

# **6 Oakwood Drive**

RECEIVED TOWN OF SEWALL'S POINT FLORIDA

# 1744

RECEIVED  
AUG 14 1984

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

MAR 23 1984

Date \_\_\_\_\_

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING.....

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

Owner EDWARD SPEND JR. Present address 1045 HARBOR CITY BLVD  
W. MELBOURNE

Phone 305-729-6590 287-6747 (No)  
APR GERACI

General contractor EDWARD SPEND JR. Address 1045 HARBOR CITY BLVD  
W. MELBOURNE

Phone 305-729-6590

Where licensed MARTIN COUNTY License No. CRC04817

Plumbing contractor MASTER PLUMBING License No. 00061

Electrical contractor HERITAGE ELECTRIC License No. ER0005731

ROOFING CONTRACTOR License No. \_\_\_\_\_

Air-conditioning contractor COMFORT MAKERS License No. CAG 00827

Describe the building, or alteration to existing building ONE SINGLE  
FAMILY RES. 3200 SQ'

Name the street on which the building, its front building line and its front yard will face OAKWOOD DR.

Subdivision OAKWOOD Lot No. 4 Area SEWALL'S POINT

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2739

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 68,000  
548,400 - 454,500 + 110 ADDITIONAL AREA.

Cost of permit \$ 340.00 Plans approved as submitted or, as marked 1410.00

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

Contractor [Signature]

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

Owner [Signature]

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

TOWN RECORD Date submitted \_\_\_\_\_

Building Inspector (date) 8/17/84 Inspector's initials JAM

Town Commissioner (date) 8/20/84 Commissioner's initials AS

Certificate of Occupancy issued (date) 1/13/87

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



APPLICATION FOR SEPTIC TANK PERMIT AND FINAL INSPECTION FORM

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

\$35 WELL FEE IF WELL NOT INSTALLED AT TIME OF SEPTIC SYSTEM INSPECTION

Authority: Chapter 381, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500

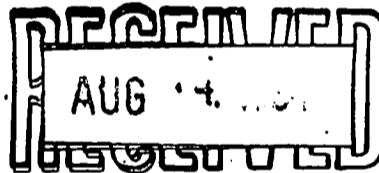
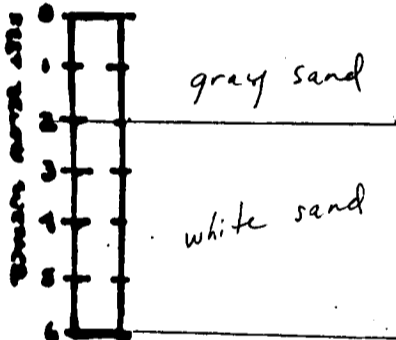
Permit Number HD 84-125

Name of Applicant Edward Speno Telephone 729-6590  
Mailing Address of Applicant P.O. Box 822 Melbourne FL 32935  
To Be Installed at: (Give Street Address) Oakwood Drive  
Lot 7 Block --- Subdivision Oakwood  
Plat Book & Page B-53 Date Recorded Feb. 1981  
Residential: No. living units 1 No. Bedrooms 4  
Commercial: Type of Business --- No. People --- No. Toilets ---  
\*Note: Attach site location map and other supportive documents.  
Signature of applicant Edward Speno

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? NO  
Is there a public well within 100 ft. of the proposed septic system? NO  
Is there a public sewer within 100 ft. of the proposed lot? NO  
Is there a lake, stream, canal or other body water within 50 ft. of the proposed septic system? NO  
Is there a septic system or other interference within 75 ft. of the proposed private well? NO  
Is the proposed or existing public water line within 10 ft. of the proposed septic system? NO  
There is 1200 sq square feet of unobstructed land for future expansion of the drainfield.

SOIL PROFILE AND PERCOLATION DATA



USDA soil type: Jonathan Sand  
USDA symbol # 41

Certified by: W. L. Williams  
Fla. Professional No.: 1272  
Date: 3-5-84 Job No. ---  
Percolation Rate --- Min/Inch

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

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 1050 Gallons Absorption Bed size.... 400 Square Ft.  
Dosing Tank Capacity --- Gallons Lateral Drainfield size --- Square Ft.  
Grease trap Capacity --- Gallons Sand Filter size..... --- Square Ft.

Specifications:

TOP OF BUILDING SUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF 33" above crown of road

TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF 37" above crown of road

3-9-84  
Date Processed  
THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

Marianne Lewis  
Signature of Sanitarian

Martin County Health Department

FINAL INSPECTION DATA

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

1744

To: The town of SEWELL'S POINT Town Manager  
From: Martin County Health Department.

Be it known that the individual sewage disposal system(s) installed  
on LOT # 4 OAKWOOD  
for EDWARD SPENO  
has been found to be in compliance with Chapter 10D-6, Florida  
Administrative Code, and therefore is granted final approval.

HD # 84-125

By: Daniel M. Saskowsky  
(Sanitarian)



# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 900-B-84

SECTION 9—RESIDENTIAL POINT SYSTEM METHOD  
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES  
SOUTH 7 8 9

<b>PROJECT NAME AND ADDRESS:</b>	OAKWOOD DR LOT 4 SEWALLS POINT	<b>PERMITTING OFFICE:</b> SEWALL'S POINT
<b>BUILDER:</b> EDWARD SPENO CONST		<b>CIRCLE CLIMATE ZONE:</b> 7 (8) 9
<b>OWNER:</b>		<b>PERMIT NO.:</b> 1744
		<b>JURISDICTION NO.:</b> 531000

## STATISTICS

<input type="checkbox"/> DETACHED	IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/> <input type="text"/> <input type="text"/>	<b>GLASS AREA AND TYPE</b>			
		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"/> 397 <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 1480 <input type="text"/>	<input type="text"/> 11 <input type="text"/> 0	<input type="text"/> 2760 <input type="text"/>	R= <input type="text"/> 30 <input type="text"/> 0	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"/> 8 <input type="text"/> 5	<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: _____

<b>CALCULATED E.P.I.:</b> <input type="text"/> 83 <input type="text"/> 43	<b>CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS</b>
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<p>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.</p> <p>OWNER/AGENT: <i>Jay James</i></p> <p>DATE: 1-7-85</p>	<p>Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.</p> <p>BUILDING OFFICIAL: <i>[Signature]</i></p> <p>DATE: 1/11/85</p>
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THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.



# FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

**FORM 900-A-84**

**SECTION 9—RESIDENTIAL POINT SYSTEM METHOD**  
DEPARTMENT OF COMMUNITY AFFAIRS

**CLIMATE ZONES**  
SOUTH 7 8 9

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.

<b>PROJECT NAME AND ADDRESS:</b> OAKWOOD DR. LOT 4 SEWALLS POINT.	<b>PERMITTING OFFICE:</b> SEWALL'S POINT
<b>BUILDER:</b> EDWARD SPEDNO CONST.	<b>CIRCLE CLIMATE ZONE:</b> 7 (8) 9
<b>OWNER:</b>	<b>PERMIT NO.:</b> 1744
	<b>JURISDICTION NO.:</b> 531000

<input type="checkbox"/> DETACHED	IF MULTIFAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	<b>GLASS AREA AND TYPE</b>	
	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="text"/>	TINT, FILM, SOLAR SCREEN
<input type="checkbox"/> ATTACHED		SGL <input type="text"/> 397	SGL
		DBL <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"/>	<input type="text"/>	1480	11.0	2760	R= 30.0	R= <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"/> 8.5	<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="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="checkbox"/> OTHER: _____

<b>CALCULATED E.P.I.:</b> <input type="text"/> 8343	<b>CALCULATED E.P.I. MUST NOT EXCEED 100 POINTS</b>
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.  <b>OWNER/AGENT:</b> <i>John James</i> <b>DATE:</b> 1-7-84	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.  <b>BUILDING OFFICIAL:</b> _____ <b>DATE:</b> _____

9A PRESCRIPTIVE MEASURES (Must be met or exceeded by all residences.)		
COMPONENTS	MINIMUM REQUIREMENTS	CHECK TO INDICATE COMPLIANCE
	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.	

This Quit-Claim Deed, Executed this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 19 84 . by

516103

AUDREY S. GLACKEN, a married woman

first party, to

EDWARD SPENO CONSTRUCTION & DEVELOPMENT, INC.

whose postoffice address is 7805 Ellis Road, W. Melbourne, FL 32935

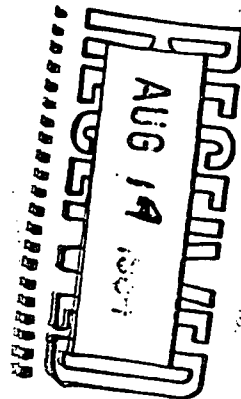
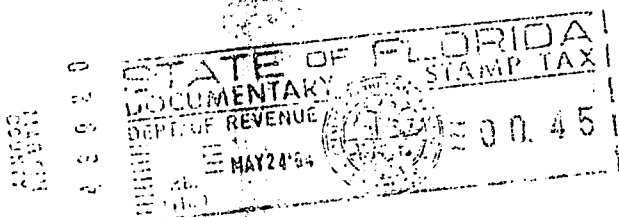
second party:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the said first party, for and in consideration of the sum of \$ --10.00-- in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Martin State of Florida, to-wit:

LOT 4, OAKWOOD SUBDIVISION, Town of Sewall's Point, according to the plat thereof as recorded in Plat Book 8, Page 53, Public Records of Brevard County, Florida.

The title to this property was neither searched nor examined by REINMAN, HARRELL, SILBERHORN, MOULE & GRAHAM, P.A.



Handwritten signature and initials

01 MAY 24 8:51

To Have and to Hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

In Witness Whereof, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

[Signature]

[Signature: Audrey S. Glacken]

AUDREY S. GLACKEN

[Signature]

STATE OF FLORIDA, COUNTY OF BREVARD

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

Audrey S. Glacken, a married woman

to me known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State first aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ A. D. 19 84.

[Signature: Notary Public]

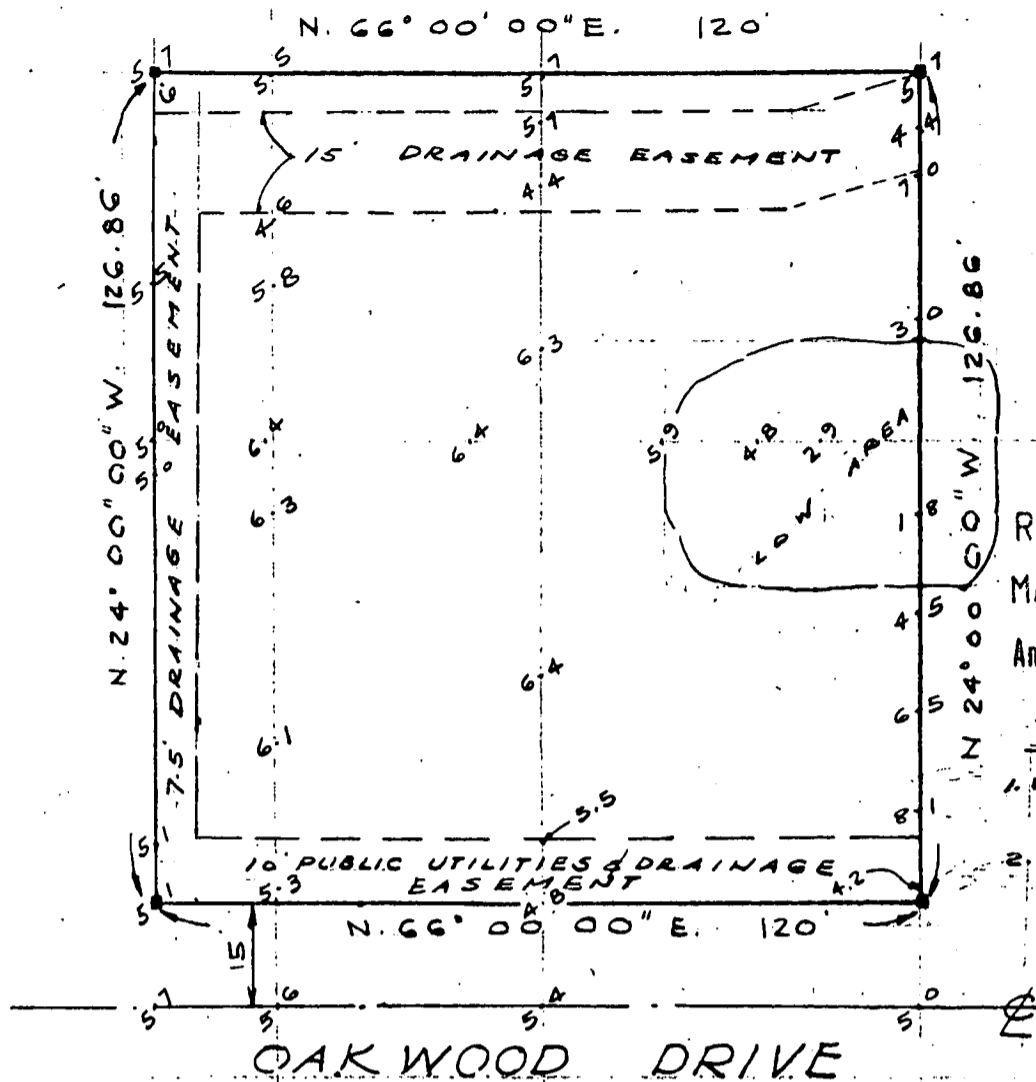
NOTARY PUBLIC

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE O.P. BOOK 603 PAGE 1565 MY COMMISSION EXPIRES MAR 22 1985

This instrument prepared by JAMES L. REINMAN

Address REINMAN, HARRELL, SILBERHORN, MOULE & GRAHAM, P.A.



RECEIVED  
 MAR 23 1984  
 Ans'd

NOTES  
 1. B - Denotes Conc. Man.  
 2. Elevations refer to NGVD.

A SURVEY OF

Lot 4  
 OAKWOOD  
 MARTIN COUNTY  
 FLORIDA  
 FOR  
 EDWARD SPEND

RECORDED  
 AUG 14 1984

SCALE: 1" = 30'	DATE: 2-13-84	PLAT BOOK: 8	PAGE: 53
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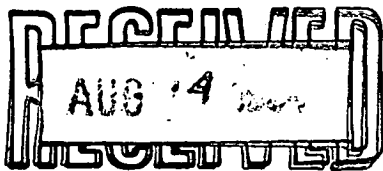
I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief.

**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.





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

RECEIVED  
MAR 23 1984  
As'd.....

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: Edward Speno  
LEGAL DESCRIPTION: Lot 4 Oakwood  
SEPTIC TANK PERMIT NUMBER: HD 84-125

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.

- 1. Building Permit Number: X
- 2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on the septic tank permit application. Date elevation checked: \_\_\_\_\_
- 3. I certify that the top of the lowest building plumbing stubout is \_\_\_\_\_ feet above the crown of road.
- 4. I certify that an average depth of \_\_\_\_\_ feet of compacted fill presently exists above natural grade in the area of the proposed septic system. Surface area of fill observed in area of proposed septic system \_\_\_\_\_ square feet. A minimum of 150 square feet of filled surface area is required per bedroom. Date fill observed: \_\_\_\_\_
- 5. I certify that all severe limited soil has been removed from an area of \_\_\_\_\_ feet by \_\_\_\_\_ feet to a minimum depth of \_\_\_\_\_ feet below filled grade or that the results of at least four (4) soil borings at the above boundary corners of the proposed septic system indicate that severe limited soils do not exist. Date observed: \_\_\_\_\_

- NOTE:
- a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
  - b. Drainfield should be centered in the excavated area. Please set stakes to identify the excavated area boundaries.

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 Sanitarian \_\_\_\_\_ Date \_\_\_\_\_

FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

Location: Lot 4 Oakwood S/D DATA SHEET Applicant: Edward SPENO  
 County: Martin

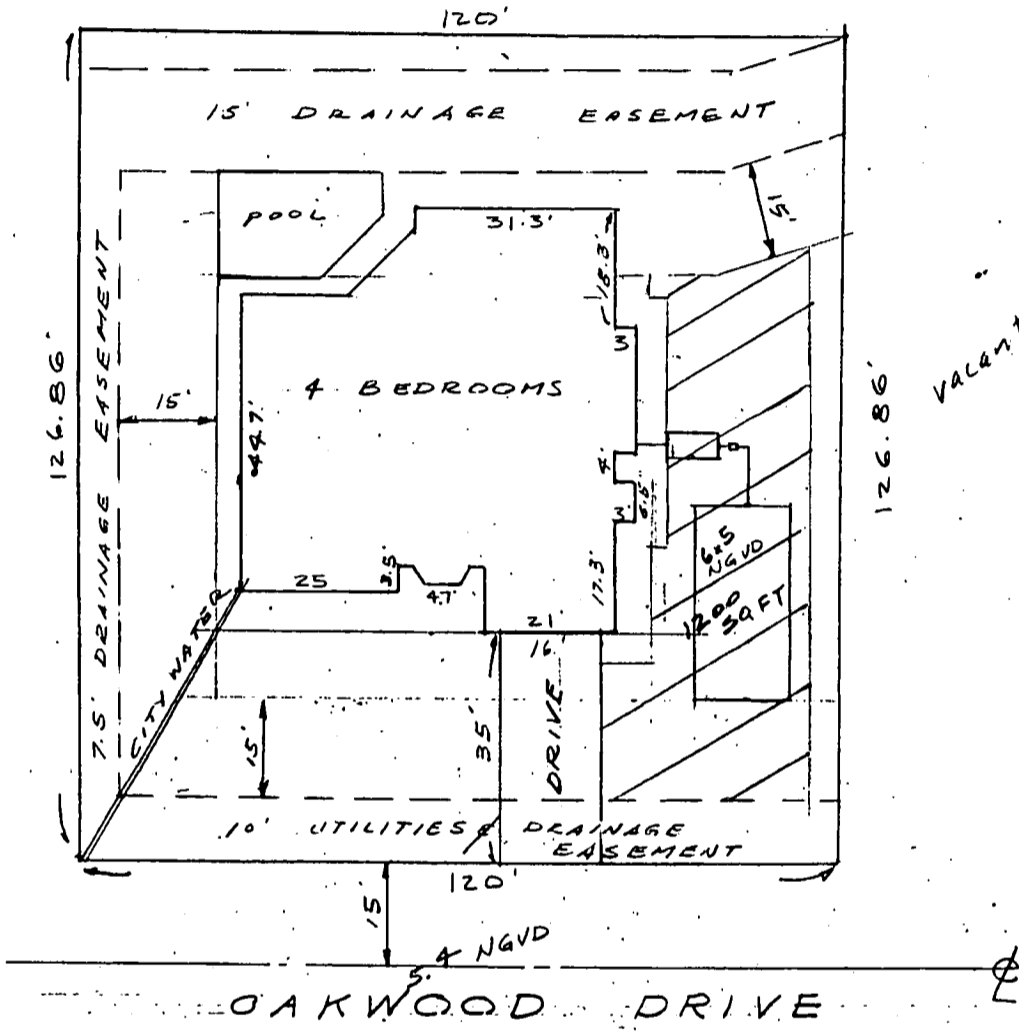
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.

*Vacant*

*Vacant*

*Vacant*

*Vacant*



SOIL DATA

PLAN Scale: 1" = 30'

SOIL BORING LOG

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

Soil Characteristics \_\_\_\_\_

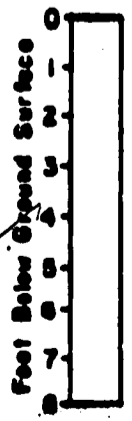
Percolation Rate \_\_\_\_\_ min/inch

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

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

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

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



LEGEND

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

CERTIFIED BY: [Signature]  
 FLORIDA PROFESSIONAL No. 1272  
 Date 3-5-87 Job No. \_\_\_\_\_

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

SITE INFORMATION

APPLICANT: Edward Speno

LEGAL DESCRIPTION: Lot 4. Oakwood

1. Present water depth 4.3 feet below natural grade, not including fill.
2. Wet season water depth 3 feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 5.4 <sup>NGVD</sup>. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 6.5 <sup>NGVD</sup>.
5. Are all wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? Yes
6. Is there a storm water retention area within 15 feet of the proposed septic system? No
7. Is the septic system in an area proposed for paving? No
8. Attach site location map or explain directions to site below:

East on East Ocean Blvd to  
Sewall's Point Road; South to  
Oakwood Drive; West 3 lots  
to site on North side (right)

CERTIFIED BY: Zil R. Williams

Florida Professional Number: 1272

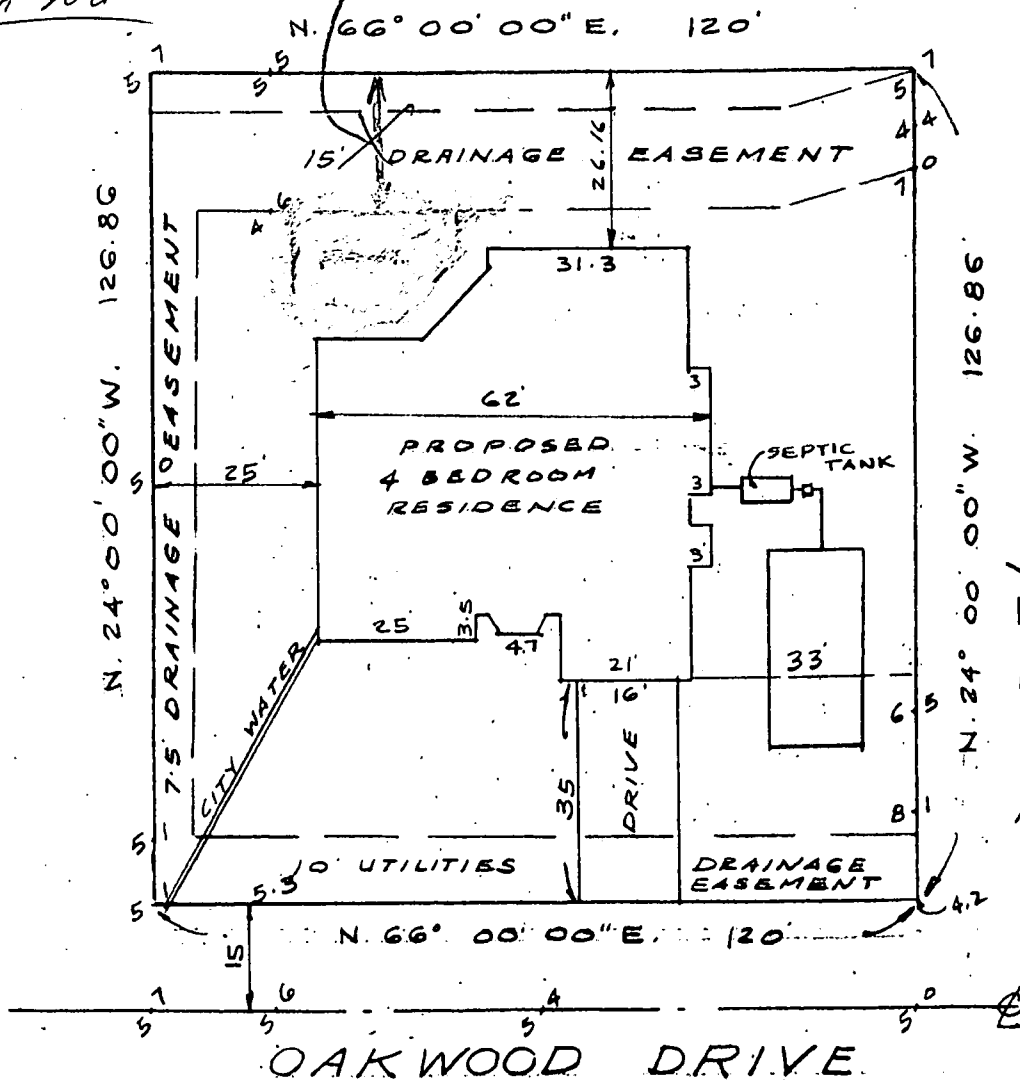
Date: 3-5-84 Job Number: \_\_\_\_\_

JOE AT THIS POINT WE WILL

Joe: I don't think this pool less than 25' from back? 4/5

NOT HAVE A POOL. THANK YOU

NO LESS THAN 25' (REAR SETBACK AREA)



RECEIVED  
MAR 23 1984  
ANS

A PLOT PLAN OF

LOT 4  
OAKWOOD

MARTIN COUNTY, FLORIDA

FOR  
EDWARD SPENO

RECORDED  
AUG 14 1984

SCALE: 1" = 30'	DATE: 3-14-84	PLAT BOOK: B	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.

**DON WILLIAMS & ASSOCIATES, INC.**

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

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

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

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

FORT PIERCE: (305) 461-7508  
 VERO BEACH: (305) 567-6167  
 STUART: (305) 283-7711

(Page 1 of 2)

## Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Speno Construction and Dev., Inc.      Date September 24, 1984

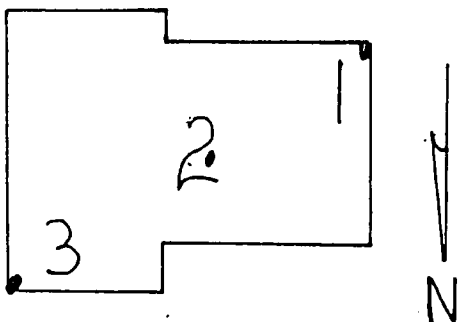
Contractor Client

Site Lot 4, Oakwood Drive  
 Sewall's Point

PERMIT #1744

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
10833	Map Location #1	0 - 1'	108.8	10833	112.2	97.0
	Map Location #1	1 - 2'	109.3		112.2	97.4
	Map Location #1	2 - 3'	108.7		112.2	96.9
	Map Location #1	3 - 4'	109.9		112.2	98.0
	Map Location #1	4 - 4-½'	108.3		112.2	96.5
	Map Location #2	0 - 1'	107.6		112.2	95.9
	Map Location #2	1 - 2'	107.7		112.2	96.0
	Map Location #2	2 - 3'	108.4		112.2	96.6
	Map Location #2	3 - 4'	107.9		112.2	96.2
	Map Location #2	4 - 4-½'	108.3		112.2	96.5
	Map Location #3	0 - 1'	112.3		112.2	100.1
	Map Location #3	1 - 2'	110.2		112.2	98.2
	Map Location #3	2 - 3'	109.6		112.2	97.7

(Continued on Page 2)



# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

FORT PIERCE: (305) 461-7508  
 VERO BEACH: (305) 567-6167  
 STUART: (305) 283-7711

(Page 2 of 2)

Report  
 of  
**DENSITY OF SOIL IN PLACE**  
 ASTM D2922

**Client** Speno Construction and Dev., Inc.      **Date** September 24, 1984

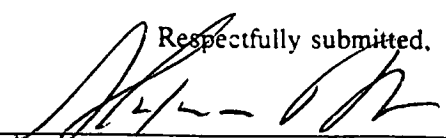
**Contractor** Client

**Site** Lot 4, Oakwood Drive  
 Sewall's Point

PERMIT #1744

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
10833	Map Location #3	3 - 4'	108.0	10832	112.2	96.3
	Map Location #3	4 - 4-½'	108.9		112.2	97.1
All elevations below slab grade.						

Copies Client - 1  
 Sewall's Point Bldg. Dept. - 1

Respectfully submitted,  
  
 \_\_\_\_\_  
 ALEXANDER H. FRASER, P. E.

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 33450

FORT PIERCE: (305) 461-7508  
 VERO: (305) 567-6167  
 STUART: (305) 283-7711

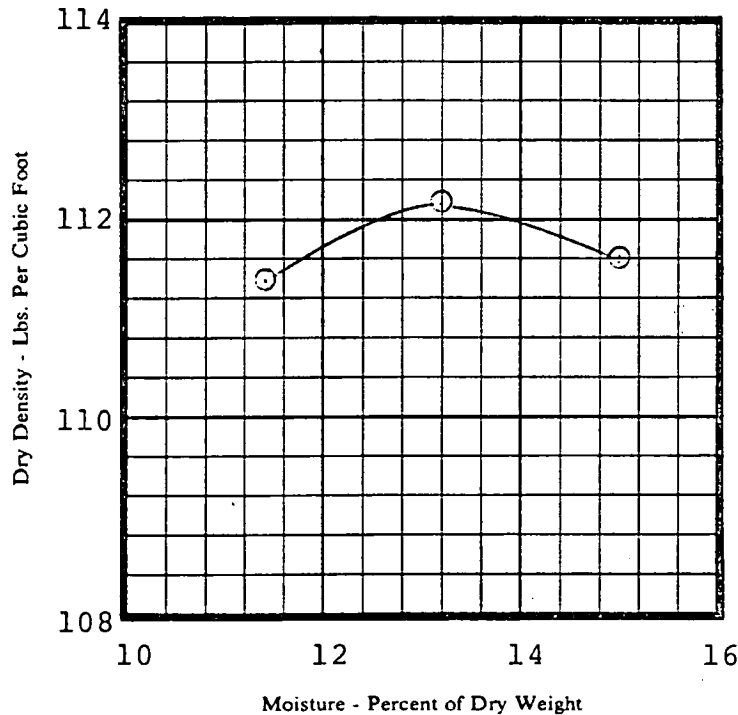
## Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

**Client** Speno Construction and Dev., Inc.    **Date** September 24, 1984

**Contractor** Client

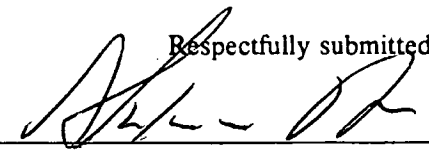
**Site** Lot 4, Oakwood Drive  
 Sewall's Point

PERMIT #1744



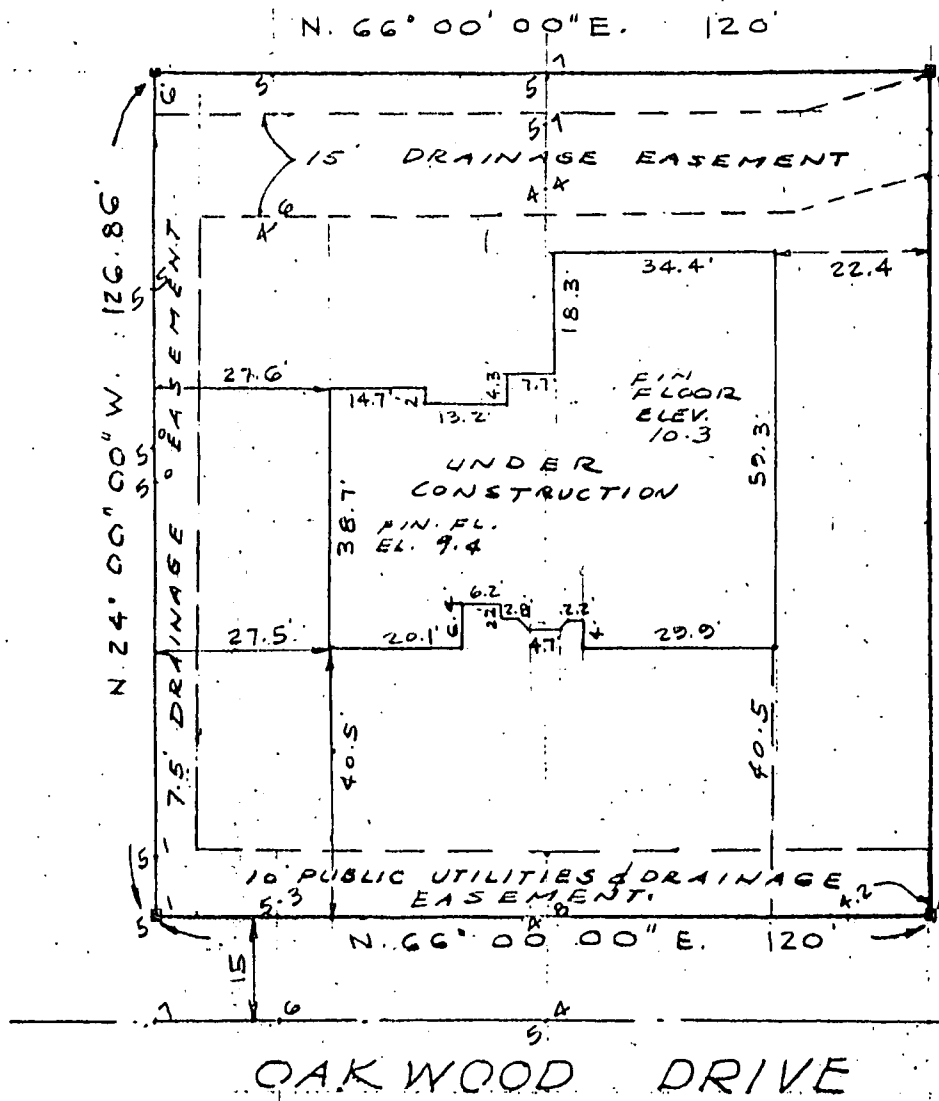
Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
10833	A	Composite	13.2	112.2	Brown, slightly silty slightly clayey, fine sand.

Copies

Respectfully submitted,  
  
 \_\_\_\_\_  
 ALEXANDER H. FRASER, P. E.

SPENO

# 1744



N 24° 00' 00\"/>

- NOTES**
- 1. ■ - Denotes CONC. Man.
  - 2. Elevations refer to NGVD.

A SURVEY OF

Lot 4  
OAKWOOD  
MARTIN COUNTY  
FLORIDA  
FOR  
EDWARD SPENO

ADDED TIE-IN  
11-8-84

SCALE: 1" = 30'	DATE: 12-13-84	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 Heritage Federal Savings & Loan Association 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.







**Edward Speno**  
CONSTRUCTION & DEVELOPMENT, INC.

---

December 27, 1984

Town of Sewall's Point  
1 South Sewall's Point Road  
Stuart, FL 33494

Attention: Mayor of Sewall's Point

Re: Lot 4, Oakwood Subdivision

Dear Mr. Mayor,

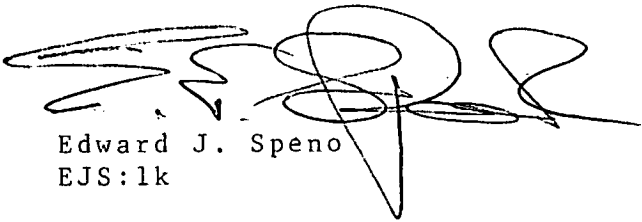
Please direct this letter to the individual in your city government who would be responsible for handling this discrepancy.

We are the owners of Lot 4, Oakwood Subdivision. The recorded plat shows a 15' drainage easement which runs through our property from east to west.

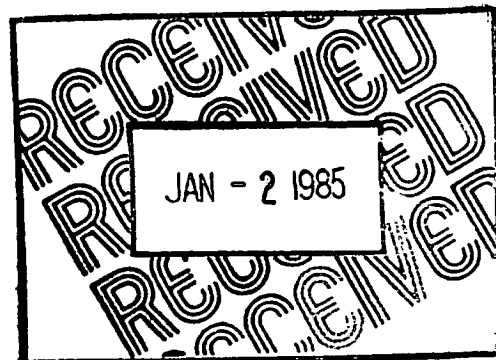
We request a review of the necessity for this easement and/or its purpose and function. The new flood insurance requirements set a slab elevation of 9' above sea level. This drainage swale is approximately 2½' above sea level. This drastic change in grade (seven feet) causes tremendous grading problems and as stated above, we question as to the function of this swale.

If no purpose can be found for this drainage easement, we request that it be vacated so that we may properly grade the lot in questions.

Very truly yours,



Edward J. Speno  
EJS:lk



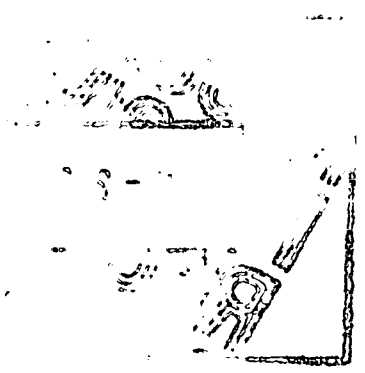
This is in reply to your letter of Dec 27.

In discussion this morning at the site with your brother in law the Building Inspector & I present we reached the following agreement.

1. It is not desirable from the towns standpoint to avoid the easement now is it necessary ~~for~~ <sup>to do so</sup> you to provide a reasonable slope to your back property line.

2. You will leave a swale at the existing grade of at least 3ft from your back property line. In the remaining approx 22ft of your back yard you will install a gradual slope from the house to the back & turf it.

3. With the absorbent quality of the soil here we have found this arrangement adequate in other similar situations to avoid run off on to adjoining property. We are quite confident it will ~~be adequate~~ in your location  
Suffice



# TOWN of SEWALL'S POINT

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

## COMMISSIONERS

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

TELEPHONE (305) 287-2455

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

January 11, 1985

Mr. Edward J. Speno  
Post Office Box 822  
Melbourne, Florida 32935

Dear Mr. Speno:

Re: Lot 4, Oakwood subdivision

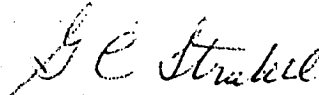
This is in reply to your letter of December 27.

In discussion this morning at the site with your brother-in-law, the Building Inspector and I present, we reached the following agreement:

1. It is not desirable from the town's standpoint to void the easement nor is it necessary to do so to provide a reasonable slope to your back property line.
2. You will leave a swale at the existing grade of at least 3 feet from your back property line. In the remaining approximately 22 feet of your back yard you will install a gradual slope from the house to the back and turf it.
3. With the absorbent quality of the soil here we have found this arrangement adequate in other similar situations to avoid run off onto adjoining property. We are quite confident it will suffice in your location.

Sincerely,

TOWN OF SEWALL'S POINT



Gilbert C. Strubell, Building Commissioner

GCS:jb

file

# TOWN of SEWALL'S POINT

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

**COMMISSIONERS**

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

TELEPHONE (305) 287-2455

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

January 11, 1985

Mr. Edward J. Speno  
Post Office Box 822  
Melbourne, Florida 32935

Dear Mr. Speno:

Re: Lot 4, Oakwood subdivision

This is in reply to your letter of December 27.

In discussion this morning at the site with your brother-in-law, the Building Inspector and I present, we reached the following agreement:

1. It is not desirable from the town's standpoint to void the easement nor is it necessary to do so to provide a reasonable slope to your back property line.
2. You will leave a swale at the existing grade of at least 3 feet from your back property line. In the remaining approximately 22 feet of your back yard you will install a gradual slope from the house to the back and turf it.
3. ~~With the absorbent quality of the soil here we have found this arrangement adequate in other similar situations to~~ avoid run off onto adjoining property. We are quite confident it will suffice in your location.

Sincerely,

TOWN OF SEWALL'S POINT

Gilbert C. Strubell, Building Commissioner

GCS:jb

*I think we did  
As we were told*

*Pete  
He's talking  
about the back!  
GS*



**BRADEN & BRADEN, A. I. A., P. A.**

*Architects & Planners*

317 EAST OSCEOLA AVENUE, STUART, FLORIDA 33494  
TELEPHONE (305) 287-8258

September 30, 1985

Building Department  
Sewall's Point  
Stuart, Fla. 33494

Gentlemen:

There has been considerable discussion regarding the drainage between my property (Lot 3; Oakwood Sub-division) and the adjoining Lot (Lot 4).

I have repeatedly asked that the Building Department have the developer replace the swale to conform to the original contour; copy of which is enclosed.

The sod is now in place and the drainage does not conform to the original.

Please take whatever action is necessary to correct this situation. In addition, the developer has left pieces of railroad ties, chunks of concrete and other debris on Lot 3. Please have that removed.

Sincerely,

PHILIP R. BRADEN, A. I. A.  
Architect

PRB"e

Encl. a/s



BRADEN & BRADEN, A. I. A., P. A.

*Architects & Planners*

317 EAST OSCEOLA AVENUE, STUART, FLORIDA 33494

TELEPHONE (305) 287-8258

Commissioners of the  
Town of Sewall's Point  
Stuart, Florida 33494

Gentlemen:

The enclosed letter is self-explanatory. The conditions described are as they were on the last of September. I have considerable shrubbery ready to be planted at the property line and I would appreciate some action regarding the situation.

Sincerely,

Philip R. Braden, A.I.A., P.A.

PRB/db

Enclosure

*Pete  
Where does this  
stand?  
GB/2*

December 27, 1985

This is to confirm the request made by the Sewall's Point Building Department regarding Lot 4, Oakwood Drive. The request pertained to the removal of swail located on the west side of the lot in the drainage easement. The drainage easement will be returned to its original grade.

Robert Lerau

6/6/86

1744





Edward Speno  
CONSTRUCTION & DEVELOPMENT, INC.

---

January 17, 1986

Mr. Peter Johnsen, Building Inspector  
One South Sewall's Point Road  
Sewall's Point, Stuart, FL 33494

Dear Mr. Johnsen,

In response to your letter of January 14, be advised that to the best of my knowledge that on September 24, 1985 our house constructed on lot 4, Oakwood Drive, was for all intense purposes complete. There remains now, as there was then, some electrical and plumbing fixture installation which will be installed upon the buyer's selection.

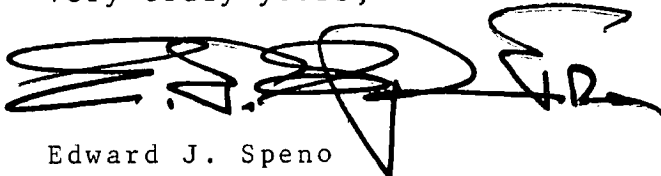
We have forwarded previously a copy of the survey and will direct the surveyor to send another copy to your offices.

With regard to the swales, it was my understanding that you and Bob Melicci met on the site and mutually agreed as to the installation of the swales (for which I can find absolutely no purpose) and I presume that Melicci installed the swales consistent with your agreement with him. I will ask him to meet with you again. The problem with the swales and the storm drainage on this lot relate back directly to my comment on the drainage easement on the rear of this property which I suggested should be abandoned and all the rear lots filled in so that proper drainage would be from the rear of the lot to the street.

With regard to the screen enclosure, it is installed as shown on the construction plans submitted when the permit request was made. The screen enclosure was erected by our own personnel not an outside contractor, therefore, I do not think a permit is required.

I will, in the next ten days, be making a trip to Sewall's Point and I will try to contact you to arrange a suitable time to meet. Please call my office to verify what days and times you are available.

Very truly yours,



Edward J. Speno  
EJS:lk

# TOWN of SEWALL'S POINT

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

## COMMISSIONERS

JOHN C. GUENTHER, Mayor  
GILBERT S. STRUBELL, Vice Mayor  
CLIFFORD B. DRAKE, Commissioner  
ROBERT R. AUNE, Commissioner  
IRENE E. O'BRIEN, Commissioner

TELEPHONE: (305) 287-2455

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

June 9, 1986

Mr. Edward Speno, Jr.  
Post Office Box 822  
Melbourne, Florida 32935

Dear Mr. Speno:

Re: Permit # 1744

Before we can issue a certificate of occupancy for your house on Lot 4 Oakwood subdivision, you must restore the original grade in the drainage easement which extends along the west side of the lot. In addition, you must submit an affidavit of cost of construction and pay an additional building permit fee.

Sincerely,

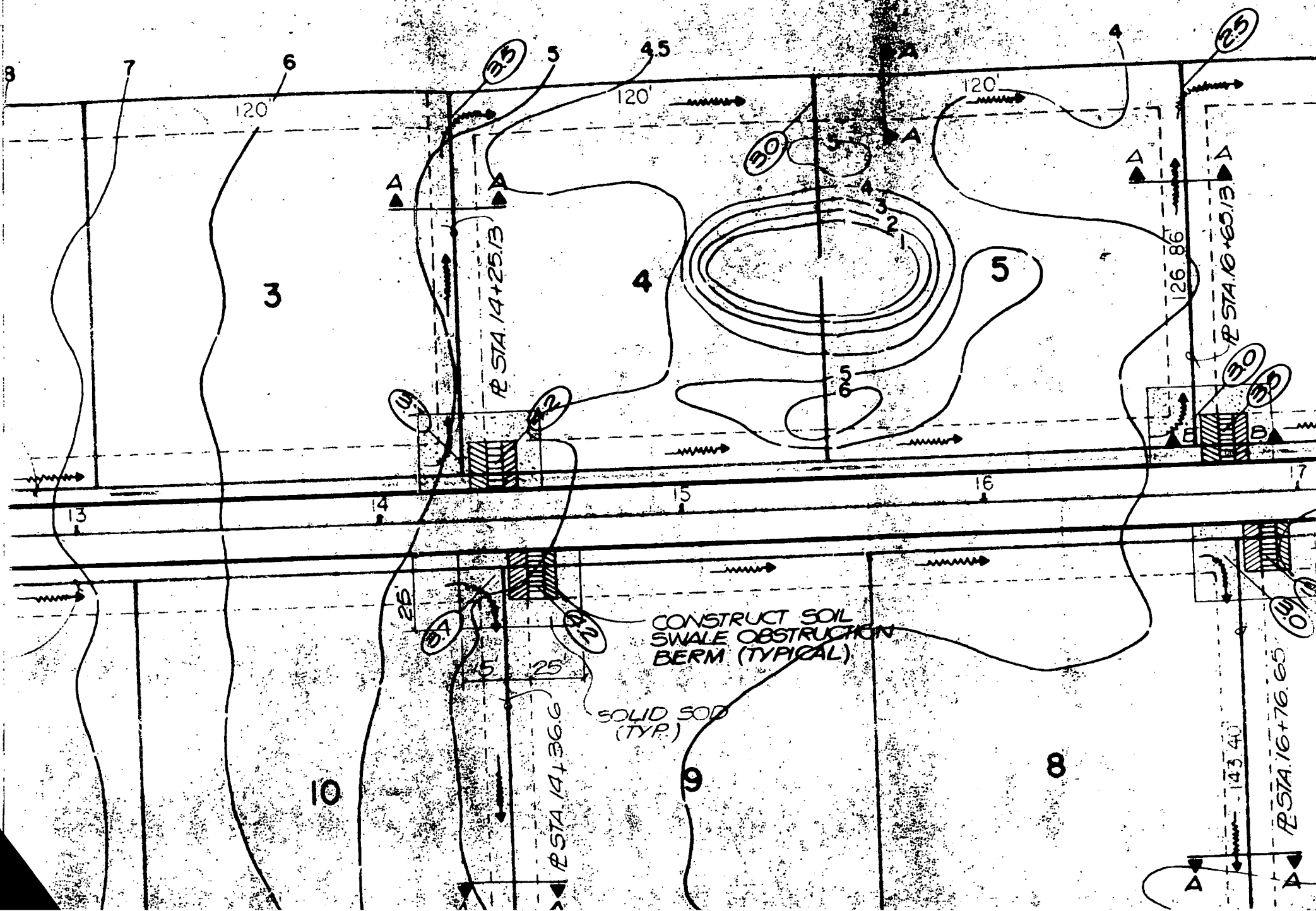
TOWN OF SEWALL'S POINT



G. C. Strubell, Vice Mayor

GCS:jb

CONS  
RETE  
SOL



CONSTRUCT SOIL  
SWALE OBSTRUCTION  
BERM (TYPICAL)

SOLID SOD  
(TYP.)

P STA. 14+25.13

P STA. 14+36.6

P STA. 16+65.13

P STA. 16+76.65

120'

120'

120'

126.86'

143.40'

3

4

5

10

9

8

8

7

6

5

4.5

4

2.5

13

14

15

16

17

30

32

30

30

30

30

A

A

A

A

A

B

D

0.7

TO ~~STANDARD~~ Educational Services for

Permit # 1744

In Refuse we can use a CO for your house at <sup>lot 4</sup> Oakwood Drive you must make the original grade in the driveway. the original width of the driveway is on the west side of the lot.

Submit an affidavit of cost of construction  
Pay an additional building permit fee

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA  
COUNTY OF MARTIN

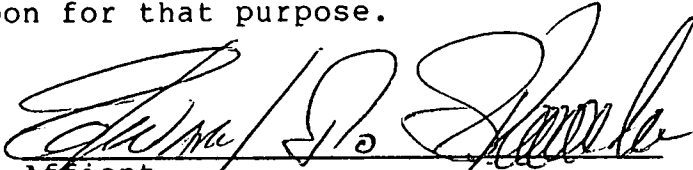
BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

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.

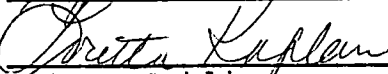
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

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 \$ 115,875 .

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

  
\_\_\_\_\_  
Affiant  
Property street address:  
LOT 4 OAKWOOD DR.  
\_\_\_\_\_

Sworn to and subscribed  
before me this 5<sup>th</sup> day of  
September, 1985 .

  
\_\_\_\_\_  
Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires: 9/8/87

(NOTARY SEAL)

$$\begin{array}{r} 116 \\ 5 \\ \hline 580 \\ 40 \\ \hline 620 \end{array}$$

$$\begin{array}{r} 588 \\ 110 \\ \hline 698 \end{array}$$

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 \$ 121,168.

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.

*[Signature]*  
Affiant  
Property street address:  
Lot 4 OAKWOOD DRIVE.

Sworn to and subscribed  
before me this 9<sup>th</sup> day of  
June, 19 86.

*[Signature]*  
Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires: 9/8/87

(NOTARY SEAL)

**RECORD OF INSPECTIONS**

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

**CERTIFICATE OF APPROVAL FOR OCCUPANCY**

Date 9/24/85

This is to request that a Certificate of Approval for Occupancy be issued to EDWARD SPENN JR.  
 For property built under Permit No. 1744 Dated 9/24/84 when completed in  
 conformance with the Approved Plans.

Item	Signed	Approved by
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION	<u>11/6/84</u> <u>11/7/84</u> <u>TRAVIS</u>	
3. FOOTING - SLAB	<u>11/7/84</u> <u>11/7/84</u>	
4. ROUGH PLUMBING	<u>10/26/84</u> <u>2/8/85</u>	
5. ROUGH ELECTRIC	<u>2/8/85</u>	
6. LINTEL		
7. ROOF		
8. FRAMING	<u>2/8/85</u> <u>HURK. CLIPS</u> <u>2/8/85</u>	
9. INSULATION	<u>2/15/85</u>	
10. A/C DUCTS	<u>2/8/85</u>	
11. FINAL ELECTRIC	<u>9/23/85</u>	
12. FINAL PLUMBING	<u>9/23/85</u>	
13. FINAL CONSTRUCTION	<u>9/23/85</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector R. Johnson 9/24/85 date

Approved by Building Commissioner G.C. Strubbe date 9/25

Utilities notified 11/13/87 Dale Br date

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

(Keep carbon copy for Town files)



**1814**

**POOL & DECK**

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1874

Date May 1, 1985

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

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

Owner EDWARD SPENO Const + Dev. Present Address 104 S<sup>th</sup> Harbor City Blvd  
Phone 305 229 6570 MELBOURNE FLA

Contractor SAME Address \_\_\_\_\_

Phone \_\_\_\_\_

Where licensed State of Fla. License number \_\_\_\_\_

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

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

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

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

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: WOOD Deck Addition Pool AREA

Approx 250 SQ FT - REAR of POOL - AS PER PLAN  
State the street address at which the structure will be built: \_\_\_\_\_

Subdivision DALE WOOD Lot number 4 Block number \_\_\_\_\_

Contract price \$ 2000 Cost of permit \$ 10

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

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

Contractor Edward S. Speno

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 Same as above

TOWN RECORD

Date submitted 5/7/85 Approved [Signature] 5/7/85  
Building Inspector Date

Approved [Signature] 5/13 Final Approval given \_\_\_\_\_  
Commissioner Date Date

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

# TOWN of SEWALL'S POINT

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

## COMMISSIONERS

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

## BUILDING DEPARTMENT

TELEPHONE (305) 287-2455

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

1. The Town has adopted the South Florida Building Code as a part of its building ordinances.
2. Building permits are issued for one year's duration. Construction must be started within 90 days or permit will be subject to revocation, with forfeiture of fee.
3. ALL changes in plans must be approved by the Building Department.
4. Work hours are 8: AM to 5: PM Monday thru Saturday. NO SUNDAY WORK.
5. Portable toilets must be on all construction sites.
6. Roof sheeting plywood must be 5/8" not 1/2" as in County.
7. Inspections are made Monday thru Friday, 8: AM to Noon. 24 hours notice is required prior to all inspections.
8. Rough grading and property clean-up must be completed before Certificate of Occupancy is issued.
9. Trash, debris and scrap building materials must be policed daily. All debris must be contained in a dumpster.
10. Building permit fee = \$5, per thousand of cost of building, plus \$10. for plumbing, \$10. for electric, \$10. for air conditioner and \$10. for roofing. For example, a \$50,000. building x \$5. = \$250. plus \$40. (pl. el., a.c. and roof) = \$290. total cost of permit.
11. The building department will request proof of contract costs.
12. Business or advertising signs on the job site will be permitted only with prior approval of the Town Commission.
13. If more than three trees are to be removed, replaced or relocated, a permit is required.
14. Submit separate square foot areas for inside walls, garages, carport, porches, etc..
15. Inside walls are calculated at \$~~40~~<sup>60</sup>. per square foot minimum for building permit fee cost. All other areas are calculated at \$~~25~~<sup>35</sup>. per square foot minimum.
16. Contractors must submit a manufacturer's window schedule with symbols and sizes.
17. Inspection for setbacks will be made by the building inspector if the builder supplies lines from the property stakes OR a survey showing the location of the building on the lot (by a licensed surveyor) will be required.

  
Edward Speno

CONSTRUCTION & DEVELOPMENT, INC.

January 31, 1985

Building Official  
Sewall's Point

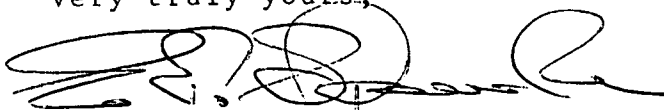
Dear Mr. Johnson,

Enclosed please find our structural detail and site plan for the swimming pool and proposed wood deck surrounding same.

This deck will be constructed of pressure treated lumber made up of 2 x 6 pressure treated decking material and 2 x 10 pressure treated stringer sub structure. This stringer will bear directly on the compacted soil and we will protect the stringer with a vapor varrier.

We trust this detail will meet with your approval.

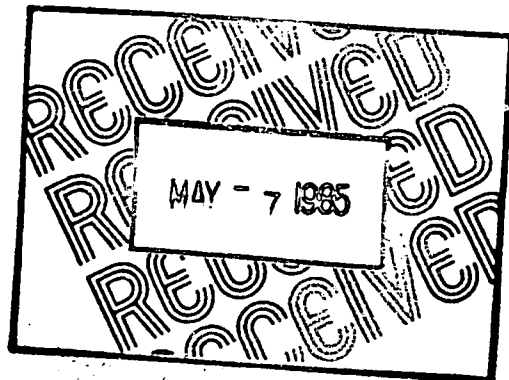
Very truly yours,



Edward J. Speno  
EJS:lk

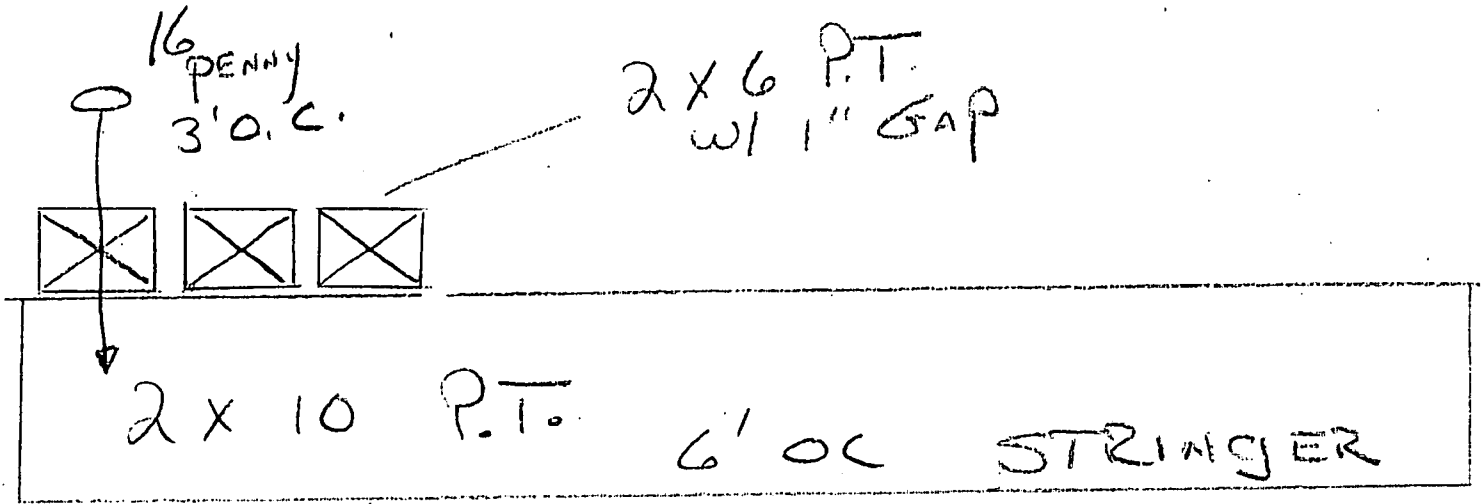
Enc.

*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.*



Lot 4-  
OAK WOOD

WOOD DECK DETAIL



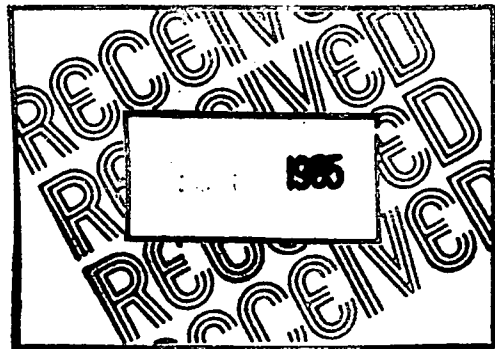
↑ Vapor Barrier

o o o o

Compact fill

**NO PERMANENT STRUCTURES  
IN SET-BACK AREAS**

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.



**6175**

**FLOOD LIGHTS**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 3/5/03

BUILDING PERMIT NO. 6175

Building to be erected for GOODMAN

Type of Permit FLOOD LIGHTS

Applied for by JIMMY ROWEN FLEE SVC (Contractor)

Building Fee 35.00

Subdivision OAKWOOD Lot 4 Block \_\_\_\_\_

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

Address 6 OAKWOOD DRIVE

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

Type of structure SFR

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

Parcel Control Number:

13 38 41 009 000 000 400

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

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

Roofing Fee \_\_\_\_\_

Amount Paid 35.00 Check # 9368 Cash \_\_\_\_\_

Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1500.00

TOTAL Fees 35.00

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

BUILDING PERMIT APPLICATION

Building Permit Number: \_\_\_\_\_

Owner or Titleholder Name: Goodman, Philip (tr) City: Sewalls Pt State: FL Zip: 34996

Legal Description of Property: Oakwood Lot #9 Parcel Number: 13-38-41-009-000-00040-0

Location of Job Site: 6 Oakwood Drive Type of Work To Be Done: Convert One Flood to Motion Sensor Add Four Motion Sensor Flood & 2 switches to existing

CONTRACTOR/Company Name: Jimmy Rowell Electric Service Phone Number: 220-8880

Street: Stuart, FL 34996 City: Stuart State: FL Zip: 34996

State Registration Number: ER0005710 State Certification Number: \_\_\_\_\_ Martin County License Number: ME00083

ARCHITECT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Dept. \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

FLOOD HAZARD INFORMATION Flood Zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed First Floor Habitable Floor Finished Elevation: \_\_\_\_\_ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: \$1500.00 Estimated Fair Market Value (FMV) Prior

To Improvements: \_\_\_\_\_ If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES \_\_\_\_\_ NO \_\_\_\_\_

SUBCONTRACTOR INFORMATION

Electrical: Jimmy Rowell Electric Serv State: FL License Number: ER 0005710

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_

National Electrical Code \_\_\_\_\_ Florida Energy Code \_\_\_\_\_

Florida Accessibility Code \_\_\_\_\_

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: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_

by \_\_\_\_\_ who is personally

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

as identification. \_\_\_\_\_

Notary Public

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

CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: Martin

This the 13th day of January, 200 3

by J. Rowell who is personally

known to me or produced Fl. d. l.

As identification. Joan H. Barrow

Notary Public

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

Seal





# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/29/2002

PRODUCER (561)546-5600 FAX (561)546-1008

Campbell-Wilson Ins. Agency  
8882 SE Bridge Road  
Hobe Sound, FL 33455

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

### COMPANIES AFFORDING COVERAGE

COMPANY A Owners Insurance Company  
COMPANY B Auto Owners Insurance Company  
COMPANY C FCCI Insurance Company  
COMPANY D

Attn: Ext:

INSURED  
James M. Rowell  
Jimmy Rowell Electric Service  
P. O. 2262  
Stuart, FL 34995-2262  
#593109830 #ER0005710

### COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	<del>942312 20510666-01</del>	<del>04/01/2002</del>	<del>04/01/2003</del>	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Liability Plus				FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 10,000
B	AUTOMOBILE LIABILITY	95 423 130 00	04/01/2002	04/01/2003	COMBINED SINGLE LIMIT \$ 300,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY	NONE			AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	EXCESS LIABILITY	NONE			AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NONE			WC STATUTORY LIMITS \$
	<input type="checkbox"/> INCL				OTHER \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$
	<input checked="" type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$
	OTHER				EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
State of Florida - Electrical work within buildings

### CERTIFICATE HOLDER

Town of Sewall's Point  
Fax 220-4765  
1 S. Sewalls Point Road  
Stuart, FL 34996

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Joanne Wilson/J0

*Joanne Wilson*

01/14/2003

**PRODUCER**

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

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

**COMPANIES AFFORDING COVERAGE**

COMPANY A **FIRST COMMERCIAL MUTUAL**  
 COMPANY B  
 COMPANY C  
 COMPANY D

**RECEIVED**  
**JAN 14 2003**  
 BY: \_\_\_\_\_

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

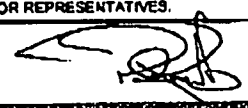
**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAG (Any one Prop) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETARY/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	168250	08/01/2002	07/31/2003	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	<b>OTHER LOCATION COVERAGE</b>		08/01/2002	07/31/2003	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
**ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:**  
**8447 JIMMY ROWELL ELECTRIC SERVICE**  
**2497 S E DIXIE HWY. STUART, FL 34996**

FAX: 772 220-4765

**TOWN OF SEWALLS POINT**  
**1 SOUTH SEWALLS POINT ROAD**  
**STUART, FL 34996**

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**  
 Paul R. Hughes 

# INSPECTION LOG FOR ABANDONED/EXPIRED PERMITS

PERMIT #	OWNER'S NAME	ADDRESS	DESCRIPTION	APPROVED BY & DATE
6300	Walker	21 W High Pt	retaining wall	OM / 10/19/07
7942	Walker	21 W High Pt	Repair dock	OM / 10/19/07
6295	Justak	171 S Sewalls	Garage door	OM / 10/19/07
6562	Reib	4 Baker	Demo deck	OM / 10/19/07
<del>6175</del>	<del>Goodman</del>	<del>6 Oakwood DR</del>	<del>hood lights</del>	<del>OM / 10/19/07</del>
6183	Krupil	4 Rio Vista DR	faner drive	
6424	Twehey	5 Rio Vista	Fence around pool	
6460	Walker	9 Lantana Ln	Fence	
6179	Larson	11 Lantana Ln	Fence	
7044	Tschannen	15 Emarita	cover porch ceiling w/wood	
7473	Schrader	4 Emarita	Pool electric (failed)	
7171	Wilson	5 St Lucie Ct	Repair dock, boat lift household electrical	
7172	Wilson	5 St Lucie Ct	Repair seawall	
7227	Lopulato	4 St Lucie Ct	Fence	
6531	Bausch	20 S Sewalls Pt	Fascia repair	
6944	Bausch	20 S Sewalls	Repair dock	
6766	Rosenberg	36 S Sewalls	Fuel	
7529	DeStephan	68 S Sewalls	Riplot, retaining wall fuel	

**6255**

**REROOF**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 5/7/03

BUILDING PERMIT NO. 6255

Building to be erected for GOUDMAN TRUST Type of Permit REROOF

Applied for by CHES (Contractor) Building Fee 120.00

Subdivision OAKWOOD Lot 4 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 6 OAKWOOD DRIVE Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

13384100900000640 Plumbing Fee \_\_\_\_\_

Amount Paid 120.00 Check # 9313 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 9320.00 Roofing Fee \_\_\_\_\_

TOTAL Fees 120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BUILDING         | <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> MECHANICAL    |
| <input type="checkbox"/> PLUMBING         | <input 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	_____

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: \_\_\_\_\_

Owner or Titleholder Name: PHILIP GOODMAN TRUST City: SEWALL'S POINT State: FLORIDA Zip: 34996

Legal Description of Property: GOALWOOD GOALS Parcel Number: 13384100900000640

Location of Job Site: OKWOOD LOT 4 Type of Work To Be Done: RB ROOF

→ CALL 342-7760

CONTRACTOR/Company Name: SAMUEL CHASS Phone Number: 772-336-2192

Street: 1218 SW MANUCCOUB City: PSL State: FL Zip: 34953

State Registration Number: PC-0061026 State Certification Number: \_\_\_\_\_ Martin County License Number: SP 00320

ARCHITECT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Dept. \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

FLOOD HAZARD INFORMATION Flood Zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed First Floor Habitable Floor Finished Elevation: X NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 9320 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: SP 00320 MARTIN COUNTY State: \_\_\_\_\_ License Number: SP 00320

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 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) Philip Goodman, TR

State of Florida, County of: MARTIN

This the 2nd day of MAY, 2003

by Philip Goodman who is personally

known to me or produced Personally Known

as identification. Betty Lou Cipra

Notary Public

CONTRACTOR SIGNATURE (Required) S. Chass

On State of Florida, County of: Martin

This the 5th day of May, 2003

by S. Chass who is personally

known to me or produced F.I.D.I.

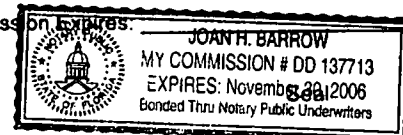
As identification. Joan H. Barrow

Notary Public

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



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



## PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR RE-ROOFING

**IMPORTANT NOTICE:** All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

**Application form must contain the following information:**

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Estimated cost of construction.
6. Original signature of owner and notarized
7. Original signature of Contractor and notarized.

### Submittals (2 copies)

1. Product approvals from Miami/Dade for the following items:
  - a. Roofing
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. A certified copy of the Notice of Commencement for any work over \$2500.00
5. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
6. Copy of Workmen's Compensation
7. Copy of Liability Insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE  
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**

  
  
\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 5/2/03 5/3/03

PERMIT # \_\_\_\_\_

TAX ROLIO #

13384100900000040

**NOTICE OF COMMENCEMENT**

STATE OF Florida

COUNTY OF ~~St. Lucie~~ 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 4

GENERAL DESCRIPTION OF IMPROVEMENT: Reroof

OWNER: Philip Goodman

ADDRESS: 6 Oakwood DR Sewalls Pt, FL 34994

PHONE #: 772-287-0361

FAX #: 772-219-9776

CONTRACTOR: Samuel F. Chess

ADDRESS: 1218 SW Mancuso Ave. Pt. St. Lucie, Florida 34953

PHONE #: 772-336-2192

FAX #: 772-336-9289

SURETY COMPANY (IF ANY) N/A

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

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

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

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

LENDER: \_\_\_\_\_

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

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

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

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

NAME: Same as owner

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

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

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

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

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

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

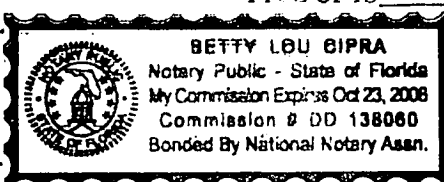
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_  
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]  
SIGNATURE OF OWNER

I SWORN TO AND SUBSCRIBED BEFORE ME THIS 1<sup>st</sup> DAY OF MAY 2003  
AT \_\_\_\_\_ BY Philip Goodman

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

[Signature]  
NOTARY SIGNATURE





*Att Laura / Sam Chen or Oakwood*



**BUILDING CODE COMPLIANCE OFFICE (BCCO)  
PRODUCT CONTROL DIVISION**

**MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1363  
(305) 375-2901 FAX (305) 375-2904**

**NOTICE OF ACCEPTANCE (NOA)**

Owens Corning  
One Owens Corning Parkway  
Toledo, OH 43659

**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 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. BCCO 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 South Florida Building Code, 1994 Edition for Miami-Dade County or Florida Building Code.

**DESCRIPTION: Okridge PRO 40 AR**

**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.

**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 pages 1 through 3.  
The submitted documentation was reviewed by Frank Zuloaga, RRC



FILE COPY  
TOWN OF SEWALL'S POINT  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 5/5/03  
*Gene Simmons*  
BUILDING OFFICIAL  
Gene Simmons

NOA No.: 01-1127.08  
Expiration Date: 07/19/06  
Approval Date: 01/31/02  
Page 1 of 3

**ROOFING SYSTEM APPROVAL**

**Category:** Roofing  
**Sub-Category:** 07310 Asphalt Shingles  
**Material:** Laminate

**1. Scope:**

This renews a roofing system using Owens Corning Oakridge PRO 40 AR. Asphalt shingles manufactured by Owens Corning as described in this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

**2. PRODUCT DESCRIPTION**

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Oakridge PRO 40 AR	13 1/4" x 39 1/4"	PA 110	A heavy weight, fiberglass reinforced four tab asphalt shingle.

**3. LIMITATIONS:**

- 3.1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 3.2. Shall not be installed on roof mean heights in excess of 33 ft.

**4. INSTALLATION:**

- 4.1 Shingles shall be installed in compliance with Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 4.2 Flashing shall be in accordance with Section 9.3 Option "B" (step-flashings) of Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 4.3 The manufacturer shall provide clearly written application instructions.
- 4.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 4.5 Nailing shall be in compliance with Detail 'B', attached.

**5. LABELING:**

- 5.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved".

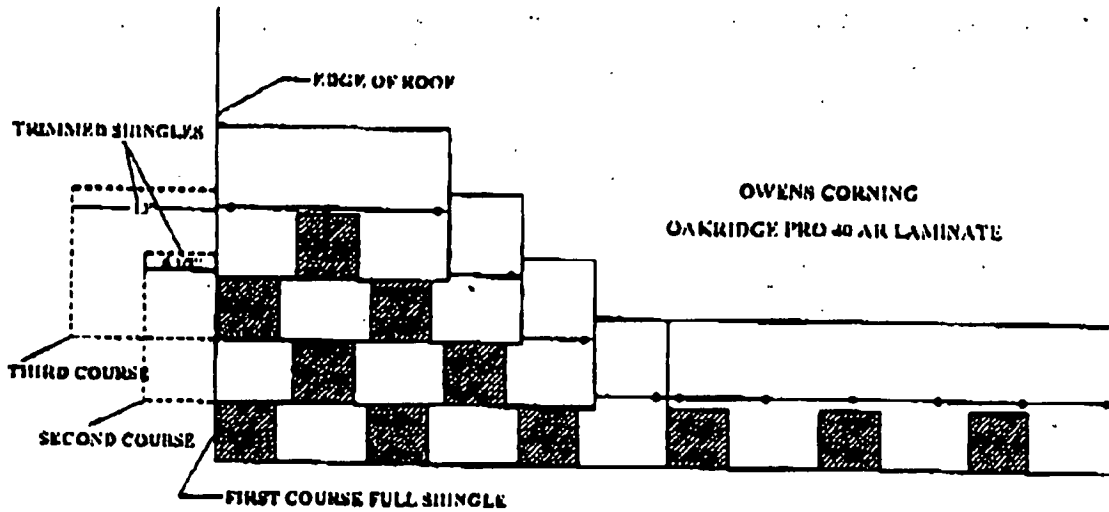
**6. BUILDING PERMIT REQUIREMENTS:**

- 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 document required by Building Official or the Applicable Code in order to properly evaluate the installation of this system.



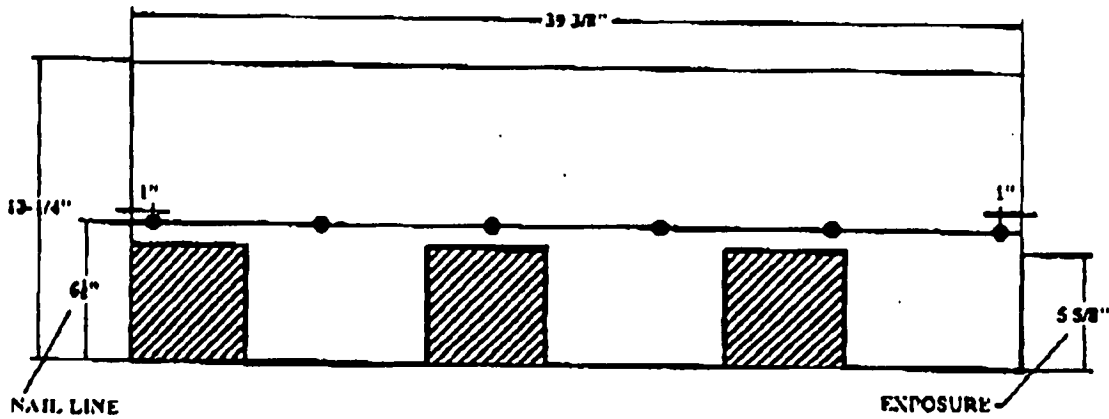
NOA No.: 01-1127.08  
 Expiration Date: 07/19/06  
 Approval Date: 01/31/02  
 Page 2 of 3

### DETAIL A



### DETAIL B

OWENS CORNING FASTENING PATTERN & PHYSICAL DIMENSIONS OAKRIDGE PRO 40 AIR LAMINATE



END OF THIS ACCEPTANCE



NOA No.: 01-1127.08  
 Expiration Date: 07/19/06  
 Approval Date: 01/31/02  
 Page 3 of 3

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
02/23/03

**PRODUCER**  
Admiral Insurance Associates  
2313 S Kanner Hwy  
Stuart, FL 34994  
772 781-1099

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

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

**INSURERS AFFORDING COVERAGE**

INSURER A: **ESSEX INSURANCE CO.**

INSURER B:

INSURER C:

INSURER D:

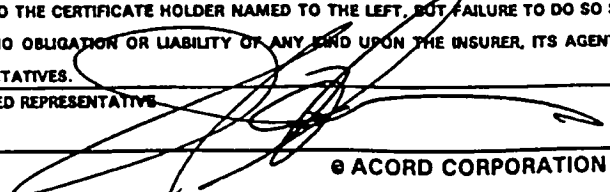
INSURER E:

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	3AQ5042	06-17-02	06-17-03	EACH OCCURRENCE \$100,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$EXCLUDED
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$EXCLUDED
					PERSONAL & ADV INJURY \$EXCLUDED
					GENERAL AGGREGATE \$100,000
					PRODUCTS - COMP/OP AGG \$100,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

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

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Town of Sewalls Point 1 South Sewalls Point Rd. Sewalls Point Fl. 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE 

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

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

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

EFFECTIVE DATE 12/11/2001  
EXPIRATION DATE 12/11/2003  
EXEMPTED INDIVIDUAL NAME CHESS SAMUEL E  
S.S. 262-53-5297  
BUSINESS NAME CHESS SAMUEL E  
FEIN 650074550  
BUSINESS ADDRESS 1218 SW MANCUSO AVENUE  
PORT SAINT LUCIE FL 34953

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

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION  
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 12/11/2001

EXPIRATION DATE 12/11/2003

EXEMPTED PERSON LAST NAME CHESS

FIRST NAME SAMUEL E

SOCIAL SECURITY NUMBER 262-53-5297

BUSINESS NAME CHESS SAMUEL E

FEDERAL IDENTIFICATION NUMBER 650074550

BUSINESS ADDRESS 1218 SW MANCUSO AVENUE

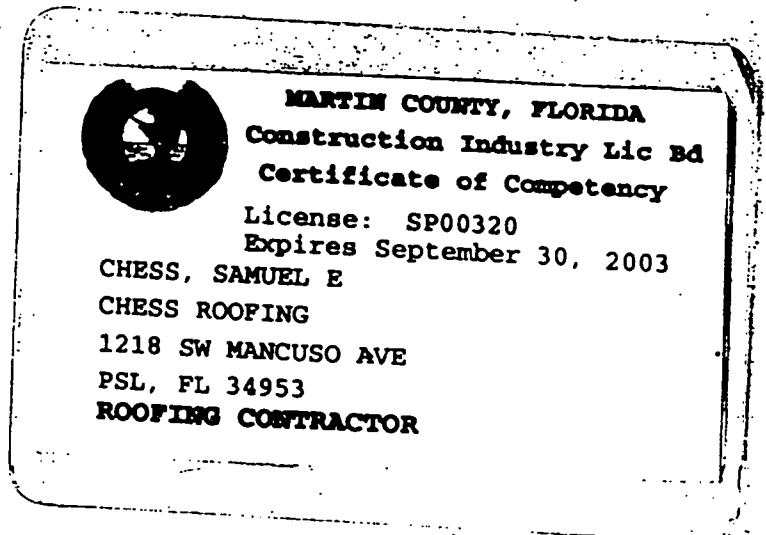
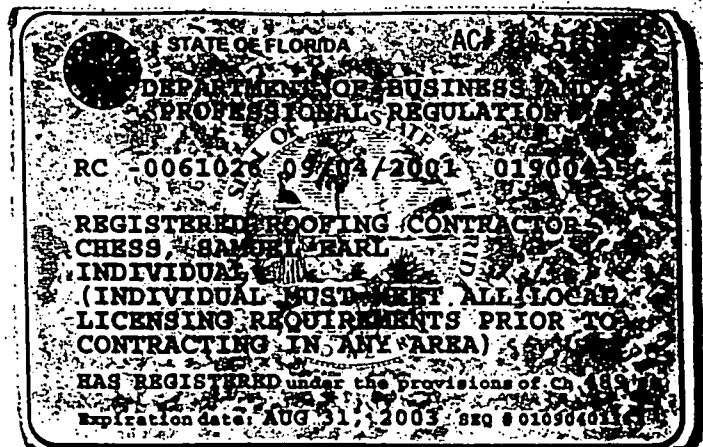
PORT SAINT LUCIE FL 34953

FOLD  
HERE

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

CUT HERE



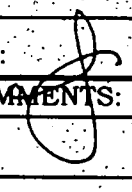
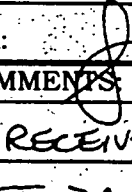
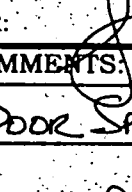
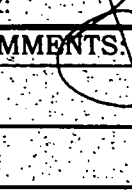
• Carry bottom portion on the job, keep upper portion for your records.



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5/9, 2008 Page 1 of     



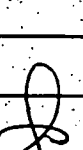
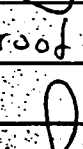
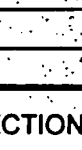
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5937	FOSTER	ELEC - INT	FAILED	
	128 S. SEWALLS PT	PLUMB - 2nd ST	PASSED	
	RALPH PARKS	AC & INSUL.	FAILED	INSPECTOR: 
6251	DICKERSON	UNDERGROUND	PASSED	
	19 EMARITA WAY	GAS		
	TREASURE COAST PROpane			INSPECTOR: 
6046	CONROY	Elec, Plum, AC	PASSED	
	12 PALMETTO	Strap		
	O/B			INSPECTOR: 
<del>6255</del>	<del>SOOMAN</del>	<del>ROOF SHEATHING</del>	<del>PASSED</del>	
	6 OAKWOOD	<del>DRIFTWOOD</del>		
	SAM CHESS	(AS LATE AS POSS)		INSPECTOR: 
6257	MADDEN	POOL DECK		SURVEY RECEIVED
	160 S. RIVER			NEED AFFIDAVIT
	SECOND NATURE			INSPECTOR: 
5825	SHEWBRIDGE	ADDITION GARAGE	PASSED	NEED DOOR SPEED
	126 S. SEWALLS PT			
	DRIFTWOOD			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 5/12, 2008 Page 3 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6255</del>	<del>GOODMAN</del>	<del>TRIMMING</del>	<del>Passed</del>	<del>early</del>
	6 OAKWOOD			
	SAM CHESSE			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6217	PLITT	FINAL Roof	Passed	
	12 HERON'S NEST	only		
	ALLAME			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6131	PFEIFFER	Partial Gypsum	Passed	
	10 HENRY SEWALL	Partial EPICORE	Passed	
	BURFORD CONSTR.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5949	HOFFLER	FINAL-ADDITION	Passed	6/30/11
	173 S. SEWALL'S Pt Rd	757 695 roof		
	O/B			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Greene	Delive Ings.	Passed	
	26 Island Rd.			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	Levin	Pickup drgs.	Passed	
	41 Rio Vista			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6220	Gibson		Passed	close roof
	134 S. Rives Rd.	286 5258		
	Frontier			INSPECTOR:
OTHER: _____				



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 5-22, 2008, Page 1 of   

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<u>6253</u>	<u>GOODMAN</u>	<u>FINAL Roof</u>	<u>Passed</u>	
<u>(4)</u>	<u>6 OAKWOOD</u> <u>CHESS</u>			INSPECTOR: <u>[Signature]</u>
<u>6013</u>	<u>FABINSKY</u>	<u>PRE-POUR</u>	<u>Passed</u>	<u>1st</u>
<u>(1)</u>	<u>10 MANDALAY</u> <u>FLORIDA'S FINEST</u>	<u>DRIVEWAY</u>		INSPECTOR: <u>[Signature]</u>
<u>6228</u>	<u>KAKOYANNIS</u>	<u>FINAL GAS</u>	<u>Passed</u>	<u>→ done</u>
<u>(5)</u>	<u>80 S. RIVER ROAD</u> <u>MARTIN COUNTY PROPANE</u>			INSPECTOR: <u>[Signature]</u>
<u>6111</u>	<u>GREENE</u>	<u>UNDERGROUND</u>	<u>Passed</u>	
<u>(2)</u>	<u>26 ISLAND</u> <u>GLUCK &amp; MCLAUGHLIN</u>	<u>PLUMBING</u>		INSPECTOR: <u>[Signature]</u>
<u>TREE</u>	<u>BRADEN</u>	<u>TREE</u>	<u>Passed</u>	
<u>(3)</u>	<u>12 OAKWOOD DR</u>			INSPECTOR: <u>[Signature]</u>
<u>TREE</u>	<u>LARSON</u>	<u>TREE</u>	<u>Passed</u>	
<u>(6)</u>	<u>11 LANTANA</u>			INSPECTOR: <u>[Signature]</u>
<u>5875</u>	<u>MAXSON</u>	<u>ROOFING MEAL</u>	<u>Passed</u>	<u>(P. Saw long?)</u>
<u>(7)</u>	<u>9 S. RIVER RD</u> <u>KNEPPER</u>	<u>+ ROUGH A/C</u>	<u>Passed</u>	INSPECTOR: <u>[Signature]</u>
<b>OTHER:</b> _____				

**8622**

**FENCE**



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

## BUILDING PERMIT CARD

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

PERMIT NUMBER:	8622	DATE ISSUED:	JUNE 13, 2007
SCOPE OF WORK:	FENCE		
COMPANY NAME:	PREMIER FENCING		
PARCEL CONTROL NUMBER:	163341-009-000-000-4000	SUBDIVISION:	OAKWOOD-LOT4
CONSTRUCTION ADDRESS:	6 OAKWOOD DRIVE		
OWNER NAME:	GOODMAN		
QUALIFIER:	JASON PORTER	CONTACT NUMBER:	979-4146

**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**

### 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.**

MASTER PERMIT NO. \_\_\_\_\_

**TOWN OF SEWALL'S POINT**

Date 6-13-07

BUILDING PERMIT NO. 8622

Building to be erected for Goodman

Type of Permit Fence

Applied for by Premier Fencing

(Contractor)

Building Fee 30

Subdivision Oakwood Lot 4

Block \_\_\_\_\_

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

Address 6 Oakwood Dr

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

Type of structure SFR

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

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

Parcel Control Number:

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

133841-009-000-000-40000

Roofing Fee \_\_\_\_\_

Amount Paid \$30- Check # \_\_\_\_\_ Cash  Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 2400-

TOTAL Fees 30-

Signed \_\_\_\_\_

[Signature]  
Applicant

Signed \_\_\_\_\_

[Signature]

Town Building Official

RECEIVED  
16-1307

Date: 6/05/09 Town of Sewall's Point  
**BUILDING PERMIT APPLICATION** Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Katherine Goodman Phone (Day) 772-219-7200 (Fax) \_\_\_\_\_

Job Site Address: 6 Oakwood Dr City: Sewalls Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) lot 4 Oakwood Parcel Number: 133841-009-000-000-4000

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

Scope of work: Build approx 85' of CL Fence & 50' aluminum fence

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

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

**COST AND VALUES:**  
Estimated Value of Construction or Improvements: \$ 2400  
(Notice of Commencement required over \$2500)  
Estimated Fair Market Value prior to Improvement: \$ \_\_\_\_\_  
Method of Determining Fair Market Value: \_\_\_\_\_

CONTRACTOR/Company: Premier fencing Phone: 772-475-4730 Fax: 772-781-1576

Street: 5793 S.E. Pine Dr. City: Stuart State: FL Zip: 34997

State Registration Number: LO6000010636 State Certification Number: 060979-4146 Municipality License Number: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION:**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_  
Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ 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: \_\_\_\_\_

NOTICE: In addition to the requirements of this permit, there may be other restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.)  
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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 AUTHORIZED AGENT SIGNATURE (required)

X [Signature]  
State of Florida, County of: MARTIN  
This the 11<sup>th</sup> day of JUNE, 2007  
by KATHERINE GOODMAN who is personally known to me or produced \_\_\_\_\_ as identification.

My Commission Expires: September 29, 2009  
Yvonne M. Koehler  
Notary Public  
Commission # DD452231  
Expires September 29, 2009  
Sponsored by: Griffith - Insurance, Inc 800-385-7019

CONTRACTOR SIGNATURE (required)

X [Signature]  
On State of Florida, County of: MARTIN  
This the 11<sup>th</sup> day of JUNE, 2007  
by JASON PORTER who is personally known to me or produced FL DLP836436792630 as identification.

My Commission Expires: September 29, 2009  
Yvonne M. Koehler  
Notary Public  
Commission # DD452231  
Expires September 29, 2009  
Sponsored by: Griffith - Insurance, Inc 800-385-7019

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



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

## FENCE and or POOL BARRIER CHECKLIST

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

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

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

**\*DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS\***

- \_\_\_\_\_ 2 Copies, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.



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

### **Florida Statute 515.29 Residential swimming pool barrier requirements**

- (1) A residential swimming pool barrier must have all of the following characteristics:
  - (a) The barrier must be at least 4 feet high on the outside.
  - (b) The barrier may not have any gaps, openings, indentations, protrusions, or structural components that could allow a young child to crawl under, squeeze through, or climb over the barrier.
  - (c) The barrier must be placed around the perimeter of the pool and must be separate from any fence, wall, or other enclosure surrounding the yard unless the fence, wall, or other enclosure or portion thereof is situated on the perimeter of the pool, is being used as part of the barrier, and meets the barrier requirements of this section.
  - (d) The barrier must be placed sufficiently away from the water's edge to prevent a young child or medically frail elderly person who may have managed to penetrate the barrier from immediately falling into the water.
- (2) The structure of an aboveground swimming pool may be used as its barrier or the barrier for such a pool may be mounted on top of its structure; however, such structure or separately mounted barrier must meet all barrier requirements of this section. In addition, any ladder or steps that are the means of access to an aboveground pool must be capable of being secured, locked, or removed to prevent access or must be surrounded by a barrier that meets the requirements of this section.
- (3) Gates that provide access to swimming pools must open outward away from the pool and be self-closing and equipped with a self-latching locking device, the release mechanism of which must be located on the pool side of the gate and so placed that it cannot be reached by a young child over the top or through any opening or gap.
- (4) A wall of a dwelling may serve as part of the barrier if it does not contain any door or window that opens to provide access to the swimming pool.
- (5) A barrier may not be located in a way that allows any permanent structure, equipment, or similar object to be used for climbing the barrier.



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

**FENCE or WALL EASEMENT AGREEMENT**

Date: 6/13/07

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) Fence

In the (utility/drainage) drainage easement on my property located at 6 Oakwood dr

LEGAL DESCRIPTION: LOT 4, BLOCK \_\_\_\_\_, SUBDIVISION Oakwood

Give a brief description of dimensions and location from property lines:

Approx 3' in from the west line running to the back of the property

In the event you have no objection to this project, please complete this form and return to me at:

Address: 6 Oakwood dr  
 City: Sewalls pt State: FL Zip: 34996

I understand your company will not be responsible in any way for repair or replacement of any portion of This Fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: Juan Juste Phone: 772-979-4146

\*\*\*\*\*

**\*\*\*THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY\*\*\***

We agree to the proposed construction under the circumstances described above.

Company: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_

Company records indicate that a potential conflict  DOES  DOES NOT exist.

The conflict consists of: \_\_\_\_\_



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/13/2007

PRODUCER (772)287-2030 FAX (772)288-2481  
Deakins-Carroll Insurance Agency  
www.deakinscarroll.com  
P.O. Box 1597  
Pt. Salerno, FL 34992

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

INSURED Premier Fencing, LLC  
5793 SE Pine Drive  
Stuart, FL 34997

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Old Dominion Insurance Company	40231
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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

NBR ADD'L TRS INSCR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A	GENERAL LIABILITY	MPG76581	01/31/2007	01/31/2008	EACH OCCURRENCE	\$ 300,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000				
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000				
					PERSONAL & ADV INJURY	\$ 300,000				
					GENERAL AGGREGATE	\$ 600,000				
					PRODUCTS - COMP/OP AGG	\$ 600,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:									
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									
					AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
					<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$				
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
	<input type="checkbox"/> HIRED AUTOS									
	<input type="checkbox"/> NON-OWNED AUTOS									
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$				
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$				
					AUTO ONLY: AGG	\$				
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$				
						\$				
						\$				
						\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$				
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$				
	OTHER				E.L. DISEASE - POLICY LIMIT	\$				

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

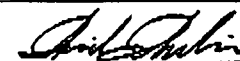
## CERTIFICATE HOLDER

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

## CANCELLATION


SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
David Deakins/MJC



PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW



EFFECTIVE: 05/25/2006  
\*\* EXPIRATION DATE: 05/24/2008  
PERSON: JASON R PORTER  
FEIN: 20421943E

**MEETS REISSUANCE REQUIREMENTS**

BUSINESS NAME: PREMIER FENCING LLC  
AND ADDRESS: 5783 ISLE PINE DRIVE  
STUART FL 34997

SCOPE OF BUSINESS OR TRADE:  
1- FENCE ERECTION

F  
C  
L  
D  
  
H  
E  
R  
E

**IMPORTANT**

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 413-1609

CUT HERE

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



## Martin County Building Department

2401 SE Monterey Road  
Stuart, FL 34996  
(772) 288-5482  
Fax (772) 288-5911

PORTER, JASON R  
PREMIER FENCING LLC  
1040 LETHA CR #7  
STUART, FL 34997

### NOTICE TO ALL CONTRACTORS

PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

#### PROHIBITED ACTIVITIES:

43.42 R Advertising contracting work in any advertisement to the public in a newspaper or telephone directory without including in the advertisement the number of the contractor license issued to the person or business being advertised.

43.42 S Operating any commercial vehicle in the course of conducting the practice of contracting that fails to display the contractor license number of the contractor.

If you have any questions relating to the information in this letter, please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.

**MARTIN COUNTY, FLORIDA**  
Construction Industry Licensing Board  
Certificate of Competency

#### **FENCE ERECTION**

License Number CFE4898 Expires: 30-SEP-07

PORTER, JASON R  
PREMIER FENCING LLC  
1040 LETHA CR #7  
STUART, FL 34997

2006-2007 MARTIN COUNTY ORIGINAL  
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(772) 288-5604

LICENSE 2006-520-0744 CERT \_\_\_\_\_

PHONE (772) 475-4730 SIC NO 235990

LOCATION  
5793 SE PINE DR STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL		<u>25.00</u>	

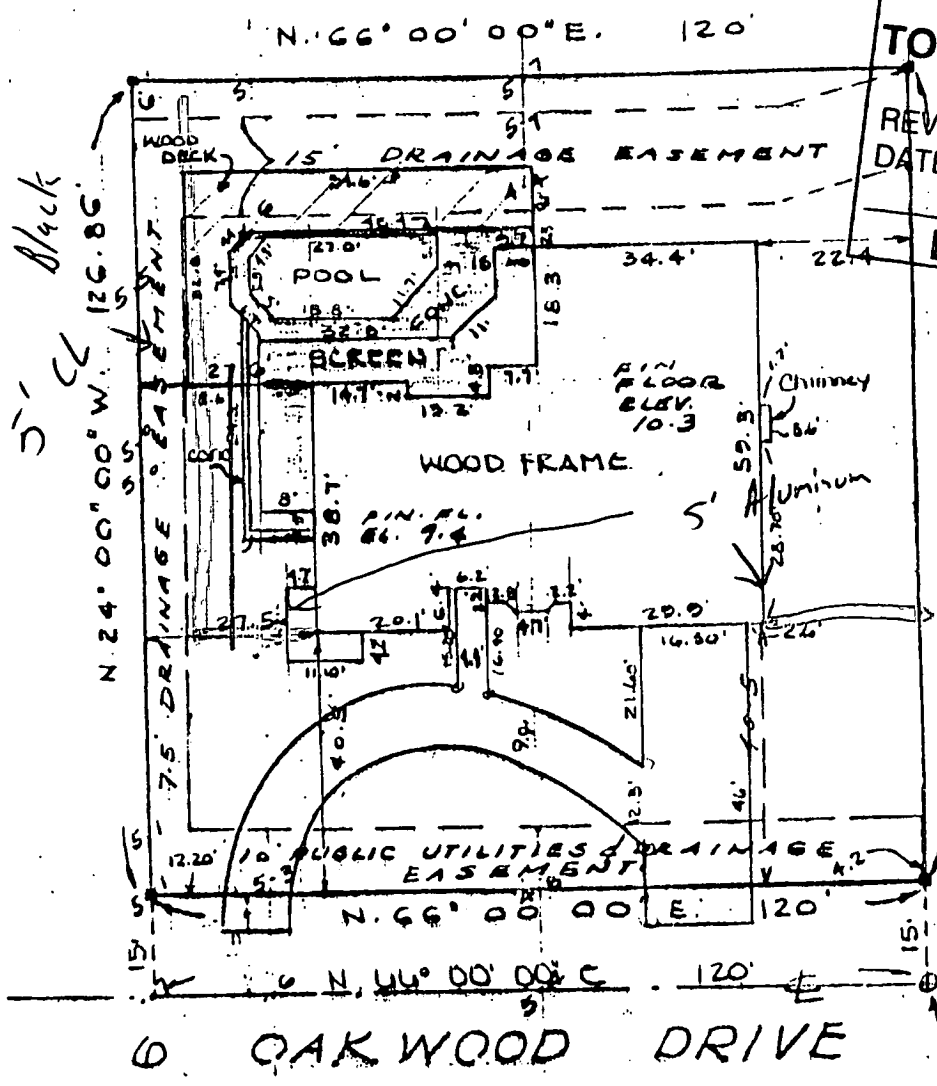
IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **FENCING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF SEPTEMBER 20 06  
AND ENDING SEPTEMBER 30 2007

11 2005 44512.0001

PORTER, JASON R.  
PREMIER FENCING LLC  
5793 SE PINE DR.  
STUART FL 34997



FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 6/13/87  
 BUILDING OFFICIAL

- 1. BEARING BASE  
 & OAKWOOD DR.
- 2. Denotes  
 CONG. MAN.
- 3. Elevations  
 refer to NGVD.
- 4. Located in  
 Flood Zone "A" (elev 9)

A SURVEY OF

Lot 4  
 OAKWOOD

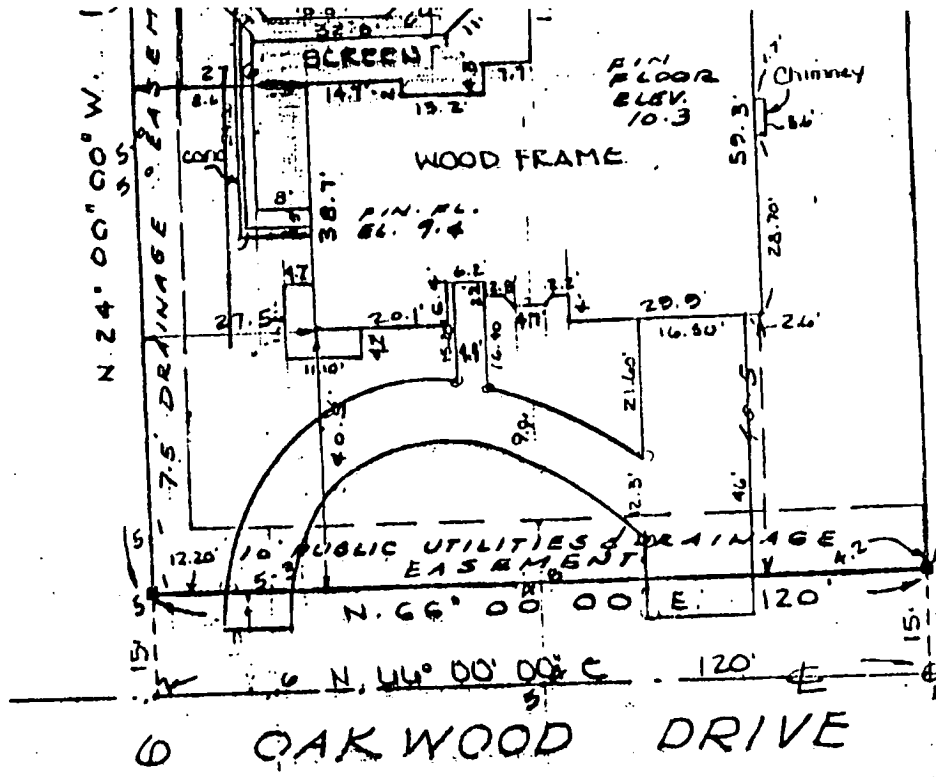
ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 8, PAGE 53, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

FOR

WILLIAM C. & MARY CATHERINA COOK

UPDATED 12-19-88 W.O. 146A  
 UPDATED 9-13-85  
 ADDED TIE-IN  
 11-8-84

SEWALL'S POINT RD.



- 1. BEARING BASE & OAKWOOD DR.
- 2. Denotes CONC. Man.
- 3. Elevations refer to NGVD.
- 4. Located in Flood Zone "X" (elev 9)

SEMI-SPOILED

# A SURVEY OF

## Lot 4 OAKWOOD

ACCORDING TO THE PLAT THEREOF AS RECORDED IN FLAT BOOK 8, PAGE 53, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

FOR

WILLIAM C. & MARY CATHERINA COOK

UPDATED 12-19-88 W.O.# 1464  
 UPDATED 9-13-85  
 ADDED TIE-IN  
 11-8-84

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21H-8, F.A.C. I hereby certify to AMERIFIRST BANK; A FEDERAL SAVINGS BANK and/or assigns; Reiman, Harrell, Silberhorn & Graham, P.A.; Chicago Title Insurance Company and William C. and Mary Catherina Cook 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. No search of the public records made for errors or omissions of said description. Easements of record not shown unless furnished.

**DON WILLIAMS & ASSOCIATES, INC.**  
 LAND SURVEYORS

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

1115 E. OCEAN BLVD. STUART, FLA. 34996

(305) 283-2977

F.B. 19 P Page 59 W.O. # \_\_\_\_\_

SCALE: 1" = 30'

DATE 2-13-84

PLAT BOOK: 8

PAGE: 53

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 6-20, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8602	Armstrong	In Progress	PASS	
3	41 W High Pt All American			INSPECTOR: <i>AW</i>
8528	Masterpiece	turns	PASS	
5	5 Mandalay Masterpiece	REINSPECTION		INSPECTOR: <i>AW</i>
8517	Crispin	Final	FAIL	#40 FEE
2	30 E High Pt Elite Elec.			INSPECTOR: <i>AW</i>
<del>8622</del>	<del>Goodman</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSED</del>
4	6 Oakwood Dr Premier Tanning			INSPECTOR: <i>AW</i>
8621	Knudson	Form	PASS	
8	135 Via Luendia Pools by Greg			INSPECTOR: <i>AW</i>
Tree	Shutts	Tree	PASS	
7	46 Riv Vista Dr OB			INSPECTOR: <i>AW</i>
Tree	Lancaster	Tree	PASS	
6	8 Pineapple Ln OB			INSPECTOR: <i>AW</i>
OTHER:	C.E. 16 MIRAMAR HIGH PASS/WEEDS			

**10317**

**DRIVEWAY REPAIR**





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:	10317	DATE ISSUED:	JANUARY 7, 2013
SCOPE OF WORK:	DRIVEWAY REPAIR		
CONTRACTOR:	MOSLEY & SONS		
PARCEL CONTROL NUMBER:	133841009-000-000400	SUBDIVISION	OAKWOOD - LOT 4
CONSTRUCTION ADDRESS:	6 OAKWOOD DR		
OWNER NAME:	GOODMAN		
QUALIFIER:	PHILIP MORGAN JR	CONTACT PHONE NUMBER:	287-6967

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

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

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

### INSPECTIONS

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

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

Town of Sewall's Point

10317

Date: 1/4/13
BUILDING PERMIT APPLICATION Permit Number:
OWNER/LESSEE NAME: Philip Goodman Phone (Day) 29-7900 (Fax) 772-918-6550
Job Site Address: 6 Oakwood DR City: Sewalls P State: FL Zip: 34996
Legal Description Oakwood Lot 4 Parcel Control Number: 17-38-41 009 000 00040 0
Fee Simple Holder Name: Philip Goodman Address: same
City: State: Zip: Telephone:

\*SCOPE OF WORK (PLEASE BE SPECIFIC):

Driveway repair

WILL OWNER BE THE CONTRACTOR?

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

Has a Zoning Variance ever been granted on this property?

YES (YEAR) NO [checked]
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 1400

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

Is subject property located in flood hazard area? VE10 AE9 AE8 X AE

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$

(Fair Market Value of the Primary Structure only, Minus the land value)

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Mosley + Sons Phone: 287-6967 Fax: 287-7225

Qualifiers name: Philip Morgan Jr. 1400 SE Monterey St. Stuart State: 34994

State License Number CGC036047 OR: Municipality: License Number:

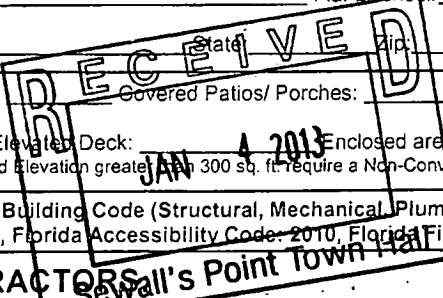
LOCAL CONTACT: Philip Morgan Jr. Phone Number: 287-6967

DESIGN PROFESSIONAL: NA Fla. License #

Street: City: State: Zip: Phone Number:

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

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



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

WARNINGS TO OWNERS AND CONTRACTORS

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

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

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X
State of Florida, County of: Martin
On This the 4 day of January 2013
by Philip W Morgan, Jr. who is personally
known to me or produced
As identification Notary Public State of Florida
Kimberly K Long My Commission # 084774 Notary Public
My Commission Expires 05/28/2015

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

**Martin County, Florida  
Laurel Kelly, C.F.A**
*generated on 1/7/2013 10:13:22 AM EST*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-009-000-00040-0	27842	6 OAKWOOD DR, SEWALL'S POINT	\$375,870	1/5/2013

---

**Owner Information**

Owner(Current)	GOODMAN PHILIP (TR)
Owner/Mail Address	6 OAKWOOD DR STUART FL 34996
Sale Date	7/27/2000
Document Book/Page	1499 0930
Document No.	JMB
Sale Price	0

---

**Location/Description**

Account #	27842	Map Page No.	SP-05
Tax District	2200	Legal Description	OAKWOOD LOT 4
Parcel Address	6 OAKWOOD DR, SEWALL'S POINT		
Acres	.3490		

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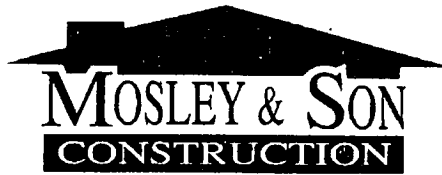
**Parcel Type**

Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

---

**Assessment Information**

Market Land Value	\$175,000
Market Improvement Value	\$200,870
Market Total Value	\$375,870



**PROPOSAL**

TO:	Katherine Goodman	DATE:	01/04/2013
	<i>6 Oakwood Dr</i>	PHONE:	772-220-4343
FROM:	Gary Mosley	FAX:	772-283-3747
		JOB:	Water Pointe

WE SUBMIT SPECIFICATIONS AND ESTIMATES ON THE ABOVE NAMED JOB FOR:

<u>DESCRIPTION</u>	<u>PRICE</u>
Remove and dispose of broken driveway at <i>Oakwood</i> <del>Oaks Way</del> Lot # <i>64</i> in South Sewell's Point 24' Long x 10' Wide - 4" thick with 3000 psi concrete with fiber mesh reinforcing Also replace 2 pieces of wood expansion joints	
<b>TOTAL</b>	<b>\$ 1,250.00</b>

**\*\* ANY UNDERGROUND CABLE, ELECTRIC, TELEPHONE LINES, ETC. ARE TO BE MARKED BY OWNER AND DAMAGE TO ANY CABLE WILL BE REPAIRED AT OWNERS EXPENSE. \*\***

**\*\* Mosley & Son Construction, Inc. will not provide any barricades or traffic control nor will we be held liable for any damage caused in relation to them. \*\***

WE PROPOSED TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATIONS, FOR THE SUM OF \$ as stated above

**ACCORDING TO FINAL FIELD MEASUREMENTS**

AUTHORIZED SIGNATURE: *Melby Williams for Gary Mosley*

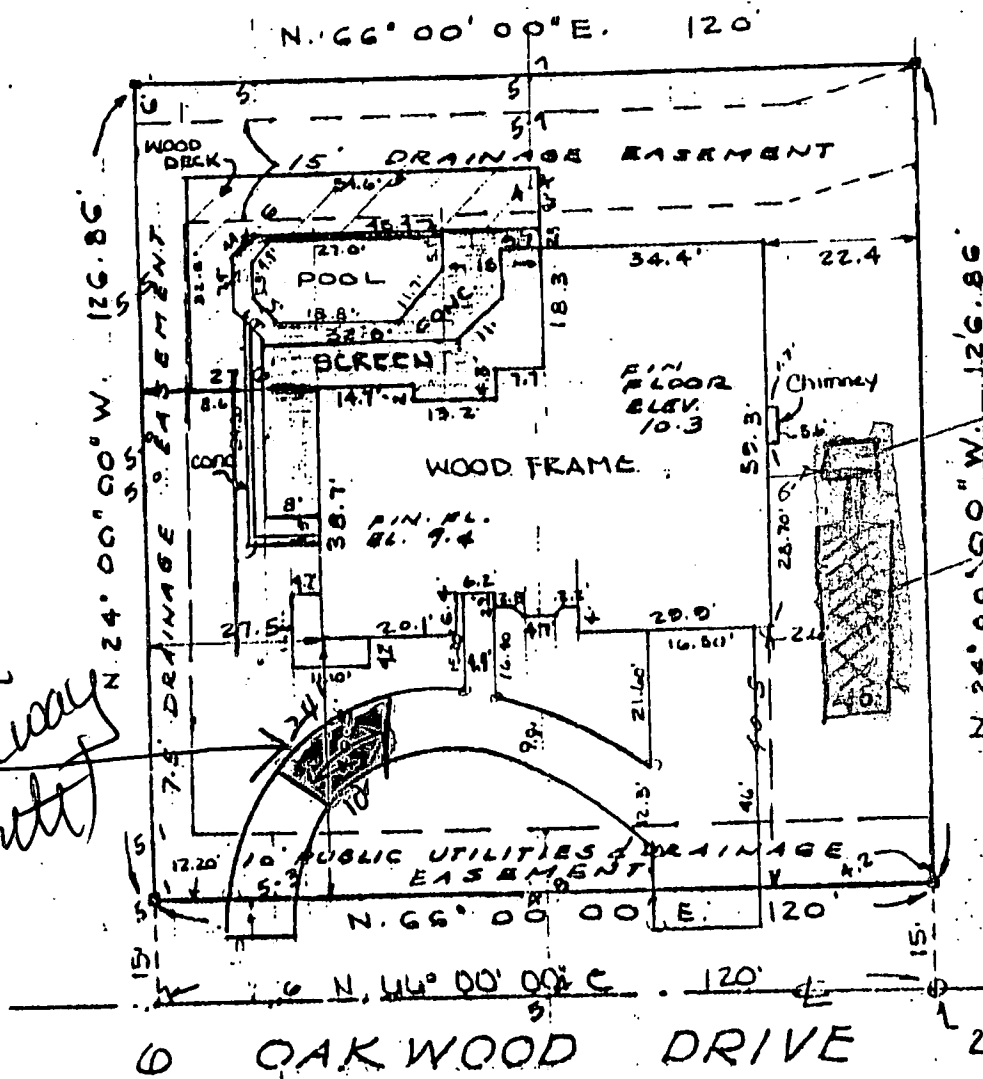
NOTE: This proposal may be withdrawn by us if not accepted within 90 days.

**\*\* ACCEPTANCE OF PROPOSAL \*\***

THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK SPECIFIED. PAYMENT WILL BE MADE AS OUTLINED ABOVE.

AUTHORIZED SIGNATURE: *[Signature]*

DATE OF ACCEPTANCE: *1/4/13*  
*Please sign and return a copy for our records.*



4x6 TRUSS

DRIVE

Repair Driveway Concrete

- 1 BEARING BASE & OAKWOOD DR.
- 2 - Denotes CONC. Man.
- 3 Elevations refer to NGVD.
- 4 Located in Flood Zone "A3" (elev 9)

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

A SURVEY OF

Lot 4  
OAKWOOD

ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 8, PAGE 53, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

FOR

WILLIAM C. & MARY CATHERINA COOK

UPDATED 12-19-88 W.O.# 1464  
 UPDATED 9-13-85  
 ADDED TIE-IN  
 11-8-84

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C. I hereby certify to AMERIFIRST BANK, A FEDERAL SAVINGS BANK and/or assigns; Reiman, Harrell, Silberhorn & Graham, P.A.; Chicago Title Insurance Company and William C. and Mary Catherina Cook 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. No search of the public records made for errors or omissions of said description. Easements of record not shown unless furnished.

**DON WILLIAMS & ASSOCIATES, INC.**  
LAND SURVEYORS

*W.L. Williams*  
W.L. WILLIAMS

1115 E. OCEAN BLVD. STUART, FLA. 34996

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

(305) 283-2977

F.B. 19 P Page 59

W.O. #

SCALE: 1" = 30'

DATE 2-13-84

PLAT BOOK: 8

PAGE: 53

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 1-14-13 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10308	Higgins 18 S. Via Lucinda Axx Builders	Final Patio	PASS	CLOSE  INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Moscatoello 1 Worth Ct	Tree	OK	  INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10283	Genivco 15 Lantana Stuart Fence	Final Fence	PASS	CLOSE  INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9997	Burkhard 106 S Sewalls Driftwood	electrical final meter	PASS	Reason For FPL ✓  INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Ceccarelli 19 Rio Vista Dr	Tree	OK	SEE NOTE  INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10317</del>	<del>Goodman 16 Oakwood Dr</del> Mooly	<del>P-Pour Down</del>	<del>PASS</del>	  INSPECTOR <i>GA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10315	Kingston 12 ADMIRALS WALK Lowe's	Door ROOF	PASS	  INSPECTOR <i>GA</i>





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

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

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

Owner Philip Goodman Address 6 OAKWOOD DR. Phone 772-219-7900

Contractor N/A Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: FICUS

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Reason for tree removal/relocation LIFTING DRIVEWAY

INTO NEIGHBOR'S SEPTIC (WEST)

Signature of Property Owner [Signature] Date 7/20/07

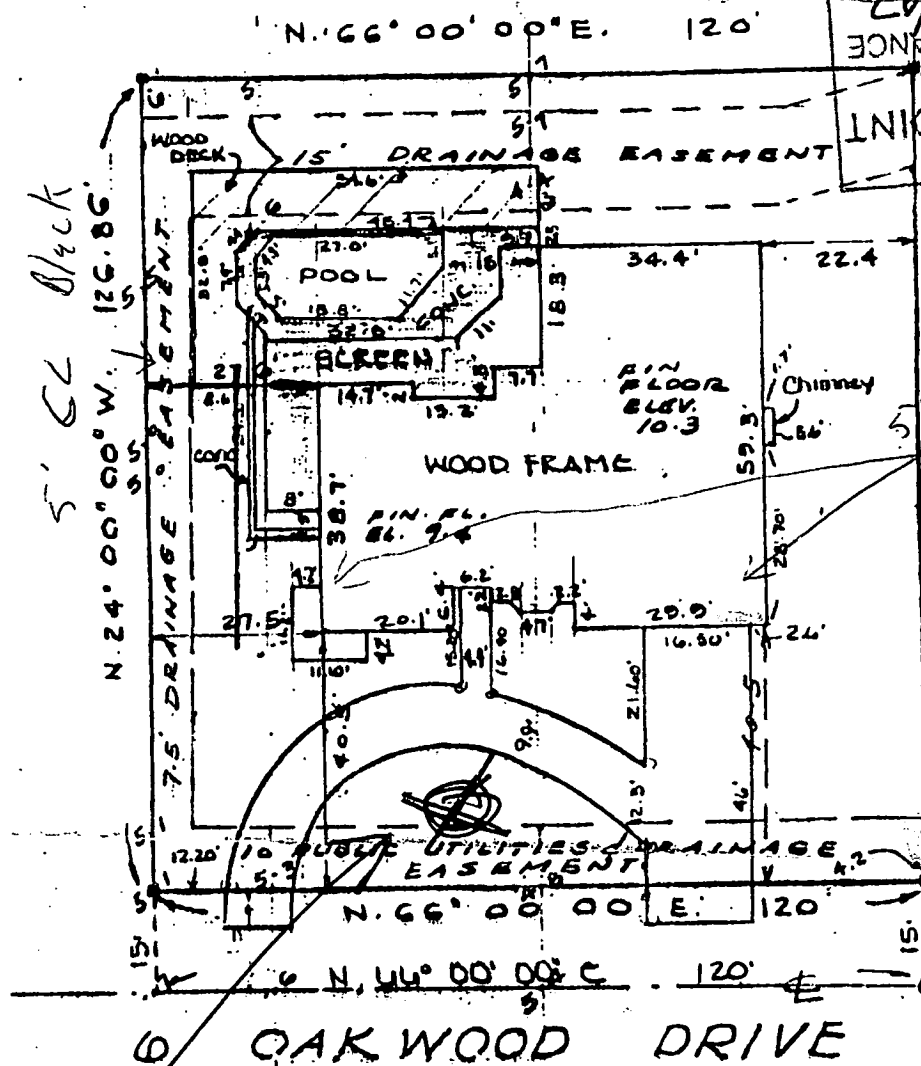
Approved by Building Inspector [Signature] Date 7/23 Fee: 0

NOTES: \_\_\_\_\_

SKETCH:



BUILDING OFFICIAL  
 REVIEWED FOR COMPLIANCE  
 THESE PLANS HAVE BEEN  
 TOWN OF SEWELL'S POINT  
 FIELD COPY  
 DATE  
 10/6/2011



- 1. BEARING BASE & OAKWOOD DR.
- 2. Denotes CONC. Man.
- 3. Elevations refer to NGVD.
- 4. Located in Flood Zone "A5" (elev 9)

FIGUS  
TABLE

A SURVEY OF

6 OAKWOOD

Lot 4  
OAKWOOD

ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 8, PAGE 53, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

772-219-7900 FOR

~~WILLIAM C. & MARY CATHERINA COOK~~

Philip Goodman

UPDATED 12-19-88 W.O. 1969  
 UPDATED 9-15-85

SEWELL'S POINT RD.



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-220-4765

**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

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

Owner Goodman, Philip Address 6 Oakwood Phone 772-530-5386

Contractor Ismael Rodegus Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 2 Species: palms Queen

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

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

**ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY**

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

Signature of Property Owner [Signature] Date \_\_\_\_\_

Approved by Building Inspector: [Signature] Date 4-21-14 Fee: N/A

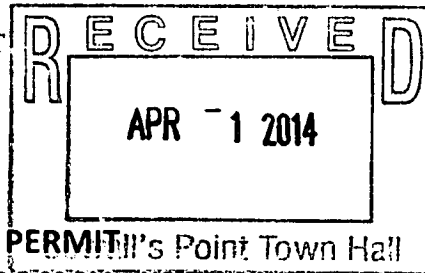
NOTES: \_\_\_\_\_

SKETCH:

RECEIVED  
APR 21 2014



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



**TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT** Sewall's Point Town Hall

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

Owner Philip Goodman Address ~~6 Oakwood~~ Phone 772-219-7900

Contractor Fsmiel Rodegury Address Indianwood Phone 772-530-2289

No. of Trees: REMOVE 2 Species: palm

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

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

**ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY**

Reason for tree removal /relocation (See notice above) fungus / Gamma Derma

Signature of Property Owner [Signature] Date 3/6/14

Approved by Building Inspector: [Signature] Date 4-2-14 Fee: N/C

NOTES: \_\_\_\_\_

