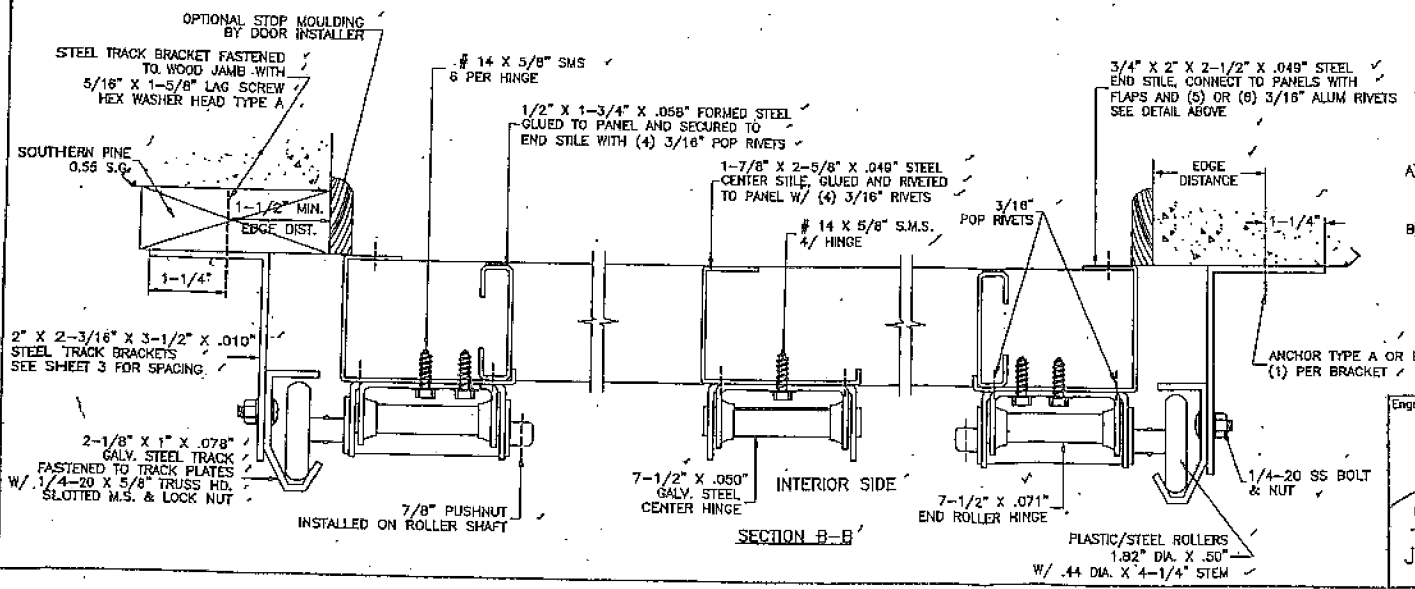
24 GA. STEEL PANEL

FLAPS BENT OVER PANEL

1/2" PUNCHED HOLES
● 4" O.C.

3/16" POP RIVETS
AT 4" O.C.
(8) FOR 21" STILES
(5) FOR 18" STILES

END STILE



SECTION B-B

3/4" X 2" X 2-1/2" X .040" STEEL
END STILE, CONNECT TO PANELS WITH
FLAPS AND (5) OR (6) 3/16" ALUM RIVETS
SEE DETAIL ABOVE

ANCHORS:

- A) 3/8" DIA. POWERS WEDGE BOLT ANCHOR
3-1/2" MIN. EMBED INTO GROUT FILLED MASONRY BLOCKS
2" MIN. EMBED INTO CONC. (3000 PSI MIN.)
- B) 3/8" DIA. HILTI KWIK BOLT II
2-1/2" MIN. EMBED INTO GROUT FILLED MASONRY BLOCKS
1-5/8" MIN. EMBED INTO CONC. (3000 PSI MIN.)
- 2-1/2" MIN. EDGE DISTANCE INTO MASONRY
3" MIN. EDGE DISTANCE INTO CONC.

ANCHOR TYPE A OR B
(1) PER BRACKET

Eng: DR. HUMAYDUN FAROOQ
STRUCTURES
FLA. PE # 16557
C.A.N. 5538

Approved as complying with the
Florida Building Code
Date: 07/21/05
NOA# 05-2228-02
Miami Code Product Control
Division
By: [Signature]

JUN 06 2005

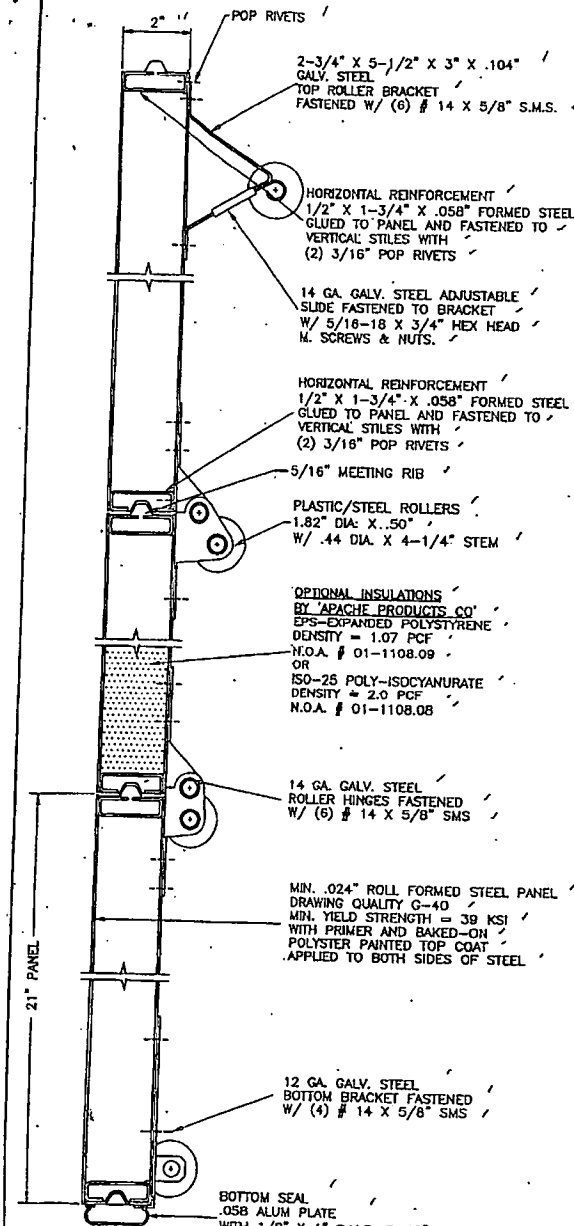
AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 254-8100 FAX. (305) 262-6978
GARAGE-02-2105

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
12195 N.W. 98TH AVE.
HIALAH GARDENS, FL 33018
TEL (305) 556 - 8624

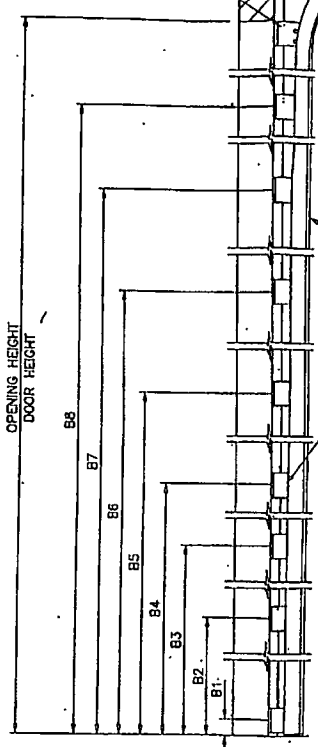
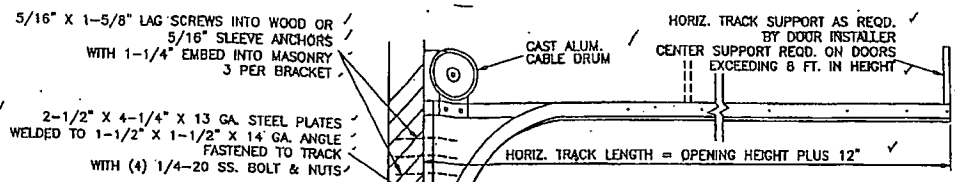
REV.	DATE	BY	REVISION
1	12/20/02	REV. PER BCDC COMMENTS	
2	01/19/05	NO CHANGE THIS SHEET	
3	05/20/05	REV. PER BCDC COMMENTS	

date: 09-10-02	scale: -	drawn by: R.M.D.	chk. by:
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drawing no.
02-21
sheet 2 of 4

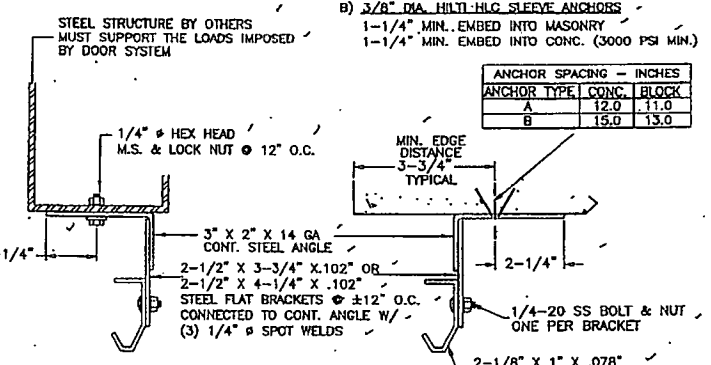


SECTION A-A
SEE SHEET 2 FOR LOCATION OF REINFORCING TRUSSES



DOOR HEIGHT	SECTION HEIGHTS					BRACKET PLACEMENTS							
	1ST	2ND	3RD	4TH	5TH	B1	B2	B3	B4	B5	B6	B7	B8
6'-0"	18"	18"	18"	18"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
6'-6"	21"	18"	18"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	-
7'-0"	21"	21"	21"	21"	N/A	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
7'-6"	18"	18"	18"	18"	18"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"
8'-0"	21"	18"	18"	18"	21"	1"	11-3/4"	23"	34"	45"	56"	67"	78-1/4"

SECTIONS ARE NUMBERED STARTING AT THE BOTTOM FOR DOORS MORE THAN 8 FT. HIGH, USE ADDITIONAL TRACK BRACKETS AT 10" O.C.



WOOD FRAME BUILDINGS
STUD WALLS OR DOOR OPENING SHALL BE FRAMED SOLID BY NOT LESS THAN (3) 2X8 PRESSURE TREATED GRADE 2 OR BETTER WOOD STUDS. STUD WALLS TO BE CONT. FROM FOOTING TO THE BEAM.

WOOD BUCK CONNECTION TO MASONRY
TRACK SHALL BE SECURED WITH TRACK BRACKETS TO PRESSURE TREATED 2X8 WOOD JAMBS WHICH SHALL BE ANCHORED TO GROUTED REINFORCED MASONRY BLOCK WALL OR CONC. COLUMN W/ 1/4" TAPCONS WITH 1-3/4" EMBED AND A SPACING OF 10" O.C. OR 3/8" DIA. HILTI SLEEVE ANCHORS, 1-3/4" MIN. EMBED AND A SPACING OF 12" O.C.
THE BLOCK WALL CELLS SHALL BE GROUT FILLED AND REINFORCED WITH FOUR # 5 BARS EXTENDING INTO FOOTING AND INTO THE BEAMS. ALL BARS SHALL BE CONTINUOUS FROM THE BEAMS TO FOOTING.
PREPARATION OF JAMBS BY OTHERS

Engr: DR. HUMAYOUN FAROOQ
STRUCTURES
FLA. P.E. # 18557
C.A.N. 3538

JUN 06 2005

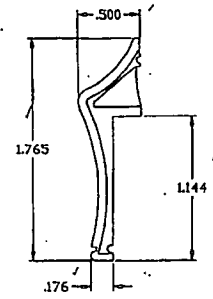
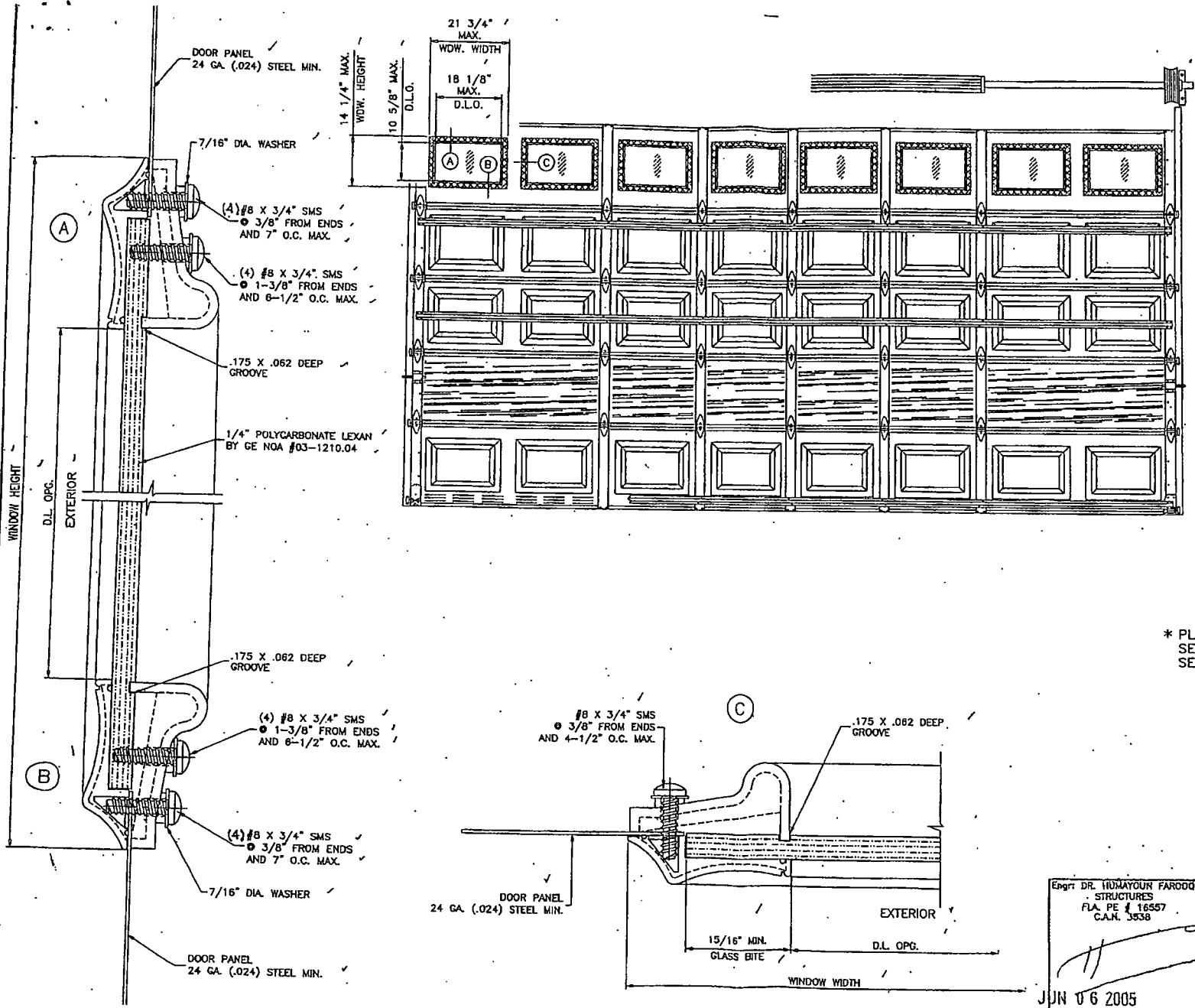
Approved as complying with the Florida Building Code
Date 07/21/05
NOAH 05-07202
Miami Dade Product Control Division
By [Signature]

AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 284-8100 FAX. (305) 282-6978
GARAGE (02-21)DAE

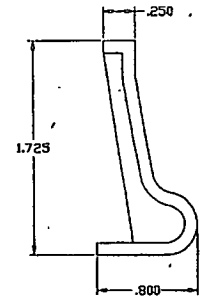
SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS INC.
12195 N.W. 98 TH. AVE.
HIALEAH GARDENS, FL. 33018
TEL. (305) 456 - 6624

NO.	DATE	BY/DESCRIPTION	REV. PER BCCO COMMENTS
A	12/09/02		NO CHANGE THIS SHEET
B	01/19/05		REV. PER BCCO COMMENTS
C	05/20/05		

Revisions:
date: 05-10-02
designed by: HAMD
checked by: [Signature]
drawing no. 02-21

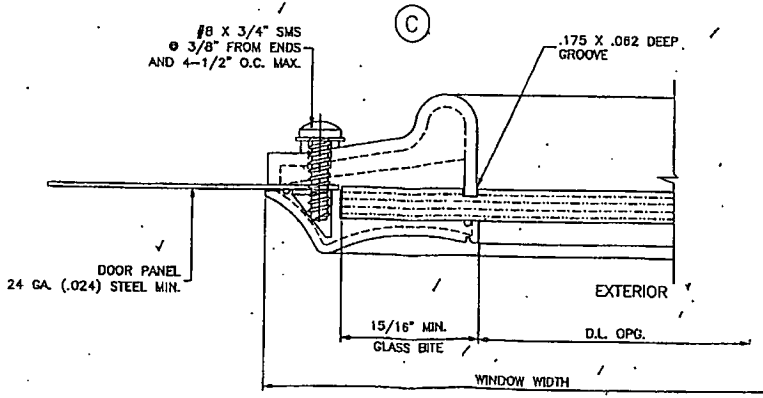


* EXTERIOR FRAME
RIGID PVC ONE PIECE INJECTION



* INTERIOR FRAME
RIGID PVC ONE PIECE INJECTION

* PLASTIC COMPLIES WITH SECTION 2605.2 OF FBC 2001 SEE EVIDENCE PAGE



Eng'r: DR. HUMAYUN FAROOQ
STRUCTURES
FLA. PE # 16557
C.A.N. 3538

JUN 06 2005

Approved as complying with the Florida Building Code
Date: 07/21/05
NOA# 05-0028-07
Miami Dade Product Control Division
By: [Signature]

afc
AL-FAROOQ CORPORATION
ENGINEERS, PLANNERS & PRODUCT DESIGN
1235 SW 87 AVE
MIAMI, FLORIDA 33174
TEL. (305) 264-8100 FAX. (305) 282-6978
GARAGE 02-21DAB

SECTIONAL RESIDENTIAL GARAGE DOOR
DAB DOORS, INC.
12195 N.W. 98 TH. AVE
HIALEAH GARDENS, FL 33018
TEL. (305) 556 - 6624

REVISIONS:	NO.	DATE	BY	DESCRIPTION
	B	01.19.05		DOORS W/ WORK OPTION ADDED
	C	03.20.05		REV. PER BIDD COMMENTS

Issue: 09-10-02	Scale: -	Dr. by: HAUJ	chk. by:
-----------------	----------	--------------	----------

drawing no.
02-21



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

www.buildingcodeonline.com

NOTICE OF ACCEPTANCE (NOA)

DAB DOORS INC.
12195 NW 98th Ave.
Hialeah Gardens, FL 33018

SCOPE: This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee (BCPRC) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

This NOA shall not be valid after the expiration date stated below. The BCCO (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BCPRC reserves the right to revoke this acceptance, if it is determined by BCCO that this product or material fails to meet the requirements of the applicable building code.

This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone.

DESCRIPTION: Sectional Residential Garage Door 16' Wide.

APPROVAL DOCUMENT: Drawing No.02-21, Sheets 1 through 4 of 4, titled "Sectional Residential Garage Door," dated 09/10/02, with last revision on 05/20/05, prepared by Al-Farooq Corporation, signed and sealed by H. Farooq, PE. bearing the Miami-Dade County Product Control Approval stamp with the NOA number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large & Small Missile.

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved or MDPCA", unless otherwise noted herein.

RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

TERMINATION of this NOA will occur after the expiration date or if there has been a revision or change in the materials, use, and/or manufacture of the product or process. Misuse of this NOA as an endorsement of any product, for sales, advertising or any other purposes shall automatically terminate this NOA. Failure to comply with any section of this NOA shall be cause for termination and removal of NOA.

LIMITATION: This approval requires the manufacturer to do testing of all coils used to fabricate door panel under this Notice of Acceptance. A minimum of 2 specimens shall be cut from each coil and tensile tested according to ASTM E-8 by a Miami-Dade County approved laboratory selected and paid by the manufacturer. Every 3 months, four times a year, the manufacturer shall mail to this office: a copy of the tested reports with confirmation that the specimens were selected from coils at the manufacturer production facilities, and a notarized statement from the manufacturer that only coils with yield strength of 39,000 psi or more shall be used to make panels for Miami Dade County under this Notice of Acceptance.

ADVERTISEMENT: The NOA 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 NOA is displayed, then it shall be done in its entirety.

INSPECTION: A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This NOA consists of this page, evidence page as well as approval document mentioned above.
The submitted documentation was reviewed by **Candido F. Font PE.**



NOA No: 05-0228.02
Expiration Date: July 21, 2010
Approval Date: July 21, 2005
Page 1

NOTICE OF ACCEPTANCE: EVIDENCE PAGE

A DRAWINGS

1. Drawing prepared by Al-Farooq Corporation titled "Sectional Residential Garage Door", Drawing No. 02-21, dated 09/10/02 with latest revision on 05/20/05 Sheets 1 through 4 of 4 signed and sealed by H. Farooq, PE.

B TEST

1. Test Report on Large Missile Impact Test and Cyclic Wind Pressure Test, of "Sectional Residential Door with Windows" prepared by Hurricane Engineering & Testing Inc. Report No. HETI 03-1328 dated 07/15/03, signed and sealed by R. E. Droz-Seda, PE.
2. Test Report on Uniform Static Air Pressure Test, of "Sectional Residential Door" prepared by Hurricane Engineering & Testing Inc., report No. HETI.03-1329, dated 07/15/03 signed and sealed by R. E. Droz-Seda PE.
3. Test Report on Tensile Test per ASTM E-8 of "Sectional Residential Door (skin)" prepared by Hurricane Engineering & Testing Inc, report No. HETI 03-T078 dated 10/31/03, signed and sealed by R. E. Droz-Seda PE.

C CALCULATIONS

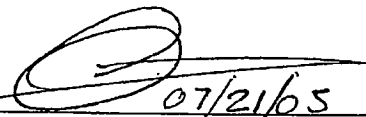
1. Anchor calculations, prepared by Al-Farooq Corporation on 08/19/02, Sheets 1 through 6 signed and sealed by H. Farooq, PE.

D MATERIAL CERTIFICATION

1. Test Report on Accelerated Weathering Using Xenon Arc Light Apparatus Test per ASTM G155 of "PVC Extrusion Material" prepared by Hurricane Engineering & Testing, Inc Report No. HETI 04-A002, dated 09/27/04 signed and sealed by R. E. Droz-Seda PE.
2. Test Reports on Tensile Test per ASTM D638 of "PVC Extrusion Material" prepared by Hurricane Engineering & Testing Inc. Report No. HETI 04-T251 dated 11/29/04 signed and sealed I. Ghia PE.
3. Test Report on Self-Ignition Temperature Test, Rate of Burn Test and Smoke Density Test of "REHAU non-foam PVC extrusion material" prepared by ETC Laboratories Report No. 04-761-15019.0 dated 05/06/04 signed and sealed by J. L. Doldan PE.

E STATEMENTS

1. Letter of Code compliance prepared by Al-Farooq Corporation, dated 01/25/05, Signed and sealed by H. Farooq, PE.
2. Letter of No financial interest prepared by Al-Farooq Corporation, dated 01/25/05, signed and sealed by H. Farooq, PE and notarized by V. Bencid.



Candido F. Font PE.
Sr. Product Control Examiner
NOA No 05-0228.02
Expiration Date: July 21, 2010
Approval Date: July 21, 2005



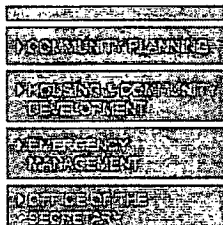
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Product Approval

USER: Public User

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



FL # FL7149
Application Type New
Code Version 2004
Application Status Approved
Comments
Archived

Product Manufacturer DAB Doors Company, Inc.
Address/Phone/Email 12195 NW 98 Avenue
 Hialeah Gardens, FL 33018

Authorized Signature Humayoun Farooq
 hfarooq@bellsouth.net

Technical Representative
Address/Phone/Email

Quality Assurance Representative
Address/Phone/Email

Category Exterior Doors
Subcategory Sectional Exterior Door Assemblies

Compliance Method Certification Mark or Listing

Certification Agency Miami-Dade BCCO - CER
Validated By

Referenced Standard and Year (of Standard)	Standard	Year
	TAS 201-94	1994
	TAS 202-94	1994
	TAS 203-94	1994

Equivalence of Product Standards
Certified By

Product Approval Method Method 1 Option A

Date Submitted 07/11/2006
 Date Validated 07/12/2006
 Date Pending FBC Approval 07/21/2006
 Date Approved 08/22/2006

Summary of Products		
FL #	Model, Number or Name	Description
7149.1	Series 824 Sectional Residential Garage Door 16' Wide	Large missile impact resistant 16'-2" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +56/-64 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149_R0_C_CAC_05091508_16x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149_R0_II_05091508_16x16.pdf FL7149_R0_II_Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.2	Series 824 Sectional Residential Garage Door 16' Wide w/ Optional Impact Window	Large missile impact resistant 16'-2" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +36/-44 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149_R0_C_CAC_05022802_16x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149_R0_II_05022802_16x16.pdf FL7149_R0_II_Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.3	Series 824 Sectional Residential Garage Door 16' Wide w/ Optional Impact Window	Large missile impact resistant 16'-2" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +48/-52 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149_R0_C_CAC_05021702_16x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149_R0_II_05021702_16x16.pdf FL7149_R0_II_Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.4	Series 824 Sectional Residential Garage Door 16' Wide w/ Optional Impact Window	Large missile impact resistant 16'-2" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +27/-30 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149_R0_C_CAC_05091512_16x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149_R0_II_05091512_16x16.pdf FL7149_R0_II_Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER

		Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.5	Series 824 Sectional Residential Garage Door 18' Wide	Large missile impact resistant 18'-2" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +45/-50 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149 R0 C CAC 05091511 18x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149 R0 II 05091511 18x16.pdf FL7149 R0 II Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.6	Series 824 Sectional Residential Garage Door 9' Wide	Large missile impact resistant 9'-4" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +62/-70 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149 R0 C CAC 05091510 9x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149 R0 II 05091510 9x16.pdf FL7149 R0 II Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.7	Series 824 Sectional Residential Garage Door 9' Wide	Large missile impact resistant 9'-4" x 16' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +50/-60 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149 R0 C CAC 05091509 9x16.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149 R0 II 05091509 9x16.pdf FL7149 R0 II Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:
7149.8	Series 924 Steel Overhead Sectional Garage Door 12' Wide	Large missile impact resistant 12'-4" x 18' sectional garage door.
Limits of Use Approved for use in HVHZ: Yes Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +60/-65 Other: See attached limitations of use for installation instructions.		Certification Agency Certificate FL7149 R0 C CAC 05021701 12x18.pdf Quality Assurance Contract Expiration Date Installation Instructions FL7149 R0 II 05021701 12x18.pdf FL7149 R0 II Limitations Of Use.pdf Verified By: Miami-Dade BCCO - CER Created by Independent Third Party: Evaluation Reports Created by Independent Third Party:

[Back](#)

[Next](#)

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-26, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8942	Rebecca	Final	Pass	Close
	4 Oakwood Dr D+D Garage			INSPECTOR: <i>[Signature]</i>
9011	Neff 25 Perimeter La OB	Final siding	Pass	<i>[Signature]</i> Close
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

8945

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:	8945	DATE ISSUED:	JULY 7, 2008
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	FOURWINDS		
PARCEL CONTROL NUMBER:	133841009000000507	SUBDIVISION	OAKWOOD - LOT 5
CONSTRUCTION ADDRESS:	4 OAKWOOD DR		
OWNER NAME:	PETERSON		
QUALIFIER:	THOMAS NISA	CONTACT PHONE NUMBER:	219-3876

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 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

Date: July 7, 2008 Permit Number: _____

OWNER/TITLEHOLDER NAME: Liliann Peterson Phone (Day) 288-4164 (Fax) _____

Job Site Address: 4 Oakwood Dr City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Oakwood Lot 5 Parcel Number: 13-38-41-009-00-00050-7

Owner Address (if different): _____ City: _____ State: _____ Zip: _____

Scope of work: AC Changeout

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 24710
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 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***

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

CONTRACTOR/Company: Fourwinds Air Conditioning LLC Phone: 219-3876 Fax: 219-3899

Street: 5447 SE Reef way City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CAG 58116 Municipality License Number: _____

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

ENGINEER _____ Lic# _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip: _____

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

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 TO YOUR ADVANTAGE AND 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, AND 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 50.05

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1, 5
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.

***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****
OWNER SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____
State of Florida, County of: Martin On State of Florida, County of: Martin
This the 3rd day of July, 2008 This the 7th day of July, 2008
by Liliann Peterson who is personally known to me or produced FD# P362-5200 by Thomas P Nisa who is personally known to me or produced FD# N200-3856040860
as identification: Valuedmeyer Notary Public As identification: Valuedmeyer Notary Public
My Commission Expires: _____ My Commission Expires: _____

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



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.11

Summary

print | | | - / - / | Address
1 of 1

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-009-000-00050-7	4 OAKWOOD DR	27843	Address	0	1

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

Summary

Property Location 4 OAKWOOD DR
Tax District 2200 Sewall's Point
Account # 27843
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.349

Legal Description

Property Information
 OAKWOOD LOT 5 (LESS STRIP ALG E/LN AS
 DESC IN OR 1149/788)

Search By

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

Owner Information

Owner Information
 PETERSON, LILIANN

Mail Information

4 OAKWOOD DR
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$251,920
Market Total Value \$526,920

Site Functions

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

Recent Sale

Sale Amount \$240,000

Sale Date 3/30/1995
Book/Page 1115 1040

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 05/01/2008



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-11, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8937	Tapper 22 Island Rd Ener Elect.	slab	PASS	INSPECTOR: <i>[Signature]</i>
8820	Deschane 64 N River Rd JMC	Partial Lutte	PASS	INSPECTOR: <i>[Signature]</i>
8837	TOOMAN 37 W. HIGH PT. FLA. FINEST	POOL DECK REINSPECT	PASS	INSPECTOR: <i>[Signature]</i>
8945	POWERS 4 OAKWOOD DR. NYSAR Four Winds	A/C CHANGE OUT	PASS	CLUSE INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

550

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued _____

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

Owner STEPHEN P. CONWAY Address 4 OAKWOOD DR Phone 287-7313

Contractor STEPHEN P. CONWAY Address 1501 DECKER AVE Phone 288-0993

Number of trees to be removed (list kinds of trees) 7 OAKS & HOLLY.

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):
7 Queen + Cabbage Palms

Number of trees to be replaced (list kinds of trees):
15 Palms, Bottle Brush, Black Olive, Logwood

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Stephen P. Conway Date submitted _____

Approved by Building Inspector Dale Brown Date 6/16/93

Approved by Building Commissioner [Signature] Date 6/25/93

Completed _____ Date _____ Checked by _____

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

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

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: STEPHEN P. CONWAY

ADDRESS: A OAKWOOD DR.
STUART FL.

CONTRACTOR: SAME AS ABOVE

ADDRESS: _____

LICENSE NUMBER: CRC 053742

PHONE: Stephen P. Conway _____
Owner Contractor

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ _____ PAID: _____
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

TREES THAT WILL BE REMOVED ARE EITHER
IN THE FOUNDATION (SLAB) POOL DECK OR
DRIVEWAY OF PROPOSED RESIDENCE.

APPLICATION MATERIAL CHECK LIST:

- Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.
- Statement regarding how trees are to be protected during land clearing and construction.
- Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- Plan showing location and dimensions of all setbacks and easements.
- Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

1. Applicant must relocate trees being removed or replace the trees inch for inch.
2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: Dale Brown Date: 6/14/97
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:

Contractor's License _____

Sub-Contractors' Licenses _____

Workers' Comp. Insurance _____

General Liability Insurance _____

Three sets of Plans _____

Plans sealed by architect or engineer _____

Plot Plan _____

Boundary survey _____

Topographic survey _____ certified to the _____
Town of S.P.

Recorded warranty deed _____

Septic tank permit _____

Energy Code calculations _____

Elevation certificate _____

Recorded notice of completion _____

Application for C.O. _____

TOWN OF SEWALL'S POINT, FLORIDA

Date SEP 9 2005 TREE REMOVAL PERMIT No 2567

APPLIED FOR BY PETERSON (Contractor or Owner)

Owner 4 OAKWOOD DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 QUEEN PALM

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed [Signature] Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

[Lined area for additional remarks]

**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, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

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 John Petrasew Address 4 OAKWOOD DR Phone 285-2027 #

Contractor TROPICAL PALMS Address PALM CITY Phone 285-2979

No. of Trees: REMOVE 1 Type: Queen Palm

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

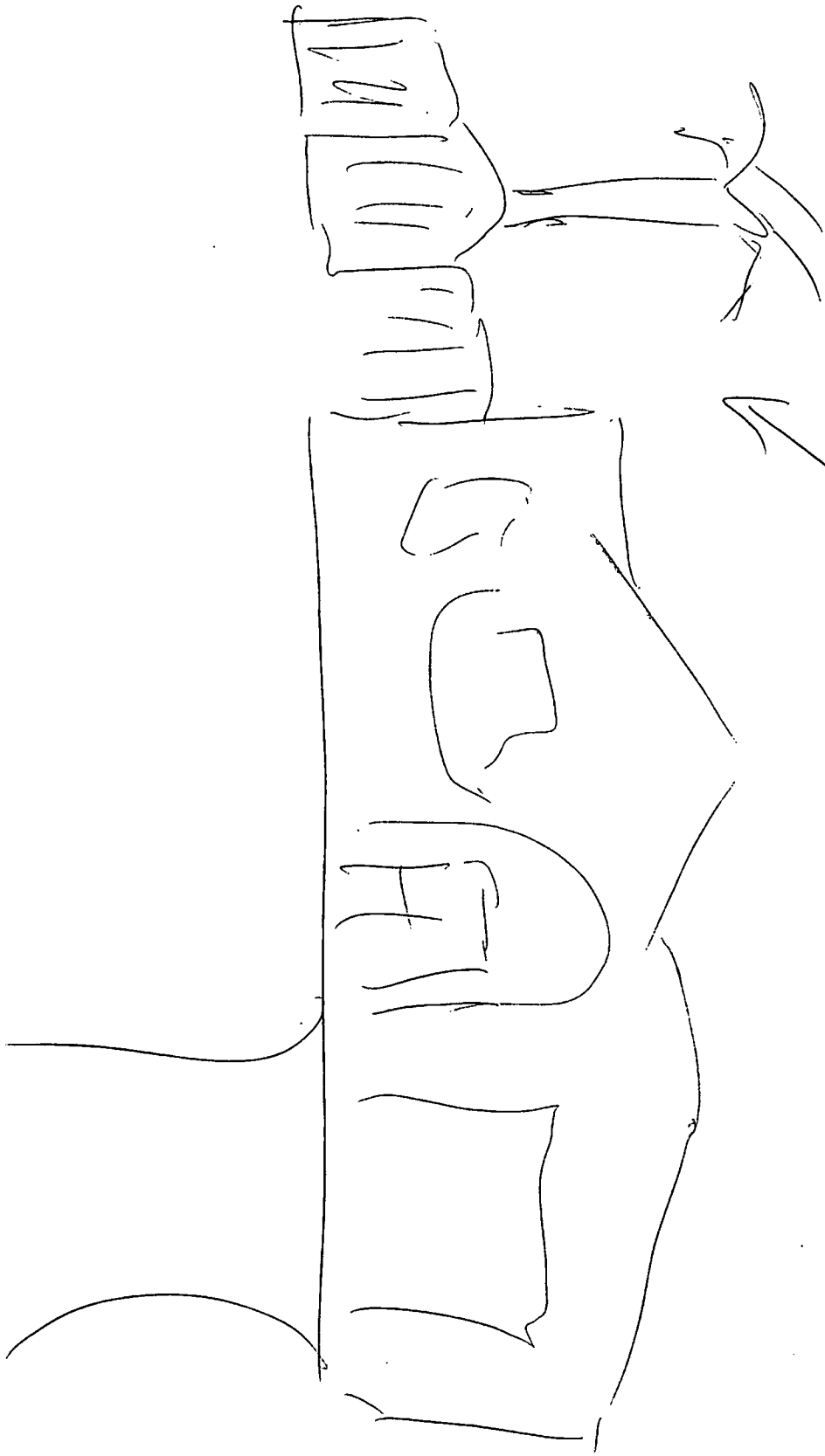
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: _____

Signature of Property Owner [Signature] Date 9/8/05

Approved by Building Inspector: [Signature] Date 9/9 Fee: 0

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



Old
Palm