

9 Oakwood Drive

TOWN OF SEWALL'S POINT BUILDING PERMIT

1330410090000011050000
 PARCEL CONTROL NUMBER _____

PERMIT NUMBER 4205

DATE ISSUED 6/19/97

OWNER PAUL DES ROSIERS

CONTRACTOR OR OWNER/BLDR. GLACE HOMES

ADDRESS 9 OAKWOOD DR

ADDRESS COASTAL PROFESSIONAL BLDG

CITY/ST/ZIP _____

CITY/ST/ZIP 704 US 1 SUITE 27

TELEPHONE _____

TELEPHONE N. PALM BEACH, FL

FLOOD ZONE C

TO BE CONSTRUCTED _____

SITE ADDRESS 9 OAKWOOD DR

SUBDIVISION OAKWOOD

CONSTRUCTION VALUE _____

HOLD SUPERVISOR

7/27-97 Patrick 9
 Exterminating Inc. JK
 3061 S.E. JAY ST. STUART, FL 34997
 561-286-6812 / 561-546-3722
 561-562-3700 / 561-744-2681

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

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

TOTAL 3513 92
 PAID BY CHECK 2062

Huntless Jim 1/8/97

BUILDING INSPECTION (SIGN OFF)

(FOR OFFICIAL USE ONLY)

- FORM BOARD SURVEY - DATE _____
- ROUGH PLUMBING Jim DATE 7/21/97
- TERMITE PROTECTION . DATE 7/21/97
- FOOTING-SLAB Jim DATE 7/28/97
- LINTEL Jim DATE 8/10/97
- *ROUGH ELECTRIC Jim DATE 10/16/97
- *FRAMING Jim DATE 10/16/97
- A/C DUCTS Jim DATE 10/16/97

- NAILING Jim DATE 9/3/97
- *ROOF Jim DATE 8/8/97
- INSULATION Jim DATE 1/8/97
- FINAL ELECTRIC _____ DATE _____
- FINAL PLUMBING _____ DATE _____
- SEPTIC FINAL _____ DATE _____
- DRIVEWAY Jim DATE 1-6/97
- FINAL C.O. _____ DATE _____

* RED TAG . 10/19/97 Jim

PERMIT AUTHORIZED BY Jim

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

WORK SHEET

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date _____

BUILDING PERMIT NO. 4205

Building to be erected for DES ROSIERS Type of Permit BUILDING

Applied for by _____ (Contractor) Building Fee 1500.64

Subdivision OAKWOOD Lot 11 Block _____ Radon Fee 25.08

Address 9 OAKWAGON DRIVE - Impact Fee 1008.20

Type of structure S. F. R. A/C Fee 100.00

Electrical Fee 100.00

Parcel Control Number: _____ Plumbing Fee 100.00

Roofing Fee 100.00

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

Total Construction Cost \$ 197,500 (TOWN EST.) TOTAL Fees 3013.92

Signed _____ Signed _____

Applicant

Town Building Inspector

$221,600 \times \$0.008 = 1772.80$

$2508(LA) @ 60/SF = 168,480$

567 GARAGE
162 PORCH
435 LAND - 1164 @ 25/SF 29,100

197,500

Town of Sewall's Point



P.I.N. 133841009 00000 1105 0000 Date _____

BUILDING PERMIT APPLICATION

to construct:

RESIDENTIAL NEW CONSTRUCTION ADDITION ALTERATION
COMMERCIAL

SQ. FEET _____
DEMOLITION _____
SQ. FEET _____
NET CHANGE _____

OTHER: _____ CONTRACT PRICE \$221,600.00

Owner's Name Paul E. and Jean DesRosiers

Owner's Address 5685 Winged Foot Drive, Stuart, FL 34997

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

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

City _____ State _____ Zip _____

Contractor's Name Glance Homes

Contractor's Address 784 U.S. Hwy. #1, Ste. 22

City North Palm Beach State FL Zip 33408

Job Name _____

Job Address Oakwood Drive

City Stuart County Martin

Legal Description Lot 11, Oakwood, as recorded in Plat Book 8, Page 53,
public records of Martin County, Florida

Bonding Company N/A

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name Joel Winter James Pait

Architect/Engineer's Address Stuart, FL Stuart, FL

Mortgage Lender's Name SunTrust Bank, Treasure Coast, N.A.,
National Banking Association

Mortgage Lender's Address 111 Orange Ave., Ft. Pierce, FL 34950

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

4205

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

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

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

Paul & Jean Desrosiers
Owner or Agent

May 7, 1997
Date


[Signature]
Contractor

May 7, 1997
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 23 day of MAY, 1997, by PAUL & JEAN DESROSIERES, who: [] is/are personally known to me, or [] has/have produced PERSONAL KNOWLEDGE as identification, and who did not take an oath.

[Signature]
Name: RONALD J. CINDRICK

 Ronald J. Cindrick
MY COMMISSION # CC599073 EXPIRES
(NOTARY SEAL) December 28, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

Typed, printed or stamped
I am a Notary Public of the State of
Florida having a commission number of

and my commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

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

Name: _____

(NOTARY SEAL)

Typed, printed or stamped
I am a Notary Public of the State of
Florida having a commission number of

and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 022752

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] Permit Officer

PERMIT GENERAL CONDITIONS

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

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

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

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

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

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

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

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

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

ATTACHMENTS: _____

ACCEPTED:

Paul E DesRosiers
Jean DesRosiers
Owner

R S U
Contractor PRES.

[Signature]
Building Official

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 \$ 22,600.

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.

Paul E DesRosier
Jean DesRosier

Affiant
Property street address:

Sworn to and subscribed
before me this 23 day of
MAY, 1997.
[Signature]

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)
Ronald J. Cindrick
MY COMMISSION # CC599073 EXPIRES
December 28, 2000
BONDED THRU TROY FAIR INSURANCE, INC.



Building Permit No. _____ Tax Folio No. _____

97 MAR 20 PM 4:18

STATE OF Florida 01226788

COUNTY OF Martin

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

This area reserved for Recording Purposes only

1. Description of Property:
 - (legal description of the property, and street address if available)
 - XXXX OAKWOOD DRIVE, STUART, FL 34996
 - Lot 11 of OAKWOOD SUBDIVISION, according to the Plat thereof recorded in Plat Book 8, Page 53, Martin County, public records.
2. General Description of Improvements Single Family Dwelling + Pool
3. Owner Information
 - a. Name and Address PAUL E. DES ROSIERS
5685 Winged Foot Drive, Stuart, Florida 34997
 - b. Interest in property FEE SIMPLE
 - c. Name and address of fee simple titleholder (if other than owner)
4. Contractor (name and address)
 - Glace Homes/CPB, Inc.
 - 784 U.S. 1, Suite 22, North Palm Beach, FL 33408
 - a. Phone number (561) 627-9554
 - b. FAX number (optional, if service by FAX is acceptable)
5. Surety
 - a. Name and Address
 - b. Phone number
 - c. FAX number (optional, if service by FAX is acceptable)
 - d. Amount of bond \$
6. Lender Information
 - a. Name and Address SunTrust Bank, Treasure Coast, N.A.
111 Orange Avenue, Fort Pierce, FL 34950
 - b. Phone number (561)467-6230
 - c. FAX number (optional, if service by FAX is acceptable)
 - d. Designated Contact Paula Chadwick
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes (name and address)
 - a. Phone number (561)467-6230
 - b. FAX number (optional, if service by FAX is acceptable)
8. In addition to himself, Owner designates Paula Chadwick of SunTrust Bank, Treasure Coast, N.A. to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 - a. Phone number (561)467-6230
 - b. FAX number (optional, if service by FAX is acceptable)
9. Expiration date of Notice of Commencement (the expiration date is one (1) Year from the date of recording unless a different date is specified). Other expiration date _____

Paul E. Des Rosiers
Signature of Owner PAUL E. DES ROSIERS

Owner's Name (must be typed)

STATE OF FLORIDA
COUNTY OF Martin

Sworn to and subscribed before me, by the Owner who is personally known to me or who produced FLA D.L.#

as identification, this 14th day

of MARCH, 1997

Notary Public
Signature [Signature]

Print or Type Name LARRY M. STEWART

My Commission Expires 11/22/19

1997-23-1998



#11 S.P.

SUBCONTRACTORS LIST
RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Glance Homes BUILDING PERMIT # ~~150000000~~

MAILING ADDRESS 784 US #1 #22 N.P.B 33408

PLEASE PROVIDE A PRE-APPLICATION SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE INSPECTIONS DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES, AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND/OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTORS' LICENSING OFFICE AT (407) 288-5482 OR (407) 288-5483.

PLEASE INCLUDE ALL MARTIN COUNTY COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

TYPE OF WORK COMPANY NAME LICENSE NUMBER

CONCRETE - FORM	Buwaldas Concrete	SP01760
CONCRETE - FINISH	"	"
BRICK AND STONE	N/A	N/A
BLOCK MASON	Mazza Block	SP01768
COLUMNS AND BEAMS	Reality Builders	MC00285
CARPENTRY - ROUGH	"	"
CARPENTRY - FINISH	"	"
GARAGE DOOR	General Garage	SP00202
ACOUSTICAL	N/A	N/A
DRYWALL - HANG	Fla Stucco + D.W.	CGC014383
DRYWALL - FINISH	"	"
INSULATION	Davidson	SP00375
LATHING	Griffin	SP01994
FIREPLACE	N/A	N/A
PAVING	Buwaldas Concrete	SP01760
WELL	N/A	N/A
LP GAS	Tri County Gas	SP00125
PAINTING	JHD	SP01871
PLASTER AND STUCCO	Griffin	SP01994
STAIRS AND RAILS	N/A	N/A
ROOFING	RTS	CC044888
SEPTIC SYSTEM	N/A	N/A
TILE AND MARBLE	Rizzo	SP01874
WINDOWS AND DOORS	Glance Homes	CGC022752
* PLUMBING	TROPIC	CPC032565

* H.A.R.V.	FL Heat + A/C	CAC 00 8855
* ELECTRICAL	NAE	ME 00 331
* LOW VOLTAGE SECURITY VACUUM SOUND	Communicable	EF 00 723
* IRRIGATION	Hart / GTI	SP 00 734

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MARTIN COUNTY OR STATE LICENSED CONTRACTORS.

I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF FLORIDA
COUNTY OF MARTIN

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE THIS 27 DAY OF February, 1997, BY Richard Lancaster, WHO IS PERSONALLY KNOWN TO ME OR WHO PRODUCED personally known AND WHO DID TAKE AN OATH.

NOTARY SIGNATURE



Ronald J. Cindrick
MY COMMISSION # CC599073 EXPIRES
December 28, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

Certificate of Insurance

The Nationwide Insurance Company indicated below certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate of insurance. This Certificate of Insurance does not amend, extend or otherwise alter the terms and conditions of insurance coverage contained in any policy or policies numbered and described below. Insurance in force only for hazards indicated by X.

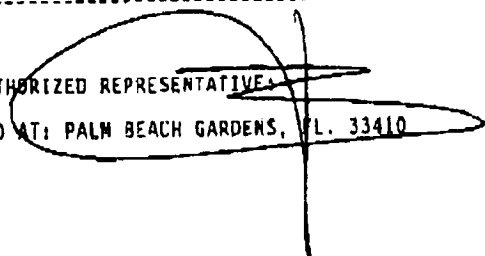
Certificate Holder's Name And Address
 MARTIN COUNTY BUILDING DIVISION
 2401 SE MONTEREY RD
 STUART, FL 34996

Insured's Name and Address
 NORTH ATLANTIC ELECTRIC, INC.
 DAVE DICKERSON
 312 SOUTH OLD DIXIE HWY.
 JUPITER, FL 33458

TYPE OF INSURANCE	POLICY NUMBER AND ISSUING COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> PREMISES-OPERATIONS <input checked="" type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL & ADVERTISING INJURY <input checked="" type="checkbox"/> MEDICAL EXPENSE <input checked="" type="checkbox"/> FIRE DAMAGE LEGAL <input type="checkbox"/> OTHER LIABILITY <input type="checkbox"/> GARAGE LIABILITY-PREMISES	Nationwide 77AC5694613001	3/31/97	3/31/98	GENERAL AGGREGATE \$ 600,000 PR. COMP.OP. AGG. \$ 300,000 EACH OCCURRENCE \$ 300,000 ANY ONE PERSON/ORG \$ 300,000 ANY ONE PERSON \$ 5,000 ANY ONE PERSON \$ 50,000 EACH ACCIDENT AGGREGATE*
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> BUSINESS AUTO <input checked="" type="checkbox"/> GARAGE OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED #FILL-IN EITHER COMBINED SINGLE LIMITS OR SPLIT LIMITS	Nationwide 77BA569461-0004	3/31/97	3/31/98	BODILY INJURY (EACH PERSON) (EACH ACCIDENT) PROPERTY DAMAGE (EACH ACCIDENT) COMBINED SINGLE \$ 300,000 LIMIT
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM				EACH OCCURANCE AGGREGATE*
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY	Nationwide 77WC569461-0003	12/31/96	12/31/97	STATUORY LIMITS BODILY INJURY \$100,000 EACH ACCIDENT BY ACCIDENT BODILY INJURY \$100,000 EACH EMPLOYEE BY DISEASE BODILY INJURY \$500,000 POLICY LIMIT BY DISEASE

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

EFFECTIVE DATE OF CERTIFICATE: 3/31/95
 DATE CERTIFICATE ISSUED: 6/19/97

AUTHORIZED REPRESENTATIVE: 
 COUNTERSIGNED AT: PALM BEACH GARDENS, FL. 33410

MARTIN COUNTY ORIGINAL
1996 COUNTY OCCUPATIONAL LICENSE 1997
Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(813) 288-5604

LICENSE 1985508210 CERT CC#00153
PHONE 1000-000-0000 SIC NO 0000
LOCATION:

312 S OLD DIXIE HWY

PREV YR. \$ 0.00 LIC FEE \$ 25.00
\$ 0.00 PENALTY \$ 0.00
\$ 0.00 COL FEE \$ 0.00
\$ TRANSFER \$ 0.00
TOTAL 25.00

NORTH ATLANTIC ELECTRIC INC
312 S OLD DIXIE HWY #112
JUPITER FL 033458

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF ELEC CONTR.
AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 1996 SEC
AND ENDING SEPTEMBER 30.

09 960905 01 001523

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
DICKERSON, DAVID D.
NORTH ATLANTIC ELECTRIC, INC
312 S OLD DIXIE HWY S-214
JUPITER FL 33458

EXPIRES SEPTEMBER 30, 1997

AUDIT CONTROL NUMBER 24107

CERTIFICATE NUMBER ME00331

AC# 4002441

STATE OF FLORIDA
Department of Business and Professional Regulation
ELECT CONTRACTORS LICENSING BD

DATE	BATCH NUMBER	LICENSE NBR
06/14/1996	95903022	EF -0000723

The ALARM SYSTEM CONTRACTOR I
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS.
Expiration date: AUG 31, 1998

OLSON, ROBERT A
COMMUNI-CABLE, INC
275 TONEY PENNA DRIVE #9
JUPITER FL 33458-5752

LAWTON CHILES
GOVERNOR

DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

ALARM CONTRACTOR

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

OFFICE OF REVENUE

EF0000723

COUNTY OF COUATONAL LICENSE

CW-008

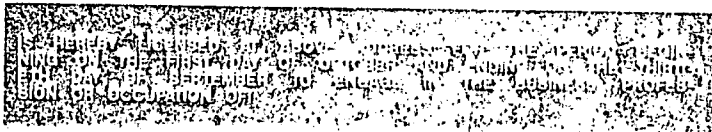
1995-00792
COMMUNI CABLE INC
OLSON ROBERT
275 TONEY PENNA DRIVE #9
JUPITER FL 33458-5752

** LOCATED AT

C/WIDE \$177.00

SAME

TOTAL \$177.00



SPECIALTY CONTR.

THIS IS NOT A BILL - DO NOT PAY

COUNTYWIDE MUNICIPAL LICENSE

PAID. PBC TAX COLLECTOR CK
\$177.00 OCC 39 03156 08-11-1997

TAX COLLECTOR

THIS RECEIPT IS VALID ONLY WHEN RECEIVED BY TAX COLLECTOR
OR WHEN RECEIVED BY THE TAXPAYER AT ESTABLISHMENT OR PLACE OF BUSINESS

Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 4425

FORM 600A-93
 PROJECT NAME:
 AND ADDRESS:

Residential Whole Building Performance Method A

SOUTH

BUILDER: GLACE HOMES

PERMITTING

CLIMATE

OFFICE:

ZONE: 7 | 8 | 9 |

OWNER: DESROSIERS RESIDENCE PERMIT NO.

JURISDICTION NO.

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 2508.00	_____
6. Predominant eave overhang (ft.)	6. 2.00	_____
7. Porch overhang length (ft.)	7. 22.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 420.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 0.0sqft 0.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 254.00 ft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 4.20, 2574.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 190.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=30.00 , 2508.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 10.00	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 10.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.88	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	_____
19. EPI (must not exceed 100 points)	19. 96.10	_____
a. Total As-Built points	19a. 41588.24	_____
b. Total Base points	19b. 43277.79	_____

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

PREPARED BY: _____
 DATE: 4/2/97

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

OWNER/AGENT: _____
 DATE: _____

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

BUILDING OFFICIAL: _____
 DATE: _____

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIE	AREA	x BSPM =	POINTS	TYPE	SC	ORIE	AREA	x SPM	x SOF	= POINTS
N	91.00	109.7	9982.7	SGL CLR		N	23.0	64.5	.71	1056.7
				SGL CLR		N	28.0	64.5	.85	1535.1
				SGL CLR		N	20.0	64.5	.83	1064.8
				SGL CLR		N	20.0	64.5	1.00	1290.0
NE	36.00	109.7	3949.2	SGL CLR		NE	21.0	94.8	.83	1645.7
				SGL CLR		NE	15.0	94.8	1.00	1422.0
E	92.00	109.7	10092.4	SGL CLR		E	16.0	136.3	.79	1718.9
				SGL CLR		E	40.0	136.3	.39	2133.3
				SGL CLR		E	30.0	136.3	.37	1506.5
				SGL CLR		E	6.0	136.3	.67	544.2
S	108.00	109.7	11847.6	SGL CLR		S	24.0	135.6	.72	2346.1
				SGL CLR		S	24.0	135.6	.72	2346.1
				SGL CLR		S	30.0	135.6	.78	3159.5
				SGL CLR		S	30.0	135.6	.30	1220.4
W	78.00	109.7	8556.6	SGL CLR		W	40.0	136.3	.34	1853.7
				SGL CLR		W	16.0	136.3	.79	1718.9
				SGL CLR		W	16.0	136.3	.79	1718.9
				SGL CLR		W	6.0	136.3	.67	544.2
NW	15.00	109.7	1645.5	SGL CLR		NW	15.0	94.8	1.00	1422.0

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,508.00	420.00	.896	46,074.00	41,269.14 30,246.84

NON GLASS-----										
AREA	x BSPM =	POINTS	TYPE	R-VALUE	AREA	x SPM =	POINTS			
WALLS-----										
Ext	2574.0	1.6	4118.4	Ext NormWtBlock In	4.2	2574.0	2.28	5868.7		
Adj	190.0	1.0	190.0	Adj Wood Frame	11.0	190.0	1.00	190.0		
DOORS-----										
Ext	38.0	6.4	243.2	Ext Wood		20.0	9.40	188.0		
				Ext Insulated		18.0	6.40	115.2		
CEILINGS-----										
UA	2508.0	.8	2006.4	Under Attic	30.0	2508.0	.80	2006.4		
FLOORS-----										
Slb	254.0	-20.0	-5080.0	Slab-on-Grade	.0	254.0	-20.00	-5080.0		
INFILTRATION-----										
	2508.0	14.7	36867.6	Practice #2		2508.0	14.70	36867.6		

TOTAL SUMMER POINTS	79,614.73									70,402.76
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TOTAL x SYSTEM = COOLING	TOTAL x CAP x DUCT x SYSTEM x CREDIT = COOLING
SUM PTS MULT POINTS	COMPON RATIO MULT MULT MULT POINTS
79,614.73 .37 29,457.45	70,402.76 1.00 1.100 .340 .950 25,014.10

 WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	91.00	-.4	-36.4	SGL CLR		N	23.0	3.7	1.13	96.5
				SGL CLR		N	28.0	3.7	1.07	110.5
				SGL CLR		N	20.0	3.7	1.08	79.7
				SGL CLR		N	20.0	3.7	1.00	74.0
NE	36.00	-.4	-14.4	SGL CLR		NE	21.0	2.9	1.16	70.4
				SGL CLR		NE	15.0	2.9	1.00	43.5
E	92.00	-.4	-36.8	SGL CLR		E	16.0	.1	5.59	8.9
				SGL CLR		E	40.0	.1	19.17	76.7
				SGL CLR		E	30.0	.1	20.45	61.3
				SGL CLR		E	6.0	.1	8.97	5.4
S	108.00	-.4	-43.2	SGL CLR		S	24.0	-2.0	.58	-28.1
				SGL CLR		S	24.0	-2.0	.58	-28.1
				SGL CLR		S	30.0	-2.0	.70	-41.8
				SGL CLR		S	30.0	-2.0	-1.92	115.2
W	78.00	-.4	-31.2	SGL CLR		W	40.0	.1	22.04	88.2
				SGL CLR		W	16.0	.1	5.59	8.9
				SGL CLR		W	16.0	.1	5.59	8.9
				SGL CLR		W	6.0	.1	8.97	5.4
NW	15.00	-.4	-6.0	SGL CLR		NW	15.0	2.9	1.00	43.5

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ. x	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS		POINTS	POINTS
.15	2,508.00	420.00	.896	-168.00	-150.48	799.19

NON GLASS-----										
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS	
WALLS-----										
Ext	2574.0	.3	772.2	Ext NormWtBlock In	4.2	2574.0	1.02	2625.5		
Adj	190.0	.5	95.0	Adj Wood Frame	11.0	190.0	.50	95.0		
DOORS-----										
Ext	38.0	1.8	68.4	Ext Wood		20.0	2.80	56.0		
				Ext Insulated		18.0	1.80	32.4		
CEILINGS-----										
UA	2508.0	.1	250.8	Under Attic	30.0	2508.0	.10	250.8		
FLOORS-----										
Slb	254.0	-2.1	-533.4	Slab-on-Grade	.0	254.0	-2.10	-533.4		
INFILTRATION-----										
	2508.0	1.2	3009.6	Practice #2		2508.0	1.20	3009.6		

TOTAL WINTER POINTS	3,512.12	6,335.07
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TOTAL x SYSTEM = HEATING	TOTAL x CAP x DUCT x SYSTEM x CREDIT = HEATING
WIN PTS MULT POINTS	COMPON RATIO MULT MULT MULT POINTS
3,512.12 1.10 3,863.33	6,335.07 1.00 1.100 1.000 .950 6,620.14

WATER HEATING

=== BASE ===

=== AS-BUILT ===

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

3	x	3319.0	=	9,957.00		40	.88	1.000	x	3318.0	x	1.00	=	9,954.00
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SUMMARY

=== BASE ===

=== AS-BUILT ===

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COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS		COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
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29457.5	+	3863.3	+	9957.0	=	43,277.79		25014.1	+	6620.1	+	9954.0	=	41,588.24
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 * EPI = 96.10 *

ENERGY GUIDE

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

EPI= 96.1

0 10 20 30 40 50 60 70 80 90 100

-----X-----

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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Clear	X-----			
INSULATION.....					
Ceiling R-Value.....	30.0	R-10		R-30	
Wall R-Value.....	4.2	R-0		R-7	
Floor R-Value.....	0.0	R-0	X-----	R-19	
AIR CONDITIONER.....					
SEER.....	10.0	10.0	SEER	17.0	
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
WATER HEATER.....					
Electric EF.....	0.88	0.88		0.96	
Gas EF.....	0.00	0.54		0.90	
Solar EF.....		0.40		0.80	
OTHER FEATURES.....					

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

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____

RIGHT-J LOAD AND EQUIPMENT SUMMARY

4-2-97

For: GLACE HOMES
 784 US1
 PALM BEACH GARDENS FL 33408
 (561) 627-9554

By: PERSONALIZED AIR CONDITIONING AND HEATING INC
 1744 NW US1
 STUART FL 34994
 (561) 692-9700

Job #: DESROSIERS RESIDENCE
 Wthr : West_Palm_Beach_AP FL
 Zone : MASTER BED AREA

WINTER DESIGN CONDITIONS

SUMMER DESIGN CONDITIONS

Outside db: 45 Deg F
 Inside db: 70 Deg F
 Design TD: 25 Deg F

Outside db: 91 Deg F
 Inside db: 75 Deg F
 Design TD: 16 Deg F
 Daily Range M
 Rel. Hum. : 50 %
 Grains Water 60 gr

HEATING SUMMARY

SENSIBLE COOLING EQUIP LOAD SIZING

Bldg. Heat Loss 13163 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 13163 Btuh

Structure 10645 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data y
 Rate/Swing Mult. 1.00
 Total Sens Equip Load 10645 Btuh

INFILTRATION

LATENT COOLING EQUIP LOAD SIZING

Const Qual a # Fireplaces 0

	HEATING	COOLING
Area (sq.ft.)	795	795
Volume (cu.ft.)	7771	7771
Air Changes/Hour	1.2	0.5
Equivalent CFM	156	65

Internal Gains 460 Btuh
 Ventilation 0 Btuh
 Infiltration 2647 Btuh
 Tot Latent Equip Load 3107 Btuh
 Total Equip Load 13753 Btuh

HEATING EQUIPMENT SUMMARY

COOLING EQUIPMENT SUMMARY

Make AMERICAN STANDARD
 Model 5 KW HEAT
 Type 7A0018 WITH TWV018B14

Make AMERICAN STANDARD
 Model 1.5 TON STRAIGHT COOL
 Type 605 AT .32 IWC HIGH

Efficiency / HSPF 0.0
 Heating Input 17075 Btuh
 Heating Output 17075 Btuh
 Heating Temp Rise 26 Deg F
 Actual Heating Fan 605 CFM
 Htg Air Flow Factor 0.046 CFM/Btuh

COP/EER/SEER 10.0
 Sensible Cooling 12400 Btuh
 Latent Cooling 4200 Btuh
 Total Cooling 16600 Btuh
 Actual Cooling Fan 605 CFM
 Clg Air Flow Factor 0.057 CFM/Btuh

Space Thermostat

Load Sens Heat Ratio 77

RIGHT-J CALCULATION PROCEDURES A,B,C,D

Job #: DESROSIERS RESIDENCE

4-2-97

Procedure A - Winter Infiltration HTM Calculation*

1. Winter Infiltration CFM						
1.2 AC/HR	x	7771 Cu.Ft.	x	0.0167		156 CFM
2. Winter Infiltration Btuh						
1.1	x	156 CFM	x	25 Winter TD	=	4283 Btuh
3. Winter Infiltration HTM						
4283 Btuh	/	156 Total Window	=			27.5 HTM
		& Door Area				

Procedure B - Summer Infiltration HTM Calculation*

1. Summer Infiltration CFM						
0.5 AC/HR	x	7771 Cu.Ft.	x	0.0167		65 CFM
2. Summer Infiltration Btuh						
1.1	x	65 CFM	x	16 Summer TD	=	1142 Btuh
3. Summer Infiltration HTM						
1142 Btuh	/	156 Total Window	=			7.3 HTM
		& Door Area				

Procedure C - Latent Infiltration Gain

0.68	x	60 gr.diff.	x	65 CFM	=	2647 Btuh
------	---	-------------	---	--------	---	-----------

Procedure D - Equipment Sizing Loads

1. Sensible Sizing Load						
Sensible Ventilation Load						
1.1	x	0 Vent.CFM	x	16 Summer TD	=	0 Btuh
Sensible Load for Structure (Line 19)					+	10645 Btuh
Sum of Ventilation and Structure Loads					=	10645 Btuh
Rating and Temperature Swing Multiplie					x	1.00 RSM
Equipment Sizing Load - Sensible					+	10645 Btuh
2. Latent Sizing Load						
Latent Ventilation Load						
0.68	x	0 Vent.CFM	x	60 gr.diff.	=	0 Btuh
Internal Loads = 230 x 2 No. People					+	460 Btuh
Infiltration Load From Procedure C					+	2647 Btuh

*Construction Quality is: a No. of Fireplaces is: 0
 MANUAL J: 7th Ed. RIGHT-J: V1.74 S/N 4282
 Printout certified by ACCA to meet all requirements of Manual Form J

Job #: DESROSIERS RESIDENCE Zone: MASTER BED AREA 4-2-97
 ----- MANUAL J: 7th Ed. ----- RIGHT-J: V1.74 ----- S/N 4282 ----- Page 1 -----

1		Entire House				MASTER BEDROOM					
2		98.0 Ft.				38.0 Ft.					
3		14.0 x 17.0 Ft.				10.0 heat/cool					
4		9.5				10.0 heat/cool					
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	
5	Gross Exposed Walls and Partitions	a	14B	3.6	1.8	966	****	****	380	****	****
		b		0.0	0.0	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass	a	1C	28.9	**	116	3350	****	40	1155	****
		b	8C	28.9	**	0	0	****	0	0	****
	Doors Htg.	c	9A	23.4	**	40	935	****	40	935	****
		d		0.0	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass	North		22.4		109	****	2429	67	****	1416
		NE&NW		45.0		30	****	1350	0	****	0
	Doors Clg.	E&W		59.6		17	****	1036	13	****	695
		SE&SW		0.0		0	****	0	0	****	0
		South		0.0		0	****	0	0	****	0
		Horz		0.0		0	****	0	0	****	0
8	Othr doors	a	10D	11.5	9.0	0	0	0	0	0	0
		b	11C	11.8	9.2	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	14B	3.6	1.8	810	2916	1435	300	1080	531
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	1.3	2.1	795	1053	1685	238	315	505
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a		0.0	0.0	795	0	0	238	0	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		27.5	7.3	156	4283	1142	80	2196	586

13	Subtot Btuh Loss=6+8..+11+12	****	12536	****	****	5682	****
14	Duct Btuh Loss	5%	627	****	5%	284	****
15	Total Btuh Loss = 13+14	****	13163	****	****	5966	****
16	Int. Gains: People @ 300	2	****	600	2	****	600
	Appl. @ 1	0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16	****	****	9677	****	****	4332
18	Duct Btuh Gain	10%	****	968	10%	****	433
19	Total RSH Gain = 17+18	****	****	10645	****	****	4765
20	CFM Air Required	****	605	605	****	274	271

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Job #: DESROSIERS RESIDENCE Zone: MASTER BED AREA 4-2-97

----- MANUAL J: 7th Ed. ----- RIGHT-J: V1.74 ----- S/N 4282 ----- Page 2 -----

		MASTER 1 CLOSET				MASTER 2 CLOSET					
1	Name of Room	MASTER 1 CLOSET				MASTER 2 CLOSET					
2	Running Ft. Exposed Wall	5.0 Ft.				5.0 Ft.					
3	Room Dimensions, Ft.	5.0 x 16.0 Ft.				5.0 x 15.0 Ft.					
4	Ceilings, Ft Condit. Option	9.0	heat/cool			9.0	heat/cool				
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	
5	Gross Exposed Walls and Partitions	a	14B	3.6	1.8	45	****	****	45	****	****
		b		0.0	0.0	0	****	****	0	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	1C	28.9	**	0	0	****	0	0	****
		b	8C	28.9	**	0	0	****	0	0	****
		c	9A	23.4	**	0	0	****	0	0	****
		d		0.0	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.	North		22.4		0	****	0	0	****	0
		NE&NW		45.0		0	****	0	0	****	0
		E&W		59.6		0	****	0	0	****	0
		SE&SW		0.0		0	****	0	0	****	0
		South		0.0		0	****	0	0	****	0
		Horz		0.0		0	****	0	0	****	0
8	Othr doors	a	10D	11.5	9.0	0	0	0	0	0	0
		b	11C	11.8	9.2	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a	14B	3.6	1.8	45	162	80	45	162	80
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16D	1.3	2.1	80	106	170	75	99	159
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a		0.0	0.0	80	0	0	75	0	0

	b	0.0	0.0	0	0	0	0	0	0	0
	c	0.0	0.0	0	0	0	0	0	0	0
12	Infiltration a	27.5	7.3	0	0	0	0	0	0	0
13	Subtot Btuh Loss=6+8..+11+12	****		268	****		****	261	****	
14	Duct Btuh Loss	5%		13	****		5%	13	****	
15	Total Btuh Loss = 13+14	****		281	****		****	274	****	
16	Int. Gains: People @ 300	0	****	0	0	0	****	0		
	Appl. @ 1	0	****	0	0	0	****	0		
17	Subtot RSH Gain=7+8..+12+16	****	****	249	****	****	****	239		
18	Duct Btuh Gain	10%	****	25	10%	****	****	24		
19	Total RSH Gain = 17+18	****	****	274	****	****	****	263		
20	CFM Air Required	****		13	16	****		13	15	

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Job #: DESROSIERS RESIDENCE Zone: MASTER BED AREA 4-2-97
 ----- MANUAL J: 7th Ed. ----- RIGHT-J: V1.74 ----- S/N 4282 ----- Page 3 -----

		MASTER BATH AREA				DEN AREA				
1	Name of Room	MASTER BATH AREA				DEN AREA				
2	Running Ft. Exposed Wall	25.0 Ft.				21.0 Ft.				
3	Room Dimensions, Ft.	14.0 x 14.0 Ft.				13.0 x 14.0 Ft.				
4	Ceilings, Ft	Condit.	Option	10.0	heat/cool	10.0	heat/cool			
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg
5	Gross Exposed Walls and Partitions	a 14B	3.6	1.8	250	****	****	210	****	****
		b	0.0	0.0	0	****	****	0	****	****
		c	0.0	0.0	0	****	****	0	****	****
		d	0.0	0.0	0	****	****	0	****	****
		e	0.0	0.0	0	****	****	0	****	****
		f	0.0	0.0	0	****	****	0	****	****
6	Windows & Glass	a 1C	28.9	**	20	578	****	50	1444	****
		b 8C	28.9	**	0	0	****	0	0	****
	Doors Htg.	c 9A	23.4	**	0	0	****	0	0	****
		d	0.0	**	0	0	****	0	0	****
		e	0.0	**	0	0	****	0	0	****
		f	0.0	**	0	0	****	0	0	****
7	Windows & Glass	North	22.4		20	****	540	20	****	420
		NE&NW	45.0		0	****	0	30	****	1350
	Doors Clg.	E&W	59.6		0	****	0	0	****	0
		SE&SW	0.0		0	****	0	0	****	0
		South	0.0		0	****	0	0	****	0
		Horz	0.0		0	****	0	0	****	0
8	Othr doors	a 10D	11.5	9.0	0	0	0	0	0	0
		b 11C	11.8	9.2	0	0	0	0	0	0
9	Net Exposed Walls and Partitions	a 14B	3.6	1.8	230	828	407	160	576	283
		b	0.0	0.0	0	0	0	0	0	0
		c	0.0	0.0	0	0	0	0	0	0
		d	0.0	0.0	0	0	0	0	0	0
		e	0.0	0.0	0	0	0	0	0	0
		f	0.0	0.0	0	0	0	0	0	0

10	Ceilings	a	16D	1.3	2.1	196	260	416	182	241	386
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a		0.0	0.0	196	0	0	182	0	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		27.5	7.3	20	549	146	50	1373	366
13	Subtot Btuh Loss=6+8..+11+12					****	2214	****	****	3634	****
14	Duct Btuh Loss					5%	111	****	5%	182	****
15	Total Btuh Loss = 13+14					****	2325	****	****	3815	****
16	Int. Gains: People @			300		0	****	0	0	****	0
	Appl. @			1		0	****	0	0	****	0
17	Subtot RSH Gain=7+8..+12+16					****	****	1509	****	****	2805
18	Duct Btuh Gain					10%	****	151	10%	****	281
19	Total RSH Gain = 17+18					****	****	1660	****	****	3086
20	CFM Air Required					****	107	94	****	175	175

--- Printout certified by ACCA to meet all requirements of Manual Form J ---

Job #: DESROSIERS RESIDENCE Zone: MASTER BED AREA 4-2-97
 ----- MANUAL J: 7th Ed. ----- RIGHT-J: V1.74 ----- S/N 4282 ----- Page 4 -----

1	Name of Room	MASTER COMMODE									
2	Running Ft. Exposed Wall	4.0 Ft.									
3	Room Dimensions, Ft.	4.0 x 6.0 Ft.									
4	Ceilings, Ft	Condit. Option	9.0 heat/cool								
	TYPE OF EXPOSURE	CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	
5	Gross Exposed Walls and Partitions	a	14B	3.6	1.8	36	****	****		****	****
		b		0.0	0.0	0	****	****		****	****
		c		0.0	0.0	0	****	****		****	****
		d		0.0	0.0	0	****	****		****	****
		e		0.0	0.0	0	****	****		****	****
		f		0.0	0.0	0	****	****		****	****
6	Windows & Glass Doors Htg.	a	1C	28.9	**	6	173	****			****
		b	8C	28.9	**	0	0	****			****
		c	9A	23.4	**	0	0	****			****
		d		0.0	**	0	0	****			****
		e		0.0	**	0	0	****			****
		f		0.0	**	0	0	****			****
7	Windows & Glass Doors Clg.	North		22.4		2	****	53		****	
		NE&NW		45.0		0	****	0		****	
		E&W		59.6		4	****	342		****	
		SE&SW		0.0		0	****	0		****	
		South		0.0		0	****	0		****	
		Horz		0.0		0	****	0		****	
8	Othr doors	a	10D	11.5	9.0	0	0	0			
		b	11C	11.8	9.2	0	0	0			
9	Net Exposed	a	14B	3.6	1.8	30	108	53			
		b		0.0	0.0	0	0	0			

	Walls and Partitions	c		0.0	0.0	0	0	0										
		d		0.0	0.0	0	0	0										
		e		0.0	0.0	0	0	0										
		f		0.0	0.0	0	0	0										
10	Ceilings	a	16D	1.3	2.1	24	32	51										
		b		0.0	0.0	0	0	0										
		c		0.0	0.0	0	0	0										
11	Floors	a		0.0	0.0	24	0	0										
		b		0.0	0.0	0	0	0										
		c		0.0	0.0	0	0	0										
12	Infiltration	a		27.5	7.3	6	165	44										
13	Subtot Btuh Loss=6+8..+11+12					****	478	****	****								****	
14	Duct Btuh Loss					5%	24	****	****	%								****
15	Total Btuh Loss = 13+14					****	502	****	****									****
16	Int. Gains: People @ 300					0	****	0										****
	Appl. @ 1					0	****	0										****
17	Subtot RSH Gain=7+8..+12+16					****	****	543	****	****								****
18	Duct Btuh Gain					10%	****	54	****	%								****
19	Total RSH Gain = 17+18					****	****	597	****	****								****
20	CFM Air Required					****	23	34	****	****								****

--- Printout certified by ACCA to meet all requirements of Manual Form J ---

MANUAL J: 7th Ed.

RIGHT-J: V1.74

S/N 4282

RIGHT-J WINDOW DATA

Job #: DESROSIERS RESIDENCE

4-2-97

W S D W G L S S O N A S O O W C W S
 N K I A L O T H V G N H V V H H N H
 D Y R L A W R A H L G C R R G T A A
 W L Z E M D G Z L O X Y T M R R

MASTER BEDROOM

a n s a c n n n y 1 90 1.0 2.0 1.0 4.0 44.0 24.0 24.0
 a n e a c n n b y 1 90 1.0 2.0 1.0 4.0 52.0 16.0 2.6
 c n w a c n n b y 1 90 1.0 22.0 1.0 7.0 52.0 40.0 40.0

MASTER 1 CLOSET

MASTER 2 CLOSET

MASTER BATH AREA

a n n a c n n n y 1 90 1.0 2.0 1.0 4.0 27.0 20.0 0.0

DEN AREA

a n n a c n n s n 1 90 1.0 1.5 2.0 4.0 21.0 20.0 0.0

a	n	ne	a	c	n	n	s	n	1	90	1.0	1.5	2.0	4.0	45.0	15.0	0.0
a	n	nw	a	c	n	n	s	n	1	90	1.0	1.5	2.0	4.0	45.0	15.0	0.0

MASTER COMMODE

a	n	e	a	c	n	n	n	y	1	90	1.0	2.0	1.0	2.0	85.0	6.0	2.0
---	---	---	---	---	---	---	---	---	---	----	-----	-----	-----	-----	------	-----	-----

FRASER ENGINEERING AND TESTING, INC.

1001 JUPITER PARK DRIVE, SUITE 118, JUPITER, FLORIDA 33458

JUPITER (407) 746-7698

DELRAY (407) 265-1211

STUART (407) 283-7711

FT. PIERCE 1-800-233-9011

Report of DENSITY OF SOIL IN-PLACE ASTM D2922

CLIENT: Glace Homes

DATE: July 16, 1997

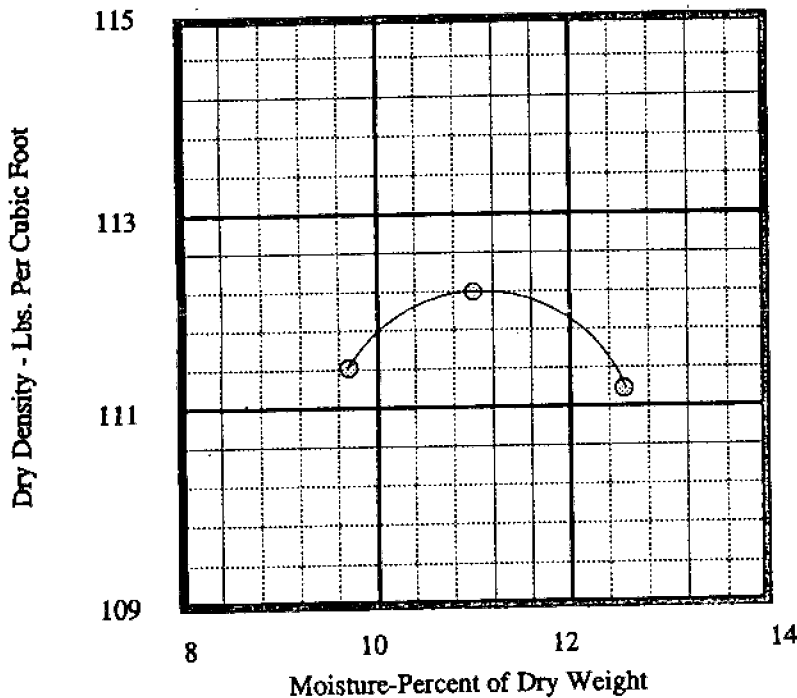
CONTRACTOR: Client

JOB#: 97024

SITE: 9 Oakwood Drive, Sewell's Point
Foundation Pad

PERMIT #: _____

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX DRY WT.		
101	07/15/97	Northwest Corner	0'-1' Below Slab Grade	101	112.2	107.2	95.5
101	07/15/97	Northwest Corner	1'-2' Below Slab Grade	101	112.2	110.5	98.5
101	07/15/97	Center	0'-1' Below Slab Grade	101	112.2	108.6	96.8
101	07/15/97	Center	1'-2' Below Slab Grade	101	112.2	109.9	98.0
101	07/15/97	Southeast Corner	0'-1' Below Slab Grade	101	112.2	107.7	96.0
101	07/15/97	Southeast Corner	1'-2' Below Slab Grade	101	112.2	110.7	98.7



Test Method: ASTM D 1557/C
Sample Location: On-site
Maximum Density: 112.2 pcf
Optimum Moisture: 11.0%

Sample Description:
 Sand, brown, fine, slightly silty, slightly clayey.

Respectfully submitted,

Paul H. Danforth, P.E.



MARTIN COUNTY
BUILDING AND ZONING DEPARTMENT
BUILDING DIVISION

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

PROJECT NAME AND ADDRESS

DeLoren Residence
Lot 11, Oakwood
Sewall's Point, FL

BUILDING DIVISION USE ONLY	
BLDG. PERMIT #	_____
OCCUPANCY TYPE	_____
CONSTRUCTION TYPE	_____
COMMENTS	_____

STATEMENT

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

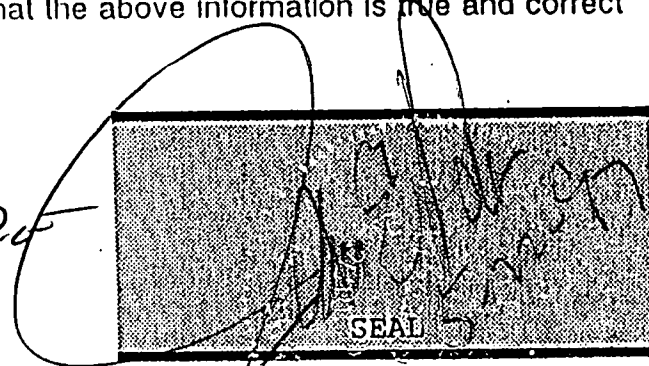
DESIGN PARAMETERS AND ANALYSIS

SOUTH FLORIDA BUILDING CODE (DADE 90.)
STANDARD BUILDING CODE CODE EDITION 1994 ASCE 7-19 _____
OTHER _____
SSTD 10-93 _____
BUILDING DESIGN AS _____ PARTIALLY ENCLOSED _____ ENCLOSED
OPEN _____
BASIC WIND SPEED 110mph _____ 140mph
IMPORTANCE/USE FACTOR 1.0
DESIGN WIND PRESSURE: MWFRS 10 psf COMPONENTS AND CLADDING DESIGN
PRESSURES SCHEDULED ON PLANS YES
MINIMUM SOIL BEARING PRESSURE 200 psf
BUILDING HEIGHT 422 ft
FLOOR LOADS 40 psf
ROOF DEAD LOAD 25 psf
ROOF LIVE LOAD 20 psf
SHEAR WALL CONSIDERED YES
CONTINUOUS LOAD PATH PROVIDED YES
COMPONENTS AND CLADDING DETAILS PROVIDED YES

**APPROVED
AS NOTED**

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

NAME JAMES G. PAUL
CERTIFICATION # 25497
DATE 22 May 1997
DESIGN FIRM JAMES G. PAUL, P.C.
OTHER _____



***** THIS FORM MUST INCLUDE THE PLAN REVIEW CHECKLIST IF
IN THE "FAST TRACK" PERMIT PROGRAM. *****

PLAN REVIEW CHECKLIST

Bldg. Permit #
 Date: 22 May 1997

Owner: MR & MRS DesRosiers
 Architect/Engineer: JOEL E. WINTON
 RESIDENTIAL DESIGNER

MINIMUM CONSTRUCTION DOCUMENT REQUIREMENTS FOR ONE AND TWO FAMILY RESIDENCES, ADDITIONS AND ACCESSORY BUILDINGS.

Specifications: Provide manufacturer, model number and current compliance report numbers (SBCCI or Other) and limitations contained therein, for applicable components & cladding (windows, doors, prefab. fireplaces & gas appliances)

Nailing Schedule: Provide nail sizes and spacing (No staples allowed unless accompanied by current compliance report)

REQUIRED FORMS: (Two copies each)

- Y N N/A Ordinance #288 - Letter of compliance S/S by Architect or Engineer of record. (140 mph Barrier Island Ordinance)
- E Y N N/A M.C. Form #100- S/S by Architect or Engineer of record
- Y N N/A SSTD 10-93 checklist
- R/D Y N N/A Fla. Energy Form #
- R/D Y N N/A Manual "J" - W.P.B. area (dry bulb: summer 91 degrees/winter 45 degrees)
- C Y N N/A One copy of Health Dept. septic permit and stamped plans

PLANS SHALL COMPLY WITH:

- E Y N N/A The Standard Building Code, current state approved edition and shall be prepared, signed and sealed by an Architect or Engineer licensed in the State of Florida as per Florida statutes 471 and 481.
- OR
- Y N N/A The Standard for Hurricane Resistant Residential Construction, SSTD 10-93 and accompanying work sheets must be submitted. NOTE: This standard may be purchased from the construction bookstores or the publisher: Southern Building Code Congress International, Inc. Southeast Regional Office 5840-C South Semoran Blvd. Orlando, FL 32822-4812 Telephone: (407) 380-8691

GENERAL:

- R/D E Y N N/A Plans must have clean, clear or white background with sharp lines & characters. Lined paper or white-outs are not acceptable.
- R/D E Y N N/A All drawings shall be dimensioned and to scale, Maximum size drawings is 24 X 36 or microfilm.
- R/D E Y N N/A Under no circumstances shall notes include the phrases "as per code" or "approved". All notes and details shall be specific.
- R/D E Y N N/A Submit only drawings and information for the building being permitted. Additional material not clearly marked as "void" or "not used", etc. and initialed by the engineer, architect or contractor, will be reason for denial.
- R/D E Y N N/A Any changes to approved sealed drawings shall be approved by the architect or engineer of record and accepted by the Building Department. Items specified as "or equal" shall be approved by the architect or engineer of record and submitted to the Building Department prior to installation.

Changes to 10-93 plans may be made by the Contractor, Designer or Owner.

- R/D Y N N/A Site plan and building shall correspond. Reversed plans are not acceptable.
- R/D Y N N/A Plans must be signed by the designer. [SBC 103.2.1]

MINIMUM DRAWINGS SET SHALL CONSIST OF:

- C Y N N/A Survey w/ NGVD elevations, (property corners and average crown of the road) proposed drainage, flood zone and distance from property line to proposed structure (4 sides).
- R/D E Y N N/A Foundation Plan [Scale: $\frac{1}{4}'' = 1'-0''$]
- R/D E Y N N/A Floor Plan(s) [Scale: $\frac{1}{4}'' = 1'-0''$]
- " Y N N/A Elevation of each side [Scale: $\frac{1}{4}'' = 1'-0''$]
- " Y N N/A Electrical Plan(s) [may be shown on floor plans if shown clearly]
- " Y N N/A Floor Framing Plan(s) [Scale: $\frac{1}{4}'' = 1'-0''$]
- " Y N N/A Roof Framing Plan/Truss Plan
- " Y N N/A Wall Sections & Details of all conditions [Scale: $\frac{3}{4}'' = 1'-0''$]
- " Y N N/A Roof Plan

FOUNDATION PLAN:

- R/D E Y N N/A Footing Schedule (interior, exterior, column footings) show all sizes, spacing and lap of reinforced steel. (Footing locations must match with load bearing wall(s) locations on Truss/Roof framing plan).
- R/D Y N N/A Location of plumbing fixtures and vent stacks
- R/D Y N N/A Termite treated soil, vapor barrier, wire mesh or fiber mesh, minimum slab thickness and strength, clean compacted fill and all slabs and changes in elevations. (fill must be tested for compaction)
- R/D E Y N N/A Crawl space ventilation and access SBC Section 1302.6.3
- R/D E Y N N/A Concrete block construction, show all vertical reinforcement.
- R/D E Y N N/A Interior bearing wall locations, shear wall locations

FLOOR PLAN(S):

- Y N N/A Shear wall locations with typical shear wall section if different than typical wall section.
- R/D Y N N/A Plumbing fixtures low flow
- R/D Y N N/A Attic access (SBC 1708.6)
- R/D Y N N/A Emergency egress windows in bedrooms (SBC 1105.4)
- R/D Y N N/A 2'-8" handicap bathroom door (Chapter 11, Florida Accessibility Code)
- R/D Y N N/A Tempered glass in hazardous locations (SBC 2703)
- R/D Y N N/A Dryer vents not exceeding 25' from dryer to wall or roof cap, including elbows.
- R/D Y N N/A Location of plumbing vent stacks.
- R/D Y N N/A Pan and drain at water heater SPC 1213.7 show locations of drain termination.
- R/D E Y N N/A Exterior doors and windows shall be certified for resistance to local wind pressure as required by Chapter 12 S.B.C.

ELECTRICAL PLANS:

- R/D Y N N/A Electrical layout and riser diagram: Panel, meter location, smoke detectors, A/C handler disconnect and location of outlets per N.E.C. 210-52

ELEVATIONS:

- R/D Y N N/A Roof pitch, eave height, ceiling heights, length of roof overhangs, exterior wall finish, roof ventilation, chimney, guardrail at porches, handrails at step, windows, doors, etc.

A/C PLAN:

Y (N) N/A [Provide complete duct layout with sizes of ducts, grills and C.F.M. supplied per E.E.C. 610.1 ABC.1.] (This may be done as an "as built" before rough duct inspection) Sufficient space shall be provided adjacent to mechanical components to assure adequate access for construction, sealing and maintenance 610.1 ABC.3.0.3. Air handlers in unconditioned space must be installed as per the E.E.C. 410.1. ABC.3.5.

TRUSS/ROOF FRAMING PLAN, FLOOR FRAMING PLAN(S):

R/D E	(Y) N N/A	Show all roof framing members; also indicate bearing walls, columns, beams, drag struts, bracing, change in beam heights, etc.
R/D E	(Y) N N/A	Denote size, grade and specie of lumber for all conventional framing.
	Y N (N/A)	Show uplift and lateral forces for all roof members at determined by SSTD 10-93.
R/D E	(Y) N N/A	List lintel manufacturer, capacity, end conditions, added reinforcing, etc.
R/D E	(Y) N N/A	Sealed truss engineering, including uplift and lateral loads, from manufacturer.
R/D E	(X) N (N/A)	Engineering and specifications for pre-engineered floor systems.
R/D E	(X) N (N/A)	Direction, span and spacing of floor structural members.
R/D E	(Y) N N/A	Show bearing walls and columns above and below. Coordinate with roof framing plan and foundation plan.
R/D E	(Y) N N/A	Pre-engineered members: Indicate load capacity, sizes, bracing, manufacturers details, etc.
R/D E	(X) N (N/A)	Nailing of floor sheathing if used as a diaphragm
R/D E	(Y) N N/A	Uplift on beams, specify hold down connector at each bearing location
R/D E	Y N (N/A)	Show shear wall locations. If 2 story, shear walls must stack or be <u>engineered</u> otherwise.
R/D E	(Y) N N/A	Complete connector schedule with nails or bolts as required by manufacturer (reference structural members and any details)

Y N (N/A) STEEL MEMBERS: Size of members and connection details shall be shown.

WALL SECTIONS AND DETAILS: (SHOW ALL CONDITIONS)

R/D E	(Y) N N/A	Key sections and details to locations on plans.
R/D E	(Y) N N/A	Foundation with reinforcement, 12" below grade minimum (S.B.C. 1302.1.3)
R/D E	(Y) N N/A	Show method of water-stopping masonry walls at floor.
R/D E	(Y) N N/A	Pressure treated plate with anchor bolt size, spacing and embedment. (wood frame)
R/D E	(Y) N N/A	Denote size, grade, species, and spacing of all structural lumber.
R/D E	(Y) N N/A	Show or note splice length and nailing of double top plate for shear walls and load bearing.
R/D E	(Y) N N/A	Wall and roof sheathing with nailing requirements for each zone.
R/D E	(Y) N N/A	Roof structure: Specify framing members with size grade and specie; show all connections, roof pitch, covering and fastener size and spacing.
R/D E	(Y) N N/A	Continuous load path from roof to foundation specifying all connectors and their spacing. For masonry, note vertical and horizontal steel reinforcing, laps, hooks, embedment and concrete covering required.
R/D E	Y N (N/A)	Brick veneer-show additional footing width, tie schedule, and flashing.
R/D E	(Y) N N/A	Insulation - coordinate with energy code calculations for each condition including garage doors.
R/D E	(Y) N N/A	Soffits: Type, compliance report No., attachment
R/D E	(Y) N N/A	Vent attic spaces according to SBC 1708.7
R/D E	(Y) N N/A	All framing, connections, flashing etc. at 2nd floor
R/D E	(Y) N N/A	Tie beam details at step-down(s).
R/D E	(Y) N N/A	Lintel bearing details; show reinforcement, connection to adjacent columns.

Y N N/A Party and fire wall sections (section locations show on floor plan) with test agency and test report number. [U.L., F.M., A.M., A.N.S., A.S.T.M., U.S. GYP.]

R/D Y N N/A Exterior finish - if stucco, show thickness: if siding, indicate compliance report number.

R/D Y N N/A Ceiling and eave heights and overhang length.

Y N N/A GABLE ENDS: Materials, sheathing, bracing, blocking, nailing schedules for sheathing and diaphragms and specify connections to wall below.

R/D X N N/A COMPLETE STAIR SECTION SHOWING: exact headroom [6'8" minimum], exact tread and riser dimensions SBC 1008.3.1, fire stopping - SBC 1704.1, and all connectors

R/D Y N N/A INTERIOR BEARING WALL SECTION(S): Show footing and specify all connections from foundation to roof structure.

Y N N/A GLASS BLOCK: Indicate type, fire resistance rating, mortar type, flashing, anchoring, and reinforcement for wind pressure.

Y N N/A FIREPLACES/CHIMNEYS. Materials, bracing, nailing schedules for sheathing, tie schedule for brick veneer and specifications for connections to roof structure below, check connections of caps (SBC 802). If prefab., provide compliance report and manufacturers installation guidelines. If gas, provide riser diagram.

Y N N/A Special Conditions

MISC INFORMATION AND DETAILS:

R/D E Y N N/A Door & Window details showing all fasteners, dimensions etc Indicate how garage door & window bucks on masonry construction will be attached to meet area wind loads (masonry construction)

R/D X N N/A Handrails and guardrail showing heights, spacing between balusters, handrail size, attachment.

R/D Y N N/A Window and Door schedule (reference any details and location on plans) Each unit or combination of units must be engineered/tested for wind pressures as required by SBC 1205.2C

R/D E Y N N/A Beam/Header/Lintel schedule - This information can be included on framing plans if show clearly.

Y N N/A Fire Sprinkler Plans included - if required

Y N N/A Plans approved by Homeowners Association and/or Architectural Review Committee - if required.

X N N/A BUTT GLAZING: Submit Engineering per SBC 2704.2

Y N N/A PIPING CONTAINED WITHIN OR PASSING THROUGH STRUCTURAL ELEMENTS: provide details

ZONING INFORMATION:

R/D Y N N/A Verified Zoning use and setbacks to property lines, water frontage and preservation areas.

C Y N N/A Two (2) - N.G.V.D. Surveys that include front, sides, and rear measurements to nearest property lines and/or mean high water line.

R/D Y N N/A Height of proposed structure within limits of zoning district requirements.

C Y N N/A Legal description and parcel control number are correct and included on application. (see tax bill)

- R/D Y N N/A Lot coverage does not exceed requirements of zoning district or comprehensive plan.
- R/D Y N N/A Verified that road fronting subject property is an "open" road
- R/D C Y N N/A All preservation areas and easements are noted on surveys and waterfront setbacks are shown to mean high water line.
- Y N N/A Wetland areas and preservation areas are barricaded so they will not be disturbed during construction.
- Y N N/A Plan has homeowners association approval and has met all deed restrictions.

NOTE: THESE REQUIREMENTS ARE NOT ALL INCLUSIVE OF THE CODE REQUIREMENTS FOR THE PROPOSED CONSTRUCTION. ADDITIONAL DRAWINGS, SPECIFICATIONS, CALCULATIONS MAY BE REQUIRED BY THE BUILDING DEPARTMENT.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge and belief. NOTE DESIGNATED AREAS OF RESPONSIBILITY. E = ENGINEER, C = CONTRACTOR, R/D = RES. DESIGNER

E NAME: JAMES B. PAIT
 CERTIFICATION #: 25497
 DATE: 22 May 1997
 DESIGN FIRM: JAMES B. PAIT, P.E.
 OTHER: _____

C CONTRACTOR: Glace Homes
 LICENSE #: CGC 022752
 DATE: 5-21-97
 OWNER: [Signature] Agent
 DATE: 5-21-97

R/D RESIDENTIAL DESIGNER
 NAME: JOEL E. WINTON
 TEL. #: 220-8180
 DATE: 22 May 1997

NOTICE OF Commencement

Building Permit No. _____ Tax Folio No. _____
STATE OF Florida 01224788
COUNTY OF Martin

97 APR 23 11:18
[Handwritten signature]

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

- 1. Description of Property:
(legal description of the property, and street address if available)
XXX OAKWOOD DRIVE, STUART, FL 34996
Lot 11 of OAKWOOD SUBDIVISION, according to the Plat thereof recorded in Plat Book 8, Page 53, Martin County, public records.
- 2. General Description of Improvements Single Family Dwelling + Pool

This area reserved for Recording Purpose only

- 3. Owner Information
 - a. Name and Address PAUL E. DES ROSTERS
5685 Winged Foot Drive, Stuart, Florida 34997
 - b. Interest in property FEE SIMPLE
 - c. Name and address of fee simple titleholder (if other than owner)

- 4. Contractor (name and address)
Glace Homes/CPB, Inc.
784 U.S. 1, Suite 22, North Palm Beach, FL 33408
 - a. Phone number (561) 627-9554
 - b. FAX number (optional, if service by FAX is acceptable)

- 5. Surety
 - a. Name and Address
 - b. Phone number
 - c. FAX number (optional, if service by FAX is acceptable)
 - d. Amount of bond \$

- 6. Lender Information
 - a. Name and Address
SunTrust Bank, Treasure Coast, N.A.
111 Orange Avenue, Fort Pierce, FL 34950
 - b. Phone number (561)487-6230
 - c. FAX number (optional, if service by FAX is acceptable)
 - d. Designated Contact Paula Chadwick

- 7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes (name and address)
 - a. Phone number (561)487-6230
 - b. FAX number (optional, if service by FAX is acceptable)

- 8. In addition to himself, Owner designates Paula Chadwick
of SunTrust Bank, Treasure Coast, N.A. to receive a copy of the Licensor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 - a. Phone number (561)487-6230
 - b. FAX number (optional, if service by FAX is acceptable)

- 9. Expiration date of Notice of Commencement (the expiration date is one (1) Year from the date of recording unless a different date is specified). Other expiration date _____

Paul E. Des Rosters
Signature of Owner PAUL E. DES ROSTERS
Owner's Name (Must be typed)

STATE OF FLORIDA
COUNTY OF Martin
Sworn to and subscribed before me, by the Owner who is personally known to me or who produced FC 214 as identification, this 14 day of March, 1997

Notary Public
Signature [Signature]
Print or Type Name LARRY M. STEWART
My Commission Expires 11/23/98
11/23/98

PAWS



Lawton Chiles
Governor

James T. Howell, M.D., M.P.H.
Secretary

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Paul Desrosiers

SEPTIC TANK PERMIT NO.: HD 97-0114

LEGAL DESCRIPTION: Lot 11 Oakwood

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Department prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

1. Building Permit Number: # A205 (Certification not required for this item).

2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.

3. I certify that the top of the lowest building plumbing stubout is 9" inches (circle one) above below crown of road elevation shown on septic tank permit.

4. I certify that the top of the drainfield pipe elevation is _____

5. I certify that all moderate and or severely limited soils have been removed from an area of _____ feet by _____ feet a minimum depth of _____. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A / B on reverse side) Date Observed: 7/13/97

6. I certify that all moderately and or severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: 7/13/97

- NOTE:
- a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
 - b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
 - c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: STEPHEN J. BROWN

Date: 7/13/97 Job Number: 2277-19-01

As applicant or applicant's representative,
I understand the above requirements.

Susan Tracy
(Signature)

FOR MARTIN COUNTY HEALTH DEPARTMENT USE ONLY

[Signature]
MARTIN COUNTY HEALTH DEPT.
Martin County Health Department Approval Signature
620 So. Dixie Hwy.
Stuart, FL 34994 • (561) 221-4090

7-21-97
(Date)

Stubcert.doc forms disk I Revised 01/17/97

Job #

2277-19-01

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	<u>PAUL DES ROSIERS</u>	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	<u>#9 OAKWOOD DRIVE</u>	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)		
<u>LOT 11, OAKWOOD</u>		
CITY	STATE	ZIP CODE
<u>SEWALL'S POINT</u>	<u>FLA.</u>	

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>12016A</u>	<u>0002</u>	<u>D</u>	<u>6/16/92</u>	<u>A-8</u>	<u>ELEV. 8.00</u>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

- Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.
- (a) FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
(b) FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
(c) FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
(d) FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
- Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
- Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
- The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
- The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

- If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
- Date of the start of construction or substantial improvement _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

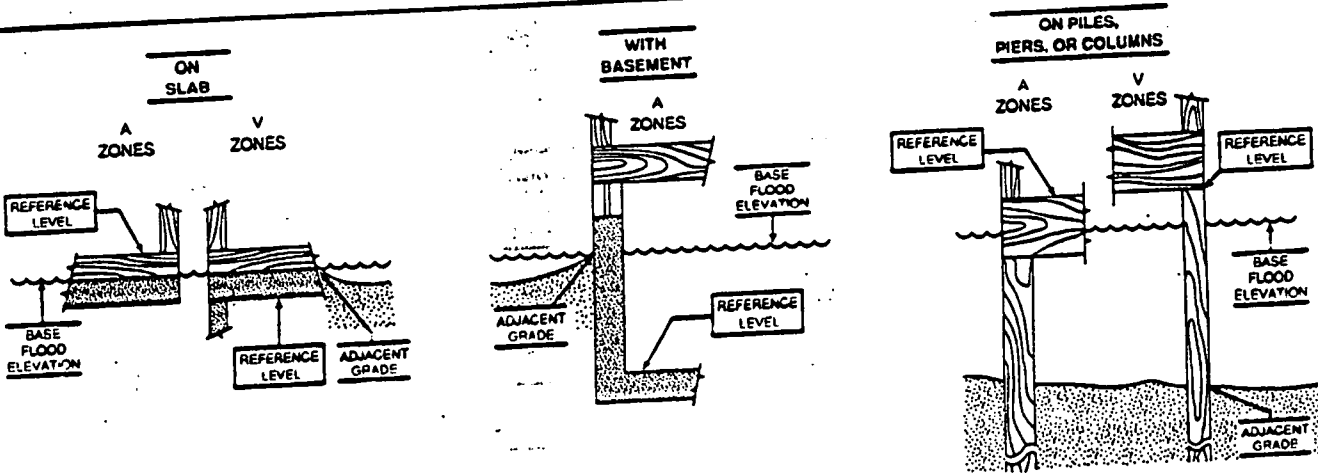
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

*I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

Stephen J. Brown 4049
 CERTIFIER'S NAME LICENSE NUMBER (or Affix Seal)
 Land Surveyor Stephen J. Brown, Inc.
 TITLE COMPANY NAME
 290 Florida Street Stuart
 ADDRESS CITY Florida 34994
 STATE ZIP
 DATE 7/21/97 (407) 288-7176
 PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.



GENERAL SAFETY INFORMATION

EXTERNAL DAMAGE

Do not operate the water heater until it has been fully checked out by a qualified technician, if the water heater:

- Has been exposed to fire or damage.
- Displays evidence of sooting.
- Produces steam or unusually hot water.
- Has been subject to flooding.

If the water heater has been flooded to the control level it must be replaced.

CHEMICAL VAPOR CORROSION



WARNING

CORROSION OF THE FLUEWAYS AND VENT SYSTEM MAY OCCUR. IF AIR FOR COMBUSTION CONTAINS CERTAIN CHEMICAL VAPORS WHICH WILL BREAK DOWN INTO ACIDS AT HIGH TEMPERATURE. SUCH CORROSION MAY RESULT IN FAILURE AND RISK OF ASPHYXIATION.

Spray can propellants, cleaning solvents, refrigerator and air conditioning refrigerants, swimming pool chemicals, calcium and sodium chloride, waxes, and process chemicals are typical compounds which are potentially corrosive.

Do not store products of this sort near the heater. Also, air which is brought in contact with the heater should not contain any of these chemicals. If necessary, uncontaminated air should be obtained from remote or outside sources. The limited warranty is voided when failure of water heater is due to a corrosive atmosphere. (Refer to the limited warranty for complete terms and conditions).

EXTENDED NON-USE PERIODS



WARNING

HYDROGEN GAS CAN BE PRODUCED IN A HOT WATER SYSTEM SERVED BY THIS HEATER THAT HAS NOT BEEN USED FOR A LONG PERIOD OF TIME (GENERALLY TWO WEEKS OR MORE). **HYDROGEN GAS IS EXTREMELY FLAMMABLE.** To reduce the risk of injury under these conditions, it is recommended that the hot water faucet be opened for several minutes at the kitchen sink before using any electrical appliance connected to the hot water system. If hydrogen is present, there will probably be an unusual sound such as air escaping through the pipe as the water begins to flow. THERE SHOULD BE NO SMOKING OR OPEN FLAME NEAR THE FAUCET AT THE TIME IT IS OPEN.

INSULATION BLANKETS

Insulation blankets available to the general public for external use on gas water heaters are not approved for use on your A. O. Smith water heater. The purpose of an insulation blanket is to reduce the standby heat loss encountered with storage tank water heaters. Your A. O. Smith water heater meets or exceeds the National Appliance Energy Conservation Act standards with respect to insulation and standby loss requirements, making an insulation blanket unnecessary.



WARNING

Should you choose to apply an insulation blanket to this heater, you should follow these instructions (See Figure 1 for identification of components mentioned below). Failure to follow these instructions can restrict the air flow required for proper combustion, resulting in fire, asphyxiation, serious personal injury or death.

- Do not cover the outer door, thermostat or temperature & pressure relief valve.
- Do not allow insulation to come within 2" of the floor to prevent blockage of combustion air flow to the burner.
- Do not cover the instruction manual. Keep it on the side of the water heater or nearby for future reference.
- Do obtain new warning and instruction labels from A.O. Smith for placement on the blanket directly over the existing labels.
- Do inspect the insulation blanket frequently to make certain it does not sag, thereby obstructing combustion air flow.

LIQUID PETROLEUM MODELS

Water heaters for propane or liquefied petroleum gas (LPG) are different from natural gas models. A natural gas heater will not function safely on LP gas and no attempt should be made to convert a heater from natural gas to LP gas.

LP gas must be used with great caution; it is highly explosive and heavier than air. It collects first in the low areas making its odor difficult to detect at nose level. If LP gas is present or even suspected, do not attempt to find the cause yourself. Go to a neighbor's house, leaving your doors open to ventilate the house, then call your gas supplier or service agent. Keep area clear until a service call has been made.

At times you may not be able to smell an LP gas leak. One cause is odor fade, which is a loss of the chemical odorant that gives LP gas its distinctive smell. Another cause can be your physical condition, such as having a cold or a diminishing sense of smell with age. For these reasons, the use of a propane gas detector is recommended.

IF YOU EXPERIENCE AN OUIF-OF-GAS SITUATION, DO NOT TRY TO RELIGHT APPLIANCES YOURSELF. Ask your LP delivery person to relight pilots for you. Only trained LP professionals should conduct the required safety checks in accordance with industry standards.

INSTALLATION

REQUIRED ABILITY

INSTALLATION OR SERVICE OF THIS WATER HEATER REQUIRES ABILITY EQUIVALENT TO THAT OF A LICENSED TRADESMAN IN THE FIELD INVOLVED. PLUMBING, AIR SUPPLY, VENTING AND GAS SUPPLY ARE REQUIRED.

GENERAL

The installation must conform to these instructions and the local code authority having jurisdiction. In the absence of local codes, conform to the latest edition of National Fuel Gas Code ANSI Z223.1 and with the National Electrical Code, ANSI/NFPA 70. The code manual can be purchased from the American Gas Association Laboratories, 8501 East Pleasant Valley Road, Cleveland, OH 44131.

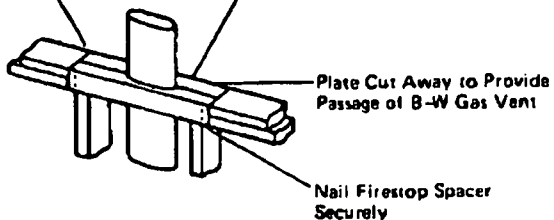
The appliance, when installed, must be electrically grounded in accordance with local codes or in the absence of local codes with the latest edition of National Electrical Code, ANSI/NFPA 70.

LOCATION OF HEATER

The heater is design certified by the American Gas Association for installation on combustible flooring in a closet having minimum clearances from combustible material of: 0" clearance from sides and rear, 4" from the front and 21" from the top. (Standard clearance.) If clearances stated on the heater differ from standard clearances, install water heater according to clearances stated on heater.

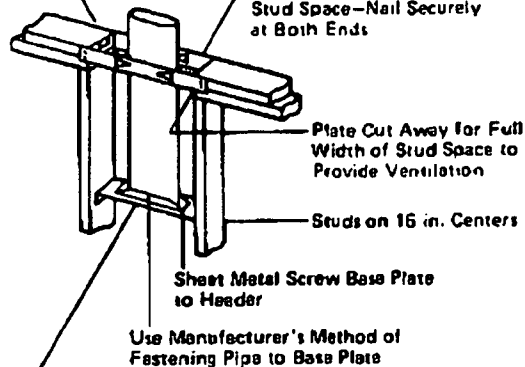
Installation of B-W Gas Vent for Each Subsequent Ceiling or Floor Level of Multistory Buildings

Firestop Spacers Supplied by Manufacturer of B-W Gas Vent



Installation of B-W Gas Vent for One Story Buildings or for First Floor of Multistory Buildings

Ceiling Plate Spacers to Center B-W Gas Vent in Stud Space—Nail Securely at Both Ends



Header Plate of Vented Wall Furnace (Also Acts as Firestop)

For SI units: 1 inch = 2.54 cm

Figure 10. Installation of Type B-W Gas Vents for Vented Wall Furnaces.

6.30 Water Heaters.

6.30.1 Prohibited Installations.

(a) Water heaters shall not be installed in bathrooms, bedrooms, or any occupied rooms normally kept closed. Also see 5.1.8 for flammable vapors.

Exception: Direct vent water heaters.

(b) Single-faucet automatic instantaneous water heaters, as permitted under 7.2.2 in addition to the above, shall not be installed in kitchen sections of light housekeeping rooms or rooms used by transients.

6.30.2 Location. Water heaters of other than the direct vent type shall be located as close as practical to the chimney or gas vent.

6.30.3 Clearance.

(a) The clearances shall not be such as to interfere with combustion air, draft hood clearance and relief, and accessibility for servicing. Listed water heaters shall be installed in accordance with their listing and the manufacturers' instructions.

(b) Unlisted water heaters shall be installed with a clearance of 12 inches (30 cm) on all sides and rear. Combustible floors under unlisted water heaters shall be protected in an approved manner.

6.30.4 Pressure Limiting Devices. A water heater installation shall be provided with overpressure protection by means of an approved device constructed, listed, and installed in accordance with the terms of its listing and the manufacturers' instructions.

The pressure setting of the device shall exceed the water service pressure and shall not exceed the maximum pressure rating of the water heater.

6.30.5 Temperature Limiting Devices. Water heater installation or a hot water storage vessel installation shall be provided with overtemperature protection by means of an approved device constructed, listed, and installed in accordance with the terms of its listing and the manufacturers' instructions.

6.30.6 Temperature, Pressure, and Vacuum Relief Devices. The installation of temperature, pressure, and vacuum relief devices or combinations thereof, and automatic gas shutoff devices, shall be in accordance with the terms of their listing and the manufacturers' instructions.

TOWN OF SEWALL'S POINT, FLORIDA
CERTIFICATE OF APPROVAL FOR OCCUPANCY
RECORD OF INSPECTIONS

Date 6-10-97

This is to request a Certificate of Approval for Occupancy to be issued to Paul E DesRosiers for a structure built under Permit # _____
(Owner of Property)

Subdivision _____ Lot _____ Street Address _____

when completed in conformance with the approved plans.

Paul E DesRosiers
Signed (Owner)

1. Lot Stakes/Set Backs _____
2. Termite Protection _____
3. Footing - Slab _____
4. Rough Plumbing _____
5. Rough Electric _____
6. Lintel _____
7. Roof _____
8. Framing _____
9. Insulation _____
10. A/C Ducts _____
11. Final Electric _____
12. Final Plumbing _____
13. Final Construction _____

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

STEPHEN J. BROWN, INC.

290 FLORIDA STREET, SUITE C, STUART, FLORIDA 34994

(407) 288-7176



" TELECOPIER TRANSMISSION "

DATE: 1/20/98

TIME: 8:15

TO: PHIL

FINAL SURVEY / GLACE HOMES

TELECOPY NO. 220-4765

FROM: STEPHEN J. BROWN, INC.

TELECOPY NO. 407-288-9995

NUMBER OF PAGES SENT: 4
(INCLUDING TRANSMITTAL SHEET)

INITIALS OF SENDER SRB

PLEASE CALL AT OUR OFFICE IF TRANSMISSION IS ILLEGIBLE OR NOT RECEIVED PROPERLY.

407-288-7176

**PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY**

EXPIRES SEPTEMBER 30 19 97

ALDI CONTRACT NUMBER	A-9S37111	CERTIFICATE NUMBER	U-16300
----------------------------	-----------	--------------------	---------

NAME WAYNE A PROPHITT
FIRM SUPERIOR ELECTRIC OF SOUTH
FLORIDA, INC.
9315 S.E. COVE POINT STREET
TEQUESTA, FL 33469

FEE : 115.00

**CERTIFIED
CONTRACTOR** ELECTRICAL

ID #0011446
10/05/95

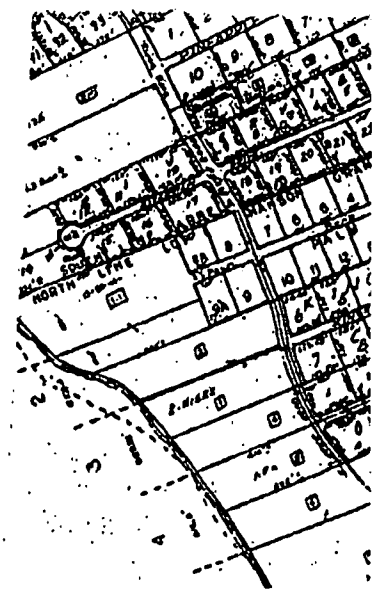
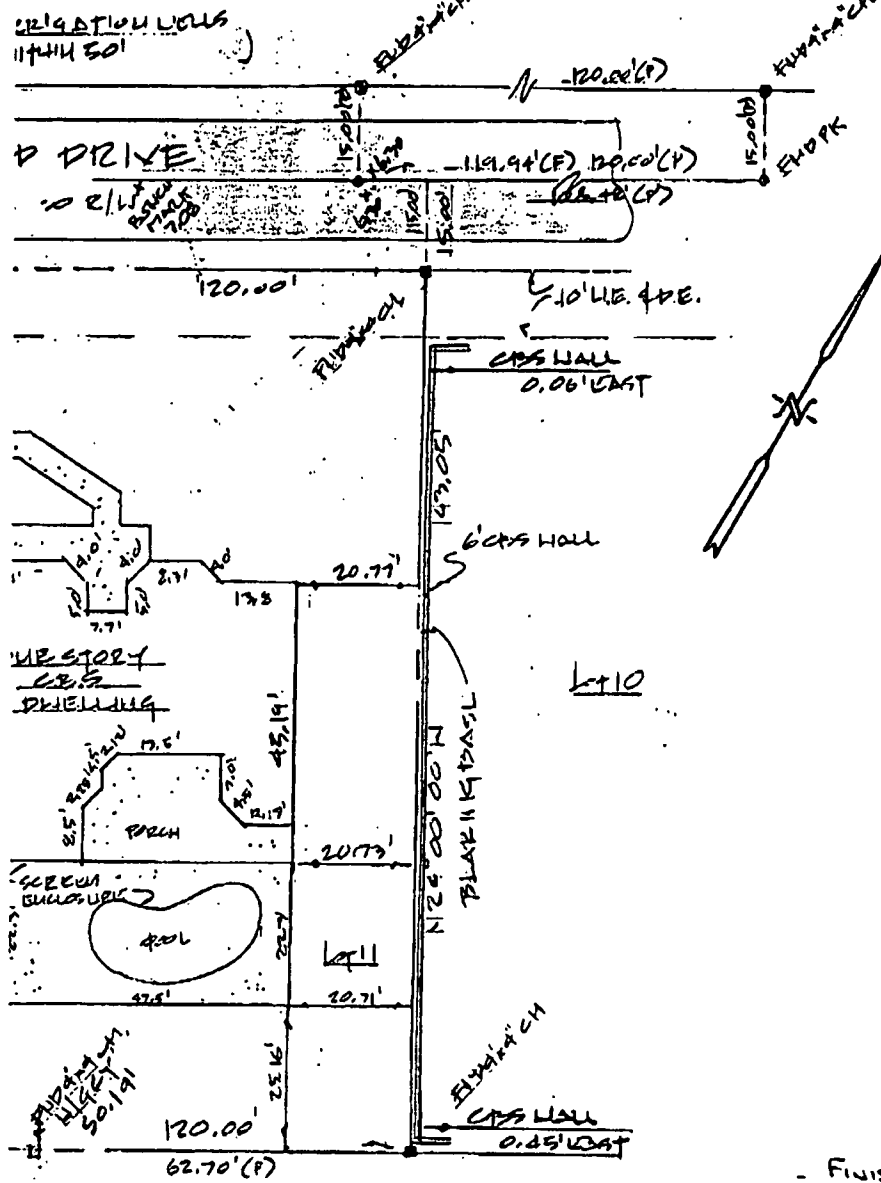
DEI

FOLD HERE

SIGNATURE: 

ATTEST: _____

CONSTRUCTION INDUSTRY LICENSING BOARD
OF PALM BEACH COUNTY



LOCATION I

LEGAL DESC
 KNOWN AS LOT 11, O;
 RECORDED IN PLAT I
 PUBLIC RECORDS OF
 FLORIDA.

FINISHED FLOOR ELEV. = 9.72 }
 ROOF HEIGHT ELEV. = 31.03 }

LOT AREA: 17,166 S/F
 HOUSE FOOT PRINT: 3498 S/F
 POOL, DRIVE & A/C PADS: 2089 S/F

MATSON GRANT
 C1, TADIC 129
 CH, NOM MARTINICO.

INT	MSE	HOUSE	NVD	NATIONAL GEODETIC VERTICAL DATUM	P	PLAT	ROP	REINFORCED CONCRETE PIPE
I & E	INCR	INGRESS & EGRESS EASEMENT	NC	NOT INCLUDED	PB	PLATBOOK	RES	RESIDENCE
INV	INVT	INVEST	NTS	NOT TO SCALE	POC	POINT OF COMMENCEMENT	R/W	RIGHT OF WAY
B	IP	IRON BAR	N	NORTH	PC	POINT OF COMPOUND CURVATURE	R & C	ROD & CAP
B & C	IRP	IRON PIPE	NO	NUMBER	PC	POINT OF CURVATURE	S/L	SAFE UPLAND LINE
L	IRB	IRON BAR & CAP	OR	OFFICIAL RECORD BOOK	PI	POINT OF INTERSECTION	SSM	SANITARY SEWER MANHOLE
L	IRL	ARC LENGTH	O/S	OFFSET	PR	POINT OF REVERSE CURVATURE	SE	SANITARY SEWER SECTION
LE	LE	LANDSCAPE EASEMENT	OH	OVERHANG	PT	POINT OF TANGENCY	SCRN	SCREEN
LE	LE	LICENSE BUSINESS	OE	OVERHANG EASEMENT	PP	POWER POLE	SET 10	SET 3/8 IRON BAR & CAP #1048
LE	LE	LIMITED ACCESS EASEMENT	OP	OVERHEAD POWERLINES	PU	PRIVATE UTILITY EASEMENT	S/T	SEPTIC TANK
LFE	LE	LOWEST FLOOR ELEVATION	OW	OVERHEAD WIRE	PLS	PROFESSIONAL LAND SURVEYOR	S/W	SIDE WALK
ME	LE	MAINTENANCE EASEMENT	PC	PAGE	PROP	PROPOSED	S	SOUTH
MH	LE	MANHOLE	PK & W	PARKER-KALON NAIL	R	RADIUS	SBT	SOUTHERN BELL TELEPHONE BOX
MHW	LE	MEAN HIGH WATER LINE	PK & W	PARKER-KALON NAIL & WASHER	R/S	RAILROAD SPIKE	S/F	SQUARE FEET
N & TT	LE	NAIL & TIN TAB	PMT	PAVEMENT	RNG	RANGE	S/D	SUBDIVISION
N & W	LE	NAIL & WASHER	PRV	PERMANENT CONTROL POINT	QNE	RECIPROCAL MAINTENANCE EASEMENT	T	TANGENT
					RLS	REGISTERED LAND SURVEYOR		

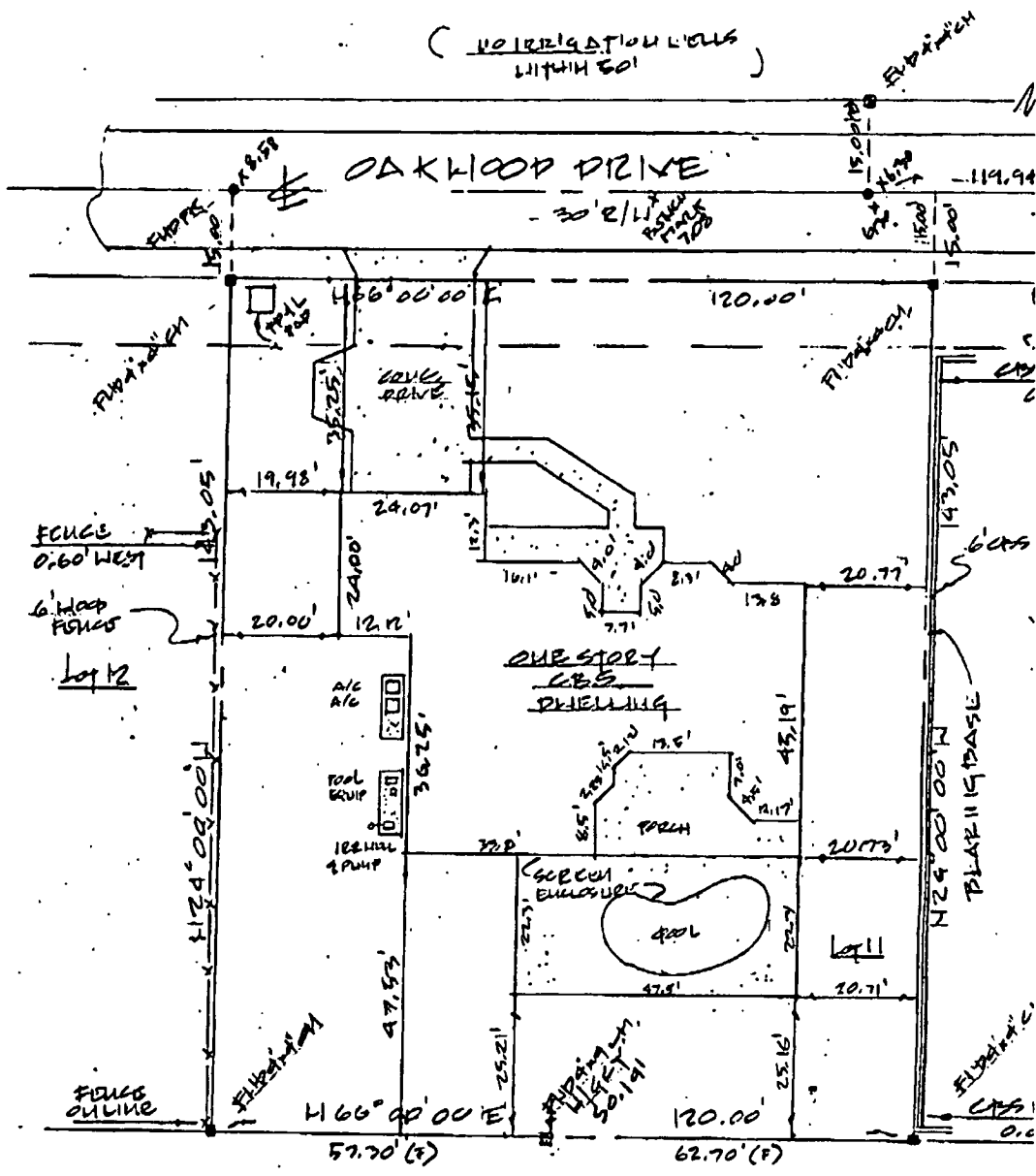
NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.

STEPHEN J. BROWN, INC.

STEPHEN J. BROWN, PROFESSIONAL SURVEYOR AND MAPPER
 REGISTRATION NO. 3049, STATE OF FLORIDA

- NOTES:
- Survey of description as furnished by Client.
 - Lands shown hereon were not abstracted; rights-of-way of record.
 - All bearings are referenced to the east line. Plotted as N 24° 00' 00" W, all others relative.
 - Elevations shown hereon are relative to Datum of 1929, and are based on bench mark.
 - There are no above ground encroachments.
 - The National Flood Insurance Program of the F.E.M.A. Map Panel No. 120164 0002 D locates the parcel in Zone "A.B." base flood subject to any scaling and interpolation for mapping of this accuracy.

DATE OF FIELD SURV.



(FILES OR HANSON CRANT
 PLAT BOOK 1, PAGE 129
 TALK BEACH, NOW MARTIN CO.)

APU	APPARENT PROPERTY USE	CL	CHAINLINK FENCE	E	EAST	HSE	HOUSE	NCVD	NATIONAL
AC	ACRE	CHD	CHORD DISTANCE	EP	EDGE OF PAVEMENT	I & E	INGRESS & EGRESS EASEMENT	NIC	NOT INC
BM	BENCHMARK	CONC	CONCRETE	EW	EDGE OF WATER	INV	INVERT	NTS	NOT TO
A/C	AIR CONDITIONER	CS	CONC. BLOCK & STUCCO	EQ	ELECTRIC METER	IB	IRON BAR	NO	NORTH
ALUM	ALUMINUM	CM	CONCRETE MONUMENT	EL	ELECTRIC SERVICE	IB & C	IRON PIPE	NO	NUMBER
ANC	ANCHOR	CMR	CONCRETE MONUMENT	ELEV	ELEVATION	LE	LANDSCAPE EASEMENT	ORB	OFFICIAL
AP	ANCHOR POLE	CP	CONCRETE POWER POLE	ENCL	ENCLOSURE	L & L	LANDSCAPE EASEMENT	O/S	OFFSET
ASP	ASPHALT	CS	CONCRETE SLAB	ENCRD	ENCROACHMENT	L	ARC LENGTH	OS	OVERHEAD
AV	AVENUE	CV	CONCRETE VALLEY CURB	X 17.00	EXISTING ELEVATION	LE	LANDSCAPE EASEMENT	OS	OVERHEAD
AVL	AVENUE	CC	CORNER	FT	FEET	LP	LANDSCAPE EASEMENT	OS	OVERHEAD
BLF	BEARING	CMR	CORRUGATED METAL PIPE	F	FINISH MEASUREMENT	LPE	LOWEST ACCESS EASEMENT	OS	OVERHEAD
BLK	BLOCK	CT	COURT	F/F	FLOOR ELEVATION	LP	LOWEST FLOOR ELEVATION	OS	OVERHEAD
BLVD	BOULEVARD	DBN	DIAMETER BREAST HEIGHT	FM	FIRE HYDRANT	LPE	LOWEST FLOOR ELEVATION	OS	OVERHEAD
BU	BUFFER	DE	DRAINAGE EASEMENT	FL	FLORIDA POWER & LIGHT	LP	LANDSCAPE EASEMENT	OS	OVERHEAD
BU	BUFFER EASEMENT	D/F	DRAINFIELD EASEMENT	FO	FOUND	LP	LANDSCAPE EASEMENT	OS	OVERHEAD
BLDG	BUILDING	ESMT	EASEMENT	GOVT	GOVERNMENT	LP	LANDSCAPE EASEMENT	OS	OVERHEAD
CATV	CABLE TELEVISION			HW	HEADWALL	LP	LANDSCAPE EASEMENT	OS	OVERHEAD
C	CALCULATED					LP	LANDSCAPE EASEMENT	OS	OVERHEAD
CB	CATCH BASIN					LP	LANDSCAPE EASEMENT	OS	OVERHEAD
CA	CENTRAL ANGLE					LP	LANDSCAPE EASEMENT	OS	OVERHEAD

- PROPERTY ADDRESS: 9 OAKWOOD DRIVE
- CERTIFIED TO: PAUL E. & AUDREY H. DES ROSIERS
 ATTORNEYS TITLE INSURANCE FUND, INC.
 SUNTRUST BANK, SOUTH FLORIDA, N.A.
 LARRY M. STEWART, P. A.

NOT VALID WITHOUT THE SIGNA
 ORIGINAL RAISED SEAL OF A FI
 SURVEYOR AND MAPPER.

STEPHEN J. BROWN

4266

POOL

Town of Sewall's Point

P.I.N. _____ Date _____

ACCESSORY STRUCTURE PERMIT APPLICATION

to construct:

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

Owner's Name GLACE HOMES

Owner's Address 784 US 1 #7, NORTH PALM BEACH, FL 33408

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

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

City _____ State _____ Zip _____

Contractor's Name DVD POOLS, INC

Contractor's Address 1399 SW 30 AVE #7

City BOYNTON BEACH State FL Zip 33426

Job Name DES ROSIERE RESIDENCE

Job Address 9 OAKWOOD LANE

City SEWALLS POINT County ~~DADE~~ MARTIN

Legal Description OAKWOOD LOT 11

Bonding Company N/A

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name Pohl Inc.

Architect/Engineer's Address 413 S.W. 1st Ave - Deerfield

Mortgage Lender's Name _____

Mortgage Lender's Address N/A

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



4266

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

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

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

[Signature]
Owner or Agent

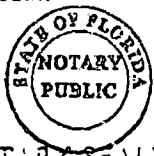
9-25-97
Date

[Signature]
Contractor

9-25-97
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 25 day of Sept 1997, by DANIEL M. LOUPE, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.



MARY PEARSON
My Comm Exp. 6/20/99
Bonded By Service Ins
No. CC474435

(NOTARY SEAL) Personally Known Other I.D.

[Signature]
Name: _____

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

STATE OF FLORIDA
COUNTY OF MARTIN

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

(NOTARY SEAL)

Name: _____

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

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. CPC 039909

APPLICATION APPROVED BY [Signature] Permit Officer:

X _____

Certificate of Insurance

FINANCIAL SERVICES ASSOCIATES of AVENTURA, INC.

Issue Date: (MM/DD/YY)
9/25/97

Financial Services Associates
2999 NE 191st. St. Suite 803
Aventura, Fl. 33180

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.

ATTENTION CERTIFICATE HOLDER: If you have any questions please contact 3 SATZ,STEPHEN at 1-800-753-1992

D.V.D. Pools Inc.
1399 SW 30th Avenue #7
Boynton Beach, FL 33426

Companies Affording Coverage

Company Letter A **Reliance Nat'l**

Company Letter B

Company Letter C

Coverages

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF 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.

CO LTR	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	All Limits in Thousands																																																				
	<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protective <input type="checkbox"/> Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> Excess Liability <input type="checkbox"/> Other Than Umbrella Form <input type="checkbox"/> Workers' Compensation And <input type="checkbox"/> Employers' Liability <input type="checkbox"/> Other				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">General Aggregate</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2">Products- Comp/ Ops Aggregate</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2">Personal & Advertising Injury</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2">Each Occurrence</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2">Fire Damage (any one fire)</td><td style="text-align: right;">\$</td></tr> <tr><td colspan="2">Medical Expense (any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>CSL</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury</td><td></td><td></td></tr> <tr><td>Per Person</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury per Accident</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>Each Occurrence</td><td>Aggregate</td><td></td></tr> <tr><td>\$</td><td>\$</td><td></td></tr> <tr><td colspan="2">Statutory</td><td></td></tr> <tr><td>\$ 100</td><td>(Each Accident)</td><td></td></tr> <tr><td>\$ 500</td><td>(Disease- Policy Limit)</td><td></td></tr> <tr><td>\$ 100</td><td>(Disease- Each Employee)</td><td></td></tr> </table>		General Aggregate		\$	Products- Comp/ Ops Aggregate		\$	Personal & Advertising Injury		\$	Each Occurrence		\$	Fire Damage (any one fire)		\$	Medical Expense (any one person)		\$	CSL		\$	Bodily Injury			Per Person		\$	Bodily Injury per Accident		\$	Property Damage		\$	Each Occurrence	Aggregate		\$	\$		Statutory			\$ 100	(Each Accident)		\$ 500	(Disease- Policy Limit)		\$ 100	(Disease- Each Employee)	
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\$ 500	(Disease- Policy Limit)																																																								
\$ 100	(Disease- Each Employee)																																																								

Description of Operations/ Locations/ Vehicles/ Restrictions/ Special Items

DBA:

Certificate Holder **Cancellation**

Town of Sewalls Point
1 South Sewalls Point Blvd.
Sewalls Point FL 34996

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

Authorized Representative *Michael J. Ref*

PRODUCER

W P MC DEVITT & ASSOC INC .
 414 West Lantana Road

 Lantana FL 33462

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	Transportation Ins. Co.
COMPANY B	Transcontinental Insuranc
COMPANY C	
COMPANY D	

INSURED

D.V.D. Pools Inc and M&D Concrete Pumping Inc
 1399 S.W. 30 Avenue
 #7
 Boynton Beach FL 33426

DEFINITION:
 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	
B	GENERAL LIABILITY	1064112171	01/28/87	01/28/98	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY	C164109998	01/28/87	01/28/98	COMBINED SINGLE LIMIT	\$ 300,000
	<input checked="" 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	\$
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
						\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				WC STATUTORY LIMITS	OTHER
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
		<input type="checkbox"/> EXCL			EL DISEASE - POLICY LIMIT	\$
	OTHER				EL DISEASE - EA EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Town of Sewalls Point
 1 S. Sewalls Point Road

 Sewalls Point FL 34896

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
WILLIAM P. MCDEVITT

CITY OF BOYNTON BEACH

OCCUPATIONAL LICENSE

LICENSE NO.
79700

1997-1998

NEW RENEWAL X

OWNER
LOWE DANIEL

DATE ISSUED 9/08/97

CONTROL NO.
204141

LICENSE FEE 233.00

BUSINESS NAME
D.V.D. POOLS, INC.

DELINQUENT CHG.

LOCATION
1399 SW 30TH AVE #7

TRANSFER FEE

CLASSIFICATION
SIC#: 1807 POOL/SPA

TOTAL AMOUNT PAID 233.00

D.V.D. POOLS, INC.
1399 SW 30TH AVE #7
BOYNTON BEACH FL 33426


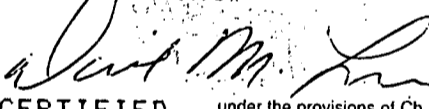
LICENSE ISSUED FOR THE PERIOD

OCTOBER 1 TO SEPTEMBER 30

1997 1998

LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT BUSINESS LOCATION

NOTICE: This license becomes NULL and VOID if ownership, business name, or address is changed. Licensee must apply to License Department for Transfer. The mistaken issuance of a license shall not be deemed to be a waiver of any provision of the City Code nor shall the issuance of a license be construed to be a judgement of the City as to the competence of the applicant to transact the licensed business.

	STATE OF FLORIDA Department of Business and Professional Regulation	AC#3996139
CP - C039909 06/11/1996 95902948		
CERT COMMERCIAL POOL/SPA CONTR LOWE, DANIEL MELVIN D V D POOLS INC		
		
IS CERTIFIED under the provisions of Ch. 489, FS.		
Expiration Date: AUG 31, 1998		

AC# 3996139

STATE OF FLORIDA
Department of Business and Professional Regulation
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/11/1996	95902948	CP -C039909

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

LOWE, DANIEL MELVIN
D V D POOLS INC
3850 N W BOCA RATON BLVD #4
BOCA RATON FL 33431

LAWTON CHILES
GOVERNOR

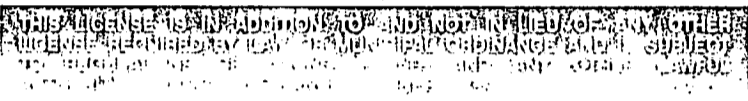
DISPLAY AS REQUIRED BY LAW

RICHARD T. FARRELL
SECRETARY

SWIMMING POOL CONTRACTOR
RESIDENTIAL
CPC039909

STATE OF FLORIDA
PALM BEACH COUNTY
COUNTY OCCUPATIONAL LICENSE

CLASSIFICATION
CW-008

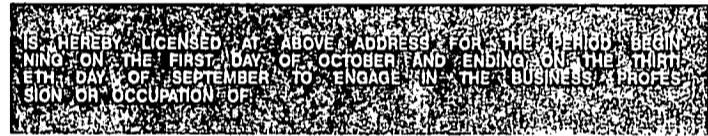


1997-19245
D V D POOLS INC
LOWE DANIEL M
1399 SW 30TH AVENUE #7
BOYNTON BEACH FL 33426

** LOCATED AT
SAME

C/WIDE \$177.00

TOTAL \$177.00



SPECIALTY CONTR.

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$177.00 OCC 23 04674 08-27-1997

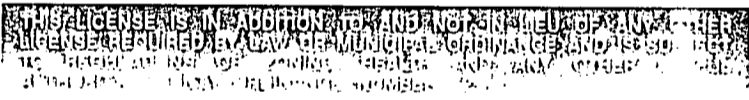
THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

SWIMMING POOL CONTRACTOR
RESIDENTIAL
C039909

STATE OF FLORIDA
PALM BEACH COUNTY
COUNTY OCCUPATIONAL LICENSE

CLASSIFICATION
CC-032

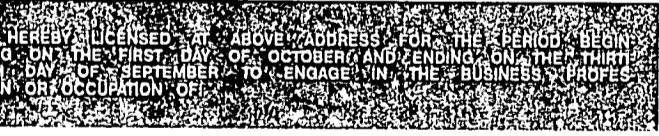


97-19244
V D POOLS INC
WE DANIEL M
99 SW 30TH AVENUE #7
YNTON BEACH FL 33426

** LOCATED AT
SAME

CNTY \$25.00

TOTAL \$25.00



CONTRACTOR

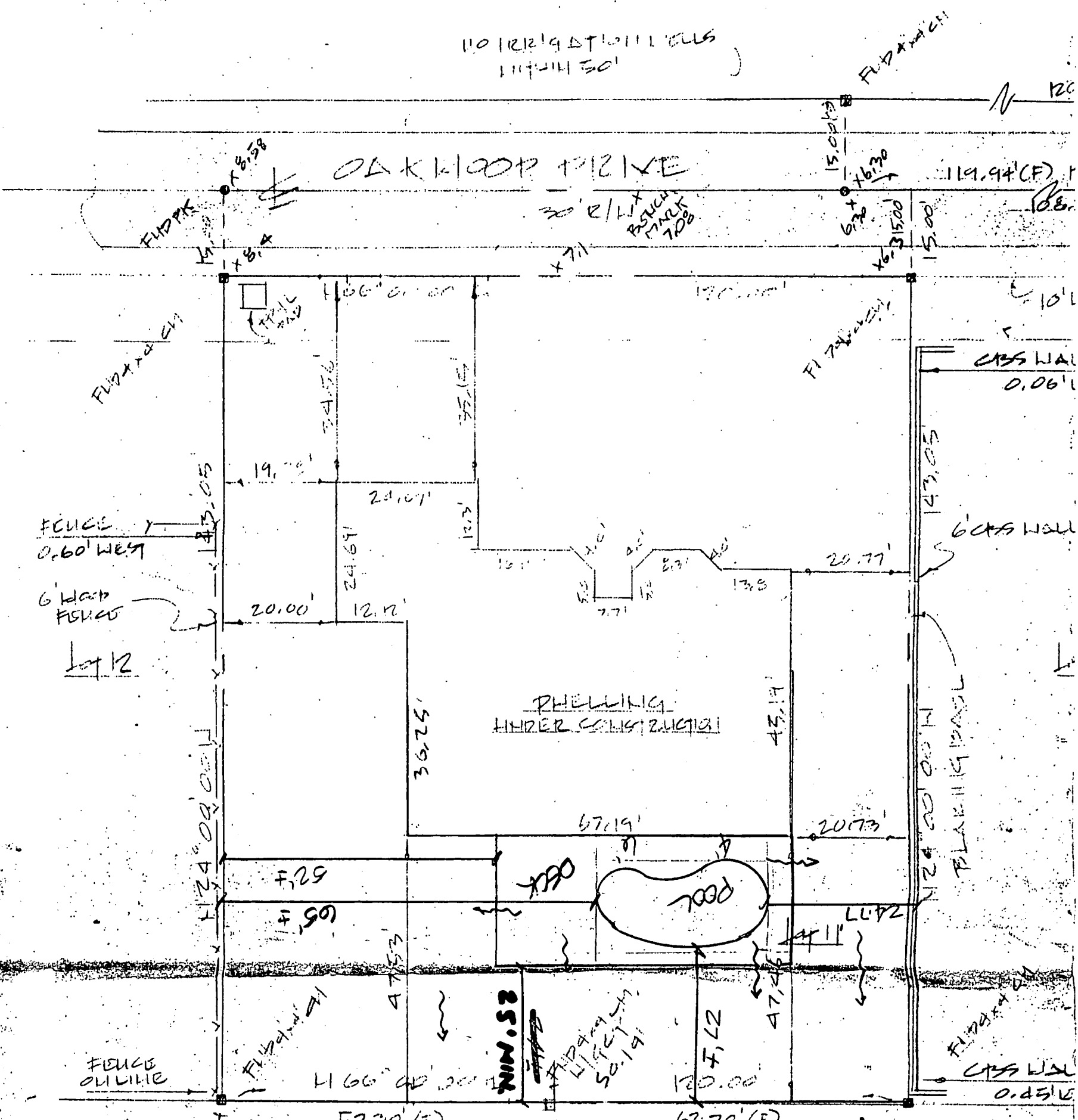
THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR CK
\$25.00 OCC 23 04675 08-27-1997

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR
LICENSE MUST BE DISPLAYED CONSPICUOUSLY AT ESTABLISHMENT OR PLACE OF BUSINESS

JOHN K. CLARK, CFC
TAX COLLECTOR, PALM BEACH COUNTY

110121219 DT 1011 ELLS
111414 50'



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

HILLS OR HANSON GRANT
PLAT BOOK 1, PAGE 129
TALHESSEH, NORMANVILLE CO.

APU	APPARENT PROPERTY USE	CLF	CHAINLINK FENCE	E	EAST	HSE	HOUSE	NGVD	NATIONAL GEOD
AC	ACRE	CHD	CHORD DISTANCE	EP	EDGE OF PAVEMENT	I & E	INGRESS & EGRESS EASEMENT	NIC	NOT INCLUDED
BM	BENCHMARK	CONC	CONCRETE	EW	EDGE OF WATER	INV	INVERT	NTS	NOT TO SCALE
V/C	AIR CONDITIONER	CBS	CONC. BLOCK & STUCCO	EM	ELECTRIC METER	IB	IRON BAR	N	NORTH
ALUM	ALUMINUM	CM	CONCRETE MONUMENT	ES	ELECTRIC SERVICE	IP	IRON PIPE	NO	NUMBER
ANC	ANCHOR	CNR	COULD NOT READ	ELEV	ELEVATION	IB & C	IRON BAR & CAP	ORB	OFFICIAL RECORD
AP	ANCHOR POLE	CPP	CONCRETE POWER POLE	ENCL	ENCLOSURE	L	ARC LENGTH	O/S	OFFSET
ASP	ASPHALT	CS	CONCRETE SLAB	ENCRO	ENCROACHMENT	LE	LANDSCAPE EASEMENT	OH	OVERHANG
AVE	AVENUE	CVC	CONCRETE VALLEY CURB	X 17.00	EXISTING ELEVATION	LB	LICENSE BUSINESS	OE	OVERHANG EASE
IRG	BEARING	COR	CORNER	FT	FEET	LP	LIGHT POLE	OHPL	OVERHEAD PIPE
BLK	BLOCK	CMP	CORRUGATED METAL PIPE	F	FIELD MEASUREMENT	LAE	LIMITED ACCESS EASEMENT	OHW	OVERHEAD WIRE
LVD	BOULEVARD	CT	COURT	FFE	FINISH FLOOR ELEVATION	LFE	LOWEST FLOOR ELEVATION	PG	PAGE
E	BUFFER EASEMENT	D	DEED	FH	FIRE HYDRANT	ME	MAINTENANCE EASEMENT	PK	PARKER-KALON
LDG	BUILDING	DBH	DIAMETER BREAST HEIGHT	FPL	FLORIDA POWER & LIGHT	MH	MANHOLE	PK & W	PARKER-KALON
ATV	CABLE TELEVISION	DE	DRAINAGE EASEMENT	FND	FOUND	MHWL	MEAN HIGH WATER LINE	PVMT	PAVEMENT
B	CALCULATED	D/F	DRAINFIELD	GOVT	GOVERNMENT	N & TT	NAIL & TIN TAB	PCP	PERMANENT CON
B	CATCH BASIN	ESMT	EASEMENT	HW	HEADWALL	N & W	NAIL & WASHER	PRM	PERMANENT REF
S	CENTRAL ANGLE								

PROPERTY ADDRESS: 9 OAKWOOD DRIVE

NOT VALID WITHOUT THE SIGNATURE
ORIGINAL RAISED SEAL OF A FLOOR
SURVEYOR AND MAPPER.

CERTIFIED TO: PAUL E. & AUDREY H. DES ROSIERS
ATTORNEYS TITLE INSURANCE FUND, INC.
SUNTRUST BANK, TREASURE COAST, N. A.
LARRY M. STEWART, P. A.

STEPHEN J. BROWN

STEPHEN J. BROWN, PROFESSIONAL SURVEYOR
REGISTRATION NO. 4049, STATE OF FLORIDA

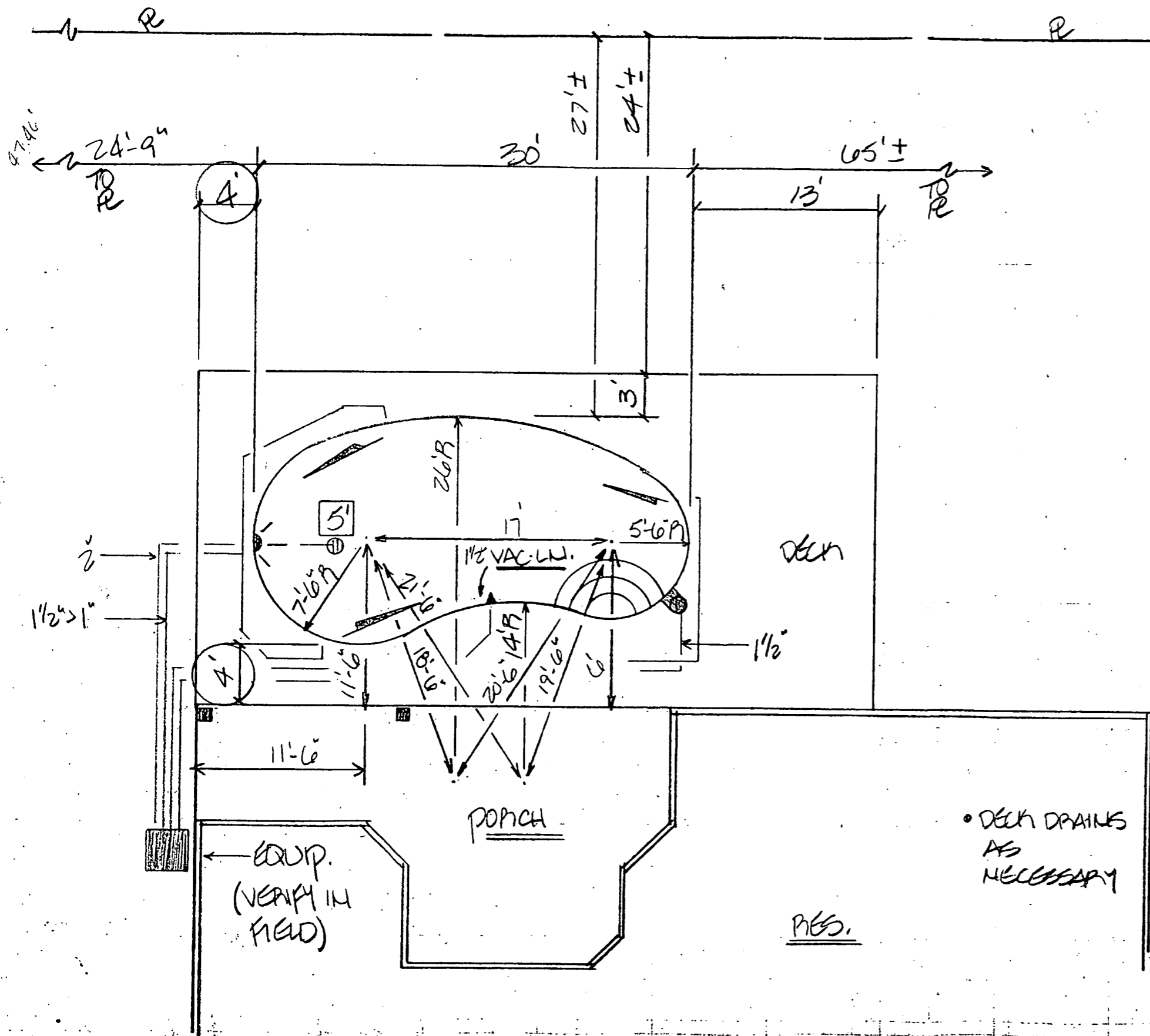
(Owner) (Builder)
GLACE HOMES
DÉS PROSIERE PÉS.

Address _____

Job Address 9
OAKWOOD LANE
HOPÉ SOUND

LEGAL DESCRIPTION P.B. 8
Lot 11 Block _____ Page 53
SUB. DIV. OAKWOOD

JURISDICTION
MARTIN
COUNTY
Tel. Job _____
O. _____
H. _____



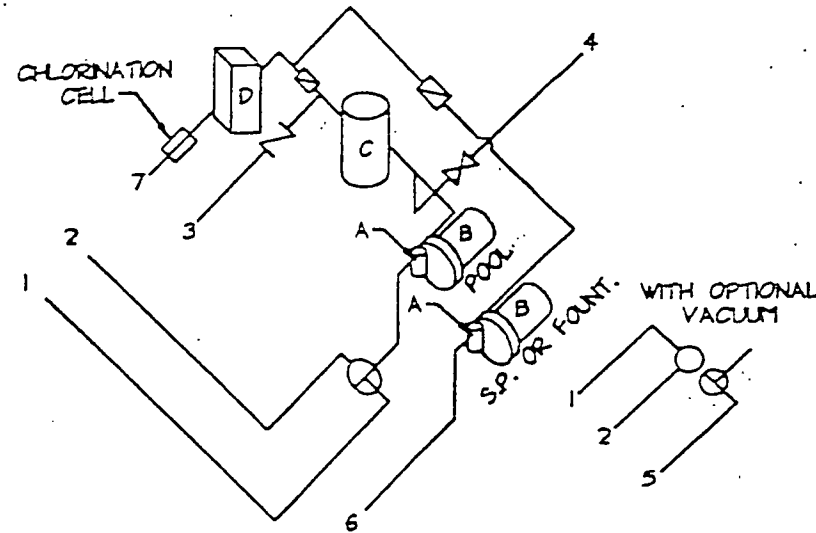
SPECIFICATIONS:

Shape _____ Approx. Size 15' x 30'
(Waterline Dimensions: ±5%): 3' to 5' Deep
Enclosure by others (Fence) (Screen); or (Open).
(Stockpile) (Haul); Perim. 74 Area 300 Gal. 9720±
(Bench) (Swimout) (Other) Structural _____
Whirlpool: Type & Size _____
No. of Jets _____ Other _____
Self Cleaning (Yes) (No) Type LINE ONLY (VERIFY)
No. of Skimmers _____ Returns _____
Coping: (Brick) (Tile) (Precast) PC200
6"x6" Tile (Waterline) Style DEB-88 TEAL
3/4 HP Pump: (Cartridge) (DE) 75± Filter
(Located Maximum 25' from pool)
Figure 4 Handrail (Shallow end step) (Yes) (No)
(Ladder) (Grabrails) _____ (Yes) (No)
Maintenance Equip. _____ (Yes) (No)
Other 3-5' DEEP
DIAMOND-BRITE "IVORY"
VAC-LINE (VERIFY)
IN-LINE CHLORINATOR (VERIFY)

Electric Hook-up OTHERS (Yes) (No)
Deck _____ sq. ft. (From Waterline) Finish OTHERS
OTHER NOTES:
Access: House Side _____
Power Drop _____
Fence NEW
Trees CONST.
FPL Service Location _____
Junction Box Location _____
Sewer Location _____
Water Service _____
Other underground hazards (?) _____
Elevation: Beam _____
Finish _____

1/8" = 1'-0"
[Signature]
9-18-97

D.V.D. Pools, Inc.
1399 SW 30th Ave. #7
Boynton Beach, FL 33426
State Cert. #: CP CO39909
9-18-97



- 1 - POOL MAIN DRAIN
- 2 - SKITTER DRAIN LINE
- 3 - POOL RETURN LINE
- 4 - WASTE LINE
- 5 - VACUUM CLEANING LINE (OPTIONAL)
- 6 - SITTING POOL DRAIN (OPTIONAL)
- 7 - SITTING POOL RETURN (OPTIONAL)

- A - HAR & LINT STRAINER
- B - RECIRCULATING PUMP
- C - FILTER
- D - HEATER (OPTIONAL)
- E - CHLOR. GEN.

- ⊗ - GATE VALVE OR BALL VALVE
- ⊘ - BY PASS (AUTO)
- - 3 WAY JANDY
- ⊞ - CHECK VALVE

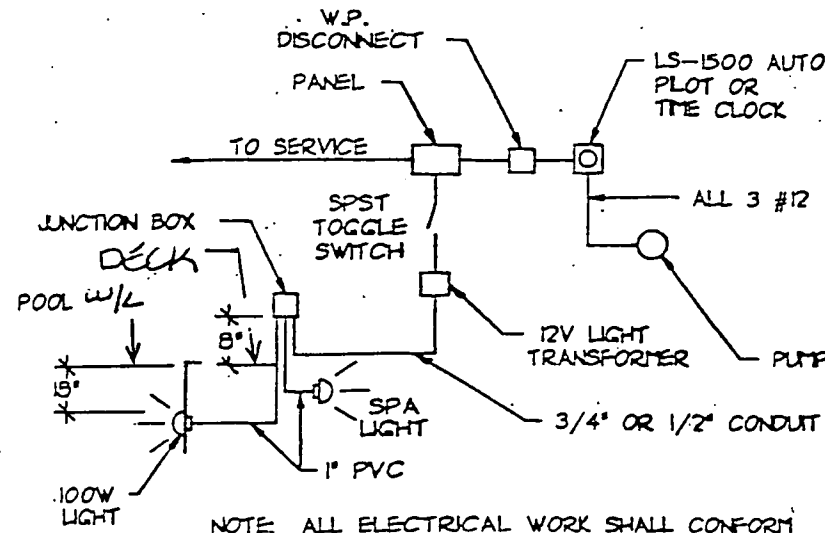
POOL PIPING DIAGRAM

PLUMBING NOTES:

1. ALL PIPING SCHEDULE 40, PVC.
2. TURNOVER RATE = 3 HRS.

STRUCTURAL NOTES:

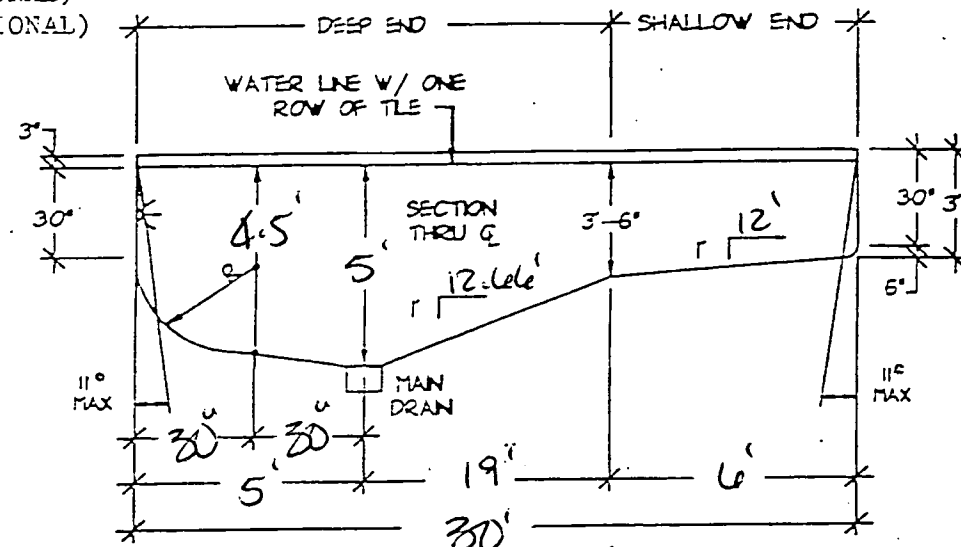
1. ALL CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH THE NATIONAL SPA AND SWIMMING POOL INSTITUTE.
2. THE MINIMUM SOIL BEARING CAPACITY AT THIS SITE IS 2500 P.S.F. AND IS COMPOSED OF CLEAN SAND AND/OR ROCK AND SHOULD PROVIDE A STRUCTURALLY SAFE BEARING CAPACITY FOR THIS POOL.
3. SWIMMING POOL TO HAVE PNEUMATICALLY PLACED CONCRETE FLOOR, WALL AND BOND BEAM. CONCRETE TO HAVE 28 DAY COMPRESSIVE STRENGTH OF 2,800 P.S.I.
4. ALL REINFORCED STEEL TO BE INTERMEDIATE GRADE DEFORMED BARS OF NEW BILLET STEEL CONFORMING TO ASTM A-13. STEEL TO BE BENT, LAPPED AND PLACED IN ACCORDANCE WITH A.C.I. STANDARDS AND SPECS.



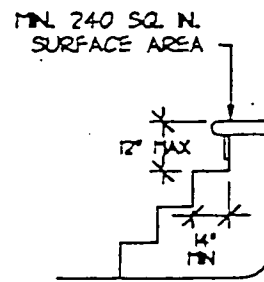
NOTE: ALL ELECTRICAL WORK SHALL CONFORM TO N.E.C. ARTICLE NO. 680

LIGHT MINIMUM 18" BELOW WATER

POOL ELECTRICAL DIAGRAM



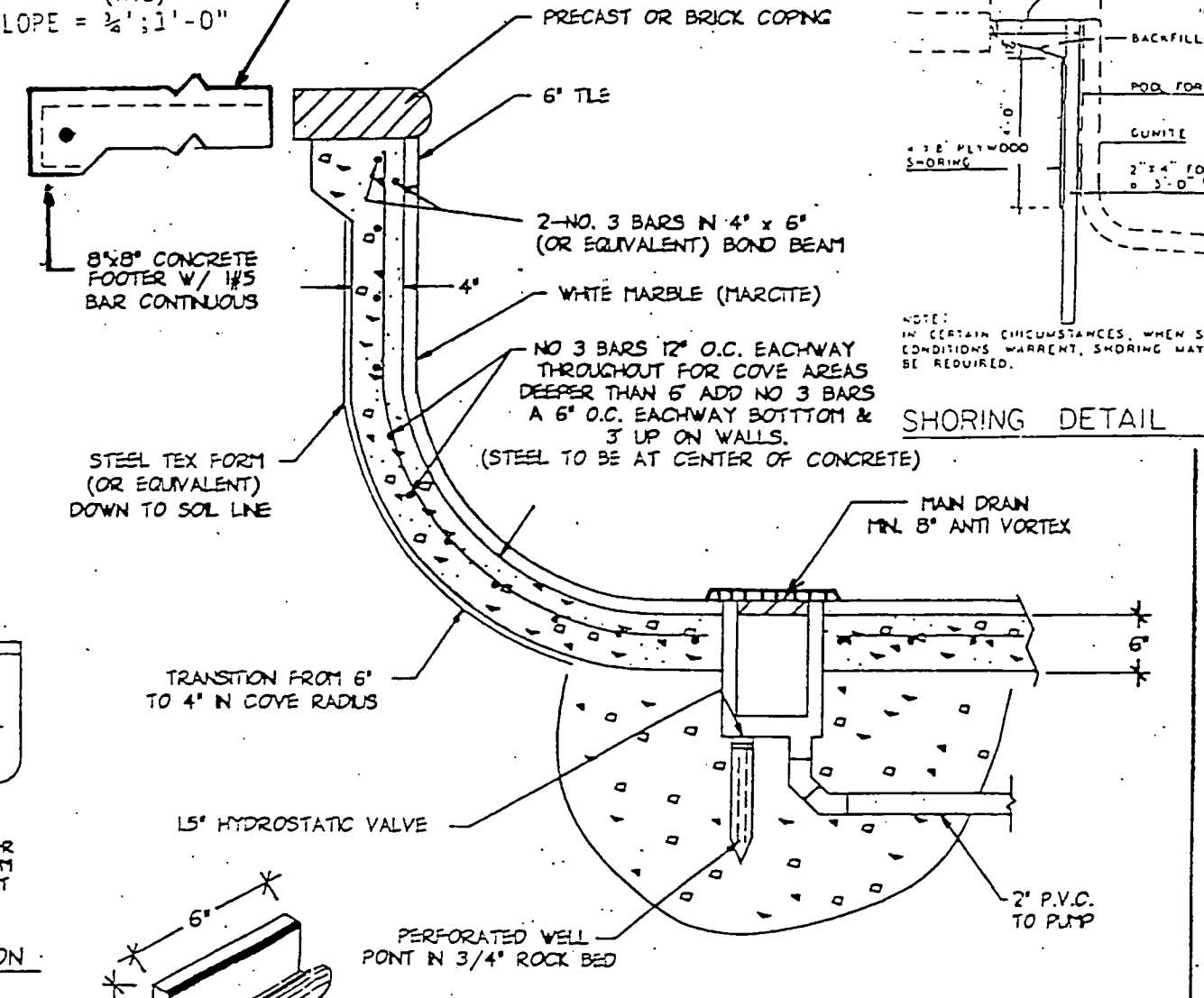
TYPICAL SECTION FOR O TYPE POOL
(DIVING EQUIPMENT PROHIBITED)



ALL RISERS TO BE EQUAL BOTTOM RISER MAY VARY 2" FROM UNIFORM RISER HEIGHT

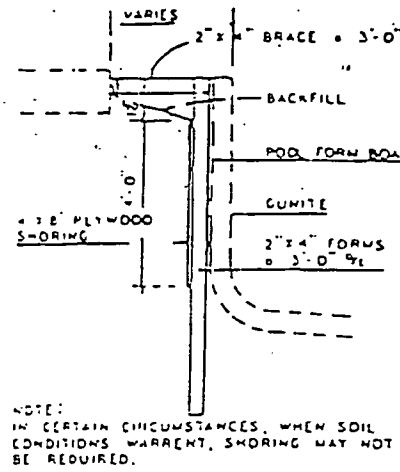
TYPICAL SECTION THRU STEPS

4" THK. POOL DECK
W/ 6" x 6" 10-10 MESH (NTS)
SLOPE = 3/4" : 1'-0"



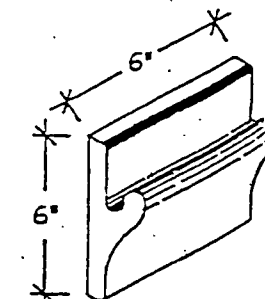
TYPICAL WALL SECTION AND WELL POINT

N.T.S.



SHORING DETAIL

NOTE: IN CERTAIN CIRCUMSTANCES, WHEN SOIL CONDITIONS WARRANT, SHORING MAY NOT BE REQUIRED.



HANDHOLD DETAIL

5. IN AREA OF SKITTER, 2-#3 BARS IN BOND BEAM MAY BE PLACED EITHER BELOW OR BEHIND SKITTER.
6. ALL POOL PIPING TO BEAR N.S.F. SEAL OF APPROVAL.
7. MAIN DRAIN TO HAVE A FREE AREA OF 4 TIMES THE AREA OF THE SUCTION LINE.
8. WATER SUPPLY AND DISPOSAL TO BE ARRANGED SO THAT THERE IS NO CROSS-CONNECTION WITH A DOMESTIC WATER SUPPLY.
9. DISPOSAL OF POOL WATER TO BE IN ACCORDANCE WITH SECTION 308 "STANDARD SWIMMING POOL CODE"
10. IF REQUIRED, UNSCREENED POOLS SHALL HAVE A MINIMUM 5 FT. FENCE WITH SELF CLOSING AND LATCHING GATE.
11. HANDHOLDS @ RAISED WALL ABOVE +9" WATERLINE 4' O.C. PER CODE.

James Pohl
9.18.97

PALM BEACH COUNTY

D.V.D. POOLS, INC.
3850 NW BOCA RATON BLVD. #4
BOCA RATON, FL 33431
407-391-2009 * FAX 407-391-4809

LEGAL DESCRIPTION: LOT 11 BLK. _____
Oakwood