

11 Oakwood Drive

RECEIVED

TOWN OF SEWALL'S POINT FLORIDA

JAN 13 1984

Bill Ruddy

Date JAN 3 1984

#1666

Permit No.

ANS'D.....

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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

Owner SURROUNDINGS Present address P.O. BOX 95-2782
 Phone 286 2660 STUART F/A 33495-2782
 General contractor ROBT E. STEIN Address 1330 NE Dixie Hwy
 Phone 334 3290 OR 464 8175 JENSEN Bch F/A
 Where licensed FLORIDA License No. CGCO 18452
 Plumbing contractor BO WALTON License No. 00002
 Electrical contractor ALLTEC License No. 0054
 Air-conditioning contractor Commercial Cool License No. CAC 014451

Describe the building, or alteration to existing building NEW RESIDENTIAL CONSTRUCTION

Name the street on which the building, its front building line and its front yard will face OAKWOOD 11 OAKWOOD DRIVE

Subdivision OAKWOOD Lot No. 12 Area _____

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 3100 @ 40 M

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 120,000

Cost of permit \$ 650 Plans approved as submitted _____ or, as marked _____

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

Contractor Robert E. Stein

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

Owner Stuart Kaye

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

TOWN RECORD Date submitted _____

Building Inspector (date) 1/19/84 Inspector's initials JLU

Town Commissioner (date) 1/19 Commissioner's initials SS

of Occupancy issued (date) _____

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

#1666



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STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
APPLICATION FOR SEPTIC TANK PERMIT
AND FINAL INSPECTION FORM

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

Permit Number: 10 84-13

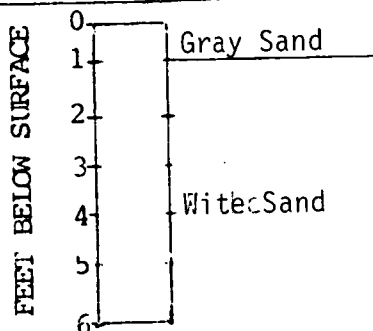
Name of Applicant Stuart Kaye Telephone number 286-2660
Mailing Address of Applicant 18 Simara Street
Stuart, Florida 33494

Lot 12 Block -- Subdivision "Oakwood"
Plat Book & Page M-8-53 Date Recorded 1980
Residential: No. living units 1 No. Bedrooms 3 4 PER PLANS RW
Commercial: Type of Business _____ No. People _____ No. Toilets _____
*Note: Attach site location map and other supportive documents.

SITE INFORMATION

Is there a private well within 75 feet of the proposed septic system NO
Is there a public well within 200 feet of the proposed septic system NO
Is there a public sewer within 100 feet of the proposed lot? NO
Is there a lake, stream, canal or other body of water within 75 feet of
the proposed septic system? NO
Is there a septic system or other interference within 75 feet of the
proposed private well? NO
Is the proposed or existing public water line within 10 feet of the
proposed septic system? NO
There is 900 square feet of unobstructed land for future expansion
of the drainfield. Unobstructed land is the entire area in which to
install the septic system, excluding interferences. Shade this unobstructed
area.

SOIL PROFILE AND SOIL TYPE



USDA SOIL TYPE: Paola Sand
USDA SYMBOL #: 6

Certified by: William J. Mathers
Fla. Professional No: 19658
Date: 1/10/84 Job No. 541-01-01

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

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 1050 Gallons Absorption Bed Size 400 Square ft.
Dosing Tank Capacity _____ Gallons Lateral Drainfield Size _____ Sq. ft.
Grease Trap Capacity _____ Gallons Sand Filter Size _____ Square ft.

Specifications:

1-11-84
Date Processed

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

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

Martin County Health Department

FINAL INSPECTION DATA

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

RECOMMENDATION: Approval Disapproval _____
Signature of Sanitarian

025464


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

SITE INFORMATION

APPLICANT: Stuart Kaye

LEGAL DESCRIPTION: Lot 12, "Oakwood" Sub-division

1. Present water depth 6'0" feet below natural grade, not including fill.
2. Wet season water depth 6'0" feet below natural grade, not including fill.
3. Elevation of crown of road, midway between front lot boundary 13.78. If road is not paved, another permanent reference point must be noted. Show location on plot plan.
4. Elevation of natural grade at soil boring in area of proposed septic system 10.0.
5. Are all wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicants lot shown on plot plan? Yes
6. Is there a storm water retention area within 15 feet of the proposed septic system? No
7. Is the septic system in an area proposed for paving? No
8. Attach site location map or explain directions to site below:

CERTIFIED BY:  William J. Mathers

Florida Professional Number: 19658

Date: 1/10/84 Job Number: 541-01-01

THIS WARRANTY DEED Made this 8th day of August, A.D. 1983 by THOMAS R. SAWYER, Individually and as Trustee, hereinafter called the grantor, to STUART KAYE and MARCIA KAYE, his wife, whose postoffice address is 18 Simara Street, Stuart, Florida, 33494, hereinafter called the grantee:

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

Lot 12, OAKWOOD SUBDIVISION, according to the Plat thereof, recorded in Plat Book 8, Page 53, public records of Martin County, Florida.

THE ABOVE DESCRIBED PARCEL IS VACANT. IT IS NOT NOW AND NEVER HAS BEEN THE HOMESTEAD OF THE GRANTOR.

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

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

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

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

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

Signed, sealed and delivered in our presence

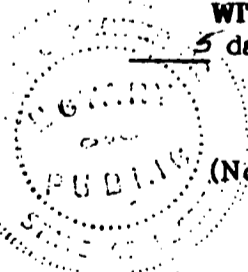
Alfred C. John
Lynne M. Burnett

Thomas R. Sawyer
THOMAS R. SAWYER
Individually and as Trustee

STATE OF FLORIDA)
COUNTY OF BROWARD)

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

WITNESS my hand and official seal in the County and State last aforesaid this 5 day of August, A.D. 1983.

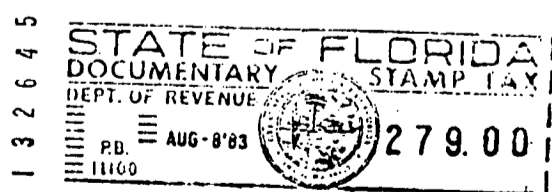


Paul J. Carter, Jr.
Notary Public

My Commission Expires April 21, 1987
Notary Public, State of Florida at Large
BUSH & THOMAS HUCKLEBERRY, SIBLEY
& HARVEY INSURANCE & BONDS, INC.

OR BOOK 577 PAGE 1892

This Instrument prepared by:
Loren E. Bodem
421 Martin Avenue
Stuart, Florida 33494



FILED FOR RECORD
MARTIN COUNTY, FLA.

33 AUG 8 P 4: 10

LOUISE V. WAGS
CLERK OF COURT
BY *[Signature]* C.C.

RECEIVED
JAN 13 1984
And'd.....

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

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT: KAYE
LEGAL DESCRIPTION: L. 12 OAKWOOD
SEPTIC TANK PERMIT NUMBER: HD 84-13

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

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

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

CERTIFIED BY: _____ As applicant or applicant's representative, I understand the above requirements.
Florida Professional Number: _____
Date: _____ Job Number: _____

(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Signature of Sanitarian Date

SET TAB STOPS AT ARROWS

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY HAYNES & HAYNES INSURANCE CO. P. O. Box 3231 Ft Pierce, Fl 33448	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER A	South Carolina Insurance Company
NAME AND ADDRESS OF INSURED R. E. Stein 5412 Davis Street Ft Pierce, Fl 33450	COMPANY LETTER B	Hartford Accident & Indemnity Co.
	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	GLA4042647	5/4/84	BODILY INJURY	\$ 300	\$
				PROPERTY DAMAGE	\$ 50	\$ 50
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				PERSONAL INJURY	\$	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
				STATUTORY		
B	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	21WZDD9916	5/5/84		\$ 100	(EACH ACCIDENT)
	OTHER					

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 Ans'd

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

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 below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
 Town of Sewalls Point
 1 N. Sewalls Road
 Sewall's Point, Fl 33494

DATE ISSUED: 1/4/84

 AUTHORIZED REPRESENTATIVE



1566

AEEC Electric, Inc. • ELECTRICAL CONTRACTORS

2201 S.E. INDIAN ST. • STUART, FLORIDA 33494/7 • TEL.: (305) 287-5705

March 6, 1984

Building Dept.
Town of Sewalls Point
1 S. Sewalls Point Rd.
Stuart, Fla. 33494

Dear Sirs:

This letter is to advise you that we have withdrawn as the electrical contractor for the residence being built by Stuart Kaye at Lot 12, Oakwood Subdivision.

Sincerely,

Charles A. Biehl Sr.
President

Martin County Lic.#00054

CB/rb

1666



PHONE 305 287-2034

COMMERCIAL COOLING & HEATING INC.

ROUTE 707, RIO. • JENSEN BEACH, FLORIDA 33457

January 19, 1984

Sewalls Point Town Hall
Building Department
Sewalls Point, Jensen Beach, Florida

Re: Job Site - Lot #12 - Oakwood

Dear Sir:

In reference to the house to be built on Lot No 12 - Oakwood Subdivision by Surroundings Inc., Commercial Cooling & Heating agrees to meet the specifications of the Building Department on the air conditioning and heating of this house.

Heat Pump Air Conditioning equipment to have a minimum SEER Rating of
.....9.0 Cooling
Minimum C.O.P Rating of.....3.0 Heating.

Sincerely,

Gregory Hall

GR: jh



FLORIDA MODEL ENERGY EFFICIENCY CODE
FOR BUILDING CONSTRUCTION

FORM 902

BOB GRAHAM
GOVERNOR

SECTION 9 9H POINTS METHOD
DEPARTMENT OF COMMUNITY AFFAIRS

CLIMATE ZONES
SOUTH 7 8 9

PROJECT NAME AND ADDRESS: 11 OAKWOOD DR SEWELL'S PT	JURISDICTION: SEWELL'S POINT
BUILDER: ROBT E. STEIN	ZONE: 8
OWNER: SURROUNDINGS	PERMIT NO.: 1666
	JURISDICTION NO.: 53 300

STATISTICS

<input type="checkbox"/> RENOVATION <input type="checkbox"/> ADDITION <input type="checkbox"/> MULTI-FAMILY	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION: <input type="text"/>	GLASS AREA AND TYPE	
	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.) SEC. H901.1	CLEAR	TINT OR FILM
		<input type="text"/> SGL <input type="checkbox"/>	<input type="text"/> 991 SGL <input checked="" type="checkbox"/>
		<input type="text"/> DBL <input type="checkbox"/>	<input type="text"/> DBL <input type="checkbox"/>

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL ASSEMBLY
<input type="text"/>	<input type="text"/>	<input type="text"/> 1870	<input type="text"/>	<input type="text"/> 3490	R= <input type="text"/> 190	R= <input type="text"/> 190

COOLING SYSTEM		PRIMARY HEATING SYSTEM			PRIMARY HOT WATER SYSTEM		
<input checked="" type="checkbox"/> CENTRAL	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> STRIP	<input type="checkbox"/> GAS	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> RESISTANCE	<input type="checkbox"/> SOLAR	
<input type="checkbox"/> UNITARY		<input type="checkbox"/> OIL	<input type="checkbox"/> SOLAR		<input type="checkbox"/> HEAT RECOVERY	<input type="checkbox"/> GAS	
EER/SEER = <input type="text"/> 090		<input type="checkbox"/> HEAT PUMP COP = <input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> DED. HEAT PUMP COP = <input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> OTHER:			<input type="checkbox"/> OTHER:		

MAX. E.P.I. ALLOWED (from 9A): 800

CALCULATED E.P.I.: 73

CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11):

CERTIFIED BY: *Greg Hall/Comm Cooling* (owner/agent) DATE: *12-9-83*

FORM COMPLETION CHECKED BY: *Jamaican* (building official) DATE: *1/18/84*

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

9A	MAX. E.P.I. ALLOWED (CALCULATED E.P.I. MUST NOT EXCEED VALUE SHOWN BELOW)									
CONDITIONED FLOOR AREA	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301-ABOVE	
BASE E.P.I.	120	115	110	105	100	95	90	85	80	
DEDUCTIONS	A/C EFFICIENCY LESS THAN 8.0 EER/SEER (7.5 HEAT PUMP) (as of October 1, 1982)									
	IF MULTI-FAMILY COMMON WALLS (maximum of 5 points)									
	IF MULTI-FAMILY COMMON CEILING and/or FLOOR (maximum of 12 points)									
	TOTAL DEDUCTIONS									
COMPUTE MAX. E.P.I. ALLOWED	BASE E.P.I.			DEDUCTIONS			MAX. E.P.I. ALLOWED			
	85			12			= 73			

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

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

9F WINTER OVERHANG FACTOR (WOF)

9F SUMMER OVERHANG FACTOR (SOF)

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

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

9G HEATING SYSTEM MULTIPLIER (HSM)

HEAT PUMP	COP	2.2-2.3	2.4-2.5	2.6-2.7	2.8-2.9	3.0-3.1	3.2-3.3	3.4 & UP
	HSM	0.45	0.42	0.38	0.36	0.33	0.31	0.29
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) x (BACKUP SYSTEM HSM)							
ELECTRIC STRIP HEAT	1.00							
NATURAL GAS / PROPANE	1.0 (SEE TABLE 9D FOR CREDITS)							
OIL	1.0 (SEE TABLE 9D FOR CREDITS)							

9H COOLING SYSTEM MULTIPLIER (CSM)

ELEC.	EER/SEER	6.8-6.9	7.0-7.4	7.5-7.9	8.0-8.4	8.5-8.9	9.0-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.9	12.0-UP
	CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89				

*ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH MINIMUM AIR CONDITIONER EFFICIENCY LEVEL 8.0 SEER/EER FOR STRAIGHT COOL OR 7.5 FOR HEAT PUMPS.
 NOTE: EER = COOLING MODE COP x 3.413 = ARI RATED COOLING OUTPUT IN BTUH ÷ TOTAL WATTS CONSUMED

9I HOT WATER CREDIT POINTS (HWCP)

ELECTRIC RESISTANCE WATER HEATER		0	
GAS WATER HEATER		10	
INSTANTANEOUS WATER HEATER	ELECTRIC BACKUP	4.5	
	GAS BACKUP	12.6	
HRU (A/C) WATER HEATER	ELECTRIC BACKUP	8.9	
	GAS BACKUP	15.2	
HRU (HP) WATER HEATER	ELECTRIC BACKUP	9.7	
	GAS BACKUP	15.4	
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP	1.60 - 1.89	
	CREDIT POINTS	9.0	
SOLAR HOT WATER	OVERALL SOLAR FRACTION*	0.1	
	CREDIT POINTS	ELECTRIC BACKUP	2.4
		GAS BACKUP	11.4

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

RESIDENTIAL CALCULATION

FORM 902

CLIMATE ZONES 7 8 9

COMPONENT			WINTER			SUMMER			
			AREA	x WPM =	GROSS WINTER POINTS	AREA	x SPM =	GROSS SUMMER POINTS	
WALLS	CONCRETE	R 2.7 - 3.9		6.6		17.5			
		R 4-5.9		5.0		15.0			
		R 6 & UP		4.4		13.9			
	FRAME OR BRICK VENEER	R 11 - 18.9	1870	2.5	4675	1870	13.9	25973	
		R 19-25.9		1.5			8.6		
		R 26 & UP		1.1			6.5		
		COMMON		2.7			3.8		
	DOORS	WOOD OR METAL		65	86.5	5623	65	55.4	3601
		INSULATED			84.0			22.2	
		STORM DOOR			44.6			44.3	
COMMON			21.6			6.9			
COMMON									
CEILING	UNDER ATTIC	R 19 - 21.9	1640	1.9	3116	1640	8.4	13776	
		R 22-29.9		1.7			7.6		
		R 30 & UP		1.5			5.5		
	SINGLE ASSEMBLY	R 6-7.9			5.4		22.6		
		R 8-9.9			4.0		17.3		
		R 10-11.9			3.5		14.6		
		R 12-18.9			2.5		10.6		
		R 19 - 21.9	925	1.9	1758	925	8.4		
	COMMON			1.7			2.0		
	FLOOR OVER UNCONDITIONED SPACE	WOOD	R 0-6.9		5.8		6.6		
R 7-10.9				2.4		2.9			
R 11 - 18.9				2.1		2.3			
R 19 & UP				1.4		1.5			
CONCRETE		R 0-2.9			6.8		8.2		
		R 3-5.9			4.3		5.7		
		R 6-10.9			3.4		3.6		
		R 11 - 18.9			2.3		2.9		
		R 19 & UP			1.5		1.9		
COMMON				1.7		2.0			
SLAB ON GRADE	EDGE INSULATION		PERIMETER	WPM					
	PERIMETER	R 0 - 2.9	242	28.3	6649				
		R 3-5.9			20.4				
		R 6 & UP			12.4				

43370

2 21821

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date August 9, 1984

This is to request that a Certificate of Approval for Occupancy be issued to Stuart Kaye
 For property built under Permit No. 1666 Dated Jan 19, 1984 when completed in
 conformance with the Approved Plans.

Item		Signed	Approved by
1. LOT STAKES/SET BACKS	<u>2/3/84</u>		
2. TERMITE PROTECTION	<u>2/2/84</u>		
3. FOOTING - SLAB	<u>William C. Brown 2/2/84</u>		
4. ROUGH PLUMBING	<u>2/8/84 & 5/30/84</u>		
5. ROUGH ELECTRIC	<u>5/30/84</u>		
6. INTERIORS			
7. ROOF	<u>Partial 5/30/84</u>		
8. FRAMING	<u>5/30/84</u>		
9. INSULATION	<u>6/7/84</u>		
10. A/C DUCTS	<u>Partial 5/30/84 Final 8/8/84</u>		
11. FINAL ELECTRIC	<u>8/8/84</u>		
12. FINAL PLUMBING	<u>8/8/84</u>		
13. FINAL CONSTRUCTION	<u>8/8/84</u>		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Amador date 8/9/84

Approved by Building Commissioner GC Strubbe date 8/9/84

Utilities notified August 9, 1984 date

Original Copy sent to _____

(Keep carbon copy for Town files)

RECEIVED

Permit No. _____

Date 6-26-84

1719

JUN 27 1984

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

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

Owner SURROUNDINGS INC (STUART KAYR) Present Address #18 SIMARA ST

Phone 286-2660 STUART FL 33494

Contractor OLYMPIC POOLS Address 1565 S.W. MARTIN HWY

Phone 286-6070 PALM CITY, FL 33490

Where licensed STATE License number CPC 011014

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

State the street address at which the proposed structure will be built:

11 OAKWOOD DR.

Subdivision OAKWOOD Lot number 12 Block number _____

Contract price \$ 9,000 Cost of permit \$ 4500

Plans approved as submitted Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

Date submitted 6/27/84 TOWN RECORD Approved: [Signature] Building Inspector Date 6/28/84

Approved: [Signature] Commissioner Date 6/29 Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282 Permit No. _____

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

7/13/84 POOL OK

1866

FENCE

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number 1866

Date 10/22/85

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

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

Owner Sam + Laurel Jarvis Present Address 11 OAKWOOD RD.
 Phone 283-4239 SEWALL'S POINT
 Contractor PROPERTY GUARD FENCE CORP. Address 490 S. FLAGLER AVE
 Phone 286-7293 STUART
 Where licensed MARTIN COUNTY License number 00574
 Electrical contractor _____ License number _____
 Plumbing contractor _____ License number _____
 Roofing contractor _____ License number _____
 Air conditioning contractor _____ License number _____

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

6' High WOOD FENCE, PRESSURE TREATED PINE

State the street address at which the structure will be built:

11 OAKWOOD DRIVE

Subdivision OAKWOOD Lot number 17 Block number _____

Contract price \$ 2,000.00 + 500.00 / 10 Cost of permit \$ 25 x x double fee

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted 11/13/85 Approved [Signature] 11/13/85
Building Inspector Date

Approved _____ Final Approval given 11/14/85 (B)
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

#18666



CHAIN LINK FENCE
WOOD FENCE
STEEL FABRICATION

GENERAL CONTRACT

DATED: 9-19 This agreement entered into by and between the following:
PROPERTYGUARD FENCE CO., a Florida corporation, hereinafter called CONTRACTOR

and San Laurel Inavis 283-4239
11 Oakwood Dr. Swift. hereinafter called PURCHASER.

In consideration of the mutual agreements herein contained, it is agreed as follows: CONTRACTOR shall furnish all labor, materials and equipment and perform all work necessary in accordance with any drawings and specifications attached hereto, namely:

Install 283' of 6' High Board on Board
with 2 gates P.T. Pine

Subject to all terms and conditions herein contained, the CONTRACTOR shall receive the total contract price of \$ 2500.00 for full and faithful performance of all obligations under this agreement, as follows:

\$ 500.00 Deposit upon execution of this contract, balance due on completion, or payment or draw system as outlined herein:

300.00 ~~PS. REVISION 10-2~~
Payment of 500.00 for next 5 months Due By 10th.

This contract is binding on both parties. NO LATE OR A 20.00 LATE CHG ON NEXT PAYMENT WILL BE ASSES. Until fully paid for, ownership and right of possession of the material covered by this contract shall remain the CONTRACTORS, and in case the PURCHASER becomes insolvent or refuse or neglect to pay for material and/or labor herein provided, the CONTRACTOR may, at its option, without process of law, retake possession of any and all materials related to this contract, wherever such materials may be. If legal action becomes necessary, then all legal fees and court costs will be assumed by PURCHASER. After 30 days 2% interest charged.

CONTRACTOR assumes no responsibility for property lines, underground or overhead utilities or any unusual conditions not clearly defined by PURCHASER. No changes can be allowed by the CONTRACTOR without an extra charge to the PURCHASER, unless change order and its conditions are in writing and become part of this contract. There are no representations, verbal or otherwise except those herein expressed.

Signed [Signature]
PROPERTYGUARD FENCE CO.

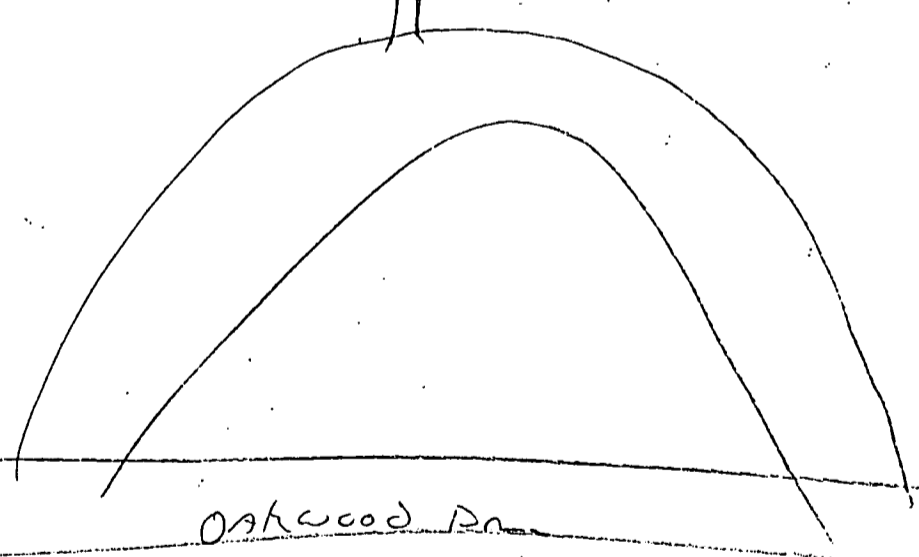
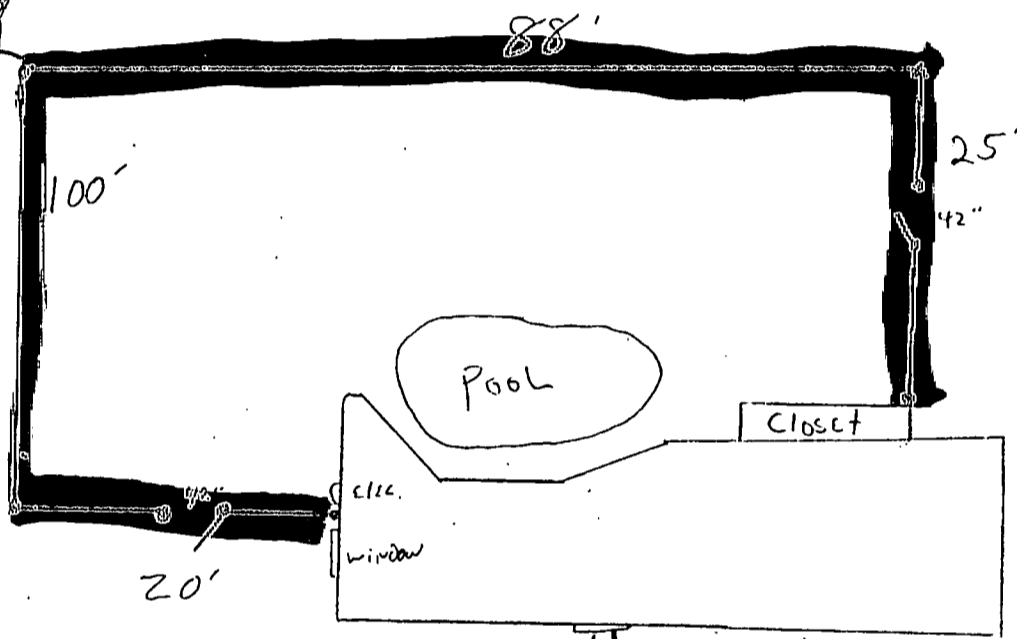
Signed [Signature]
PURCHASER

THUR. FRI
490 S. FLAGLER, STUART, FL 33494 • (305) 286-7293

No Footer

TRENCH 12"x6"
Footer to be poured
SAME DAY POSTS SET.
Dig holes & TRENCH
ORDER RINKER.

5/8/12/01
10/2/18/5
L. [unclear]



PROPERTYGUARD

LOT # 12

BLOCK _____

SUBD. OAKWOOD SUB D.U.

PARCEL # Plot # 8 Page 253

CHAIN LINK FENCE
WOOD FENCE
STEEL FABRICATION

DATE

SCALE

LOG

DRAWN

Jobsite address SAN LAUREL JARVIS Directions E. OCEAN TO SWPNT RD.

11 OAKWOOD DR Right. Back to oak wood go

SEWALLS P Right house corner

Phone 283-4239 LEFT END

Fencework: Total footage 233' Height 6' Type B.O.B

Material _____ Special Dogs and tops

Terminal post _____ Wood Post 4x4x8

Line post _____ Gate Post SAME AS ABOVE

Top rail _____ Framework 2-2-4 EPT PIPE

Brace rail _____ Truss rod _____

Tension wire _____ Barb wire _____

Gates: Total gates 2 Opening 42"

Gate material _____ Special _____

Hardware _____ Other _____

Special tools _____

Special Instructions MAY BE SOME CLEARING.

Repair _____ Remove _____

Concrete Set posts 2' concrete

Notes BRING SPRAY FOR MISQUITOS

Set crew _____ Finishers _____

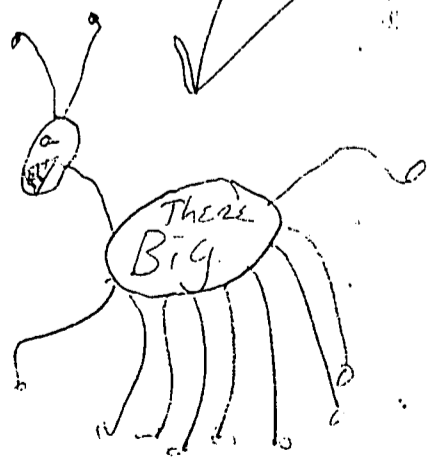
OFFICE USE ONLY

- _____ Cable location
- _____ Building permit
- _____ Material order
- _____ Job schedule
- _____ Job inspection

- date _____
- # _____
- date _____
- begin _____
- date _____

- log # _____
- log # _____
- del. _____
- finish _____
- initial _____

- Jobsheet copies
- _____ Installation-1
- _____ Customer-1
- _____ bldg. dept.-2
- Office-original



TOWN *of* SEWALL'S POINT

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

COMMISSIONERS

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

TELEPHONE (305) 287-2455

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

October 31, 1985

Mr. and Mrs. Sam Jarvis
11 Oakwood Drive
Sewall's Point
Stuart, Florida 33494

Dear Mr. and Mrs. Jarvis:

I have been in contact with Propertyguard Fence Corporation about the location of your recently-installed fence. Unfortunately, they have not been cooperative.

There will be no permit issued for the fence until the monuments are located and it can be determined that the fence is within your property lines. If this is not taken care of within seven days then it will be referred to the Town's Code Enforcement Board.

Thank you for your cooperation in resolving this matter.

Sincerely,

TOWN OF SEWALL'S POINT



Peter Johnsen, Building Inspector

PJ:jb

cc: Propertyguard Fence Corporation

monuments
must be
located.

is cleared up.

will not be a permit issued until this matter

forced to take code violation action - there

answer. ~~answer~~ has passed will be

If another week

fencing on your property. I have received no

Builders Office in regard to location of new

HAVE BEEN IN CONTACT WITH YOUR FENCE

Mr & Mrs. S. Jarvis
11 Oakwood Rd
Stewart's Point -

OCT 31-1985

CODE VIOLATION - FENCE - NO PERMIT.

11 OAKWOOD DR.

OCT. 18 - Fri. A.M. - CHECKED JOB - RED TAGGED -

OCT 21 - MON. 9 A.M. CHECKED JOB - NO ONE THERE -
LEFT RED TAG ON DOOR FOR OWNER -

OCT 21 - LETTER TO OWNER RE NO PERMIT.

OCT 22 - Bldr brought in Permit Form.

OCT 23 - Informed Bldr I couldn't find corner monuments.

283-6760
TAX RECORDS
PART APPROVAL

Mrs. Jarvis called.
Propertyguard will
move fence. She
is leaving there. →

~~283-6760~~

283-6760

Sat.
11-2-85

Mat

Mr. Rizzo from Rio Vista was in, he complained about the resident at 11 Oakwood Dr. who put up a high wooden fence. He said the fence encroaches on his brother's property about 18 inches.

I went out and checked the bench mark and it appears the fence is way out of line.

He requests the building inspector look into it.

Jon

3310

CONCRETE DRIVE

TAX FOLIO NO. _____ DATE _____

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

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

Owner MH & Mrs Sam & Laurel Jarvis Present Address 11 OAKWOOD DR

Phone 283-4239

Contractor SAME Address SAME

Phone _____

Where licensed NA License Number _____

Electrical Contractor NA License Number _____

Plumbing Contractor NA License Number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: slab in driveway

State the street address at which the proposed structure will be built: _____

Subdivision OAKWOOD Lot Number 12 Block Number _____

Contract Price \$ 1000.00 Cost of Permit \$ 24.00

Plans approved as submitted NA Plans approved as marked _____

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

Contractor Laurel F. Jarvis

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

Owner Laurel F. Jarvis

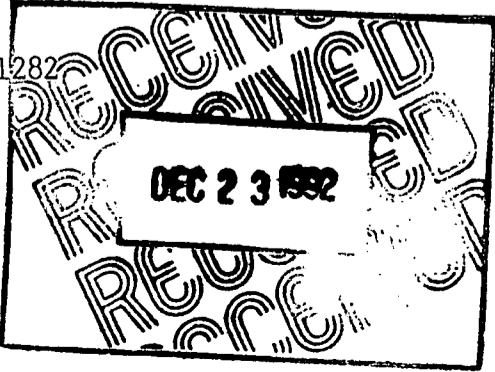
TOWN RECORD

Date submitted _____ Approved: Dale Brown 12/23/92
Building Inspector Date

Approved: [Signature] Final Approval given: _____
Commissioner Date Date

Certificate of Occupancy issued(if applicable) _____
Date

SP1282 Permit No. _____



5480

FENCE

TOWN OF SEWALL'S POINT

Date June 25, 2002
 Building to be erected for LAUREL F. JARVIS
 Applied for by QUALITY FENCE (Contractor)
 Subdivision Oakwood Lot 12 Block _____
 Address 11 Oakwood Dr.
 Type of structure SFR

BUILDING PERMIT NO. 5840
 Type of Permit FENCE
 Building Fee 30.00
 Radon Fee _____
 Impact Fee _____
 A/C Fee _____
 Electrical Fee _____
 Plumbing Fee _____
 Roofing Fee _____
 TOTAL Fees 30.00

Parcel Control Number:
133841009000012030000

Amount Paid 30.00 Check # 4935 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1,450.00

Signed [Signature] Applicant
 Signed Gene Simmons (TBO) Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: Laurel F. Jarvis - Trustee City: Stuart State: FL Zip: 34996

Legal Description of Property: Lot 12, Oakwood Sub. BK 8, P 653 MCPRL Parcel Number: 1338410090000012030000

Location of Job Site: 11 Oakwood Dr - Type of Work To Be Done: R+R existing wood w/ metal

CONTRACTOR/Company Name: Quality Fence Co - Phone Number: 772 879-9126

Street: 498 SW Voltaire Terrace City: PSL State: FL Zip: 34984

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SPO-2470

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

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

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: 1450.- Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required) Laurel F. Jarvis OWNER CONTRACTOR SIGNATURE (Required) _____

State of Florida, County of: _____ On State of Florida, County of: MARTIN

This the _____ day of _____, 200____ This the 19th day of JUNE 2002

by _____ who is personally known to me or produced _____ by LAUREL FIFE JARVIS who is personally

known to me or produced _____ as identification. _____ known to me or produced FL DRIVERS LICENSE

as identification. _____ as identification. # J612-526-54-874-0

Notary Public

Notary Public

My Commission Expires: _____

My Commission Expires: TEAT

OFC S.W. Jones - 021-42 SPAD

Seal

Seal

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

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

Application form must contain the following information:

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

Submittals (2 copies)

- ✓ 1. Current survey (boundary & topographic) containing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. Easements
 - e. ROW's
 - f. Canals, Ponds, or Riverfront locations
 - g. Location of existing and proposed fences
 - h. Description of type and height of fence at all locations
2. Statement of Fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
5. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
6. A certified copy of the Notice of Commencement for any work over \$2500.00
7. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
8. Copy of Workmen's Compensation
9. Copy of Liability Insurance

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

(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 6/17/02

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
5/15/02

PRODUCER Kearns Agency of Florida Inc. P O Box 1849 Jensen Beach, Fl. 34958	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	INSURERS AFFORDING COVERAGE		
INSURED Quality Fence Contractors Inc. 2101 SE Heathwood Circle Port St. Lucie, Fl. 34952	INSURER A:	Auto-Owners Insurance Co.	
	INSURER B:	Auto-Owners Insurance Co.	
	INSURER C:	RECEIVED	
	INSURER D:		
	INSURER E:		

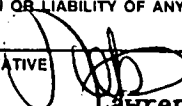
COVERAGES

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

INSR: LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20533955	5/22/02	5/22/03	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS _____ _____	42-519-238-00	10/12/01	10/12/02	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____ _____				AUTO ONLY - EA ACCIDENT	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ _____ DEDUCTIBLE RETENTION \$				OTHER THAN EA ACC AUTO ONLY: AGG	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY _____ _____				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
	OTHER _____ _____				WC STATU- TORY LIMITS | OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

Sales and Installation of Fences - State of Florida

CERTIFICATE HOLDER Town of Sewalls Point 1 S. Sewalls Point Rd. Sewall Point, Fl. 34996	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE  Lawrence E. Kearns

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
6/18/02

PRODUCER
Collinsworth, Alter,
Lambert, Inc.
600 Sandtree Drive Suite 101
Palm Beach Gardens, FL 33403

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Bridgefield Employers Ins Co.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

RECEIVED

JUN 18 2002

BY: _____

INSURED
Quality Fence Contractors Inc.
498 SW Voltair Terrace
Port St. Lucie FL 34952

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE PROD-COMP/OP AGG. PERP. & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE(One Fire) MED. EXP. (On Pst)
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	BIND007138	5/24/02	5/24/03	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT 100000 DISEASE-POLICY LIMIT 500000 DISEASE-EACH EMP. 100000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
1 SOUTH SEWALL'S POINT RD
Sewalls Point, FL 34996

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

*30 DAY FOR NONPAYMENT OF PREMIUM.

AUTHORIZED REPRESENTATIVE
Diana Miller



MARTIN COUNTY, FLORIDA
Construction Industry Lic Bd
Certificate of Competency

License: SP02470
Expires September 30, 2003

KIERSTEAD, JAMES J
QUALITY FENCE CO
2513 SE RICHMOND ST
PSL, FL 34952
FENCE ERECTION

Expires 2003

Please Put on File

Thank's

KIRK

- Licensed & Insured
- Residential
- Commercial
- Industrial

Quality Fence Co.

498 S.W. Voltair Ter., Port St. Lucie, FL 34984
 Phone (772) 879-9126 • Fax (772) 878-6103

PROPOSAL/CONTRACT

License #
 St. Lucie Co. 16639
 Port St. Lucie 4971
 Martin Co. SPO-2470

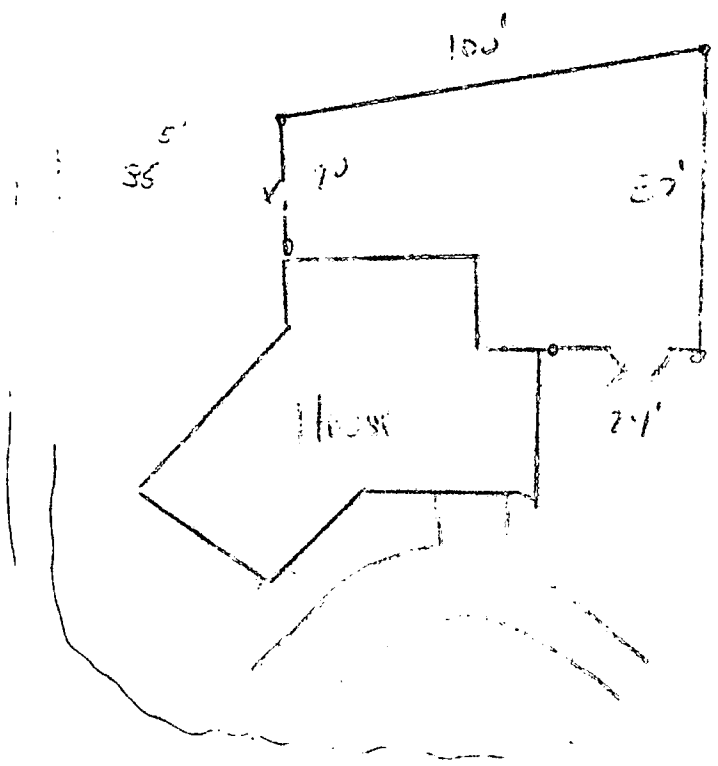
"One Call Does It All For All Your Fence Needs"

NAME Sam Jarvis
 ADDRESS 11 Lakeland Dr.
 CITY S. Seaside Point
 PHONE 203-472391

DATE 6-14-02
 TOTAL FOOTAGE 231'

FENCE	6' Chain
TOP RAIL	120
LINE POST	150
CORNER POST	26
END POST	16
GATE POST	2
WALK GATES	1 - 6x5
DOUBLE DRIVE GATES	1 - 6x10
WOOD FENCE	6x10
WOOD POSTS	10 concrete
SURVEY	
HOT DIPPED GALVO.	485
FENCE LINE CLEARED	485 by owner
TENSION WIRE	415

Heavy Vinyl...
 - Opt...
 (Total...
 All... 698... 2' 2" posts)



10' options on all 11' border
 2' price all labor
 2' price all labor

10' 20' 27' 15'
 Deposit... 529
 725

TOTAL PRICE	1,450
LESS DEPOSIT	725
C.O.D. ON COMPLETION	725
SALESMAN	Dave Sawyer
CUSTOMER	<u>Sam Jarvis</u>
OFFICE ACCEPTANCE	<u>[Signature]</u>

DAVE - 2011-8483

Prices quoted do not include any clearing of fence lines. Quality Fence Co. will clear fence lines for a fee of \$25.00 per man, per hour. The above is an estimate based on our inspection and does not cover any additional labor which may be required after the work has been opened up. Occasionally, after the work has started, large buried objects are discovered which were not evident on the first inspection. Because of this the above prices may have to be renegotiated. This circumstance is rare. Quality Fence is not responsible for underground utilities such as sprinklers and water pipes that can not be located.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF _____

COUNTY OF _____

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: Remove existing wood fence & replace w/ chain link

OWNER: Sam & Laurel F. Jarvis

ADDRESS: 11 Oakwood Dr. Stuart (S. Sewalls' Pt.)

PHONE #: 283-4239

FAX #: same

CONTRACTOR: Quality Fence Co.

ADDRESS: 498 SW Voltaire Ter. Port St. Lucie FL

PHONE #: 879-9126

FAX #: 878-6103

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

FAX #: _____

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

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
19____ BY _____

OR PERSONALLY KNOWN _____
PRODUCED ID _____
TYPE OF ID _____

NOTARY SIGNATURE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri July 8, 2007 Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5185	Royce Jones 14 Heron's Nest O/B	Roof - Plywood-Nailing Rebar Steel		Cancelled by O/B will reschedule INSPECTOR:
2240	JARVIS 11 Oakwood Dr. Quality FENCE	FENCE Dial MM	Passed	6 = O.K. INSPECTOR:
T/R	Aycock Wade 11 Hillcrest #19 O/B 287 2293	T/R	Passed	INSPECTOR:
5853	Bradice 96 S. River Rd Custom Shelters	Final Shelters		rescheduled for Wednesday INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: Pacific: Heron's Nest T+G deck!
Don Bills 219 0708 H 708 0162 M

5842

REROOF

TOWN OF SEWALL'S POINT

Date 6-21-02

BUILDING PERMIT NO. 5842

Building to be erected for LAUREL JARVIS

Type of Permit RE-ROOF

Applied for by PACIFIC ROOFING

(Contractor)

Building Fee 120.00

Subdivision OAKWOOD

Lot 12

Block _____

Radon Fee _____

Address 11 OAKWOOD DR.

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

1338410090000012030000

Roofing Fee _____

Amount Paid \$120.00

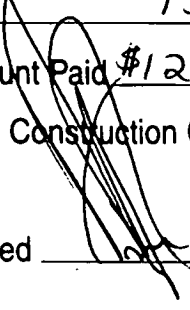
Check # 9539

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 20,000

TOTAL Fees 120.00

Signed 

Applicant

Signed Mene Simmons Inc

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: LAUREL JARVIS City: STUART State: FL Zip: 34996

Legal Description of Property: OAKWOOD Lot 12 Parcel Number: 13-38-41-009-000-0012.0-7

Location of Job Site: 11 OAKWOOD DRIVE Type of Work To Be Done: RE-ROOF SHAKE TO METAL

CONTRACTOR/Company Name: PACIFIC ROOFING Phone Number: 283-7663

Street: P.O. BOX 2697 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: CCC056793 Martin County License Number: _____

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ ScreenedPorch: _____

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

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ Well Permit Number: _____

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: 20,000.00 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: PACIFIC ROOFING State: FL License Number: CCC056793

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code _____ Florida Energy Code _____

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required) *Laurel Jarvis CONTRACTOR SIGNATURE (Required) *[Signature]

State of Florida, County of: Martin On State of Florida, County of: Martin

This the 18 day of JUNE, 2002 This the 18 day of JUNE, 2002

by LAUREL JARVIS who is personally by RICHARD J. GORDON who is personally

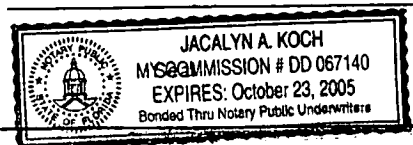
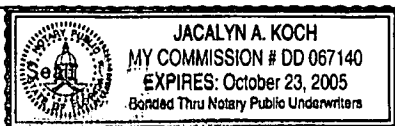
known to me or produced known to me or produced

as identification. Jacalyn A Koch as identification. Jacalyn A Koch

Notary Public

Notary Public

My Commission Expires: _____ My Commission Expires: _____



CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
 VC2-27518-326136
 1/30/02 1:25:43 PM

placements Inc.
 ings Street
 TX 75069
 33-9545 fax: 425-671-4567

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

INSURERS AFFORDING COVERAGE

INSURED Pacific Roofing Corporation 803 South East Dixie Hwy Stuart, FL 34994 Fax: 561-283-9505	INSURER A: National Fire Insurance Company of Hartford INSURER B: INSURER C: INSURER D: INSURER E:
--	--

COVERAGES

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

INSR LTS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$												
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC249189627	1/28/02	9/1/02	<table border="1" style="font-size: x-small; width: 100%;"> <tr> <td>WC STATE- X TORY LIMITS</td> <td>OTH- ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	WC STATE- X TORY LIMITS	OTH- ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
WC STATE- X TORY LIMITS	OTH- ER																
E.L. EACH ACCIDENT		\$ 1,000,000															
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000															
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000															
	OTHER _____ _____				LIMIT \$ LIMIT \$												

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

1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

CERTIFICATE HOLDER Town of Sewells Point 1 S Sewells Point Road Stuart, FL 34996	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--	--

NUMBER

Under the provisions of the
Expiration date

GOMES, RICHARD JOHN
PACIFIC REEFING CORP
PO BOX 2697
STUART



JEB BUSH
GOVERNOR

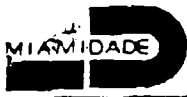
DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

CC-C056793

RECEIVED
SEP 22 2000
BY: *[Signature]*

FILE
before



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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2323

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

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE
FILE COPY

J.M. Metals
1505 Cox Road
Cocoa, FL 32926

TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

DATE: 6/20/02

BUILDING OFFICIAL

Your application for Notice of Acceptance (NOA) of:
JM "SV" Crimp Architectural Metal Roofing System

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

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

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

ACCEPTANCE NO.: 01-0622.02
EXPIRES: 08/16/2006

Raul Rodriguez
Chief Product Control Division

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

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

Francisco J. Quintana, R.A.

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS, AND ITS AUTHORIZED DEALERS ONLY, WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND ADVICE CONTAINED HEREIN. AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

APPROVED: 08/16/2001

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

ROOFING SYSTEM APPROVAL:

<u>Category:</u>	Roofing	Approval Date: <u>August 16, 2001</u>
<u>Sub-Category:</u>	Metal, Panels (Non-Structural)	Expiration Date: <u>August 16, 2006</u>
<u>Material:</u>	Steel	
<u>Deck Type:</u>	Wood	
<u>Maximum Design Pressure</u>	-85 psf.	

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
SV Steel Roofing Panel	l = varies w = 26" h = 1/2" Min. Thickness 0.019"	PA 110	Metal Roof panel coated with Fluropon®.

TRADE NAMES OF PRODUCTS MANUFACTURED BY OTHERS:

<u>Product</u>	<u>Dimensions</u>	<u>Product Description</u>	<u>Manufacturer</u>
Fasteners (Panel)	#9-15 HH	Corrosion resistant, sharp point hex-head screws with 1/4" EPDM Bonded Steel sealing washer.	generic


EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Valspar Corporation	Lab Test Certification	ASTM B-117 ASTM G-23	
PRJ Asphalt Technologies, Inc.	JMM-001-01-01	PA 100	05/10/01
Underwriters Laboratories, Inc.	01NK5594	UL 580	01/15/01

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Page 2



Frank Zuloaga, RRC
Roofing Product Control Examiner

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

APPROVED SYSTEMS:

- SYSTEM:** 5V Steel Roofing Panel
- Deck Type:** Wood, Non-insulated
- Deck Description:** New Construction or Re-roof
 $1\frac{1}{32}$ " or greater plywood or wood plank.
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable design pressure -85 psf
- Deck Attachment:** In accordance with applicable building code, but in no case shall it be less than 8d ring shank nails spaced 6" o.c. In reroofing, where the deck is less than $1\frac{1}{32}$ " thick (Minimum $1\frac{5}{32}$ "") The above attachment method must be in addition to existing attachment.
- Underlayment:** Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 $\frac{1}{4}$ " annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys:** Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with JM Metals 5V Steel Roofing Panel' current published installation instructions.
- Fire Barrier Board:** For class A or B fire rating, install minimum $\frac{1}{4}$ " thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or $\frac{5}{8}$ " water resistant type X gypsum sheathing with treated core and facer.
- Metal Panels and Accessories:** Install the "5V Steel Roofing Panel" and accessories in compliance with JM Metals' current published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.

5V Roofing Panels shall be fastened with a minimum of #9-15 HH corrosion resistant fasteners with sealing washer. Fasteners shall of sufficient length to penetrate through the sheathing a minimum of $\frac{3}{16}$ ". Fasteners shall be place in accordance with fastener detail herein as follows:

Fasteners shall be installed at a maximum of 12" o.c. at side laps perpendicular to roof slope and at a maximum of 12" o.c. in the center of the panel at the field perpendicular to roof slope. Fastener shall be placed at high points of panel ribs.

WARNING

THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION OWNED BY J.M. METALS. IT IS INTENDED FOR SPECIFIC USE BY J.M. METALS AND ITS AUTHORIZED DEALERS ONLY. WHEN PROVIDING J.M. METALS PRODUCTS, CALCULATIONS, AND ADVICE OBTAINED HEREIN, AND IS ONLY VALID WHEN USED IN CONJUNCTION WITH CERTIFIED J.M. METALS MATERIAL. OTHER PRODUCTS MAY NOT PERFORM THE SAME, AND ARE SPECIFICALLY OMITTED FROM COVERAGE FROM THIS DOCUMENT AND WARRANTIES AVAILABLE THRU J.M. METALS.

ONLY TRUE CERTIFIED COPIES OF THIS DOCUMENT BEAR THE RAISED SEAL OF J. MILA ENTERPRISES, INC. (THE PARENT COMPANY OF J.M. METALS)

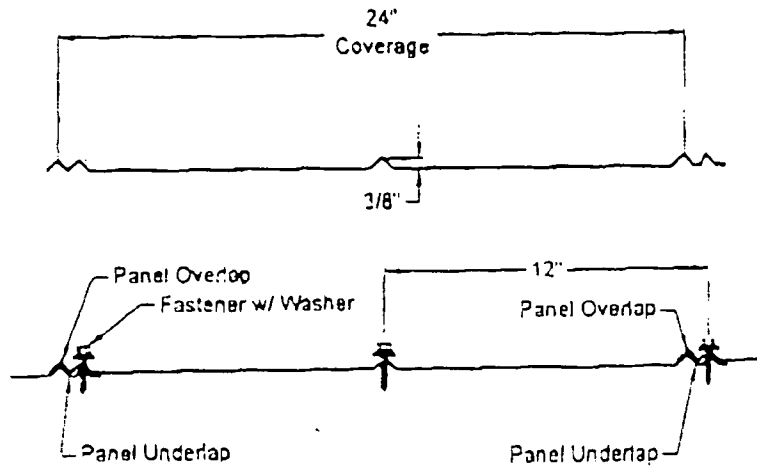
Page 3



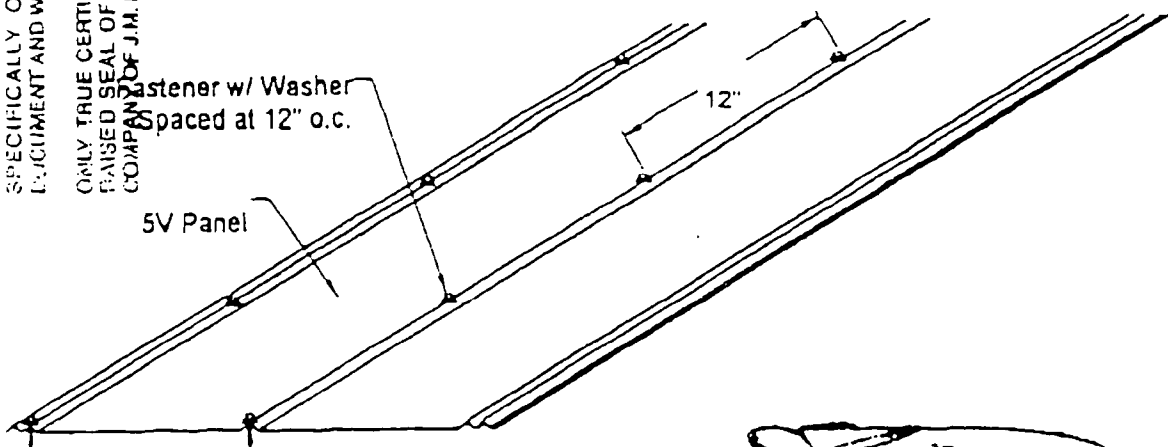
Frank Zuloaga, RRC
Roofing Product Control Examiner

SYSTEM LIMITATIONS:

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



5V STEEL ROOFING PANEL



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Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

WARNING

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Page 5



Frank Zuloaga, RRC
Roofing Product Control Examiner

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 13-38-41-009-000-0012.0-3

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

OAKWOOD Lot 12 / 11 OAKWOOD DRIVE

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: LAUREL JARVIS

ADDRESS: 11 OAKWOOD DRIVE STUART, FL 34996

PHONE #: _____

FAX #: _____

CONTRACTOR: PACIFIC ROOFING

ADDRESS: P.O. BOX 2697 STUART, FL 34995

PHONE #: 283-7663

FAX #: 283-9505

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

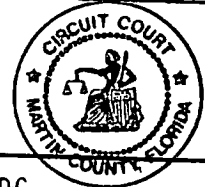
LENDER: _____

ADDRESS: _____

PHONE #: _____

STATE OF FLORIDA
MARTIN COUNTY

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



BY [Signature] D.C.

DATE 6-17-05

FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

PHONE #: _____

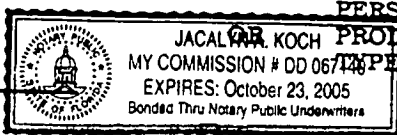
FAX #: _____

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

* [Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 18 DAY OF JUNE 192005 BY LAUREL JARVIS

[Signature]
NOTARY SIGNATURE



PERSONALLY KNOWN _____

JACALYN KOCH PRODUCED ID _____
MY COMMISSION # DD 06748 TYPE OF ID _____
EXPIRES: October 23, 2005
Bonded Thru Notary Public Underwriters

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/22/02, 2004; Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5734	Abesada Teek 8 Morgan Circle CONWAY	Retain Wall tie Beam	Passed	INSPECTOR: <i>[Signature]</i>
5821	GRANFIELD 15 W. High Pt Rd Shuler	Re-inspect Plumbing Pool	Passed	INSPECTOR: <i>[Signature]</i>
5857	GRANFIELD 15 W. High Pt Rd T Coast Paver	Final on Driveway	Passed	INSPECTOR: <i>[Signature]</i>
5861	BARON. 25 FIELD WAY DR. O/B	DRIVEWAY Prepour	Passed	INSPECTOR: <i>[Signature]</i>
5862	KARDOS. 10 CRANES NEST PACIFIC	SHEATHING/ROOF 263-0177	Passed	~ 930 INSPECTOR: <i>[Signature]</i>
5842	11 OAKWOOD PACIFIC	Sheathing	Passed	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Aug-16, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5863	Newman	Roof dry-IN	Passed	
②	15 Periwinkle Crescent Emmick			INSPECTOR: <u>h</u>
5761	Lowell	Insulation	FAILED	
12	7 W. High Pt. Rd Leniero			INSPECTOR: <u>h</u>
5905	MERKIN	Partial Elec	FAILED	
②	93 1/2 N. Sewall Pt. Rd First Qual Elec	SVC-FPL		INSPECTOR: <u>h</u>
5844	PAROLS	TINTAG Y	PASSED	
⑩	11 Oakwood Dr. Pacific	metal		INSPECTOR: <u>h</u>
5888	Paulue	FINAL	FAILED	\$30
①	102 Hillcrest Pacific			INSPECTOR: <u>h</u>
5828	Walker	Electrical	FAILED PASSED	
⑪	21 W. High Point Rd Holmes	A/C Plumbing	PASSED FAILED	INSPECTOR: <u>h</u>
5667	HOMIT.	Final C.O.		Cancel
③	11 Periwinkle Ln Emmick			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-18-____, 2001; Page 1 of ____.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5997	Sinton	Final	?	
④	33 N RIVER Rd Flanagan	Electrical Boatlift + Lights		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5991	GEARY	FINAL ROOF	PASSED	
⑨	10 Riverview Dr. Pacific			INSPECTOR: <i>lu</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5842	JARVIS	FINAL ROOF	PASSED	
⑪	11 Oakwood Dr. Pacific			INSPECTOR: <i>lu</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5857	Bauer	Tin tag + Metal	FAILED	\$ 30
5847	10 Copaire Pacific (sub)			INSPECTOR: <i>lu</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5989	Kurtin	FENCE	FAILED	\$ 30
②	4 Castle Hill Way United	FINAL		INSPECTOR: <i>lu</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TR E E	High Point Circle	2 Palms (Devel)	O.R.	
⑫				INSPECTOR: <i>lu</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5908	WENCHIP.	SLAB	FAILED	
③	2 Palms Way Wenchip			INSPECTOR: <i>lu</i>

OTHER: _____

8612

ALARM SYSTEM

TOWN OF SEWALL'S POINT

Date 5-30-07

BUILDING PERMIT NO. 8612

Building to be erected for Almond Type of Permit Repl Alarm

Applied for by Brink's Home Security (Contractor) Building Fee 35-

Subdivision Oakwood Lot 12 Block _____ Radon Fee _____

Address 11 Oakwood Dr Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

133841-009-000-00120-3 Plumbing Fee _____

Amount Paid \$35- Check # 3796 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 1227.50 TOTAL Fees 35-

Signed [Signature]
Applicant

Signed John Adams
Town Building Official

6-4-08 called prints

PERMIT

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

INSPECTIONS

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

FROM : BRINKS HOME SECURITY 118

FAX NO. : 3058878493

Jun. 05 2008 09:44AM P1

PAGE 02/03

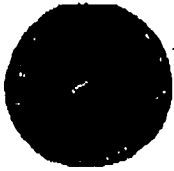
06/04/2008 20:51 5616250177

BRINKS WPB

15618250177

1 / 1

06-04-08 19:17



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2456 Fax 772-220-4765

PERMIT RENEWAL REQUEST

TO BE COMPLETED BY OWNER / BUILDER OR CONTRACTOR

DATE: 6/5 PERMIT NUMBER: # 8612

COMPANY: Brinks Home Security PHONE NUMBER: 501-625-3229

OWNER'S NAME: David Almond QUALIFIER'S NAME: Douglas Bassett

PERMIT ADDRESS: 11 Oakwood Dr

TYPE OF PERMIT: burglar alarm

Owner/Builder or Contractor's Signature: [Signature] Contractor License number: EF-0000921

***** OFFICE USE ONLY *****

STATUS OF PERMIT: The above permit has been inactive for since 11-30-07 days.

Date and type of last inspection: NONE Last inspection Passed Failed

Number and date(s) of previous renewals: NONE

Was the original permit submitted prior to October 1, 2005? Yes or No

According to the review of this file it has been determined that this permit is eligible for renewal.

According to the review of this file it has been determined that the permit is not eligible for renewal and the applicant must reapply under the current applicable codes.

Permit Technician: Valerie

Comments: Renew for final

Renewal fees due: \$ 3500

Applicant notification date: 6/5/08

RECEIVED
5/24/07

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 5/15/07

Permit Number: _____

OWNER/TITLEHOLDER NAME: DAVID + ELIZABETH ALMOND Phone (Day) 772-607-2719 (Fax) _____

Job Site Address: 11 OAKWOOD DR. City: SEWALL'S POINT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) OAKWOOD LOT 12, 01391009 Parcel Number: 13-38-41-009-000-00120.30006

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

Description of Work To Be Done: INSTALLATION OF ALARM SYSTEM (REPLACEMENT) / MASTER DEVICES 15.

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1227.50
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

Is improvement cost 50% or more of Fair Market Value? YES NO

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company Brinks Home Sec. Phone (561) 625-3229 Fax: (561) 625-0177

Street: 9000 Bluma Rd #109 City: PBEI State: FL Zip: 33403

State Registration Number: FE000009-1 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

ARCHITECT _____ Lic.#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

David Almond

State of Florida, County of: Palm Beach

This the 24th day of May, 2007

by David Almond who is personally

known to me or produced Drivers License

as identification. Heather Hope

Notary Public Seal My Commission Expires: 5/10/10

CONTRACTOR SIGNATURE (required)

Douglas Bassett

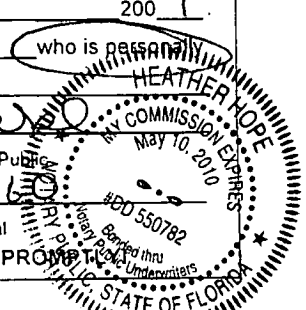
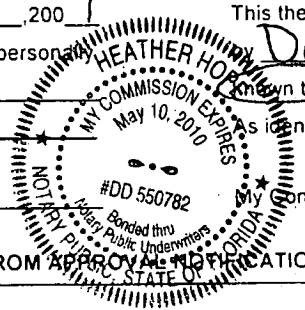
On State of Florida, County of: Palm Beach

This the 24th day of May, 2007

by Douglas Bassett who is personally

known to me or produced Heather Hope

as identification. Notary Public Seal My Commission Expires: 5/10/10



Certificate of Insurance

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

This is to Certify that

BRINK'S HOME SECURITY, INC.

8880 ESTERS BOULEVARD

IRVING

TX 75063

NAME AND ADDRESS OF INSURED



Liberty Mutual

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE	POLICY NUMBER	LIMIT OF LIABILITY	
	<input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM			
WORKERS COMPENSATION	1/1/2008	WA7-61D-004177-297 WC7-611-004177-017	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: AL,AZ,AR,CA,CO,CT,DE,DC,FL,GA,IL,IN,IA,ID,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NV,NJ,NM,NY,NC,OK,OR,PA,RI,SC,TN,TX,UT,VA,VT,WI	EMPLOYERS LIABILITY Bodily Injury by Accident 1000000 Each Accident Bodily Injury By Disease 1000000 Policy Limit Bodily Injury By Disease 1000000 Each Person
	<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE RETRO DATE <input type="text"/>	General Aggregate—Other than Products / Completed Operations Products / Completed Operations Aggregate Bodily Injury and Property Damage Liability Per Occurrence Personal Injury Per Person / Organization Other		
AUTOMOBILE LIABILITY				Each Accident—Single Limit B.I. And P.D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence
<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED				
OTHER				
ADDITIONAL COMMENTS All operations of the insured and all of its wholly owned subsidiaries				

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. SPECIAL NOTICE-OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS AND CERTIFICATE HOLDERS: IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

SEWELL'S POINT

2 S. SEWELL'S POINT ROAD
SEWELL'S POINT

FL 34996

Denise Fenn

Denise Fenn

Weston / 0102 AUTHORIZED REPRESENTATIVE
 Riverside Office Park, 9 Riverside Road
 Weston MA 02493-2298 781-891-8900 12/15/2006
 OFFICE PHONE DATE ISSUED

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies

NM 772



Protective Insurance Company
1099 North Meridian Street
Indianapolis, Indiana 46204
(317) 636-9800 Ext. 254

Date Issued: 12/06/06 SEQ# 00007876
Page: 1 00010992-003

CERTIFICATE OF INSURANCE

This Certificate issued to:

SEWELL'S POINT
1 S. SEWELL'S POINT ROAD
SEWELL'S POINT , FL 34996

Certifies placement of insurance coverage for the account of

BRINK'S HOME SECURITY, INC.
8880 ESTERS BLVD.
IRVING , TX 75063

With the following insurers, individually and not jointly, providing insurance as listed:

Protective Insurance Company Policies: X 001573

For the following coverages:

Automobile Liability
General Liability including Personal Injury and Property Damage

For limits of \$2,000,000 CSL per occurrence/\$4,000,000 General Liability Aggregate

Effective: January 1, 2007

Expiration: January 1, 2008

In the event of policy cancellation or material change, every reasonable effort will be made to advise the certificate holder named hereon, at the address indicated, of such cancellation or material change within 30 (Thirty) days thereof.

Signed at Indianapolis, Indiana this 6th day of December, 2006

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.

BY John E. Mitchell



Protective Insurance Company
1099 North Meridian Street
Indianapolis, Indiana 46204
(317) 636-9800 Ext. 254

Date issued: 12/06/06
SEQ# 00007876
00010992-003

CERTIFICATE OF INSURANCE

This certificate issued to:

SEWELL'S POINT
1 S. SEWELL'S POINT ROAD
SEWELL'S POINT, FL 34996

Certifies placement of insurance coverage for the account of

BRINK'S HOME SECURITY, INC.
8880 ESTERS BLVD.
IRVING, TX 75063

With the following insurers, individually and not jointly, providing insurance as listed:

Protective Insurance Company Policies: X001573

For the following coverages:

·Automobile Liability
General Liability including Personal Injury and Property Damage

For Limits of \$2,000,000 CSL per occurrence/\$4,000,000 General Liability Aggregate

Effective: January 01 , 2007

Expiration: January 01 , 2008

In the event of policy cancellation or material change, every reasonable effort will be made to advise the certificate holder named hereon, at the address indicated, of such cancellation or material change within 30 (Thirty) days thereof.

Signed at Indianapolis, Indiana this 6th day of December , 2006

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.

BY:

AC# 2672665

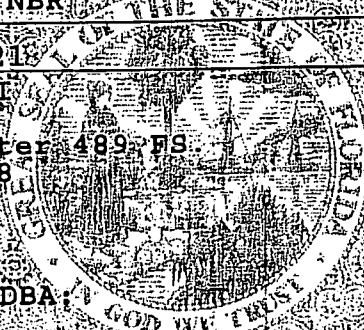
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06072101201

DATE	BATCH NUMBER	LICENSE NBR
07/21/2006	060058700	EE0000921

The ALARM SYSTEM CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS
Expiration date: AUG 31, 2008



BASSETT, DOUGLAS POPE
BRINK'S HOME SECURITY, INC. DBA
BRINK'S HOME TECHNOLOGIES
478 S.W. 12TH AVENUE
DEERFIELD BEACH, FL 33442

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

2003-03895

STATE OF FLORIDA

CW-008

PALM BEACH COUNTY

CLASSIFICATION

OCCUPATIONAL LICENSE

EXPIRES: SEPTEMBER - 30 - 2007

BRINK'S HOME TECHNOLOGIES
BASSETT DOUGLAS - QUALIFIER
BRINKS HOME SECURITY INC

** LOCATED AT
9000 BURMA ROAD #109
PALM BEACH GARDENS FL 33403

C/WIDE \$185.85

TOTAL \$185.85

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ALARM CONTRACTOR I

EF 0000921

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$185.85 OCC 049 043933 09-13-2006

PETER H. CARNEY
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR

2003-03900

STATE OF FLORIDA

OC-032

PALM BEACH COUNTY

CLASSIFICATION

OCCUPATIONAL LICENSE

EXPIRES: SEPTEMBER - 30 - 2007

BRINK'S HOME TECHNOLOGIES
BASSETT DOUGLAS - QUALIFIER
BRINKS HOME SECURITY INC

** LOCATED AT
9000 BURMA ROAD #109
PALM BEACH GARDENS FL 33403

CNTY \$27.50

TOTAL \$27.50

Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ALARM CONTRACTOR I

EF0000921

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR
\$27.50 OCC 049 043932 09-13-2006

PETER H. CARNEY
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR

2003-03891

STATE OF FLORIDA

OR-014

PALM BEACH COUNTY

CLASSIFICATION

OCCUPATIONAL LICENSE

EXPIRES: SEPTEMBER - 30 - 2007

BRINKS HOME SECURITY
BASSETT DOUGLAS P-QUALIFIER
BRINKS HOME SECURITY INC

** LOCATED AT
9000 BURMA ROAD #109
PALM BEACH GARDENS FL 33403

CNTY \$33.00

TOTAL \$33.00

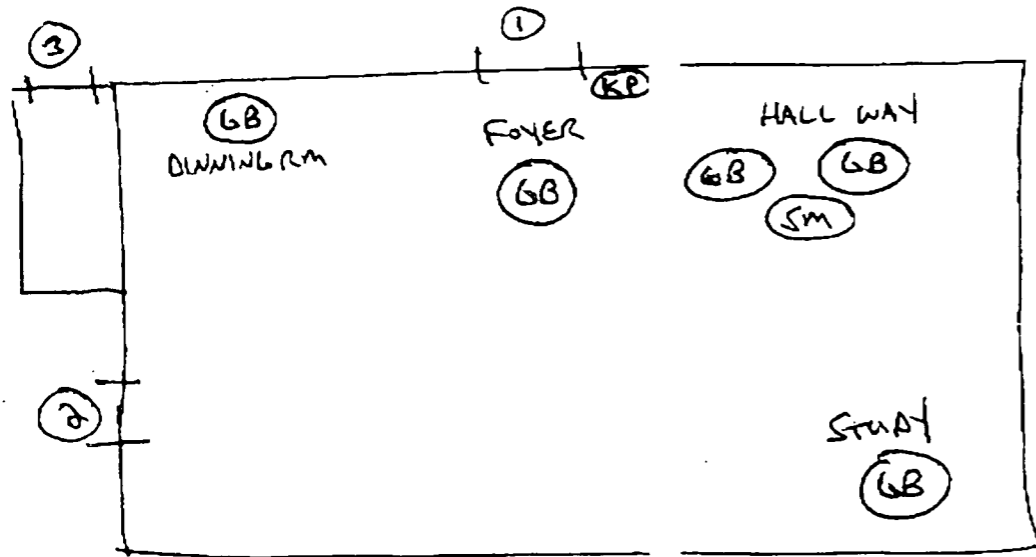
Is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ALARM SYSTEM STORE

THIS IS NOT A BILL - DO NOT PAY

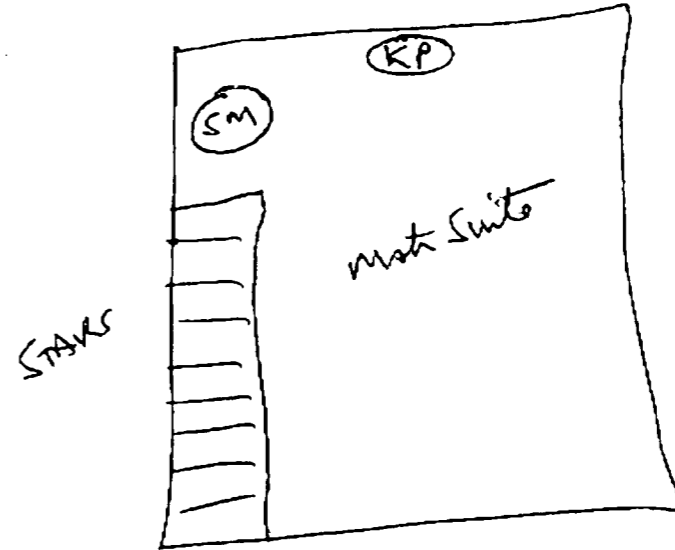
PAID. PBC TAX COLLECTOR
\$33.00 OCC 049 043934 09-13-2006

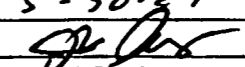
1st Floor



- ① Front Door Key Pad
- ② Bath Room Door Contact
- ③ Garage Door Contact
- GB: Glass Break
- SM: Smoke Detector
- KP: Key Pad

2nd Floor



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 5-30-07

BUILDING OFFICIAL

David and Elizabeth Almond
 11 Oakwood Dr
 Stuart, FL 34996

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6-13, 2008

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8901	Richardson 15 Ridge Road Everglades	Plumb electric framing	713-8547	Postpone to Mon
8912	Almond 11 Oakwood Dr Brinks	Final	Pass	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8658

REPLACE ENTRY DOOR



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	8658	DATE ISSUED:	JULY 16, 2007
SCOPE OF WORK:	REPLACE ENTRY DOOR, SLIDING GLASS DOOR AND 1 ACCORDIAN SHUTTER		
CONTRACTOR:	NATURAL FLOW		
PARCEL CONTROL NUMBER:	1338410090000012030000	SUBDIVISION	OAKWOOD -LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DR		
OWNER NAME:	ALMOND		
QUALIFIER:	ROBERT MILICI	CONTACT PHONE NUMBER:	772-334-1011

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

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

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

INSPECTIONS

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

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

RECEIVED

DATE: 7-13-07 Town of Sewall's Point

Date: 7/12/07 TOWN OF SEWALL'S POINT BUILDING PERMIT APPLICATION

Permit Number: 8658

OWNER/TITLEHOLDER NAME: David Almond Phone (Day) (Fax)

Job Site Address: 11 Oakwood Drive City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Oakwood Lot 12 Parcel Number: 13-38-41-000-00120-311

Owner Address (if different): City: 133841-009-000-001203-0000 State: Zip:

Scope of work: Replace Entry door + Sliding glass doors

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

COST AND VALUES: Estimated Value of Construction or Improvements: \$ 17,832.00 (Notice of Commencement required over \$2500)

Has a Zoning Variance ever been granted on this property? YES (YEAR) NO

Estimated Fair Market Value prior to improvement: \$ 675,000 (FOR ADDITIONS AND REMODEL APPLICATIONS ONLY) Method of Determining Fair Market Value: Purchase 5/07

CONTRACTOR/Company: Natural Flow Inc Janet Phone: 334-1011 Fax: 334-1078

Street: 1084 NE Industrial Blvd City: Jensen Beach State: FL Zip: 34957

State Registration Number: State Certification Number: Municipality License Number: SP01564

ARCHITECT NONE Lic.#: Phone Number: Street: City: State: Zip:

ENGINEER NONE Lic# Phone Number: Street: City: State: Zip:

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

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

NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required) CONTRACTOR SIGNATURE (required)

State of Florida, County of: Martin This the 12th day of July, 2007 by David Almond who is personally known to me or produced as identification.

On State of Florida, County of: Martin This the 13th day of July, 2007 by JANET MILICI who is personally known to me or produced Florida Driver's license As identification.

Notary Public TERRI HOBIN My Commission Expires Aug 3, 2008

Notary Public BETTY MICHALOWSKI My Commission Expires Mar 26, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NO REVISIONS (FBC 105.4.1) OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE TRACK WORK BY REGULAR PROGRAM.



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

Site Provided by...
governmax.com T1.13

Summary

print [navigation icons] Owner 1 of 2

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-009-000-00120-3	11 OAKWOOD DR	27850	Owner	0	1

Summary

Property Location 11 OAKWOOD DR
Tax District 2200 Sewall's Point
Account # 27850
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.493

Legal Description
Property Information
 OAKWOOD LOT 12

Search By

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

Owner Information
Owner Information
 ALMOND, DAVID W & ELIZABETH M

Mail Information
 11 OAKWOOD DR
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$290,000
Market Impr Value \$384,830
Market Total Value \$674,830

Site Functions

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

Recent Sale
 Sale Amount \$675,000

Sale Date 6/15/2007
Book/Page 2256 0957

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

Legal disclaimer / Privacy Statement

Data updated on 07/09/2007



AGORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
NATUF-1

DATE (MM/DD/YYYY)
09/12/06

PRODUCER

 Stuart Insurance, Inc.
 170 S W Mapp
 Palm City FL 34990
 Phone: 772-286-4334 Fax: 772-286-9389

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

INSURED

 Natural Flow, Inc.
 Bob & Janet Millici
 1084 NE Industrial Blvd
 Jensen Beach FL 34957

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Southern Owners	10190
INSURER B: Auto Owners Insurance Co	18988
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	20656470	08/30/06	08/30/07	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4602367200	08/30/06	08/30/07	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 PC - DOOR & WINDOW INSTALLATION

CERTIFICATE HOLDER

CANCELLATION

TOWNS - 1

 Town of Sewalls Point
 220-4765
 One S Sewalls Point Road
 Stuart FL 34996

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




Martin County Building Department

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

**MILICI, JANET E
NATURAL FLOW INC
1084 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957**

NOTICE TO ALL CONTRACTORS

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

PROHIBITED ACTIVITIES:

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

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

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



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

GLASS & GLAZING

License Number SP01564 Expires: 30-SEP-07

**MILICI, JANET E
NATURAL FLOW INC
1084 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957**



ALEX SINK
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

*** * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY EXEMPTION**

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

EFFECTIVE DATE: 02/21/2007 EXPIRATION DATE: 02/20/2009

PERSON: MILICI ROBERT J JR

FEIN: 593169985

BUSINESS NAME AND ADDRESS:

NATURAL FLOW INC
1084 NE INDUSTRIAL BLVD
JENSEN BCH FL 34957

SCOPES OF BUSINESS OR TRADE:

1- WINDOW / DOOR INSTALLATION

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election to be exempt... section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply... scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt... election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure named on the certificate to meet the requirements of this section.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 09-06

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE# 984-290-0628 CERT SPO1564

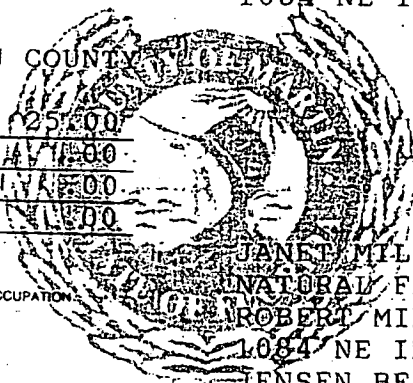
PHONE (561)334-1011 SIC NO 007293

LOCATION:

1084 NE INDUSTRIAL BLVD

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	LIC. FEE \$	25.00
\$	.00	PENALTY \$	0.00
\$	.00	COL. FEE \$	0.00
\$	.00	TRANSFER \$	0.00
TOTAL			25.00



RECEIPT of PAYMENT
LARRY C OSTEEN
99 08/11/2006 NORM
19840002900062
002 2005.0010893
NATURAL FLOW-INC

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF WINDOW & DOORS

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF AUGUST 20 06
AND ENDING SEPTEMBER 30 2007

JANET MILICI QUALIFIER
NATURAL FLOW, INC
ROBERT MILICI JR
1084 NE INDUSTRIAL BLVD
JENSEN BEACH, FL 34957

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



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
 Sewall's Point, Florida 34996
 Tel 772-287-2455 Fax 772-2204765

WINDOW/DOOR SCHEDULE

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	80" X 84"	FRONT DOOR			X	20' X 84" ACCORDIAN SHUTTERS 50% 50% EXTENSION LOCK REMOVABLE TRACK.
2						
3						
4						
5						
6	140x94	4 panel	3611	X		
7	140x94	4 panel	3611	X		
8	106x80	3 panel	3611	X		
9	106x80	3 panel	3611	X		
10	106x80	3 panel	3611	X		
11						
12						
13						
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28						
29						
30						

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7-16-07

BUILDING OFFICIAL

TOTAL GLAZED OPENING AREA FOR STRUCTURE: _____ S.F.

*PERCENTAGE OF NEW GLAZED AREA: _____ %
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwelling; within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC: EXISTING BUILDING 507.3

*** TYPE WINDOWS**

- SH - SINGLE HUNG AWN - AWNING SL - SLIDING
- DH - DOUBLE HUNG CAS - CASEMENT FIX - FIXED



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

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

NOTICE OF ACCEPTANCE (NOA)

**South Eastern Door Company
1505 Commerce Lane P.O. Box 794
Jupiter, FL 33458**

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by Miami-Dade County Product Control Division and accepted by the Board of Rules and Appeals (BORA) to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

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

DESCRIPTION: Series "Atlas Plus Model 13000LM" Aluminum Sliding Glass Door-L.M.

APPROVAL DOCUMENT: Drawing No. 03-004R1, titled "Atlas Plus Model 13000LM Aluminum Sliding Glass Door", sheets 1 through 5 of 5, prepared by EngCo. Inc., dated 3/17/03, signed and sealed by Pedro De Figueiredo, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

ADVERTISEMENT: The NOA number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the NOA is displayed, then it shall be done in its entirety.

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

This NOA consists of this page 1 as well as approval document mentioned above.

The submitted documentation was reviewed by Theodore Berman, P.E.

T.B.
6/13/2003



**NOA No 03-0328.01
Expiration Date: June 26, 2008
Approval Date: June 26, 2003
Page 1**

South Eastern Door Company

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED
(For File ONLY. Not part of NOA)

A. DRAWINGS

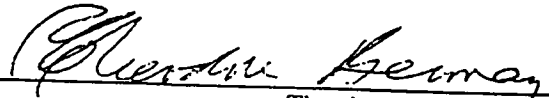
1. Manufacturer's die drawings and sections.
2. Drawing No. 03-004R1, titled "Atlas Plus Model 13000LM Aluminum Sliding Glass Door", sheets 1 through 5 of 5, prepared by EngCo. Inc., dated 3/17/03, signed and sealed by Pedro De Figueiredo, P.E.

B. TESTS

1. Test reports on 1) Large Missile Impact Test per FBC, TAS 201-94
2) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of a Aluminum Sliding Glass Door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL 0151-0909-01 dated 9/7/01, signed and sealed by Vinu Abraham, P.E.
2. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
3) Water Resistance Test, per FBC, TAS 202-94
4) Large Missile Impact Test per FBC, TAS 201-94
5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
6) Forced Entry Test, per FBC 2411 3.2.1 and TAS 202-94
along with marked-up drawings and installation diagram of a Aluminum Sliding Glass Door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL 0151-1105-01 dated 12/12/01, signed and sealed by Vinu Abraham, P.E.
3. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
2) Large Missile Impact Test per FBC, TAS 201-94
3) Cyclic Wind Pressure Loading per FBC, TAS 203-94
along with marked-up drawings and installation diagram of a Aluminum Sliding Glass Door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL 0151-1209-02 dated 12/12/02, signed and sealed by Vinu Abraham, P.E.
4. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
2) Small Missile Impact Test per FBC, TAS 201-94
along with marked-up drawings and installation diagram of a Aluminum Sliding Glass Door, prepared by Hurricane Test Laboratory, Inc., Test Report No. HTL 0151-0117-03 dated 1/14/03, signed and sealed by Vinu Abraham, P.E.

C. CALCULATIONS

1. Anchor Calculations and structural analysis, prepared by EngCo. Inc., dated 3/16/03, signed and sealed by Pedro De Figueiredo, P.E.



Theodore Berman, P.E.

Deputy Director, Product Control Division

NOA No 03-0328:01

Expiration Date: June 26, 2008

Approval Date: June 26, 2003

South Eastern Door Company

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED
(For File ONLY. Not part of NOA)

D. MATERIAL CERTIFICATIONS

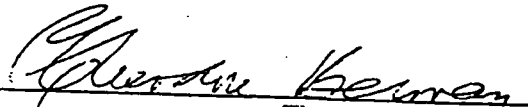
1. Notice of Acceptance No. 01-0206.22 issued to Security Impact Holdings L.L.C. for "SAF-GLAS" dated 1/2/03, expiring on 12/16/07.
2. Notice of Acceptance No. 01-1204.01 issued to E.I. DuPont DeNemours, for "Sentry Glass Plus" dated 1/17/02, expiring on 1/14/07.

E. STATEMENTS

1. Laboratory compliance letter for Test Report no. HTL 0151-0909-01, 0151-1105-01, 0151-1209-02, 0151-0117-03, issued by National Certified Testing Laboratories, dated 3/3/03, signed and sealed by Vinu Abraham, P.E.

F. OTHER

1. Letter from the consultant stating that the product is in compliance with the Florida Building Code (FBC).


Theodore Berman, P.E.

Deputy Director, Product Control Division

NOA No 03-0328.01

Expiration Date: June 26, 2008

Approval Date: June 26, 2003

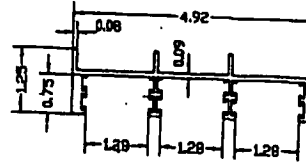
INDEX:

- SHEET 1 of 5 - GENERAL NOTES AND DOOR COMPONENTS
- SHEET 2 of 5 - DESIGN RATING 13000 MODELS AND GLAZING OPTIONS
- SHEET 3 of 5 - TYPICAL DOOR ELEVATION, FRAMING ANCHORAGE
- SHEET 4 of 5 - BILL OF MATERIALS, SECTION DETAILS
- SHEET 5 of 5 - DOOR & FRAMING ASSEMBLY AND HARDWARE

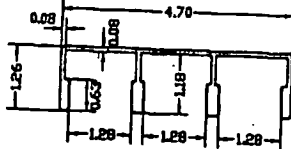
GENERAL NOTES:

- 1- CODE: THIS PRODUCT HAS BEEN TESTED AND DESIGNED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE 2001 ED.
- 2- DEFINITION: THIS PRODUCT IS AN ALUMINUM LARGE MISSILE IMPACT RESISTANT SLIDING GLASS DOOR. PRODUCT CAN BE USED AT ANY ELEVATION WITHOUT HURRICANE PROTECTION SHUTTERS.
- 3- POSTING: ATLAS PLUS - LARGE MISSILE IMPACT SERIES ALUMINUM SLIDING GLASS DOORS SOUTH EASTERN DOOR COMPANY JUPITER - FLORIDA DADE COUNTY PRODUCT CONTROL APPROVED
- 4- DESIGN LOADS: THE DESIGNED LOADS MUST BE CALCULATED BY A PROFESSIONAL ARCHITECT OR ENGINEER FOR EACH SPECIFIC PROJECT. THE CALCULATED DESIGNED PRESSURE MUST NOT EXCEED THE ALLOWABLE APPROVED PRESSURE.
- 5- MATERIAL: ALL ALUMINUM PARTS TO BE 6063-T6 ALLOY OR AS NOTED AND GLAZING TO BE LAMINATED GLASS AS PER SHEET 2 OF 5 AS SPECIFIED ON THIS APPROVAL.
- 6- FASTENERS: ASSEMBLY SCREWS AND ANCHORS SHALL BE AS SPECIFIED IN THE CURRENT SET OF DRAWINGS. INSTALLATION AND LOADS AS PER THIS APPROVAL. ANCHOR SPACING AND LOADS MUST NOT EXCEED THE MAXIMUM LIMITS SPECIFIED BY THIS APPROVAL.
- 7- USE: IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR, ARCHITECT OR ENGINEER OF RECORD TO VERIFY THE FOLLOWING:
 - 7.1- THE STABILITY OF THE STRUCTURE WHERE THE PRODUCT IS TO BE ATTACHED INSURING PROPER ANCHORAGE.
 - 7.2- THE SITE SPECIFIC PROJECT CRITERIA, SUCH AS BUT NOT LIMITED TO, LOCAL CODE REQUIREMENTS, DESIGNED PRESSURES ETC.
 - 7.3- THAT THIS APPROVAL IS ADEQUATE TO THE SPECIFIC PROJECT.
- 8- MANUFACTURER NOTICE: ALL IDEAS, DESIGNS, ARRANGEMENTS AND PLANS INDICATED AS REPRESENTED BY THIS DRAWING ARE OWNED BY, AND THE PROPERTY OF SOUTH EASTERN DOOR COMPANY AND WERE CREATED, EVOLVED AND DEVELOPED FOR USE ON, AND IN CONNECTION WITH, THE SPECIFIED PROJECT. NONE OF SUCH IDEAS, DESIGNS, ARRANGEMENTS OR PLANS SHALL BE USED BY OR DISCLOSED TO ANY PERSON, FIRM OR CORPORATION FOR ANY PURPOSE WHATSOEVER WITHOUT THE WRITTEN PERMISSION OF THE MANUFACTURER.

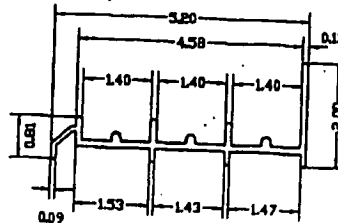
DOOR COMPONENTS



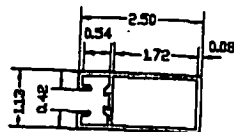
1- THREE TRACK JAMB ALLOY: 6063-T6



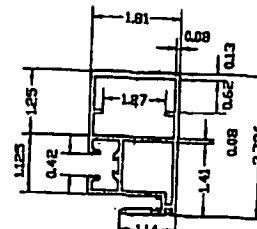
3- THREE TRACK HEADER ALLOY: 6063-T6



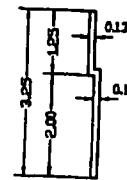
2- THREE TRACK SILL ALLOY: 6063-T6



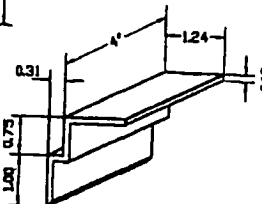
4- DOOR END RAIL ALLOY: 6063-T6



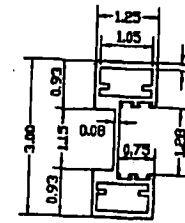
5- HIGH RISE INTERLOCK ALLOY: 6063-T6



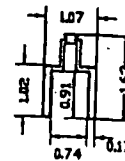
6- SILL ADAPTER ALLOY: 6063-T6



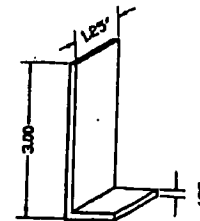
7- DOOR 'Z' BRACKET ALLOY: 6063-T6



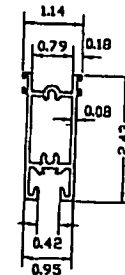
8- DOOR ASTRAGAL ALLOY: 6063-T6



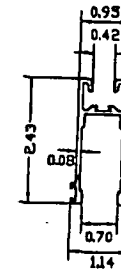
9- GLAZING ADAPTER ALLOY: 6063-T6



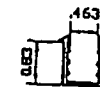
10- FIXED PANEL BRACKET ALLOY: 6063-T6



11- DOOR TOP RAIL ALLOY: 6063-T6 USED AS BOTTOM RAIL ON FIXED PANELS



12- DOOR BOTTOM RAIL ALLOY: 6063-T6 ONLY ON OPERABLE PANELS



13- GLAZING GASKET EXTRUDED PVC 75 DIAMETER INSIDE GASKET PARTS ARE MADE BY TEAR PLASTICS, INC.

MANUFACTURER:
SOUTH EASTERN DOOR COMPANY
Manufacturers of Sliding and Custom Sliding Doors

1505 COMMERCE LANE,
P. O. BOX 794
JUPITER, FLORIDA
33458
PHONE: (561) 746-5493
FAX: (561) 575-1826

PRODUCT:
ATLAS PLUS Impact Series
MODELS 13000LM ALUMINUM SLIDING GLASS DOOR

Engineering:
EngCo Inc.
CA 9116
6971 W. SUNRISE BLVD. 104
PLANTATION, FL 33313
TEL: (954) 585-0304

MAY 20 2003

Engineer Seal
Pedro De Figueiredo
PE 32609

Date: 3/17/03
Scale: NA
Design by: PPMF

Revision:

Drawing Number
03-004R1

Sheet
1 of 5

DOOR ALLOWABLE DESIGNED PRESSURES
SEE SHEET 2 OF 5 FOR ALLOWABLE DESIGNED PRESSURES:
MODEL 13000 LM1 - TABLE 1 - GLASS TYPE A
MODEL 13000 LM2 - TABLE 2 - GLASS TYPE A1
MODEL 13000 LM3 - TABLE 3 - GLASS TYPE B
LM - LARGE MISSILE IMPACT

TYPE A GLASS - 7/16" A LAMINATED NDA# 00-0329.03
TYPE A1 GLASS - 7/16" HS LAMINATED NDA# 00-0329.03
TYPE B GLASS - 9/16" HS LAMINATED NDA# 99-0608.03

Approved as complying with the Florida Building Code
Date: 06/26/03
NDA# 13-0329.01
Miami Dade Product Control
Divided by: *[Signature]*

**TABLE 1- I3000 LM1 MODEL
LARGE MISSILE - GLASS TYPE A
ALLOWABLE DESIGNED PRESSURES (Psf)**

FH	DM - DOOR MODULE (INCHES)		
	36	42	48
80	-75 / +75, +50	-64 / +64, +50	-53 / +53, +50
84	-75 / +75, +50	-63 / +63, +50	-50 / +50
88	-73 / +73, +50	-62 / +62, +50	-49 / +49
92	-72 / +72, +50	-61 / +61, +50	-47 / +47
96	-70 / +70, +50	-56 / +56, +50	-46 / +46

**TABLE 2- I3000 LM2 MODEL
LARGE MISSILE - GLASS TYPE A1
ALLOWABLE DESIGNED PRESSURES (Psf)**

FH	DM - DOOR MODULE (INCHES)		
	36	42	48
80	-100/+100, +50	-100/+100, +50	-100/+100, +50
84	-100/+100, +50	-100/+100, +50	-100/+100, +50
88	-100/+100, +50	-100/+100, +50	-100/+100, +50
92	-100/+100, +50	-100/+100, +50	-94 / +94, +50
96	-100/+100, +50	-100/+100, +50	-91 / +91, +50

**TABLE 3- I3000 LM3 MODEL
LARGE MISSILE - GLASS TYPE B
ALLOWABLE DESIGNED PRESSURES (Psf)**

FH	DM - DOOR MODULE (INCHES)		
	36	42	48
80	-70 / +70, +50	-70 / +70, +50	-70 / +70, +50
84	-70 / +70, +50	-70 / +70, +50	-70 / +70, +50
88	-70 / +70, +50	-70 / +70, +50	-70 / +70, +50
92	-70 / +70, +50	-70 / +70, +50	-70 / +70, +50
96	-70 / +70, +50	-70 / +70, +50	-70 / +70, +50

MANUFACTURER:
SOUTH EASTERN
DOOR COMPANY
Manufacturers of Sliding and Casco Liding Doors

1505 COMMERCE LANE,
P. O. BOX 794
JUPITER, FLORIDA
33458
PHONE (561) 746-5493
FAX (561) 575-1826

PRODUCT:
ATLAS PLUS
Impact Series
MODELS I3000LM
ALUMINUM SLIDING GLASS
DOOR

Engineering:
EngCo Inc.
CA 8116
6971 W. SUNRISE BLVD. 104
PLANTATION, FL 33313
TEL: (954) 585-0304

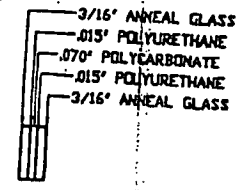
MAY 20 2003
Engineer Seal
Pedro De Figueiredo
PE 52609

Date: 3/17/03
Scale: NA
Design by: PPMF

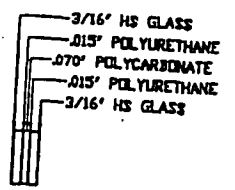
Revision:

Drawing Number
03-004R1

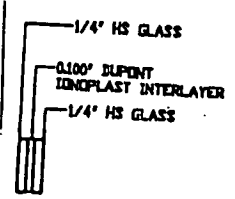
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2 of 5



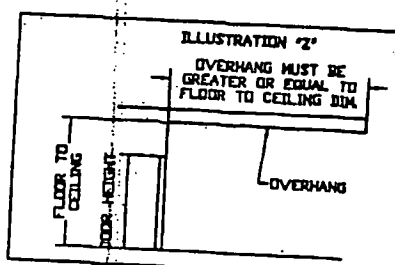
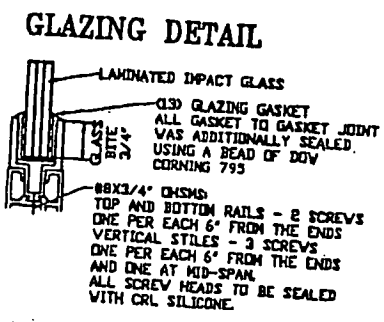
GLASS TYPE A
LARGE MISSILE
7/16" ANNEALED GLASS
"SAF-GLAS"
N. O. A. # 00-0329, 03



GLASS TYPE A1
LARGE MISSILE
7/16" HEAT STRENGTHENED GLASS
"SAF-GLAS"
N. O. A. # 00-0329, 03



GLASS TYPE B
LARGE MISSILE
9/16" HEAT STRENGTHENED GLASS
"SENTRYGLAS PLUS"
N. O. A. # 98-0608, 03

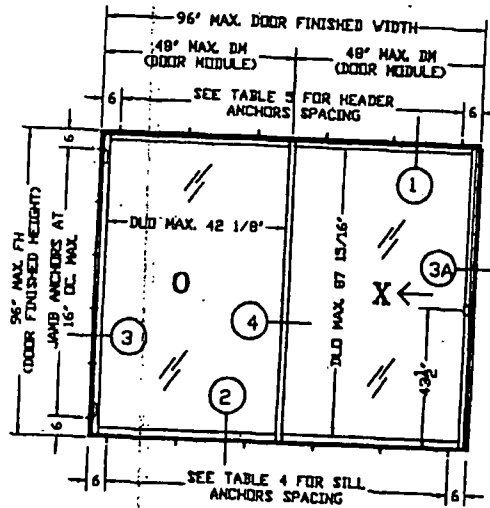
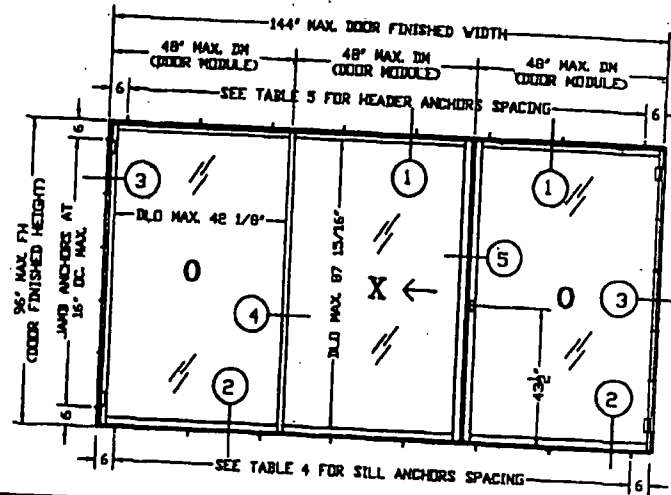
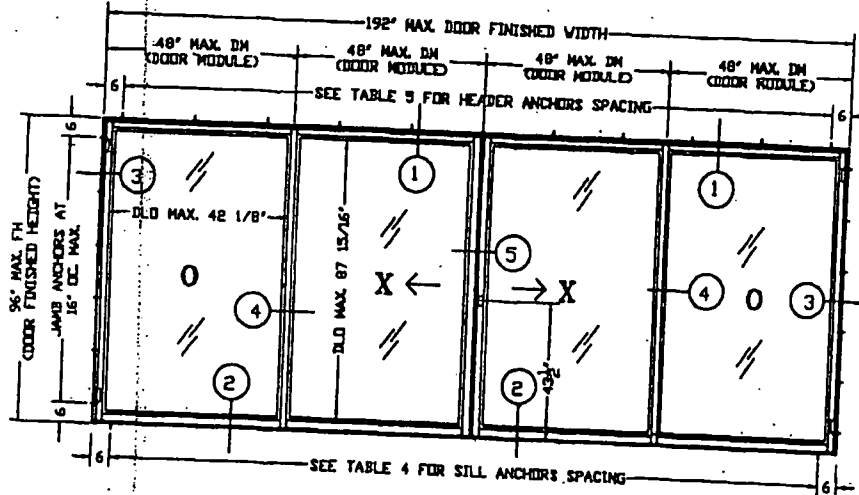


SHEET 2 NOTES:

- 1- FH AND DM ARE IN INCHES
- 2- DESIGNED PRESSURES ARE IN PSF
- 3- THE HIGHER POSITIVE PRESSURE ARE FOR DOORS WITH THE SILL ADAPTER PART 86 (DETAIL 2).
- 4- IN AREAS WHERE THE DOOR DESIGN IS NOT LIMITED BY WATER INFILTRATION (SEE ILLUSTRATION 2), USE OF THE HIGHER POSITIVE PRESSURE WITHOUT SILL ADAPTER IS ACCEPTABLE.

Approved as complying with the
Florida Building Code
Date 06/26/02
NOA# 03-0528-01
Miami Dade Product Control
Div. By: *[Signature]*

ATLAS SERIES - I3000 MODELS - TYPICAL ELEVATIONS AND ANCHORAGE SPACING



HEADER ANCHORAGE - TABLE 5
MAXIMUM INCHES OF ANCHORS SPACING

FH	DESIGNED PRESSURE (psf)				
	50	70	90	100	
80	24-17-22	24-12-16	21-9-12	19-8-11	
84	24-16-21	24-12-15	20-9-11	18-8-10	
88	24-16-20	24-11-14	19-8-11	17-8-10	
92	24-15-19	23-11-14	18-8-10	16-7-9	
96	24-14-18	22-10-13	17-8-10	16-7-9	

NOTES:
1- (A-C-D) THE ABOVE TABLE VALUES ARE FOR ANCHOR SPACING WHEN USING TYPE A ANCHORS, C ARE FOR ANCHOR SPACING WHEN USING TYPE C ANCHORS AND D FOR ANCHOR TYPE D.
2- MINIMUM EMBEDMENT ARE BEYOND WALL DRESSING.

SILL ANCHORAGE - TABLE 4
MAXIMUM INCHES OF ANCHORS SPACING

FH	DESIGNED PRESSURE (psf)				
	50	70	90	100	
80	24	24	24	24	
84	24	24	24	24	
88	24	24	24	23	
92	24	24	24	22	
96	24	24	23	21	
	24	24	22	20	

NOTES:
1- ANCHOR SPACING ARE FOR TYPE A ANCHOR ONLY.
2- MINIMUM EMBEDMENT ARE BEYOND WALL DRESSING.

ANCHOR TYPES:

- A- 1/4" TAPCON BY ELCO WITH 1 3/4" MIN. EMBEDMENT INTO 3350 PSI CONCRETE
- B- 1/4" TAPCON BY ELCO WITH 1 1/4" MIN. EMBEDMENT INTO 3350 PSI CONCRETE
- C- #10 SS WOOD SCREWS WITH 1 1/2" MIN. EMBEDMENT INTO PT WOOD (SG=55)
- D- #12-14 HW #3 DRILFLEX BY ELCO INTO 1/8" MIN. A36 STEEL

Approved as complying with the Florida Building Code
Date: 06/26/02
RDAP 03-0028.01
Miami Dade Product Control
Division
By: *Charles Leman*

MANUFACTURER:
SOUTH EASTERN
DOOR COMPANY
Manufacturers of Entrance and Curtain Sliding Doors

1505 COMMERCE LANE,
P. O. BOX 794
JUPITER, FLORIDA
33458
PHONE: (561) 746-5493
FAX: (561) 575-1826

PRODUCT:
ATLAS PLUS
Impact Series
MODELS I3000LM
ALUMINUM SLIDING GLASS
DOOR

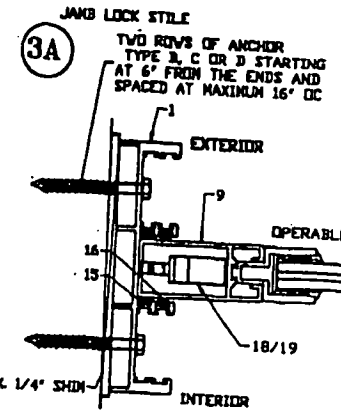
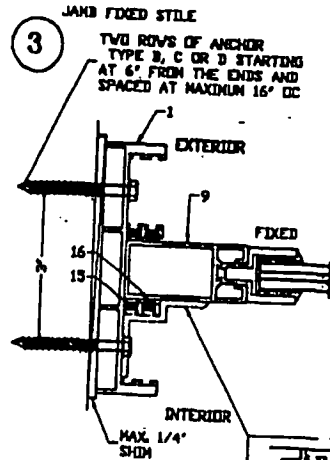
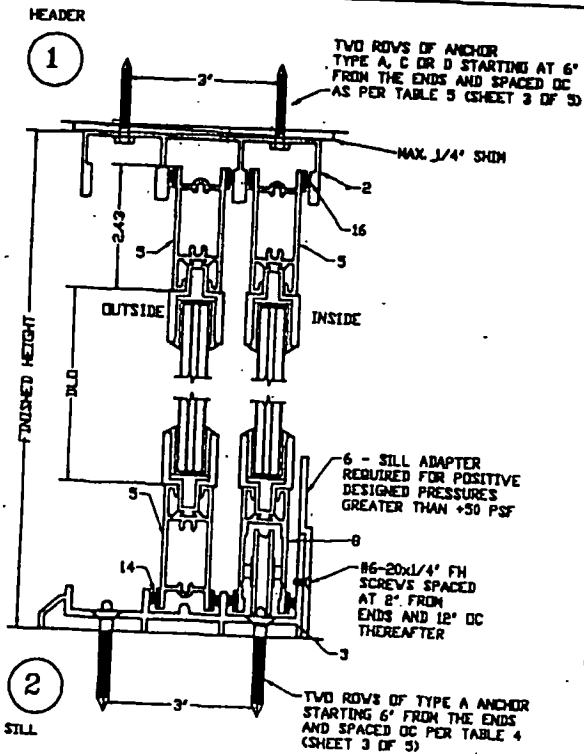
Engineering:
EngCo Inc.
CA 8116
6971 W. SUNRISE BLVD. 104
PLANTATION, FL. 33313
TEL: (954) 585-0304

MAY 20 2003
Engineer Seal
Pedro De Figueredo
PE 52809

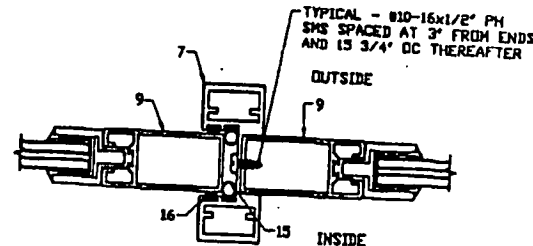
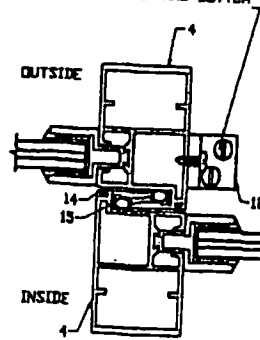
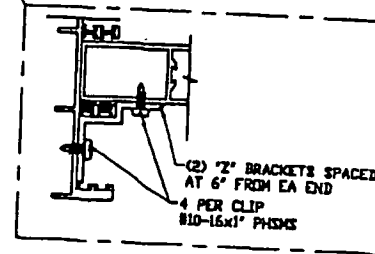
Date: 3/17/03
Scale: NA
Design by: PPMF

Revision:
Drawing Number
03-004R1

Sheet
3 of 5



TOP AND BOTTOM CLIP ANGLE
 (2) #10-16x1 1/2" SS SHS ATTACHED TO THE FRAME HEADER & SILL
 (2) #12x1" PHSMS ATTACHED TO THE FIXED PANEL INTERLOCK STILE TOP AND BOTTOM



Approved as complying with the Florida Building Code
 Date: 06/14/03
 No. 03-004R1
 Miami-Dade Product Control
 Division
 By: *[Signature]*

BILL OF MATERIALS:			
QTY	DESCRIPTION	MATERIAL	SUPPLIER
1	THREE TRACK JAMB	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
2	THREE TRACK HEADER	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
3	THREE TRACK SILL	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
4	HIGH RISE INTERLOCK	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
5	DOOR TOP RAIL	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
6	SILL ADAPTER	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
7	DOOR ASTRAGAL	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
8	DOOR BOTTOM RAIL	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
9	DOOR END RAIL	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
10	DOOR 1/2" BRACKET	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
11	GLAZING ADAPTOR	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
12	FIXED PANEL BRACKET	ALUMINUM 6063-T6	SOUTHEASTERN DOOR COMPANY
13	GLAZING GASKET	EXTRUDED VINYL	TEAM PLASTIC
14	1/4" PILE WEATHER-STRIP	PILE V34658NG	ULTRAFAD
15	.890X242 BULB VINYL	TEAM PLASTICS # 191	TEAM PLASTIC
16	3/16" PILE WEATHER-STRIP	PILE V311555NG	ULTRAFAD
17	1 11/16" DIAM ROLLER	ROLLER #P1555S	SAUNDERS ENGINEERING CORP.
18	DEADLOCK	SERIES NS1847	ADAMS RITE
18A	ALTERNATE DEADLOCK	P1855S	SAUNDERS ENGINEERING CORP.
19	LATCH STRIKE PLATE	P1855S	ADAMS RITE
19A	ALTERNATE LATCH PLATE	P1855S	SAUNDERS ENGINEERING CORP.

MANUFACTURER:
SOUTH EASTERN
 DOOR COMPANY
Manufacturers of Sliding and Custom Sliding Doors

1505 COMMERCE LANE,
 P. O. BOX 794
 JUPITER, FLORIDA
 33458
 PHONE: (561) 746-5493
 FAX: (561) 375-1826

PRODUCT:
ATLAS PLUS
Impact Series
 MODELS 1300LM
 ALUMINUM SLIDING GLASS
 DOOR

Engineering:
EngCo Inc.

CA 8116
 6971 W. SUNRISE BLVD. 104
 PLANTATION, FL 33313
 TEL: (954) 585-0304

MAY 20 2003

Engineer Seal
 Pedro De Figueiredo
 PE 52609

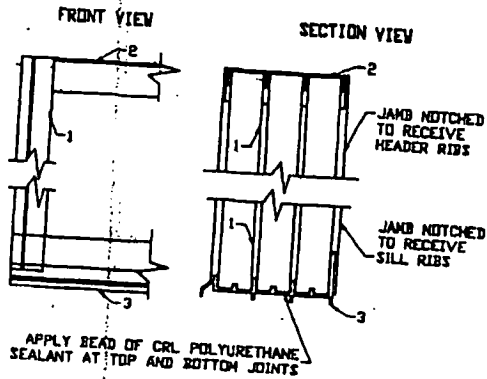
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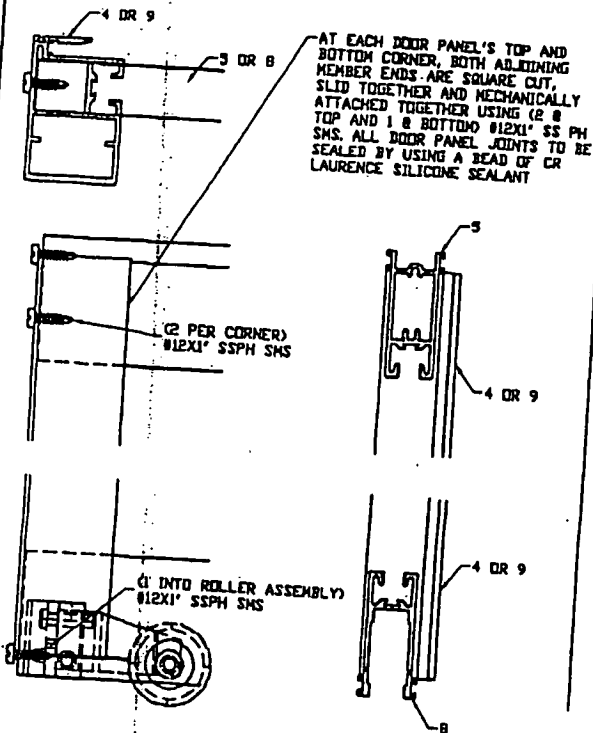
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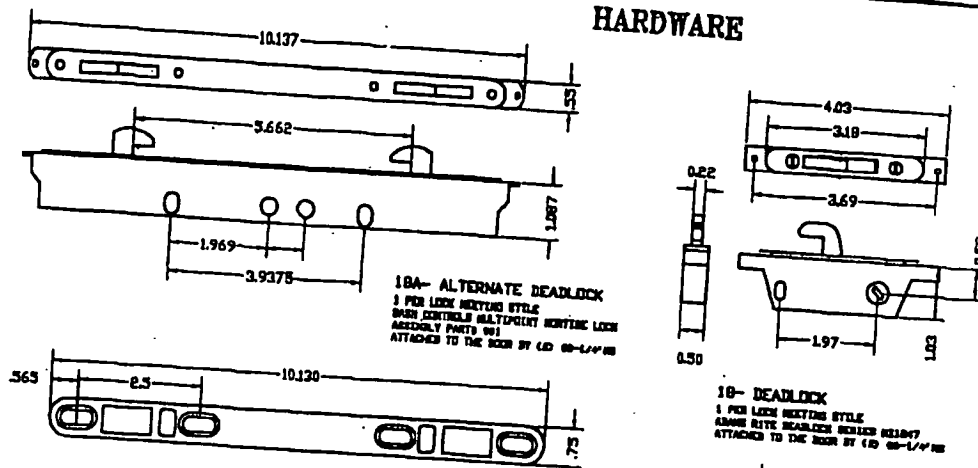
FRAMING CORNER ASSEMBLY



DOOR CORNER ASSEMBLY



HARDWARE

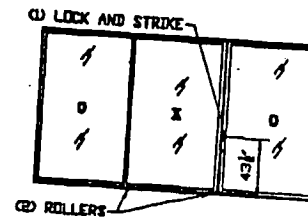
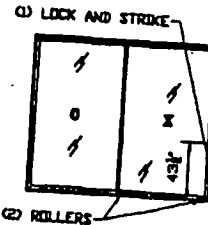
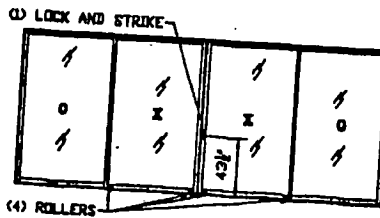


18A- ALTERNATE DEADLOCK
 1 FOR LOCK MOUNTING STYLE
 OVER CONTROLLED MULTIPLE POINT LOCK
 ASSEMBLY PARTS (98)
 ATTACHED TO THE DOOR BY (2) 88-1/4" SH

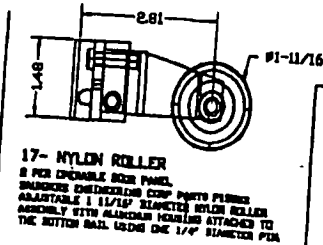
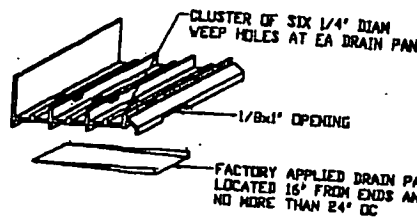
18- DEADLOCK
 1 FOR LOCK MOUNTING STYLE
 OVER RITE SEALER SERIES (91) (97)
 ATTACHED TO THE DOOR BY (2) 88-1/4" SH

19A - ALTERNATE STRIKE PLATE
 1 FOR MOUNTING STYLE OR JAMB
 RAIN CONTROL. THE KEYSHAWT BODY REOPER IS
 ATTACHED TO THE RAIL USING FOUR
 010-1501/2" SH PHORS.

19 - STRIKE PLATE
 1 FOR MOUNTING STYLE OR JAMB
 ANNE RITE LATCH SERIES (91) (97)
 ATTACHED TO THE DOOR BY (2) 88-1/4" SH



THRESHOLD DRAINAGE



MANUFACTURER:
SIE SOUTH EASTERN
 DOOR COMPANY
 Manufacturers of Aluminum and Clastic Entry Doors
 1505 COMMERCE LANE,
 P. O. BOX 794
 JUPITER, FLORIDA
 33458
 PHONE: (561) 746-9493
 FAX: (561) 575-1826

PRODUCT:
ATLAS PLUS
 Impact Series
 MODEL 1300LM
 ALUMINUM SLIDING GLASS
 DOOR

Engineering:
EngCo Inc.
 CA 8116
 6971 W. SUNRISE BLVD. 104
 PLANTATION, FL 33313
 TEL: (954) 385-0304

MAY 20 2003
 Engineer Seal
 Pedro De Figueiredo
 PE 52809

Date: 3/17/03
 Scale: NA
 Design by: PPMF

Revision:
 Drawing Number
03-004R1

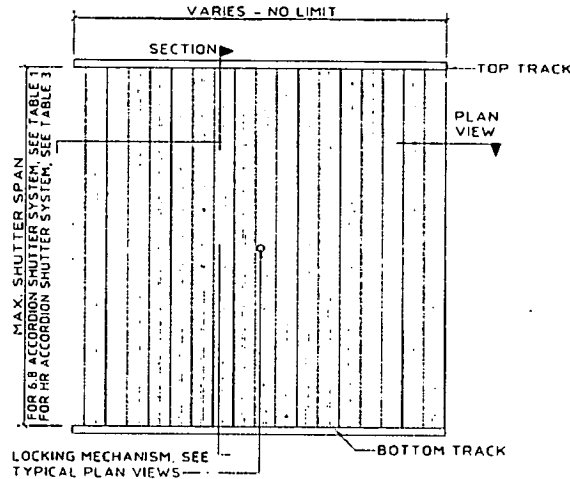
Sheet
 5 of 5

Approved as complying with the
 Florida Building Code
 Date: 03/17/03
 NOAH AS-0320-01
 Miami-Dade Product Control
 Division
 By: *Herndell Bowman*

THESE APPROVAL DOCUMENTS REPRESENT THE 6.8 AND THE HR ACCORDION SHUTTER SYSTEMS

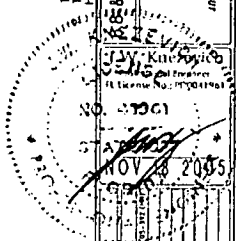
GENERAL NOTES:

1. THESE PRODUCT EVALUATION DOCUMENTS REPRESENT A SHUTTER SYSTEM DESIGNED AND TESTED IN ACCORDANCE WITH THE FLORIDA BUILDING CODE 2004 AND THE SBCCI TEST STANDARD FOR DETERMINING IMPACT RESISTANCE FROM WINDBORNE DEBRIS, SSTD 12-99.
2. THIS SHUTTER SYSTEM HAS BEEN SUCCESSFULLY TESTED FOR LARGE MISSILE IMPACT RESISTANCE AND UNIFORM STATIC AIR PRESSURE IN CONFORMANCE WITH SBCCI, SSTD 12-99 AND ASTM E330.
3. REFERENCE THE APPROPRIATE DESIGN LOAD TABLES BASED ON THE GOVERNING CODE AND WIND VELOCITY TO DETERMINE THE DESIGN LOAD TO USE WHEN REFERENCING THESE DOCUMENTS. NO LOAD REDUCTION OR ALLOWABLE STRESS INCREASE WAS USED IN THE PREPARATION OF THESE DOCUMENTS.
4. THESE PRODUCT EVALUATION DOCUMENTS ARE PREPARED BY THE PRODUCT ENGINEER AND ARE GENERIC. THEY DO NOT INCLUDE INFORMATION PREPARED FOR A SPECIFIC SITE.
5. USE OF THESE APPROVAL DOCUMENTS SHALL COMPLY WITH CHAPTER 61G15-23 OF THE FLORIDA ADMINISTRATIVE CODE.
6. THESE PRODUCT EVALUATION DOCUMENTS ARE SUITABLE TO BE APPLIED BY THE CONTRACTOR PROVIDED THE CONTRACTOR DOES NOT DEVIATE FROM THE CONDITIONS DETAILED HEREIN AND THE CONTRACTOR VERIFIES THE EXISTING STRUCTURE IS CAPABLE OF SUPPORTING THE LOADS.
7. ALTERATIONS OR ADDITIONS TO THIS DOCUMENT ARE NOT PERMITTED.
8. WHERE THE CONTRACTOR OR THE BUILDING OFFICIAL REQUIRES DOCUMENTS FOR SITE SPECIFIC APPLICATION, THESE DOCUMENTS SHALL BE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT FOR SAID APPLICATION.
9. WHEN THE SITE CONDITIONS DEVIATE FROM THESE PRODUCT EVALUATION DOCUMENTS, SITE SPECIFIC DOCUMENTS SHALL BE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT. IF THE DEVIATING SITE SPECIFIC DOCUMENTS ARE PREPARED BY A DELEGATED FLORIDA REGISTERED ENGINEER OR ARCHITECT, SAID DOCUMENTS SHALL BEAR THE DATE, SIGNATURE, AND ORIGINAL SEAL OF THE DELEGATED ENGINEER OR ARCHITECT AND SHALL BE SUBMITTED TO THE PRODUCT ENGINEER FOR REVIEW.
10. WHERE COMPLIANCE WITH SSTD 12-99 IS REQUIRED, PANELS SHALL BE PERMANENTLY LABELED WITH A MINIMUM OF ONE LABEL PER OPENING OR A CERTIFICATE OF COMPLIANCE SHALL BE PROVIDED BY THE MANUFACTURER AND INSTALLER. WHERE LABELS ARE USED, THE LABEL SHALL READ AS FOLLOWS:
**TOWN & COUNTRY INDUSTRIES, INC.
FT. LAUDERDALE, FL
SSTD 12-99 LARGE MISSILE IMPACT RESISTANT**
11. ALL SHUTTERS SHALL HAVE A LOCKING MECHANISM CONSISTING OF THUMBSCREW OR PUSH LOCK AT CENTER OR SIDE CLOSURE.
12. STORM SHUTTERS HAVE BEEN TESTED TO THE MAXIMUM SPANS AND LOADS SHOWN ON THESE DRAWINGS. DESIGN IS BASED ON CONSTRUCTION TESTING CORPORATION (C.T.C.) TEST REPORTS No. 98-016, No. 98-017, No. 98-017R, No. 98-057, 99-045, No. 00-051 AND No. 00-135BC AND HURRICANE TEST LABORATORY, LLC (HTL) No. 0353-0904-05.
13. ALL EXTRUSIONS SHOWN SHALL BE 6063-T6 ALUMINUM ALLOY, U.O.N.
14. ALL SCREWS AND BOLTS TO BE 2024-T4 ALUMINUM ALLOY, STAINLESS STEEL, OR GALVANIZED STEEL WITH A MINIMUM TENSILE STRENGTH OF 60 K.S.I., U.O.N. POP RIVETS TO BE 3/16"Ø, 5052 ALUM. ALLOY, U.O.N.
15. TOP AND BOTTOM DETAILS MAY BE INTERCHANGED AS FIELD CONDITIONS REQUIRE.
16. THE PERMIT HOLDER SHALL VERIFY ALL DIMENSIONS AT THE JOB SITE BEFORE COMMENCING WITH THE WORK.
17. THE 6.8 & HR ACCORDION SHUTTERS MAY BE MOUNTED WITH THE INSIDE AND OUTSIDE OF SHUTTER BEING REVERSED. FOR EXAMPLE: IT IS PERMISSIBLE TO MOUNT EXTRUSIONS ON INSIDE OF WOOD OR CONCRETE BEAM WITH BACK OF SLAT FACING OUTSIDE.
18. FLOOR TRACKS MAY BE REMOVABLE AT NON-STACKING LOCATIONS. USE REMOVABLE ANCHORS.
19. THE HR ACCORDION SHUTTER SLAT HAS A BULGE @ CENTER OF SLAT TO DISTINGUISH FROM THE 6.8 ACCORDION SHUTTER SLAT.
20. ALL EXTRUSIONS CAN BE USED FOR THE 6.8 OR THE HR ACCORDION SHUTTER SYSTEMS, U.O.N.



TYPICAL ACCORDION SHUTTER ELEVATION
N.T.S.

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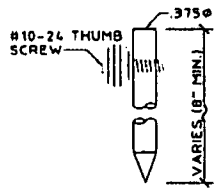
Town & Country
 Industries, Inc.
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FLORIDA BUILDING CODE, 2004

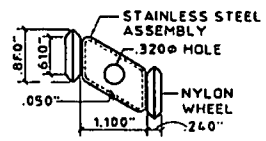
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 05-578
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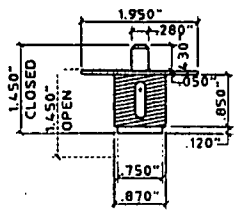
ACCORDION SHUTTER COMPONENTS FOR 6.8 & HR ACCORDION SHUTTER SYSTEMS



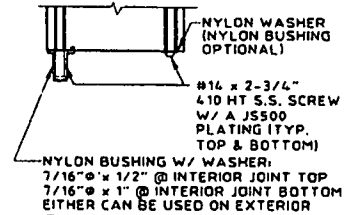
FOR USE WITH 21 AND 22 ONLY
21 SLIDE ROD
 SCALE: HALF SIZE



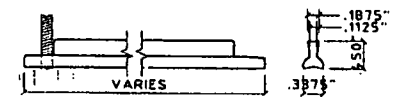
TYP. AT EVERY OTHER INSIDE JOINT AT TOP.
22 ROLLER ASSEMBLY
 SCALE: HALF SIZE



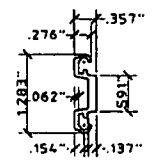
23 BRASS PUSH LOCK
 SCALE: HALF SIZE



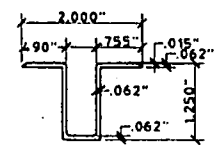
24 BUSHING ASSEMBLY DETAIL
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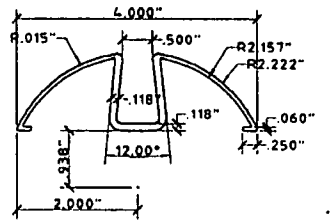
FOR 6.8 & HR WHERE LOCK PINS ARE USED, THEY ARE ENGAGED IN THE STACKED POSITION & AREN'T REQ'D IN THE CLOSED POSITION.
25 ALUMINUM OR PVC LOCK PIN (NOT REQUIRED)
 SCALE: HALF SIZE



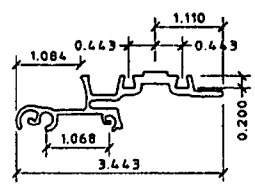
26 CENTER BOX INSERT
 SCALE: HALF SIZE



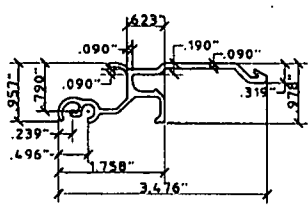
27 RECESS SILL (6.8 ONLY)
 SCALE: HALF SIZE



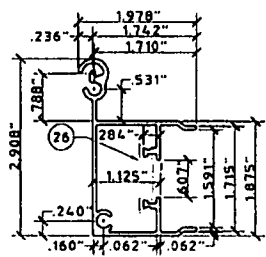
28 DECORATIVE FLOOR TRACK (6.8 ONLY)
 SCALE: HALF SIZE



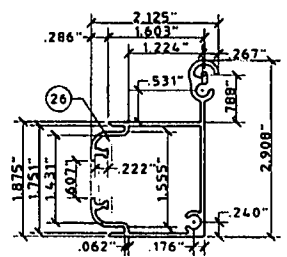
(6.8 ONLY)
29 MALE/FEMALE LOCK
 SCALE: HALF SIZE



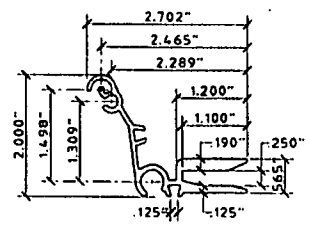
(6.8 ONLY)
30 UNIMATE LOCK
 SCALE: HALF SIZE



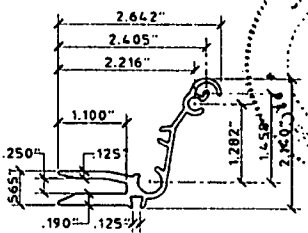
31 MALE BOX CENTER
 SCALE: HALF SIZE



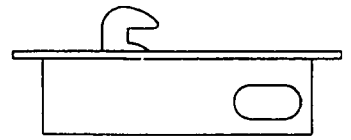
32 FEMALE BOX CENTER
 SCALE: HALF SIZE



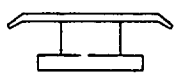
33 CENTER MATE 1
 SCALE: HALF SIZE



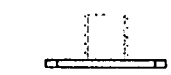
34 CENTER MATE 2
 SCALE: HALF SIZE



35 BOX LOCK
 SCALE: HALF SIZE



(6.8 ONLY)
36 T-ADAPTER
 SCALE: HALF SIZE



(6.8 ONLY)
37 THREADED INSERT
 SCALE: FULL SIZE

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HR ALUM. ACCORDION SHUTTERS
 Jones & Country
 A Division of J.C. Company, Inc. Ft. Lauderdale, FL 33309
 100 West 17th Street, Suite 2014, Ft. Lauderdale, FL 33309
 Phone: (954) 228-0014, Fax: (954) 776-7203

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REVISIONS

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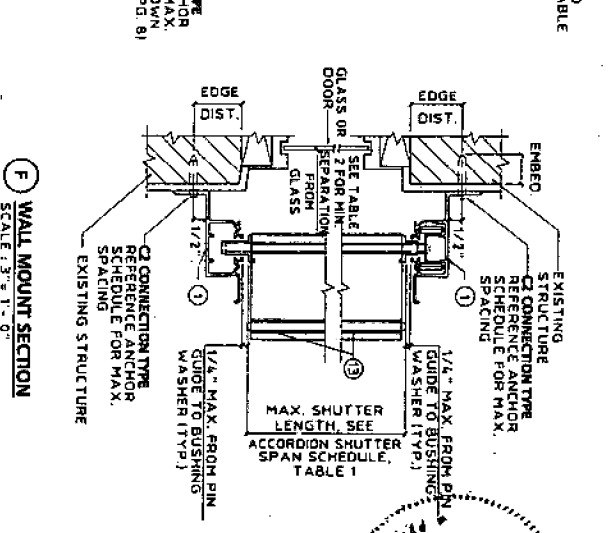
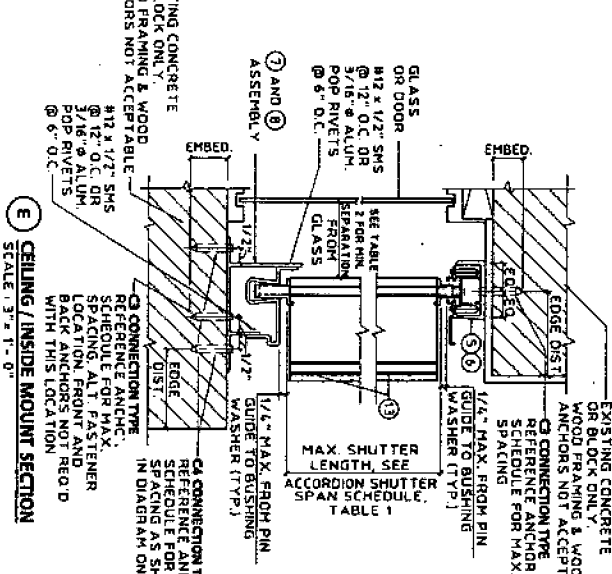
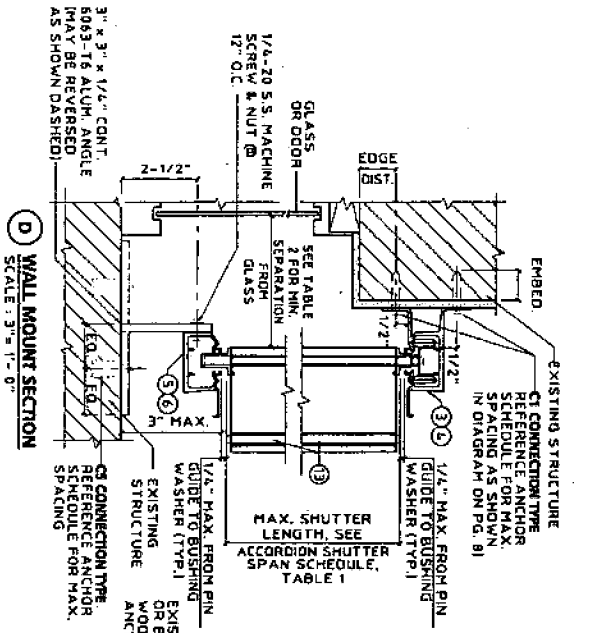
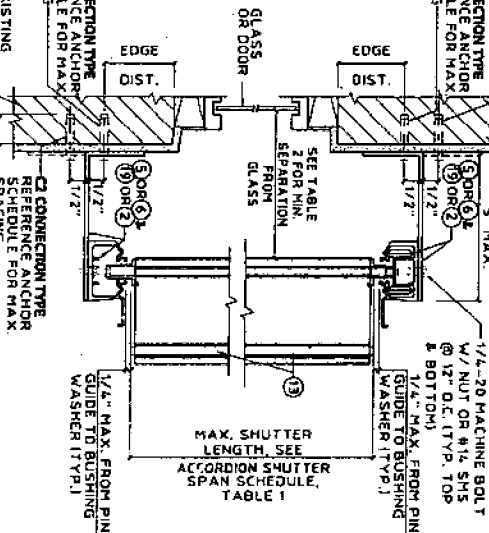
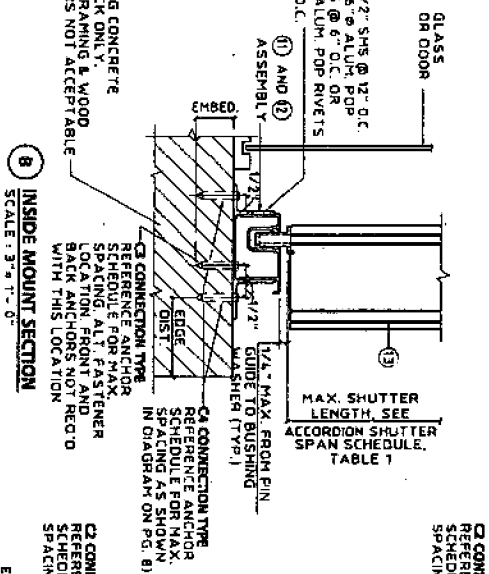
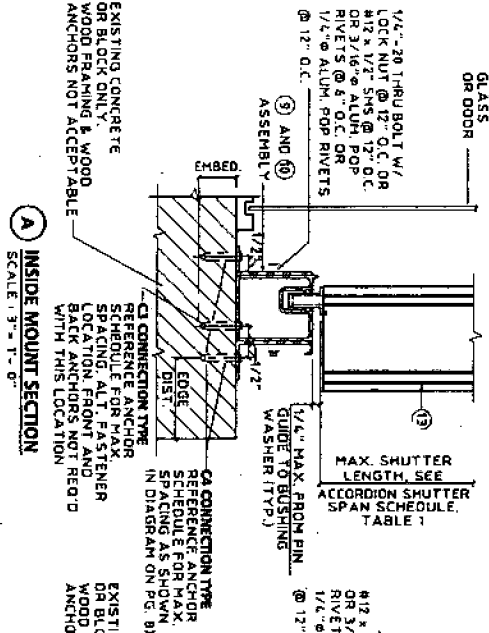
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6.8 ACCORDION SHUTTER
 NOT APPLICABLE TO HR ACCORDION SHUTTER



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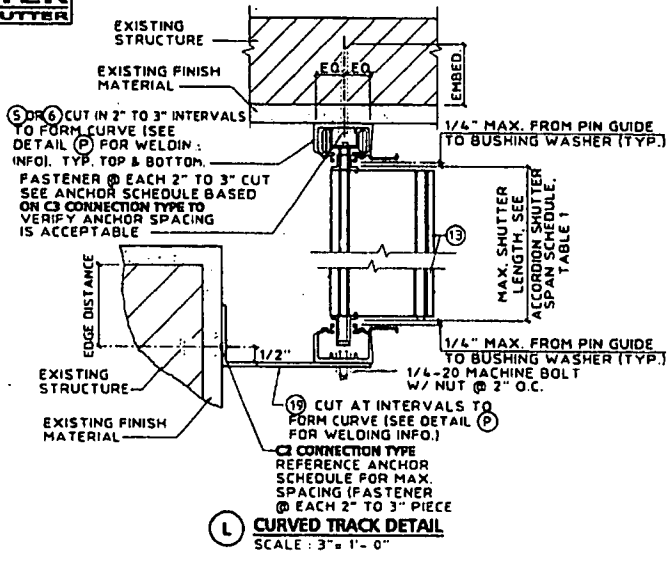
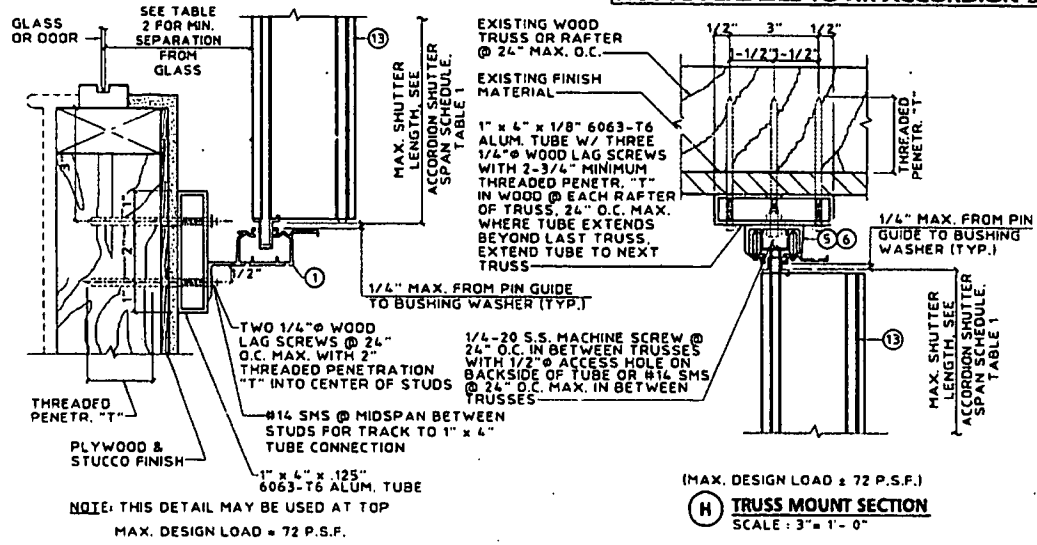
Town & Country
 A Division of ABC Supply Co., Inc.
 108 West McNab Road - Fort Lauderdale, FL 33309
 Phone: (866) 226-5019 - Fax: (954) 976-7783

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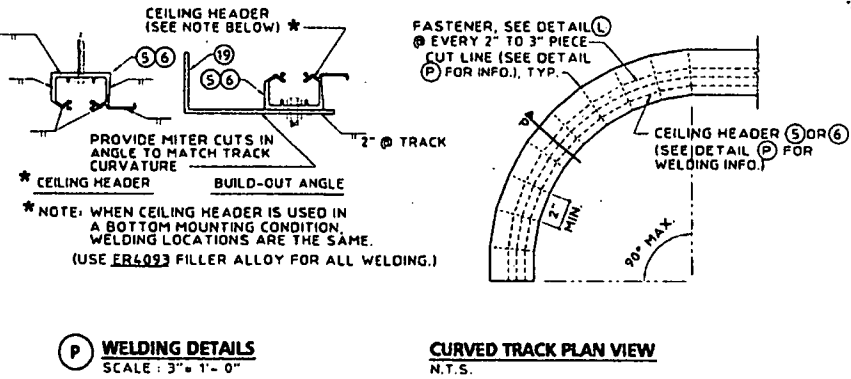
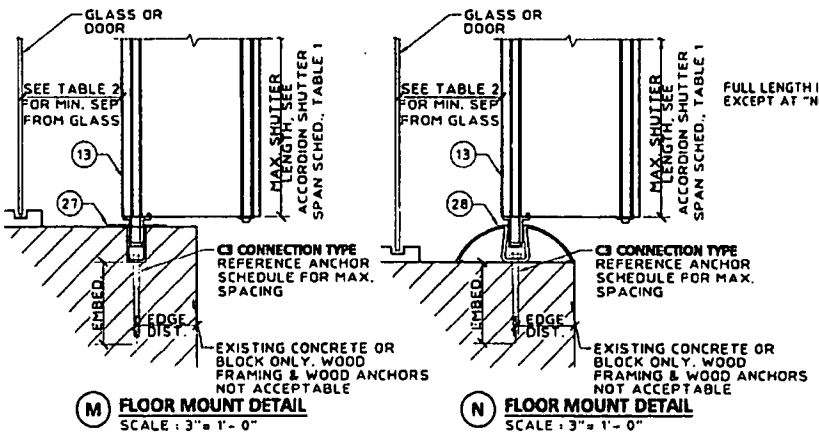
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6.8 ACCORDION SHUTTER

NOT APPLICABLE TO HR ACCORDION SHUTTER



(G) WALL MOUNT SECTION
SCALE: 3" = 1'-0"



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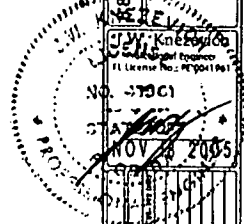
6.8 ACCORDION SHUTTER NOT APPLICABLE TO HR ACCORDION SHUTTER

EXIST. STRUC.		LOAD (W) P.S.F. MAX (SEE NOTE 1)		ANCHOR SCHEDULE FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS																								
				MIN. 2' EDGE DISTANCE									MIN. 3' EDGE DISTANCE															
				SPANS UP TO 6'-0"			SPANS UP TO 9'-0"			SPANS UP TO 15'-0"			SPANS UP TO 6'-0"			SPANS UP TO 9'-0"			SPANS UP TO 15'-0"									
				(SEE NOTE 1)			(SEE NOTE 1)			(SEE NOTE 1)			(SEE NOTE 1)			(SEE NOTE 1)			(SEE NOTE 1)									
ANCHOR TYPE		CONNECTION TYPE (SEE NOTE 3)			CONNECTION TYPE (SEE NOTE 3)			CONNECTION TYPE (SEE NOTE 3)			CONNECTION TYPE (SEE NOTE 3)			CONNECTION TYPE (SEE NOTE 3)			CONNECTION TYPE (SEE NOTE 3)											
		C1	C2	C3	C4	C5	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5	C1	C2	C3	C4	C5							
CONCRETE	1/4" ELCO TAPCON W/ 2" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	31.2	18	18	18	16	18	18	14	15	11	15	18	8	9	6	18	18	18	18	18	17	18	10	11	7		
		47.2	18	18	14	15	11	17	18	9	10	7	10	14	5	4	4	18	18	17	18	12	18	18	11	12	8	
		77.0	16	18	9	9	6	10	15	6	6	4	7	6	4	4	3	17	18	10	11	7	11	16	7	7	5	
		115.0	10	15	6	6	4	7	6	4	4	3	7	6	4	4	3	11	15	7	7	5	8	7	5	5	3	
	145.0	8	8	4	5	3	7	6	4	4	3	7	6	4	4	3	9	8	5	6	4	8	7	5	5	3		
	1/4" ELCO TAPCON W/ 1-3/4" MIN. EMBEDMENT (MIN. 3,350 P.S.I. CONCRETE)	31.2	18	18	18	17	18	18	16	17	11	14	18	9	10	7	18	18	18	18	18	18	18	18	12	13	8	
		47.2	18	18	16	17	11	16	18	10	11	7	9	13	6	7	4	18	18	18	18	18	18	18	13	14	9	
		77.0	15	18	10	10	7	10	14	6	7	4	7	6	4	5	3	18	18	12	13	9	12	10	8	8	6	
		115.0	10	14	6	7	4	7	6	4	5	3	7	6	4	5	3	12	10	8	8	6	9	7	6	6	4	
	145.0	8	7	5	5	3	7	6	4	5	3	7	6	4	5	3	10	9	6	7	4	9	7	6	6	4		
	1/4" ELCO MALE/ FEMALE "PANELMATE" W/ 1-3/4" MIN. EMBEDMENT & 1/4"-20 MACHINE SCREW WITH NUT (MIN. 3,350 P.S.I. CONCRETE)	31.2	18	18	18	18	18	18	18	15	16	12	17	13	9	10	7	18	18	18	18	18	18	18	18	11	12	9
		47.2	18	18	15	16	11	18	18	10	11	7	11	15	6	6	4	18	18	18	18	18	18	18	18	18	7	8	5
77.0		17	18	9	10	7	11	16	6	6	4	8	7	4	4	3	18	18	12	12	9	14	10	8	8	6	4	
115.0		11	16	6	6	4	8	7	4	4	3	8	7	4	4	3	14	10	8	8	6	10	8	5	6	4	4	
145.0	9	8	5	5	3	8	7	4	4	3	8	7	4	4	3	11	11	6	6	4	10	8	5	6	4	4		
5/16" XL ITW TAPCON W/ 2-1/4" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	31.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	14	
	47.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	9	
	77.0	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	6	
	115.0	10	14	12	13	8	13	11	8	9	6	13	11	8	9	6	18	18	13	14	9	13	11	9	10	6		
145.0	14	14	9	10	7	13	11	8	9	6	13	11	8	9	6	15	14	10	11	7	13	11	9	10	6	6		
1/4" POWERS STEEL DROP-IN W/ 1-1/4" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	31.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	10	
	47.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	6	
	77.0	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	6	
	115.0	12	18	5	5	4	9	7	3	4	3	9	7	3	4	3	16	10	9	9	6	11	9	6	6	4	4	
145.0	10	9	4	4	3	9	7	3	4	3	9	7	3	4	3	12	12	7	7	5	11	9	6	6	4	4		
1/4" ELCO CRETE FLEX W/ 1-3/4" MIN. EMBEDMENT (MIN. 3,350 P.S.I. CONCRETE)	31.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	11	
	47.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	7	
	77.0	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	5	
	115.0	12	18	8	9	6	8	7	6	6	4	8	7	6	6	4	15	10	11	7	11	9	7	8	5	11	9	
145.0	9	9	6	7	4	8	7	6	6	4	8	7	6	6	4	12	12	8	9	6	11	9	7	8	5	9		
1/4" ALL-POINTS SOLID-SET ANCHOR W/ 7/8" EMBEDMENT & 1/4"-20 STAINLESS STEEL MACHINE SCREW (MIN. 3,000 P.S.I. CONCRETE)	31.2	18	18	14	15	11	18	18	9	10	7	11	16	5	6	4	18	18	18	18	18	18	18	18	18	18	7	
	47.2	18	18	9	10	7	12	18	6	6	5	7	10	3	4	3	18	18	17	18	18	18	18	18	18	7	5	
	77.0	11	17	6	6	4	7	11	4	4	3	5	4	3	3	3	15	10	10	11	7	10	14	7	7	5	3	
	115.0	7	11	4	4	3	5	4	3	5	4	3	5	4	3	3	10	14	7	7	5	7	6	5	5	3	3	
145.0	6	6	3	3	3	5	4	3	5	4	3	5	4	3	3	8	7	5	6	4	7	6	5	5	3	3		

ANCHOR NOTES:
 1. SPANS AND LOADS SHOWN HERE ARE FOR DETERMINING ANCHOR SPACING ONLY. ALL CHARGEABLE STORM SHUTTER SPANS FOR SPECIFIC LOADS MUST BE LIMITED TO THOSE SHOWN IN TABLE 1.
 2. REFERENCE SHEET 13 FOR NOTES 2 THRU 10.

TABLE 1	ACCORDION SHUTTER SPAN SCHEDULE		
	NEGATIVE DESIGN LOAD W (P.S.F.)	FOR ALL MOUNTING CONDITIONS	FOR MOUNTING CONDITIONS SHOWN ON SHEET 13 OF 5
		L max. (FT-IN)	L max. (FT-IN)
24.6	15 - 0	15 - 0	
26.0	14 - 3	14 - 3	
28.0	13 - 3	13 - 3	
30.0	12 - 4	12 - 4	
35.0	12 - 0	12 - 0	
45.0	12 - 0	12 - 0	
47.5	12 - 0	12 - 0	
50.0	11 - 5	11 - 5	
52.0	11 - 0	11 - 0	
54.5	10 - 6	10 - 6	
57.3	10 - 0	10 - 0	
60.0	9 - 4	9 - 4	
62.0	9 - 3	9 - 3	
65.0	8 - 9	8 - 9	
68.7	8 - 4	8 - 4	
70.0	8 - 3	8 - 3	
75.0	8 - 3	8 - 3	
81.0	8 - 3	8 - 3	
85.0	7 - 10	8 - 3	
90.0	7 - 5	8 - 3	
94.0	7 - 1	8 - 3	
97.0	6 - 11	8 - 3	
100.0	6 - 8	8 - 3	
105.0	6 - 4	8 - 3	
110.0	6 - 1	8 - 3	
115.0	5 - 10	8 - 3	
123.0	5 - 5	7 - 10	
126.2	5 - 3	7 - 7	
130.0	5 - 1	7 - 4	
135.0	4 - 11	7 - 1	
140.0	4 - 9	6 - 10	
145.0	4 - 7	6 - 7	

TABLE 1 NOTES:
 1. ENTER TABLE 1 WITH NEGATIVE DESIGN LOAD TO DETERMINE MAX. SHUTTER SPAN. POSITIVE LOADS LESS THAN OR EQUAL TO THE NEGATIVE LOAD ARE ACCEPTABLE.
 2. FOR DESIGN LOADS BETWEEN TABULATED VALUES, USE NEXT HIGHER LOAD OR LINEAR INTERPOLATION MAY BE USED TO DETERMINE ALLOWABLE SPANS.
 3. SHUTTER SPANS LESS THAN 32" ARE NOT ACCEPTABLE.



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Thomson-Tomasetti Group

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AREA HR ALUM. ACCORDION SHUTTERS

J. J. Knepper
Professional Engineer
State of Florida
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NOV 28 2005

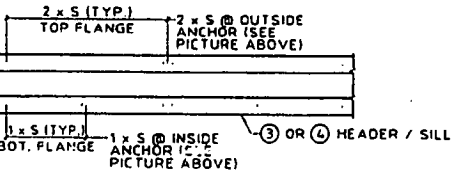
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As Noted: MCR
Checked by: JWK
Drawing No: 05-578
Sheet 7 of 13

6.8 ACCORDION SHUTTER NOT APPLICABLE TO HR ACCORDION SHUTTER

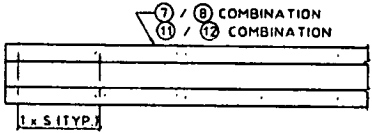
ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

EXIST. STRUC.	ANCHOR TYPE	LOAD (W) P.S.F. MAX. (SEE NOTE 1)	MIN. 2" EDGE DISTANCE												MIN. 3" EDGE DISTANCE																					
			SPANS UP TO 6'-0"				SPANS UP TO 9'-0"				SPANS UP TO 15'-0"				SPANS UP TO 6'-0"				SPANS UP TO 9'-0"				SPANS UP TO 15'-0"													
			(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)													
			CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)											
HOLLOW CONCRETE BLOCK		31.7	10	15	8	9	5	6	10	5	6	3	4	6	3	3	11	18	9	10	6	7	10	6	7	4	4	6	3	4						
		47.2	8	9	5	6	3	4	6	3	4	3	3	7	10	6	6	4	5	7	4	4	3	4	6	3	4	4	6	3	4					
		77.0	4	6	3	3								3	4	6	3	4	4	2	4	4														
		31.7	18	18	15	17	11	15	18	11	11	7	9	13	6	7	4	18	18	18	18	14	15	18	13	14	9	11	17	8	8	5				
		47.2	15	18	10	11	7	10	15	7	7	5	6	8	4	4	3	18	18	13	14	9	13	18	9	9	6	7	10	5	5	3				
		77.0	9	14	6	7	4	6	9	4	4	3	3	3	3	3	3	12	17	8	9	6	8	11	5	6	4	5	4	4	4	3				
		31.7	10	18	12	13	9	12	18	8	8	6	7	10	4	5	3	18	18	15	16	11	15	18	10	11	7	9	13	6	6	4				
		47.2	12	17	8	8	5	8	11	5	5	3	4	6	3	3	3	15	18	10	10	7	10	14	6	7	4	6	8	4	4	4				
		77.0	7	11	5	5	3	5	7	3	3	3	3	3	3	3	3	9	13	6	6	4	6	9	4	4	3	3	3	3	3	3				
		31.7	15	18	10	11	7	10	15	7	7	5	6	9	4	4	3	15	18	15	16	11	15	18	10	10	7	9	13	6	6	4				
		47.2	18	15	7	7	5	6	10	4	3	3	4	5	3	3	3	15	18	10	10	7	10	14	6	7	4	6	8	4	4	3				
		77.0	6	9	4	4	3	4	6	3	3	3	3	5	3	3	3	9	13	6	6	4	6	8	4	4	4	4	3	3	3	3				
	31.7	18	18	15	16	10	13	18	10	11	7	8	11	6	6	4	18	18	18	18	13	17	18	12	13	8	11	16	8	9	5	6	9	5	5	3
	47.2	13	18	10	10	7	9	13	6	7	4	5	7	4	4	3	17	18	12	13	8	11	16	8	9	5	6	9	5	5	3	5	4	3	4	4
	77.0	8	12	6	6	4	5	8	4	4	3	4	3	3	3	3	10	15	7	8	5	6	10	5	5	3	5	4	3	4	3	4	3	4	3	4
	31.7	18	18	10	11	8	12	17	7	7	5	7	10	4	4	3	18	18	18	18	13	17	18	12	12	9	12	18	7	7	5	6	9	5	5	3
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	77.0	7	10	4	4	3	4	7	3	3	3	3	3	3	3	3	8	12	4	5	3	6	5	3	3	3	6	5	3	3	3	3	3	3	3	3
	31.7	18	18	10	11	8	12	17	7	7	5	7	10	4	4	3	18	18	18	18	13	17	18	12	12	9	12	18	7	7	5	6	9	5	5	3
	47.2	12	17	7	7	5	8	11	4	5	3	4	6	3	3	3	12	18	12	12	9	13	18	8	8	6	8	11	4	5	3	6	5	3	3	3
	77.0	7	10	4	4	3	4	7	3	3	3	3	3	3	3	3	8	12	4	5	3	6	5	3	3	3	6	5	3	3	3	3	3	3	3	3
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	47.2	12	17	7	7	5	8	11	4	5	3	4	6	3	3	3	12	18	12	12	9	13	18	8	8	6	8	11	4	5	3	6	5	3	3	3
	77.0	7	10	4	4	3	4	7	3	3	3	3	3	3	3	3	8	12	4	5	3	6	5	3	3	3	6	5	3	3	3	3	3	3	3	3
	31.7	18	18	10	11	8	12	17	7	7	5	7	10	4	4	3	18	18	18	18	13	17	18	12	12	9	12	18	7	7	5	6	9	5	5	3
	47.2	12	17	7	7	5	8	11	4	5	3	4	6	3	3	3	12	18	12	12	9	13	18	8	8	6	8	11	4	5	3	6	5	3	3	3
	77.0	7	10	4	4	3	4	7	3	3	3	3	3	3	3	3	8	12	4	5	3	6	5	3	3	3	6	5	3	3	3	3	3	3	3	3



NOTE: "S" INDICATES ANCHOR SCHEDULE SPACING.
SPACING DIAGRAM FOR C1 CONNECTION TYPE:
 - C1 CONNECTION TYPE USING PIECE ③ OR ④
 - APPLICABLE TO HR SYSTEM ONLY



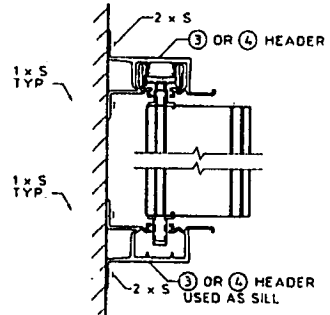
NOTE: "S" INDICATES ANCHOR SCHEDULE SPACING.
SPACING DIAGRAM FOR C4 CONNECTION TYPE:
 - C4 CONNECTION TYPE USING PIECE ③ OR ④ WITH OUTSIDE ANCHORS ONLY
 - APPLICABLE TO HR SYSTEM ONLY

ANCHOR SCHEDULE

FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS

EXIST. STRUC.	ANCHOR TYPE	LOAD (W) P.S.F. MAX. (SEE NOTE 1)	MIN. 3/4" EDGE DISTANCE														
			SPANS UP TO 6'-0"				SPANS UP TO 9'-0"				SPANS UP TO 15'-0"						
			(SEE NOTE 1)				(SEE NOTE 1)				(SEE NOTE 1)						
			CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)		CONNECTION TYPE (SEE NOTE 3)				
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		77.0	18	18	9	9	7	18	18	6	6	5	12	10	4	4	3
	31.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
	47.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
	77.0	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
	31.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
	47.2	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	
	77.0	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	

- ANCHOR NOTES:**
- SPANS AND LOADS SHOWN HERE ARE FOR DETERMINING ANCHOR SPACING ONLY. ALLOWABLE STORM SHUTTER SPANS FOR SPECIFIC LOADS MUST BE LIMITED TO THOSE SHOWN IN TABLE 1.
 - REFERENCE SHEET 13 FOR NOTES 2 THRU 10.



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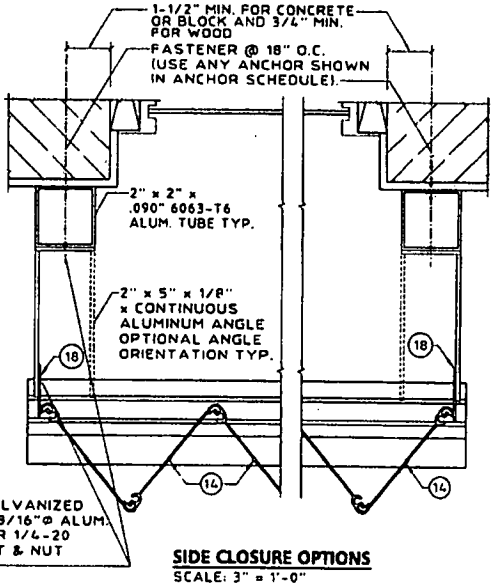
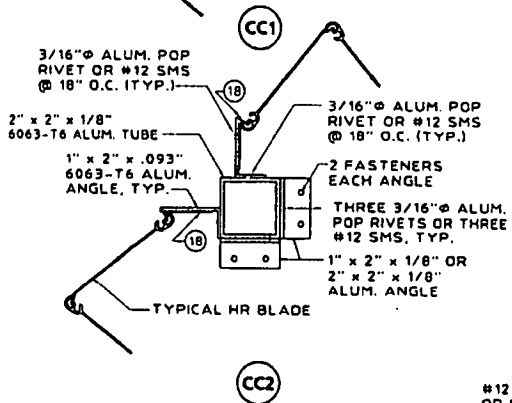
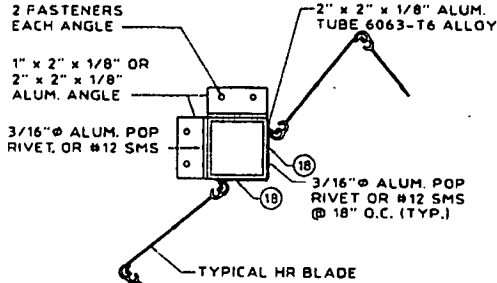
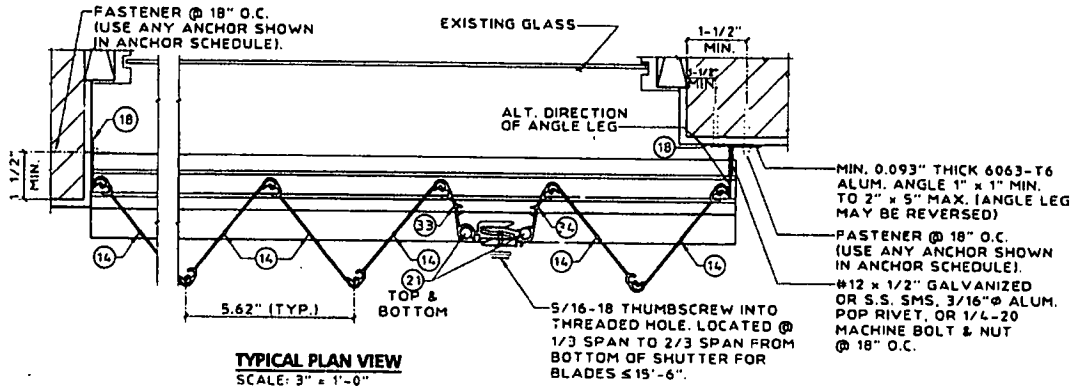
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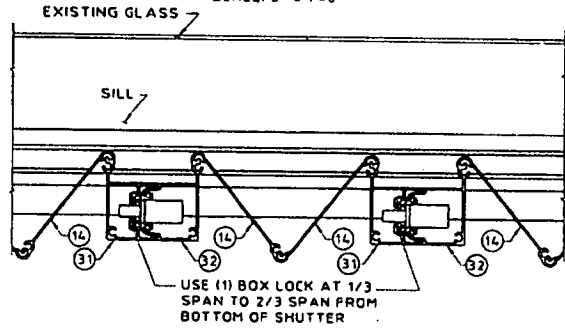
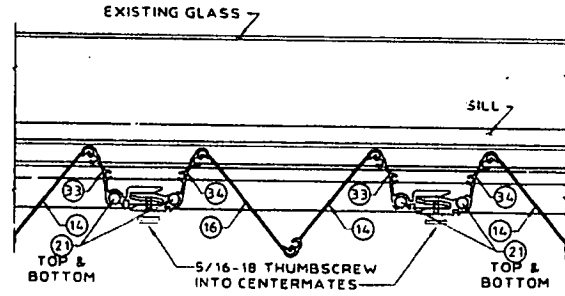
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HR ACCORDION SHUTTER

NOT APPLICABLE TO 6.8 ACCORDION SHUTTER



NOTE: STARTER (18) LOCATION MUST BE ADJUSTED TO INSURE FULL DEPLOYMENT OF SHUTTER AND COMPLETE INTERLOCKING OF ADJACENT BLADES.



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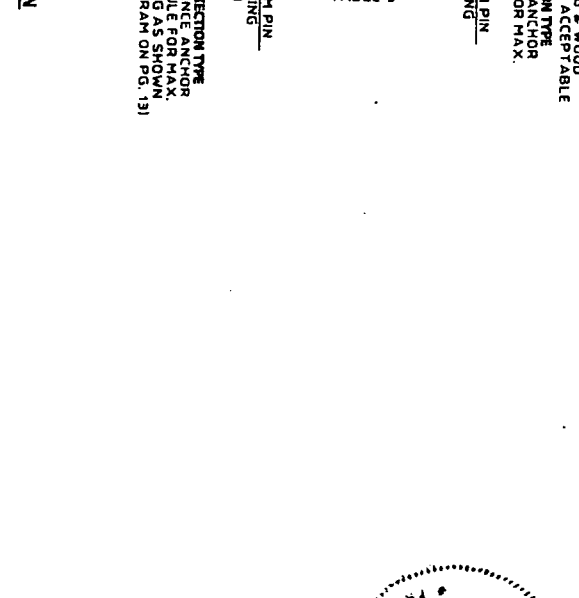
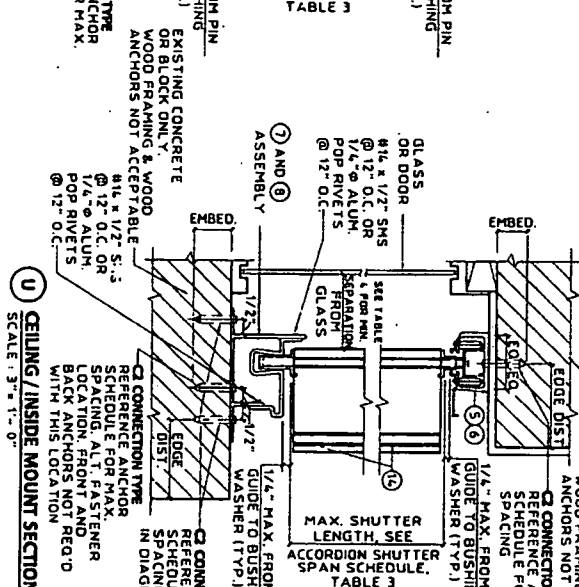
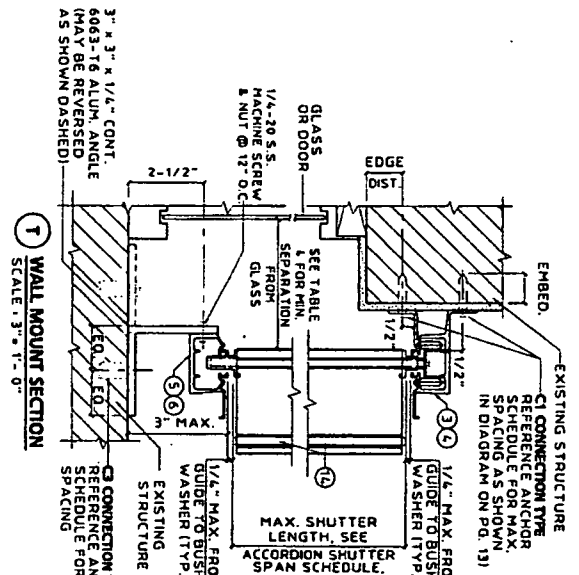
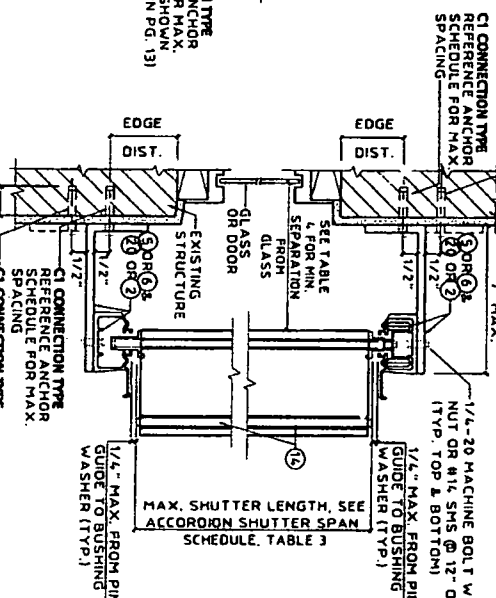
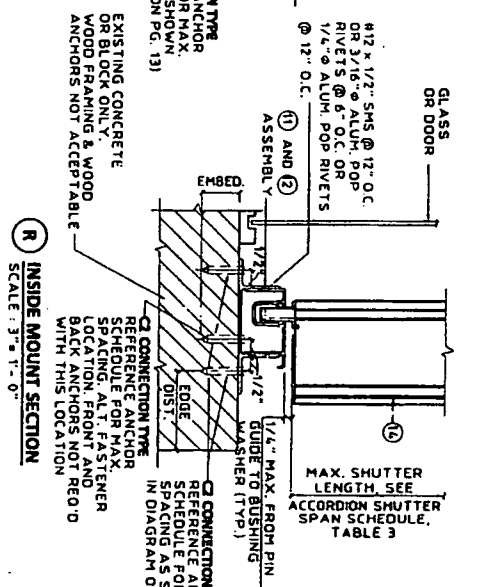
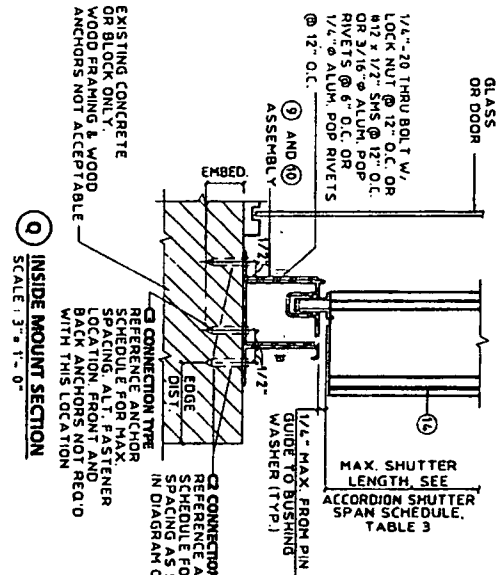
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HR ACCORDION SHUTTER
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NO.	DATE	BY	DESCRIPTION
1	11/18/2005	JK	REV. DRAWING NO. 05-578-10-05-001

THORNTON-TOMASETTI GROUP
 130 M. Andrews Ave., Suite 450 - Ft. Lauderdale, FL 33301
 Tel. (954) 522-3650 - Fax (954) 522-3691 - COA # 7519
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HR ACCORDION SHUTTER NOT APPLICABLE TO 6.8 ACCORDION SHUTTER

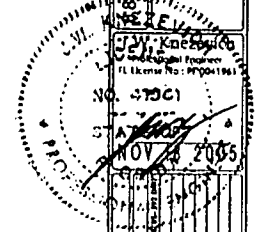
ANCHOR SCHEDULE		FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS																		
EXIST. STRUC.	ANCHOR TYPE	LOAD (W) P.S.F. MAX. (SEE NOTE 1)	MIN. 2" EDGE DISTANCE						MIN. 3" EDGE DISTANCE											
			SPANS UP TO 9'-0" | 11'-0" | 15'-6" (SEE NOTE 1)						SPANS UP TO 9'-0" | 11'-0" | 15'-6" (SEE NOTE 1)											
			CONNECTION TYPE (SEE NOTE 3)						CONNECTION TYPE (SEE NOTE 3)											
			C1	C2	C3	C1	C2	C3	C1	C2	C3	C1	C2	C3						
CONCRETE	1/4" Ø ITW OR ELCO TAPCON W/ 2" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	57.5	16	8	6	16	6	5	12	4	3	16	9	7	16	8	6	13	5	4
		78.3	15	6	4	12	5	3	8	3	16	7	5	13	5	4	9	4	3	
		130.0	9	3		7	3		6		9	4	3	8	3		7	3		
		153.0	7	3		6			6		8	3		7	3		7	3		
		175.0	6			6			6		7	3		7	3		7	3		
	5/16" Ø XL ITW TAPCON W/ 2-1/4" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	57.5	16	16	12	16	14	10	16	9	7	16	16	13	16	15	11	16	11	7
		78.3	16	12	9	16	10	7	15	7	5	16	13	9	16	11	8	15	8	5
		130.0	15	7	5	12	6	4	11	5	4	16	8	5	13	6	4	11	6	4
		153.0	13	6	4	11	5	4	11	5	4	13	7	5	11	6	4	11	6	4
		175.0	11	5	4	11	5	4	11	5	4	11	6	4	11	6	4	11	6	4
	1/4" Ø ELCO CRETE FLEX W/ 1-3/4" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	57.5	16	12	8	16	9	7	14	7	5	16	15	10	16	12	8	16	8	6
		78.3	16	8	6	14	7	5	10	5	3	16	11	7	16	9	6	12	6	4
		130.0	10	5	3	8	4	3	7	3		13	6	4	10	5	3	9	4	3
		153.0	9	4	3	7	3		7	3		11	5	4	9	4	3	9	4	3
		175.0	7	3		7	3		7	3		9	4	3	9	4	3	9	4	3
				MIN. 3" EDGE DISTANCE						MIN. 4" EDGE DISTANCE										
	3/8" Ø POWERS RAWL DROP-IN & 3/8" Ø STAINLESS STEEL BOLT WITH 1-9/16" MIN. EMBEDMENT (MIN. 3,000 P.S.I. CONCRETE)	57.5	16	14	11	16	12	9	16	8	6	16	15	11	16	12	9	16	12	9
		78.3	16	10	8	16	8	6	16	6	4	16	15	11	16	12	9	16	9	6
		130.0	16	6	5	14	5	4	13	4	3	16	9	7	16	7	5	15	7	5
		153.0	15	5	4	13	4	3	13	4	3	16	8	5	15	7	5	15	7	5
		175.0	13	4	3	13	4	3	13	4	3	15	7	5	15	7	5	15	7	5
				MIN. 1.25" EDGE DISTANCE						MIN. 2" EDGE DISTANCE										
	1/4" Ø ALL-POINTS SOLID-BEY ANCHOR W/ 7/8" EMBEDMENT & 1/4"-20 STAINLESS STEEL MACHINE SCREW (MIN. 3,000 P.S.I. CONCRETE)	57.5	15	5	4	12	4	3	8	3		16	9	7	16	8	5	11	5	4
		78.3	11	4	3	9	3		6			14	7	5	11	5	4	8	4	3
130.0		6			5			4			8	4	3	7	3		6	3		
153.0		5			4			4			7	3		6	3		6	3		
175.0		4			4			4			6	3		6	3		6	3		

ANCHOR NOTES:

- SPANS AND LOADS SHOWN HERE ARE FOR DETERMINING ANCHOR SPACING ONLY. ALLOWABLE STORM SHUTTER SPANS FOR SPECIFIC LOADS MUST BE LIMITED TO THOSE SHOWN IN TABLE 3.
- REFERENCE SHEET 13 FOR NOTES 2 THRU 10.

ANCHOR SCHEDULE		FASTENER MAXIMUM SPACING (INCHES) REQUIRED FOR VARIOUS DESIGN LOADS AND SPANS																		
EXIST. STRUC.	ANCHOR TYPE	LOAD (W) P.S.F. MAX. (SEE NOTE 1)	MIN. 2" EDGE DISTANCE						MIN. 3" EDGE DISTANCE											
			SPANS UP TO 9'-0" | 11'-0" | 15'-6" (SEE NOTE 1)						SPANS UP TO 9'-0" | 11'-0" | 15'-6" (SEE NOTE 1)											
			CONNECTION TYPE (SEE NOTE 3)						CONNECTION TYPE (SEE NOTE 3)											
			C1	C2	C3	C1	C2	C3	C1	C2	C3	C1	C2	C3						
HOLLOW CONCRETE BLOCK	1/4" Ø ITW TAPCON W/ 1-1/4" MIN. EMBEDMENT	57.5	5	3		4			3			5	3		4			3		
		78.3	4			3						4			3					
		130.0																		
		153.0																		
		175.0																		
	1/4" Ø ELCO TAPCON W/ 1-1/4" MIN. EMBEDMENT	57.5	12	6	4	10	5	3	7	3		15	7	5	12	6	4	9	4	3
		78.3	9	4	3	7	3		5			11	5	4	9	4	3	6	3	
		130.0	5			4			4			6	3		5			4	3	
		153.0	4			4			4			5			5			5		
		175.0	4			4			4			5			5			5		
	1/4" Ø ALL-POINTS SOLID-BEY ANCHOR W/ 7/8" EMBEDMENT & 1/4"-20 STAINLESS STEEL MACHINE SCREW	57.5	16	6	5	13	5	4	9	3	3	16	9	6	14	7	5	10	5	3
		78.3	12	5	3	10	4	3	7			13	6	4	10	5	3	7	3	
		130.0	7	3		6			5			7	3		6	3		5		
		153.0	6			5			5			6	3		5			5		
		175.0	5			5			5			5			5			5		
	1/4" Ø ELCO CRETE FLEX W/ 1-1/4" MIN. EMBEDMENT	57.5	10	5	4	8	4	3	6	3		13	7	5	11	5	4	7	4	
		78.3	7	4		6	3		4			9	5	3	8	4	3	5	3	
		130.0	4			3			3			5	3		4			4		
		153.0	4			3			3			5	3		4			4		
		175.0	3			3			3			4			4			4		
	5/16" Ø XL ITW TAPCON W/ 1-1/4" MIN. EMBEDMENT	57.5	8	3		6	3		4			11	5	4	9	4	3	6	3	
		78.3	6			4			3			8	4	3	7	3		5		
		130.0	3			3			3			5			4			3		
		153.0	3			3			3			4			4			3		
175.0		3			3			3			3			3			3			

FLORIDA BUILDING CODE, 2004



REVISIONS

NO.	DATE	DESCRIPTION

DATE: 11/18/2005

AS NOTED

DATE: 11/18/2005

NO. 05-578

SHEET 12 OF 13

Thomson-Tomasetti Group
 130 N. Andrews Ave., Suite 430 - Ft. Lauderdale, FL 33301
 Tel: (954) 522-5600 - Fax: (954) 522-1691 - COA # 7519
 Website: www.TheTGroup.com
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John E. Country
 Professional Engineer
 100 West McRob Road - Fort Lauderdale, FL 33309
 Phone: (954) 218-5818 - Fax: (954) 218-7191

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PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

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

Oakwood lot 12 - 11 Oakwood Drive, Stuart FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: Replacement of entry doors + sliding glass doors

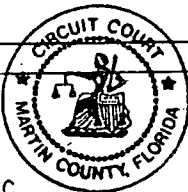
OWNER: David + Elizabeth Almond
ADDRESS: 11 Oakwood Drive, Stuart FL 34996
PHONE #: 220-9205 FAX #: 446-7627

INTEREST IN PROPERTY: _____

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

CONTRACTOR: Natural Flow Inc
ADDRESS: 1084 N2 Industrial Blvd, Jensen Beach FL 34957
PHONE #: 334-STATES OF FLORIDA FAX #: 334-1078
MARTIN COUNTY

SURETY COMPANY (IF ANY) TO CERTIFY THAT THE ADDRESS: _____ FOREGOING _____ PAGES IS A TRUE PHONE # _____ AND CORRECT COPY OF THE ORIGINAL. BOND AMOUNT: _____



INSTR # 2025943
OR BK 02263 PG 1773
Pg 1773; (1pg)
RECORDED 07/13/2007 01:58:14 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

LENDER/MORTGAGE COMPANY: S Phoenix DC
ADDRESS: _____ DATE: 7-13-07
PHONE #: _____

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

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

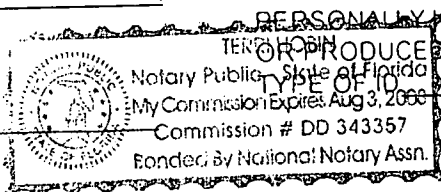
IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
PHONE # _____ FAX #: _____

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

SIGNATURE OF OWNER: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS 12th DAY OF July 2007
BY David Almond

NOTARY SIGNATURE: [Signature]



PERSONALLY KNOWN TO PRODUCED ID: [Signature]

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-29, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8652	Diamond	Final	PASS	
3	11 Oakwood Dr Natural Flow	WINDOW/DOORS		INSPECTOR: <i>AM</i>
		erosion		
	10 Cranes Nest 202-306-4997	need stormwater retention plans from Tidikis (12 Cranes)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6614	Mufson 17 S River Rd Advantage Pools	Pool bond, deck bond, underground plumbing light niche		PASS per Engineer letter dated 8-22-07 INSPECTOR:
2				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8665	Diamond	Final		
	11 Oakwood Handymen Masters	<i>Cancel</i>		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8687	Nabeil 26 W High Pt Americas	Final	PASS	CLOSE INSPECTOR: <i>AM</i>
1				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	GEISENBER	COURTESY INSP. OK		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed

~~THURS~~ **8-30**, 2007

Page **2** of **2**

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8610	Thurlow	Final	FAIL	
8	18 Banyan Rd O/B			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8535	STARKE	ROUGH PLG.	PASS	
4	87 S. RIVER	V.G.		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8658	Almond	DOORS/WINDOWS	PASS	CLOSE
	11 OAKWOOD	SHOWER		INSPECTOR: <i>[Signature]</i>
	Natural Flow			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

8665

KITCHEN REMODEL



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	8665	DATE ISSUED:	JULY 19, 2007
SCOPE OF WORK:	REMODEL KITCHEN		
CONTRACTOR:	HANDYMAN MATTERS OF THE TREASURE COAST		
PARCEL CONTROL NUMBER:	13384100900001203	SUBDIVISION	OAKWOOD - LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DR		
OWNER NAME:	ALMOND		
QUALIFIER:	STEVE FENTON	CONTACT PHONE NUMBER:	781-4291

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

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

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

INSPECTIONS

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

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

RECEIVED

DATE: 7-16-07 Town of Sewall's Point

Date: 7/12/07 TOWN OF SEWALL'S POINT BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: David Almond Phone (Day) 607-2710 (Fax) _____

Job Site Address: 11 Oakwood Drive City: Sewalls Pt. State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) Lot 12 Oakwood Bk 8, Pg 53 Parcel Number: 13-38-41-009-000-00120-3

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

Scope of work: Kitchen remodel

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application) YES _____ NO X

Has a Zoning Variance ever been granted on this property?

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

COST AND VALUES:

Estimated Value of Construction or Improvements: ~~45,000~~ 20K
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ 675,000
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: Purchase Price (5/07)

CONTRACTOR/Company: Handyman Matters (dba) Phone: 781-4291 Fax: 408-8089

Street: PO Box 1786 City: Stuart State: FL Zip: 34995

State Registration Number: _____ State Certification Number: CGC1511707 Municipality License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER John Creswell, P.E. Lic# PE40940 Phone Number: 215-0156

Street: 4459 56 Robin Ave City: Stuart State: FL Zip: _____

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT AT TIME (National Electrical Code: 2005 Flor _____ Mechanical, Plumbing, Gas): 2004 (W/2006 Rev.) 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT ON YOUR PROPERTY WHEN FINANCING, CONSTRUCTION OF THE PROPERTY MAY PROHIBIT THE WORK APPLIED FOR IN THIS PERMIT.
2. THERE ARE SOME PROPERTIES THAT ARE PROHIBITED FROM BEING USED FOR CERTAIN TYPES OF BUSINESS OR INDUSTRIAL PURPOSES. YOU SHOULD CHECK WITH THE TOWN OF SEWALL'S POINT FOR MORE INFORMATION.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEW PERMITS BEFORE EXPIRATION.

My estimate is 45-50K
Carpenter, dry wall, elect & plumbing
NOT floor, cabinets or counter or paint

NOTICE FOR IMPROVEMENTS TO YOUR PROPERTY: YOU MUST RECORD YOUR NOTICE OF COMMENCEMENT WITHIN 180 DAYS OF THE DATE OF COMMENCEMENT. THESE RESTRICTIONS MAY LIMIT OR AFFECT YOUR ABILITY TO OBTAIN FINANCING. YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS SUBJECT TO ANY SPECIAL PERMITS OR ZONING REGULATIONS REQUIRED FROM OTHER AGENCIES. SINGLE FAMILY RESIDENCES ARE VALID UNDER ORDINANCE 50-95.

NOT COMMENCED WITHIN 180 DAYS, OR IF THE WORK IS COMMENCED, ADDITIONAL FEES WILL BE CHARGED. SECTION 105.4.1, 105.4.1.1 - .5. YOU SHALL BE RESPONSIBLE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPENSATE THE CONTRACTOR FOR PERMITS DURING THE BUILDING PROCESS.
PERMITS *****
FOR SIGNATURE (required)

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPENSATE THE CONTRACTOR FOR PERMITS DURING THE BUILDING PROCESS.
OWNER OR AUTHORIZED AGENT SIGNATURE: _____

State of Florida, County of: Martin
This the 12th day of July, 2007
by David Almond who is personally known to me or produced as identification.

On State of Florida, County of: FL Martin
This the 12th day of July, 2007
by _____ who is personally known to me or produced as identification.

My Commission Expires _____ Notary Public - State of Florida
Notary Public Seal # DD 343357

SHARON SPERRY
Notary Public, State of Florida
Commission # 00653124
My Commission Expires March 29, 2011

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



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.13

Summary

Print Owner 1 of 2

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
13-38-41-009-000-00120-3	11 OAKWOOD DR	27850	Owner	0	1

Summary

Property Location 11 OAKWOOD DR
Tax District 2200 Sewall's Point
Account # 27850
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.493

Legal Description
Property Information
 OAKWOOD LOT 12

Search By

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

Owner Information
Owner Information
 ALMOND, DAVID W & ELIZABETH M

Mail Information
 11 OAKWOOD DR
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$290,000
Market Impr Value \$384,830
Market Total Value \$674,830

Site Functions

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

Recent Sale
Sale Amount \$675,000

Sale Date 6/15/2007
Book/Page 2256 0957

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

Legal disclaimer / Privacy Statement

Data updated on 07/09/2007





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

ADDITION/REMODEL APPLICATION CHECKLIST

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

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

1 COPY COMPLETED PERMIT APPLICATION INCLUDING:

- LEGAL DESCRIPTION
NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)

2 COPIES CURRENT SURVEYS (DATED 2006 OR NEWER) SHOWING THE FOLLOWING:
ADDITIONS OR SUBSTANTIAL IMPROVEMENT(GREATER THAT 50% OF FAIR MARKET VALUE) ONLY

- CURRENT FLOOD ZONES PER LOCAL FLOOD INSURANCE RATE MAP (FIRM)
NGVD ELEVATIONS AT ALL CORNERS, MID POINTS AND AVERAGE CROWN OF ROAD
ALL EXISTING STRUCTURES ON PROPERTY AND PROPOSED SETBACKS FROM THE PROPERTY LINE TO ALL SIDES OF THE PROPOSED ADDITION.
ELEVATION OF PROPOSED ADDITION
DRAINAGE ARROWS AND PERVIOUS/IMPERVIOUS CALCS. TO SHOW PROPOSED STORMWATER RETENTION
DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

2 COPIES SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.)
(**ADDITIONS W/LIVING SPACE ONLY**)

2 COPIES COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER, MAXIMUM SIZE PLANS 24" X 36".

2 COPIES THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8, FORM 600A-04R (VERSION 4.0 OR LATER) OR 600C-04R, MUST BE SIGNED & DATED.

2 COPIES MANUAL "J" (ADDITIONS OVER 600 S.F. OR ENCLOSED AREAS PREVIOUSLY UNCONDITIONED)

2 COPIES WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS. LEVEL 3 ALTERATIONS REQUIRES STRUCTURAL ANALYSIS BY ARCH-ENG

2 COPIES PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OR INDICATE ON THE PLANS.

1 COPY NOTICE OF COMMENCEMENT, IF VALUE IS OVER \$2500.00, MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION.

1 COPY ASBESTOS NOTIFICATION STATEMENT

SPECIFICATIONS AND PRODUCT APPROVALS

- SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN.
ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.
SHUTTERS MUST BE DESIGNED IN ACCORDANCE WITH ASCE 7-02 AND SSTD-12. SPECIFICATIONS MUST BE HIGHLIGHTED AS TO WHICH MOUNT, DESIGN PRESSURE, FASTENER, AND FASTENER SPACING THAT WILL BE USED.

IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER F.B.C. 2004 W/2006 REVISIONS 1609.1.4 (IMPACT RESISTANT GLASS OR APPROVED SHUTTERS)



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

Challenge Electric

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: ALMOND

CONSTRUCTION ADDRESS: 1109 KWOOD DRIVE

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: KITCHEN REMODE

VALUE OF CONSTRUCTION \$ 1,500.00

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER
SCOPE OF WORK: <u>KITCHEN REMODE</u> VALUE _____

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

[Signature] SIGNATURE OF LICENSED CONTRACTOR 906 SW ST-LUCIE WEST BLVD. #198 ADDRESS OF CONTRACTOR
P3C
34986

COMPANY OR QUALIFIER'S NAME: VINCENT RIZZO

TELEPHONE NO: 772-342-0338 PLEASE PRINT FAX NO: _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC0000263

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
HANDM-1

DATE (MM/DD/YYYY)
07/19/07

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Fenton Management Services LLC d/b/a Handyman Matters of the Treasure Coast PO Box 1786 Stuart FL 34995-1786	INSURER A:	North Pointe Ins Co
	INSURER B:	Auto Owners Insurance Co
	INSURER C:	Old Republic Surety
	INSURER D:	
	INSURER E:	

COVERAGES

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


INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	3094111189	09/01/06	09/01/07	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2000000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2000000
B		AUTOMOBILE LIABILITY	4509402300	07/28/06	07/28/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<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 EA ACC AGG	\$
							\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATE-TORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER	
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
C		BUS. SERVICE BOND	085544115 OLD REPUBLIC	07/05/06	07/05/07	BOND	10000

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

Buildings - Carpentry ~ State of Florida

CERTIFICATE HOLDER

CANCELLATION

TOWSC-1 Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
7/16/2007

PRODUCER CONDON MEEK 1211 COURT STREET CLEARWATER, FL 33756	Serial # 121107	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED FrankCrum 1-800-277-1620 100 S MISSOURI AVENUE CLEARWATER FL 33756	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC#</th> </tr> <tr> <td>INSURER A FRANK WINSTON CRUM INSURANCE, INC.</td> <td></td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC#	INSURER A FRANK WINSTON CRUM INSURANCE, INC.		INSURER B		INSURER C		INSURER D		INSURER E	
INSURERS AFFORDING COVERAGE	NAIC#													
INSURER A FRANK WINSTON CRUM INSURANCE, INC.														
INSURER B														
INSURER C														
INSURER D														
INSURER E														

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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC GEM. AGGREGATE LIMIT APPLIES PER				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$																
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																
A		WORKERS COMPENSATION AND LIABILITY EMPLOYERS' ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 7 0000 0000	1/1/2007	1/1/2008	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 65%;">WC STATUTORY LIMITS</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">OTHER</td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER		E.L. EACH ACCIDENT	\$	1,000,000		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		E.L. DISEASE - POLICY LIMIT	\$	1,000,000
<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER																			
	E.L. EACH ACCIDENT	\$	1,000,000																			
	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000																			
	E.L. DISEASE - POLICY LIMIT	\$	1,000,000																			
		OTHER																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH FrankCrum. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO FrankCrum. COVERAGE IS NOT PROVIDED FOR STATUTORY EMPLOYEES OF THE CLIENT. EFFECTIVE 06/21/2004, APPLIES TO 100% OF THE EMPLOYEES OF FrankCrum LEASED TO FENTON MANAGEMENT SERVICES, LLC DBA HANDYMAN MATTERS OF THE TREASU 772-219-0856

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT 1 SOUTH SEWALL'S POINT RD SEWALL'S POINT, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

FENTON, STEPHEN
HANDYMAN MATTERS OF THE TREASURE COAST
1700 SW BELGRAVE TER
STUART FL 34997-7044



STATE OF FLORIDA AC# 269155
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC1511707 08/02/06 050671765

CERTIFIED GENERAL CONTRACTOR
FENTON, STEPHEN
HANDYMAN MATTERS OF THE TREASURE

IS CERTIFIED under the provisions of Ch.489 F.S.
Expiration date: AUG 31, 2008 L0608020005

DETACH HERE

AC# 2691554

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0608020005

DATE	BATCH NUMBER	LICENSE NBR
08/02/2006	050671765	CGC1511707

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

FENTON, STEPHEN
HANDYMAN MATTERS OF THE TREASURE COAST
593 SE CENTRAL PARKWAY
STUART FL 34994

JEB BUSH

SIMONE MARSTILLER

**CITY OF STUART
OCCUPATIONAL LICENSE
2006-2007**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
6472	22911	171040

BUSINESS TYPE	CONTRACTOR - NON-STRUCTURAL HOME I
OWNER AND LOCATION	FENTON, STEVE 593 SE CENTRAL PKWY
ST/CTY LICENSE	QB38969/CNS3892
DESCRIPTION	

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	HANDYMAN MATTERS FENTON, STEVE 593 SE CENTRAL PKWY STUART FL 34994
-----------------------------------	---

DATE
09/19/2006

CHERYL WHITE
CITY CLERK

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2007

PRODUCER IMPACT INSURANCE SERVICES, LLC PO Box 278347 Miramar, FL 33027 (954) 362-0873		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED CHALLENGE ELECTRIC, INC. 906 SW ST LUCIE WEST BLVD# 198 PORT ST LUCIE, FL 34986 1772-342-0338		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: NOVA CASUALTY COMPANY	
		INSURER B: FIRST COMMERCIAL INSURANCE CO.	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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

INSR	COVL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	09AL063404	07/17/07	07/17/08	EACH OCCURRENCE \$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe in detail SPECIAL PROVISIONS BELOW	WC22415-1	01/06/07	01/06/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		OTHER				E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
 1 S. SEWALLS POINT ROAD
 SEWALLS POINT, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Carlette Brown

AC# 2695523

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L060803012

DATE	BATCH NUMBER	LICENSE NBR
08/03/2006	050846130	EC0001263

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

RIZZO, VINCENT P
CHALLENGE ELECTRIC INC
9936 NW 2ND COURT
PLANTATION FL 33324

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

OCCUPATIONAL TAX RECEIPT
CITY OF PORT ST. LUCIE

121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34984

THIS LICENSE VALID WHEN ALL STATE AND LOCAL
REGULATED TRADE LICENSES / COMPENTENCY
CARDS ARE VALID FOR THE CURRENT FISCAL YEAR.

TERM: October 1, 2006 to September 30, 2007

THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that
licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this busi
LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business Address: 677 SW TREASURE COVE
Classification: CONT CONTRACTOR

Issued to: CHALLENGE ELECTRIC INC
906 SW ST LUCIE WEST BLVD

PORT ST LUCIE FL 34986

Business/Lic. 126355 / 07-1040560
Fee: 115.77
Discount: 0.00

BUSINESS LICENSE COORDINATC
PAYMENT RECEI

174 / 009 Jroerig

Fees: 190.15 Late Fees: 0.00 Total this payment : 190.15



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: DAVID ALMOND

CONSTRUCTION ADDRESS: 11 OAKWOOD DR.

PERMIT TYPE: _____ RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE OTHER

SCOPE OF WORK: RELOCATE 1/4" PLUMBING & NEW SINK

VALUE OF CONSTRUCTION \$ 700.-

_____ LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
SCOPE OF WORK: _____	VALUE _____

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

William A. Gada 589 SE Central Pky Stuart, FL 34994
 SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: MR Rooter Plumbing

TELEPHONE NO: 772-781-4550 FAX NO: 772-781-4552
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: LFC 1425739

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
MRROO-1

DATE (MM/DD/YYYY)
05/29/07

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED
AETNA PLUMBING INC &
AETNA HOLDINGS INC DBA
MR. ROOTER PLUMBING
MARGE
589 SE CENTRAL PARKWAY
STUART FL 34994-3992

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: SOUTHERN OWNERS	10190
INSURER B: AUTO OWNERS	18988
INSURER C: FLORIDA RETAIL FEDERATION	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY	72666002	03/25/07	03/25/08	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	44977081-01	03/25/07	03/25/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<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 EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
					\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	052033441	06/01/07	06/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 500000

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

CERTIFICATE HOLDER

TOWSC-1

TOWN OF SEWALL'S POINT
1 SOUTH SEWALLS POINT ROAD
SEWALLS POINT FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Joseph E. Coont



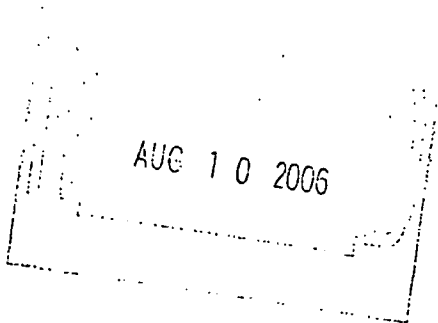
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

ISADORE, WILLIAM A
MR ROOTER PLUMBING
589 SE CENTRAL PARKWAY
STUART FL 34994-3992



STATE OF FLORIDA AC# 2657503
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CFC1425739 07/14/06 060012776
 CERTIFIED PLUMBING CONTRACTOR
 ISADORE, WILLIAM A
 MR ROOTER PLUMBING
 IS CERTIFIED under the provisions of Ch.489 FS.
 Expiration date: AUG 31, 2008 L06071400820

DETACH HERE

IC# 2657503

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06071400820

DATE	BATCH NUMBER	LICENSE NBR
07/14/2006	060012776	CFC1425739

The PLUMBING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

ISADORE, WILLIAM A
MR ROOTER PLUMBING
589 SE CENTRAL PARKWAY
STUART FL 34994-3992

**CITY OF STUART
OCCUPATIONAL LICENSE
2006-2007**

LICENSE NO.	ACCOUNT NO.	CATEGORY NO.
4283	20536	170640

TAX YEAR BEGINS OCTOBER 1 AND ENDS SEPTEMBER 30.
PAYMENT AFTER OCTOBER 1 CONSTITUTES VIOLATION
OF CITY CODE OF ORDINANCES

This occupational license does not permit the holder to operate in violation of any City law, ordinance, or regulation. Any changes in location or ownership must be approved by the City License Section, subject to zoning restrictions. This License does not constitute an endorsement, approval, or disapproval of the holder's skill or competence or of the compliance or non-compliance of the holder with other laws, regulations, or standards.

Occupational Licensing 772-288-5319

BUSINESS TYPE	CONTRACTOR - PLUMBING
OWNER AND LOCATION	ISADORE, WILLIAM & MARJORIE 589 SE CENTRAL PKWY UNIT 110
ST/CTY LICENSE	CFC1425739
DESCRIPT	PLUMBING CONTRACTOR

FEE	PENALTY	TRANSFER	MISCELLANEOUS	PAID
100.00	0.00	0.00	0.00	100.00

BUSINESS NAME AND MAILING ADDRESS	MR. ROOTER PLUMBING ISADORE, WILLIAM & MARJORIE 589 SE CENTRAL PRKWY STUART FL 34994-3992
-----------------------------------	--

DATE
09/11/2006

CHERYL WHITE
CITY CLERK



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME Almond c/o Handyman Matters BLDG. PERMIT # _____

MAILING ADDRESS P.O. box 1786 Stuart, FL 34995

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

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING	Mr. Router	CFC 1425739
AC	* HARV		
EL	* ELECTRICAL	Challenge Electric	ESC 0001263

form
 license
 (not)
 license
 form



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

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

* REQUIRES SEPARATE VERIFICATION FORMS.

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



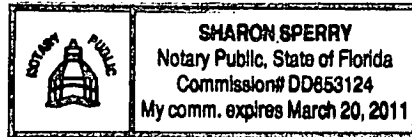
SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF FL
 COUNTY OF matlin

SWORN TO AND SUBSCRIBED before me this 15th day
 of July, 2007


 NOTARY PUBLIC

MY COMMISSION EXPIRES: 3-20-11





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 7/12/07 Building Permit #

Site Address: 11 Oakwood Drive

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

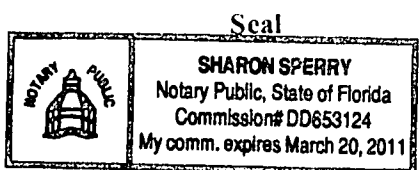
FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: Disclosure Statement: State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

X Contractor or Owner/Builder Signature [Signature]

Subscribed and sworn to before me this 12 day of July, 2007, personally appeared Steve Fenton who is personally known to me or produced as

identification, and who did/did not take an oath. Notary Public Signature [Signature]



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # 8665

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

LOT 12 OAKWOOD DR. SEWALL'S POINT (13-38-41-009-000-00120-3) 11. OAKWOOD DR. 34996

GENERAL DESCRIPTION OF IMPROVEMENT: KITCHEN REMODEL

OWNER: DAVID + ELIZABETH ALMOND

ADDRESS: 11, OAKWOOD DR. SEWALL'S POINT, FLORIDA 34996

PHONE #: 772-607-2710 FAX #: _____

CONTRACTOR: HANDYMAN MATTERS

ADDRESS: PO BOX 1786 STUART FL. 34995

PHONE #: 772-781-4291 FAX #: 772-408-8089

SURETY COMPANY (IF ANY) _____

ADDRESS: _____ STATE OF FLORIDA

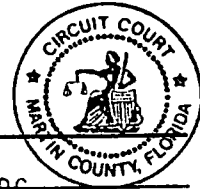
PHONE # _____ FAX #: _____ MARTIN COUNTY

BOND AMOUNT: _____ THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

LENDER: _____ MARSHA EWING, CLERK

ADDRESS: _____ BY: [Signature] D.C.

PHONE #: _____ DATE: 7/24/07 FAX #: _____



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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

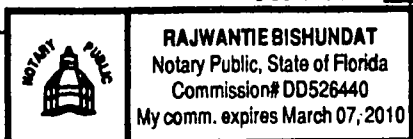
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF July 2007 BY David W Almond

[Signature]
NOTARY SIGNATURE

OR PERSONALLY KNOWN PRODUCED ID TYPE OF ID FDI A455179453840



INSR # 2022255 OR BK 02266 PG 0401 RECD 07/24/2007 02:47:13 PM
Pg 0401 (1 of 1)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-25, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8565	Almond	AC plumbing	PASS	
3	11 Oakwood Dr Handyman Matters	AC electric SLAB 2nd	PASS	INSPECTOR: <i>JM</i>
8563	Kelso	tuss, sheathing	PASS	
4	18 Rio Vista Sanco			INSPECTOR: <i>JM</i>
8606	Berner	nail-in sheathing	PASS	
5	11 Lantana Ln AP			INSPECTOR: <i>JM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-27, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8609	Van Amsterdam 2 E High Pt George Dietz	Final-generator	PASS	CLOSE INSPECTOR: <i>JM</i>
8646	Whalen 9 Knowles Coastal Shutters	Final	PASS	CLOSE INSPECTOR:
8191	Sharfi 93 N. Sewall Pt S B Maune	Final dock	PASS	CLOSE INSPECTOR: <i>JM</i>
Tree	Vanit Bosch 8 Lagoon Isl DIB	Tree	PASS	INSPECTOR: <i>JM</i>
8528	Masterpiece 4 5 Mandalay Masterpiece	A/C Elect rough	FAIL PASS	INSPECTOR: <i>JM</i>
8667	Cabrera 7 3 Melody Ln Seaside Roof.	Metal/tintag	PASS	INSPECTOR: <i>JM</i>
8665	Almond 5 11 Oakwood Dr Challenge Elec	Elec rough Kitchen	PASS	(PARTIAL) INSPECTOR: <i>JM</i>
OTHER:				



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 11 OAKWOOD

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

ELEC. NOUGH

NEED ENGR. LTR ADDRESSING
OUT/NOTCHED BOTTOM OF
FLOOR JOISTS -

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 8/1/07

INSPECTOR

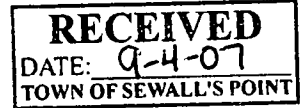
DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/1, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
866A			PASS	CLOSE
4	14 KNOWLES JA Taylor Roofing	ROOF FINAL		INSPECTOR: <i>JA</i>
8599			PASS	CLOSE
2	33 RIO VISTA	FINAL SHUTDOWN		INSPECTOR: <i>JA</i>
8662			PASS	CLOSE
3	16 PERDWINKLE	FINAL A/C		CHECKED CONDENSER ONLY - INSPECTOR: <i>JA</i>
6282				OLD PERMIT: BRING FILE
	43 RIO VISTA STAN BOE	FINAL		INSPECTOR:
7801	CUMMINGS		FAIL	INSPECT w/ JA
FIRST		NPDES INSP		INSPECTOR: <i>JA</i>
	83 S. RIVER			
8665			FAIL	
1	11 OAKWOOD	REMODEL		INSPECTOR: <i>JA</i>
		ELEC. ROUGH		
8557	POPE	GAS FINAL	CANCEL	- RESCHEDULE FOR THURSDAY 8/6/07.
1A	129 S.S. P.R.			INSPECTOR: <i>JA</i>
OTHER:		WALL STEEL	PASS	
8535	87 S. RIVER			
1B				



CRESWELL ENGINEERS & CONSTRUCTORS, INC.

4459 SE Kubin Ave.

Stuart, FL 34997

(772) 215-0156

(772) 221-0530 (fax)

john@creswellengineers.com

August 30, 2007

Town of Sewall's Point
Building Department
One South Sewall's Point Road
Sewall's Point, FL 34996

#8665
FILED

To Whom It May Concern,

This letter serves to document notching of floor joists that occurred at 11 Oakwood Dr. during a kitchen remodel at the Almond home.

The contractor remodeling the kitchen notched the bottom of four (4) 2 x 12 floor joists during construction approximately one inch. This results in about a 20% reduction in moment carrying capacity of the joist. In order to compensate for this reduction, the contractor shall sister on to each notched joist a four foot long 2 x 6 immediately above the notch. The 2 x 6 shall be attached with 10d nails (minimum) at 6" o. c. staggered top and bottom.

If there are any questions, please feel free to call.

Sincerely,

John H. Creswell, PE
FL Registered Engineer #0040940
Cert. of Authorization #27002



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 11 OAKWOOD

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

FINAL

NOTCHED FLOOR JOISTS IN CEILING
OF KITCHEN HAVE NOT BEEN
REPAIRED AS REQUIRED BY
ENGR LTR OF 8/30/07
MOUNT PANEL LABEL ON DOOR OF
PANEL.

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 8/31

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-31, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6614	Mufson	Final	PASS	<i>[Signature]</i>
6	17 S River Rd Advantage Pool			do not close until Compaction test INSPECTOR: <i>[Signature]</i>
8693	Conroy	Final	PASS	CLOSE
5	126 Stewalls National Brick			INSPECTOR: <i>[Signature]</i>
8696	Taylor	steel/tie beam	FAIL	
3	22 E High Pt Seagate			INSPECTOR: <i>[Signature]</i>
8512	Valdes (SP)	slab-frame	FAIL	NOD READY 45 ⁰⁰ FEE
8	107 N Sewalls TCE			INSPECTOR: <i>[Signature]</i>
8596	Cobella	UG elec slab	PASS	
7	8 N Sewalls Pt Sunrise			INSPECTOR: <i>[Signature]</i>
8652	Triggers	Final	PASS	CLOSE
9	14 N River All Shutters			INSPECTOR: <i>[Signature]</i>
8665	Olmond	Final	FAIL	
4	11 Oakwood Handyman Matters			INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURS~~ **THURS 9-13**, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8681	Lingamfelter 17 Mandalay Rd Linden Marine	deadmen	PASS	INSPECTOR: <i>JW</i>
8589	Hardin 27 S River Rd Stratton	front porch steel	PASS	NEED COMPACTION TEST - RECEIVED LATE W/APP INSPECTOR: <i>JW</i>
8530	Luluh 20 E High Pt Seagard CxL	UG gas tank & line	PASS	INSPECTOR: <i>JW</i>
Tree	Lagana Lot 5 Pineapple O/B	Tree	PASS	INSPECTOR: <i>JW</i>
8456	Pope 124 Sewall Pt ad CL	Final	PASS	CLOSE INSPECTOR: <i>JW</i>
8665	Olmond 11 Oakwood Handyman	Floor joint notched Final	PASS	CLOSE INSPECTOR: <i>JW</i>
				INSPECTOR: <i>JW</i>

OTHER: _____

8928

GENREATOR & PAD

GAST TANK & LINES



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	8928	DATE ISSUED:	JUNE 18, 2008
SCOPE OF WORK:	GENERATOR, PAD, ELECTRIC, GAS TANK & LINES		
CONDITIONS:			
CONTRACTOR:	ELECTRICAL CONNECTIONS BY MIKE		
PARCEL CONTROL NUMBER:	133841009000001203	SUBDIVISION	OAKWOOD - LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DR		
OWNER NAME:	ALMOND		
QUALIFIER:	MIKE PETTENGILL	CONTACT PHONE NUMBER:	283-3390

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

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

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

REQUIRED INSPECTIONS

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

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

Per John - get this fixed & call in for final

6-17-08

Date: 6-13-08 **TOWN OF SEWALL'S POINT** **BUILDING PERMIT APPLICATION** Permit Number: _____

OWNER/TITLEHOLDER NAME: David W Elizabeth M Almond Phone (Day) 220-7910 (Fax) N/A

Job Site Address: 11 oak wood drive City: Sewall's Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) lot 12 Oakwood Parcel Number: 13-38-41-009-000-00120-3

Owner Address (if different): 11 Oakwood Dr. City: Sewalls Pt State: FL Zip: 34996

Scope of work: Install 35kw standby generator, P.D. Elec & gas tanks & lines

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

COST AND VALUES:
Estimated Value of Construction or Improvements: \$ 23,456.00
(Notice of Commencement required over \$2500)
Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: Electrical Connections by milo Phone: 283-3390 Fax: 283-5890

Street: 711 SE Osceola street City: Stuart State: FL Zip: 34994

State Registration Number: EC13001494 State Certification Number: _____ Municipality License Number: _____

ARCHITECT Chief of gas contractor Lic#: _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****
OWNER OR AUTHORIZED AGENT SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: Martin
This the 13 day of June, 2008
by _____ who is personally

known to me or produced as identification: David Almond

My Commission Expires: Sheila Mabee
Notary Public Seal (407) 398-0153

On State of Florida, County of: Martin
This the 13 day of June, 2008
by Milo Pettengill who is personally

known to me or produced as identification: SHEILA MABEE

My Commission Expires: Sheila Mabee
Notary Public Seal (407) 398-0153

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

Martin County, Florida

generated on 6/13/2008 11:02:17 AM EDT

Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
13-38-41-009-000-00120-3	11 OAKWOOD DR	27850	Owner	0	1

Summary

Property Location 11 OAKWOOD DR
Tax District 2200 Sewall's Point
Account # 27850
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.493

Legal Description

Property Information
 OAKWOOD LOT 12

Owner Information

Owner Information
 ALMOND, DAVID W & ELIZABETH M

Mail Information

11 OAKWOOD DR
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$290,000
Market Impr Value \$326,560
Market Total Value \$616,560

Recent Sale

Sale Amount \$675,000

Sale Date 6/15/2007
Book/Page 2256 0957

Data updated on 05/01/2008

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: DAVID ALONZO

CONSTRUCTION ADDRESS: 11 OAKWOOD DRIVE

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

Mc Petroleum

TYPE OF SERVICE: NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: BURY 500 GAL TANK - RUN EXTERIOR GAS LINE TO 30KW GENERATOR, TRANSFORMER HEATER, & GRILL - HOOK-UP APPLIANCES

VALUE OF CONSTRUCTION \$ 2,000 -

LOW VOLTAGE	
TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER	
SCOPE OF WORK: _____	VALUE: _____

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

x *Danny Culbertson* P.O. Box 386 Palm City, FL 34990
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: DANNY CULBERTSON

TELEPHONE NO: 887-1900 PLEASE PRINT FAX NO: 887-5961

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: 05594

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

---VERIFICATION OF PARCEL CONTROL NUMBER---

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

Electrical Connections

By Mike, Inc.

711 SE Osceola St.

Stuart, Fl. 34994

772-283-3390 fax 283-5890

EC13001494

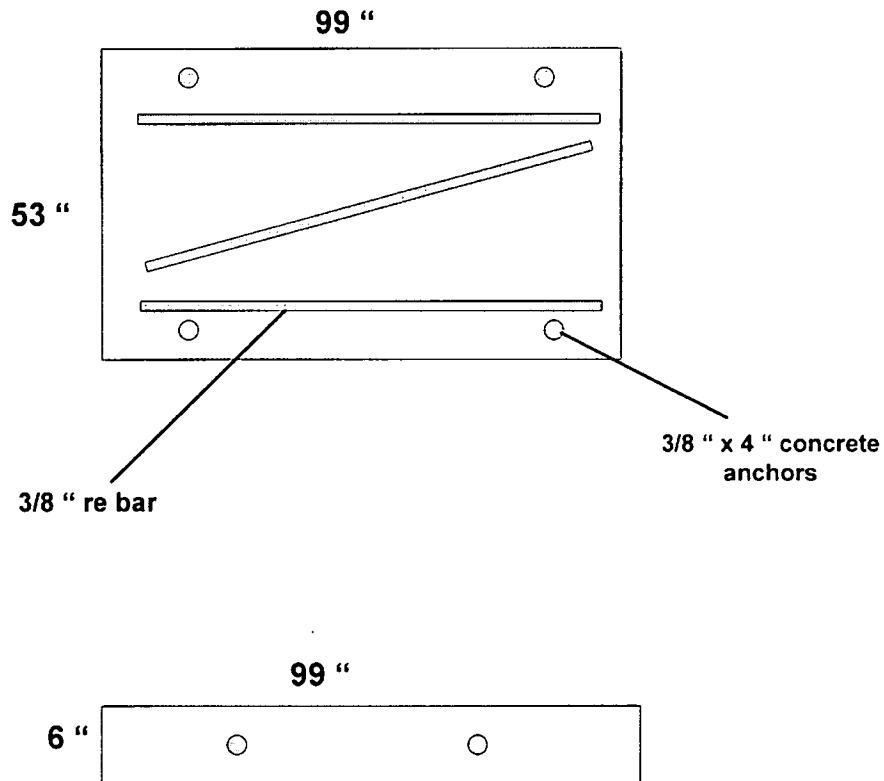
FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE
DATE <u>6-18-08</u>
<u>JA</u>
BUILDING OFFICIAL

Almond Residence
11 Oakwood Dr.
Sewall's Pt, Fl., 34996

Load calculation for Standby Generator System 35 KW Kohler 158 Amps

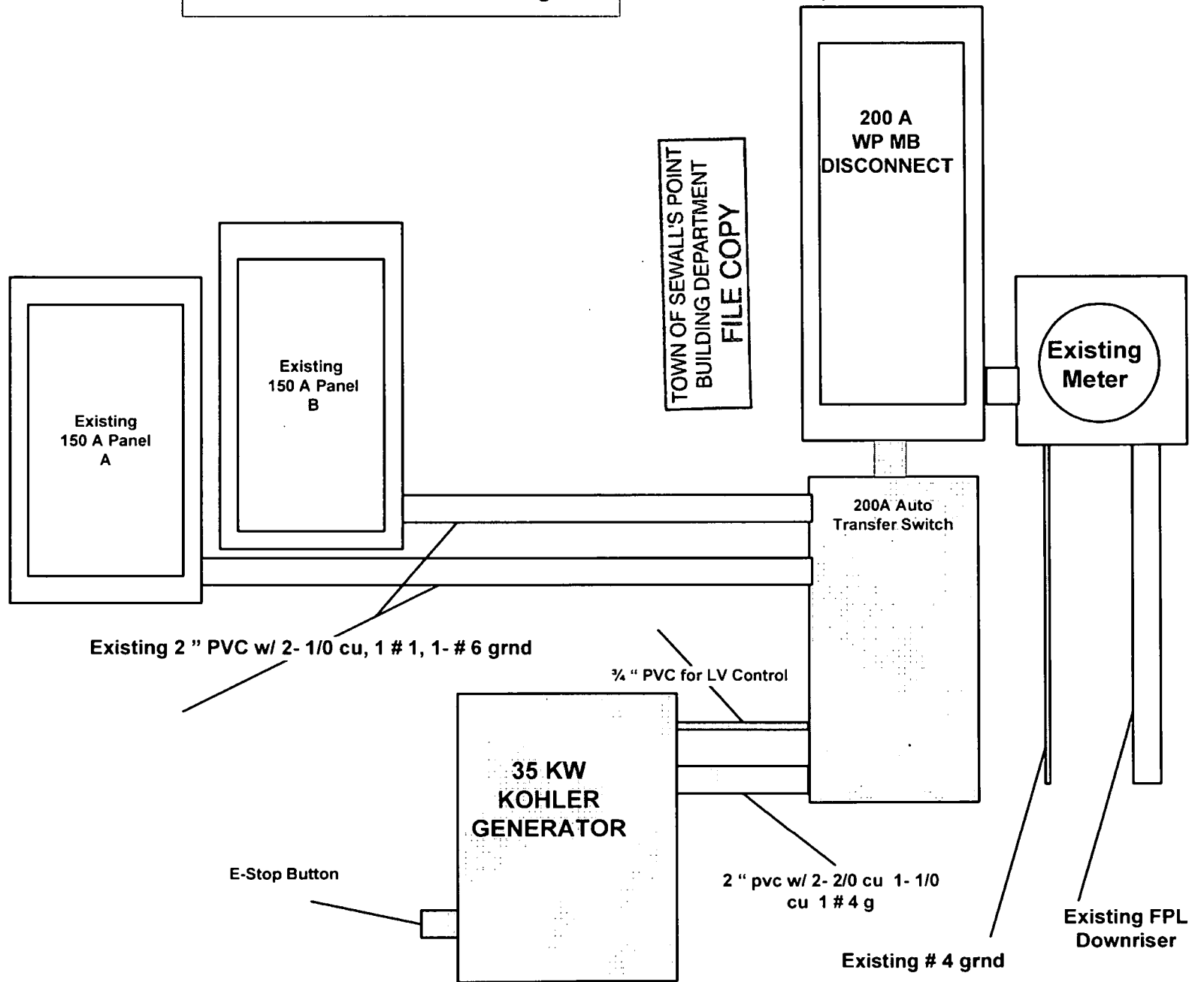
3800 Sq ft x 3 =	11,400 W
2 small appliance circuits @ 1500	3000
1 laundry @ 1500	1500
2 wine coolers @ 840	1640
1 refrigerator	384
1 microwave circuit	198
1 dryer	5600
1 pool pump	1488
Total	<hr/> 25,210 W
1 st 10,000 100 %	10,000
Remainder 40 %	6084
Sub Total	<hr/> 16,084 W
A/C # 1-(Heat, larger of 2 loads)	9600
A/C # 2 -(Heat, larger of 2 loads)	5000
A/C # 3 -(Heat, larger of 2 loads)	5000
Total	<hr/> 35,684 / 240 V = 148.68 Amps

**Almond
Residence
Concrete Pad
for 35 KW
Generator**



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Almond Residence Riser Diagram





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

GAS CHECKLIST

COMPLIANT TO 2004 FBC W/2006 REVISIONS/FUEL GAS CODE & NFPA 54 & 58

USE:

RESIDENTIAL: COMMERCIAL: _____

HOOK UP:

TANK METERED UTILITY GAS: _____ OTHER: _____

TANK SPECS:

SIZE: 500 GALS ABOVE GROUND: _____ UNDERGROUND:

TANK TYPE: D.O.T. _____ ASME: OTHER: _____

TANK DISTANCE: (MINIMUM)

SOURCE OF IGNITION: 10 FT. BUILDING OPENINGS: 10 FT. BUILDING: 10 FT.

PROPOSED SETBACKS FROM LOT LINE:

FRONT: 118 FT. SIDE 1: 25 FT. SIDE 2: 108 FT. REAR: 25 FT.

GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)

NATURAL: _____ LP: OTHER: _____

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 0.5

BASED ON 0.504 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)

IRON _____ SCH. 40 _____ SEMI-RIGID _____ CSST _____ COPPER

POLYETHYLENE PLASTIC S. S.: _____ OTHER: _____

COMBUSTION AIR:

REQUIRED: YES: _____ NO:

METHOD FOR SUPPLYING COMBUSTION AIR: _____

WHO PROVIDED THE COMBUSTION AIR CALCS?

ARCHITECT/ENGINEER OF RECORD: _____ GAS COMPANY: _____

OTHER: _____

GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1: 35 KW GENERATOR 420,000 BTU 3/4 *DIA. PIPE 30 FT.-LENGTH

APPLIANCE #2: TANKLESS HOT WATER 199,000 BTU 3/4 *DIA. PIPE 18 FT.-LENGTH

APPLIANCE #3: GAS GRILL 60,000 BTU 3/4 *DIA. PIPE 12 FT.-LENGTH

APPLIANCE #4: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

APPLIANCE #5: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

APPLIANCE #6: _____ BTU _____ *DIA. PIPE _____ FT.-LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

*THE ABOVE PIPE SIZES WERE TAKEN FROM 2004 FBC W/2006 REVISIONS/FUEL GAS TABLE NO. _____

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



OAKWOOD DRIVE
30' R/W (IMPROVED)

N66°00'00"E 138.25'

$\Delta=102.20.58^{\circ}$
 $R=25.00.58^{\circ}$
 $L=44.66'$

RIVER ROAD
50' R/W (IMPROVED)

$\Delta=07.48.19^{\circ}$
 $R=62.71.49^{\circ}$
 $L=117.49'$

LOT 12

RESIDENCE #11

CONC. SWIMMING POOL

CONC.

MILES OR HANSON GRANT
P.B. 1 PG. 129
PALM BEACH, NOW MARTIN COUNTY

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

BOUNDARY SURVEY

PAGE 2 OF 2 PAGES

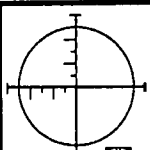


SURVEYORS CERTIFICATION:
I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION. NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL OR A RAISED EMBOSSED SEAL AND SIGNATURE.

(SIGNED) Clyde McNeal

Digitally signed by Clyde McNeal
DN: CN = Clyde McNeal, C = US, O = Target Surveying, Inc.
Date: 2007.04.10 15:38:36 -0400

CLYDE O. MCNEAL, PROFESSIONAL SURVEYOR AND MAPPER #2883



SERVING
MOST FLORIDA COUNTIES

TARGET SURVEYING, INC.

LB #6135

5601 CORPORATE WAY SUITE 210
WEST PALM BEACH, FL 33407
PHONE (561) 640-4800
FACSIMILE (561) 640-0576

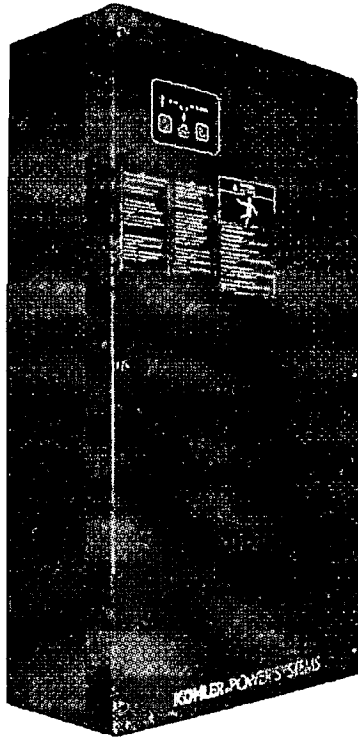
STATEWIDE NUMBERS
PHONE (800) 226-4807
FACSIMILE (800) 741-0576

Model: **RDT**

KOHLER.POWER SYSTEMS

**Automatic
Transfer Switches**

9001
IS KOHLER
POWER SYSTEMS
NATIONALLY REGISTERED



MPAC™ 500 Controller Features

- User-friendly interface with easy-to-read international symbols
- Source available and contactor position indicators
- LED indication of system faults
 - Failure to acquire standby source
 - Failure to transfer
 - Auxiliary switch fault
- Common fault contact: latches closed on system faults shown above
- Engine start contact: provides contact closure to start the generator set
- Load control contact: allows 5-minute delay in startup of selected loads
- Test button (with or without load)
- Exercise set button
 - Weekly 20-minute generator set exercise
 - With or without load
- Single-phase voltage sensing on both sources, $\pm 5\%$
- Line-to-line frequency sensing, $\pm 2\%$
- Fixed time delays

Standard Features

- UL listed and CSA certified
 - Models with load centers are UL 67 listed, file #E251086
 - Models without load centers are UL 1008 listed, file #E58962
 - CSA certified, file #LR58301
- 220/240 VAC, 50/60 Hz (jumper)
- 100, 200, and 400 amp models available
- Two-pole, single-phase open-transition transfer switch
- Contactor electrically and mechanically interlocked
- Double throw inherently interlocked design
- Solid neutral
- Contactor manually operable for maintenance purposes
- Silver alloy main contacts
- All models are 100% equipment rated and can be applied at the rated current without derating
- 100 and 200 amp models available with or without prewired Square D type QO load center
 - 100 amp load center models use up to 12 circuit breakers
 - 200 amp load center models use up to 24 circuit breakers
- Two enclosures available
 - NEMA Type 1 ANSI 49 gray enclosure for indoor installation. 100 amp models (with and without load centers) and 200 amp models (without load centers) can be recess-mounted between wall studs. (not for service entrance model)
 - NEMA Type 3R ANSI 49 gray padlockable enclosure. Approved for indoor or outdoor installation
- 2-year limited warranty
- Available accessories
 - Accessory board
 - Auxiliary position-indicating contacts
 - Programmable exerciser
 - Wall-mount bezel (not for NEMA 3R or SE models)

Service Entrance Model Features

- 200 amp service entrance rated automatic transfer switch
- Service disconnect circuit breakers on both sources, 200 A Square D type QOM breaker (80% rated)
- NEMA 3R enclosure, ANSI 49 gray (without load center)
- Circuit breaker for generator set battery charger, Square D type QO, 15 A, single-pole
- Additional accessories available for the SE model
 - Surge suppression on utility source side
 - Enclosure space heater with circuit breaker and hygostat
 - Engine heater circuit breaker

Environmental Specifications	
Operating temperature:	-20°C to 70°C (-4°F to 158°F)
Storage temperature:	-40°C to 85°C (-40°F to 185°F)
Humidity:	5 to 95% noncondensing

Contact Ratings	
Engine start	0.5 A @ 125 VAC; 2 A @ 30 VDC SPST normally closed (NC)
Common fault	0.5 A @ 125 VAC; 2 A @ 30 VDC SPST normally open (NO)
Load control	10 A @ 120 VAC SPST normally open (NO)
Auxiliary contacts (optional)	15 A @ 277 VAC Form C

Source Sensing	
Undervoltage dropout	80%
Undervoltage pickup	85%
Underfrequency dropout	90%
Underfrequency pickup	96%

Time Delays			
Time Delay	Factory Setting	Adjustment with Accessory Board*	
		Range	Increment
Engine start	3 sec.	1-10 sec.	1 second
Transfer from Normal to Emergency	3 sec.	1-10 sec.	1 second
Retransfer from Emergency to Normal	6 min.	3-30 min.	3 minutes
Engine cooldown	5 min.	1-10 min.	1 minute
Exercise run time	20 min.	5-50 min.	5 minutes
Exercise interval	1 week	1 week/2 week (DIP switch)	
Load control connection delay	5 min.	5 or 10 minutes (DIP switch)	
Failure to acquire Emergency source	78 sec.	NA	
Undervoltage dropout	0.5 sec.	NA	
Underfrequency dropout	3 sec.	NA	

* Optional accessory board required for time delay adjustments
NA = not adjustable

Cable Sizes			
AL/CU UL-Listed Solderless Screw-Type Terminals for External Power Connections			
Switch Size, Amps	Range of Wire Sizes, Cu/Al		
	Normal	Emergency, Load and Neutral	Ground
100	(1) #12 to 1/0 AWG	(1) #12 to 1/0 AWG	(1) #14 to #4 AWG Cu
200	(1) #6 AWG to 250 MCM	(1) #6 AWG to 250 MCM	(1) #14 to #4 AWG Cu
200 SE	(1) #4 AWG to 300 MCM	(1) #6 AWG to 250 MCM	(1) #14 to #1/0 AWG Cu
400	(2) #1/0 AWG to 250 MCM or (1) #4 AWG to 600 MCM	(2) #1/0 AWG to 250 MCM or (1) #4 AWG to 600 MCM	(1) #14 to 1/0 AWG

Contactor Ratings with Coordinated Circuit Breakers

The transfer switches are UL listed at 240 VAC maximum. The following table lists contactor withstand current ratings (WCR) for 100-400 ampere non-service entrance rated switches with specific manufacturer's circuit breakers per UL and Canadian safety standards. Suitable for control of motors, electric discharge lamps, tungsten filament lamps and electric heating equipment where the sum of motor full-load ampere ratings and the ampere ratings of other loads do not exceed the ampere rating of the switch and the tungsten load does not exceed 30 percent of switch rating.

WCR Ratings with Specific Manufacturer's Molded-Case Circuit Breakers				
Switch Rating, Amps	WCR, RMS Symmetrical Amps	Manufacturer	Type or Class	Maximum Size, Amps
100	22,000	Cutler-Hammer	FCL, FB	100
			QCHW	125
			FDC	150
		Square D	FI	100
200	22,000	Cutler-Hammer	ED4, CED6, ED6, HED4, HED6	125
			BHW, FD, HFD, JD, JDB, HJD	225
			JD, JDB, HJD, JDC	250
		Square D	DK, KD, KDB, HKD, KDC, LCL, LA	400
			KI	250
			LE, LX, LXI	400
		Siemens	FD6-A, FXD6-A, HFD6, CFD6	250
			TFL, THLC2	225
			SF, SFL, SFP	250
			400	65,000	Cutler-Hammer	FCL, FB TRI-PAC	100
FD, FDC, HFD	150			
HJD, JD, JDB, JDC	250			
HKD, KD, KDB, KDC, LA TRIPAC, LCL, DK, CHKD	400			
HLD, CHLD, LDC, CLDC	300-600			
NB TRI-PAC	300-800			
Square D	FC, FH, FI	100		
	KA, KC, KH, KI	250		
	LA, LC, LE, LH, LI, LX, LXI	400		
	LI, LXI, LX, LE, LC	600		
Siemens	MX, ME, MH	800		
	CED6, ED6, HED4, HED6, ED4	125		
	CFD6, HFD6, FD6, FXD6	250		
	CJD6, SCJD6, HHJD6, HHJXD6, SHJD6, HJD6, SJD6	400		
	CLD6, SCLD6, HHL6, HHLXD6, SHLD6, HLD6	600		
	CMD6, SCMD6, HMD6, SHMD6, HMXD6, MD6, MXD6, SMD6	800		
Merlin Gerin	CF250L, CF250H	250		
	CJ400L, CK400H, CJ400H, CK400N	400		
	CJ600H	600		
	CK800H, CK800N	800		
ABB	JHB	400		
	S6	800		

Service Entrance Transfer Switch Rating

The service entrance transfer switch is factory-equipped with a Square D type QOM circuit breaker.

Switch Rating, Amps	WCR, RMS Symmetrical Amps	Manufacturer	Type or Class	Maximum Size, Amps
200	22,000	Square D	QOM	200

Codes and Standards

The ATS meets or exceeds the requirements of the following specifications:

- Underwriters Laboratories UL 67, Enclosed Panel Boards (load center models) file #E251086
- Underwriters Laboratories UL 1008, Standard for Automatic Transfer Switches for Use in Emergency Systems, file #E58962
- Underwriters Laboratories UL 508, Standard for Industrial Control Equipment
- CSA certified, file #LR58301
- NFPA 70, National Electrical Code
- NFPA 110, Emergency and Standby Power Systems
- IEEE Standard 446, IEEE Recommended Practice for Emergency and Standby Power Systems for Commercial and Industrial Applications
- NEMA Standard IC10-1993 (formerly ICS2-447), AC Automatic Transfer Switches
- ANSI C37.90.1 (IEEE472), 2000, EFT/Surge Relay Systems
- EN61000-4-5 Surge Immunity Class 4 (voltage sensing and programmable inputs only)
- EN61000-4-4 Fast Transient Immunity Severity Level 4
- IEC Specifications for EMI/EMC Immunity
 - CISPR 11, Radiated and Conducted Emissions, Class B
 - IEC 61000-4-2, 2001, Electrostatic Discharge
 - IEC 61000-4-3, 2002, Radiated Immunity
 - IEC 61000-4-4, 2001, Electrical Fast Transients (Bursts)
 - IEC 61000-4-5, 2001, Surge Voltage Immunity
 - IEC 61000-4-6, 2003, Conducted RF Immunity
 - IEC 61000-4-8, Magnetic Field Immunity
 - IEC 61000-4-11, Voltage Dips and Interruptions

Weights and Dimensions

Enclosure Type	Amps	Load Center	Weight, kg (lb.)	Dimensions, H x W x D, mm (in.)
NEMA 1	100	None	10.9 (24.0)	610 x 330 x 154 * (24.0 x 13.0 x 6.0) *
	100	12 circuits	12.3 (27.0)	610 x 330 x 154 * (24.0 x 13.0 x 6.0) *
	200	None	12.0 (26.3)	610 x 330 x 154 * (24.0 x 13.0 x 6.0) *
	200	24 circuits	20.4 (45.0)	914 x 406 x 154 (36.0 x 16.0 x 6.0)
	400	None	52.0 (115)	1223 x 560 x 362 (48.1 x 22.0 x 14.3)
NEMA 3R	100	None	14.0 (30.7)	613 x 340 x 177 (24.1 x 13.4 x 7.0)
	100	12 circuits	15.3 (33.8)	613 x 340 x 177 (24.1 x 13.4 x 7.0)
	200	None	15.0 (33.0)	613 x 340 x 177 (24.1 x 13.4 x 7.0)
	200	24 circuits	25.9 (57.0)	917 x 416 x 177 (36.1 x 16.4 x 7.0)
	200 SE †	None	32.7 (72.0)	863 x 471 x 167 (34.0 x 18.5 x 6.6)
	400	None	52.0 (115)	1223 x 560 x 416 (48.1 x 22.0 x 16.4)

* Can be recess-mounted between 16 in. O.C. wall studs.
 † Service entrance model

Available Accessories

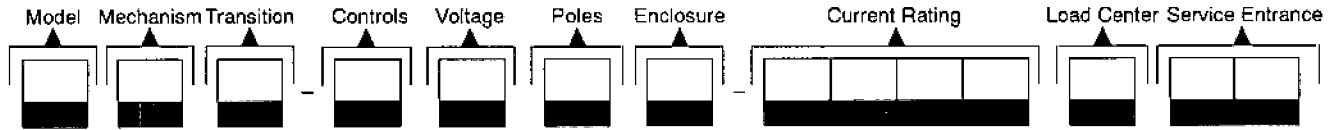
- Accessory board**
 - Alarm horn indicates system faults
 - Adjustable time delays:
 - Engine start
 - Engine cooldown
 - Preferred to standby
 - Standby to preferred
 - Exercise duration
 - Inputs and Outputs:
 - Remote start/stop input (loaded)
 - Programmable exerciser input
 - Generator set supplying load output:
10 A @ 120 V SPST normally open (NO) contact
 - External alarm module connection
 - Dip switches:
 - 1 week/2 week exerciser
 - Load/no load exercise mode (for optional programmable exerciser)
 - Momentary/maintained external start/stop input:
Selects momentary (1 second) push button or maintained contact closure for remote start/stop signal
 - Load control, 5 minutes/10 minutes:
Allows adjustment of the startup delay after transfer to generator set for selected loads (e.g. air conditioners or other large motor starting loads)
 - Audible alarm disable
- Auxiliary position-indicating contacts**
 - One closed on normal position and one closed on emergency position
 - Form C contacts rated 15 A @ 277 VAC
- External alarm module**
 - Alarm horn
 - Alarm silence/lamp test button
 - Remote start/stop button
 - Generator supplying load indicator
 - Fault indicator
 - Fits into standard outlet box
 - Multiple alarm modules can be connected
 - Accessory board required
- Programmable exerciser**
 - Seven-day programmable timer allows scheduling up to 20 on/off events
 - LCD display indicates day, time, program/run modes, and on/off/override status
 - Daylight time changeover button
 - Manual override button
 - Backup capacitor maintains time and programs up to 5 days without power
 - Transparent cover
- Wall-mount bezel (for Type 1 enclosures)**
 - For 100 and 200 amp recess-mounted switches
 - For NEMA type 1 enclosures only (not for NEMA 3R or service entrance switches)
- Extended 5-year warranty**

Additional Accessories for Service Entrance Model

- Utility-side surge suppressor**
 - Highly reliable surge protection
 - Fully automatic operation with automatic reset
 - LED status indication
 - Thermal fusing and short circuit protection
 - UL 1449 (second edition) listed at 330 V
 - Working voltage: 120/240 VAC split phase
 - Maximum continuous operating voltage: 140 VAC
 - Lines protected, AC: L-N, L-G, L-L, N-G
 - Maximum surge current: 80kA per phase (8/20 μ s)
 - Duty cycle performance (8/20 μ s):
 - 80,000 A, 1 impulse
 - 10,000 A, >4,000 impulses
 - 100 A, infinite
 - Long duration current pulse (10/10,000 μ s) capability:
3600 A (tested)
 - Response time: <5ns
 - Remote indication contacts: Normally open (NO) and normally closed (NC) contacts rated 2 A @ 250VAC
 - AIC short circuit rating: 100,000 RMS symmetrical amps, 240 V max.
 - Operating temperature range:
-40°C to 85°C (-40°F to 185°F)
 - Humidity: 95% (non-condensing)
 - Let-through voltage:
 - 430 V @ 3 kA †
 - 690 V @ 10 kA †
 - † 8/20 μ s waveform. Tested as per ANSI/IEEE C62.45 and ANSI/IEEE C62.41
- Enclosure space heater**
 - 150 Watts
 - Hygrostat (temperature and humidity control)
 - Built-in temperature limiter for overheat protection
 - 15 A single-pole Square D type QO circuit breaker
- Accessory circuit breaker**
 - For generator set engine heater
 - 15 A single-pole Square D type QO circuit breaker

KOHLER CO., Kohler, Wisconsin 53044 USA
 Phone 920-565-3361, Fax 920-459-1646
 For the nearest sales and service outlet in the
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 Singapore 619159
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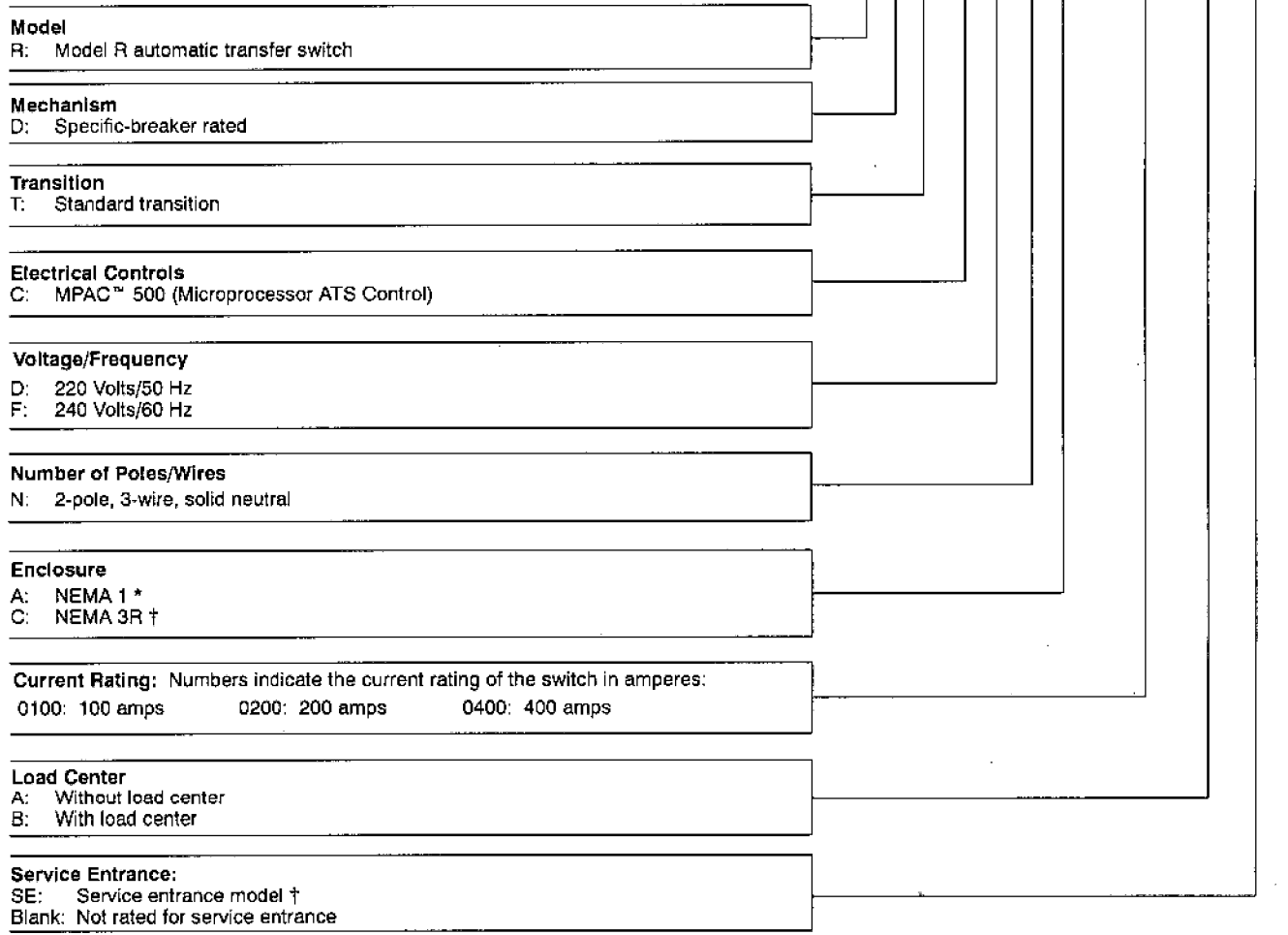


Kohler® Model Designation Key

This chart explains the Kohler® transfer switch model designation system. The sample model designation shown is for a Model R service entrance rated automatic transfer switch that uses a standard-transition contactor with MPAC™ 500 electrical controls rated at 240 volts/60 Hz, 2 poles, 3 wires, and solid neutral in a NEMA 3R enclosure with a current rating of 200 amperes and no load center.

SAMPLE MODEL DESIGNATION

RDT-CFNC-0200ASE



Model
 R: Model R automatic transfer switch

Mechanism
 D: Specific-breaker rated

Transition
 T: Standard transition

Electrical Controls
 C: MPAC™ 500 (Microprocessor ATS Control)

Voltage/Frequency
 D: 220 Volts/50 Hz
 F: 240 Volts/60 Hz

Number of Poles/Wires
 N: 2-pole, 3-wire, solid neutral

Enclosure
 A: NEMA 1 *
 C: NEMA 3R †

Current Rating: Numbers indicate the current rating of the switch in amperes:
 0100: 100 amps 0200: 200 amps 0400: 400 amps

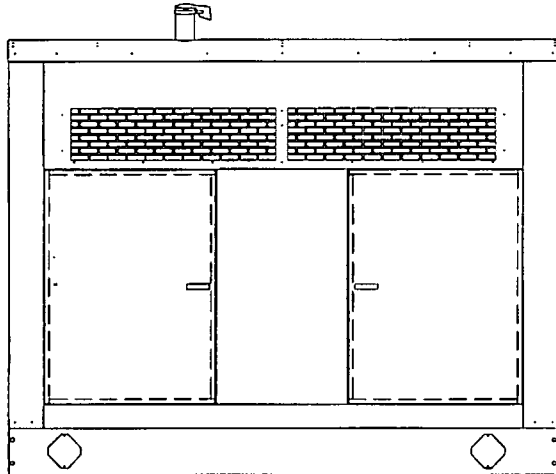
Load Center
 A: Without load center
 B: With load center

Service Entrance:
 SE: Service entrance model †
 Blank: Not rated for service entrance

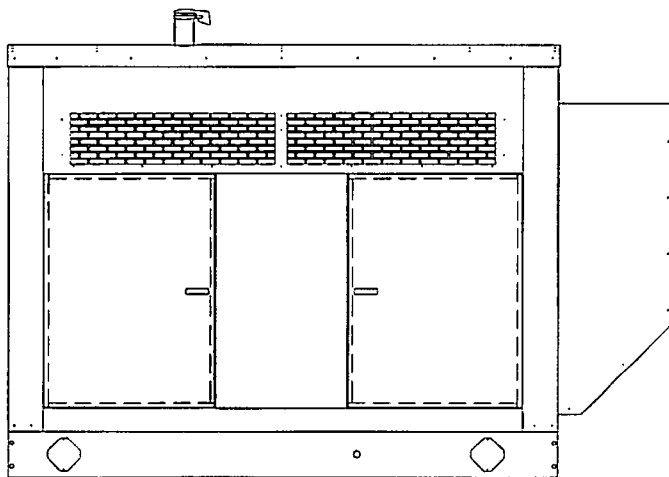
* NEMA 1 only: 100 amp models with and without load centers and 200 amp models without load centers can be recess-mounted between wall studs.
 † Service entrance transfer switches are only available with a 200 Amp rating and a NEMA 3R enclosure with no load center.

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Weather Enclosure



Sound Enclosure

Applicable to the following:
30-125RZG
25/30/50/150RZGB

Kohler enclosures protect stationary generator sets from the elements, animal intrusion, and unwanted entry. The enclosure design allows ample air ensuring optimum generator set performance.

Kohler Co. prototype-tests the generator set inside the enclosure for performance. See the generator set specification sheet for generator set ratings and temperature and altitude derates.

Weather Enclosure Standard Features

- Enclosed insulated critical silencer with tailpipe and rain cap.
- Skid-mounted, fully corrosion-resistant material construction with hinged and removable doors.
- Fade-, scratch-, and corrosion-resistant Kohler® cream beige and black powder-baked finish.
 - Available steel construction enclosure.
 - Available aluminum construction enclosure.
- Hinged and removable doors.
- Lockable, flush-mounted door latches.
- Automatic door holders.
- Air inlet louvers and baffles to minimize rain and snow entry.
- Pitched enclosure roof to minimize water accumulation.

Sound Enclosure Standard Features

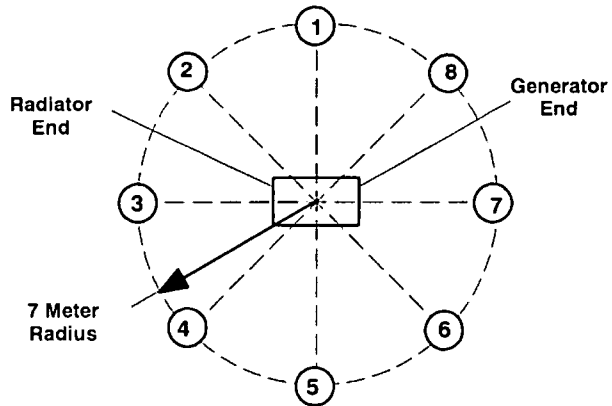
- Includes all of the weather enclosure features.
- Vertical outlet hoods with 90° angles to redirect air and reduce noise.
- Acoustic insulation meeting UL 94 HF1 flammability classification.

Sound Enclosure Data

Sound Data for Generator Sets Operating Inside a Sound Enclosure

**Measurement Positions
and Distances for Data**

Microphone Positions: (1-8) as shown
 Microphone Distance: 7 m (23 ft.)
 (from center of enclosure)
 Microphone Height: 1 m (3.28 ft.)
 Data Measured in: dB(A), sound pressure
 (Re: 20µPa)



Note: Measurements taken with the generator set operating at full load.

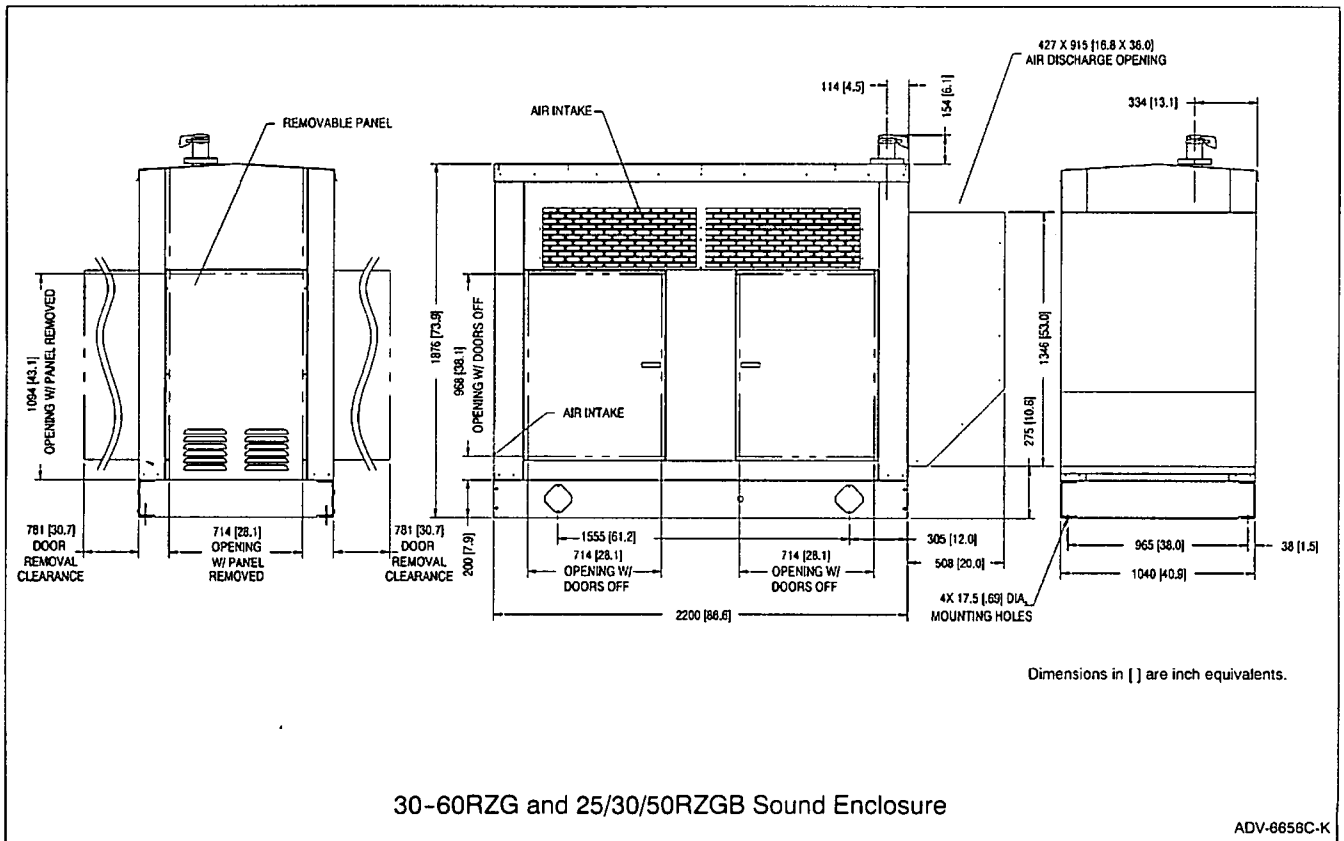
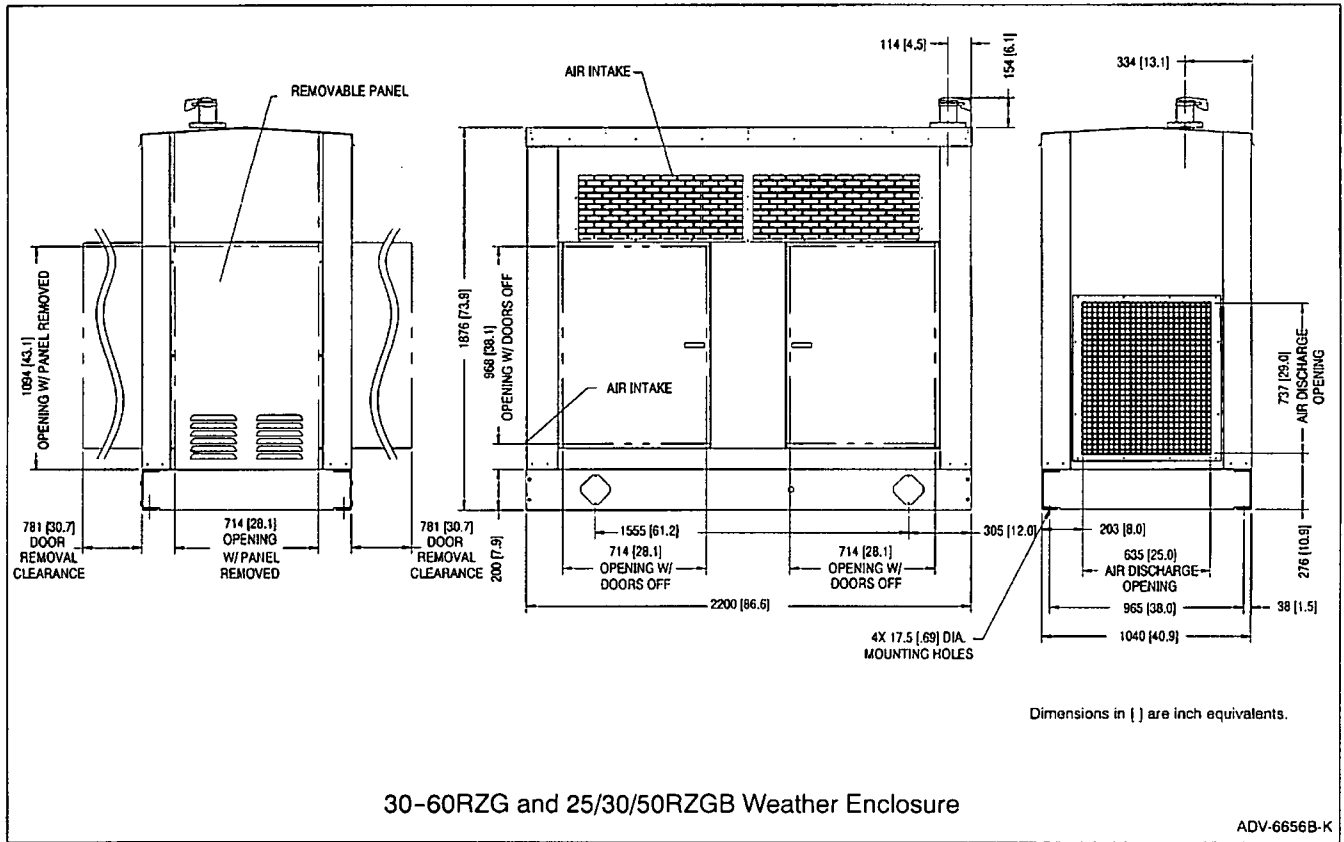
Sound Data in dB(A)

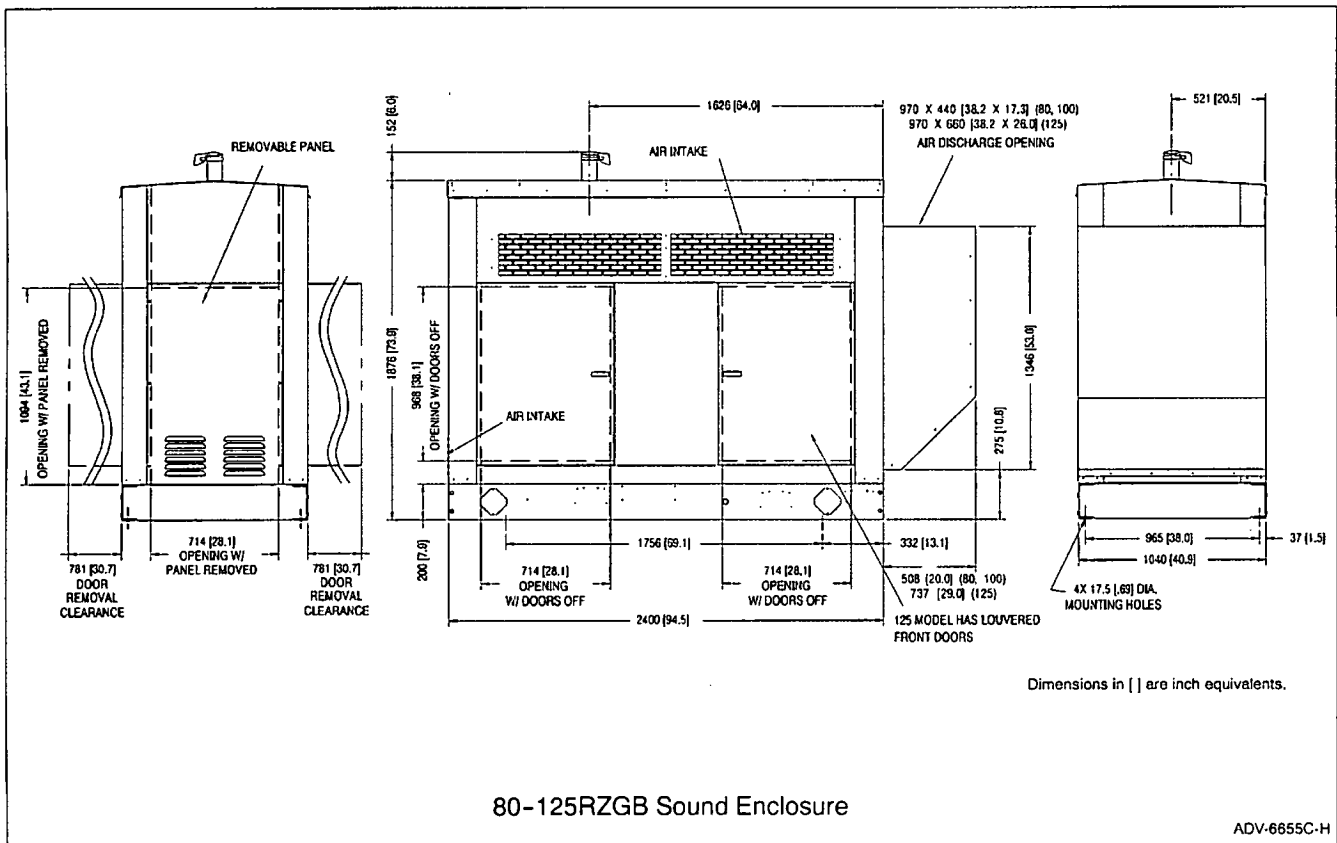
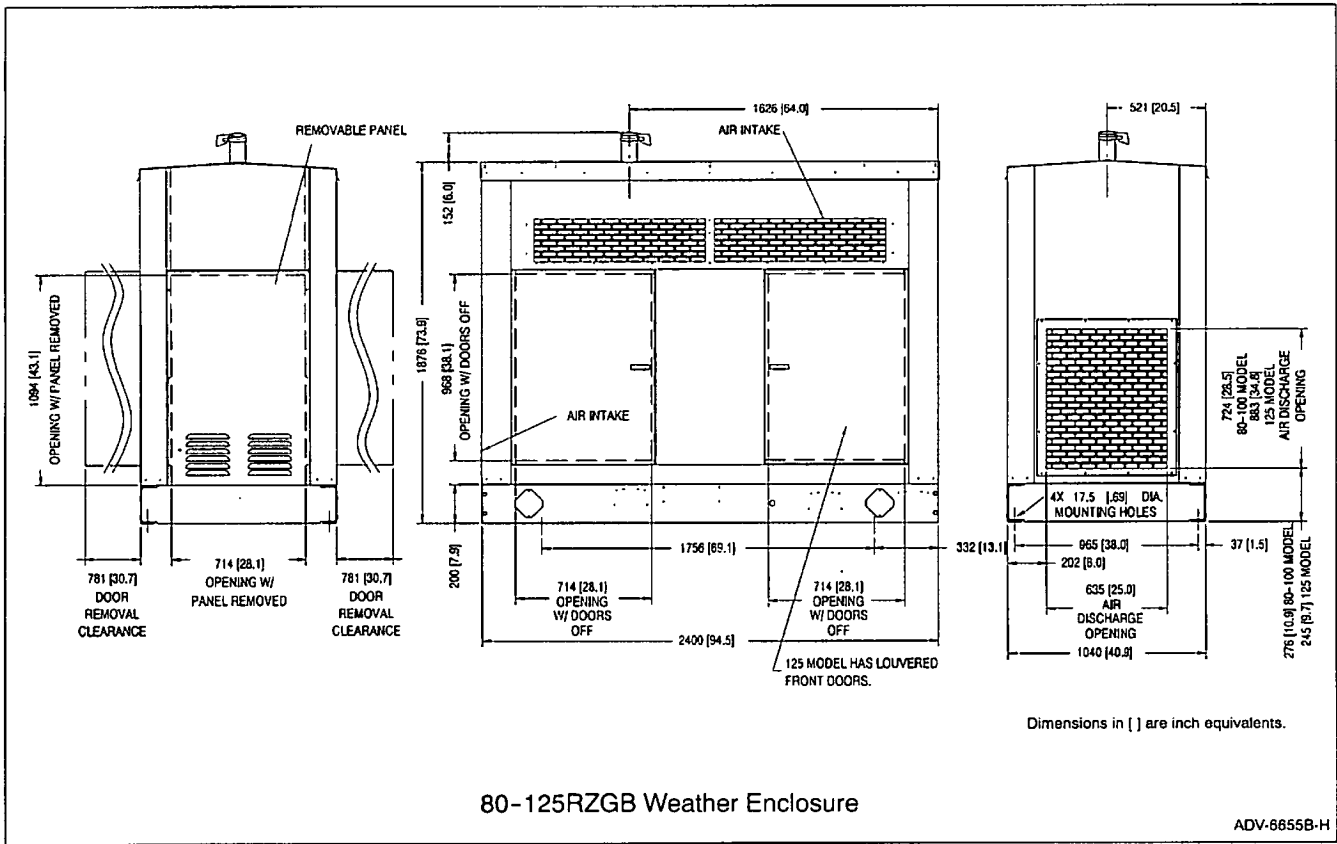
Models	Hz	Microphone Positions								Average	Log Average
		1	2	3	4	5	6	7	8		
25RZG	60*	70	71	72	72	70	70	70	69	70.5	70.6
30RZG	60*	70	71	72	72	70	70	70	69	70.5	70.6
30RZG	50*	68	69	68	70	69	69	68	68	68.6	68.7
30RZGB	60*	70	71	72	72	70	70	70	69	70.5	70.6
35RZG	60	70	71	73	72	70	70	70	69	70.6	70.8
	50	68	69	68	70	69	69	68	68	68.6	68.7
45RZG	60	71	71	73	72	70	70	70	69	70.8	70.9
	50	69	69	69	70	69	71	68	68	69.1	69.2
50RZG	60	71	71	74	72	71	71	70	70	71.3	71.4
	50	69	69	69	70	68	71	70	69	69.4	69.5
50RZGB	60*	71	71	74	72	71	71	70	70	71.3	71.4
	50*	69	69	69	70	68	71	70	69	69.4	69.5
60RZG	60	72	72	74	73	72	71	72	71	72.1	72.2
	50	70	69	69	71	69	71	70	69	69.8	69.8
80RZG	60	74	75	79	76	74	75	74	74	75.1	75.5
	50	72	72	72	72	71	73	71	72	71.9	71.9
100RZG	60	74	75	79	76	74	75	74	74	75.1	75.5
	50	72	72	72	72	72	73	72	72	72.1	72.1
125RZG	60	75	75	76	76	76	77	77	77	76.1	76.2
	50	74	73	73	73	72	73	74	75	73.4	73.5

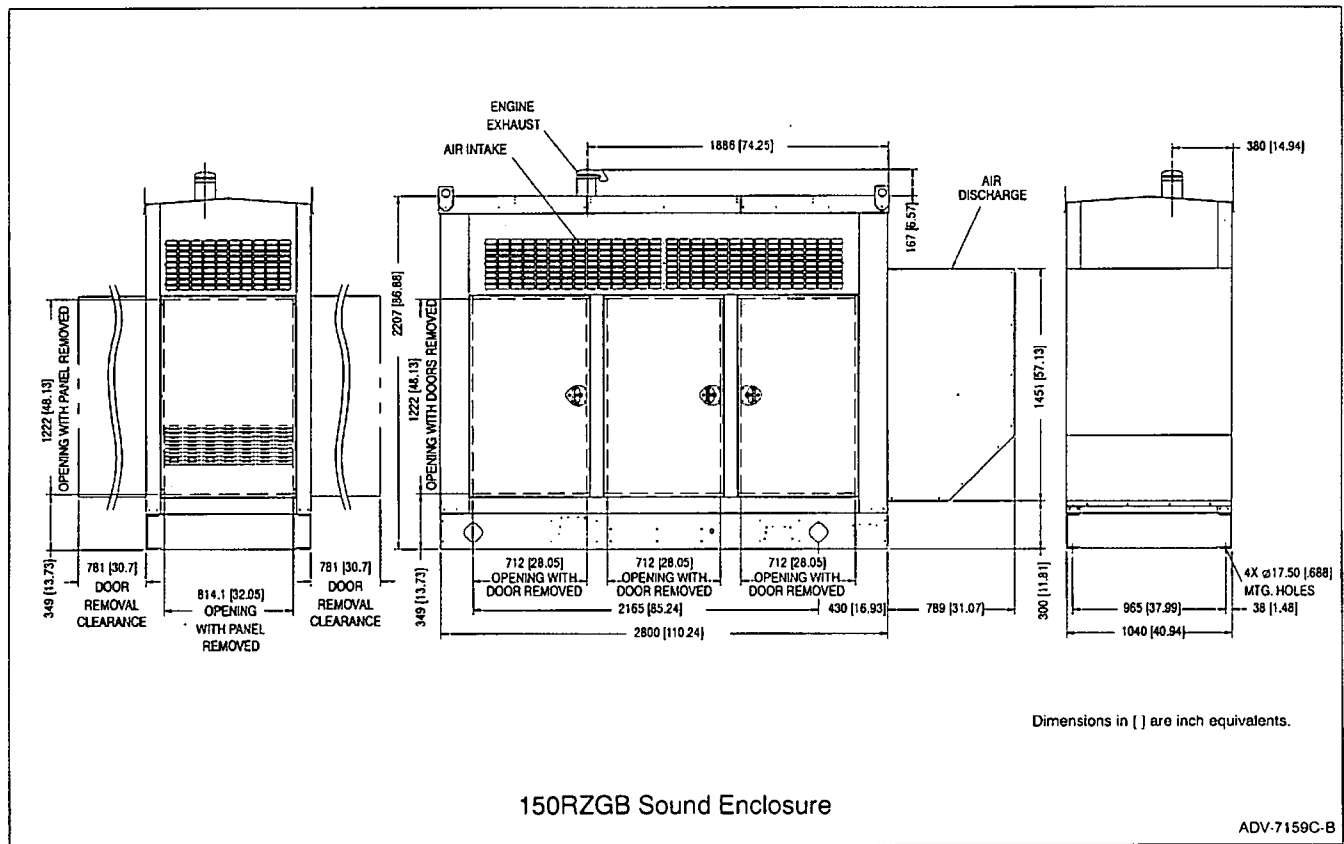
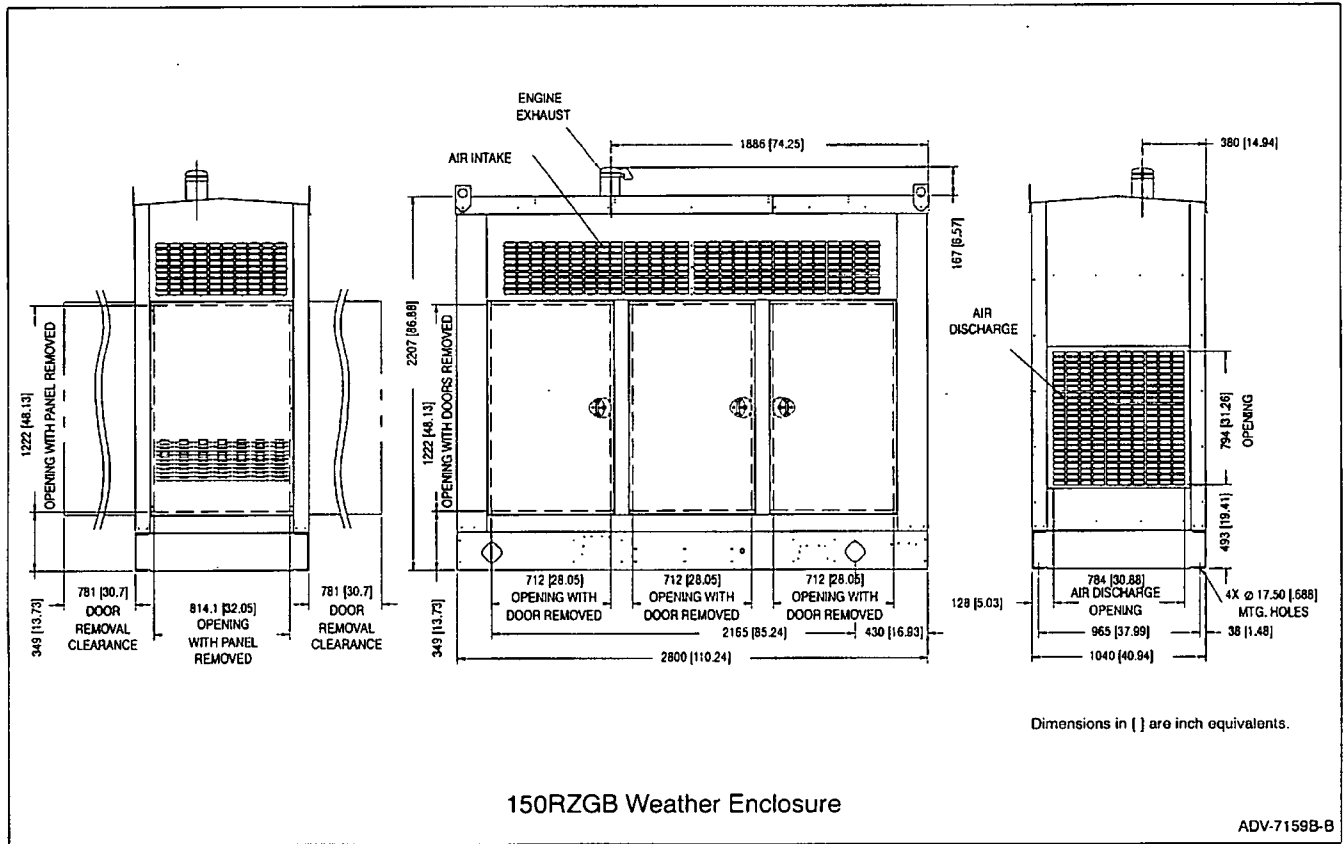
* Estimated values

Weather and Sound Enclosure Weights

Model	Alternator	Weather Enclosure				Sound Enclosure			
		Steel Housing		Aluminum Housing		Steel Housing		Aluminum Housing	
		Generator Set Weight (Wet) with Housing, kg (lb.)	Housing Only Weight, kg (lb.)	Generator Set Weight (Wet) with Housing, kg (lb.)	Housing Only Weight, kg (lb.)	Generator Set Weight (Wet) with Housing, kg (lb.)	Housing Only Weight, kg (lb.)	Generator Set Weight (Wet) with Housing, kg (lb.)	Housing Only Weight, kg (lb.)
25B	All	793 (1745)	284 (625)	657 (1445)	147 (325)	852 (1875)	343 (755)	702 (1545)	193 (425)
30B	4P5W/4P5	816 (1795)		680 (1495)		875 (1925)		725 (1595)	
30B	4P7BW/4P7B	857 (1885)		720 (1585)		916 (2015)		766 (1685)	
30	All	841 (1850)		703 (1550)		900 (1980)		748 (1650)	
35	All	850 (1871)		714 (1571)		910 (2001)		758 (1671)	
45	4P7BW/4P7B	887 (1951)		749 (1651)		946 (2081)		794 (1751)	
45	4P8W/4P8/ 4Q10W/4Q10	903 (1986)		765 (1686)		962 (2116)		810 (1786)	
50B	All	998 (2195)		860 (1895)		1057 (2325)		905 (1995)	
60	4P10Q/ 4P10	1041 (2290)		903 (1990)		1100 (2420)		948 (2090)	
60	4S7W/4S7/ 4V7W/4V7	1099 (2418)		961 (2118)		1158 (2548)		1006 (2218)	
80	All	1407 (3095)	305 (670)	1259 (2775)	159 (350)	1466 (3225)	364 (800)	1315 (2900)	215 (475)
100	All								
125	All								
150	All	1846 (4070)	417 (920)	—	—	1996 (4400)	567 (1250)	—	—







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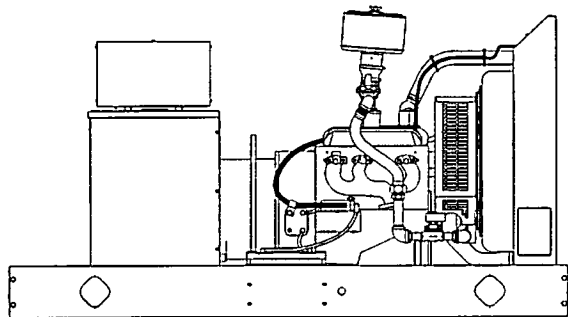
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Residential/Commercial Generator Sets

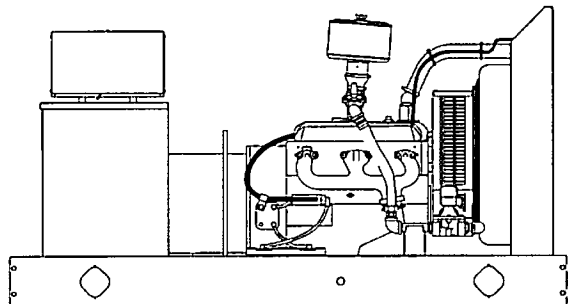
KOHLER POWER SYSTEMS

35-95 kW Gas

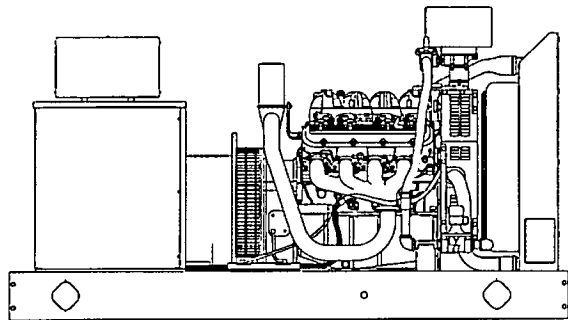
9001
IS KOHLER
POWER SYSTEMS
NATIONALLY REGISTERED



35/45RZG-RES



50RZGB-RES/60RZG-RES



80/100RZG-RES

35-100RZG-RES, 50RZGB-RES

Standard Features

- Kohler Co. provides one-source responsibility for the generating system and accessories.
- The generator set and its components are prototype-tested, factory-built, and production-tested.
- A one-year limited warranty covers all systems and components. Two-, five-, and ten-year extended warranties are also available.
- Alternator features:
 - Kohler's unique Fast-Response™ excitation system delivers the fastest voltage response in the industry.
 - Kohler's permanent magnet excited generator (PMG) provides superior short-circuit capability.
 - All units are connected for 120/240 volt, 60 Hz, single-phase applications. All models have 12-volt engine electrical systems. See the respective model's specification sheet for additional information regarding engine and generator specifications.
 - All units are configured for operation with natural gas fuel. A field conversion kit for LP gas fuel is available as a loose accessory. **Note:** Line and/or safeguard circuit breaker substitution may be necessary to maintain UL listing. Contact your authorized distributor for correct circuit breaker sizing.

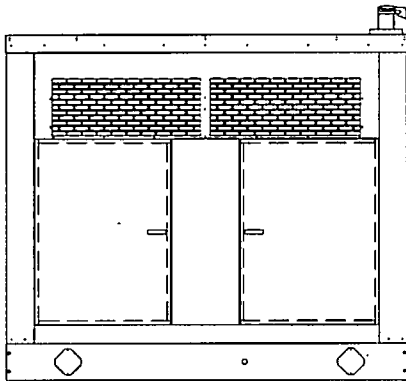
Other Features

- Battery rack and cables
- Block heater
- Decision-Maker™ 3+ 16-light controller (refer to G6-30 for additional controller features and accessories)
- Electronic, isochronous governor
- Gas fuel system includes fuel mixer, secondary gas regulator, gas solenoid valve, and flexible fuel line between the engine and the skid-mounted fuel system components
- Integral vibration isolation
- Line circuit breaker
- Low coolant level shutdown
- Oil drain extension
- Operation and installation manuals
- Safeguard circuit breaker
- Rodent guards
- UL listing
- Weather enclosure. Easily upgraded to a sound shield enclosure. See the weather enclosure specification sheet for more information.
 - Enclosed insulated critical silencer with tailpipe and rain cap.
 - Skid-mounted, corrosion-resistant construction with hinged and removable doors.
 - Fade-, scratch-, and corrosion-resistant Kohler cream beige and black finish.
 - Lockable, flush-mounted door latches.
 - Air inlet louvers and baffles that prevent rain and snow entry.
 - Pitched enclosure roof to prevent water accumulation.

Generator Set Ratings

Model	General Motors Engine	Generator Model	Voltage	Ph	Hz	Natural Gas				LP Gas			
						130°C Rise Standby Rating		105°C Rise Prime Rating		130°C Rise Standby Rating		105°C Rise Prime Rating	
						kW/kVA	Amps	kW/kVA	Amps	kW/kVA	Amps	kW/kVA	Amps
35RZG-RES	4.3 L	4Q5	120/240	1	60	38/38	158	34/34	142	38/38	158	34/34	142
45RZG-RES	4.3 L	4Q10	120/240	1	60	41/41	171	37/37	154	45/45	188	41/41	171
50RZGB-RES	5.0 L	4Q10	120/240	1	60	48/48	200	44/44	183	54/54	225	49/49	204
60RZG-RES	5.7 L	4V7	120/240	1	60	57/57	238	51/51	213	61/61	254	55/55	229
80RZG-RES	8.1 L	4V9	120/240	1	60	80/80	333	71/71	296	80/80	333	73/73	304
100RZG-RES	8.1 L	4V11	120/240	1	60	86/86	358	77/77	321	95/95	396	85/85	354

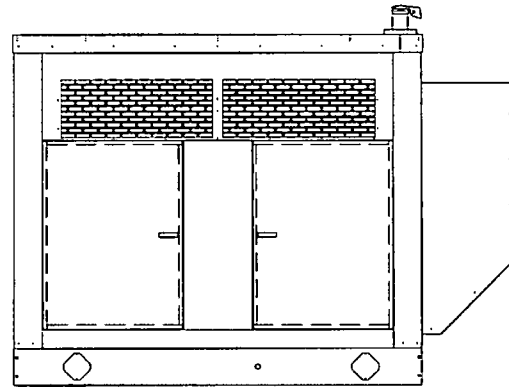
Weather and Sound Shield Enclosures



**35-60 kW Weather Enclosure
(standard)**

Overall Size, L x W x H, mm (in.): 2200 x 1040 x 2030
(86.6 x 40.9 x 80.0)

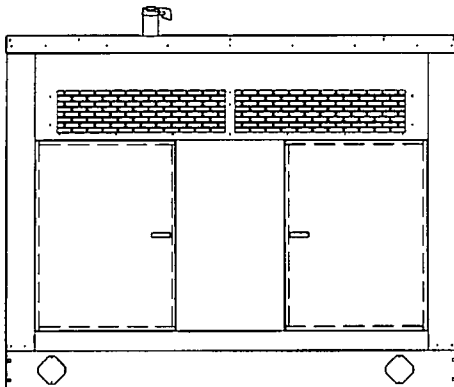
Weight (with generator set), wet, kg (lb.):
 35RZG-RES 874 (1926)
 45RZG-RES 926 (2041)
 50RZGB-RES 1021 (2250)
 60RZG-RES 1122 (2473)



**35-60 kW Sound Shield Enclosure
(optional upfit kit required)**

Overall Size, L x W x H, mm (in.): 2708 x 1040 x 2030
(106.6 x 40.9 x 80.0)

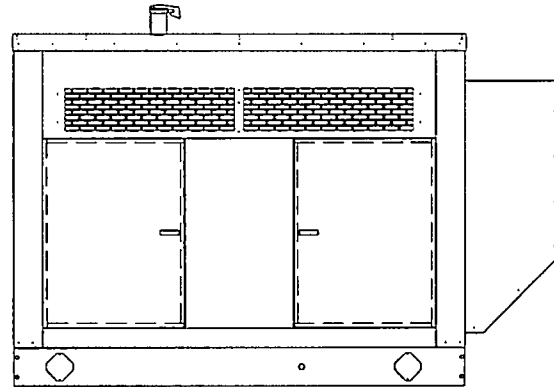
Weight (with generator set), wet, kg (lb.):
 35RZG-RES 933 (2056)
 45RZG-RES 985 (2171)
 50RZGB-RES 1080 (2380)
 60RZG-RES 1181 (2603)



**80/95 kW Weather Enclosure
(standard)**

Overall Size, L x W x H, mm (in.): 2400 x 1040 x 2028
(94.5 x 40.9 x 79.9)

Weight (with generator set), wet, kg (lb.): 1488 (3280)



**80/95 kW Sound Shield Enclosure
(optional upfit kit required)**

Overall Size, L x W x H, mm (in.): 2908 x 1040 x 2028
(114.5 x 40.9 x 79.9)

Weight (with generator set), wet, kg (lb.): 1547 (3410)

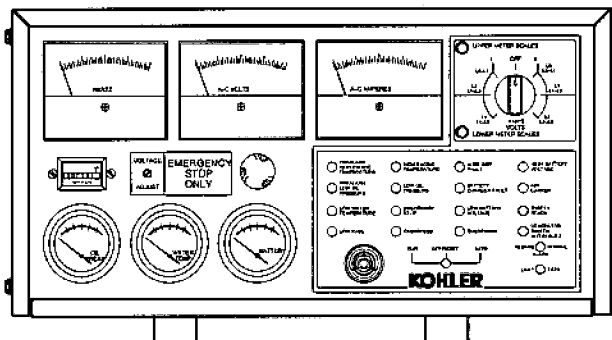
Alternator Specifications

Specification	Generator
Type	4-Pole, Rotating Field
Exciter type	Brushless, Permanent-Magnet, Fast-Response™
Leads, quantity	4
Voltage regulator	Solid-State, Volts/Hz
Insulation:	NEMA MG1-1.66
Material	Class H
Temperature rise	130° C, Standby
Bearing: number, type	1, Sealed
Coupling	Flexible Disc
Amortisseur windings	Full
Voltage regulation, no-load to full-load	±2%
One-step load acceptance	100% of Rating
Unbalanced load capability	100% of Rated Standby Current

Standard Features

- NEMA MG1, IEEE, and ANSI standards compliance for temperature rise and motor starting.
- Sustained short-circuit current of up to 300% of the rated current for up to 10 seconds.
- Sustained short-circuit current enabling downstream circuit breakers to trip without collapsing the alternator field.
- Self-ventilated and dripproof construction.
- Vacuum-impregnated windings with fungus-resistant epoxy varnish for dependability and long life.
- Superior voltage waveform from a two-thirds pitch stator and skewed rotor.
- Fast-Response™ II brushless alternator with brushless exciter for excellent load response.

Decision-Maker™ 3+ 16-Light Controller



Standard Features

See the controller specification sheet for more information.

- Dimensions, W x H x D 18.15 x 9.71 x 11.68 mm (461 x 247 x 297 in.)
- AC interlock to prevent starter reengagement with engine running
- DC circuit protection
- Error-proof wiring harness for electrical connections
- Panel lamps (2)
- Analog gauges, 51 mm (2 in.):
 - Pressure gauge, oil
 - Temperature gauge, engine water
 - Voltmeter, DC battery
- Analog meters, 89 mm (3.5 in.):
 - AC ammeter, 2% of full-scale accuracy
 - AC voltmeter, 2% of full-scale accuracy
 - Frequency meter, 0.5% of full-scale accuracy

- Prealarm indicators:
 - Auxiliary (multiple function) (red)
 - Battery charger (red)*
 - Fuel, low pressure (red)*
 - Pressure, low oil (yellow)*
 - Temperature, low engine (red)*
 - Temperature, high engine (yellow)*
 - Voltage, high battery (yellow)*
 - Voltage, low battery (red)*
- Shutdown indicators:
 - Auxiliary (multiple function) (red)*
 - Emergency stop (red)*
 - Level, low coolant (utilizes auxiliary indicator)
 - Overcrank (red)
 - Overspeed (red)
 - Pressure, low oil (red)
 - Temperature, high engine (red)
- Status indicator:
 - Generator switch not-in-auto (red)
 - System ready (green)
- Running time meter
- Switches and standard features:
 - Continuous or cyclic cranking
Cyclic cranking provides up to 45 seconds of continuous cranking or 75 seconds of cyclic cranking (crank 15 seconds, rest 15 seconds, crank 15 seconds, etc.). The crank disconnect speed is 390 rpm (13 Hz).
 - Horn, alarm (with silencing switch)
 - Shutdown, overvoltage protection
 - Start, remote 2-wire
 - Switch, lamp-test
 - Switch, meter range selector
 - Switch, run/off-reset/auto (engine start)
 - Timer, engine cooldown (5-minute fixed)
 - Voltage control, generator output voltage-adjusting (front panel mounted, +5% of nominal voltage)

* Requires optional kit or user-provided device to enable function and lamp indication.

Loose Accessories

The following accessories are available as loose accessories.

Housing System

- Weather to Sound Shield Enclosure Upfit
 (see Sound Shield Enclosure Data)

Fuel System

- Flexible Fuel Line
 (required when the generator set skid is spring mounted)
- Gas Strainer
- LP Gas Liquid Withdrawal
- Natural Gas to LP Gas Conversion
- Secondary Gas Solenoid Valve

Electrical System

- Battery
- Battery Charger, Equalize/Float Type
- Battery Heater

Engine and Generator

- Air Cleaner Restrictor Indicator
- Generator Strip Heater
- Line Circuit Breaker
 (may require resizing when unit is converted to LP fuel)
- Safeguard Circuit Breaker
 (may require resizing when unit is converted to LP fuel)

Literature and Maintenance

- General Maintenance Literature Kit
- Maintenance Kit (includes standard air, oil, and fuel filters)
- NFPA 110 Literature
- Overhaul Literature Kit
- Production Literature Kit

Transfer Switches

- Model RDT Transfer Switch, 100-400 Amp
- Model K Transfer Switch, 100-400 Amp
- MPAC-1000™ controller with real-time clock
 - Programmable settings and inputs/outputs
 - Modbus® communication

Modbus® is a registered trademark of Schneider Electric.

Availability is subject to change without notice. Kohler Co. reserves the right to change the design or specifications without notice and without any obligation or liability whatsoever. Contact your local Kohler® generator set distributor for availability.

Sound Shield Enclosure Data

Generator Set	Average dB(A) Sound Pressure (Re: 20µPa) at 7 m (23 ft.)
35RZG-RES	71
45RZG-RES	71
50RZGB-RES	71
60RZG-RES	72
80RZG-RES	75
100RZG-RES	75

Additional Literature

The following specification sheets provide additional information about the topics shown.

	Generator Set	Controller	Weather/ Sound Shield Enclosure	Transfer Switch
35RZG-RES	G4-74	G6-30	G6-52	G11-80 (Model KCT/KCP) G11-89 (Model KDT) G11-98 (Model RDT)
45RZG-RES	G4-75			
50RZGB-RES	G4-83			
60RZG-RES	G4-77			
80RZG-RES	G4-78			
100RZG-RES	G4-79			

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 13-38-41-009-000-00120-3 11 Oakwood Dr. Lot 12 Oakwood SubDn

GENERAL DESCRIPTION OF IMPROVEMENT: Install standby generator

OWNER NAME: David W & Ellizabeth M Almond
ADDRESS: 11 Oakwood Dr. Sewalls Pt Fl, 34996
PHONE NUMBER: 220-7910 FAX NUMBER: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: Electrical Connections by Milk
ADDRESS: 711 SE Osceola St Stuart Fl, 34994
PHONE NUMBER: 283-3390 FAX NUMBER: 283-5890

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

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

SIGNATORY'S TITLE/OFFICE _____
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 200__

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

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED DL # A455-179-45-37-4-0

Sheila Mabee
NOTARY SIGNATURE



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

[Signature]
(Signature of Natural Person Signing Above)

BY: K Wintercorn D.C.
DATE: 6/16/08
MARSHA EWING, CLERK

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK

INSTR # 2090358 OR BK 02334 PG 2516 RECD 06/16/2008 01:01:45 FT
Pg 2516 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK K Wintercorn

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 1-24, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<u>Tree</u>	<u>O'Donnell</u>	<u>Tree</u>	<u>PASS</u>	
<u>1</u>	<u>17 Periwinkle Cir</u> <u>OB</u>			INSPECTOR: <u>AM</u>
<u>8889</u>	<u>Falm Row</u>	<u>tie backed</u>	<u>FAIL</u>	
<u>130</u>	<u>120 Sewalls Anchors</u> <u>MR Hustle</u>			INSPECTOR: <u>AM</u>
<u>8898</u>	<u>Anchors</u>	<u>tie backed</u>	<u>FAIL</u>	
<u>130</u>	<u>3 Simara</u> <u>MR Hustle</u>	<u>anchors</u>		INSPECTOR: <u>AM</u>
<u>8928</u>	<u>Olmond</u>	<u>gas rough</u>	<u>PASS</u>	
	<u>11 Oakwood</u> <u>Elec done by Mike 408-3477</u>			INSPECTOR: <u>AM</u>
<u>8931</u>	<u>Topper</u>	<u>gas line</u>	<u>FAIL</u>	
	<u>22 Island Rd</u> <u>Ener Elec</u>	<u>electric</u>	<u>FAIL</u>	INSPECTOR: <u>AM</u>
		<u>OVERLOWN</u>		
	<u>24 FIELDWAY</u>	<u>0 PASS</u>		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:



TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 11 OAKWOOD

I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

OPEN FINAL

NEED WATERPROOF IN USE
COVER @ WATER HTL
TRIPLE TALLE

EXTEND GAS VENT 6'
FROM REGULATOR

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 8/11

INSPECTOR

DO NOT REMOVE THIS TAG

283-5890

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-11, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8867	6610 N 10 PALMETTO KEN WINTER	PLUMBING ELECTRIC FRAMING	RESCHEDULE FOR	WED <u>WED</u>
				INSPECTOR:
8961	Baker John A Sewalls Cappathuff	Final	RESCHEDULE FOR TUES	
				INSPECTOR:
8971	Olney 915 Sewalls NTS Qui	Final	PASS CLOSE	
				INSPECTOR: <i>AM</i>
8801	W. ... BB	ALL TRADE & USE	Duplicate	
				INSPECTOR:
8964	HB Assoc John 3766 SE Ocean Roofman	Final	Reschedule for	Tues
				INSPECTOR:
8928	Almond 11 Oakwood Elec Conn by Mike	Final	PASS	
				INSPECTOR: <i>AM</i>
	WOLSKEL			
				INSPECTOR:
OTHER: 8920	SKINNER 15 PALMETTO Tuscan Bay	ALL TRADES REINSPECT. WOW. BUCKS	PASS PASS	<i>AM</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-22 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9138	Lenahan	electric rough	FAIL	
² 9AM	7 Miramar OB	plumbing rough	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9132	O Steen	anchor post on back pouch	PASS	
1	1 Ridgeway Rd OB			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
CE		FENCE	WORK	ISSUED
	36 CASTLE HILL		w/o PERMIT.	S. N. O. INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8928	Quinn	Final	PASS	Close
	11 Oakwood Elec Conn by Mike			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9070	Frederick	Final	PASS	Close
	32 Sewalls Anicon			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9129	Applied Prop.	sub-sheathing	PASS	
	114 N Sewalls Libra			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

9736

AH CHANGEOUT



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

BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK
 A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9736	DATE ISSUED:	MARCH 10, 2011
SCOPE OF WORK:	AH CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	HONEST AIR		
PARCEL CONTROL NUMBER:	133841009-000-001203	SUBDIVISION	OAKWOOD - LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DR		
OWNER NAME:	ALMOND		
QUALIFIER:	MITCH MAZZILLI	CONTACT PHONE NUMBER:	232-1114

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

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

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

REQUIRED INSPECTIONS

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

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

287-2455

Town of Sewall's Point BUILDING PERMIT APPLICATION

9736
Permit Number: _____

Date: 3/10/11
 OWNER/TITLEHOLDER NAME: David Almond Phone (Day) 220-7910 (Fax) _____
 Job Site Address: 11 Oakwood Dr. City: Stuart State: FL Zip: 34996
 Legal Description: Oakwood Lot 12 Parcel Control Number: 13-38-41-009-000-00120-327850
 Owner Address (if different): SAME City: _____ State: _____ Zip: _____

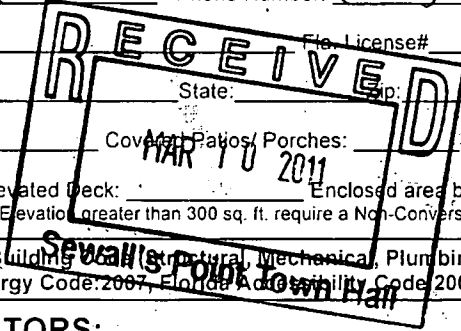
SCOPE OF WORK (PLEASE BE SPECIFIC): Air Handler Replacement

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 2130
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Honest AIR, INC Phone: 772-232-1114 Fax: 232-1118
 Qualifiers name: Mitchell MAZZILLI Street: 465 SW 34th St. City: Palm City State: FL Zip: 34990
 State License Number: CAC058508 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Mitch Mazzilli Phone Number: (772) 232-1114

DESIGN PROFESSIONAL: _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
 AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.



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

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER NOTORIZED SIGNATURE: (required per 7-3.035 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROFESSIONAL REQUIRED)
 X [Signature]
 State of Florida, County of: Manatee
 On This the 10 day of March
 by Elizabeth Almond who is personally
 known to me or produced FDH456-233-44-581-0
 As identification. Valerie Meyer
 Notary Public
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per 7-3.035 F.S.)
 X [Signature]
 State of Florida, County of: Manatee
 On This the 10th day of March
 by Mitchell Mazzilli
 known to me or produced FDH456-233-44-581-0
 As identification. Valerie Meyer
 Notary Public
 My Commission Expires: _____

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

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

generated on 3/10/2011 7:50:27 AM EST

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
13-38-41-009-000-00120-327850		11 OAKWOOD DR, SEWALL'S POINT	\$457,340	3/5/2011 8

Owner Information

Owner(Current)	ALMOND DAVID W & ELIZABETH M
Owner/Mail Address	11 OAKWOOD DR STUART FL 34996
Sale Date	06/15/2007
Document Number	2019718
Document Reference No.	2256 0957
Sale Price	675000

Location/Description

Account #	27850	Map Page No.	SP-05
Tax District	2200	Legal Description	OAKWOOD LOT 12
Parcel Address	11 OAKWOOD DR, SEWALL'S POINT		
Acres	.4930		

Parcel Type

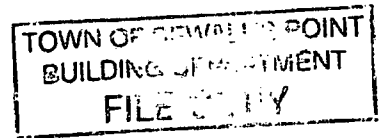
Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$195,800
Market Improvement Value	\$261,540
Market Total Value	\$457,340



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



Air Conditioning Change out Affidavit

Residential Commercial _____

Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No

Flushing Existing Refrigerant lines ___ Yes No - Adding Refrigerant Drier ___ Yes No

Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No

Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>Zhcon</u> Model# <u>R0HP-21050</u>	Condenser: Mfg _____ Model# _____
Volts <u>220</u> CFM's <u>1068</u> Heat Strip <u>7</u> Kw _____	Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps <u>36</u> Wire gauge <u>#6</u>	Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>	Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid _____ Suction _____
Refrigerant type <u>R-22</u>	Refrigerant type _____
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing _____ New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof _____
Access: <u>Thru closet</u>	Condensate Location _____

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: <u>Lennox</u> Model# _____	Condenser: Mfg _____ Model# _____
Volts <u>220</u> CFM's <u>1000</u> Heat Strip <u>7</u> Kw _____	Volts _____ SEER/EER _____ BTU's _____
Min. Circuit Amps <u>40</u> Wire gauge <u>#6</u>	Min. Circuit Amps _____ Wire-gauge _____
Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>	Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>	Ref. line size: Liquid _____ Suction _____
Refrigerant type <u>R-22</u>	Refrigerant type _____
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. _____ New _____
Attic/Garage/Closet (specify) <u>Attic</u>	Left/Right/Rear/Front/Roof _____
Access: <u>Thru closet</u>	Condensate Location _____

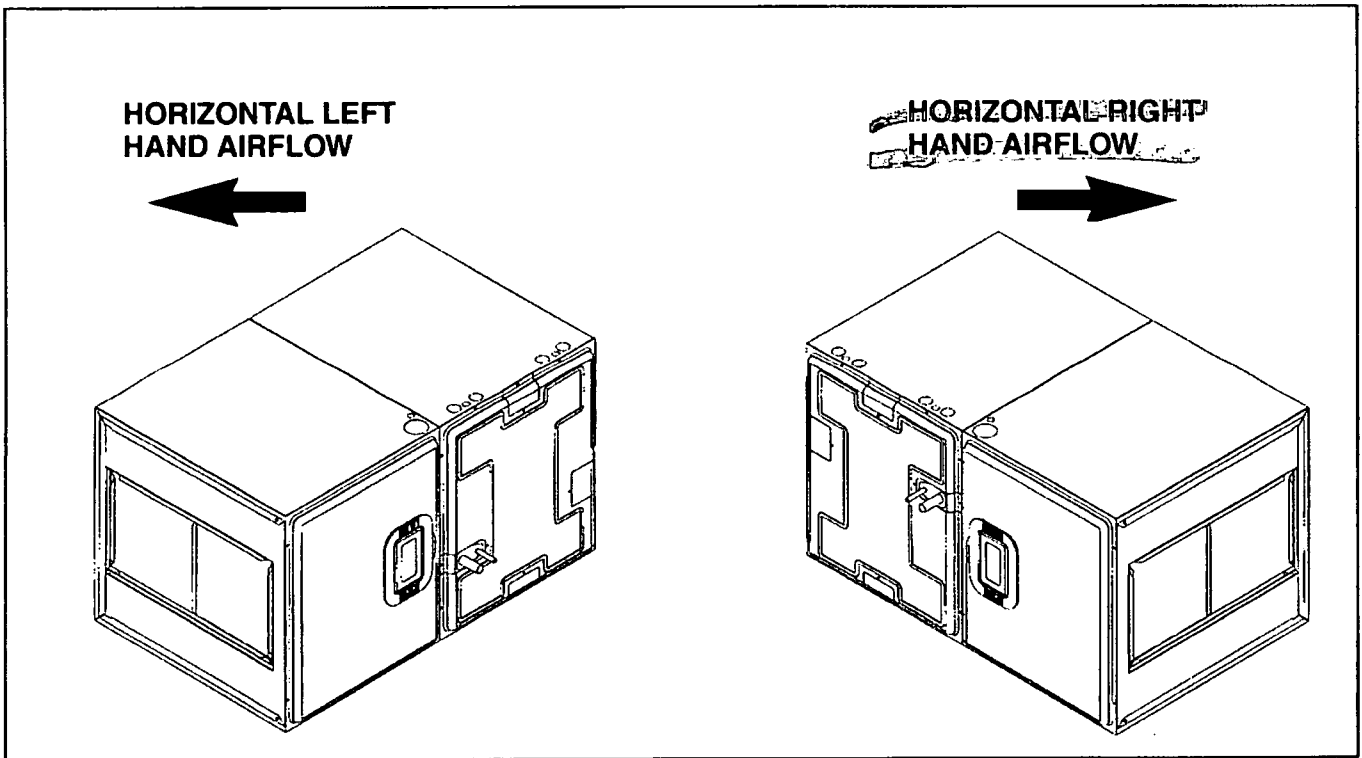
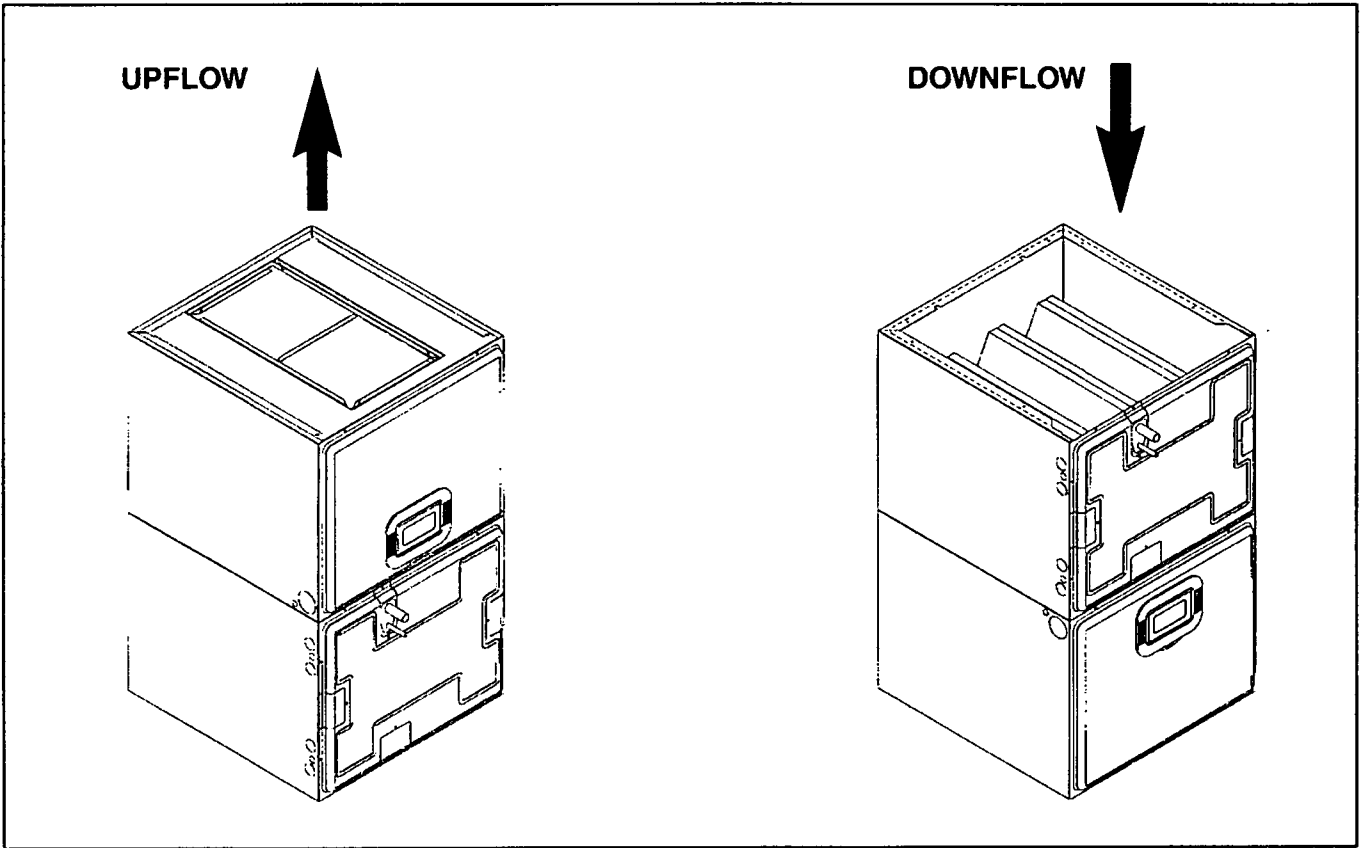
Certification:

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

[Signature]
 Signature

3/10/11
 Date

Airflow Directions



NOTE: Coil and blower section are always in a draw through configuration.

Airflow Performance Data

Model Cabinet Size	Tonnage	Electric Heaters	Blower Motor		CFM [L/s] (Watts)/External Static Pressure—Inches W.C. [kPa] with filter and Indoor Coil										
			Nominal Speed Tap	Volts	.10 [.02]	.20 [.05]	.30 [.07]	.40 [.10]	.50 [.12]	.60 [.15]	.70 [.17]	.80 [.20]	.90 [.23]	1.0 [.25]	
-17	1.5 Ton Air Flow	none	2	208/240	659 [311] (74)	625 [294] (80)	581 [274] (84)	539 [254] (88)	—	—	—	—	—	—	
		none	3	208/240	790 [372] (98)	759 [358] (105)	722 [340] (113)	687 [324] (119)	650 [306] (126)	615 [290] (131)	573 [270] (139)	552 [260] (145)	507 [239] (150)	460 [217] (155)	
		3 (max.)	2	208/240	649 [306] (79)	615 [290] (84)	571 [269] (88)	529 [249] (92)	—	—	—	—	—	—	
		3 (max.)	3	208/240	773 [365] (110)	736 [347] (113)	699 [330] (118)	677 [320] (126)	640 [302] (132)	605 [286] (141)	563 [266] (146)	542 [256] (154)	497 [235] (157)	450 [212] (162)	
		none	2	115	651 [307] (76)	627 [295] (82)	583 [275] (86)	541 [255] (90)	—	—	—	—	—	—	
		none	3	115	776 [366] (105)	743 [351] (109)	724 [342] (118)	687 [324] (122)	658 [311] (131)	617 [291] (136)	595 [281] (144)	555 [262] (148)	517 [244] (152)	460 [217] (162)	
	2.0 Ton Air Flow	none	4	208/240	844 [398] (141)	819 [386] (146)	799 [377] (155)	764 [360] (160)	—	—	—	—	—	—	
		none	5	208/240	958 [452] (162)	934 [440] (172)	914 [431] (176)	888 [419] (186)	855 [403] (189)	816 [380] (210)	785 [370] (204)	760 [358] (214)	708 [334] (223)	672 [317] (226)	
		3 (max.)	4	208/240	834 [393] (146)	809 [381] (150)	789 [372] (159)	754 [355] (164)	—	—	—	—	—	—	
		3 (max.)	5	208/240	946 [446] (179)	922 [435] (189)	902 [426] (193)	876 [413] (203)	843 [398] (206)	804 [380] (216)	773 [365] (221)	748 [353] (231)	696 [328] (240)	660 [311] (243)	
		none	4	115	846 [399] (143)	821 [387] (148)	801 [378] (157)	766 [361] (162)	—	—	—	—	—	—	
		none	5	115	964 [455] (167)	945 [446] (178)	914 [431] (181)	888 [419] (191)	861 [406] (196)	821 [387] (205)	787 [372] (210)	761 [359] (218)	726 [342] (220)	690 [326] (230)	
	-21	2.5-Ton Air Flow	none	2	208/240	1068 [504] (138)	1041 [491] (147)	1001 [472] (153)	972 [458] (161)	—	—	—	—	—	—
			none	3	208/240	1187 [560] (180)	1162 [548] (188)	1125 [530] (192)	1099 [518] (200)	1058 [499] (208)	1013 [478] (215)	982 [463] (223)	951 [448] (232)	899 [424] (234)	855 [403] (237)
4 (max.)			2	208/240	1035 [488] (143)	1007 [475] (152)	966 [455] (158)	936 [441] (169)	—	—	—	—	—	—	
4 (max.)			3	208/240	1157 [546] (182)	1132 [534] (192)	1095 [517] (198)	1069 [505] (209)	1028 [485] (218)	983 [464] (228)	952 [449] (239)	921 [435] (250)	869 [410] (255)	825 [389] (262)	
none			2	115	1070 [504] (138)	1043 [492] (147)	1004 [473] (153)	974 [459] (161)	—	—	—	—	—	—	
none			3	115	1138 [537] (175)	1113 [525] (186)	1075 [507] (191)	1053 [497] (203)	1004 [474] (210)	957 [451] (216)	932 [440] (226)	901 [425] (231)	855 [404] (242)	800 [378] (252)	
3.0 Ton Air Flow		none	4	208/240	1269 [598] (207)	1236 [583] (219)	1174 [554] (226)	1149 [542] (236)	—	—	—	—	—	—	
		none	5	208/240	1397 [659] (287)	1377 [649] (307)	1346 [635] (317)	1318 [622] (320)	1291 [609] (322)	1264 [596] (319)	1234 [582] (312)	1190 [561] (326)	1155 [545] (351)	1126 [531] (368)	
		4 (max.)	4	208/240	1241 [585] (222)	1208 [570] (234)	1174 [554] (241)	1149 [542] (251)	—	—	—	—	—	—	
		4 (max.)	5	208/240	1366 [645] (302)	1346 [635] (313)	1315 [621] (323)	1287 [608] (331)	1260 [595] (341)	1233 [582] (346)	1203 [568] (358)	1159 [547] (371)	1124 [530] (381)	1095 [517] (387)	
		none	4	115	1269 [598] (207)	1236 [583] (219)	1174 [554] (226)	1149 [542] (236)	—	—	—	—	—	—	
		none	5	115	1370 [646] (292)	1343 [634] (302)	1309 [618] (309)	1285 [607] (319)	1258 [594] (330)	1221 [576] (336)	1182 [558] (348)	1147 [542] (357)	1117 [527] (366)	1080 [510] (375)	

NOTES:

X-13 (ECM) NOTES (X-13 (ECM) Motor Speed Changes)

X-13 (ECM) Motors require no voltage change between 208 and 240 volts.

If application exceeds 0.5" of static, adjust the motor speed to the high static speed as described below:

All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed 2 (Low Static) and speed tab 3 (High Static) are lower tonnage. Speed tab 4 (Low Static) and Speed tab 5 (High Static) are for higher tonnage.

The lower static speed 2 (lower tonnage) and speed tab 4 (Higher tonnage) are used for external static below 0.5".

For external static exceeding 0.5", move the blue wire from the X-13 (ECM) motor to appropriate high static speed tab 3 (Lower tonnage) or speed tab 5 (Higher tonnage)

[] Designates Metric Conversions

Blower Motor Electrical Data: A Voltage (115V)

Model Size/Elec. Designation	Voltage	Phase	Hertz	HP [W]	RPM	Speeds	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17A00NH*	115	1	60	1/3 [249]	300-1100	5	3.3	5.0	15
RBHP-21A00NH*	115	1	60	1/2 [373]	300-1100	5	5.0	7.0	15
RBHP-24A00NH*	115	1	60	3/4 [559]	300-1100	5	5.8	8.0	15
RBHP-25A00NH*	115	1	60	3/4 [559]	300-1100	5	7.7	10.0	15

Blower Motor Electrical Data: J Voltage (208/240V)

Model Size/Elec. Designation	Voltage	Phase	Hertz	HP [W]	RPM	Speeds	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17J00NH*	208/240	1	60	1/3 [249]	300-1100	5	2.0	3.0	15
RBHP-21J00NH*	208/240	1	60	1/2 [373]	300-1100	5	3.1	4.0	15
RBHP-24J00NH*	208/240	1	60	3/4 [559]	300-1100	5	4.2	6.0	15
RBHP-25J00NH*	208/240	1	60	3/4 [559]	300-1100	5	5.7	8.0	15

Electric Heat Electrical Data

Model Elec./KW Designation	Heater KW Volts 208/240	PH/HZ	Heater No./KW & 240V	Type Supply Circuit Single Circuit Multiple Circuit	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	19.8/22.4	25/29	25/30
RBHP-17J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	27.5/31.2	35/39	40/40
RBHP-17J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	38.1/43.7	48/55	50/60
RBHP-21J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	20.9/23.5	27/30	30/30
RBHP-21J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	28.6/32.3	36/41	40/45
RBHP-21J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	39.2/44.8	49/56	50/60
RBHP-21J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	54.1/61.4	68/77	70/80
	5.3/7.0		2/3.5	Multiple Ckt. 1	28.6/32.3	36/41	40/45
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-24J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	22.0/24.6	28/31	30/35
RBHP-24J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	29.7/33.4	38/42	40/45
RBHP-24J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	40.3/45.9	51/58	60/60
RBHP-21J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	55.2/62.5	69/79	70/90
	5.3/7.0		2/3.5	Multiple Ckt. 1	29.7/33.4	38/42	40/45
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-21J18SH*	13.2/17.5	1/60	5/3.5	Single Circuit	67.7/77.1	85/97	90/100
	5.3/7.0		2/3.5	Multiple Ckt. 1	29.7/33.4	38/42	40/45
	7.9/10.5		3/3.5	Multiple Ckt. 2	38.0/43.8	48/55	50/60
RBHP-25J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	41.8/47.4	53/60	60/60
RBHP-25J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	56.7/64.0	71/81	80/90
	5.3/7.0		2/3.5	Multiple Ckt. 1	31.2/34.9	39/44	40/50
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-25J18SH*	13.2/17.5	1/60	5/3.5	Single Circuit	69.2/78.6	87/99	90/100
	5.3/7.0		2/3.5	Multiple Ckt. 1	31.2/34.9	39/44	40/45
	7.9/10.5		3/3.5	Multiple Ckt. 2	38.0/43.8	48/55	50/60
RBHP-25J21SH*	15.0/20.0	1/60	6/3.3	Single Circuit	77.8/89.0	98/112	100/125
	7.5/10.0		3/3.3	Multiple Ckt. 1	41.8/47.4	53/60	60/70
	7.5/10.0		3/3.3	Multiple Ckt. 2	36.1/41.7	46/53	50/60

Supply circuit protective devices may be fuses or "HACR" type circuit breakers. Largest motor load is included in single circuit and circuit 1 multiple circuit. If non-standard fuse size is specified, use next size larger standard fuse size.

[] Designates Metric Conversions

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **3-15-11** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9136	ADAM...	...	...	...
157	Honest Air			INSPECTOR <i>A</i>
	WILSON			215-5648-RON SVI
	40 N RIVER SVI	ALANNY FINAL	FRIDAY	INSPECTOR
9344	WOODS	PARTIAL		CANCEL
	32 E H. PRINT	FRAMING & TRAPES		
	CAPLON AUTO	2ND FLOOR		INSPECTOR
9683	SMARTI	PARTIAL		
	73 N. S. Pt. Rd	PRE-POUR	PASS	
	MOSLEY & SON	DRIVEWAY		INSPECTOR <i>A</i>
9722	Lebo	Final		
	27 Simara	Fence	PASS	CLOSE
	Stuart Fence			INSPECTOR <i>A</i>
9730	Terrero & Terrero	UNIT 201		
after 130	3601 E. Ocean	Final AC	PASS	CLOSE
	Krauss & Crane			INSPECTOR <i>A</i>
9733	GUSTAFSON	FRAME ROUGH		
	17 PRM	ELEC.	PASS	
	ERNE CARTER			INSPECTOR <i>A</i>

10108

PAVER DRIVEWAY



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10108	DATE ISSUED:	MAY 25, 2012
SCOPE OF WORK:	PAVER DRIVEWAY		
CONTRACTOR:	ENCOMPASS BRICK PAVERS		
PARCEL CONTROL NUMBER:	133841009-000-001203	SUBDIVISION	OAKWOOD - LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DR		
OWNER NAME:	ALMOND		
QUALIFIER:	JAMES YOUNG JR	CONTACT PHONE NUMBER:	463-6574

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

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

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

INSPECTIONS

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

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

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

Permit Number: 10108

Date: 5/23/12

OWNER/LESSEE NAME: DAVID ALMOND Phone: (Day) 772-320-7910 (Fax) _____
 Job Site Address: 11 OAKWOOD DR City: SEWALL'S POINT State: FL Zip: 34996
 Legal Description: DAWWOOD LOT 12 PB 8, PAGE 53 Parcel Control Number: 13-38-41-009000-001203
 Fee Simple Holder Name: N/A Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

(SAME FOR SAME)

SCOPE OF WORK (PLEASE BE SPECIFIC): REMOVAL OF 700^{sq} SOLB/CONCRETE & REPLACE W/ BRCK PAVERS

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

COST AND VALUES (Required on ALL permit applications)
 Estimated Value of Improvements: \$16,420
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: ENCOMPASS BRICK PAVERS Phone: 772-463-6574 Fax: _____

Qualifiers name: JAMES J Young JR Street: 5011 SE LISBON CIRCLE City: STUART State: FL Zip: 34997

State License Number: _____ OR: Municipality: _____ License Number: MCB5670

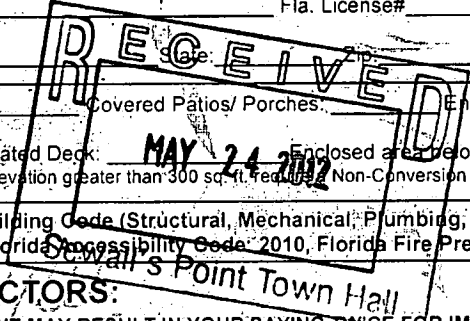
LOCAL CONTACT: JAMES J Young JR Phone Number: 561 714 0218

DESIGN PROFESSIONAL: N/A Fla. License# _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require Non-Conversion Covenant Agreement.

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



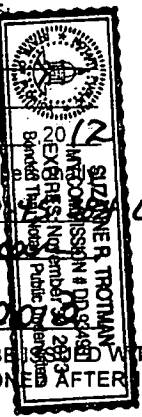
WARNINGS TO OWNERS AND CONTRACTORS:

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

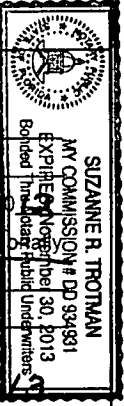
***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *****

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

OWNER (AGENT/LESSEE - NOTARIZED SIGNATURE):
 X _____
 State of Florida, County of: MARTIN
 On This the 23RD day of MAY
 by DAVID ALMOND who is known to me or produced FL DL # A455-179
 As identification: Suzanne R Trojman
 Notary Public
 My Commission Expires: NOVEMBER 30, 2018



CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X James J Young Jr
 State of Florida, County of: MARTIN
 On This the 23RD day of MAY
 by JAMES J Young Jr who is known to me or produced _____
 As identification: Suzanne R Trojman
 Notary Public
 My Commission Expires: NOVEMBER 30, 2013



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

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 5/24/2012 12:15:20 PM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-009-000-00120-3	27850	11 OAKWOOD DR, SEWALL'S POINT	\$445,600	5/19/2012

Owner Information

Owner(Current)	ALMOND DAVID W & ELIZABETH M
Owner/Mail Address	11 OAKWOOD DR STUART FL 34996
Sale Date	6/15/2007
Document Book/Page	2256 0957
Document No.	2019718
Sale Price	675000

Location/Description

Account #	27850	Map Page No.	SP-05
Tax District	2200	Legal Description	OAKWOOD LOT 12
Parcel Address	11 OAKWOOD DR, SEWALL'S POINT		
Acres	.4930		

Parcel Type

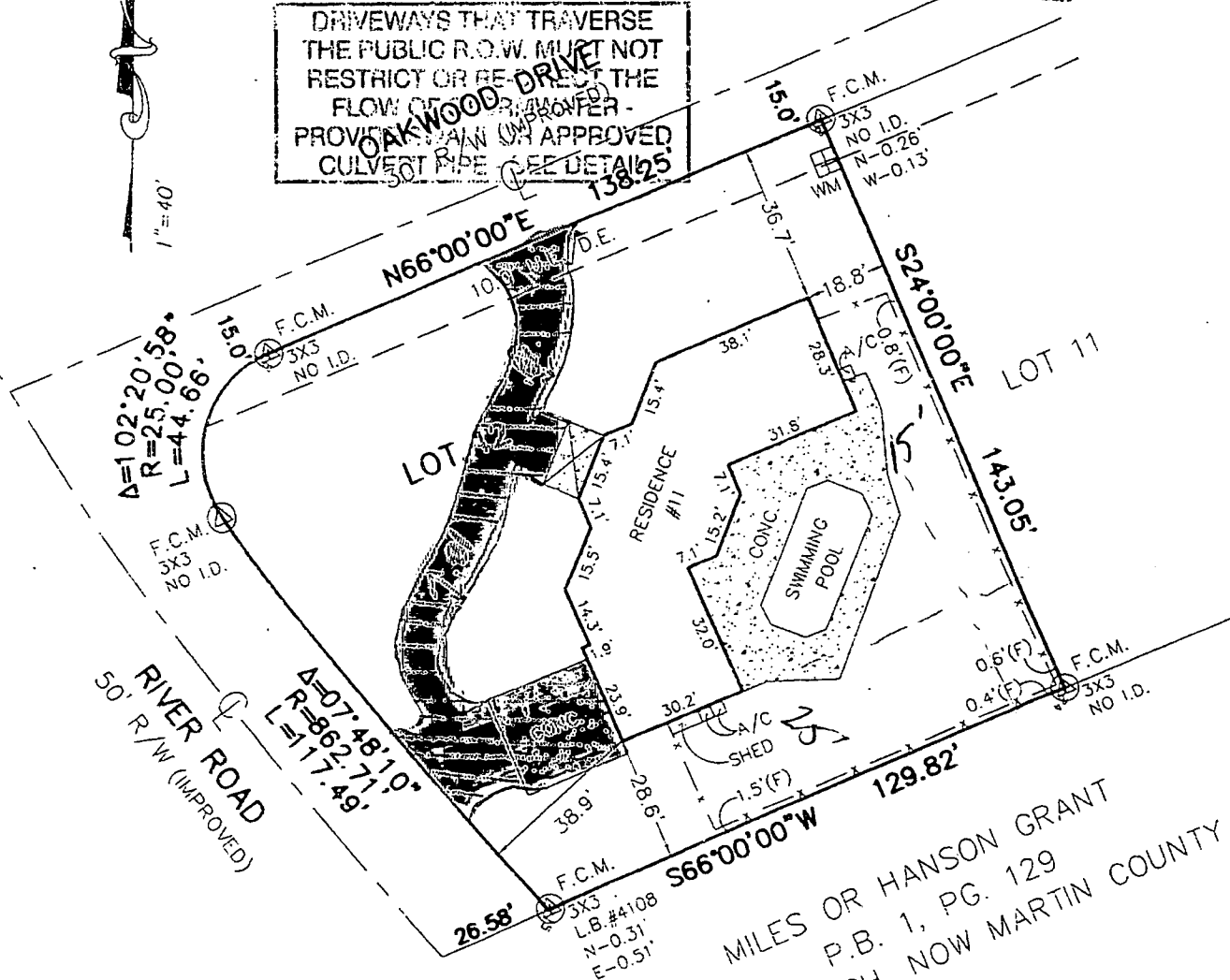
Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$192,500
Market Improvement Value	\$253,100
Market Total Value	\$445,600

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

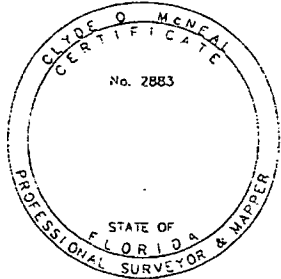
DRIVEWAYS THAT TRAVERSE
THE PUBLIC R.O.W. MUST NOT
RESTRICT OR REDUCE THE
FLOW OF WATER -
PROVIDE AN APPROVED
CULVERT PIPE (SEE DETAILS)



MILES OR HANSON GRANT
P.B. 1, PG. 129
PALM BEACH, NOW MARTIN COUNTY

BOUNDARY SURVEY

PAGE 2 OF 2 PAGES

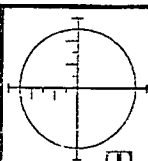


SURVEYORS CERTIFICATION:
I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY
IS A TRUE AND CORRECT REPRESENTATION OF A
SURVEY PREPARED UNDER MY DIRECTION.
NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC
SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL
OR A RAISED EMBOSSED SEAL AND SIGNATURE.

(SIGNED) Clyde McNeal

Digitally signed by Clyde
McNeal
DN: CN = Clyde McNeal, C =
US, O = Target Surveying, Inc.
Date: 2007.04.10 15:38:36 -
04'06

CLYDE O. MCNEAL, PROFESSIONAL SURVEYOR AND MAPPER #2883



SERVING
MOST FLORIDA COUNTIES

TARGET SURVEYING, INC.
LB #6135

5601 CORPORATE WAY SUITE 210
WEST PALM BEACH, FL 33407
PHONE (561) 640-4800
FACSIMILE (561) 640-0576

STATEWIDE NUMBERS
PHONE (800) 226-4807
FACSIMILE (800) 741-0576

LEGAL DESCRIPTION & CERTIFICATIONS

Lot 12, OAKWOOD according to the Plat thereof, as recorded in Plat Book 8, Page 53, of the Public Records of MARTIN County, Florida.

Community Number: 120164 Panel: 0162 Suffix: F Flood Zone: X Field Work: 4/6/2007

Certified To:

DAVID W. ALMOND AND ELIZABETH M. ALMOND; ATLANTIC TITLE, INC.; COMMONWEALTH LAND TITLE INSURANCE COMPANY; JP MORGAN CHASE BANK, N.A., its successors and/or assigns, as their interests may appear.

Property Address:

11 OAKWOOD DRIVE
STUART, FL 34996

Survey Number: 123589

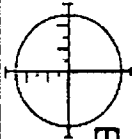
LEGEND

----	WOOD FENCE	Δ	CENTRAL ANGLE/DELTA
- - - -	WIRE FENCE	D.B.	DEED BOOK
F.M.	FOUND NAIL	D	DESCRIPTION OR DEED
•	PROPERTY CORNER	D.H.	DRILL HOLE
M	FIELD MEASURED	ESWT.	EASEMENT
C	CALCULATED	EL	ELEVATION
CL	CLEAR	F.F.	FINISHED FLOOR ELEVATION
ENCOR	ENCROACHMENT	F.C.M.	FOUND CONCRETE MOUNTMENT
CL	CENTERLINE	F.M.N.	FOUND "MAG" NAIL
CONC	CONCRETE	F.P.K.	FOUND PARKER-KALON NAIL
P	PROPERTY LINE	L	LENGTH
D/W	DRIVEWAY	L.A.E.	LIMITED ACCESS EASEMENT
F.I.R.	FOUND IRON ROD	M.H.	MANHOLE
F.I.P.	FOUND IRON PIPE	N.T.S.	NOT TO SCALE
R/W	RIGHT OF WAY	O.R.	OFFICIAL RECORDS
N&D	NAIL & DISC	O.R.B.	OFFICIAL RECORDS BOOK
D.E.	DRAINAGE EASEMENT	P.C.P.	PERMANENT CONTROL POINT
U.E.	UTILITY EASEMENT	P.R.M.	PERMANENT REFERENCE MONUMENT
FD	FOUND	PG	PAGE
P	PLAT	P.W.T.	PAVEMENT
ASPH	ASPHALT	P.B.	PLAT BOOK
O.H.L.	OVERHEAD UTILITIES	P.O.B.	POINT OF BEGINNING
P.P.	UTILITY POLE	P.O.C.	POINT OF COMMENCEMENT
TX	TRANSFORMER	P.O.L.	POINT ON LINE
CATV	CABLE RISER	P.C.	POINT OF CURVATURE
WM	WATER METER	P.R.C.	POINT OF REVERSE CURVATURE
TEL	TELEPHONE FACILITIES	P.C.C.	POINT OF COMPOUND CURVATURE
COV	COVERED AREA	P.T.	POINT OF TANGENCY
B.R.	BEARING REFERENCE	R.O.E.	ROOF OVERHANG EASEMENT
CH	CHORD	C.B.S.	CONCRETE BLOCK STRUCTURE
R	RADIUS (RADIAL)	N.G.V.D.	NATIONAL GEODETIC VERTICAL DATUM
N.R.	NON RADIAL	S.I.R.	SET IRON ROD & CAP
A/C	AIR CONDITIONER	S.P.K.	SET PARKER-KALON NAIL
B.M.	BENCH MARK	S/W	SIDEWALK
C.B.	CATCH BASIN	T.B.M.	TEMPORARY BENCH MARK
C	CALCULATED	T.O.B.	TOP OF BANK
#	NUMBER	TYP.	TYPICAL
CONC.	CONCRETE	W.C.	WITNESS CORNER
&	AND	S.S.	SHOP SPIKE
E.O.W.	EDGE OF WATER	W.F.	WOOD FENCE
F.H.	FIRE HYDRANT	W.	WASHER
C.L.F.	CHAIN LINK FENCE	W. 50	EXISTING ELEVATION

GENERAL NOTES:

- 1) LEGAL DESCRIPTION PROVIDED BY OTHERS
- 2) UNDERGROUND PORTIONS OF FOOTINGS, FOUNDATIONS OR OTHER IMPROVEMENTS WERE NOT LOCATED.
- 3) WALL TIES ARE TO THE FACE OF THE WALL.
- 4) NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL, OR A RAISED EMBOSSED SEAL AND SIGNATURE.
- 5) ONLY VISIBLE ENCROACHMENTS LOCATED.
- 6) NO IDENTIFICATION FOUND ON PROPERTY CORNERS UNLESS NOTED.
- 7) PROPERTY LINE DIMENSIONS SHOWN ARE PLAT AND MEASURED UNLESS OTHERWISE SHOWN.
- 8) FENCE OWNERSHIP NOT DETERMINED.
- 9) ELEVATIONS INDICATED HEREON ARE IN FEET AND DECIMALS REFERENCED TO N.G.V.D. 1929.
- 10) BEARINGS REFERENCED TO LINE NOTED AS O.R.
- 11) IN SOME INSTANCES, GRAPHIC REPRESENTATIONS HAVE BEEN EXAGGERATED TO MORE CLEARLY ILLUSTRATE RELATIONSHIPS BETWEEN PHYSICAL IMPROVEMENTS AND/OR LOT LINES. IN ALL CASES, DIMENSIONS SHALL CONTROL THE LOCATION OF THE IMPROVEMENTS OVER SCALED POSITIONS.
- 12) THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS OR OTHER RECORDED ENCUMBRANCES NOT SHOWN ON THE PLAT.

PAGE 1 OF 2 PAGES



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MOST FLORIDA COUNTIES

TARGET SURVEYING, INC.

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STATEWIDE NUMBERS
PHONE (800) 226-4807
FACSIMILE (800) 741-0576

NOTICE OF COMMENCEMENT

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

PERMIT #: _____ TAX FOLIO #: 13 38 41 009 000 00120 3

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 11 OAKWOOD DR SEWALLS POINT, FL 34996
OAKWOOD, LOT 12, PB 8, PAGE 53, MARTIN COUNTY, FL

GENERAL DESCRIPTION OF IMPROVEMENT: REMOVAL OF 2760^{sq ft} OF STONES & CONCRETE & REPLACE W/ BRICK PAVERS (SAME FOR SAME)

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

NAME: DAVID ALMOND
ADDRESS: 11 OAKWOOD DR SEWALLS POINT, FL 34996
PHONE NUMBER: 772 320-1910 FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

N/A

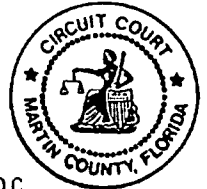
CONTRACTOR: ENCOMPASS BRICK PAVERS

ADDRESS: 504 SE LISBON CIRCLE STUART, FL 34998 STATE OF FLORIDA
PHONE NUMBER: 888 714 0218 FAX NUMBER: _____ MARTIN COUNTY

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

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

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



LENDER/MORTGAGE COMPANY: N/A

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

BY: [Signature] D.C.
DATE: 5-24-12

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

NAME: N/A
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

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

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

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

SIGNATORY'S TITLE/OFFICE OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23RD DAY OF MAY, 2012

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

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION X TYPE OF IDENTIFICATION PRODUCED FL DL #A455-179-45-384-0

Suzanne B. Trotman
NOTARY SIGNATURE/ SEAL



INSTR # 2332753 OR BK 02578 PG 2860 RECD 05/24/2012 10:40:58 AM
Pg 2860 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK & Phone



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

**RIGHT OF WAY DRIVEWAY COVENANT
 FOR MATERIAL OTHER THAN BROOM FINISHED CONCRETE OR ASPHALT**

STATE OF FLORIDA PERMIT NUMBER _____
 COUNTY OF MARTIN

THIS COVENANT, made by DAVID ALMOND and legal owners

(hereinafter "The Owners") of the property described as: Lot 12, Block _____, according to the Plat of
OAKWOOD, as recorded in Plat Book 8, Page 53, of the Public Records of Martin County,

Florida, also known as 11 OAKWOOD DR, SEWALL'S POINT, FL 34996
 (Street address)

WHEREAS, the Owners have applied for a permit to construct a driveway of BRICK PAVERS construction, a portion of which will be constructed in the Town right-of-way, and such construction will not be of asphalt or regular broom finish concrete, typical for driveways in right-of-way, and such construction will not be of asphalt or regular broom finish concrete, typical for driveways in right-of-way authorized by the Town of Sewall's Point or of driveway materials which the Town constructs, repairs, or replaces when it performs activities in its rights-of ways; and

WHEREAS, the Owners desire to construct the driveway and wish to recognize that the Town of Sewall's Point shall have no responsibility to replace the driveway if it performs any activity on the right-of-way.

NOW THEREFORE, in return for the benefits that will accrue from the construction of their driveway, and in accordance with the criteria for permits for constructing driveways other than those types aforementioned through Land Covenant right-of-way, The Owners of the above described property hereby agree and covenant that the Town of Sewall's Point shall not bear any responsibility for replacement of such driveway located within the right-of-way on said property, should the need arise.

The Owners agree and covenant that the cost of replacement of the driveway, if required, will be borne by the Owners, their heirs, assigns and successors. This Covenant shall run with the land.

[Signature]
 OWNER SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23RD DAY OF MAY

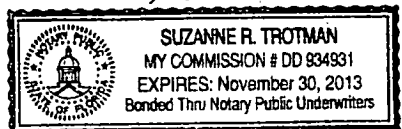
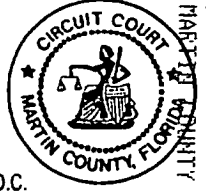
BY DAVID ALMOND

PERSONALLY KNOWN _____ OR PRODUCED ID X

TYPE OF ID FL DL #A455-179-45-384-0

Suzanne B. Trofman
 NOTARY SIGNATURE

STATE OF FLORIDA
 MARTIN COUNTY
 THIS IS TO CERTIFY THAT THE
 FOREGOING 1 PAGES IS A TRUE
 AND CORRECT COPY OF THE ORIGINAL.
 20 12 MARSHA EWING, CLERK
 BY: [Signature] D.C.
 DATE: 5-24-12



THIS COVENANT MUST BE RECORDED AT THE CLERK'S OFFICE AND THE RECORDED COPY SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO ISSUING CERTIFICATE OF OCCUPANCY OR FINAL DRIVEWAY INSPECTION.

INSTR # 2332754 DR BK 02578 PG 2861 RECD 05/24/2012 10:40:58 AM
 Pg. 2861 of (109)
 MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-11-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10093	Chicky 5 Kmaules Pinnacle Roof.	Final roof	Cancel	
		ladder e rear of garage		INSPECTOR
10095	Gould 485 Sewalls Crist	rough plumbing UNDERGROUND	PASS	INSPECTOR <i>[Signature]</i>
10101	Spanfi 3601 SE Ocean A Worrell Bldg.	wall rough PRELIM	PASS	INSPECTOR <i>[Signature]</i>
10098	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Encampars Powers			INSPECTOR <i>[Signature]</i>
Tree	Dayton 14 Bnm Co	TREE	OK	INSPECTOR
10092	Hart 14 RIO VISTA Apert Powers	PUMPS UND ELECT	PASS	INSPECTOR <i>[Signature]</i>
10099	Lerner 37 E. HIGH PT T.C. Fence	FENCE FINAL	PASS	CLOSE INSPECTOR <i>[Signature]</i>

10816

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10816	DATE ISSUED:	3/27/2014
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	HONEST AIR, INC.		
PARCEL CONTROL NUMBER:	13384100900001203	SUBDIVISION	OAKWOOD LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DIRVE		
OWNER NAME:	BONNEY		
QUALIFIER:	MITCH MASSILLI	CONTACT PHONE NUMBER:	772 232-1114

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

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

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

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

INSPECTIONS

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

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

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

Date: 3/25/14 Permit Number: 10816
 OWNER/LESSEE NAME: George Bonney Phone (Day) 210-6953 (Fax) _____
 Job Site Address: 11 Oakwood DR City: Sewall's Point State: FL Zip: 34996
 Legal Description: Oakwood Lot 12 Parcel Control Number: 13-38-41-009-000-00/20-3
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 436574
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10: AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Honest Air, Inc. Phone: 232-1114 Fax: 232-1118
 Qualifiers name: Match Mazzilli Street: 12105 SW 34th TERR City: Palm City State: FL Zip: 34990
 State License Number: CAC 058508 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: Penny Mazzilli Phone Number: 232-1114
DESIGN PROFESSIONAL: N/A Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

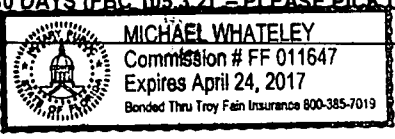
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: _____
 On This the 5 day of _____, 2014
 by _____ who is personally
 known to me or produced _____
 As identification, _____
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X Match Mazzilli
 State of Florida, County of: Martin
 On This the 25th day of March, 2013
 by Match Mazzilli who is personally
 known to me or produced _____
 As identification, Match Mazzilli
 Notary Public
 My Commission Expires: 4/24/17

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





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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10816		
ADDRESS:	11 OAKWOOD DRIVE		
DATE ISSUED:	3/27/2014	SCOPE OF WORK:	AC CHANGEOUT

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
---	----------------	----	--

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,365.74
Total number of inspections: @ \$ 100.00 per insp. # insp	\$ 1.00	\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)	\$	\$	2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)	\$	\$	2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00

TOTAL ACCESSORY PERMIT FEE:	\$	109.00
------------------------------------	----	--------

*Pd 3/27/14
CK 2938*



Lic.# CAC058508

1265 SW 34th Terrace, Palm City, FL 34990
 Ph (772) 232-1114 Fx (772) 232-1118

Estimate

Date: 03-24-14

Name of Tech: Sean

Name: M/M Ronney

Address: 11 ARKWOOD DR.
 STUCUT FL 34997

Email Address: RPOCONETIC@V4100.COM

Phone: _____

Alt. Phone _____

Replace Existing A/C Equipment with one of the following:

Choose your investment	Option #1	Option #2	Option #3
Equip. Brand:	RHEEM	RHEEM	RHEEM
Size & SEER:	2 1/2 ton 14seer	2 1/2 Ton 16seer	3 Ton 18seer
Cost of Equip:	\$3878.17	\$4808.00	\$6999.24
FPL Rebate:	(165.00)	(500.00)	(880.00)
Add'l Credits: <u>ATTIC MOUNT</u>	(450.00)	(450.00)	(450.00)
Add'l investment <u>CU PAD</u>	202.57	202.57	202.57
Extended Labor Investment			
Total Investment:	\$365.74	\$4960.57	\$6771.81
Warranty:	10yr All Parts 1yr Limited Labor	10yr All Parts 1yr Limited Labor	10yr all parts 1yr Limited Labor

Note I: Price good for 30 days from date stated above.

Note II: If paid by Credit Card, there will be an additional 2% charge added to total investment

Note III: Preventative Maintenances must be performed on system every 6 months, or labor warranty will be voided.

Installation includes:

Indoor/outdoor units, permit's, Delivery, Installation
 old Equipment Removal / clean-up

Pad for CU
 Pan

I accept price and scope of work above:

George Ronney / Karen Ronney
 Customer Signature

By signing this agreement you agree to pay stated price above for the option chosen, and scope of work listed and/or equipment listed, the same day the work is performed. No EXCEPTION!



HONEA-1

OP ID: LA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/13

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

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

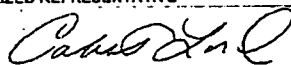
PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Cabot W. Lord, CIC.	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Old Dominion Insurance Company</td> <td>40231</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Old Dominion Insurance Company	40231	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :															
INSURER F :															
INSURED Honest Air Inc 1465 SW 34th Street Palm City, FL 34990															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MPG92792	11/07/13	11/07/14	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER TOWSP-1 Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

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2013-2014 **MARTIN COUNTY ORIGINAL**
BUSINESS TAX RECEIPT

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

ACCOUNT 2001-520-0066 CERT CAC058508

PHONE (772) 232-1114 SIC NO 333319

LOCATION:
1465 SW 34TH ST PC

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR	S	<u>.00</u>	LIC. FEE	S	<u>26.25</u>
	S	<u>.00</u>	PENALTY	S	<u>.00</u>
	S	<u>.00</u>	COL. FEE	S	<u>.00</u>
	S	<u>.00</u>	TRANSFER	S	<u>.00</u>
TOTAL		<u>26.25</u>			

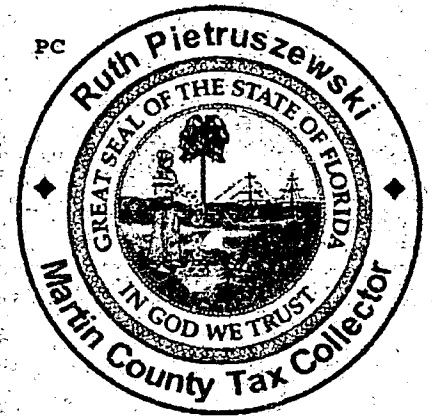
MAZILLI, MITCHELL
HONEST AIR, INC.
1265 SW 34TH ST
PALM CITY, FL 34990

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF AUGUST 2013
AND ENDING SEPTEMBER 30, 2014

801 2012 06302.0001 PAID



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

AC# 6174634

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12062600568

DATE	BATCH NUMBER	LICENSE NBR
06/26/2012	118194407	CAC058508

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

MAZZILLI, MITCHELL
HONEST AIR INC
1465 SW 34TH STREET
PALM CITY

FL 34990

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/17/2013

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

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

PRODUCER
PAYCHEX INSURANCE AGENCY, INC.
150 SAWGRASS DRIVE
ROCHESTER, NY 14620

CONTACT NAME: Paychex Insurance Agency Inc
PHONE (A/C, NO. EXT): 877-266-6850 **FAX (A/C, No):** 585-389-7426
E-MAIL ADDRESS: Certs@paychex.com

INSURED
Paychex Business Solutions, Inc.
Honest Air Inc
911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625-0397

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ILLINOIS NATIONAL INSURANCE COMPANY	23817
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			013255888	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	\$ 1,000,000.00
							E.L. EACH ACCIDENT	\$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.
Client Inception Date with PBS is 09/25/2013

CERTIFICATE HOLDER

Town of Sewalls Point
1 South Sewalls Point Rd
Sewalls Point, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Monique M. R. [Signature]

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

generated on 3/27/2014 9:57:51 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-009-000-00120-3	27850	11 OAKWOOD DR, SEWALL'S POINT	\$417,440	3/22/2014

Owner Information

Owner(Current)	BONNEY GEORGE E MOREY-BONNEY KAREN
Owner/Mail Address	11 OAKWOOD DR STUART FL 34996
Sale Date	12/27/2013
Document Book/Page	2695 1254
Document No.	2433375
Sale Price	543200

Location/Description

Account #	27850	Map Page No.	SP-05
Tax District	2200	Legal Description	OAKWOOD LOT 12
Parcel Address	11 OAKWOOD DR, SEWALL'S POINT		
Acres	.4930		

Parcel Type

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

Assessment Information

Market Land Value	\$181,500
Market Improvement Value	\$235,940
Market Total Value	\$417,440



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

Air Conditioning Change out Affidavit

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Residential Commercial _____

Package Unit ___ Yes No (Use Condenser side of form below for equipment listing)

Duct Replacement ___ Yes No - Refrigerant line replacement ___ Yes No

Flushing Existing Refrigerant lines ___ Yes No - Adding Refrigerant Drier Yes ___ No

Rooftop A/C Stand Installation ___ Yes No - Curb Installation ___ Yes No

Smoke Detector in Supply (over 2000 CFM) ___ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Pheem Model# RBHP21055H
 Volts 240 CFM's 1000 Heat Strip 7 Kw
 Min. Circuit Amps 41 Wire gauge #8
 Max. Breaker size 45 Min. Breaker size 41
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) attic
 Access: upstairs bedroom

Condenser: Mfg: Pheem Model# 13AJN30AD1
 Volts 240 SEER/EER 14/11.50 BTU's 28,000
 Min. Circuit Amps 25 Wire gauge #10
 Max. Breaker size 25 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof Rear - Pt. side of gar.
 Condensate Location _____

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Pheem Model# unknown
 Volts 240 CFM's 1000 Heat Strip 7 Kw
 Min. Circuit Amps 41 Wire gauge #8
 Max. Breaker size 45 Min. Breaker size 41
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) attic
 Access: upstairs bedroom

Condenser: Mfg: CARRIER Model# unknown
 Volts 240 SEER/EER unknown BTU's unknown
 Min. Circuit Amps 25 Wire gauge #10
 Max. Breaker size 25 Min. Breaker size 25
 Ref. line size: Liquid 3/8 Suction 3/4
 Refrigerant type R-22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof Rear - Pt. side of gar.
 Condensate Location _____

Certification:

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

[Signature]
 Signature

3/25/14
 Date



Certificate of Product Ratings

AHRI Certified Reference Number: 4525541

Date: 3/25/2014

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

Outdoor Unit Model Number: 13AJN30

Indoor Unit Model Number: RBHP-21+RCHL-36A1

Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name: RHEEM 13AJN SERIES

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

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

Cooling Capacity (Btuh):	28000
EER Rating (Cooling):	11.50
SEER Rating (Cooling):	14.00
IEER Rating (Cooling):	

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

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

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

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AIR-CONDITIONING, HEATING,
& REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.:

130402226866446145



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: G. Bonney Contractor name: Honest Air, Inc
 Street address: 11 Oakwood Dr. Jurisdiction: Martin City
 City: Stuart Permit No.: _____
 Zip: 34991 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 3/25/14
 Printed Name: Mitch Mazzei
 Contractor License #: CAC 058508

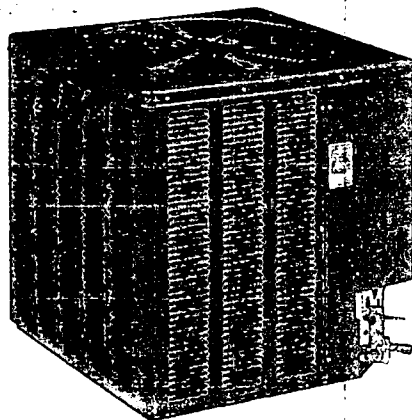
I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: [Signature] Date: _____
 Printed Name: _____



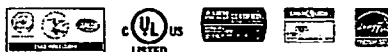
The new degree of comfort.™

Rheem Value Series Air Conditioners



13A(-)N- Series

Efficiencies up to 14.5 SEER/12 EER
Nominal Sizes 1.5-5 Ton [5.28 to 17.6 kW]
Cooling Capacities 16.6 to 58 kBTU
[4.86 to 17.0 kW]



"Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit www.energystar.gov."

- Outdoor air conditioner designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins.
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

TABLE OF CONTENTS

Model Features	3
Model Number Identification	4
Accessories.....	4
Scroll Compressor	4
Performance Data	5-21
Electrical & Physical Data	22
Unit Dimensions.....	23
Refrigerant Line Size Information	24
Limited Warranty	25

Model Features:

- Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)



Model Number Identification

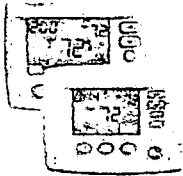
<u>13</u>	<u>A</u>	<u>*</u>	<u>N</u>
13 SEER	A = AIR CONDITIONER	VOLTAGE	DESIGN SERIES
		J = 208-230 SINGLE PHASE	N = 3RD DESIGN R-410A
		C = 200/230V-3-60	
		D = 460V-3-60	
		Y = 575V-3-60	

<u>18</u>	<u>A</u>	<u>01</u>
NOMINAL COOLING CAPACITY	CABINET	RHEEM VALUE SERIES
18 = 18,000 BTU/HR [5.28 kW]	A = FULL METAL JACKET	
24 = 24,000 BTU/HR [7.03 kW]		
30 = 30,000 BTU/HR [8.79 kW]		
36 = 36,000 BTU/HR [10.55 kW]		
42 = 42,000 BTU/HR [12.31 kW]		
48 = 48,000 BTU/HR [14.07 kW]		
60 = 60,000 BTU/HR [17.58 kW]		

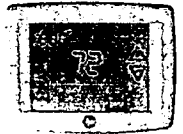
Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure

Thermostats

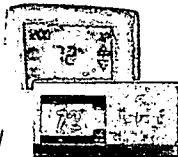


200-Series *
Programmable



300-Series *
Deluxe Programmable

400-Series *
Special Applications/
Programmable



500-Series *
Communicating/
Programmable

Brand	Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
RHC	TST	213	UN	MS
RHC=Rheem	TST=Thermostat	200=Programmable 300=Deluxe Programmable 400=Special Applications/ Programmable 500=Communicating/ Programmable	GE=Gas/Electric UN=Universal (AC/HP/GE) MD=Modulating Furnace DF=Dual Fuel CM=Communicating	SS=Single-Stage MS=Multi-Stage

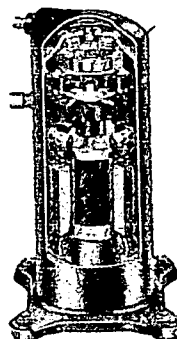
* Photos are representative. Actual models may vary.

For detailed thermostat match-up information,
see specification sheet form number T11-001.

Scroll® Compressor

The reliable scroll compressor is the key to efficiency for this Rheem model. It's the latest in high-efficiency compressor technology. The advanced scroll compressor offers low noise and vibration characteristics and features tolerance to liquid refrigerant and system contamination. The scroll compressor also has low start torque, reducing start problems in the field. And its unique design enables air conditioners to perform efficiently and quietly.

[] Designates Metric Conversions



Performance Data @ AHRI Standard Conditions—Cooling

Model Numbers		80°F [26.5°C] DB/67°F [19.5°C] WB Indoor Air 95°F [35°C] DB Outdoor Air					Sound Rating dB	Indoor CFM [L/s]
Outdoor Unit 13A(-)N	Indoor Coil and/or Air Handler	Total Capacity BTU/H [kW]	Net Sensible BTU/H [kW]	Net Latent BTU/H [kW]	EER	SEER		
Rev. 5/17/12	RCFL-H*3621(RGLT-07?BRQ?)	28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	12.00	14.50	74	1,000 [472]
	RCFL-H*3621(RGLT-10?BRM?)	28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	12.00	14.50	74	1,000 [472]
	RCFL-H*3621(RGPE-05?BMK?)	27,800 [8.1]	20,600 [6.0]	7,200 [2.1]	11.50	14.00	74	975 [460]
	RCFL-H*3621(RGPE-07?AMK?)	27,800 [8.1]	20,800 [6.1]	7,000 [2.1]	11.50	14.00	74	1,000 [472]
	RCFL-H*3621(RGPE-07?BRQ?)	28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	12.00	14.50	74	1,025 [484]
	RCFL-H*3621(RGPE-10?BRM?)	27,600 [8.1]	20,000 [5.9]	7,600 [2.2]	12.00	14.50	74	900 [425]
	RCFL-H*3621(RGPT-05?BMK?)	27,400 [8.0]	20,000 [5.9]	7,400 [2.2]	11.50	14.00	74	900 [425]
	RCFL-H*3621(RGPT-07?AMK?)	27,600 [8.1]	20,200 [5.9]	7,400 [2.2]	12.00	14.00	74	925 [437]
	RCFL-H*3621(RGPT-07?BRQ?)	28,200 [8.3]	21,100 [6.2]	7,100 [2.1]	12.00	14.50	74	1,000 [472]
	RCFL-H*3621(RGPT-10?BRM?)	28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	12.00	14.50	74	1,000 [472]
	RCFL-H*3621(RGRM-04?MAE?)	27,400 [8.0]	20,000 [5.9]	7,400 [2.2]	11.50	13.50	74	925 [437]
	RCFL-H*3621(RGRM-06?MAE?)	27,600 [8.1]	20,600 [6.0]	7,000 [2.1]	11.00	13.50	74	1,000 [472]
	RCFL-H*3621(RGRM-07?MAE?)	27,400 [8.0]	20,200 [5.9]	7,200 [2.1]	11.00	13.00	74	950 [448]
	RCFL-H*3621(RGRM-07?YBG?)	27,600 [8.1]	20,400 [6.0]	7,200 [2.1]	11.00	13.00	74	975 [460]
	RCFL-H*3621(RGRM-09?ZAJ?)	27,600 [8.1]	20,400 [6.0]	7,200 [2.1]	11.50	14.00	74	950 [448]
	RCFL-H*3621(RGRM-10?ZAJ?)	27,800 [8.1]	20,600 [6.0]	7,200 [2.1]	11.50	13.50	74	1,025 [484]
	RCFL-H*3621(RGTM-06?MAE?)	27,600 [8.1]	20,000 [5.9]	7,600 [2.2]	11.50	14.00	74	900 [425]
	RCFL-H*3621(RGTM-07?RBG?)	28,200 [8.3]	21,200 [6.2]	7,000 [2.1]	11.50	14.00	74	1,050 [495]
	RCFL-H*3621(RGTM-09?ZAJ?)	28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	12.00	14.50	74	975 [460]
	30 (AJN)	RCFL-H*3621(RHWB-04WWMX36A)	27,600 [8.1]	20,100 [5.9]	7,500 [2.2]	12.00	14.50	74	875 [413]
RCFL-H*3621(RHWB-06WWMX48A)		28,000 [8.2]	20,900 [6.1]	7,100 [2.1]	11.50	14.00	74	1,000 [472]
RCFL-H*3621(ROCA-070E03)		28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	11.50	14.00	74	1,000 [472]
RCFL-H*3621(ROCA-070E04)		28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	11.50	14.00	74	1,000 [472]
RCFL-H*3621(ROLA-070E03)		28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	11.50	14.00	74	975 [460]
RCFL-H*3621(ROLA-070E04)		28,000 [8.2]	20,800 [6.1]	7,200 [2.1]	11.50	14.00	74	1,025 [484]
RCFL-H*3621(ROLA-115E05)		27,600 [8.1]	20,000 [5.9]	7,600 [2.2]	11.50	14.00	74	900 [425]
RCFL-H*3621+RXMD-C04		27,400 [8.0]	20,350 [6.0]	7,050 [2.1]	10.50	13.00	74	1,000 [472]
RBHP-21(RCHL-36A1)		28,800 [8.4]	21,300 [6.2]	7,500 [2.2]	12.00	14.50	74	1,000 [472]
RCQD-3621(RGFE-06?MCK?)		29,000 [8.5]	23,200 [6.8]	5,800 [1.7]	11.50	14.00	74	1,000 [472]
RCQD-3621(RGFE-07?MCK?)		28,600 [8.4]	22,300 [6.5]	6,300 [1.8]	11.50	14.00	74	875 [413]
RCQD-3621(RGFE-09?ZCM?)		29,400 [8.6]	23,600 [6.9]	5,800 [1.7]	12.00	14.50	74	975 [460]
RCQD-3621(RGFE-10?ZCM?)		29,200 [8.6]	23,400 [6.9]	5,800 [1.7]	12.00	14.50	74	1,000 [472]
RCQD-3621(RGFG-06?MCK?)		29,000 [8.5]	23,200 [6.8]	5,800 [1.7]	11.50	14.00	74	1,000 [472]
RCQD-3621(RGFG-07?MCK?)		29,000 [8.5]	23,250 [6.8]	5,750 [1.7]	11.50	13.50	74	1,000 [472]
RCQD-3621(RGFG-09?ZCM?)		29,400 [8.6]	23,600 [6.9]	5,800 [1.7]	12.00	14.50	74	975 [460]
RCQD-3621(RGFG-10?ZCM?)		29,200 [8.6]	23,400 [6.9]	5,800 [1.7]	12.00	14.50	74	1,000 [472]
RCQD-3621(RGJF-06?MCK?)		29,000 [8.5]	22,900 [6.7]	6,100 [1.8]	12.00	14.50	74	925 [437]
RCQD-3621(RGJF-07?MCK?)		29,200 [8.6]	23,400 [6.9]	5,800 [1.7]	11.50	14.00	74	1,025 [484]
RCQD-3621(RGJF-09?ZCM?)		29,200 [8.6]	23,400 [6.9]	5,800 [1.7]	12.00	14.50	74	1,025 [484]
RCQD-3621(RGJF-10?ZCM?)	29,400 [8.6]	23,800 [7.0]	5,600 [1.6]	12.00	14.50	74	1,050 [495]	
RCQD-3621(RGPE-05?BMK?)	29,200 [8.6]	23,400 [6.9]	5,800 [1.7]	11.50	14.00	74	975 [460]	
RCQD-3621(RGPE-07?AMK?)	28,800 [8.4]	22,600 [6.6]	6,200 [1.8]	12.00	14.50	74	900 [425]	
RCQD-3621(RGPE-07?BRQ?)	29,600 [8.7]	23,950 [7.0]	5,650 [1.7]	12.00	14.50	74	1,050 [495]	
RCQD-3621(RGPE-10?BRM?)	29,000 [8.5]	22,750 [6.7]	6,250 [1.8]	12.00	14.50	74	900 [425]	
RCQD-3621(RGPT-05?BMK?)	28,800 [8.4]	22,600 [6.6]	6,200 [1.8]	11.50	14.00	74	900 [425]	
RCQD-3621(RGPT-07?AMK?)	29,000 [8.5]	22,900 [6.7]	6,100 [1.8]	12.00	14.50	74	925 [437]	
RCQD-3621(RGPT-07?BRQ?)	29,600 [8.7]	23,950 [7.0]	5,650 [1.7]	12.00	14.50	74	1,050 [495]	
RCQD-3621(RGPT-10?BRM?)	29,600 [8.7]	23,950 [7.0]	5,650 [1.7]	12.00	14.50	74	1,050 [495]	
RCQD-3621(RGRM-04?MAE?)	28,800 [8.4]	22,700 [6.7]	6,100 [1.8]	11.50	14.00	74	925 [437]	
RCQD-3621(RGRM-06?MAE?)	28,600 [8.4]	22,400 [6.6]	6,200 [1.8]	11.50	14.00	74	900 [425]	

Ⓞ Highest sales volume tested combination required by D.O.E. test procedures.

[] Designates Metric Conversions



Electrical and Physical Data

Model Number 13AJN	ELECTRICAL							PHYSICAL					
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m ²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 5/17/2012													
18	1-60-208/230	9/9	46	0.6	12/12	15/15	20/20	7.13 [0.66]	1	1415 [668]	67.4 [1911]	120 [54.4]	128 [54.4]
24	1-60-208/230	13.5/13.5	58.3	0.6	18/18	25/25	30/30	8.43 [0.78]	1	1665 [786]	67.8 [1922]	121 [54.9]	129 [54.9]
30	1-60-208/230	12.8/12.8	64	0.8	17/17	25/25	25/25	8.70 [0.81]	1	2075 [979]	75.0 [2126]	139 [63.1]	147 [63.1]
36	1-60-208/230	16.7/16.7	79	0.8	22/22	30/30	35/35	13.72 [1.27]	1	2540 [1199]	90.6 [2569]	149 [67.6]	157 [67.6]
42	1-60-208/230	17.9/17.9	112	1.2	24/24	30/30	40/40	13.72 [1.27]	1	2540 [1199]	106.0 [3005]	149 [67.6]	157 [67.6]
48	1-60-208/230	21.8/21.8	117	1.2	29/29	35/35	50/50	16.39 [1.52]	1	3290 [1553]	116.1 [3291]	188 [85.3]	192 [85.3]
60	1-60-208/230	26.4/26.4	134	1.2	35/35	45/45	60/60	19.17 [1.78]	1	3380 [1595]	157.2 [4457]	223 [101.2]	234 [101.2]

Model Number 13ACN	ELECTRICAL							PHYSICAL					
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m ²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 5/17/2012													
36	3-60-208/230	10.4/10.4	73	0.8	14/14	20/20	20/20	13.72 [1.27]	1	2540 [1199]	90.6 [2569]	149 [67.6]	157 [67.6]
42	3-60-208/230	13.2/13.2	88	1.2	18/18	25/25	30/30	13.72 [1.27]	1	2540 [1199]	106.0 [3005]	149 [67.6]	157 [67.6]
48	3-60-208/230	13.7/13.7	83.1	1.2	19/19	25/25	30/30	16.39 [1.52]	1	3290 [1553]	116.1 [3291]	188 [85.3]	192 [85.3]
60	3-60-208/230	16/16	110	1.2	22/22	30/30	35/35	19.17 [1.78]	1	3380 [1595]	157.2 [4457]	223 [101.2]	234 [101.2]

Model Number 13ADN	ELECTRICAL							PHYSICAL					
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m ²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 5/17/2012													
36	3-60-460	5.8/5.8	38	0.35	8/8	15/15	15/15	13.72 [1.27]	1	2540 [1199]	90.6 [2569]	149 [67.6]	157 [67.6]
42	3-60-460	6/6	44	0.8	9/9	15/15	15/15	13.72 [1.27]	1	2540 [1199]	106.0 [3005]	149 [67.6]	157 [67.6]
48	3-60-460	6.2/6.2	41	0.8	9/9	15/15	15/15	16.39 [1.52]	1	3290 [1553]	116.1 [3291]	188 [85.3]	192 [85.3]
60	3-60-460	7.8/7.8	52	0.8	11/11	15/15	15/15	19.17 [1.78]	1	3380 [1595]	157.2 [4457]	223 [101.2]	234 [101.2]

Model Number 13AYN	ELECTRICAL							PHYSICAL					
	Phase Frequency (Hz) Voltage (Volts)	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrig. Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m ²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 5/17/2012													
48	3-60-575	4.8/4.8	33	0.8	7/7	15/15	15/15	16.39 [1.52]	1	3290 [1553]	116.1 [3291]	188 [85.3]	192 [85.3]
60	3-60-575	5.7/5.7	38.9	0.8	8/8	15/15	15/15	19.17 [1.78]	1	3380 [1595]	157.2 [4457]	223 [101.2]	234 [101.2]

NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

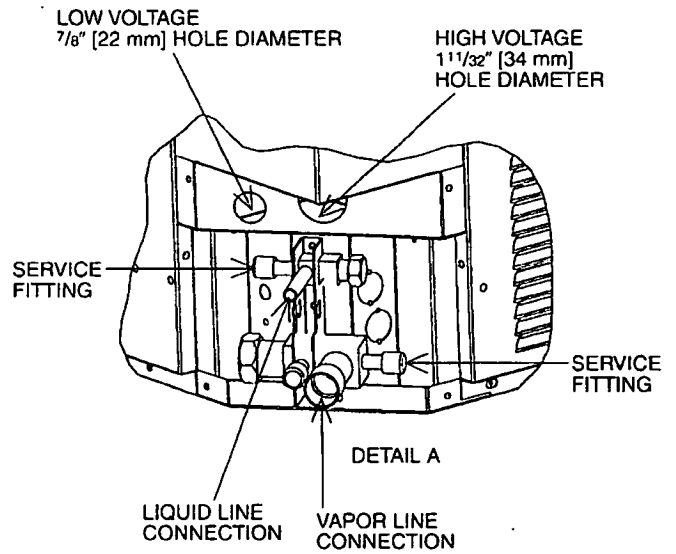
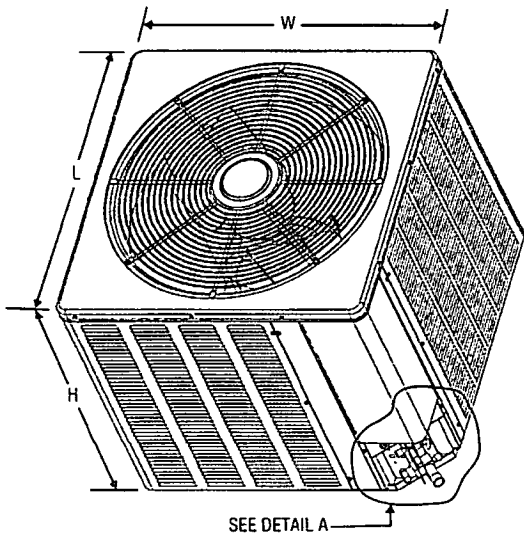
[] Designates Metric Conversions



Unit Dimensions

Model No. 13A(-)N	Unit Dimensions		
	Width "W" Inches	Length "L" Inches	Height "H" Inches
18, 24	23 ⁵ / ₈ [600]	23 ⁵ / ₈ [600]	24 ¹ / ₄ [616]
30, 36, 42	27 ⁵ / ₈ [702]	27 ⁵ / ₈ [702]	24 ¹ / ₄ [616]
48	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	27 ¹⁵ / ₁₆ [710]
60	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	35 ¹⁵ / ₁₆ [913]

[] Designates Metric Conversions



Condensing Unit Refrigerant Line Size Information

Liquid Line Sizing (R-410A)														
System Capacity	Liquid Line Connection Size (Inch I.D.)	Line Size (Inch O.D.) (mm)	Liquid Line Size – Outdoor Unit Above Indoor Coil (Cooling Only—Does not apply to Heat Pumps)						Liquid Line Size – Outdoor Unit Below Indoor Coil					
			Total Equivalent Length—Feet [m]						Total Equivalent Length—Feet [m]					
			25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]	25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
			Minimum Vertical Separation—Feet [m]						Maximum Vertical Separation—Feet [m]					
1 1/2 Ton	3/8" [9.53]	1/4 [6.35]	0	0	0	0	8 [2.44]	24 [7.32]	25 [7.62]	40 [12.19]	25 [7.62]	9 [2.74]	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	62 [18.90]	58 [17.68]	53 [16.15]	49 [14.94]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	72 [21.95]	70 [21.34]	68 [20.73]
2 Ton	3/8" [9.53]	1/4 [6.35]	0	3 [0.91]	29 [8.84]	55 [16.76]	81 [24.69]	108 [32.92]	23 [7.01]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	36 [10.97]	29 [8.84]	23 [7.01]	16 [4.88]	9 [2.74]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	72 [21.95]	70 [21.34]	68 [20.73]	65 [19.81]
2 1/2 Ton	3/8" [9.53]	1/4 [6.35]	0	14 [4.27]	56 [17.07]	98 [29.87]	N/A	N/A	25 [7.62]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	49 [14.94]	38 [11.58]	27 [8.23]	17 [5.18]	6 [1.83]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	65 [19.81]	62 [18.90]	58 [17.68]
3 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	0	0	9 [2.74]	25 [7.62]	50 [15.24]	37 [11.28]	22 [6.71]	7 [2.13]	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	63 [19.20]	58 [17.68]	53 [16.15]
3 1/2 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]	25 [7.62]	23 [7.01]	4 [1.22]	N/A	N/A	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	43 [13.11]	36 [10.97]	30 [9.14]	24 [7.32]
4 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	46 [14.02]	38 [11.58]	30 [9.14]	22 [6.71]	15 [4.57]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	55 [16.76]	53 [16.15]	52 [15.85]
5 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	44 [13.41]	32 [9.75]	20 [6.10]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	81 [24.69]	79 [24.08]	76 [23.16]

NOTES: *Standard line size
N/A = Application not recommended.

Suction Line Length/Size versus Capacity Multiplier (R-410A)									
Unit Size		1 1/2 Ton	2 Ton	2 1/2 Ton	3 Ton	3 1/2 Ton	4 Ton	5 Ton	
Suction Line Connection Size		3/4" [19.05] I.D.				7/8" [22.23] I.D.			
Suction Line Run—Feet [m]		5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] O.D. Std.*	5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] O.D. Std.*	5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] O.D. Std.*	5/8" [15.88 mm] O.D. Opt. 3/4" [19.05 mm] O.D. Std.*	3/4" [19.05 mm] O.D. Opt. 7/8" [22.23 mm] O.D. Std.*	7/8" [22.23 mm] O.D. Opt. 1 1/8" [28.58 mm] O.D. Std.*	7/8" [22.23 mm] O.D. Opt. 1 1/8" [28.58 mm] O.D. Std.*	
25' [7.62]	Optional Standard Optional	1.00 1.00 —	1.00 1.00 —	1.00 1.00 1.00	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —	
50' [15.24]	Optional Standard Optional	0.98 0.99 —	0.98 0.99 —	0.96 0.98 0.99	0.98 0.99 —	0.99 0.99 —	0.99 0.99 —	0.99 0.99 —	
100' [30.48]	Optional Standard Optional	0.95 0.96 —	0.95 0.96 —	0.94 0.96 0.97	0.96 0.97 —	0.96 0.98 —	0.96 0.98 —	0.97 0.98 —	
150' [45.72]	Optional Standard Optional	0.92 0.93 —	0.92 0.94 —	0.91 0.93 0.95	0.94 0.95 —	0.94 0.96 —	0.95 0.96 —	0.94 0.97 —	

NOTES: *Standard line size
Using suction line larger than shown in chart will result in poor oil return and is not recommended.

[] Designates Metric Conversions



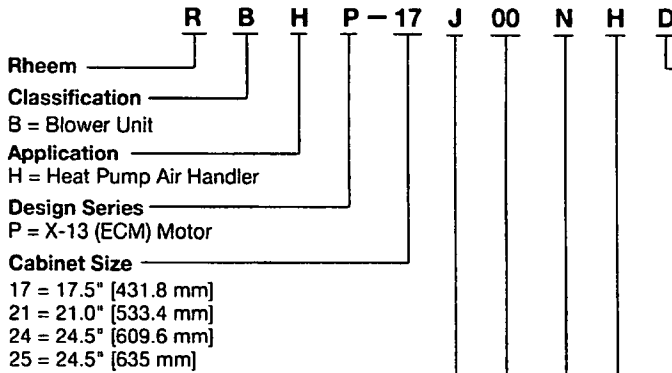
GENERAL TERMS OF LIMITED WARRANTY*

Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

*For complete details of the Limited and Conditional Warranties, including applicable terms and conditions, contact your local contractor or the Manufacturer for a copy of the product warranty certificate.

Conditional Parts
(Registration Required)Ten (10) Years

Model Number Identification



Coil Code
A = No Coil

Coil Code	Refrigerant Type	Cabinet Width			
		17	21	24	25
D	R-22	RCHJ-24A1GH17	RCHJ-36A1GH21	RCHJ-48A1GH24	
E	R-22				RCHJ-60A1GH24
1	R-410A	RCHL-24A2GH17			
2	R-410A		RCHL-36A1GH21		
4	R-410A			RCHL-48A1GH24	
7	R-410A				RCHL-60A1GH24

[] Designates Metric Conversions

Airflow
Horizontal Multi-Position

Control
N = No Circuit Protection (Single Circuit)
S = Circuit Breaker (Single Circuit)

Electric Heat
00 = No Heat
06 = 4.9 kW
07 = 7.0 kW
11 = 10.0 kW
14 = 14.0 kW
18 = 17.5 kW
21 = 21.0 kW

Voltage
A = 115V-1-60
J = 208/240V-1-60

Available Models (Without Coil)

RBHP-17J11SHA
RBHP-21J14SHA
RBHP-24J18SHA
RBHP-25J21SHA

Available Models featuring R-22 Refrigerant

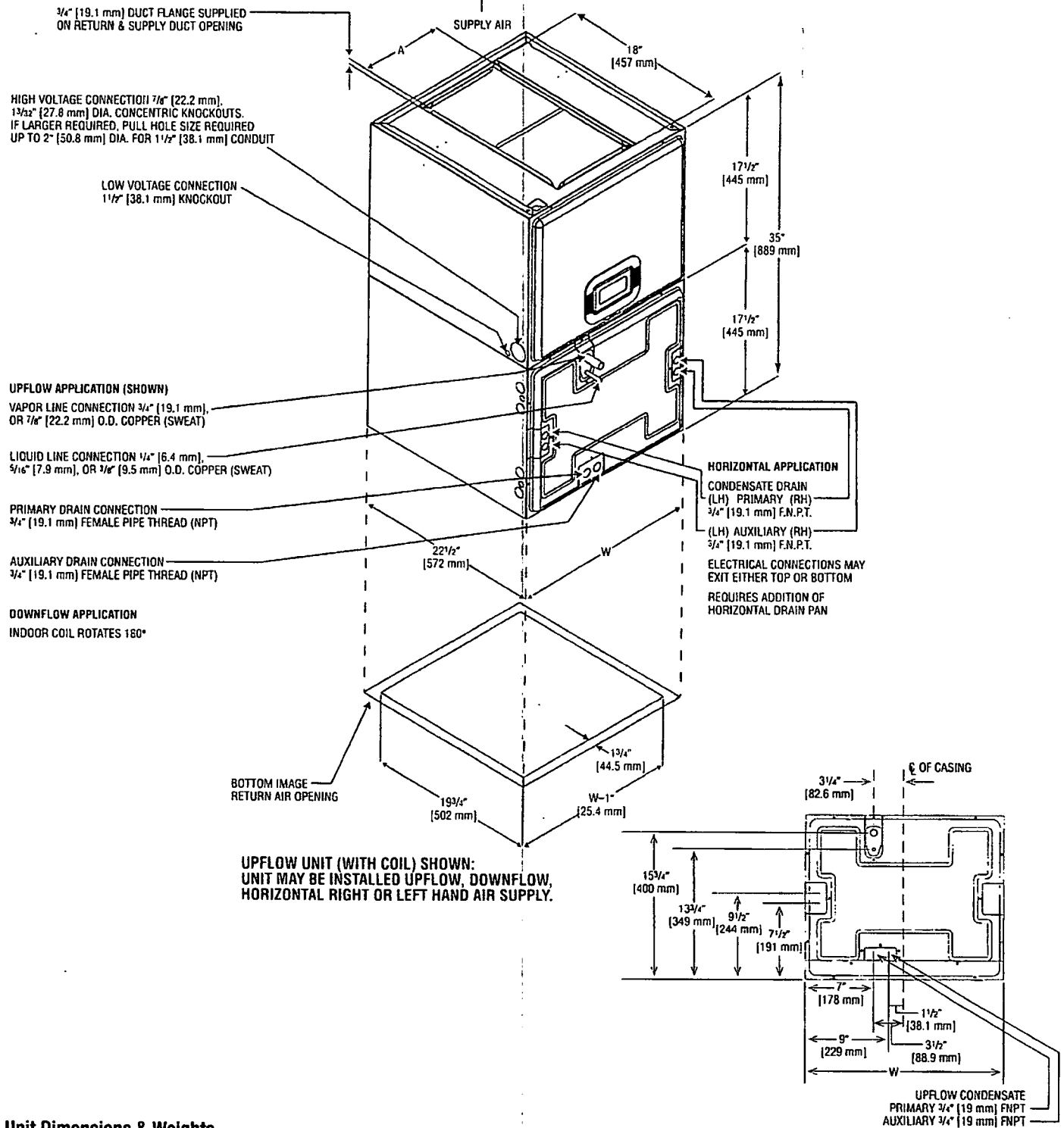
RBHP-17A00NHD
RBHP-17J06SHD
RBHP-17J07SHD
RBHP-17J11SHD
RBHP-21A00NHD
RBHP-21J06SHD
RBHP-21J07SHD
RBHP-21J11SHD
RBHP-21J14SHD
RBHP-24A00NHD
RBHP-24J06SHD
RBHP-24J07SHD
RBHP-24J11SHD
RBHP-24J14SHD
RBHP-24J18SHD
RBHP-25A00NHE
RBHP-25J11SHE
RBHP-25J14SHE
RBHP-25J18SHE
RBHP-25J21SHE

Available Models featuring R-410A Refrigerant

RBHP-17A00NH1
RBHP-17J06SH1
RBHP-17J07SH1
RBHP-17J11SH1
RBHP-21A00NH2
RBHP-21J06SH2
RBHP-21J07SH2
RBHP-21J11SH2
RBHP-21J14SH2
RBHP-24A00NH4
RBHP-24J06SH4
RBHP-24J07SH4
RBHP-24J11SH4
RBHP-24J14SH4
RBHP-24J18SH4
RBHP-25A00NH7
RBHP-25J11SH7
RBHP-25J14SH7
RBHP-25J18SH7
RBHP-25J21SH7

Unit Dimensions

NOTE: 24" CLEARANCE REQUIRED IN FRONT OF UNIT FOR FILTER AND COIL MAINTENANCE.



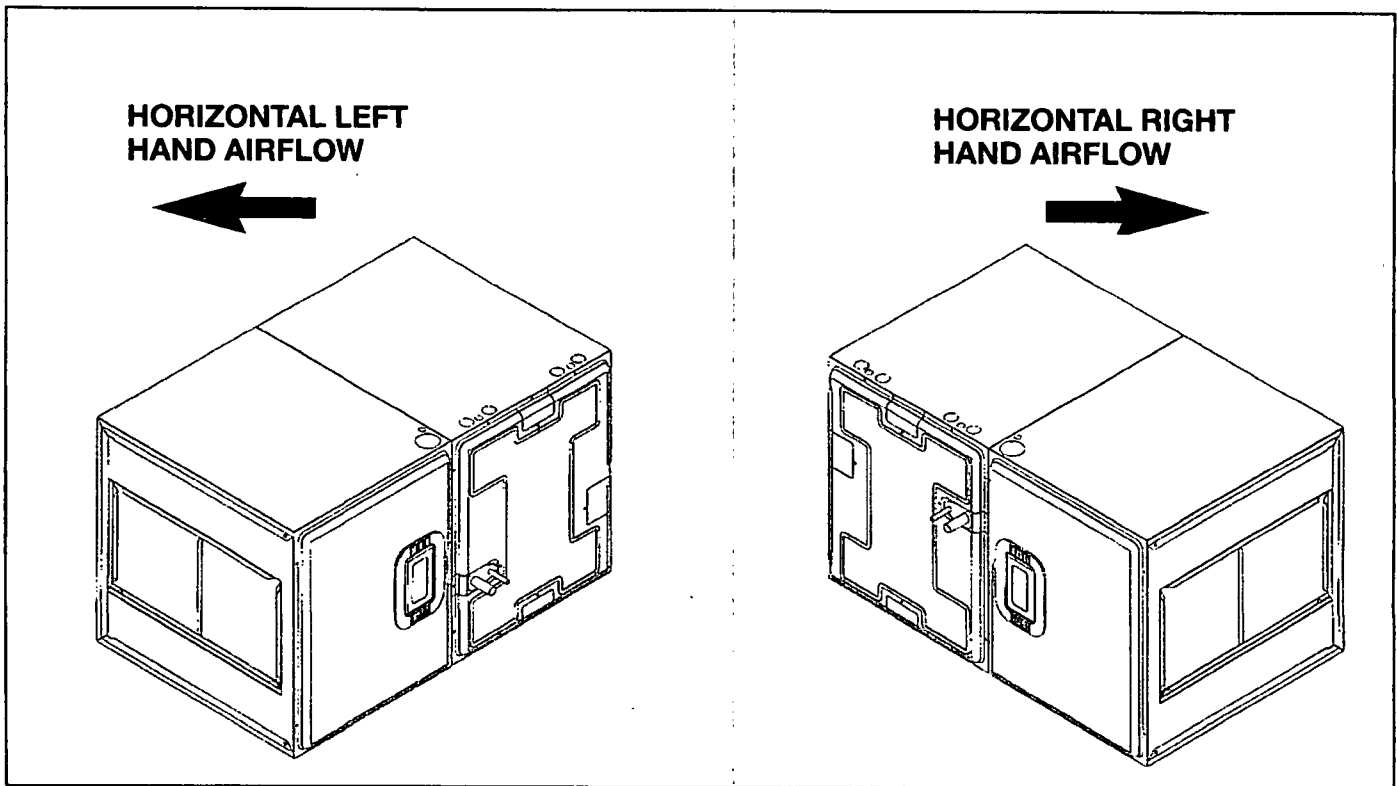
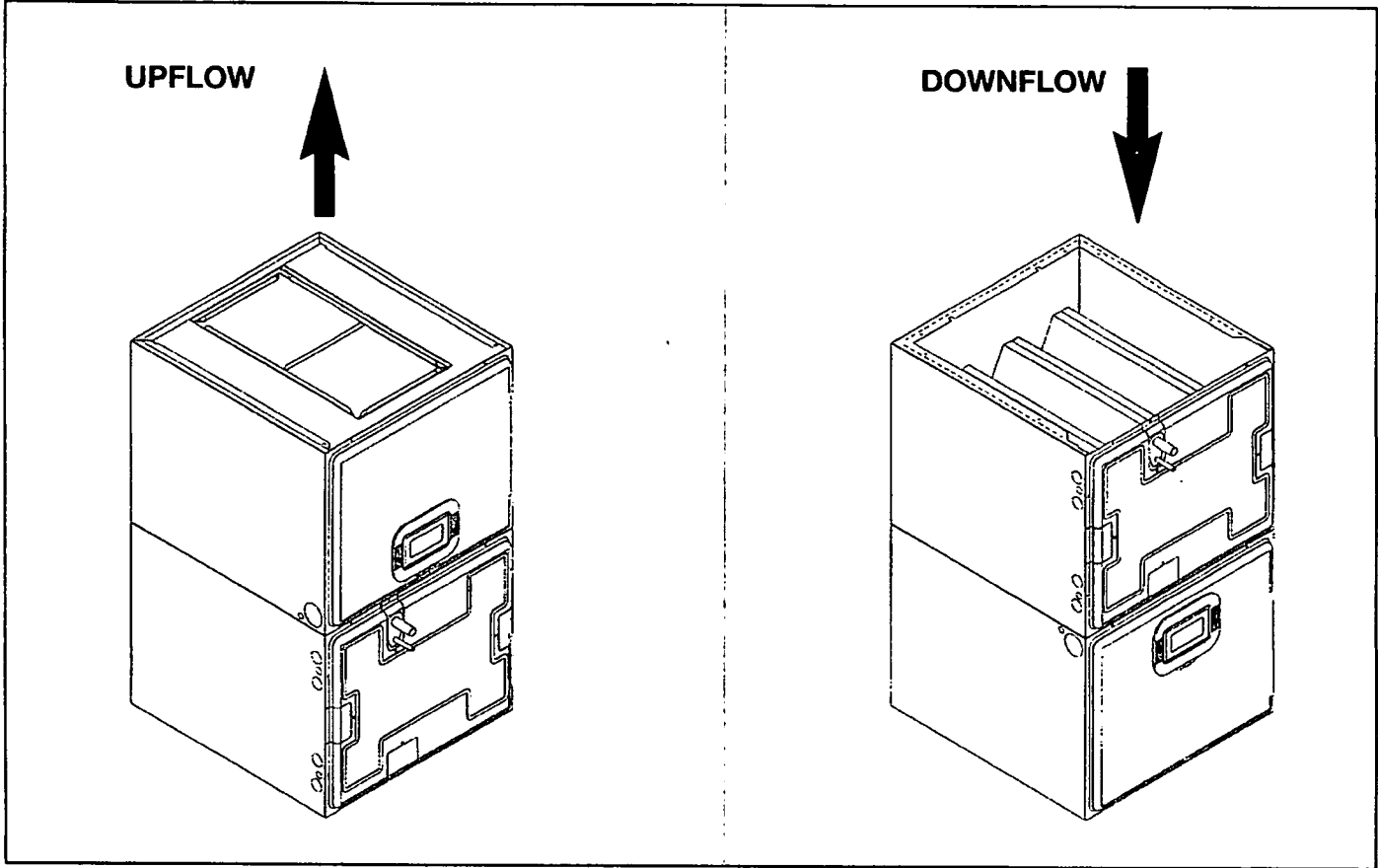
**UPFLOW UNIT (WITH COIL) SHOWN:
 UNIT MAY BE INSTALLED UPFLOW, DOWNFLOW,
 HORIZONTAL RIGHT OR LEFT HAND AIR SUPPLY.**

Unit Dimensions & Weights

Model Number Cabinet Size	Unit Width "W" In. [mm]	Supply Duct "A" In. [mm]	Unit Weight/Shipping Weight (Lbs.) [kg]	
			Unit With Coil (Max. kW)	Unit Without Coil (Max. kW)
17	17 1/2 [445]	79 1/16 [192]	92/99 [42/45]	66/75 [30/31]
21	21 [533]	97 1/16 [240]	109/117 [49/53]	79/87 [36/39]
24	24 1/2 [622]	113 3/4 [298]	125/134 [57/61]	88/97 [40/44]
25	24 1/2 [622]	113 3/4 [298]	125/134 [57/61]	88/97 [40/44]

[] Designates Metric Conversions

Airflow Directional Data



NOTE: Coil and blower section are always in a draw through configuration.



Airflow Performance

Airflow performance data is based on cooling performance with a coil and filter in place. Select performance table for appropriate unit size, voltage and number of electric heaters to be used. Make sure external static applied to unit allows operation within the minimum and maximum limits shown in table below for both cooling and electric heat operation. For optimum blower performance, operate the unit in the .2" to .5" in.

W.C. external static range. In general, the indoor motor speed tap should be as shown in table for the appropriate cooling capacity shown. Always check to make sure proper motor speed tap is connected as units are shipped from the factory connected for high speed operation (Speed Tap 5).

Airflow Operating Limits

Model Cabinet Size	17		21		24		25	
Cooling BTUH	18,000	24,000	30,000	36,000	42,000	48,000	60,000	60,000
Cooling Tons Nominal	1.5	2	2.5	3	3.5	4	5	5
Heat Pump or Air Conditioning Maximum Heat/Cool CFM [L/s] (37.5 CFM [18 L/s]/1,000 BTUH) (450 CFM [212 L/s]/Ton Nominal)	675 [319]	900 [425]	1125 [531]	1350 [637]	1575 [743]	1800 [850]	2025 [956]	2250 [1062]
Heat Pump or Air Conditioning Nominal Heat/Cool CFM [L/s] (33.3 CFM [16 L/s]/1,000 BTUH) (400 CFM [189 L/s]/Ton Nominal)	600 [283]	800 [378]	1000 [472]	1200 [566]	1400 [661]	1600 [755]	1800 [850]	2000 [944]
Heat Pump or Air Conditioning Minimum Heat/Cool CFM [L/s] (30.0 CFM [14 L/s]/1,255 BTUH) (360 CFM [170 L/s]/Ton Nominal)	540 [255]	720 [330]	900 [425]	1080 [510]	1260 [595]	1440 [680]	1620 [765]	1800 [850]
Maximum KW Electric Heating & Minimum Electric Heat CFM [L/s]	11 560 [264]	11 560 [264]	14 900 [425]	14 900 [425]	18 1220 [576]	18 1220 [576]	21 1460 [689]	21 1460 [689]
Maximum Electric Heat Rise °F [°C]	85 [29]	85 [29]	70 [21]	70 [21]	65 [18]	65 [18]	65 [18]	65 [18]

NOTE: See Airflow Performance Data for Recommended Blower Motor Speed.

[] Designates Metric Conversions



Airflow Performance Data

Model Cabinet Size	Tonnage	Electric Heaters	Blower Motor		CFM [L/s] (Watts)/External Static Pressure—Inches W.C. [kPa] with filter and Indoor Coil									
			Nominal Speed Tap	Volts	.10 [.02]	.20 [.05]	.30 [.07]	.40 [.10]	.50 [.12]	.60 [.15]	.70 [.17]	.80 [.20]	.90 [.23]	1.0 [.25]
-17	1.5 Ton Air Flow	none	2	208/240	659 [311] (74)	625 [294] (80)	581 [274] (84)	539 [254] (88)	—	—	—	—	—	—
		none	3	208/240	790 [372] (98)	759 [358] (105)	722 [340] (113)	687 [324] (119)	650 [306] (126)	615 [290] (131)	573 [270] (139)	552 [260] (145)	507 [239] (150)	460 [217] (155)
		3 (max.)	2	208/240	649 [306] (79)	615 [290] (84)	571 [269] (88)	529 [249] (92)	—	—	—	—	—	—
		3 (max.)	3	208/240	773 [365] (110)	736 [347] (113)	699 [330] (118)	677 [320] (126)	640 [302] (132)	605 [286] (141)	563 [266] (146)	542 [256] (154)	497 [235] (157)	450 [212] (162)
		none	2	115	651 [307] (76)	627 [295] (82)	583 [275] (86)	541 [255] (90)	—	—	—	—	—	—
		none	3	115	776 [366] (105)	743 [351] (109)	724 [342] (118)	687 [324] (122)	658 [311] (131)	617 [291] (136)	595 [281] (144)	555 [262] (148)	517 [244] (152)	460 [217] (162)
	2.0 Ton Air Flow	none	4	208/240	844 [398] (141)	819 [386] (146)	799 [377] (155)	764 [360] (160)	—	—	—	—	—	—
		none	5	208/240	958 [452] (162)	934 [440] (172)	914 [431] (176)	888 [419] (186)	855 [403] (189)	816 [380] (210)	785 [370] (204)	760 [358] (214)	708 [334] (223)	672 [317] (226)
		3 (max.)	4	208/240	834 [393] (146)	809 [381] (150)	789 [372] (159)	754 [355] (164)	—	—	—	—	—	—
		3 (max.)	5	208/240	946 [446] (179)	922 [435] (189)	902 [426] (193)	876 [413] (203)	843 [398] (206)	804 [380] (216)	773 [365] (221)	748 [353] (231)	696 [328] (240)	660 [311] (243)
		none	4	115	846 [399] (143)	821 [387] (148)	801 [378] (157)	766 [361] (162)	—	—	—	—	—	—
		none	5	115	964 [455] (167)	945 [446] (178)	914 [431] (181)	888 [419] (191)	861 [406] (196)	821 [387] (205)	787 [372] (210)	761 [359] (218)	726 [342] (220)	690 [326] (230)
-21	2.5 Ton Air Flow	none	2	208/240	1068 [504] (138)	1041 [491] (147)	1001 [472] (153)	972 [458] (161)	—	—	—	—	—	—
		none	3	208/240	1187 [560] (180)	1162 [548] (188)	1125 [530] (192)	1099 [518] (200)	1058 [499] (208)	1013 [478] (215)	982 [463] (223)	951 [448] (232)	899 [424] (234)	855 [403] (237)
		4 (max.)	2	208/240	1035 [488] (143)	1007 [475] (152)	966 [455] (158)	936 [441] (169)	—	—	—	—	—	—
		4 (max.)	3	208/240	1157 [546] (182)	1132 [534] (192)	1095 [517] (198)	1069 [505] (209)	1028 [485] (218)	983 [464] (228)	952 [449] (239)	921 [435] (250)	869 [410] (255)	825 [389] (262)
		none	2	115	1070 [504] (138)	1043 [492] (147)	1004 [473] (153)	974 [459] (161)	—	—	—	—	—	—
		none	3	115	1138 [537] (175)	1113 [525] (186)	1075 [507] (191)	1053 [497] (203)	1004 [474] (210)	957 [451] (216)	932 [440] (226)	901 [425] (231)	855 [404] (242)	800 [378] (252)
	3.0 Ton Air Flow	none	4	208/240	1269 [598] (207)	1236 [583] (219)	1174 [554] (226)	1149 [542] (236)	—	—	—	—	—	—
		none	5	208/240	1397 [659] (287)	1377 [649] (307)	1346 [635] (317)	1318 [622] (320)	1291 [609] (322)	1264 [596] (319)	1234 [582] (312)	1190 [561] (326)	1155 [545] (351)	1126 [531] (368)
		4 (max.)	4	208/240	1241 [585] (222)	1208 [570] (234)	1174 [554] (241)	1149 [542] (251)	—	—	—	—	—	—
		4 (max.)	5	208/240	1366 [645] (302)	1346 [635] (313)	1315 [621] (323)	1287 [608] (331)	1260 [595] (341)	1233 [582] (346)	1203 [568] (358)	1159 [547] (371)	1124 [530] (381)	1095 [517] (387)
		none	4	115	1269 [598] (207)	1236 [583] (219)	1174 [554] (226)	1149 [542] (236)	—	—	—	—	—	—
		none	5	115	1370 [646] (292)	1343 [634] (302)	1309 [618] (309)	1285 [607] (319)	1258 [594] (330)	1221 [576] (336)	1182 [558] (348)	1147 [542] (357)	1117 [527] (366)	1080 [510] (375)

NOTES:
X-13 (ECM) NOTES (X-13 (ECM) Motor Speed Changes)
X-13 (ECM) Motors require no voltage change between 208 and 240 volts.
If application exceeds 0.5" of static, adjust the motor speed to the high static speed as described below:
All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed 2 (Low Static) and speed tab 3 (High Static) are lower tonnage. Speed tab 4 (Low Static) and Speed tab 5 (High Static) are for higher tonnage.
The lower static speed 2 (lower tonnage) and speed tab 4 (Higher tonnage) are used for external static below 0.5".
For external static exceeding 0.5", move the blue wire from the X-13 (ECM) motor to appropriate high static speed tab 3 (Lower tonnage) or speed tab 5 (Higher tonnage)

[] Designates Metric Conversions

Airflow Performance Data (con't.)

Model Cabinet Size	Tonnage	Electric Heaters	Blower Motor		CFM [L/s] (Watts)/External Static Pressure—Inches W.C. [kPa] with filter and Indoor Coil									
			Nominal Speed Tap	Volts	.10 [.02]	.20 [.05]	.30 [.07]	.40 [.10]	.50 [.12]	.60 [.15]	.70 [.17]	.80 [.20]	.90 [.23]	1.0 [.25]
-24	3.5 Ton Air Flow	none	2	208/240	1438 [678] (205)	1409 [664] (217)	1375 [648] (229)	1341 [632] (252)	—	—	—	—	—	—
		none	3	208/240	1568 [740] (279)	1538 [725] (290)	1507 [711] (303)	1471 [694] (313)	1435 [677] (333)	1403 [662] (338)	1362 [642] (358)	1318 [622] (365)	1287 [607] (374)	1250 [589] (405)
		5 (max.)	2	208/240	1414 [667] (230)	1384 [653] (242)	1350 [637] (254)	1315 [620] (277)	—	—	—	—	—	—
		5 (max.)	3	208/240	1548 [730] (304)	1518 [716] (316)	1487 [701] (328)	1451 [684] (338)	1415 [667] (358)	1383 [653] (368)	1342 [633] (388)	1298 [612] (395)	1267 [597] (409)	1230 [580] (455)
		none	2	115	1448 [683] (205)	1419 [669] (217)	1385 [653] (229)	1351 [637] (252)	—	—	—	—	—	—
		none	3	115	1559 [735] (294)	1527 [720] (308)	1497 [706] (322)	1466 [691] (335)	1431 [675] (349)	1378 [650] (367)	1349 [636] (379)	1306 [606] (393)	1271 [599] (406)	1250 [589] (417)
	4.0 Ton Air Flow	none	4	208/240	1640 [773] (311)	1604 [757] (326)	1587 [748] (335)	1559 [735] (376)	—	—	—	—	—	—
		none	5	208/240	1789 [844] (413)	1762 [831] (427)	1731 [816] (433)	1699 [801] (449)	1667 [786] (462)	1635 [771] (482)	1602 [756] (498)	1546 [729] (516)	1515 [715] (529)	1465 [691] (542)
		5 (max.)	4	208/240	1613 [761] (331)	1574 [742] (346)	1557 [734] (355)	1529 [721] (396)	—	—	—	—	—	—
		5 (max.)	5	208/240	1759 [830] (433)	1732 [817] (447)	1701 [802] (453)	1669 [787] (469)	1637 [772] (482)	1605 [757] (502)	1572 [741] (518)	1516 [715] (536)	1485 [700] (549)	1435 [677] (562)
		none	4	115	1642 [774] (311)	1606 [757] (326)	1589 [749] (335)	1561 [736] (376)	—	—	—	—	—	—
		none	5	115	1811 [854] (423)	1791 [845] (436)	1760 [830] (451)	1730 [816] (464)	1700 [802] (479)	1669 [787] (492)	1606 [757] (516)	1573 [742] (529)	1538 [725] (542)	1462 [689] (555)
-25	5.0 Ton Air Flow	none	2	208/240	1872 [883] (373)	1837 [866] (393)	1798 [848] (407)	1763 [832] (419)	—	—	—	—	—	—
		none	3	208/240	2075 [979] (497)	2036 [960] (511)	2017 [951] (533)	1984 [936] (553)	1944 [917] (563)	1910 [901] (582)	1889 [891] (599)	1846 [871] (617)	1805 [851] (626)	1783 [841] (638)
		5 (max.)	2	208/240	1831 [854] (393)	1795 [847] (413)	1756 [828] (427)	1720 [811] (439)	—	—	—	—	—	—
		5 (max.)	3	208/240	2043 [964] (517)	2004 [945] (531)	1985 [936] (553)	1951 [920] (573)	1912 [901] (583)	1878 [886] (602)	1857 [876] (619)	1814 [856] (637)	1773 [836] (646)	1751 [826] (658)
		none	2	115	1872 [883] (373)	1837 [866] (393)	1798 [848] (407)	1763 [832] (419)	—	—	—	—	—	—
		none	3	115	2075 [979] (497)	2036 [960] (511)	2017 [951] (533)	1984 [936] (553)	1944 [917] (563)	1910 [901] (582)	1889 [891] (599)	1846 [871] (617)	1805 [851] (626)	1783 [841] (638)
		none	4 or 5	208/240	2102 [992] (550)	2072 [977] (568)	2042 [963] (584)	2011 [949] (593)	1974 [931] (610)	1949 [919] (631)	1916 [904] (644)	1884 [889] (662)	1851 [873] (669)	1810 [854] (692)
		5 (max.)	4 or 5	208/240	2070 [976] (560)	2040 [962] (578)	2010 [948] (594)	1979 [933] (613)	1942 [916] (620)	1917 [904] (641)	1884 [889] (654)	1852 [874] (672)	1819 [858] (679)	1778 [839] (702)
		none	4 or 5	115	2102 [992] (550)	2072 [977] (568)	2042 [963] (584)	2011 [949] (593)	1974 [931] (610)	1949 [919] (631)	1916 [904] (644)	1884 [889] (662)	1851 [873] (669)	1810 [854] (692)

NOTES:

X-13 (ECM) NOTES (X-13 (ECM) Motor Speed Changes)

X-13 (ECM) Motors require no voltage change between 208 and 240 volts.

If application exceeds 0.5" of static, adjust the motor speed to the high static speed as described below:

All X-13 (ECM) motors have 5 speed tabs. Speed tab 1 is for continuous fan. Speed 2 (Low Static) and speed tab 3 (High Static) are lower tonnage. Speed tab 4 (Low Static) and Speed tab 5 (High Static) are for higher tonnage.

The lower static speed 2 (lower tonnage) and speed tab 4 (Higher tonnage) are used for external static below 0.5".

For external static exceeding 0.5", move the blue wire from the X-13 (ECM) motor to appropriate high static speed tab 3 (Lower tonnage) or speed tab 5 (Higher tonnage)

[] Designates Metric Conversions



Blower Motor Electrical Data: A Voltage (115V)

Model Size/Elec. Designation	Voltage	Phase	Hertz	HP [W]	RPM	Speeds	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17A00NH*	115	1	60	1/3 [249]	300-1100	5	3.3	5.0	15
RBHP-21A00NH*	115	1	60	1/2 [373]	300-1100	5	5.0	7.0	15
RBHP-24A00NH*	115	1	60	3/4 [559]	300-1100	5	5.8	8.0	15
RBHP-25A00NH*	115	1	60	3/4 [559]	300-1100	5	7.7	10.0	15

Blower Motor Electrical Data: J Voltage (208/240V)

Model Size/Elec. Designation	Voltage	Phase	Hertz	HP [W]	RPM	Speeds	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17A00NH*	115	1	60	1/3 [249]	300-1100	5	3.3	5.0	15
RBHP-21A00NH*	115	1	60	1/2 [373]	300-1100	5	5.0	7.0	15
RBHP-24A00NH*	115	1	60	3/4 [559]	300-1100	5	5.8	8.0	15
RBHP-25A00NH*	115	1	60	3/4 [559]	300-1100	5	7.7	10.0	15

Electric Heat Electrical Data

Model Elec./KW Designation	Heater KW Volts 208/240	PH/HZ	Heater No./KW & 240V	Type Supply Circuit Single Circuit Multiple Circuit	Circuit Amps.	Minimum Circuit Ampacity	Maximum Circuit Protector
RBHP-17J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	19.8/22.4	25/29	25/30
RBHP-17J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	27.5/31.2	35/39	40/40
RBHP-17J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	38.1/43.7	48/55	50/60
RBHP-21J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	20.9/23.5	27/30	30/30
RBHP-21J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	28.6/32.3	36/41	40/45
RBHP-21J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	39.2/44.8	49/56	50/60
RBHP-21J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	54.1/61.4	68/77	70/80
	5.3/7.0		2/3.5	Multiple Ckt. 1	28.6/32.3	36/41	40/45
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-24J06SH*	3.7/4.9	1/60	2/2.5	Single Circuit	22.0/24.6	28/31	30/35
RBHP-24J07SH*	5.3/7.0	1/60	2/3.5	Single Circuit	29.7/33.4	38/42	40/45
RBHP-24J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	40.3/45.9	51/58	60/60
RBHP-21J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	55.2/62.5	69/79	70/90
	5.3/7.0		2/3.5	Multiple Ckt. 1	29.7/33.4	38/42	40/45
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-21J18SH*	13.2/17.5	1/60	5/3.5	Single Circuit	67.7/77.1	85/97	90/100
	5.3/7.0		2/3.5	Multiple Ckt. 1	29.7/33.4	38/42	40/45
	7.9/10.5		3/3.5	Multiple Ckt. 2	38.0/43.8	48/55	50/60
RBHP-25J11SH*	7.5/10.0	1/60	3/3.3	Single Circuit	41.8/47.4	53/60	60/60
RBHP-25J14SH*	10.5/14.0	1/60	4/3.5	Single Circuit	56.7/64.0	71/81	80/90
	5.3/7.0		2/3.5	Multiple Ckt. 1	31.2/34.9	39/44	40/50
	5.3/7.0		2/3.5	Multiple Ckt. 2	25.5/29.2	32/37	35/40
RBHP-25J18SH*	13.2/17.5	1/60	5/3.5	Single Circuit	69.2/78.6	87/99	90/100
	5.3/7.0		2/3.5	Multiple Ckt. 1	31.2/34.9	39/44	40/45
	7.9/10.5		3/3.5	Multiple Ckt. 2	38.0/43.8	48/55	50/60
RBHP-25J21SH*	15.0/20.0	1/60	6/3.3	Single Circuit	77.8/89.0	98/112	100/125
	7.5/10.0		3/3.3	Multiple Ckt. 1	41.8/47.4	53/60	60/70
	7.5/10.0		3/3.3	Multiple Ckt. 2	36.1/41.7	46/53	50/60

Supply circuit protective devices may be fuses or "HACR" type circuit breakers. Largest motor load is included in single circuit and circuit 1 multiple circuit. If non-standard fuse size is specified, use next size larger standard fuse size. [] Designates Metric Conversions

Electrical Wiring

Power Wiring

- Field wiring must comply with the National Electrical Code (C.E.C. in Canada) and any applicable local ordinance.
- Supply wiring must be 75°C minimum copper conductors only.
- See electrical data for product Ampacity rating and Circuit Protector requirement.

Grounding

- This product must be sufficiently grounded in accordance with National Electrical Code (C.E.C. in Canada) and any applicable local ordinance.
- A grounding lug is provided.

Combustible Floor Base for Downflow Installations

Model Cabinet Size	Combustible Floor Base Model Number	Opening Front of Unit "W" Width-Inches (mm)	Opening Side of Unit "D" Depth-Inches (mm)
All Models	RXBB-AA	14 ³ / ₈ " [365]	20 ⁵ / ₈ " [524]

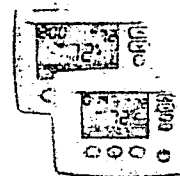
ACCESSORIES—KITS—PARTS

- **Combustible Floor Base RXBB-AA** for downflow applications.
 - **Jumper Bar Kit 3 Ckt. to 1 Ckt. RXBJ-A31** is used to convert single phase multiple three circuit units to a single supply circuit. Kit includes cover and screw for line side terminals.
 - **Jumper Bar Kit 2 Ckt. to 1 Ckt. RXBJ-A21** is used to convert single phase multiple two circuit units to a single supply circuit. Kit includes cover and screw for line side terminals.
- Note:** No jumper bar kit is available to convert three phase multiple two circuit units to a single supply circuit.
- **Finger Safe Circuit Breaker Cover**—Part Number 45-23203-01. One is required for each circuit breaker pole, if jumper bar is removed to provide multiple supply circuits.
 - **Evaporator Horizontal Drain Pan Model RXBD-CB:** all unit sizes.
 - **External Auxiliary Horizontal Drain Pan. RXBM-AA06**—Fits all models.
 - **Replacement Filters**

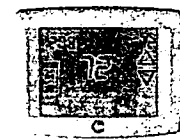
Model Cabinet Size	Filter Size In. [mm]	Part Number
17	16.25 x 21 [413 x 533]	54-23217-02
21	19.75 x 21 [502 x 533]	54-23217-03
24	23.25 x 21 [591 x 533]	54-23217-04
25	23.25 x 21 [591 x 533]	54-23217-04

[] Designates Metric Conversions

THERMOSTATS

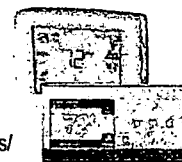


200-Series *
Programmable



300-Series *
Deluxe Programmable

400-Series *
Special Applications/
Programmable



500-Series *
Communicating/
Programmable

Brand	Descriptor (3 Characters)	Series (3 Characters)	System (2 Characters)	Type (2 Characters)
RHC	-	TST	213	UN
RHC=Rheem	TST=Thermostat	200=Programmable 300=Deluxe Programmable 400=Special Applications/ Programmable 500=Communicating/ Programmable	GE=Gas/Electric UN=Universal (AC/HP/GE) MD=Modulating Furnace DF=Dust Free CM=Communicating	SS=Single-Stage MS=Multi-Stage

* Photos are representative. Actual models may vary.

For detailed thermostat match-up information, see specification sheet form number T11-001.

2013-2014

**MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT**

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

ACCOUNT 2001-520-0066 CERT CACO58508

PHONE (772) 232-1114 SIC NO 333319

LOCATION:
1465 SW 34TH ST PC

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF **HVAC CONTRACTOR**

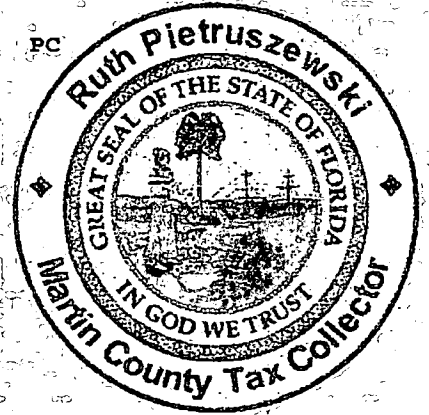
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

15 DAY OF AUGUST 13

AND ENDING SEPTEMBER 30, 2014

**MAZILLI, MITCHELL
HONEST AIR, INC.
1265 SW 34TH ST
PALM CITY, FL 34990**

801 2012 06302.0001 PAID





Project Summary
Entire House
Honest Air, Inc.

Job:
 Date: Mar 25, 2014
 By:

1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

Project Information

For: Bonney George E Morey-Bonney Karen
 11 Oakwood Dr, Stuart, FL 34996

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Notes: Replacing zone 3 of a 3 zone home. Upstairs Master Bed Room

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db 48 °F
 Inside db 70 °F
 Design TD 22 °F

Summer Design Conditions

Outside db 90 °F
 Inside db 75 °F
 Design TD 15 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 38219 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 38219 Btuh

Sensible Cooling Equipment Load Sizing

Structure 59449 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 56596 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	3564	3564
Volume (ft ³)	32076	32076
Air changes/hour	0.28	0.15
Equip. AVF (cfm)	150	80

Latent Cooling Equipment Load Sizing

Structure 3224 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 3224 Btuh
 Equipment total load 59820 Btuh
 Req. total capacity at 0.70 SHR 6.7 ton

Heating Equipment Summary

Make n/a
 Trade n/a
 Model n/a
 AHRI ref n/a
 Efficiency n/a
 Heating input
 Heating output 0 Btuh
 Temperature rise 0 °F
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Space thermostat n/a

Cooling Equipment Summary

Make n/a
 Trade n/a
 Cond n/a
 Coil n/a
 AHRI ref n/a
 Efficiency n/a
 Sensible cooling 0 Btuh
 Latent cooling 0 Btuh
 Total cooling 0 Btuh
 Actual air flow 0 cfm
 Air flow factor 0 cfm/Btuh
 Static pressure 0 in H2O
 Load sensible heat ratio 0

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



Right-Suite® Universal 2012 12.1.07 RSU09613

Project1.rup Calc=MJB FrontDoor faces: N

2014-Mar-25 09:45:58

Page 1



Project Summary
Zone #3
Honest Air, Inc.

Job:
 Date: Mar 25, 2014
 By:

1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

Project Information

For: Bonney George E Morey-Bonney Karen
 11 Oakwood Dr, Stuart, FL 34996

Notes: Replacing zone 3 of a 3 zone home. Upstairs Master Bed Room

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db 48 °F
 Inside db 70 °F
 Design TD 22 °F

Summer Design Conditions

Outside db 90 °F
 Inside db 75 °F
 Design TD 15 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 59 gr/lb

Heating Summary

Structure 11415 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 11415 Btuh

Sensible Cooling Equipment Load Sizing

Structure 21811 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.95
 Equipment sensible load 20764 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	962	962
Volume (ft ³)	8658	8658
Air changes/hour	0.40	0.21
Equiv. AVF (cfm)	58	31

Latent Cooling Equipment Load Sizing

Structure 1243 Btuh
 Ducts 0 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 1243 Btuh
 Equipment total load 22008 Btuh
 Req. total capacity at 0.70 SHR 2.5 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref

Efficiency 100 EFF
 Heating input 3.3 kW
 Heating output 11415 Btuh
 Temperature rise 10 °F
 Actual air flow 1000 cfm
 Air flow factor 0.088 cfm/Btuh
 Static pressure 0.10 in H2O
 Space thermostat

Cooling Equipment Summary

Make Rheem
 Trade Rheem
 Cond 13AJN30
 Coil RBHP21+RCHL36A1
 AHRI ref 4525541
 Efficiency 11.5 EER, 14 SEER
 Sensible cooling 19600 Btuh
 Latent cooling 8400 Btuh
 Total cooling 28000 Btuh
 Actual air flow 1000 cfm
 Air flow factor 0.046 cfm/Btuh
 Static pressure 0.10 in H2O
 Load sensible heat ratio 0.95

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



1265 SW 34th Terr, Palm City, FL 34990 Phone: 772-232-1114 Fax 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

1 Room name				Zone #3		Sys #3								
2 Exposed wall				9.0 ft		145.6 ft								
3 Room height				9.0 ft		145.6 ft								
4 Room dimensions				9.0 ft		1.0 x 962.0 ft								
5 Room area				962.0 ft²		962.0 ft²								
6	Ty	Construction number	U-value (Btuh/ft²·°F)	Or	HTM (Btuh/ft²)		Area (ft²) or perimeter (ft)		Load (Btuh)		Area (ft²) or perimeter (ft)		Load (Btuh)	
					Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool
6	W	12B-0sw	0.097	n	2.10	2.69	198	149	313	401	198	149	313	401
		1A-c10m	1.270	n	27.56	35.03	49	0	1356	1723	49	0	1356	1723
11	W	1A-c10md	1.270	n	0.00	0.00	0	0	0	0	0	0	0	0
		12B-0sw	0.097	ne	2.10	2.69	45	45	98	122	45	45	96	122
11	W	1A-c10m	1.270	ne	0.00	0.00	0	0	0	0	0	0	0	0
		11J0	0.600	ne	0.00	0.00	0	0	0	0	0	0	0	0
11	W	12B-0sw	0.097	e	2.10	2.69	261	237	499	638	261	237	499	638
		1A-c10m	1.270	e	27.56	91.37	24	0	661	2193	24	0	661	2193
11	W	12B-0sw	0.097	se	2.10	2.69	22	22	47	61	22	22	47	61
		1A-c10m	1.270	se	0.00	0.00	0	0	0	0	0	0	0	0
11	W	12B-0sw	0.097	s	2.10	2.69	396	360	758	969	396	360	758	969
		1A-c10m	1.270	s	27.56	38.13	36	0	992	1373	36	0	992	1373
11	W	11J0	0.600	s	0.00	0.00	0	0	0	0	0	0	0	0
		12B-0sw	0.097	sw	2.10	2.69	23	23	48	61	23	23	48	61
11	W	1A-c10m	1.270	sw	0.00	0.00	0	0	0	0	0	0	0	0
		12B-0sw	0.097	w	2.10	2.69	156	119	250	320	156	119	250	320
11	W	1A-c10m	1.270	w	27.56	91.37	37	0	1011	3352	37	0	1011	3352
		12B-0sw	0.097	nw	2.10	2.69	209	162	340	435	209	162	340	435
11	W	1A-c10m	1.270	nw	27.56	70.68	48	0	1313	3368	48	0	1313	3368
		16B-7md	0.112	-	2.43	6.01	962	962	2338	5780	962	962	2338	5780
11	C	19A-0bscp	0.295	-	2.40	1.68	6	6	15	11	6	6	15	11
		22A-tpl	0.989	-	0.00	0.00	0	0	0	0	0	0	0	0
6	c) AED excursion								488				488	
	Envelope loss/gain							10038	21295			10038	21295	
12	a) Infiltration							1377	517			1377	517	
	b) Room ventilation							0	0			0	0	
13	Internal gains:		Occupants @	230			0		0	0			0	
			Appliances/other						0				0	
	Subtotal (lines 6 to 13)							11415	21811			11415	21811	
14	Less external load							0	0			0	0	
	Less transfer							0	0			0	0	
15	Redistribution							0	0			0	0	
	Subtotal							11415	21811			11415	21811	
	Duct loads						0%	0%			-0%	0%	0	
	Total room load							11415	21811			11415	21811	
	Air required (cfm)							1000	1000			1000	1000	

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



Project Information

For: Bonney George E Morey-Bonney Karen
 11 Oakwood Dr, Stuart, FL 34996

Design Conditions

Location: West Palm Beach Intl AP, FL, US Elevation: 20 ft Latitude: 27°N		Indoor: Indoor temperature (°F) 70 Design TD (°F) 22 Relative humidity (%) 50 Moisture difference (gr/lb) 14.7	Heating 70 22 50 14.7	Cooling 75 15 50 59.2
Outdoor: Dry bulb (°F) 48 Daily range (°F) - Wet bulb (°F) - Wind speed (mph) 15.0	Heating 48 - - 15.0	Cooling 90 13 (L) 78 7.5		
		Infiltration: Method Simplified Construction quality Average Fireplaces 0		

Construction descriptions

	Or	Area ft ²	U-value Btu/ft ² ·°F	Insul R ft ² ·°F/Btu	Htg HTM Btu/ft ²	Loss Btu	Clg HTM Btu/ft ²	Gain Btu
Walls								
12B-0sw: Frm wall, wd ext, r-11 cav ins, 1/2" gypsum board int fnsh, 2"x6" wood frm	n	149	0.097	11.0	2.10	313	2.69	401
	ne	45	0.097	11.0	2.10	96	2.69	122
	e	237	0.097	11.0	2.10	499	2.69	638
	se	22	0.097	11.0	2.10	47	2.69	61
	s	360	0.097	11.0	2.10	758	2.69	969
	sw	23	0.097	11.0	2.10	48	2.69	61
	w	119	0.097	11.0	2.10	250	2.69	320
	nw	162	0.097	11.0	2.10	340	2.69	435
	all	1117	0.097	11.0	2.10	2351	2.69	3007
Partitions (none)								
Windows								
1A-c1om: 1 glazing, dr glz, mtl no brk frm mat, 1/8" thk	n	49	1.270	0	27.6	1356	35.0	1723
	e	24	1.270	0	27.6	661	91.4	2193
	s	36	1.270	0	27.6	992	38.1	1373
	w	37	1.270	0	27.6	1011	91.4	3352
	nw	48	1.270	0	27.6	1313	70.7	3368
	all	194	1.270	0	27.6	5334	62.1	12009
Doors (none)								
Ceilings								
16B-7md: Attic ceiling, mtl roof mat, r-7 ceil ins, 5/8" gypsum board int fnsh		962	0.112	7.0	2.43	2338	6.01	5780
Floors								
19A-0bscp: Part floor, carpet flr fnsh, frm fir, 6" thkns, 5/8" gypsum board int fnsh		6	0.295	0	2.40	15	1.68	11

Project Information

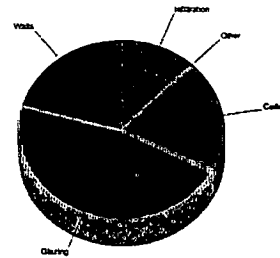
For: Bonney George E Morey-Bonney Karen
 11 Oakwood Dr, Stuart, FL 34996

Design Conditions

Location: West Palm Beach Intl AP, FL, US Elevation: 20 ft Latitude: 27°N	Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph)	Heating 48 - - 15.0	Cooling 90 13 (L) 78 7.5	Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb)	Heating 70 22 50 14.7	Cooling 75 15 50 59.2
				Infiltration: Method Construction quality Fireplaces	Simplified Average 0	

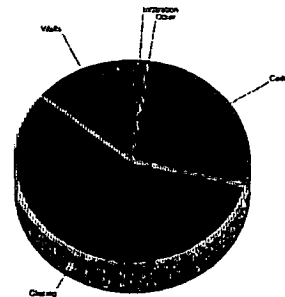
Heating

Component	Btuh/ft²	Btuh	% of load
Walls	2.1	2351	20.6
Glazing	27.6	5334	46.7
Doors	0	0	0
Ceilings	2.4	2338	20.5
Floors	2.4	15	0.1
Infiltration	1.1	1377	12.1
Ducts		0	0
Piping		0	0
Humidification		0	0
Ventilation		0	0
Adjustments		0	0
Total		11415	100.0



Cooling

Component	Btuh/ft²	Btuh	% of load
Walls	2.7	3007	13.8
Glazing	64.6	12497	57.3
Doors	0	0	0
Ceilings	6.0	5780	26.5
Floors	1.7	11	0.0
Infiltration	0.4	517	2.4
Ducts		0	0
Ventilation		0	0
Internal gains		0	0
Blower		0	0
Adjustments		0	0
Total		21811	100.0

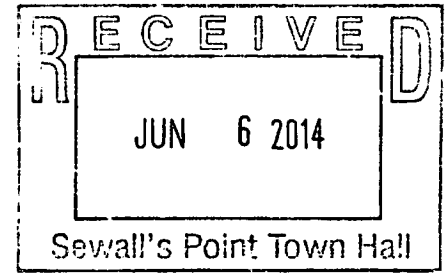


Latent Cooling Load = 1243 Btuh
 Overall U-value = 0.204 Btuh/ft²-°F

Data entries checked.

ADMIN VARIANCE

**THE TOWN OF SEWALL'S POINT
BOARD OF ZONING ADJUSTMENT**



IN RE:

APPLICATION OF GEORGE E. BONNEY
AND KAREN MOREY-BONNEY

RESOLUTION GRANTING VARIANCE

This matter came before the Town of Sewall's Point, Board of Zoning Adjustment ("Board") for a hearing on May 8, 2014 on the application of George E. Bonney and Karen Morey-Bonney dated April 3, 2014, and the Board having considered the evidence presented regarding the following real property:

Legal Description: Lot 12, OAKWOOD SUBDIVISION, according to the Plat thereof, recorded in Plat Book 8, Page 53, of the public records of Martin County, Florida.

Street address: 11 Oakwood Drive, Sewall's Point, FL 34996

Upon motion, duly seconded makes the following findings and determination

WHEREAS, GEORGE E. BONNEY and KAREN MOREY-BONNEY, as owners of the above described real property, applied to the Town of Sewall's Point, Florida requesting a variance on the existing side setbacks for the residence, and

WHEREAS, GEORGE E. BONNEY and KAREN MOREY-BONNEY amended their variance application during the hearing and withdrew their variance request as it pertained to constructing a new pool screen enclosure on an existing pool patio deck, and

WHEREAS, notice of the public hearing on the variance application was duly posted and mailed in accordance with the provisions of the Sewall's Point Code of Ordinances (Town

INSTR # 2457811 OR BK 2720 Pg 1293 RECD 05/28/2014 08:48:26 AM
(3 Pgs)
CAROLYN TIMMANN MARTIN COUNTY CLERK
DEED DOC \$0.00, HTG DOC \$0.00, INTANGIBLE \$0.00

Code), and a public hearing thereon was held on May 8, 2014, at 7:00 p.m. at the Town Hall of Sewall's Point, Florida, and

WHEREAS, on May 8, 2014, a quorum of the Board of Zoning Adjustment was present and the public hearing was held on the subject application (as amended), and

WHEREAS, at the public hearing the applicants were present in person, or represented by counsel, and all interested parties or members of the public had an opportunity to be heard for or against such application, and

WHEREAS, based on the information presented, this Board makes the following findings of fact:

- (1) Special conditions and circumstances exist which are peculiar to the land, building or structure involved, and which are not applicable to other lands or structures in the same district.
- (2) The special conditions and circumstances do not result from the actions of the applicants.
- (3) Granting the variance requested will not confer on the applicants any special privilege that is denied by this chapter to owners of other lands, buildings or structures in the same zoning district.
- (4) A literal interpretation of the provisions of this chapter would deprive the applicants of rights commonly enjoyed by other properties in the same district under the terms of this chapter and would work unnecessary and undue hardship on the applicants.
- (5) The variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.

(6) The granting of the variance requested is in harmony with the general intent and purpose of this chapter and a variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

NOW THEREFORE, be it resolved by the Board of Zoning Adjustment of the Town of Sewall's Point, Florida, that the application filed by GEORGE E. BONNEY and KAREN MOREY-BONNEY, as amended at the hearing, for a variance from the side setback requirements of Section 82-274 of the Town Code for the existing residence is **GRANTED**.


The Secretary of this Board is hereby authorized and directed to record this Resolution in the Official Public Records of Martin County, Florida, and the Clerk of the Town of Sewall's Point is hereby directed to maintain this Resolution as part of the Official Records of the Town.

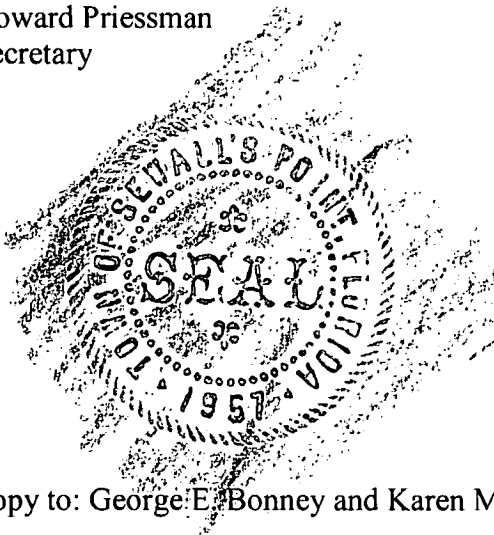
Duly passed and adopted at a Public Meeting on May 8, 2014.

BOARD OF ZONING ADJUSTMENT
TOWN OF SEWALL'S POINT, FLORIDA

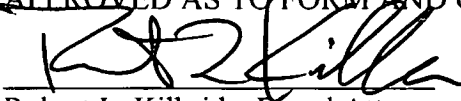
By: 
Fernando Giachino
Board Chairman

ATTEST:

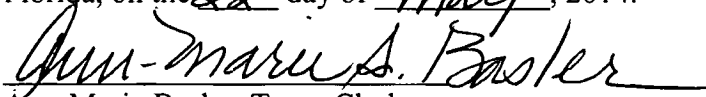

Howard Priessman
Secretary



APPROVED AS TO FORM AND CONTENT


Robert L. Kilbride, Board Attorney

Filed with the Clerk of the Town of Sewall's Point, Florida, on the 22nd day of May, 2014.


Ann-Marie Basler, Town Clerk

Copy to: George E. Bonney and Karen Morey-Bonney and counsel

10863

SCREEN ENCLOSURE



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10863	DATE ISSUED:	05/13/2014
SCOPE OF WORK:	SCREEN ENCLOSURE		
CONTRACTOR:	SIGNATURE		
PARCEL CONTROL NUMBER:	13384100900001203	SUBDIVISION	OAKWOOD LOT 12
CONSTRUCTION ADDRESS:	11 OAKWOOD DRIVE		
OWNER NAME:	BONNEY		
QUALIFIER:	JACOB WERTHEM	CONTACT PHONE NUMBER:	772 708-3078

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10863		
ADDRESS:	11 OAKWOOD DRIVE		
DATE ISSUED:	5/13/2014	SCOPE OF WORK:	SCREEN ENCLOSURE

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
---	----------------	----	--


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

ACCESSORY PERMIT	Declared Value:	\$	\$ 14,000.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.60
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.60

Pr 5/15/14
Cash 110.00
109.60 Permi
.40 Copies
110.00

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE .

STATE OF FLORIDA
 DEPARTMENT OF FINANCIAL SERVICES
 DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
 CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
 WORKERS' COMPENSATION LAW



EFFECTIVE: 08/07/2012 EXPIRATION DATE: 08/07/2014
 PERSON: JACOB R WERTHEM
 FEIN: 870777914
 BUSINESS NAME AND ADDRESS:
 TWRLLC
 OBA TACT SERVICES
 710 SE ASKLEY OAKS WAY
 STUART, FL 34997

SCOPE OF BUSINESS OR TRADE:
 1- CARPENTRY - DWELLINGS - THREE 2- CARPENTRY - DETACHED ONE OR TWO
 3- CARPENTRY - INSTALLATION OF CA

IMPORTANT

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

H Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

CUT HERE

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

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-11

Job Location 11 Oak Wood Dr.

220-4765

Town of Sewall's Point

Date: 2-20-14 BUILDING PERMIT APPLICATION Permit Number: 10863

OWNER/LESSEE NAME: George Bonney Phone (Day) 772-210-6953 (Fax)

Job Site Address: 11 OAKWOOD DR City: STUART State: FL Zip: 34996

Legal Description: LOT 12 OAKWOOD SUB. Parcel Control Number: 13.38.41.009.000.

Fee Simple Holder Name: Address: 00120-3

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC):

Screen enclosure

WILL OWNER BE THE CONTRACTOR?

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

Has a Zoning Variance ever been granted on this property?

YES (YEAR) NO

(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 14,000.

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

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

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$

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

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Signature Phone: 772 708 3078 Fax: 220 9211

Qualifiers name: Jacob Wertherm Street: 710 SE Ashley Oaks Way Stuart City: FL Zip: 34997

State License Number: CGC1520368 OR: Municipality: License Number:

LOCAL CONTACT: Jacob Wertherm Phone Number: 772-634-0517

DESIGN PROFESSIONAL: Paul Welch Fla. License#

Street: 1984 SW Diltmor St. #14 City: PSC FL State: FL Zip: 34984 Phone Number: 785-9888

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: 1584 Enclosed Storage:

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

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

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

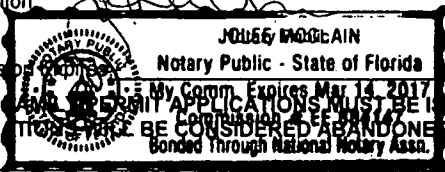
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE:

X George E. Bonney State of Florida, County of: Martin On This the 20th day of February 2014 by George Bonney who is personally known to me or produced As identification

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

Jacob Wertherm State of Florida, County of: Martin On This the 17th day of February 2014 by Jacob Wertherm who is personally known to me or produced Florida Driver's License As identification



Notary Public My Commission Expires: 3-10-2017



STATE OF FLORIDA Comm# EE882069 Expires 2/10/2017

Sewall's Point Town Hall

APR 17 2014

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

AC# 696456

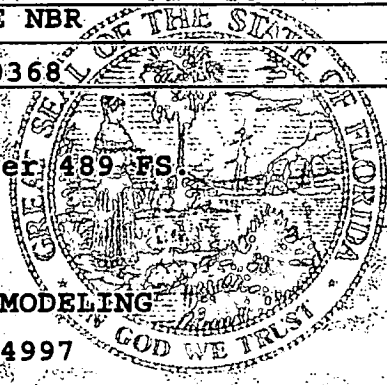
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12120501151

DATE	BATCH NUMBER	LICENSE NBR
12/05/2012	120231579	CGC1520368

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



WERTHEM, JACOB
SIGNATURE PAINTING AND REMODELING
710 SE ASHLEY OAKS WAY
STUART FL 34997

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2012-2013 MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

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

ACCOUNT 2012-513-0835 CERT CGC1520368

PHONE (772) 634-0517 SIC NO 236115

LOCATION:

710 SE ASHLEY OAKS WAY

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$ 6.56
	\$.00	COL. FEE	\$ 6.60
	\$.00	TRANSFER	\$.00
TOTAL		39.41	

TACT SERVICES

TJRW, LLC

TJRW, LLC

710 SE ASHLEY OAKS WAY
STUART, FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF GENERAL CONTRACTOR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

11 DAY OF FEBRUARY 20 13
AND ENDING SEPTEMBER 30, 2013

800 2012 02361.0001 PAID





CERTIFICATE OF LIABILITY INSURANCE

TJRWL1

OP ID: ED

DATE (MM/DD/YYYY)
06/17/2013

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

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

PRODUCER
Galt Insurance Group of
Collier County
7855 Airport Road N. Ste 204
Naples, FL 34109
CHRISTIAN GALT

Phone: 239-254-0127
Fax: 239-254-0128

CONTACT NAME:	
PHONE (A/C, No., Ext):	FAX (A/C, No.):
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Burlington Insurance Co	NAIC #
INSURER B: Progressive	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED **TJRW LLC**
DBA Signature Painting and
Remodelling
710 SE Ashley Oaks Way
Stuart, FL 34997

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

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

INSR. SUB.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	038003587	03/01/2013	03/01/2014	EACH OCCURRENCE \$ 1,000,000
	GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-PRAT <input type="checkbox"/> LCC FIRE DAM. \$ 100,000				
Y	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	03883921-6	06/23/2012	06/23/2013	COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 2005 Dodge Ram Van B2500 Vin: D7JB21Y53R530228-\$500 COMP AND \$500 COLLISION
DEDUCTIBLE-Vehicle used as a painting van

CERTIFICATE HOLDER

Martin County Contractors, Inc
900 SE Ruhnke St
Stuart, FL 34994

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
CHRISTIAN GALT

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

generated on 2/27/2014 8:05:18 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
13-38-41-009-000-00120-3	27850	11 OAKWOOD DR, SEWALL'S POINT	\$417,440	2/22/2014

Owner Information

Owner(Current)	BONNEY GEORGE E MOREY-BONNEY KAREN
Owner/Mail Address	11 OAKWOOD DR STUART FL 34996
Sale Date	12/27/2013
Document Book/Page	2695 1254
Document No.	2433375
Sale Price	543200

Location/Description

Account #	27850	Map Page No.	SP-05
Tax District	2200	Legal Description	OAKWOOD LOT 12
Parcel Address	11 OAKWOOD DR, SEWALL'S POINT		
Acres	.4930		

Parcel Type

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

Assessment Information

Market Land Value	\$181,500
Market Improvement Value	\$235,940
Market Total Value	\$417,440

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

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 11 Oakwood Dr. Street (Lot 12 Oakwood Subdivision) *Book 8, Page 53*

GENERAL DESCRIPTION OF IMPROVEMENT: _____

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

NAME: George & Karen Bonney
ADDRESS: 11 Oakwood Dr. Street
PHONE NUMBER: 772-710-6953 FAX NUMBER: _____
INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: Signature Painting 710 SE Ashley Oaks way
ADDRESS: 4411 Murray Cove Lane Stuart FL 34997
PHONE NUMBER: 772-708-3078 FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: NONE
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

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

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

George E. Bonney
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

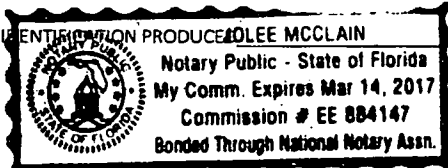
IS NAME SIGNATORY'S TITLE/OFFICE George E Bonney

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 20th DAY OF Feb 2014

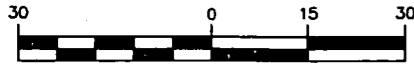
BY: George E. Bonney AS _____ FOR _____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

X Jan [Signature]
NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
CAROLYN TIMMANN, CLERK
BY [Signature] DATE 2/21/14 D.C.

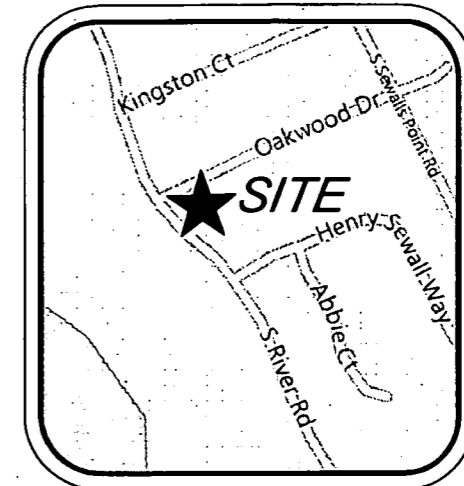


GRAPHIC SCALE (In Feet)
1 inch = 30 ft.



LEGAL DESCRIPTION:

LOT 12, OAKWOOD SUBDIVISION, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 8, PAGE 53, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA



LOCATION MAP NOT TO SCALE

FLOOD ZONE: X
COMMUNITY NUMBER: 120164
PANEL: 0162
SUFFIX: F

BOUNDARY SURVEY OF
11 OAKWOOD DRIVE
SEWALL'S POINT, FL 34996
PREPARED FOR
GEORGE BONNEY

Project	C-12487	Sheet	1 of 1
Date	01-14-2014		
Scale	1" = 30'		

6250 N. MILITARY TRAIL, SUITE 102
WEST PALM BEACH, FL 33407
www.compassurveying.net

COMPASS SURVEYING

LB. 7463 PHONE: 561.640.4800 FAX: 561.640.0576

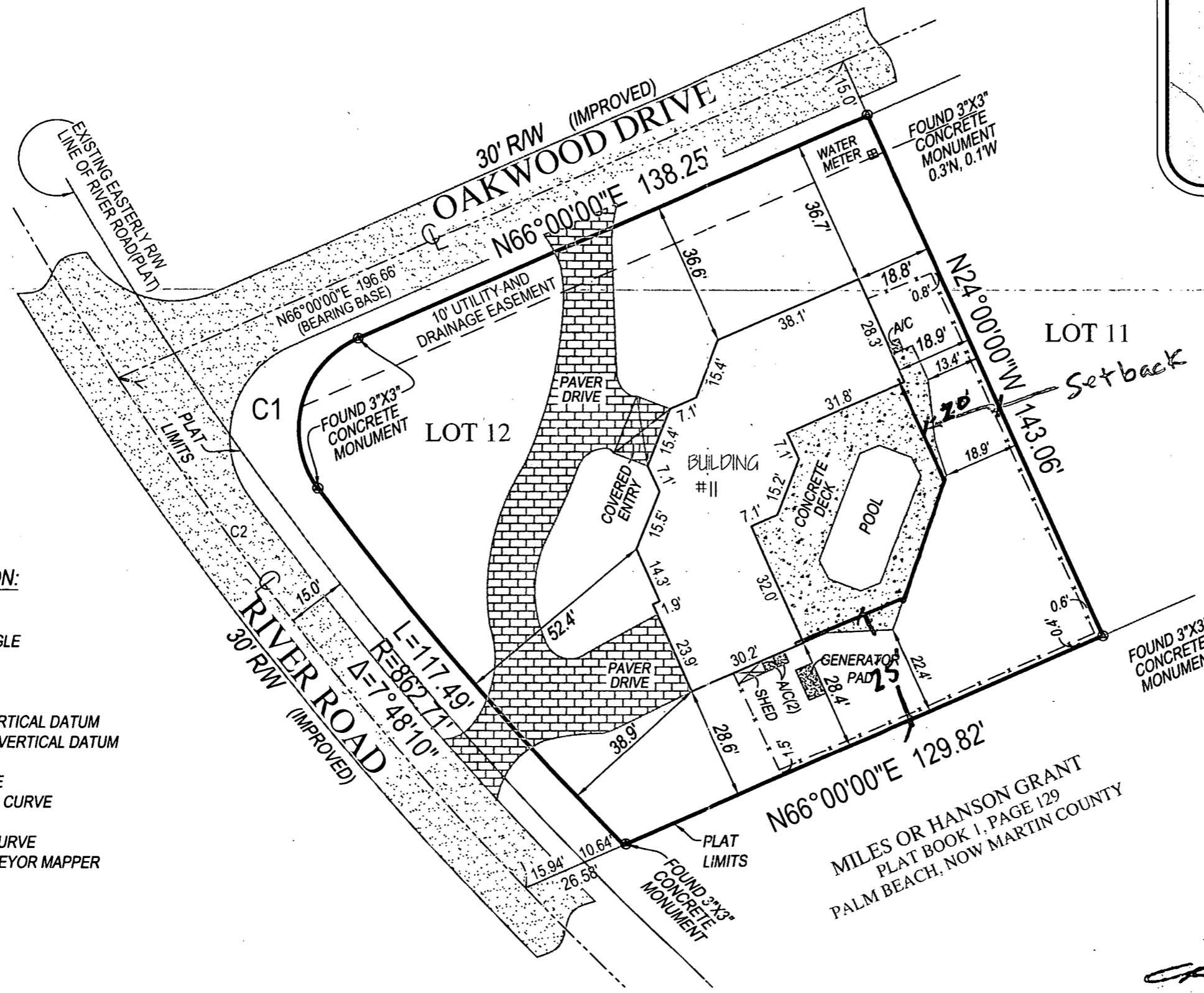
C1	L=44.66'
	R=25.00'
	Δ=102°20'58"
C2	L=163.33'
	R=887.71'
	Δ=10°32'31"

ABBREVIATION DESCRIPTION:

A/C	AIR CONDITIONER
C	CENTERLINE
Δ	CENTRAL / DELTA ANGLE
I.D.	IDENTIFICATION
L	LENGTH
LB	LICENSED BUSINESS
N.A.V.D.	NORTH AMERICAN VERTICAL DATUM
N.G.V.D.	NATIONAL GEODETIC VERTICAL DATUM
OHL	OVERHEAD UTILITIES
P.C.	POINT OF CURVATURE
P.C.C.	POINT OF COMPOUND CURVE
P-K	PARKER KYLON NAIL
P.R.C.	POINT OF REVERSE CURVE
PSM	PROFESSIONAL SURVEYOR MAPPER
P.T.	POINT OF TANGENCY
R	RADIAL / RADIUS
R/W	RIGHT OF WAY

NOTES:

- LEGAL DESCRIPTION PROVIDED BY CLIENT
- NO SEARCH OF THE PUBLIC RECORD FOR THE PURPOSE OF ABSTRACTING TITLE WAS PERFORMED BY THIS OFFICE
- NO SUBSURFACE IMPROVEMENTS WERE LOCATED AS PART OF THIS SURVEY
- ALL ANGLES AND DISTANCES SHOWN HEREON ARE BOTH RECORD AND MEASURED UNLESS OTHERWISE NOTED
- THE BEARINGS SHOWN HEREON ARE BASED ON THE CENTERLINE OF OAKWOOD DRIVE, ASSUMED TO BEAR N66°00'00"E



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Clyde O. McNeal
Clyde O. McNeal PSM #2863
THIS SURVEY IS NOT VALID WITHOUT
THE SIGNATURE AND THE ORIGINAL RAISED SEAL
OF A FLORIDA LICENSED SURVEYOR AND MAPPER



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

**SCREEN/POOL ENCLOSURE APPLICATION PACKAGE
2010 FLORIDA BUILDING CODE**

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

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

- _____ **1 Copy** Completed permit application
- _____ **1 Copy** Notice of Commencement signed, notarized and recorded prior to first inspection.
(Only if construction value exceeds \$2500.00)
- _____ **2 Copies** Survey or site plan showing the following:
- All existing structures on property
 - Location of proposed screen room
 - Setbacks from screen room to property lines
 - Location of all easements
 - Street & house number on site plans
 - All four building setbacks lines.
- *DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.**
- _____ **2 Copies** Engineer certified plans & specifications including:
- Wind Design Information per Section 1603.1.4 FBC. as it applies.
 - Complete floor plans/layouts for "Screen Enclosure", and rooms with emergency egress requirements (bedrooms) identified in the existing structure.
 - Foundation details (Including existing foundations). Existing foundations must comply with new engineering. Mark the required engineered foundation as existing on the plans.
- HIGHLIGHT OR CIRCLE ONLY APPLICABLE DETAILS.
DO NOT SUBMIT UNRELATED DRAWINGS.**
- _____ **2 Copies** Need 2 copies of structural elevations from all sides indicating all structural Component sizes and spacing matching the submitted engineering.

SITE SPECIFIC ENGINEERING IS REQUIRED FOR ALL TWO STORY SCREEN ROOMS AND ANY SPECIFIC CONDITION THAT CAUSES A DEVIATION FROM THE STANDARD ENGINEERED DETAILS SUBMITTED.

PAMELA M. BUSHA
Mayor

PAUL LUGER
Vice Mayor

VINCENT N. BARILE
Commissioner

THOMAS BAUSCH
Commissioner

JACQUI THURLOW-LIPPISCH
Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
Town Manager

ANN-MARIE S. BASLER
Town Clerk

TINA CIECHANOWSKI
Interim Chief of Police

JOHN ADAMS
Building Official

JOSE TORRES
Maintenance

CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 02/20/2014
APPLICATION DESCRIPTION: SCREEN ENCLOSURE
APPLICATION ADDRESS: 11 OAKWOOD DRIVE

DATE: 02/27/2014

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. The following is an excerpt for Town Code:

Sec. 82-274. - Setbacks. Each lot in a residential district shall have front, side and rear setbacks not less than the following:

(1) *Primary residential structure.*

a. *Front yard.* The front yard depth shall be 35 feet from the platted lot line or property line. The front yard for all lots which border a cul-de-sac shall be on the cul-de-sac.

b. *Side yards.* The width of each side yard shall be 20 feet on any lot created after February 8, 1984, or any lot having an area of 18,000 square feet or more and an average width of 120 feet or more, except lots where a single-family dwelling was located on the lot on February 8, 1984. On all other lots, the width of each side yard shall be 15 feet.

2. Survey indicates a side setback of 18.8' & 18.9' along the eastern side yard, which encroaches 1.2, & 1.1 feet respectively into the side setback.
3. Proposed screen room must meet the required 20 foot side setback.
4. Property will require a variance to correct the existing side yard encroachments prior to issuance of screen room permit (C.O. issued August 9, 1984).

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION FOR THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS,


JOHN R. ADAMS, CBO
BUILDING OFFICIAL



One South Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
Police Department (772) 781-3378 • Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org

TX Result Report

P 1
 03/10/2014 14:52
 Serial No. A5C4011007547
 TC: 12995

Addressee	Start Time	Time	Prints	Result	Note
7726005146	03-10 14:52	00:00:40	001/001	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, PPS:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL:RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POUR:Receiving page Over, FTL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

PAMELA M. BUSH
 Mayor
 PAUL LUGER
 Vice Mayor
 VINCENT N. BARILE
 Commissioner
 THOMAS BAUSCH
 Commissioner
 JACQUI THURLOW-LIPPISCH
 Commissioner

TOWN OF SEWALL'S POINT



PAMELA MAC'KIE WALKER
 Town Manager
 ANN-MARIE S. BASLER
 Town Clerk
 TINA CIECHANOWSKI
 Interim Chief of Police
 JOHN ADAMS
 Building Official
 JOSE TORRES
 Maintenance

CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 02/20/2014
 APPLICATION DESCRIPTION: SCREEN ENCLOSURE
 APPLICATION ADDRESS: 11 OAKWOOD DRIVE

DATE: 02/27/2014

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- The following is an excerpt for Town Code:
 - Sec. 82-274. - Setbacks. Each lot in a residential district shall have front, side and rear setbacks not less than the following:
 - (1) Primary residential structure.
 - a. Front yard. The front yard depth shall be 35 feet from the platted lot line or property line. The front yard for all lots which border a cul-de-sac shall be on the cul-de-sac.
 - b. Side yards. The width of each side yard shall be 20 feet on any lot created after February 8, 1984, or any lot having an area of 18,000 square feet or more and an average width of 120 feet or more, except lots where a single-family dwelling was located on the lot on February 8, 1984. On all other lots, the width of each side yard shall be 15 feet.
 - Survey indicates a side setback of 18.8' & 18.9' along the eastern side yard, which encroaches 1.2, & 1.1 feet respectively into the side setback.
 - Proposed screen room must meet the required 20 foot side setback.
 - Property will require a variance to correct the existing side yard encroachments prior to issuance of screen room permit (C.O. issued August 9, 1984).

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION FOR THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS,

 JOHN R. ADAMS, CBO
 BUILDING OFFICIAL



One South Sewall's Point Road, Sewall's Point, Florida 34986
 Town Hall (772) 287-2455 - Fax (772) 220-4765 • E-Mail: pwalker@sewallspoint.org
 Police Department (772) 781-3378 - Fax (772) 286-7669 • E-Mail: sppd@sewallspoint.org

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri - 14 Page ____ of ____

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10942	ROSEMANN	DRY - IN		
	5 RIO VISTA DR	WATER	PASS	
	CODE RED ROOFERS	IN PROGRESS		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10688		ROOF SPREADING		
	108 S. SPT RD	PARTIAL	PASS	
	DRIFTWOOD HOMES			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10835	SPENCER	ROOF SPREADING		
	85 S. SPT RD		PASS	
	DAN BUTCHER ROOF			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10863	BONNEY	?		
	77 OAKWOOD		CANCELLED	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9:15	FADRESEGE			
	ORK HILL WAY	JOB SITE MIA		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **6-4-14** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10827	DeROSA	FOOTER Insp		BILL IANIERO
ADVISED NOT TIL WED	16 N. SEWALL'S PT RD Wm. B. IANIERO CONST.		PASS	772-370-8490 INSPECTOR <i>A</i>
10762	STEPHANO	GAS (ROUGH)		283-7742
ADV. NOT TIL WED	16 E HIGH PT. RD DREAMWORKS	FOOTING	PASS	INSPECTOR <i>A</i>
10859	EBERST	Rough-Elec/Plumb.		260-3799
ADV NOT TIL WED	138 S SEWALL'S PT. RD BROWNIE CO.	check & tighten framing	FAIL	NOT READY INSPECTOR <i>A</i>
10694	WESCOTT	FOOTER Insp.		772-263-9000
ADV NOT TIL WED	53 N. RIVER RD RD SAU GEORGE CONT. INC		PASS	INSPECTOR <i>A</i>
10672	Duke	Window & Door Pkts		Curt
ADV NOT TIL WED	25 Island Dr. CDR BUILDERS	thurs if need	PASS	215-8464 INSPECTOR <i>A</i>
0838	WESTON	Pool Steel bond & main drain		561-676 4100
Not requested	30 S. Sewall Pt. Rd Hamilton-Curt Pools		PASS PENDING PILING	INSPECTOR <i>A</i>
10853	BONNEY	Green Exc.		772-708-3078
ADV WED	11 Oakwood Dr. signature	Paperwork under name	PASS	INSPECTOR INSPECTOR <i>A</i>

TOWN OF SEWALL'S POINT, FLORIDA

Date 6-24-02 19____ TREE REMOVAL PERMIT No 1165

APPLIED FOR BY Laurel Jarvis (Contractor or Owner)

Owner ~~11 Oakwood Dr.~~ (Contractor TBO)

Sub-division _____, Lot _____, Block _____

Kind of Trees (1) Eucalyptus (1) Norfolk Pine (1) Cherry (1) unknown

No. Of Trees: REMOVE 5

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (gu) Town Clerk

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 3:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

[Empty grid area for drawing or notes]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

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

Owner Jarvis Address 11 Oakwood Dr. Phone 283-4239

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) (2) Eucalyptus (1) Norfolk Pine

(1) Chinaberry (1) unknown non-native = 5 Total
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

- 0 -

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

- 0 -

Permit Fee \$ φ
\$15.00

C.k. to remove @ \$
per letter + sketch

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____


Approved by Building Inspector [Signature] Date submitted: 8/21/2

Completed _____
Date _____ Checked by _____

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

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

S. River Rd

4  UNKNOWN non native


5  Chamberberry

DRIVEWAY

3  Norfolk Pine
2  smaller Eucalyptus

11 OAKWOOD Dr.

Oakwood Dr.

 LG Eucalyptus

6/21/02

Sketch on Reverse

Town of Sewalls Pt.:

We feel that several trees need to be removed because of potential for damage to our home in case of high winds or hurricane.

- ① Large Eucalyptus N. Side of home, and along Oakwood Dr. - Hazard to dwelling, trunk is cracking, and tree is leaning toward roof.
- ② Small - medium Eucalyptus W. side, too close to driveway and house - high wind hazard and potential damage to vehicles parked in driveway.
- ③ lg. Norfolk Pine - high wind hazard, tree is leaning toward driveway and home - very brittle, non - native tree.
- ④ Chimney, grew from wind-borne seed; non-native species which can spread and multiply, also lots of debris.
- ⑤ Unknown exotic tree fronting S. River Rd, is damaged from lightning, drops limbs and hard fruit on River Rd, causing hazard to autos and joggers.

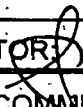
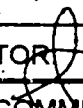

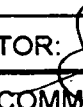

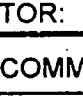

* 2 copies of survey & deed
on file recently @ Town Hall...

Thanks,
Sen D. Jarvis

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri June 21, 2007 Page of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5820	PICEU	ELECTRICAL	Passed	
	65 S. RIVER RD.	FINAL FOR		
	LUMINARY EFFECTS	LANDSCAPE LIGHTING		INSPECTOR: 
5427	FOGLIA	FINAL - CO	Passed	
	105 ABBIE CT.	(A/C UNIT)		
	FOGLIA			INSPECTOR: 
5744	READ	DOCK -	Passed	
	13 SIMARA	STRUCTURE		
	BOATLIFT CO.	ONLY		INSPECTOR: 
5734	ABESADA	RET. WALL.	Passed	
	8 MORGAN CIR	(DO NOT HAVE CARD)		
	CONWAY			INSPECTOR: 
5806	GULICK	FENCE FINAL	Passed	
	10 ISLAND WY.			
	ADRON	18002825172		INSPECTOR: 
5636	FRANCIS	SHEATHING	Passed	
	5 S. RIVER RD.	Partial		
	WILDOLDING			INSPECTOR: 
5734	JAMES	1/2	Passed	
	11 Oakwood Dr.			
	OD			INSPECTOR: 

OTHER: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-25-14-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	1 BONNE 7			
	11 OAKWOOD	TREE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10674	MORAN 2 PALM RD BROWNE COMP	SLAB GARAGE	Pass	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10913	GILBERT 29 FIELDWAY STUART ROOFING	Roof FINAL	HOLD UNTIL CUSTOMER CALLS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner George Bonney Address 11 Oakwood Phone 772 210-6953

Contractor Mike's Address 920 N.E. Ind. Blvd. Jensen Beach Phone 772-334-8144

No. of Trees: REMOVE _____ Species: _____

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

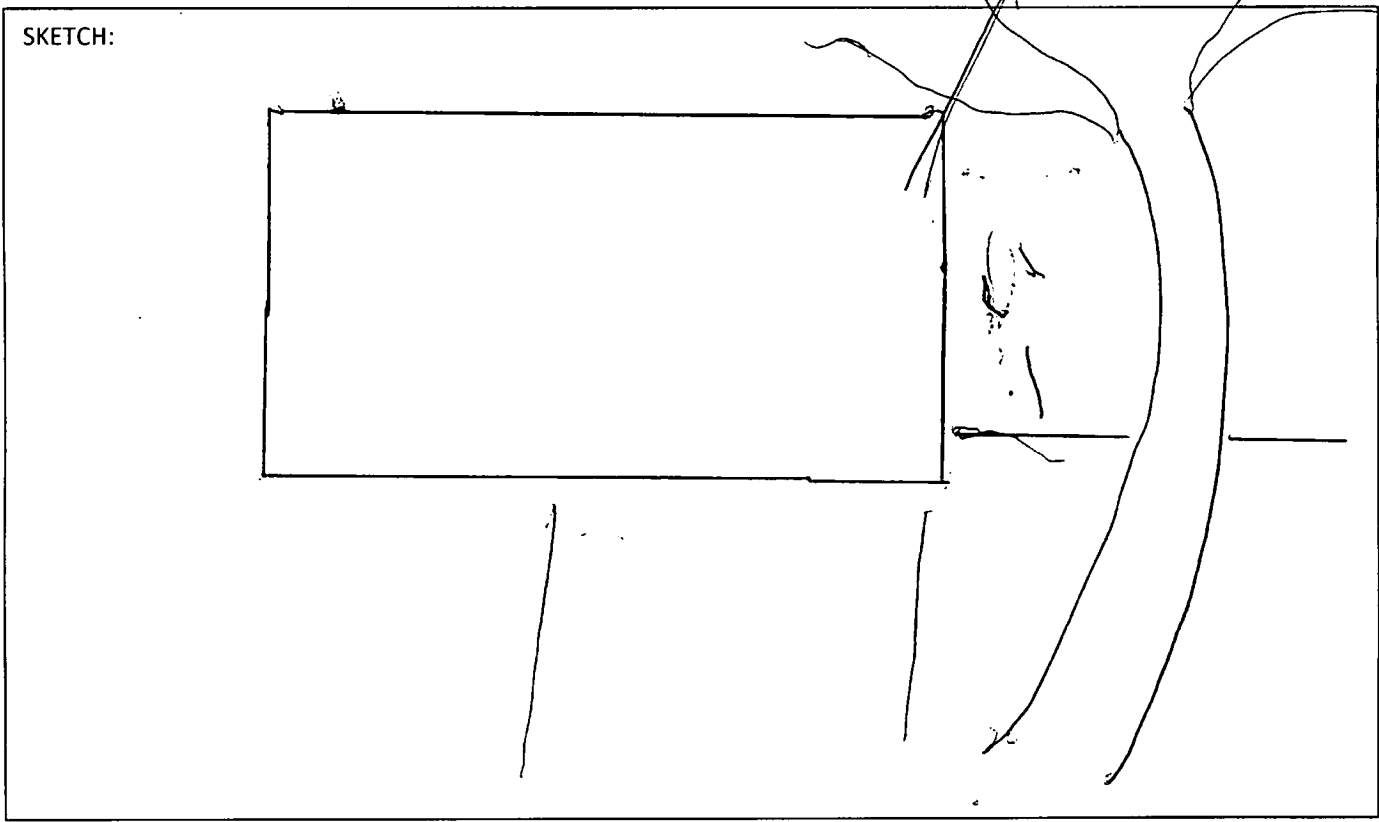
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

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

Signature of Property Owner George Bonney Date 7/24/14

Approved by Building Inspector: [Signature] Date 7-25-14 Fee: N/C

NOTES: cut part hanging over house



July 24, 2014

Re: 11 Oakwood Dr. Tree limb removal

There is an Oak several feet from the house on the southern side which is afflicted with Granoderma. There are server limbs that are close to the roof and could present a hazard in the event of a hurricane. I would like to have those limbs trimmed to eliminate the threat. Mike's Tree service is familiar with the tree and pointed out granoderma