

12 Oakwood Drive

4164

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER 1338410090000001060000 PERMIT NUMBER 4164
 AND 1338410090000002040000 DATE ISSUED 4/2/97
 OWNER EVELYN BRADEN (M) CONTRACTOR OR OWNER/BLDR. BRADEN
 ADDRESS 317 SE OCEOLA ADDRESS SAME
 CITY/ST/ZIP STUART FL 34994 CITY/ST/ZIP _____
 TELEPHONE (888) 287-8165 TELEPHONE _____
 FLOOD ZONE C
 TO BE CONSTRUCTED SFR
 SITE ADDRESS 12 OAKWOOD DRIVE
 SUBDIVISION OAKWOOD
 CONSTRUCTION VALUE 250,000

REMODELING/NEW CONSTRUCTION 2000
IMPACT 1500
RADON 36
SEPTIC _____
WELL _____
FENCE _____
POOL _____
DOCK _____

FEES
 PLUMBING 100
 ELECTRICAL 100
 MECH./A.C. 100
 ROOF 100
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER 500
 TOTAL 4545
 PAID BY CHECK 100

BUILDING INSPECTION		(FOR OFFICIAL USE ONLY)	
(SIGN OFF)			
FORM BOARD SURVEY	DATE <u>4/25/97</u>	NAILING	DATE <u>9/18/98</u>
ROUGH PLUMBING	DATE <u>5/28/98</u>	ROOF	DATE <u>12/9/98</u>
TERMITE PROTECTION	DATE <u>4/10/97</u>	INSULATION	DATE <u>9/23/97</u>
FOOTING-SLAB	DATE <u>4/10/97</u>	FINAL ELECTRIC	DATE <u>12/9/97</u>
LINTEL	DATE <u>5/14/97</u>	FINAL PLUMBING	DATE <u>12/9/97</u>
ROUGH ELECTRIC	DATE <u>9/18/97</u>	SEPTIC FINAL	DATE _____
FRAMING	DATE <u>9/18/97</u>	DRIVEWAY	DATE <u>3/11/98</u>
A/C DUCTS	DATE <u>9/18/97</u>	FINAL C.O.	DATE <u>4/1/98</u>

PERMIT AUTHORIZED BY

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



OFFICIAL RECEIPT
(FOR MONEY RECEIVED)

No. 536340

DATE 4-2, 1997

Legal Svc. SCHOOL

RECEIVED FROM Phillip Braden \$ 1,006.03
(NAME OR ORGANIZATION)

FOR lot 12, Oak Wood impact fees

FOR DEPOSIT IN _____ FUND(S)

D. Sales
PRINCIPAL OR RESPONSIBLE OFFICER

Marsha Stiller
Martin County Clerk of Circuit Court
P.O. BOX 9016 Stuart, Florida 34995
General Receipting

Transaction: PAYMENT
NOT A RECEIPT WITHOUT PROPER VALIDATION

Receipt Number: 97 014287 INVOICE NO: 00 000000
Cashier - Dept: LOCAB 06533 Date/Time : 03/26/97 13:52

Received from : BRADEN PHILIP
 : 317 E. OSCEOLA ST.
 :
 : STUART FL 34994 0000

Qt	Item--Description	Total	Amount	Comments
0001	RECORDING	6.00		NC BRADEN
0001	COPIES \$1.00	1.00		
0001	CERTIFY COPIES	1.00		
0001	POSTAGE REIMBURSEM	.32		
0000		.00		

Receivable Amt :	\$8.32
Cash :	\$8.32
Other:Check/MO :	\$.00
Escrow Charge :	\$.00
Total Applied :	\$8.32
Overpay Amount :	\$.00
Refund Amount :	\$.00
New Balance :	\$.00
Amount Tendered:	\$20.40
Change :	\$12.08

Comments:

Receipt 97-014287 Validated for

VALIDATION:
\$8.32 by LOCAB 03/26/97 13:52

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name Philip & Evelyn Braden

Owner's Address 317 E. Osceola St. Stuart Fla. 34994

Owner's Telephone 287-8165

Fee Simple Titleholder's Name (if other than owner) OWNER

Fee Simple Titleholder's Address (if other than owner) OWNER

City _____ State _____ Zip _____

Contractor's Name OWNER

Contractor's Address 317 E. Osceola St. Stuart FL 34994

City STUART State FL. Zip 34994

Contractor's Telephone _____ License Number _____

Job Name BRADEN RESIDENCE

Job Address 12 OAKWOOD DR

City Town of Sewall's Point State Florida Zip 34996

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name BRADEN P BRADEN AIA

Architect/Engineer's Address 417 COCONUT AVE 33496

Mortgage Lender's Name NONE

Mortgage Lender's Address _____

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

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

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

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

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS APPLICATION, 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, MARTIN COUNTY, STATE AGENCIES, OR FEDERAL AGENCIES.

Plumbing Contractor DAVE'S PLUMBING License No. _____

Electrical Contractor R.M.S. License No. ME00225

Roofing Contractor STUART ROOFING License No. _____

A/C Contractor Jim Keebler, A.C. License No. SP 00033

Description of Building or Alterations _____

PRIVATE RESIDENCE

Name of Street Designated as Front Building Line and Front Yard

ORWOOD DRIVE

Subdivision ORWOOD Lot 142 Block _____

Building Area (air conditioned) 2800 sq. ft.

Garage, Porch, Carport Area 800 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

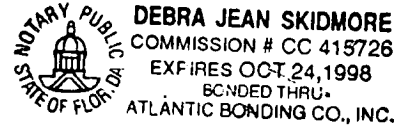
\$ 250,000

Philip R. Boaden DATE April 6, 1997
(Owner or Authorized Agent)

Sworn and Subscribed before me this
1 day of April 1997

(SEAL)

Debra Skidmore
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

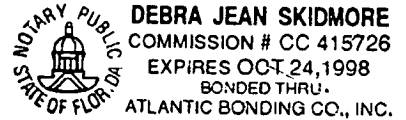


Philip R. Boaden (owner) DATE 4-1-97
(Contractor)

Sworn and Subscribed before me this
1 day of April 1997

(SEAL)

Debra Skidmore
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. owner of building

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] Permit Officer

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date _____

A/C Area _____ sq. ft. x \$60. = \$ _____

Non A/C Area _____ sq. ft. x \$25. = \$ _____

Total = \$ _____

Contract Price \$ _____ (fee will be charged on higher amount)

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-0077
Expires May 31, 1993

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

SECTION A PROPERTY INFORMATION

	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	POLICY NUMBER
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)	
CITY	STATE
	ZIP CODE

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
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7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

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

SECTION D COMMUNITY INFORMATION

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

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN


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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 250,000.

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



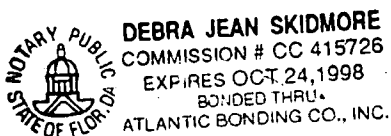
Affiant
Property street address:
~~1021 1/2~~ 12 OAKWOOD.

Sworn to and subscribed
before me this 1 day of
April, 1997.

Debra Skidmore

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



NOTICE OF COMMENCEMENT

PERMIT NO. _____ TAX FOLIO NO. _____

STATE OF FLORIDA:

COUNTY OF DADE:

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

1. Legal description of property and street address: Lot: 1, OAKWOOD SUB.
#12 OAKWOOD DRIVE

2. Description of improvement: CONSTRUCTION OF RESIDENCE

3. Owner(s) name and address: EVELYN BRADEN, PHILIP BRADEN
317 E. OSCEOLA ST. STUART FLA. 34986

Interest in property: OWNERS

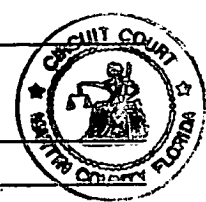
Name and address of fee simple titleholder: EVELYN & PHILIP BRADEN
317 E OSCEOLA ST. STUART FL

4. Contractor's name and address: ~~Home By Rock~~
OWNER/BUILDER

5. Surety (Payment bond required by owner from contractor, if any)
Name and address: NONE
Amount of bond \$ _____

6. Lender's name and address: NONE

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA STILLER, CLERK
BY Charlotte Burke, D.C.



7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name and address: NONE

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Name and address: NONE

9. Expiration date of this Notice of Commencement: (the expiration date is 1 year from the date of recording unless a different date is specified) _____

Philip Braden
Signature of Owner

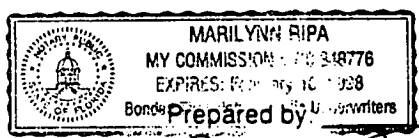
Print Owners Name PHILIP R. BRADEN

Sworn to and subscribed before me this 26 day of March, 1997.

Notary Public Marilynn Ripa

Print Notary's Name MARILYNN RIPA

My Commission Expires: 2/16/98



PHILIP R. BRADEN
Address: 317 E OSCEOLA ST
STUART
FLA.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-754

VERO BEACH: (561) 567-610

STUART: (561) 283-770

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Phil Braden

Date April 8, 1997

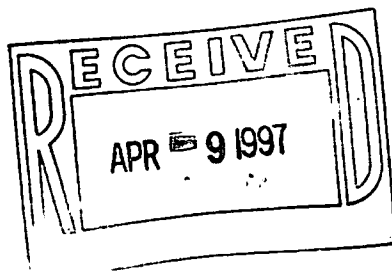
Contractor Client

Site 12 Oakwood Drive
Sewalls Point
Footings

Permit #4164

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
3020	N. Side of House	0 - 1'	104.2	3020	107.3	97.1
	E. Side of House	0 - 1'	105.1			97.9
	S. Side of House	0 - 1'	105.4			98.2
	W. Side of House	0 - 1'	103.7			96.6
All elevations below bottom of footing grade.						

Copies Client - 1
Sewalls Point Bldg. Dept. - 1



Respectfully submitted,

Paul H. Danforth

PAUL H. DANFORTH, P.E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34948

FORT PIERCE: (561) 461-7508

VERO BEACH: (561) 567-6167

STUART: (561) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

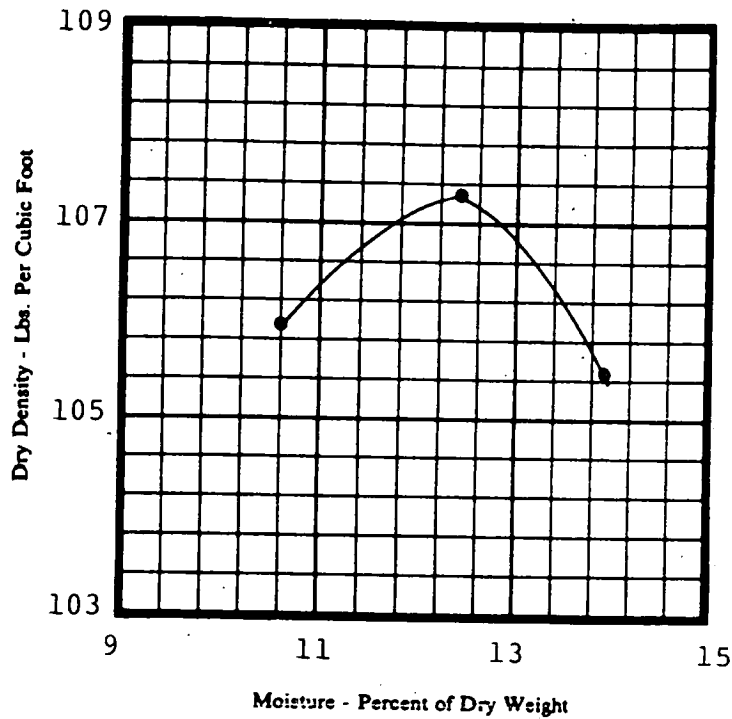
Client Phil Braden

Date April 8, 1997

Contractor Client

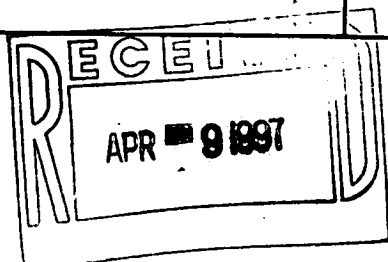
Site 12 Oakwood Drive
Sewalls Point

Permit #4164



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
3020	B	Composite	12.4	107.3	Gray fine sand.

Copies



Respectfully submitted,

PAUL H. DANFORTH, P.E.

PACIFIC.XLS

BERRIDGE MANUFACTURING COMPANY, INC.

1720 Maury Street, Houston, Texas 77026
 (800) 231 8127 / (713) 236 9422 FAX

date: ~~December~~ 10, 1997
 engr.: ljc
 page: of

client: PACIFIC ROOFING, CORP.
 1501 Decker Ave., P.O. Box 2697
 STUART, FLORIDA 34995

phone: 561 283 7663
 fax: 561 283 9505

project: THE BRADEN RESIDENSE

ROOF DESIGN ASCE 7-95

Loading:

LL = solid substrate, 3/4" PLYWOOD (design by others)
 DL = 1.26 psf (Berridge Cee Lock Panel)

Design WIND = CORNER -102.96 psf Ultimate WIND = 105 psf (UL90)
 RIDGE/HIP -102.96 psf
 EAVE -102.96 psf
 INFIELD -48.771 psf

WIND DESIGN

design specifications:

V= 140 mph (specified)
 I= 1.00 (Table 6-2)
 Kh= 0.9 (exp. "C", Tabel 6-3)

mean roof elev. = 20 feet
 roof slope: 23 degrees 5: 12 SLOPE

velocity pressure Table 1608.2A 48.16 psf $q = (0.00256)(Kh)(V)^2(I)$

Roof Coefficients, GCp (Figure 1608.2E)

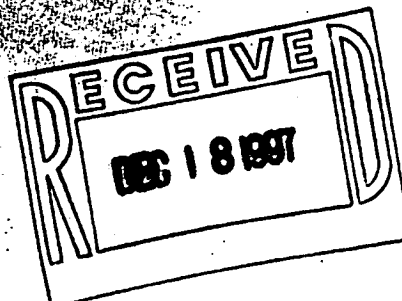
Internal Coefficients, GCpi

region	
corner	-2.1
ridge/hip	-2.1
eave	-2.1
infield	-0.9

outward	0.18
inward	-0.18

Design Wind Pressures =

-102.96 psf (corner)
 -102.96 psf (ridge/hip)
 -102.96 psf (eave)
 -48.771 psf (infield)



PACIFIC.XLS

BERRIDGE MANUFACTURING COMPANY, INC.

1720 Maury Street, Houston, Texas 77026
(800) 231 8127 / (713) 236 9422 FAX

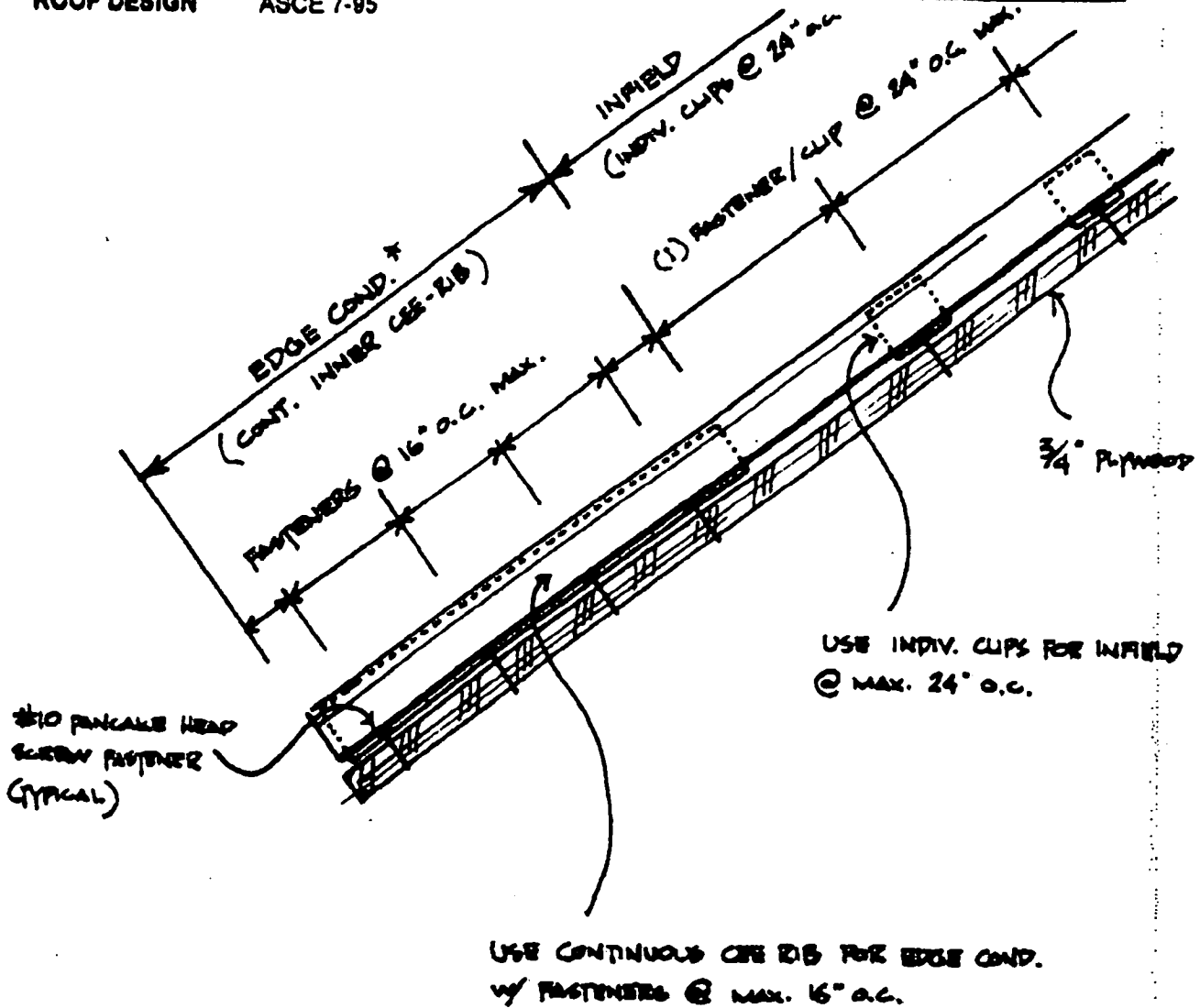
date:
enr.: tjc
page: of

client: PACIFIC ROOFING, CORP.
1501 Decker Ave., P.O. Box 2897
STUART, FLORIDA 34995

phone: 561 283 7883
fax: 561 283 8505

project: THE BRADEN RESIDENSE

ROOF DESIGN ASCE 7-95



* DIMENSION OF EDGE COND. = 10% MIN. WIDTH VERS. 40% EDGE HT. (SMALLEST)



MARTIN COUNTY
BUILDING AND ZONING DEPARTMENT
BUILDING DIVISION

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

PROJECT NAME AND ADDRESS

P. R. BRADEN
Lot 1#2
Sewalls Point.

BUILDING DIVISION USE ONLY

BLDG. PERMIT # _____
OCCUPANCY TYPE _____
CONSTRUCTION TYPE _____
COMMENTS _____

STATEMENT

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

DESIGN PARAMETERS AND ANALYSIS

SOUTH FLA. BLDG.
~~STANDARD BUILDING CODE~~ _____ CODE EDITION _____ ASCE 7-19 _____ OTHER _____
SSTD 10-93 _____
BUILDING DESIGN AS _____ PARTIALLY ENCLOSED ENCLOSED _____ OPEN _____
BASIC WIND SPEED 110 mph _____ 140 mph
IMPORTANCE/USE FACTOR 1.05
DESIGN WIND PRESSURE: MWFRS psf COMPONENTS AND CLADDING DESIGN PRESSURES SCHEDULED ON PLANS _____ YES
MINIMUM SOIL BEARING PRESSURE _____ psf
BUILDING HEIGHT 26
FLOOR LOADS 125
ROOF DEAD LOAD 25
ROOF LIVE LOAD 30
SHEAR WALL CONSIDERED YES
CONTINUOUS LOAD PATH PROVIDED YES
COMPONENTS AND CLADDING DETAILS PROVIDED YES

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

NAME DANIEL BRADEN
CERTIFICATION # 9770
DATE 3/11/97
DESIGN FIRM Braden & Braden
OTHER _____

MCBD #100

Technical Bulletin

CONSTRUCTION FASTENERS, INC.

**10-12 PANCAKE HEAD
HEAD
PLATED STEEL
SELF TAPPING**

181

EXHIBIT "B"

PHYSICAL PROPERTIES:

Head Dia.: .447-.423
Thread Dia. (O.D.): .194-.188
Thread Dia. (I.D.): .133-.126

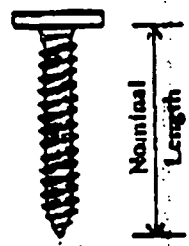
Min. Tensile: 1825 Pounds
Min. Torsional: 68 Inch-Lbs.
Min. Shear: 1535 Pounds

PHYSICAL STRENGTH: [POUNDS ULTIMATE]

WOOD SUBSTRATE FASTENER	PLYWOOD THICKNESS				1/2" Part. Bd.	Yellow Pine
	3/4"	5/8"	1/2"	3/8"		
#10-12 PANCAKE SELF-TAPPING	508	365	389	329	224	765

NOTE: Pull-out values may vary from tabulated loads depending upon specific wood density variations.

.080
Nom.



AVAILABLE LENGTHS: 1"

PULL-OVER STRENGTH: [POUNDS ULTIMATE] NO SEALING WASHER

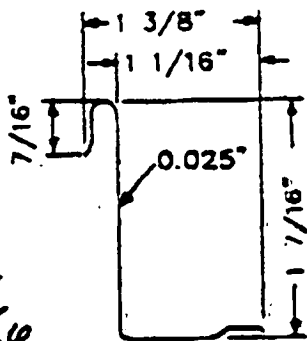
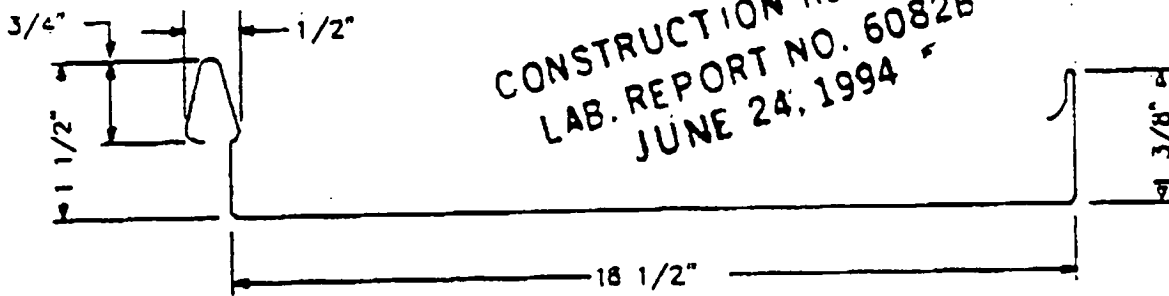
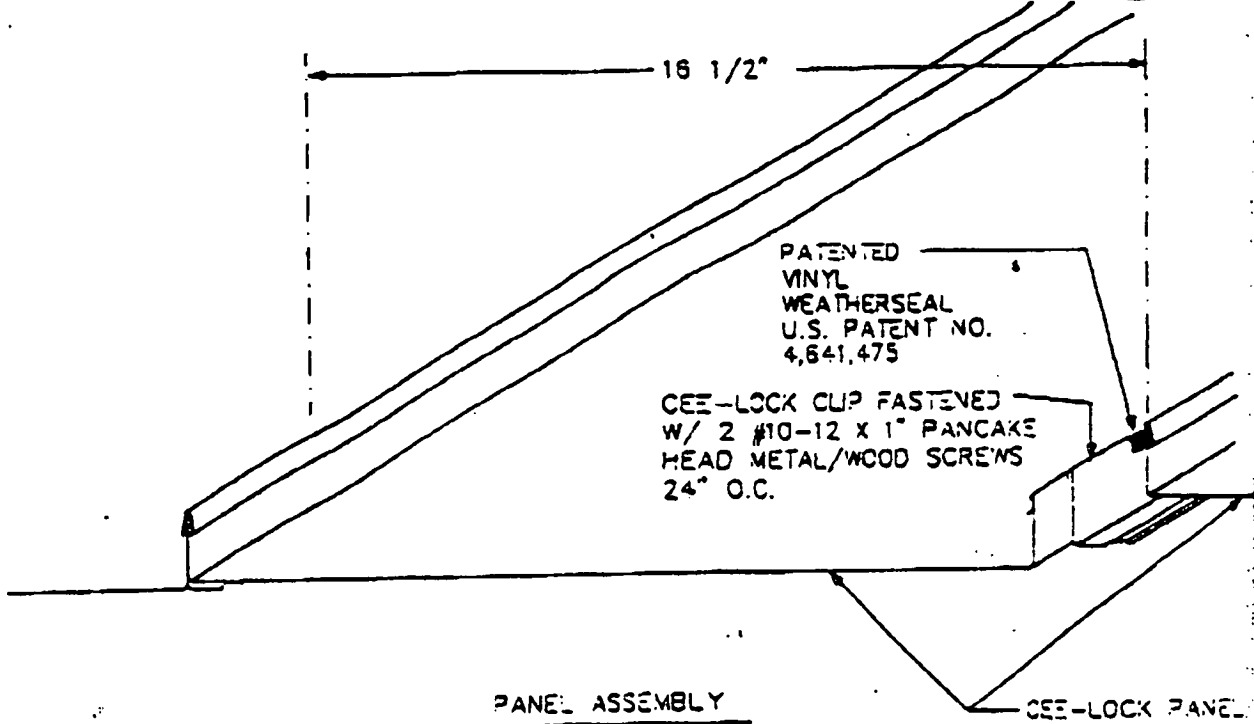
FASTENER	STEEL THICKNESS				
	18 GA.	20 GA.	22 GA.	24 GA.	26 GA.
#10-12 PANCAKE HD. SELF TAPPING	1900	1605	1335	985	742

RECOMMENDED DRIVING TOOL:

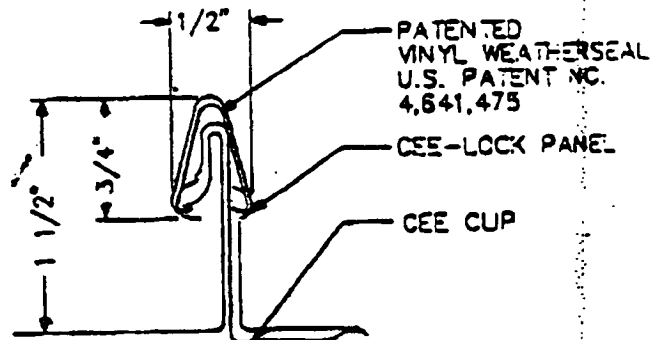
2000-2500 RPM screwdrivers equipped with depth locating nose piece to prevent overdriving and stripout.

FINISHES AVAILABLE:

Zinc Plating. Optional: Silver Sentri long-life coated.



CEE CLIP SECTION



SEAM SECTION

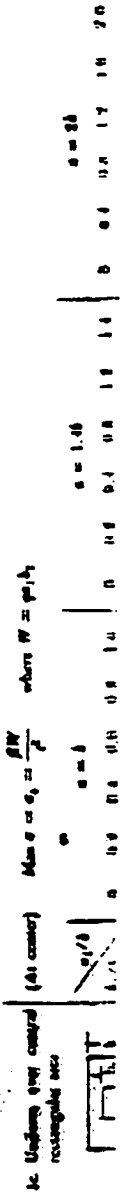
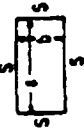
Excel
6/27/96

BERRIDGE MANUFACTURING COMPANY	PANEL OVERVIEW	PAGE/FILE
	CEE-LOCK PANEL	5 OF 5
DATE	6/22/94	

GA

TABLE 26 Formulas for flat plates with straight boundaries and constant thickness
 NOTATION: The notation for Table 26 applies with the following modifications: a and b refer to plate dimensions, and when used as subscripts for stresses, they refer to the stresses in directions parallel to the sides a and b , respectively. σ is a bending stress which is positive when tensile on the bottom and compressive on the top if loadings are considered vertically downward. R is the reaction force normal to the plate surface exerted by the boundary support on the edge of the plate (pounds per inch). r_0 is the equivalent radius of contact for a load concentrated on a very small area and is given by $r_0 = \sqrt{1.6r^2 + \beta^2} - 0.675\beta$ if $r_0 < 0.5a$ and $r_0 = r_0$ if $r_0 > 0.5a$

Case no., loading shape, and supports	Case no., loading	Formulas and tabulated specific values																																															
1. Rectangular plate, all edges simply supported	1a. Uniform over entire plate	$(A_1 \text{ tension}) \quad \text{Max } \sigma = \sigma_0 = \frac{R\beta^2}{r^2} \quad \text{and} \quad \text{max } \gamma = \frac{-\alpha\beta^2}{E\beta^2}$ $(A_1 \text{ center of long side}) \quad \text{Max } \beta = 3\beta$																																															
	1b. Uniform over small rectangular area of radius r_0 (center of load)	<table border="1"> <tr> <td>a/β</td> <td>1.0</td> <td>1.2</td> <td>1.4</td> <td>1.6</td> <td>1.8</td> <td>2.0</td> <td>2.5</td> <td>3.0</td> <td>4.0</td> <td>5.0</td> <td>∞</td> </tr> <tr> <td>β</td> <td>0.3974</td> <td>0.3763</td> <td>0.4526</td> <td>0.5178</td> <td>0.5688</td> <td>0.6103</td> <td>0.7124</td> <td>0.7410</td> <td>0.7476</td> <td>0.7500</td> <td></td> </tr> <tr> <td>α</td> <td>0.0444</td> <td>0.0016</td> <td>0.0770</td> <td>0.0906</td> <td>0.1017</td> <td>0.1110</td> <td>0.1325</td> <td>0.1400</td> <td>0.1417</td> <td>0.1421</td> <td></td> </tr> <tr> <td>γ</td> <td>0.428</td> <td>0.433</td> <td>0.478</td> <td>0.481</td> <td>0.486</td> <td>0.505</td> <td>0.503</td> <td>0.503</td> <td>0.501</td> <td>0.500</td> <td></td> </tr> </table> <p>(Ref. 21 for $r = 0.5$)</p>	a/β	1.0	1.2	1.4	1.6	1.8	2.0	2.5	3.0	4.0	5.0	∞	β	0.3974	0.3763	0.4526	0.5178	0.5688	0.6103	0.7124	0.7410	0.7476	0.7500		α	0.0444	0.0016	0.0770	0.0906	0.1017	0.1110	0.1325	0.1400	0.1417	0.1421		γ	0.428	0.433	0.478	0.481	0.486	0.505	0.503	0.503	0.501	0.500
a/β	1.0	1.2	1.4	1.6	1.8	2.0	2.5	3.0	4.0	5.0	∞																																						
β	0.3974	0.3763	0.4526	0.5178	0.5688	0.6103	0.7124	0.7410	0.7476	0.7500																																							
α	0.0444	0.0016	0.0770	0.0906	0.1017	0.1110	0.1325	0.1400	0.1417	0.1421																																							
γ	0.428	0.433	0.478	0.481	0.486	0.505	0.503	0.503	0.501	0.500																																							
2. Uniform over small rectangular area of radius r_0 (center of load)	2a. Center	$\text{Max } \sigma = \frac{3W}{2\pi r_0^2} \left[(1 + \nu) \ln \frac{2a}{r_0} + \beta \right]$ $\text{Max } \gamma = \frac{-\alpha W \beta^2}{E\beta^2}$																																															
	a/β	1.0	1.2	1.4	1.6	1.8	2.0	∞																																									
β	0.423	0.656	0.789	0.875	0.927	0.950	1.000																																										
α	0.1663	0.1678	0.1621	0.1715	0.1770	0.1809	0.1831																																										



All Roof Slopes • Mean Roof Height \leq 60 feet Allowable ASCE Wind Pressures (psf) and Longitudinal screw spacing (inches) for Cee-Loak				
Berridge 24G Cee-Loak Roof Panels	Non-Coastal Exposure C		Coastal Exposure C	
	Interior Zone 1	Corner & Exterior Zones 2 & 3	Interior Zone 1	Corner & Exterior Zones 2 & 3
ASCE (psf)	-59	-91.5	-53	-91.5
Longitudinal Spacing of clips & 2#10x1" Screws	24"	16"	24"	16"

7800 N. W. 79th AVENUE • MIAMI, FLORIDA • 33166

(305) 592-9222 • FAX (305) 594-9148

June 22, 1994

Date Tested: April 28 and May 2, 1994Test No. 6082B- Metal Roofing Panel System Tested for
Wind Driven Rain Infiltration and
Static Pressure Structural Uplift ResistanceClient: Berridge Manufacturing CompanyDescription of Wind Driven Rain Test Specimen

Berridge, "Cee-Lock", nominal 16 1/2" wide by 0.025" thick, formed, galvalume and coated steel, standing seam roofing panels and accessories installed on a 2 in 12 sloped, 1/2" thick, sheathing grade plywood clad, wood framed test shed with rafters spaced 24" OC. The installation incorporated eave, rake and valley details. The specimen was 10' wide by 8' deep along the rake. Refer to clients drawing of test shed.

Description of Static Uplift Test Specimen

The same roofing panels were installed on an 8' wide by 6' deep, 1/2" thick, sheathing grade plywood clad, wood framed deck with rafters spaced 24" OC.

The specimens were in substantial conformance with the client's 8 1/2" x 11" Drawings 1, 2, 3, 4, and 5 stamped by CRL with the following comments and/or observed exceptions or additions:

General

The panels and accessories were installed over a single ply of American Saturated Felt Inc., Premium Gold No. 30 (ASTM D226-89 Type II) roofing felt with 4" overlaps on the wind driven rain specimen. The felt was attached with 1 1/4" long, 3/8" diameter head, 0.124" shank, plated steel, hand-driven roofing nails and 0.016" thick by 1 5/8" diameter tin caps spaced 12" OC in the field and 6" OC at the laps.

The valley metal and perimeter flashings at the wind driven rain test specimen were 0.026" thick steel sheetmetal.

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June 22, 1994
Page 2, Test Report 6082B

Sealant was applied as indicated on the referenced drawings.

All fasteners, tin caps and metal accessories should be Dade County approved corrosion resistant material and all fastener sealing washers should be a documented long service life elastomer.

Witnessed by: Messrs. William Fowler) - Berridge Manufacturing Company
(for all or Greg Irwin)
partial testing) J. Grant Gillum)

Vipin Tolat, P.E. - Consulting Engineer to Berridge

Leonard Fonticiella P.E.) - Balsara-Fonticiella &
Jose Gonzalez) Associates Inc.

A. A. Sakhnovsky) - Construction Research
Richard Sembello) Laboratory
Richard Binns)
Richard Sembello III)

Test I- Wind Driven Rain

Manner of Testing

The specimen was installed at a 2 in 12 slope on top of a wood framed shed incorporating rafters spaced 24" OC.

The shed roof was nominally 10' wide by 8' deep along the rake.

The eave was located normal to and nominally 10' downwind from the 13'-6" diameter propeller of a 2650 horsepower aircraft engine wind generator. The wind speed at the specimen was determined by prior pitot tube calibration of engine RPM versus windspeed.

Water spray was added to the airstream upwind of the specimen at a rate equal to an 8.8" per hour rain.

The specimen was inspected from the underside for leakage and from the exterior for damage.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-1307
 VERO BEACH: (561) 567-6167
 ST. AUGUSTINE: (561) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Phil Braden

Date April 22, 1997

Contractor Client

Site 12 Oakwood Dr. - Garage
 Foundation Fill

Permit #4164

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
3081	N.W. Corner	0 - 1'	103.8	3020	107.3	96.7
	Center	0 - 1'	104.1			97.0
	S.E. Corner	0 - 1'	103.5			96.5
All elevations below slab grade.						

Copies Client - 1
 Sewalls Pt. Bldg. Dept. - 1

Respectfully submitted,

Paul H. Danforth
 PAUL H. DANFORTH, P.E.

PROJECT NAME: AND ADDRESS:	Single Family Res	BUILDER:	FINE HOMES BY RICK
OWNER:	BRADEN	PERMITTING OFFICE:	
		PERMIT NO.:	
		JURISDICTION NO.:	

1. New construction or addition
2. Single family detached or Multifamily attached
3. If Multifamily—No. of units covered by this submission
4. If Multifamily, is this a worst case (yes / no)
5. Conditioned floor area (sq. ft.)
6. Predominant eave overhang (ft.)
7. Porch overhang length (ft.)
8. Glass area and type:
 - a. Clear glass
 - b. Tint, film or solar screen
9. Floor type and insulation:
 - a. Slab on grade (R-value + perimeter)
 - b. Wood, raised (R-value + sq. ft.)
 - c. Concrete, raised (R-value)
10. Net Wall type area and insulation:
 - a. Exterior:
 1. Concrete (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel (Insulation R-value)
 4. Log (Insulation R-value)
 - b. Adjacent:
 1. Concrete (Insulation R-value)
 2. Wood frame (Insulation R-value)
 3. Steel (Insulation R-value)
 4. Log (Insulation R-value)
11. Ceiling type area and insulation:
 - a. Under attic (Insulation R-value)
 - b. Single assembly (Insulation R-value)
12. Air distribution systems
 - a. Ducts (Insulation + Location)
 - b. Air Handler (Insulation + Location)
13. Cooling system
(Types: central-split, central-single pkg., room unit, PTAC, none)
14. Heating system:
(Types: heat pump, elec. strip, nat. gas, L.P. gas, room or PTAC, none)
15. Hot water system:
(Types: elec., natural gas, solar, L.P. gas, none)
16. Hot Water Credits:
 - a. Heat Recovery (HR)
 - b. Dedicated Heat Pump (DHP)
17. Infiltration practice: 1, 2 or 3
18. HVAC Credits (Type in Letter designation: CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)
19. EPI (must not exceed 100 points)
 - a. Total As-Built points
 - b. Total Base points

Please Print CK

1.	NEW	
2.	SINGLE	
3.		
4.		
5.	2245	
6.	2	
7.	5	
	Single Pane	Double Pane
8a.	431 sq. ft.	
8b.		
9a.	R= 0, 244	l. ft.
9b.	R= 19, 1990	sq. ft.
9c.	R=	sq. ft.
10a-1	R= 5.4, 1982	sq. ft.
10a-2	R= 1.9, 1022	sq. ft.
10a-3	R=	sq. ft.
10a-4	R=	sq. ft.
10b-1	R=	sq. ft.
10b-2	R= 11, 369	sq. ft.
10b-3	R=	sq. ft.
10b-4	R=	sq. ft.
11a.	R= 30, 1520	sq. ft.
11b.	R=	sq. ft.
12a.	R= 6, <u>cond/unecond</u>	(cond./uncond.)
12b.	R=	(cond./uncond.)
13.	Type: CENTRAL SPLIT	
	SEER/EER/COP: 12	
14.	Type: ELEC	
	HSPF/COP/AFUE:	
15.	Type: ELEC	
	EF: 197	
16a.		
16a.		
17.	2	
18.	MZ	
19.	96.53	
19a.	36945.50	
19b.	39272.19	

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>DAVIDSON DELANTO</u> DATE: <u>3/24/97</u> I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____
--	--

Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5267

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: SINGLE FAMILY RES. | BUILDER: FINE HOMES BY RICK

AND ADDRESS: | PERMITTING | CLIMATE

| OFFICE: | ZONE: 71_1 81_1 91_1

OWNER: BRADEN RES. | PERMIT NO. | JURISDICTION NO.

CK

1. New construction or addition 2. Single family detached or Multifamily attached 3. If Multifamily-No. of units 4. If Multifamily, is this a worst case (yes/no) 5. Conditioned floor area (sq.ft.) 6. Predominant eave overhang (ft.) 7. Porch overhang length (ft.) 8. Glass area and type: a. Clear Glass b. Tint, film or solar screen 9. Floor type and insulation: a. Slab on grade (R-value, perimeter) b. Wood, raised (R-value, area) 10. Net Wall type area and insulation: a. Exterior: 1. Concrete (Insulation R-value) a. Exterior: 2. Wood frame (Insulation R-value) a. Adjacent: 2. Wood frame (Insulation R-value) 11. Ceiling type area and insulation: a. Under attic (Insulation R-value) 12. Air distribution systems a. Ducts (Insulation + Location) 13. Cooling system 14. Heating System: 15. Hot water system: 16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump) 17. Infiltration practice: 1, 2 or 3 18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone) 19. EPI (must not exceed 100 points) a. Total As_Built points b. Total Base points	1. New Construction _____ 2. Single-Family _____ 3. 0 _____ 4. _____ 5. 2245.00 _____ 6. 2.00 _____ 7. 5.00 _____ Single Pane Double Pane 8a. 431.0sqft 0.00sqft _____ 8b. 0.0sqft 0.00sqft _____ 9a. R= 0.00 , 244.00 ft _____ 9b. R=19.00 , 1990.00 sqft _____ 10a-1 R= 5.40, 1982.00sqft _____ 10a-2 R=19.00, 1022.00sqft _____ 10a-2 R=11.00, 369.00sqft _____ 11a. R=30.00 , 1520.00sqft _____ 12a. R= 6.00 , uncond _____ 13. Type: Central A/C _____ EER: 12.00 _____ 14. Type: Strip Heat _____ COP: 1.00 _____ 15. Type: Electric _____ EF: 0.97 _____ 16. _____ 17. 2 _____ 18. MZ _____ 19. 96.53 _____ 19a. 36945.50 _____ 19b. 38272.19 _____
---	--

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

PREPARED BY: DAVIDSON INSULATION
 DATE: 3/29/97

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

OWNER/AGENT: _____
 DATE: _____

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

BUILDING OFFICIAL: _____
 DATE: _____

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----				-----						
ORIEN	AREA	x BSPM =	POINTS	TYPE	SC	ORIEN	AREA	x SPM	x SOF	= POINTS
N	15.00	109.7	1645.5	SGL CLR		N	15.0	64.5	.85	821.3
E	166.00	109.7	18210.2	SGL CLR		E	14.0	136.3	.92	1749.2
				SGL CLR		E	15.0	136.3	.86	1757.3
				SGL CLR		E	24.0	136.3	.79	2578.3
				SGL CLR		E	15.0	136.3	.83	1692.4
				SGL CLR		E	15.0	136.3	.83	1692.4
				SGL CLR		E	14.0	136.3	.59	1125.8
				SGL CLR		E	14.0	136.3	.39	746.7
				SGL CLR		E	21.0	136.3	.42	1208.0
				SGL CLR		E	4.0	136.3	.61	331.7
				SGL CLR		E	12.0	136.3	.59	965.0
				SGL CLR		E	18.0	136.3	.89	2191.2
S	45.00	109.7	4936.5	SGL CLR		S	16.0	135.6	.82	1770.5
				SGL CLR		S	14.0	135.6	.94	1792.9
				SGL CLR		S	15.0	135.6	.94	1906.9
W	205.00	109.7	22488.5	SGL CLR		W	8.0	136.3	.74	802.9
				SGL CLR		W	30.0	136.3	.45	1826.7
				SGL CLR		W	30.0	136.3	.86	3536.2
				SGL CLR		W	15.0	136.3	.74	1505.5
				SGL CLR		W	15.0	136.3	.74	1505.5
				SGL CLR		W	16.0	136.3	.97	2124.0
				SGL CLR		W	16.0	136.3	.84	1835.5
				SGL CLR		W	15.0	136.3	.59	1206.3
				SGL CLR		W	15.0	136.3	.83	1692.4
				SGL CLR		W	15.0	136.3	.83	1692.4
				SGL CLR		W	15.0	136.3	.59	1206.3
				SGL CLR		W	15.0	136.3	.59	1206.3

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,245.00	431.00	.781	47,200.70	36,941.48 42,469.47

NON GLASS-----				-----						
AREA	x	BSPM =	POINTS	TYPE	R-VALUE	AREA	x	SPM =	POINTS	
WALLS-----										
Ext	3004.0	1.6	4806.4	Ext NormWtBlock In	5.4	1982.0	1.92	3805.4		
				Ext Wood Frame	19.0	1022.0	1.60	1635.2		
Adj	369.0	1.0	369.0	Adj Wood Frame	11.0	369.0	1.00	369.0		
DOORS-----										
Ext	102.0	6.4	652.8	Ext Wood		102.0	9.40	958.8		
Adj	21.0	2.6	54.6	Adj Insulated		21.0	2.60	54.6		
CEILINGS-----										
UA	1455.0	.8	1164.0	Under Attic	30.0	1520.0	.80	1216.0		
FLOORS-----										
S1b	244.0	-20.0	-4880.0	Slab-on-Grade	.0	244.0	-20.00	-4880.0		
Rsd	1990.0	-2.2	-4298.4	Rsd Wood (Stem-UF1	19.0	1990.0	-.40	-796.0		
INFILTRATION-----										
	2245.0	14.7	33001.5	Practice #2		2245.0	14.70	33001.5		

67,811.38 |

77,834.02

TOTAL SUM PTS	x SYSTEM MULT	= COOLING POINTS		TOTAL COMPON	x CAP RATIO	x DUCT MULT	x SYSTEM MULT		x CREDIT MULT	= COOLING POINTS
67,811.38	.37	25,090.21		77,834.02	1.00	1.100	.280		.950	22,774.23

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----											
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS	
N	15.00	-.4	-6.0	SGL CLR		N	15.0	3.7	1.07	59.2	
E	166.00	-.4	-66.4	SGL CLR		E	14.0	.1	2.85	4.0	
				SGL CLR		E	15.0	.1	4.00	6.0	
				SGL CLR		E	24.0	.1	5.59	13.4	
				SGL CLR		E	15.0	.1	4.67	7.0	
				SGL CLR		E	15.0	.1	4.67	7.0	
				SGL CLR		E	14.0	.1	11.04	15.5	
				SGL CLR		E	14.0	.1	19.17	26.8	
				SGL CLR		E	21.0	.1	17.23	36.2	
				SGL CLR		E	4.0	.1	10.54	4.2	
				SGL CLR		E	12.0	.1	11.04	13.2	
				SGL CLR		E	18.0	.1	3.32	6.0	
S	45.00	-.4	-18.0	SGL CLR		S	16.0	-2.0	.77	-24.5	
				SGL CLR		S	14.0	-2.0	.94	-26.4	
				SGL CLR		S	15.0	-2.0	.94	-28.1	
W	205.00	-.4	-82.0	SGL CLR		W	8.0	.1	6.92	5.5	
				SGL CLR		W	30.0	.1	15.40	46.2	
				SGL CLR		W	30.0	.1	3.89	11.7	
				SGL CLR		W	15.0	.1	6.92	10.4	
				SGL CLR		W	15.0	.1	6.92	10.4	
				SGL CLR		W	16.0	.1	1.54	2.5	
				SGL CLR		W	16.0	.1	4.38	7.0	
				SGL CLR		W	15.0	.1	11.04	16.6	
				SGL CLR		W	15.0	.1	4.67	7.0	
				SGL CLR		W	15.0	.1	4.67	7.0	
				SGL CLR		W	15.0	.1	11.04	16.6	
				SGL CLR		W	15.0	.1	11.04	16.6	

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,245.00	431.00	.781	-172.40	-134.70
					276.76

NON GLASS-----											
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS		
WALLS-----											
Ext	3004.0	.3	901.2	Ext NormWtBlock In	5.4	1982.0	.86	1704.5			
				Ext Wood Frame	19.0	1022.0	.30	306.6			
Adj	369.0	.5	184.5	Adj Wood Frame	11.0	369.0	.50	184.5			
DOORS-----											
Ext	102.0	1.8	183.6	Ext Wood		102.0	2.80	285.6			
Adj	21.0	1.3	27.3	Adj Insulated		21.0	1.30	27.3			
CEILINGS-----											
UA	1455.0	.1	145.5	Under Attic	30.0	1520.0	.10	152.0			
FLOORS-----											
Slb	244.0	-2.1	-512.4	Slab-on-Grade	.0	244.0	-2.10	-512.4			
Rsd	1990.0	-.3	-597.0	Rsd Wood (Stem-UFI	19.0	1990.0	-.10	-199.0			
INFILTRATION-----											
	2245.0	1.2	2694.0	Practice #2		2245.0	1.20	2694.0			

2,931.80 |

4,919.88

=====

TOTAL	x	SYSTEM	=	HEATING		TOTAL	x	CAP	x	DUCT	x	SYSTEM	x	CREDIT	=	HEATING
WIN PTS		MULT		POINTS		COMPON		RATIO		MULT		MULT		MULT		POINTS

2,931.80	1.10	3,224.98		4,919.88	1.00	1.100	1.000	.950	5,141.27
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=====

 WATER HEATING

==== BASE ==== | ==== AS-BUILT ====

NUM OF BEDRMS	x MULT	= TOTAL	 TANK VOLUME	EF	TANK RATIO	x MULT	x CREDIT	= TOTAL	
3	3319.0	9,957.00	1	40	.97	1.000	3010.0	1.00	9,030.00

 SUMMARY

==== BASE ==== | ==== AS-BUILT ====

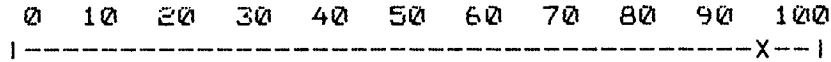
COOLING POINTS	HEATING POINTS	HOT WATER POINTS	= TOTAL POINTS		COOLING POINTS	HEATING POINTS	HOT WATER POINTS	= TOTAL POINTS
25090.2	3225.0	9957.0	38,272.19	1	22774.2	5141.3	9030.0	36,945.50

 * EPI = 96.53 *

ENERGY GUIDE

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

EPI= 96.5



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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

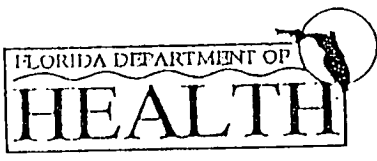
ITEM	HOME VALUE	Low Efficiency		High Efficiency
		SINGL CLR		DBL TINT
WINDOWS.....	Single Clear	X-----		
INSULATION.....				
Ceiling R-Value.....	30.0	R-10		R-30
Wall R-Value.....	10.1	R-0		R-7
Floor R-Value.....	16.9	R-0		R-19
AIR CONDITIONER.....				
SEER/EER.....	12.6	10.0	SEER	17.0
		9.7	EER	16.0
HEATING SYSTEM.....				
Electric COP/HSPF.....	1.0	2.50	COP	4.19
Gas AFUE.....	0.00	0.78	AFUE	0.90
WATER HEATER.....				
Electric EF.....	0.97	0.88		0.96
Gas EF.....	0.00	0.54		0.90
Solar EF.....		0.40		0.80
OTHER FEATURES.....				

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

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____
Florida Energy Code for Building Construction - 1993
Florida Department of Community Affairs

raw



Lawton Chiles
Governor

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

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: PHIZ. BRAZIER SEPTIC TANK PERMIT NO.: HD 97 - 0099

LEGAL DESCRIPTION: LOTS 1 & 2

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

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

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

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

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

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

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

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

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

[Signature]
(Signature)

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

Martin County Health Department Approval Signature (Date)
Stubcert.doc forms disk I Revised 01/17/97

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM A"

NTS

5 FT SHOULDER

4:1 SLOPE

NATURAL GRADE

DRAINFIELD INSTALLATION AREA

NATURAL GRADE

SLIGHTLY LIMITED SOILS

SOILS EXCAVATION AREA

MODERATELY LIMITED SOILS

SEVERELY LIMITED SOILS

TO SLIGHTLY LIMITED SOILS

4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"

NTS

5 FT SHOULDER

4:1 SLOPE

NATURAL GRADE

DRAINFIELD INSTALLATION AREA

NATURAL GRADE

SLIGHTLY LIMITED SOILS

SOILS EXCAVATION AREA

MODERATELY LIMITED SOILS

SEVERELY LIMITED SOILS

+33% TOWARD END OF DRAINFIELD TO SLIGHTLY LIMITED SOILS

ST
E
C
C
F

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
AUTHORITY: CHAPTER 381, F.S. & CHAPTER 100-6, F.A.C.

PERMIT # 97-0099-
SERVICES DATE PAID 03/20/97
FEE PAID \$ 105.00
RECEIPT #
FAC WELL PLAN 15

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Temporary/Experimental System
[] Repair [] Abandonment [] Other(Specify) _____

APPLICANT: PHIL BRADEN AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: OAKWOOD DRIVE SEWALLS POINT

LOT: 1 & 2 BLOCK: SUBDIVISION: OAKWOOD

PROPERTY ID #: [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 100-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

SYSTEM DESIGN AND SPECIFICATIONS

T [1050] [GALLONS] SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [N]
A [0] [GALLONS / GPD] CAPACITY MULTI-CHAMBERED/IN SERIES: [N]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [333] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [500] SQUARE FEET SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [X] 3 TRENCHES X 37'L

I CONFIGURATION: [X] TRENCH [X] BED [X] BED = 12'W X 41.6'L

F LOCATION OF BENCHMARK: 12.68'NGVD CROWN OF ROAD

I ELEVATION OF PROPOSED SYSTEM SITE IS [5.8] INCHES BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [35.8] INCHES BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 16" BELOW 12.68'
T TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 26" BELOW 12.68'
H TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 11" BELOW 12.68'
E DRAINFIELD ROCK MUST BE A MINIMUM OF 5 FT. FROM PROPERTY LINES.
R SEPTIC TANK IS TO BE AT FINISH SOIL GRADE, DO NOT EXCEED 18" COVER ON D.F.

SPECIFICATIONS BY: RAY CROSS TITLE: ENV. SUPV. II

APPROVED BY: BOB WASHAM TITLE: ENV. HEALTH DIR. MARTIN CPHU

DATE ISSUED: 03/28/97 EXPIRATION DATE: 09/28/98



Lawton Chiles
Governor

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

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: PAR. BRADEN PERMIT NO. (HD) 97-0099
SUBDIVISION: LOT 142

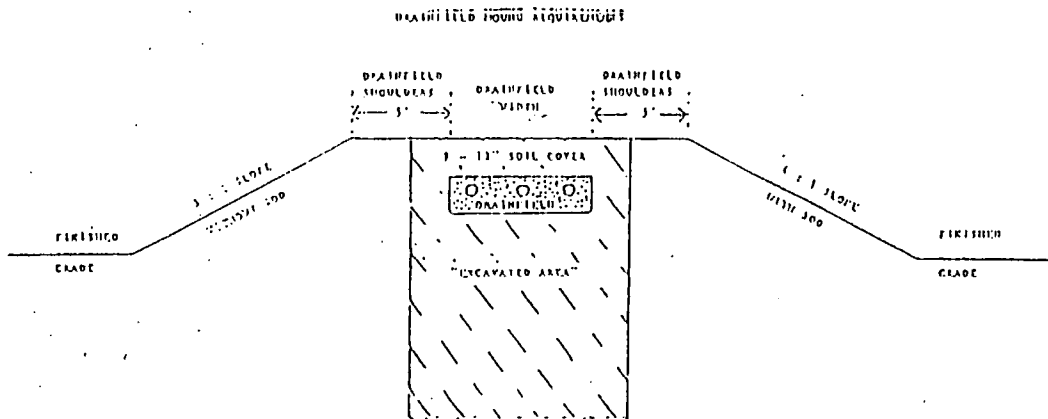
- N O T E** Special Condition(s) marked "X" are in effect.
- 1. Drainfield must be maintained under grass; ___ and protected from vehicular traffic (i.e., traffic barriers).
 - 2. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
 - 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation if they are within ___ feet of each-other.
 - 4. Septic system must be 75' from surface water / wetlands / mean high water line.
 - 5. Excavate one / three feet beyond drainfield area to a depth of _____.
 - 6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils.
 - 7. If well abandonment is required, the well(s) in question must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
 - 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
 - 9. The mound area must be sodded within prior to the request for final grade inspection.
 - 10. Any future ponds or surface water created onsite must be greater than 75' from septic system(s).
 - 11. The available area for septic installation must to be evenly filled and leveled.
 - 12. \$ _____ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

* SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

13. Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met. _____
15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) _____ manhole cover(s) per tank extending to the surface.
16. _____ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.
- All other greaseless flow should be connected directly to the septic tank.
17. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump and alternately dose.
18. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart.
19. If rainwater from the building roof drains onto the drainfield available area, gutters are required in the area of drainfield. Down-spouts must be diverted from the drainfield area.
20. No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed.
21. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield.
22. All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements.
23. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
24. If the building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit.

SPECIAL CONDITION REQUIREMENTS (Page 3 of 3) Revised 07/24/96

- X 25. If fill is required, contact Martin County Building Division for requirements.
- X 26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- X 27. A septic tank outlet filter is required on all septic tanks.
- X 28. If any information on this permit changes, an amended application is required to be filed immediately.
- X 29. Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 Florida Administrative Code, will be sufficient cause for revocation of this permit.
- (30) X 30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- ___ 31. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ annual permit fee (For ___Indust./Manuf. ___Aerobic system(s)).
- ___ 32. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system).



NOTE THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.
SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

X 33. Other: MAX. OF 18" COVER OVER TOP
OF THE DRAINFIELD

NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling RAY CROSS at (561) 221-4090.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECS.
 AUTHORITY: CHAPTER 381, F.S. & CHAPTER 100-6, F.A.C.

PERMIT # 97-0099-
 SERVICES WELL PLAN 15

APPLICANT: PHIL BRADEN AGENT: STEPHEN BROWN

LOT: 1 & 2 BLOCK: _____ SUBDIVISION: OAKWOOD

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: 11.76 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 410 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
 AUTHORIZED SEWAGE FLOW: 1,000 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 17,000 SQFT UNOBSTRUCTED AREA REQUIRED: 1,000 SQFT

BENCHMARK REFERENCE POINT LOCATION: MANHOLE 12.68' N.E.N.D.
 ELEVATION OF PROPOSED SYSTEM SITE IS 5.8 INCHES [ABOVE / BELOW] BENCHMARK REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
 SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? YES NO
 WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: 5 FT
 BUILDING FOUNDATIONS: 10 FT PROPERTY LINES: 7 FT POTABLE WATER LINES: 60 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
 10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 12.2 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth "
		to _____
<u>10YR 4/1</u>	<u>LIGHT GRAY SAND</u>	<u>0</u> to <u>6</u>
<u>10YR 7/1</u>	<u>LIGHT GRAY SAND</u>	<u>6</u> to <u>12</u>
<u>10YR 8/1</u>	<u>WHITE SAND</u>	<u>12</u> to <u>36</u>
<u>10YR 7 1/2</u>	<u>LIGHT GRAY SAND</u>	<u>36</u> to <u>41</u>
<u>10YR 7 1/4</u>	<u>V. DARK BROWN S.</u>	<u>41</u> to <u>45</u>
<u>10YR 7 1/6</u>	<u>YELLOW SAND</u>	<u>45</u> to <u>72</u>
		to _____
		to _____

Munsell #/Color	Texture	Depth "
		to _____
<u>10YR 4/1</u>	<u>LIGHT GRAY SAND</u>	<u>0</u> to <u>6</u>
<u>10YR 7/1</u>	<u>LIGHT GRAY SAND</u>	<u>6</u> to <u>13</u>
<u>10YR 8/1</u>	<u>WHITE SAND</u>	<u>13</u> to <u>38</u>
<u>10YR 7 1/4</u>	<u>V. DARK BROWN SAND</u>	<u>38</u> to <u>41</u>
<u>10YR 7 1/6</u>	<u>YELLOW SAND</u>	<u>41</u> to <u>72</u>
		to _____
		to _____

USDA SOIL SERIES: (SAND) JONATHAN SAND (0-5% SILTS)

USDA SOIL SERIES: (SAND) JONATHAN SAND (0-5% SILTS)

NOT OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 54 INCHES [ABOVE / BELOW] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.2 / 0.8 DEPTH OF EXCAVATION: _____ INCHES
 DRAINFIELD CONFIGURATION: TRENCH OR BED [OTHER (SPECIFY) _____]

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: William J. Phillips DATE: 3-25-97



RECEIVED

MAR 24 1997

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC
PREPARED BY: STEPHEN J. BROWN, INC.
290 FLORIDA STREET
STUART, FL. 34994

PERMIT # 97-099
DATE PAID 324.97
FEE PAID \$ 95.
RECEIPT # 19716
Well plan 15

APPLICATION FOR:
 New System
 Repair

Existing System
 Abandonment
 Holding Tank
 Other (Specify)

407-288-7176
 Temporary/Experimental

TELEPHONE: 288-7176

APPLICANT: Phil Braden

AGENT: Stephen J. Brown, Inc.

MAILING ADDRESS: 290 Florida St., Suite "C", Stuart, FL. 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 142 BLOCK: N/A SUBDIVISION: Oakwood DATE OF SUBDIVISION: 2/20/81
[Section/Township/Range/Parcel No.] ZONING:

PROPERTY ID #: _____ PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY SIZE: .76 ACRES [Sqft/43560] PROPERTY STREET ADDRESS: Oakwood Drive (Sewall's Point)

DIRECTIONS TO PROPERTY: Follow East Ocean to Sewall's Point Rd. Turn left at the light. Follow Sewall's Point Rd to Oakwood Drive. Turn left onto Oakwood Dr. Follow to end. Property on right side of road.

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	Single Family	3	3800		
2					
3					
4					

Garbage Grinders/Disposals
 Ultra-low Volume Flush Toilets
 Spas/Hot Tubs
 Other (Specify)
 Floor/Equipment Drains

APPLICANT'S SIGNATURE: Stephen J. Brown

DATE: 3/13/97

APPLICANT'S NAME: Phil Braden
 LEGAL DESCRIPTION: Lots 1 & 2, Oakwood

PROPOSED SEPTIC SYSTEM SITE INFORMATION

CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1 -17 BELOW).
 N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.

1. Is there a septic system within 75 feet of the proposed private well? _____ Yes No N/A
2. Is there a potable private well within 75 feet of the available area for the proposed septic system? _____ Yes No
3. Is there a non-potable well within 50 feet of the available area for the proposed septic system? _____ Yes No
4. Is there a proposed well within 25 feet of the building foundation? _____ Yes No
5. Is there a public well that serves less than 25 people or less than 15 homes or businesses within 100 feet of the proposed septic system? _____ Yes No
6. Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system? _____ Yes No
7. Is there a gravity sewer line or lift station within 50 feet of the proposed lot? _____ Yes No
8. Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system? _____ Yes No
9. Is there a proposed or existing public drinking water line within 10 feet of the proposed septic system? _____ Yes No
10. Is there a storm water retention area or drainage easement within 15 feet of the proposed septic system? _____ Yes No
11. Is the proposed septic system in an area proposed for paving or vehicular traffic? _____ Yes No
12. Are all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot shown on the site plan? _____ Yes No N/A
13. Are all public wells within 200 feet of the applicant's lot shown on the site plan? _____ Yes No N/A
14. Does the site plan include a plat of the lot or total site ownership drawn to scale, boundaries with dimensions, locations of building or residences, swimming pools, recorded easements, proposed or existing septic systems, any proposed or existing wells, public water lines, paved areas or driveways, and surface waters such as lakes, ponds, streams, canals, or wetlands? _____ Yes No
15. Does the site plan show the general slope of the property, recorded easements from the recorded plat, filled areas and drainage features and surface waters such as lakes, ponds, streams, canals, or wetlands? _____ Yes No
16. Are the natural grade elevation in the area of the septic system and the benchmark shown on the site plan? _____ Yes No
17. Is the public water line location from the water meter to the house shown on the site plan? _____ Yes No N/A
18. There is 1200 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Shade this available area on the site plan.

SITE ELEVATIONS

1. Crown of road elevation N/A NGVD. Show location on the site plan. If the road is not paved, benchmark elevation 12.108 NGVD. Show location on site plan.
2. Natural grade elevation in the area of the proposed septic system 12.2 NGVD. Show location on site plan.
3. Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is the minimum required flood hazard floor elevation of the building? N/A NGVD.

NOTE: Please locate the reference point or benchmark within 200 feet of the proposed septic system.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OR ENGINEER.

CERTIFIED BY: Stephen J. Brown
 FLORIDA PROFESSIONAL NO.: 73049
 DATE: 3/13/97 JOB NO.: 2444-04-01

Safety Plus[®]

Hurricane Resistant Glazing



Another Development by Glaslam NGL

Safety-Plus®

Hurricane Resistant Glazing

N.G.I., Inc. is a company that is dedicated to research and the development of new and safer products in the laminated glass industry. In a quest for making homes and offices less vulnerable to hurricanes and glazing failure, N.G.I. has developed Safety-Plus®: a hurricane resistant glazing solution for the new South Florida Building Codes from the Glasslam System.

Published research results have created many arguments by manufacturers of P.E.T. films and laminates as to the best way to protect buildings and lives in the case of hurricane resistant glazing. The one thing there has been no arguments about is the need for the glass to remain in the frame. There is absolutely no point in holding the glass together if the whole glazing lite comes out of the frame during a hurricane. If the whole glazing lite comes out, the large piece of glass could be a lethal threat to whatever or whoever it hits, leaving the building vulnerable to the full force of the hurricane.

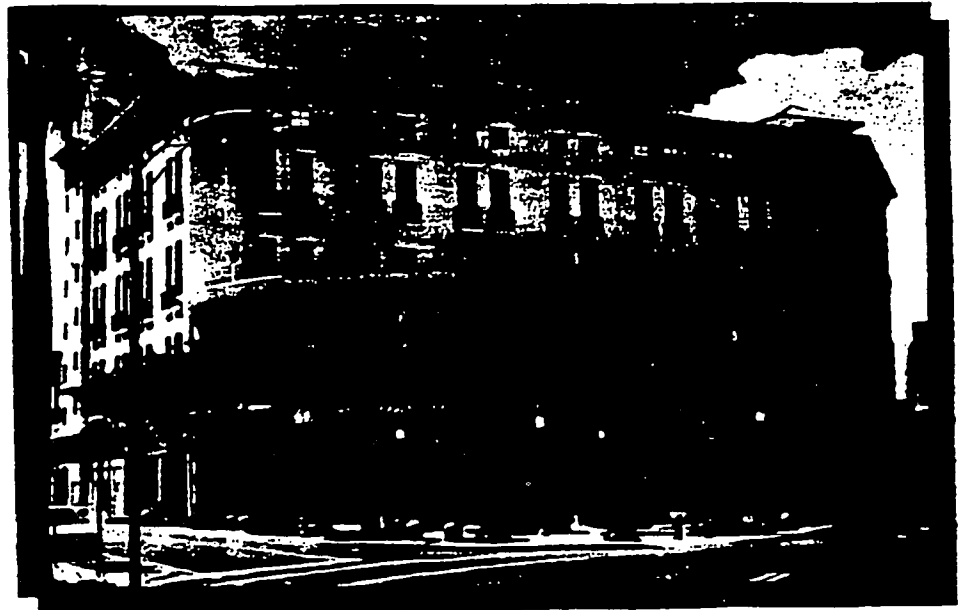
N.G.I., Inc. looked at this problem and came to the conclusion that P.E.T. filmed glass and commonly glazed laminated glass could come out in its entirety without some kind of mechanical hold to the glazing frame. P.E.T. films are commonly applied to existing buildings as a quick, economical way of offering some hurricane resistance. The film is generally

cut to the inside (sight-line) of the glazing frame. If the glass is exposed to extreme pressure (as in the case of a hurricane), the film would tend to hold the glass lite together, rather than hold the entire lite in its frame. This could increase the size of the propelled glass and cause more damage than if small shards of glass were to be expelled.

Laminated glass, if conventionally glazed (i.e. relying on gaskets, silicone, etc. to hold the glazing to the frame) could have the same problem as the P.E.T. films. It is well known that some types of laminated glass tend to show edge delamination after 2-5 years when exposed to silicone or moisture. If the laminated glass had edge delamination, it could cause a serious problem and come out in one piece if a hurricane occurred.

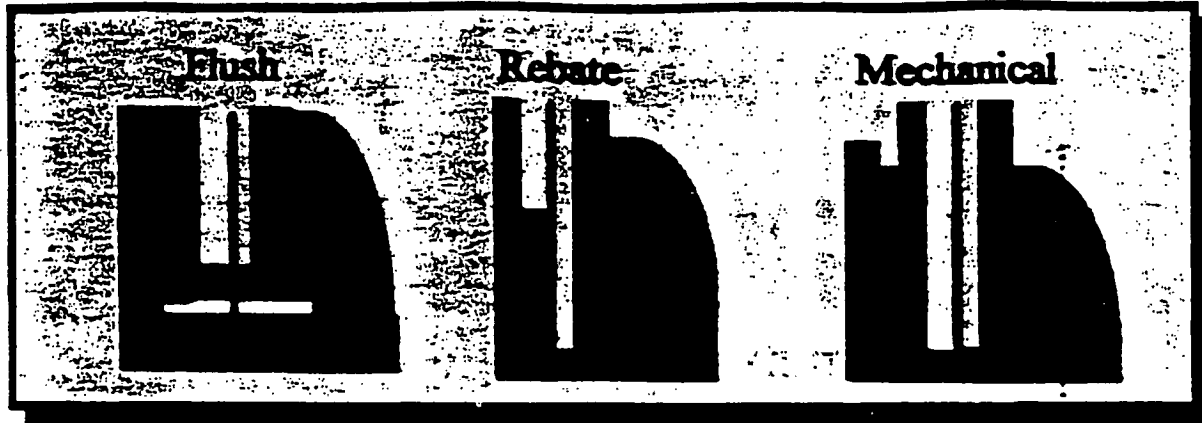
To overcome these problems, N.G.I., Inc. developed, with the Glasslam system, a laminated glass product called Safety-Plus®. There is a three-ply inter-layer, the middle layer a heavy duty P.E.T. film, cushioned on both sides by the Glasslam inter-layer. The P.E.T. film is left longer than the glass size and mechanically held into the glazing frame. If the laminate, after years of exposure, showed any delamination it would still hold into the frame and protect the building and people it was designed to do.

Safety-Plus[®] provides the security and strength of a polyester ply composite panel and the durability of glass on both exposed surfaces. It can be produced to meet the needs of any project: hurricane resistant windows, skylight, entry doors, sliding patio doors, storefronts, and security and blast resistant glazing. Safety-Plus[®] is available in any color from clear, gray, green, or blue to any custom color necessary to fit a specific application. It stops 99% of damaging U.V. radiation, therefore preventing fading of carpets, furniture, and store displays. There are no special methods of cleaning Safety-Plus[®], and, as with all Glasslam products, it is warranted for a ten year period.



General Specifications

There are three glazing methods available for Safety-Plus[®] depending on the type of frame. Contact the technical department for the suggested method for your application.



- Window Frame
- Tape or silicone
- Glass (any thickness)
- Polyester (060)
- Pet. Film (010)
-Mechanical Fix

Standard Composite

1/8 Annealed glass\060 Polyester\010-PET\060 Polyester\1/8 Annealed glass
 Light Transmittance=80% Shading Coefficient=.78 BTU=175
 Safety-Plus[®] has met the following specifications and standards:

Notice of Acceptance: 97-0527.04 Dade County Florida - Expires 09/09/2000

South Florida Building Codes

Large Missile Impact Test (50'sec)	Complies
Small Missile Impact Test (80'sec)	Complies
Cyclic Wind Pressures (9000 Cycles)	Complies
Self Ignition (ASTM D-1929)	Complies
Rate of Burning (ASTM D-635)	Complies
Smoke Density (ASTM E-84)	Complies
Weather Test (6500 Watt lamp for 4500 hrs.)	Complies
Tensile Test (ASTM D-638)	Complies

Impact

ANSI Z97.1-1984 (100 lb.)	Complies
C.P.S.C.16 C.F.R.1201 CAT II	Complies

Boil

ANSI Z97.1-1984	Complies
C.P.S.C. 16 C.F.R. 1201 CAT II	Complies

U.V.Absorption

U.V./Visible Spectrophotometer Wave Length Range 190-400 N.M. Up to 99%



Official Licensed Manufacturer/Distributor

HUGHES
"RA" or "DTC"

HORIZ. REINF.
16" O.C. VERT MEAS

1/2" light textured
stucco on 8" block

"HWUF" or "NFM" JOIST HANGER
OR

FIRE-CUT w/
SOLID BEARING

1/2" drywall on 1X furring @ 16" o.c.
3/4" rigid insulation on 8" concrete block

#5 bar @ 4'-0" o.c.

red 1 white #2 oak 2 3/4" thick random
lengths on 3/4" tongue and groove plywood
under layent wth #15 felt

6" base PCM 255

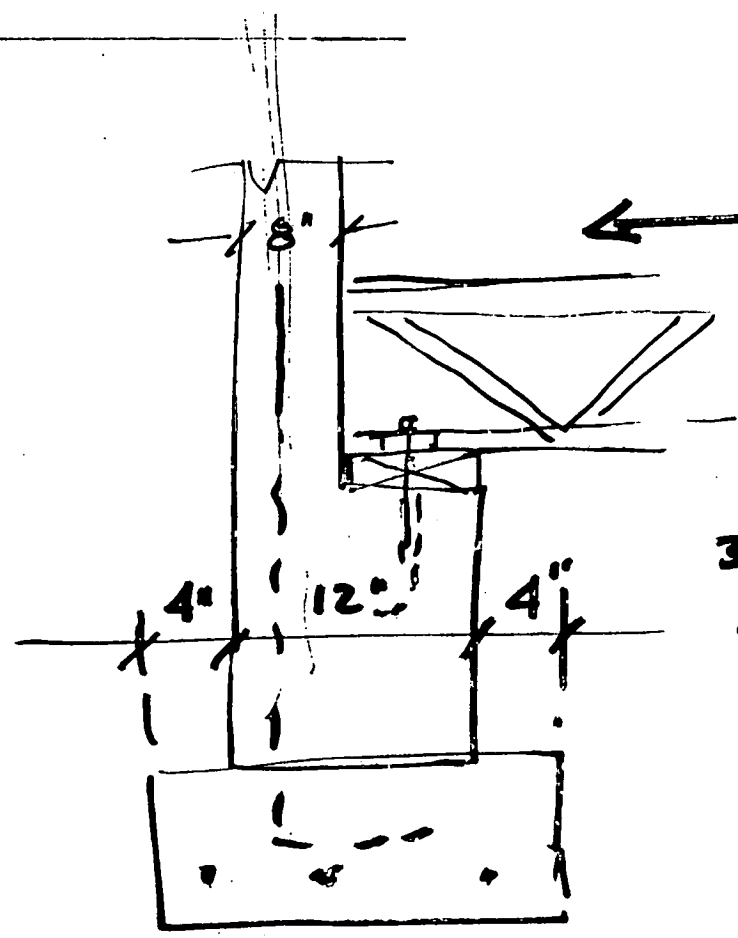
anchor each joist 14" deep

12" block to first joist - PERMS?
floor joist

16" X 24" concrete footing
wth 3-#5 continuous

Two story section n.l.s.

20'



3 COURSES
12" BLOCK
w/ TOP COURSE POURED SOLID.

PREPARED BY AND RETURN TO:
Town of Sewall's Point
1 S. Sewall's Point Road
Stuart, FL 34996

[Space above this line for recording]

Date: 4/1/98

This is to request a Certificate of Approval for Occupancy to be issued to:
PHILIP & EVELYN BRADEN for Permit No. 4164 issued to construct a SINGLE
FAMILY RES upon property described as follows:

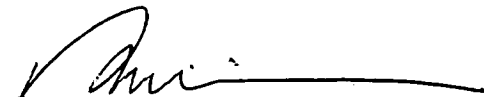
Lot 1 & 2, Block _____, Section _____, Subdivision OAKWOOD
known as: 12 OAKWOOD DRIVE When completed in conformance
with the approved plans and approval of the following required inspections.

CERTIFICATE OF OCCUPANCY

TOWN OF SEWALL'S POINT, FLORIDA

Lot Stakes/Setbacks	Approved: <u>4/25/97</u>	Termite Protection	Approved: <u>4/10/97</u>
Footings/Slab	Approved: <u>4/10/97</u>	Rough Plumbing	Approved: <u>5/28/97</u>
Rough Electric	Approved: <u>9/18/97</u>	Lintel/Tie-beam	Approved: <u>5/14/97</u>
Roofing	Approved: <u>12/9/97</u>	Framing/Furring	Approved: <u>9/18/97</u>
Insulation	Approved: <u>9/23/97</u>	HVAC Rough	Approved: <u>9/18/97</u>
Final Electric	Approved: <u>12/9/97</u>	Final Plumbing	Approved: <u>12/9/97</u>
Final HVAC	Approved: <u>12/9/97</u>	Storm Shutters	Approved: <u>9/18/97</u>
Tie-in Survey	Approved: <u>3/23/98</u>	Landscape	Approved: <u>12/9/97</u>

ISSUED THIS 1st DAY OF April, 1998



Building Inspector

5653

REROOF

RENT \$13,200.00

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 11/1/02 BUILDING PERMIT NO. 5653

Building to be erected for PHILIP BRADEN Type of Permit RE-ROOF

Applied for by PACIFIC ROOFING (Contractor) Building Fee _____

Subdivision OAKWOOD Lot 1 Block _____ Radon Fee _____

Address 12 OAKWOOD DR. Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

1338410090000001060000 Plumbing Fee _____

Amount Paid 120.00 Check # 8258 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 2,000.00 TOTAL Fees \$120.00

Signed John Ogor
Applicant

Signed [Signature]
Town Building Inspector
OFFICIAL

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Bldg. Permit Number: _____

Owner or Titleholder's Name PHILIP BRADEN Phone No. () 287-8165
Street: 12 OAKWOOD DRIVE City ST. ANTON State: FL Zip 34996
Legal Description of Property: OAKWOOD Lot 1

Parcel Number: 13-38-41-009-000-0001-0-6

Location of Job Site: 12 OAKWOOD DRIVE

TYPE OF WORK TO BE DONE: RE-ROOF SHACK TO STANDING SEAM (SHED ROOF ONLY)

CONTRACTOR/Company Name: PACIFIC ROOFING Phone No. () 283-7663
Street: P.O. Box 2697 City ST. ANTON State: FL Zip 34995
State Registration: _____ State License: CCC056793

ARCHITECT: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: 3rd
Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
Estimated cost of construction or improvement: \$ 2,000
Estimated Fair Market Value (FMV) prior to improvement: \$ _____
If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____
Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
Electrical: _____ State: _____ License # _____
Mechanical: _____ State: _____ License # _____
Plumbing: _____ State: _____ License # _____
Roofing: PACIFIC ROOFING State: FL License # CCC056793

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

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

OWNER/AGENT SIGNATURE (Required)
[Signature]

Owner
State of Florida, County of: Alachua On this the 20 day of DEC., 2000, by [Signature] who is personally

known to me or produced as identification.
[Signature]

Notary Public
My Commission Expires: _____
JAMES NICKERSON
MY COMMISSION # CC 894957
EXPIRES: December 13, 2003
Bonds (Seal) Public Underwriters

CONTRACTOR SIGNATURE (Required)
[Signature]

Contractor
State of Florida, County of: Alachua On this the 20 day of DEC, 2000, by RICHARD J. GORMAN who is personally

known to me or produced as identification.
[Signature]

Notary Public
My Commission Expires: _____
JAMES NICKERSON
MY COMMISSION # _____
EXPIRES: Dec 13, 2003
Bonds (Seal) Public Underwriters

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
 - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - c. Contractors name, address, phone number & license numbers.
 - d. Name all sub-contractors (properly licensed).
 - e. Current Survey
2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
- a. Floor Plan
 - b. Foundation Details
 - c. Elevation Views - Elevation Certificate due after slab inspection,
 - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 - e. Truss layout
 - f. Vertical Wall Sections (one detail for each wall that is different)
 - g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
2. Well Permit or Information on existing well & pump.
3. Flood Hazard Elevation (if applicable).
4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

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 COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)



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) 375-2558

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

Berridge Manufacturing Co.
1720 Maury
Houston, TX 77026-7199

Your application for Notice of Acceptance (NOA) of:
Berridge Manufacturing Company Cee Lock Panel
under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

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

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

ACCEPTANCE NO.: 01-0103.01
EXPIRES: 04/05/2006

Raul Rodriguez
Chief Product Control Division

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

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

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

APPROVED: 04/05/2006

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>1/7/02</u>
BUILDING OFFICIAL
Gene Simmons

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/26/2001

PRODUCER (561)746-4546 FAX (561)746-9599
 Tequesta Agency, Inc.
 393 Tequesta Drive
 Tequesta, FL 33469

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 Corp., Inc.
 PO Box 2697
 Stuart, FL 34994

INSURER A: Transcontinental Insurance co.
 INSURER B: Valley Forge Insurance Co.
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED

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.

NSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	C2020206931	10/28/2001	10/28/2002	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE	\$ 2,000,000				
					PRODUCTS - COM/OP AGG	\$ 2,000,000
B	AUTOMOBILE LIABILITY	C2020206945	10/28/2001	10/28/2002	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
<input type="checkbox"/> ANY AUTO					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS 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 STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWN OF SEWALLS POINT
 ATTN: ED ARNOLD
 1 SOUTH SEWALLS POINT ROAD
 STUART, FL 34996

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

AUTHORIZED REPRESENTATIVE
 Mark Kasten/DEBBIE

[Signature]

Certificate of Insurance

Certificate is issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, modify, or alter the coverage afforded by the policies listed below.

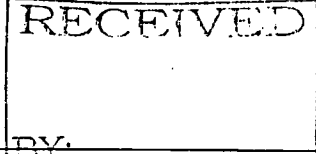
Named Insured(s):

Staff Leasing Inc. d/b/a Gevity HR and its wholly owned subsidiaries including Gevity HR, LP; Gevity HR IV, LP; Gevity HR IX, LP; and Gevity HR X, LP

600 301 Boulevard West, Suite 202
Bradenton, Florida 34205



INSURANCE IN TOUCH WITH BUSINESS



Insurer Affording Coverage

Continental Casualty Company

Coverages:

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits
Workers Compensation	1-1-2003	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Employers Liability
			Bodily Injury by Accident \$1,000,000 Each Accident
			Bodily Injury by Disease \$1,000,000 Policy Limit
			Bodily Injury by Disease \$1,000,000 Each Person

Other:

Employees Leased to:
16455 Pacific Roofing Corp Inc.

Effective Date: 1/1/02

FL 0 H 045383

The above referenced workers compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), not to the employees of any other employer.

*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. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date, the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Town of Sewall Point
Attn Ed Arnold
1 S Sewalls Point Rd
Stuart, FL 34996-6736



Trudy Williams
Authorized Representative

St. Louis, MO
Office

(877) 427-5567
Phone

12/15/01
Date Issued

BATCH NUMBER



GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2692
STUART FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

CC-C056793

RECEIVED
SEP 2 2009
BY: *[Signature]*

FILE
before

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 7.

END OF THIS ACCEPTANCE

Page 7 of 7



Frank Zuloaga, RRC
Roofing Product Control Examiner

ROOFING ASSEMBLY APPROVAL

Category: Roofing Approval Date: 04/05/2001
Sub-Category: Non-Structural Metal Roofing Expiration Date: 04/05/2006
Materials: Steel
Maximum Design Pressure -52.5 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Berridge Cee-Lock Panel with Continuous Cee-Clip Rib	See drawings herein Thickness.025"	PA 110	G-90 galvanized panels coated with various approved coatings Fluoropon, Kynar, or Hylar

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Underwriters Laboratories, Inc.	93RT5366 (404)	Uplift Pressure Testing UL 580-Construction No. 334, 381, 404	May 1993
Celotex Testing Services	MTS 258239B	PA-100	Oct 1997
The Glidden Company	Certified Laboratory Test Report	Physical Properties ASTM G 23	Sept. 1992
The Glidden Company	Certified Laboratory Test Report	Physical Properties ASTM B 117	Jan. 1993

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 and clips shall be permanently labeled with the manufacturer's name and/or logo, and/or the following statement: "Miami-Dade County Product Control Approved.



Frank Zuloaga, RRC
 Roofing Product Control Examiner

APPROVED SYSTEMS:

- Deck Type: Wood, Non-insulated
- Deck Description: 19/32" or greater plywood or wood plank
- Slope Range: 2":12" or greater
- Maximum Uplift: The maximum allowable design pressure -52.5 psf
- Deck Attachment: In accordance with applicable building code, but in no case shall it be less than # 8 x 1 1/2" long screws spaced 6" O.C. In reroofing, where the deck is less than 19/32" thick (Minimum 15/32") 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 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Panel Clips: One piece clips 1-7/16", in. high, 1-3/8 in. wide by 5-1/2 in. long. Clip located at each panel rib side lap spaced at a maximum 36" o.c., fastened with minimum of two # 10 x 1" pan head corrosion resistant screws of sufficient length to penetrate through the sheathing a minimum 3/16 of an inch.
- Valleys: Valley construction shall be in compliance Roofing Application Standard RAS 133. and with Berridge Manufacturing Company's current published installation instructions.
- Fire Barrier Board: For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" or one layer of "Roctex" or 5/8" water resistant type X gypsum sheathing with treated core and facer, in compliance with Roofing Application Standard RAS 133.
- Metal Panels and Accessories: Install the Cee Lock Panels including flashings penetrations, valleys, and accessories in compliance with Berridge Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Roofing Application Standard RAS 133.



Frank Zuloaga, RRC
Roofing Product Control Examiner

Deck Type: Steel Insulated

Deck Description: Minimum 24 Gage coated steel, 40,000 psi min. yield strength

Slope Range: 2":12" or greater

Maximum Uplift: The maximum allowable design pressure -52.5 psf

Deck Attachment: Metal deck secured in compliance with applicable building code.

Insulation: Maximum thickness 4" of an approved rigid board insulation of a minimum density of 2.25 lb/ft³ fastened with approved fasteners and plates. Fastening density shall be in compliance with applicable building code and in accordance with Roofing Application Standard RAS 117.

Panel Clips: One-piece continuous clip assembly fabricated from 24 MSG coated steel. Located at each panel rib side lap with clip being of equal length and running the entire length of the metal roof panels. Fasteners shall be a minimum of #12 corrosion resistant self-drilling screws of sufficient length to penetrate through the bottom flange of the structural deck a minimum 3/4 of an inch at a maximum spacing of 12 inches o.c.

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 approved corrosion resistant insulation fasteners and plates. Spaced 12" o.c. on the laps and two rows spaced 24" o.c. in the field of roll. Or any Miami-Dade County Product Control Approved self-adhered underlayment having a current NOA

Valleys: Valley construction shall be in compliance Roofing Application Standard RAS 133 and Berridge Manufacturing Company's current published installation instructions.

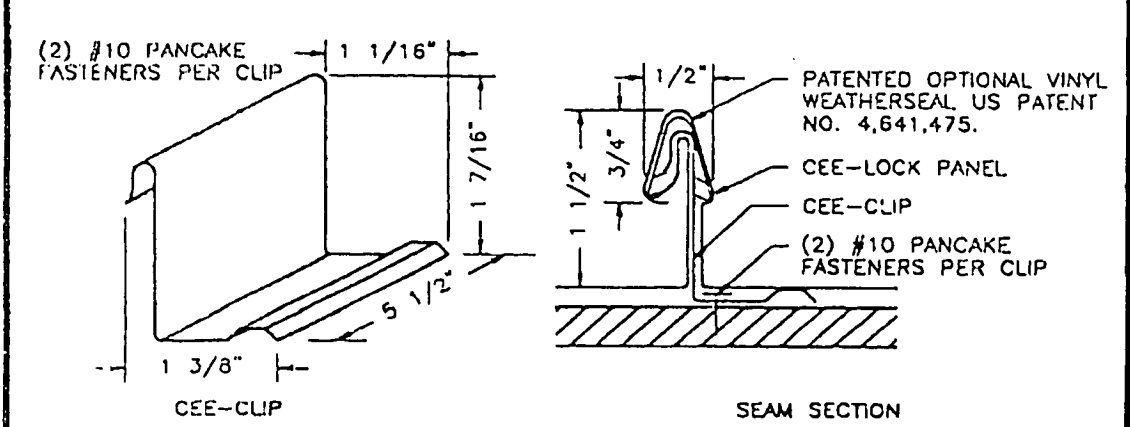
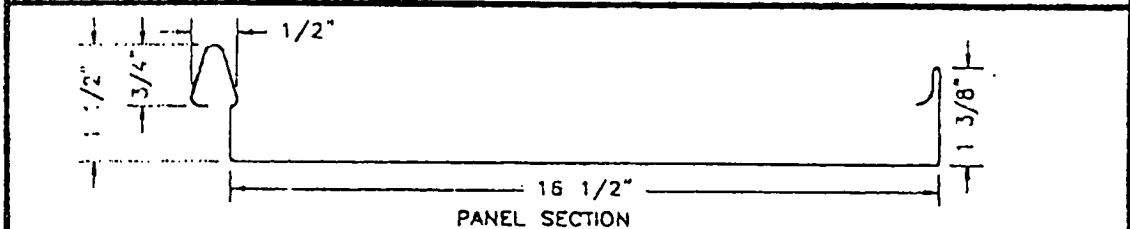
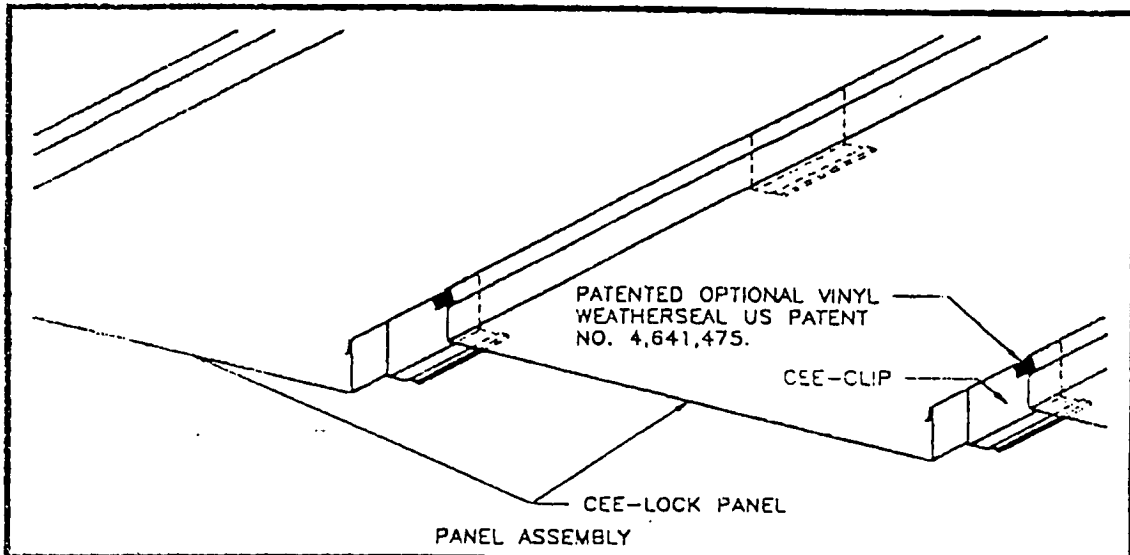
Fire Barrier Board: For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" or one layer of "Roctex" or 5/8" water resistant type X gypsum sheathing with treated core and facer, in compliance with Roofing Application Standard RAS 133.

Metal Panels and Accessories: Install the Cec Lock Panels including flashings penetrations, valleys, and accessories in compliance with Berridge Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Roofing Application Standard RAS 133.



BERRIDGE MANUFACTURING COMPANY, INC.

ACCEPTANCE NO: 01-0103.01



DATE: 03-05-98	PANEL OVERVIEW	<p>Berridge Manufacturing Company. Roofs of Distinction</p>
PAGE \ FILE CL-3	CEE-LOCK PANEL	

Frank Zuloaga, RRC
Roofing Product Control Examiner

SYSTEM LIMITATIONS

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

Page 6 of 7




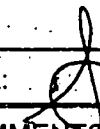





Frank Zuloaga, RRC
Roofing Product Control Examiner

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Feb~~ ~~2001~~, 2001; Page 1 of 1.



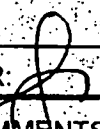
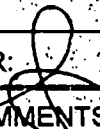
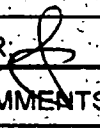

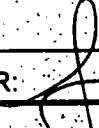
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5643		Pool Steel	Passed	
(8)	105 Abbie Ct. A + G Pools			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5553	BLADEW	FINAL TINTING	Passed	
(2)	12 OAK WOOD PACIFIC			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5642	WILLET	FINAL TINTING	Failed	
(1)	3 TUMOR ST. PACIFIC	POB. RECH 283 7663		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5612	DEGARMO	TRUSS ENGR	Failed	
(3)	24 W INCH POINT DEGARMO			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5537	BARKLEY	DOCK/BOAT LIFT	Passed	
(4)	3 N.E LAGOON ISL. CT. RAICH	FINAL		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5427	FOGLIA	FRAMING	Passed	
(7)	105 ABBIE FOGLIA			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5548	PETTINOS	HURRICANE SHUTTER	Passed	
(6)	117 HENRY SEWALLS WAY HARMA BLUE			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-27, 2008; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
TREE	POTTER 4 PERRIWINKLE	TREE	Passed	
				INSPECTOR: 
5603	BRADEN 12 OAKWOOD DRIVE PACIFIC ROOFING	ROOF FINAL	Passed	Close
				INSPECTOR: 
5642	WILLET 3 TIMOR PACIFIC ROOFING	ROOF FINAL	Passed	Close
				INSPECTOR: 
5591	WATSON 7 PINEAPPLE LA PACIFIC ROOFING	ROOF FINAL	Passed	Close
				INSPECTOR: 
5592	MASSEY 1 MINDORO ST PACIFIC ROOFING	ROOF FINAL	Passed	Close
				INSPECTOR: 
5847	BAUER 10 COPAIRE PACIFIC ROOFING	ROOF FINAL	Passed	Close
				INSPECTOR: 
5708	Small 62 S. River Rd. Pacific	Roof Final	Passed	Close
				INSPECTOR: 

OTHER: _____

6806

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/17/07

BUILDING PERMIT NO. 6806

Building to be erected for BRADEN

Type of Permit FENCE

Applied for by STUART FENCE (Contractor)

Building Fee 30.00

Subdivision OAKWOOD Lot 1+2 Block _____

Radon Fee _____

Address 12 OAKWOOD DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number: 1338410090000001060000

Plumbing Fee _____

1338410090000002040000

Roofing Fee _____

Amount Paid \$ 30.00 Check # 1743 Cash _____

Other Fees (_____)

Total Construction Cost \$ 1843.00

TOTAL Fees 30.00

Signed Jane Jordan

Applicant

Signed Gene Summers

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 _____

RECEIVED
JUN 15 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Philip BRADEN Phone (Day) 287-8165 (Fax) _____

Job Site Address: 12 OAKWOOD DR City: SEWALLS POINT State: FL Zip: _____

Legal Description of Property: LOTS 1 & 2, OAKWOOD Parcel Number: 13-38-41-009-000-00010-6,0000
13-38-41-009-000-00020-4,0000

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

Description of Work To Be Done: INSTALL 64' OF 5' HIGH WHITE ALUMINUM FENCE WITH 5' GATE

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

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

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

State Registration Number: _____ State Certification Number: _____ Martin County License Number: CFE 3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1843.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ 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: _____ Screened Porch: _____
Carport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
Philip Braden
State of Florida, County of: MARTIN
This the 11 day of JUNE, 2004
by Philip Braden who is personally
known to me or produced FLDL
as identification. Janis E. Lordin

CONTRACTOR SIGNATURE (required)
Chester Richmond
On State of Florida, County of: MARTIN
This the 11 day of JUNE, 2004
by CHESTER RICHMOND who is personally
known to me or produced _____
As identification. Janis E. Lordin

My Commission Expires _____
Notary Public
Janis E. Lordin
Commission # DD119654
Expires May 21, 2006
Bonded Thru _____

My Commission Expires _____
Notary Public
Janis E. Lordin
Commission # DD119654
Expires May 21, 2006
Bonded Thru _____
Atlantic Bonding Co., Inc.

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/03

PRODUCER

MARIE HOWELL INSURANCE SERVICES
3215 S US 1 SUITE B-201
FORT PIERCE FL 34982
772-461-4733

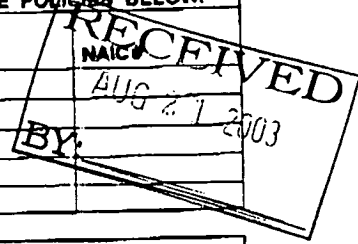
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

STUART FENCE COMPANY, INC.
CHESTER J. RICHMOND & JOHN JAMASON
P O B 2636
STUART, FL 34995

INSURER A: **NATIONAL INSURANCE CO**
INSURER B:
INSURER C:
INSURER D:
INSURER E:



COVERAGES

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

INSR LTR	ADDL LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	BINDER 03GL014	08/18/03	08/18/04	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ INC
						GENERAL AGGREGATE	\$ 500,000
						PRODUCTS - COMP/OP AGG	\$ INC
		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)	\$
						BOODILY INJURY (Per person)	\$
						BOODILY 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 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

CERTIFICATE HOLDER

TOWN OF SEWELLS POINT
1 SOUTH SEWELLS POINT RD.
SEWELLS POINT, FL 34996

FAX# 772-226-4765

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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

Marie E. Howell



09-12-2003

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	08/21/2003	EXPIRATION DATE	08/20/2005
PERSON	RICHMOND	CHESTER	J
SSN	046-48-7885		
FEIN	861077639		
BUSINESS	STUART FENCE COMPANY, INC. P O BOX 2636 STUART FL 34995		

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

RECEIVED
 AUG 21 2003
 BY:



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

FENCE ERECTION

License Number CFE3584 Expires: 30-SEP-04
 RICHMOND, CHESTER J III
 STUART FENCE & WIRE
 4604 SE MANATEE LN
 STUART, FL 34997

**2003-2004 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-6604

CHARACTER COUNTS IN MARTIN COUNTY

...	.00	...	25.00
...	.0000
...	.0000
...	.0000
TOTAL	25.00		

FENCE ERECTION

19 AUGUST 03
 ENDING SEPTEMBER 2004

2004-518-003 CFE3584
 (772) 519-6263 444.00
 4604 SE MANATEE LANE MA

RECEIPT OF PAYMENT

RICHMOND, CHESTER/QUALI
 STUART FENCE COMPANY INC
 4604 SE MANATEE LANE
 STUART FL 34997

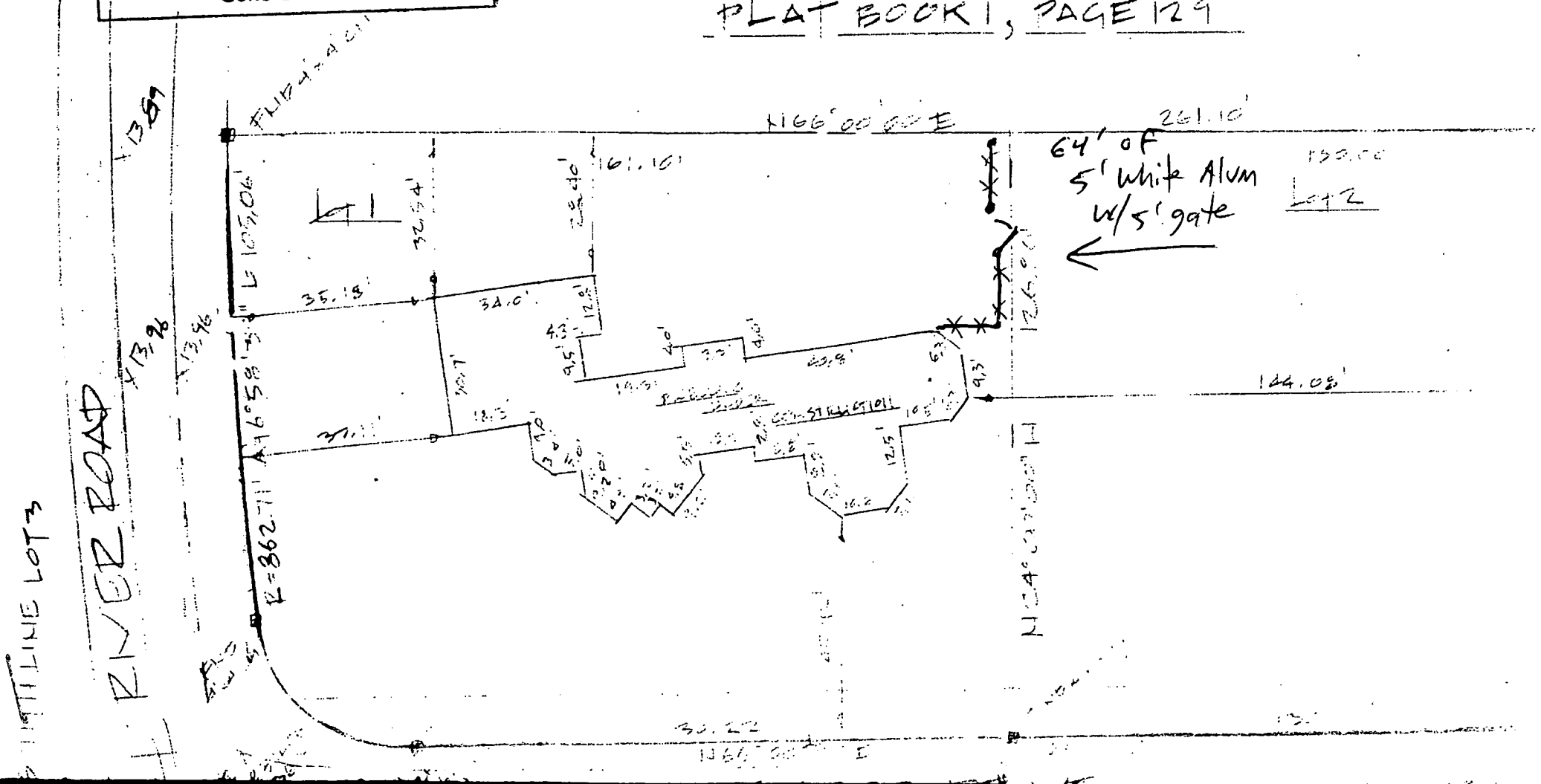
6018
 LARRY C. O'STEEN
 TAX COLLECTOR
 2004-518-003
 125.00
 X011549661089392278

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

DATE: 6/17/04

Gene Simmons
BUILDING OFFICIAL
Gene Simmons

MILES OR HANSON GRANT
PLAT BOOK 1, PAGE 129



64' OF
5' White Alum
w/ 5' gate
←

Lot 2

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/25, 20004 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6506	BEADEN	FINAL FENCE	PASS	CLOSE
3	12 OAKWOOD DR STUMP FENCE			INSPECTOR: <i>[Signature]</i>
6682	MILORD	POOL SHEATHING	PASS	
7	10 N. SEWALL'S PT MILORD			INSPECTOR: <i>[Signature]</i>
6757	FENSTERER	FINAL POOL	PASS	CLOSE
4	71 S. SEWALL'S PT TWIN POOLS			INSPECTOR: <i>[Signature]</i>
6551	LANGER	PARTIAL SHEATHING GARAGE	PASS	GARAGE ONLY
9	3 LOFTING WAY FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
6847	MCALPIN	DOOR/WINDOW	PASS	
3A	5 PINEAPPLE LN. PAUL OHIOTO	INSTALLATION FRAMING INSULATION	PASS PASS PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

7705

TRELLIS/LATTICE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/29/05

BUILDING PERMIT NO. 7705

Building to be erected for BRADEN

Type of Permit TRUSS CE

Applied for by WILSON BUILDERS (Contractor)

Building Fee $\$7100 \times 9.60/1000 = 68.16$

Subdivision OAKWOOD Lot 1 Block _____

Radon Fee _____

Address 12 OAKWOOD DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
1338 41009000 0001060000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 68.16 Check # 1831 Cash _____

Other Fees (_____)

Total Construction Cost \$ 7100

TOTAL Fees 68.16

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input checked="" 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 type="checkbox"/> ADDITION |

INSPECTIONS

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

RECEIVED
11/21/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 7-21-05

Permit Number: _____

OWNER/TITLEHOLDER NAME: PHILIP BRADEN Phone (Day) 287-8165 (Fax) _____

Job Site Address: 12 OAKWOOD DR City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 1 OAKWOOD Parcel Number: 13-38-41-009-000-00010-6

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

Description of Work To Be Done: DECORATIVE TRELLIS ON BENCH UNDER EXISTING PORCH OVER HANG

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 7100-
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: WILSON BUILDERS INC Phone: 288-2000 Fax: 288-2369

Street: 813 KRUEGER PKWY City: STUART State: FL Zip: _____

State Registration Number: CGC18396 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: NONE State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT BRADEN & BRADEN Lic.#: _____ Phone Number: 287-8258

Street: 317 COCONUT AVE City: STUART State: FL 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.

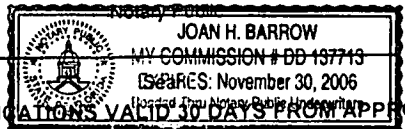
OWNER OR AGENT SIGNATURE (required)
[Signature]

State of Florida, County of: Martin

This the 22 day of July, 2005

by P. Braden who is personally known to me or produced as identification. Joan H. Barrow

My Commission Expires:



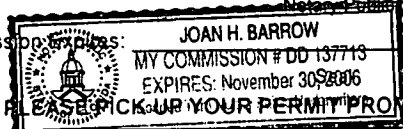
CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: Martin

This the 22 day of July, 2005

by F.X. Wilson who is personally known to me or produced as identification. Joan H. Barrow

My Commission Expires:





Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____
OWNER/TITLEHOLDER NAME: PHILIP BRADEN Phone (Day) _____ (Fax) _____

Job Site Address: 12 OAKWOOD DR. City: _____ State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) LOT 1 OAKWOOD Parcel Number: 13-58-91-009-000-00010-6

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

Description of Work To Be Done: INSTALL TRAILER ON BACK PORCH

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$7100

(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: MICHAEL L WALSH Phone: 220 0775 Fax: 220 0775

Street: 2173 SW OAKRIDGE RD City: PALM CITY State: FL Zip: 34990

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

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: _____ License Number: _____
Mechanical: _____ State: _____ License Number: _____
Plumbing: _____ State: _____ License Number: _____
Roofing: _____ State: _____ License Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

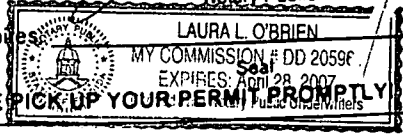
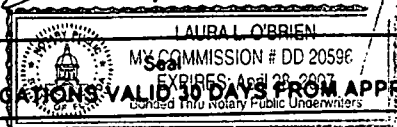
State of Florida, County of: MARTIN
This the 14th day of MAY, 2005
by PHILIP ROBERT BRADEN who is personally known to me or produced FOL 3638152-20-269-0 as identification. X-7129106

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN
This the 9th day of MAY, 2005
by MICHAEL L WALSH who is personally known to me or produced FOL 3638152-20-269-0 as identification. X-1112307

My Commission Expires: _____
Notary Public LAURA L O'BRIEN

My Commission Expires: _____
Notary Public LAURA L O'BRIEN



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY

MICHAEL L WALSH GENERAL CONTRACTOR

2173 SW OAK RIDGE RD

PALM CITY FL 34990

220 6617

CGC 057307

July 27, 2005

TO: Town of Sewall's Point

Re: lot 12 Oakwood

Dear Mr. Simmons

I would like to withdraw my permit application for 12 Oakwood.
I appreciated your help in this matter.

Sincerely

A handwritten signature in black ink, appearing to read "Michael Walsh", written over the word "Sincerely".

Michael Walsh

INSR # 1837853
OR BK 02011 PG 2963
RECORDED 05/09/2005 02:30:42 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood

NOTICE of COMMENCEMENT

Return to: (self addressed stamped envelope enclosed)

MICHAEL L WALSH GENERAL CONTRACTOR
2173 SW OAKRIDGE RD
PALM CITY FL 34990

This Instrument Prepared by:

MIKE
2173 SW OAKRIDGE RD
PALM CITY FL 34990

Property Appraisers Parcel Identification Number

13-38-41-009-000-00010-6

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

NOTICE of COMMENCEMENT

State of Florida

County of MARTIN

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE of COMMENCEMENT.

Legal description of property: lot 1 oakwood
 STATE OF FLORIDA
 MARTIN COUNTY

Street address of property: 12 OAKWOOD DR

Description of improvements: REPAIR HURRICANE DAMAGE THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

Property Owner Name: PHILIP AND EVELYN BRADEN

Property Owner Address: 12 OAKWOOD DR
 MARSHA EWING, CLERK

Owner's interest in property: Owner BY: [Signature] D.C.

Fee Simple Title Holder Name: _____ DATE: 5/9/05

Title Holder Address: _____

Contractor Name: MICHAEL L WALSH GENERAL CONTRACTOR

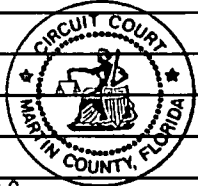
Contractor Mailing Address: 2173 SW OAKRIDGE RD PALM CITY FL 34990

Surety Name: None Amt of Bond \$ None

Surety Mailing Address: None

Lender Name: _____

Lender Mailing Address: _____



Person within the State of Florida designated by Owner upon which notices and other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name Serve Owner
Address Serve Address

In addition to himself, the Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

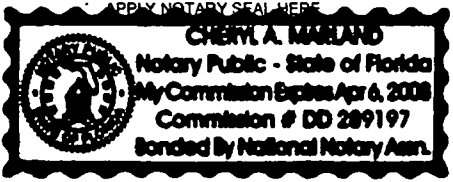
Name Serve Owner
Address Serve Address

Expiration date of this Notice of Commencement: This Notice of Commencement expires in one year.

[Signature]
Signature of Owner

PHILIP BRADEN
Printed Signature of Owner

I have relied upon the following identification of the Affiant:



Sworn to and subscribed before me this 3 day of May, 2005
Cheryl A Morland
 Notary Signature
Cheryl A Morland
 Printed Notary signature

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
6/3/05

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
Wilson Builders Inc.
813 Krueger Parkway
Stuart, Fl. 34996

INSURER A: **Auto-Owners Insurance Co.**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	20520469	7/05/05	7/05/06	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				\$ 1,000,000	
	PRODUCTS - COMP/OP AGG				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.					
A	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	95-4349-400	7/05/05	1/05/06	COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)				\$ 50,000	
	BODILY INJURY (Per accident)				\$ 100,000	
	PROPERTY DAMAGE (Per accident)				\$ 25,000	
	GARAGE 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	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Town of Sewall's Point 1 South Sewall's Point Rd. Sewall's 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>45</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

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/17, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	PRE POUR PAVEMENT	PASS	
7	70 S. SEWALL FLORIDA'S FINEST	DRIVEWAY		INSPECTOR: <i>OM</i>
1689	HARTE	INSULATION	PASS	
2	3 E. HIGH POINT FIRST FLORIDA			INSPECTOR: <i>OM</i>
6996	DAINS	FINAL DOCK	PASS	CLOSE
8	62 S. SEWALL SP O/B			INSPECTOR: <i>OM</i>
7500	TRUITY	SUNLIGHTS	PASS	
11	39 S. RIVER RD			INSPECTOR: <i>OM</i>
7676	FORD	FINAL GUTTER	PASS	CLOSE
3	5 OAKWOOD DR O/B	REPAIR		INSPECTOR: <i>OM</i>
7705	BRADEN	FINAL TRAILICE	PASS	CLOSE
4	12 OAKWOOD WILSON BUILDERS			INSPECTOR: <i>OM</i>
7717	CONNOLLY	FINAL ROOF	PASS	CLOSE
10	10 RIDGELAND A&P CONSTR.			INSPECTOR: <i>OM</i>

OTHER: _____

8741

ADDITION TO

GARAGE



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:	8741	DATE ISSUED:	OCTOBER 16, 2007
SCOPE OF WORK:	ADDITION TO GARAGE		
CONDITIONS :			
CONTRACTOR:	GROZA BUILDERS		
PARCEL CONTROL NUMBER:	133841009000000106	SUBDIVISION	OAKWOOD - LOT 1
CONSTRUCTION ADDRESS:	12 OAKWOOD DRIVE		
OWNER NAME:	BRADEN		
QUALIFIER:	JOHN GROZA	CONTACT PHONE NUMBER:	336-7653

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
6-29-07

Date: 6-29-07 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: M/M Philip Braden Phone (Day) _____ (Fax) _____

Job Site Address: 12 Oakwood Dr. City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Lot 1, Oakwood Parcel Number: 133841009000000106

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

Scope of work: Additional living space over garage

WILL OWNER BE THE CONTRACTOR?

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

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

(Must include a copy of all variance approvals with application)

COST AND VALUES

Estimated Value of Construction or Improvements: \$ 97,000
(Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ 858,000
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value: Property Appraiser

CONTRACTOR/Company: Groza Builders, Inc Case: 336-7653 Fax: 336-2272

Street: 511 SW Port St. Lucie Blvd City: PSC1 State: FL Zip: 34953

State Registration Number: LC0023870 State Certification Number: _____ Municipality License Number: _____

ARCHITECT Braden & Braden Lic. # 9770 Phone Number: _____

Street: 417 Coconut Ave. City: SWAN State: FL Zip: 34996

ENGINEER _____ Lic. # _____ Phone Number: _____

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

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: 660 Garage: _____ Covered Porch: _____ Screened Porch: _____

Carport: _____ Total Under Roof: 660 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 ENCLUMBERED 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 10-20.

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 ORIGINALLY 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)
Philip Braden

State of Florida, County of Martin
This the 27th day of June 2007

by Philip Braden who is personally known to me or produced as identification

Christina R. Zelenke
Notary Public

My Commission Expires: APRIL 8, 2008
EXPIRES: April 8, 2008

CONTRACTOR SIGNATURE (required)
John A. Groza

On State of Florida, County of St. Lucie
This the 29th day of June 2007

by John A. Groza who is personally known to me or produced as identification

Christina R. Zelenke
Notary Public

My Commission Expires: APRIL 8, 2008
EXPIRES: April 8, 2008

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!

Christina
X12



Summary

print [navigation icons] Owner 3 of 5

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

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
13-38-41-009-000-00010-6	12 OAKWOOD DR	27839	Owner	0	1

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

Summary
Property Location 12 OAKWOOD DR
Tax District 2200 Sewall's Point
Account # 27839
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.457

Legal Description
Property Information
 OAKWOOD LOT 1

Owner Information
Owner Information
 BRADEN, EVELYN & PHILIP

Mail Information
 12 OAKWOOD DRIVE
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$290,000
Market Impr Value \$568,570
Market Total Value \$858,570

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

Recent Sale
Sale Amount \$0

Sale Date 8/7/2000
Book/Page 1501 2440



Summary

print [navigation icons] Owner 4 of 5

Parcel Info

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
13-38-41-009-000-00020-4		27840	Owner	0	1

Summary

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

Summary
Property Location
Tax District 2200 Sewall's Point
Account # 27840
Land Use 107 0700 Misc Residential Imp
Neighborhood 120400
Acres 0.379

Legal Description
Property Information
 OAKWOOD LOT 2

Search By

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

Owner Information
Owner Information
 BRADEN, EVELYN & PHILIP

Mail Information
 12 OAKWOOD DRIVE
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$750
Market Total Value \$275,750

Site Functions

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

Recent Sale
Sale Amount \$0

Sale Date 8/7/2000
Book/Page 1501 2440



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

GROZA, JOHN ANGELO
GROZA BUILDERS INC
1417 SW OSPREY COVE
PORT SAINT LUCIE FL 34986

STATE OF FLORIDA AC# 2697418
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC023870 08/04/06 060085902

CERTIFIED GENERAL CONTRACTOR
GROZA, JOHN ANGELO
GROZA BUILDERS INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2008 L06080401044

DETACH HERE

AC# 2697418

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06080401044

DATE	BATCH NUMBER	LICENSE NBR
08/04/2006	060085902	CGC023870

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

GROZA, JOHN ANGELO
GROZA BUILDERS INC
511 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34953

JEB BUSH
GOVERNOR

SIMONE MARSTILLER

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 06/27/2007

PRODUCER (772)335-8804 FAX (772)335-8847
 S.M. FINES INSURANCE AGENCY
 1250 S.E. PORT ST. LUCIE BLVD.
 PORT ST LUCIE, FL 34952-5392
 Holly Lucas

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 Groza Builders, Inc./Groza Investments LLC
 511 SW Port St. Lucie Blvd.
 Port St. Lucie, FL 34953

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: General Fidelity Insurance Co.	
INSURER B: General Insurance Co.	
INSURER C: Vinings Insurance Company	
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 TR. INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BAG0003703-00	05/05/2007	05/05/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP 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 type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	24CC18281610	05/05/2007	05/05/2008
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	017000000016106	03/01/2007	03/01/2008	WC STATUTORY LIMITS 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

State of Florida

CERTIFICATE HOLDER

Town of Sewalls Point
 1 South Sewalls Point Rd.
 Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Susan Fines/HML

Susan M. Fines

FEDERAL

ENGINEERING & TESTING

1798 AGORA CIRCLE S.E. SUITE 5
PALM BAY, FLORIDA 32909

250 S.W. 13TH AVENUE
POMPANO BEACH, FLORIDA 33069

FIELD DENSITY TESTS OF COMPACTED SOILS

OK FILE

DATE: 11/5/07 ORDER NO: 07-3055 PERMIT NO. 8741

CLIENT: GROZA BUILDERS

ADDRESS: 1744 S.W. BILTMORE STREET, PORT ST. LUCIE, FLORIDA 34983

PROJECT: PROPOSED RESIDENCE BUILDING PAD

ADDRESS: 12 OAKWOOD DRIVE, STUART, FLORIDA

MATERIAL DESCRIPTION: BROWN SAND W/TRACES OF CLAY & SHELL FRAGS

LOCATION: S.E. CORNER OF PAD

LOCATION: N.E. CORNER OF PAD

LOCATION: S.W. CORNER OF PAD

LOCATION: _____

LOCATION: _____

LOCATION: _____

FIELD DENSITY METHOD A.S.T.M. **D-2922**

DRY DENSITY P.C.F. IN THE FIELD	106.6	107.0	105.9			
% MOISTURE	10.2	9.9	10.7			
% COMPACTION IN THE FIELD	97.8	98.1	97.2			
% COMPACTION REQUIREMENT	95%					
PROCTOR VALUE, P.C.F.	109.0					
OPTIMUM MOISTURE, %	12.6					
LABORATORY NO.	P-2063					
DEPTH IN INCHES	12					

PROCTOR A.S.T.M D-1557 METHOD

REMARKS: SOIL NOT TESTED BELOW FOOTERS

TESTED BY: SI

CHECKED BY: KM

Respectfully submitted,

Wissam
11/6/07

WISSAM S. MAJUMBI, P.E.
FEDERAL ENGINEERING & TESTING
FLORIDA REG. #39584

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.

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ENGINEERING & TESTING

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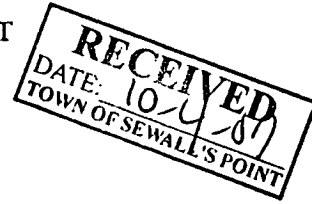
Respectfully submitted,

Wissam M. Mammari
11/6/07
WISSAM S. MAMMARI, P.E.
FEDERAL ENGINEERING & TESTING
FLORIDA REG. #39584

A density test determines the degree of compaction of the tested layer of material only. A density does not replace a soil bearing capacity determination.



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



REVISIONS - CORRECTIONS REQUEST FORM
MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: 10/5/07 PERMIT NUMBER: _____
 JOB ADDRESS: 12 OAKWOOD DRIVE

PLEASE CHECK ONE OF THE FOLLOWING:

- CONDITION OF INSPECTION APPROVAL (Needed for an inspection)
- CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)
- REVISIONS (Changes to an issued permit)

******ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING******

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): FLOOR PLAN CHANGE

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES _____ NO VALUE \$ _____
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: DAN PRADEN SIGNATURE: [Signature]
 PHONE NUMBER: 287-8258 FAX NUMBER: 287-8283

FOR OFFICE USE ONLY:

Reviewed by: _____ Date: _____ Approve _____ Deny _____

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ _____

Applicant notified by: _____ Date: _____



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 THAN 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
 - ~~ELEVATIONS AT ALL SIDES OF THE PROPOSED ADDITION~~
 - ~~ELEVATIONS AT ALL SIDES OF ADDITION~~
 - ~~DRAINAGE ARROWS AND PERVIOUS IMPVIOUS CALCS. TO SHOW PROPOSED STORMWATER RETENTION~~
- ***DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS***

N/A _____ 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.

To Record _____ 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 772-2204765

CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 6/29/2007

Building Permit # _____

Site Address: 12 Oakwood Dr; Lot 1, Oakwood

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.

XX Contractor or Owner/Builder Signature John A. Groza

Subscribed and sworn to before me this 29th day of June, 2007, personally appeared

John A. Groza who is personally known to me or produced _____ as

identification, and who did/did not take an oath.

Notary Public Signature Christina R. Zelenke



CHRISTINA R. ZELENKE
 MY COMMISSION # DD 299782
 EXPIRES: April 6, 2008
 Bonded Thru Budget Notary Services

PERMIT # _____

TAX FOLIO # 13-38-41-009-000-00010-6

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):

12 Oakwood Dr Lot 1, Oakwood

GENERAL DESCRIPTION OF IMPROVEMENT: Construction of additional living over garage

OWNER: Philip & Evelyn Braden

ADDRESS: 12 Oakwood Dr, Sewall's Point, FL 34996

PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: Residence

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

CONTRACTOR: Groza Builders, Inc

ADDRESS: 511 SW Port St, Lucie Blvd; Port St, Lucie, FL 34953

PHONE #: (772)336-7653 FAX #: (772)336-2272

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____

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 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

* *Philip Braden*
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27th DAY OF June 2007

BY Philip Braden

PERSONALLY KNOWN

OR PRODUCED ID _____

TYPE OF ID _____

Christina R. Zelenke
NOTARY SIGNATURE



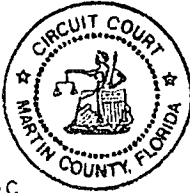
CHRISTINA R. ZELENKE
MY COMMISSION # DD 299782
EXPIRES: April 6, 2008
Bonded Thru Budget Notary Services

02.Cc.03

STATE OF FLORIDA -
MARTIN COUNTY

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

MARSHA EWING, CLERK
BY: *Christina* D.C.



INSTR # 2023446 OR BK 02260 PG 1152 RECD 06/29/2007 01:23:36 P.
Pg 1152 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

Project Summary
Entire House
PERFECT COOLING INC.

Job: 07253
 Date: 10-2-07
 By: J.S.

Project Information

For: GROZA BUILDERS, INC
 511 S.W. PORT ST LUCIE BLVD, PORT ST LUCIE, FL 34953
 Phone: 772-336-7105

Notes: GROZA BUILDERS
 ADDITION
 MR&MRS. BRADEN
 SEWALL'S POINT, FLORIDA

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °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 6113 Btuh
 Ducts 734 Btuh
 Central vent (37 cfm) 945 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 7793 Btuh

Sensible Cooling Equipment Load Sizing

Structure 6963 Btuh
 Ducts 1234 Btuh
 Central vent (37 cfm) 617 Btuh
 Blower 0 Btuh

Use manufacturer's data y
 Rate/swing multiplier 1.00
 Equipment sensible load 8814 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	296	296
Volume (ft ³)	2368	2368
Air changes/hour	0.61	0.32
Equiv. AVF (cfm)	24	13

Latent Cooling Equipment Load Sizing

Structure 505 Btuh
 Ducts 305 Btuh
 Central vent (37 cfm) 1494 Btuh
 Equipment latent load 2304 Btuh

Equipment total load 11117 Btuh
 Req. total capacity at 0.70 SHR 1.0 ton

Heating Equipment Summary

Make DAIKIN
 Trade
 Model RX12DVJU // FTXS12DVJU

Efficiency 7.7 HSPF
 Heating input
 Heating output 11500 Btuh @ 47°F
 Temperature rise 29 °F
 Actual air flow 355 cfm
 Air flow factor 0.052 cfm/Btuh
 Static pressure 0.00 in H2O
 Space thermostat

Cooling Equipment Summary

Make DAIKIN
 Trade
 Cond RX12DVJU // FTXS12DVJU
 Coil
 Efficiency 13 SEER
 Sensible cooling 8050 Btuh
 Latent cooling 3450 Btuh
 Total cooling 11500 Btuh
 Actual air flow 355 cfm
 Air flow factor 0.043 cfm/Btuh
 Static pressure 0.00 in H2O
 Load sensible heat ratio 0.79

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Right-J Worksheet
Entire House
PERFECT COOLING INC.

Job: 07253
Date: 10-2-07
By: J.S.

1 Room name		Entire House		NEW SITTING AREA										
2 Exposed wall		53.0 ft		53.0 ft										
3 Ceiling height		8.0 ft		8.0 ft										
4 Room dimensions		d		1.0 x 296.0 ft										
5 Room area		296.0 ft ²		296.0 ft ²										
Ty	Construction number	U-value (Btuh/ft ² ·°F)	Or	HTM (Btuh/ft ²)		Area (ft ²) or perimeter (ft)		Load (Btuh)		Area (ft ²) or perimeter (ft)		Load (Btuh)		
				Heat	Cool	Gross	N/P/S	Heat	Cool	Gross	N/P/S	Heat	Cool	
6	W-G 13A-4ocs	0.143	n	3.29	2.68	104	80	263	215	104	80	263	215	
	W-G 10A-b	0.970	n	22.31	17.96	24	0	535	431	24	0	535	431	
11	W-G 13A-4ocs	0.143	sw	3.29	2.68	40	16	53	43	40	16	53	43	
	W-G 1A-h10m	1.270	sw	29.21	55.03	24	3	701	1254	24	3	701	1254	
11	W-G 13A-4ocs	0.143	w	3.29	2.68	64	64	210	172	64	64	210	172	
	W-G 13A-4ocs	0.143	nw	3.29	2.68	60	10	33	27	60	10	33	27	
11	W-G 1A-h10m	1.270	nw	29.21	54.67	50	0	1460	2734	50	0	1460	2734	
	P 12B-0sw	0.097	-	2.23	1.66	168	168	375	279	168	168	375	279	
11	C 16B-30ad	0.032	-	0.74	1.71	296	296	218	506	296	296	218	506	
	F 22A-tph	1.358	-	31.23	0.00	296	53	1655	0	296	53	1655	0	
6	c) AED excursion								1095				1095	
	Envelope loss/gain							5504	6755			5504	6755	
12	a) Infiltration							609	208			609	208	
	b) Room ventilation							0	0			0	0	
13	Internal gains:		Occupants @ 230		0			0	0	0		0	0	
			Appliances @ 1200		0			0	0	0		0	0	
	Subtotal (lines 6 to 13)							6113	6963			6113	6963	
	Less external load							0	0			0	0	
	Less transfer							0	0			0	0	
	Redistribution							0	0			0	0	
14	Subtotal							6113	6963			6113	6963	
15	Duct loads						12%	18%	734	1234	12%	18%	734	1234
	Total room load								6847			6847	8197	
	Air required (cfm)								355			355	355	

Printout certified by ACCA to meet all requirements of Manual J 8th Ed.

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION
 Residential Limited Applications Prescriptive Method C SOUTH 789
 FORM 600C-04R
 Small Additions, Renovations & Building Systems

Compliance with Method C of Sub-Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-04 for additions of 500 square feet or less, site-installed components of manufactured homes, and renovations to single- and multiple-family residences. Alternative methods are provided for additions by use of Form 600B-04 or 600A-04.

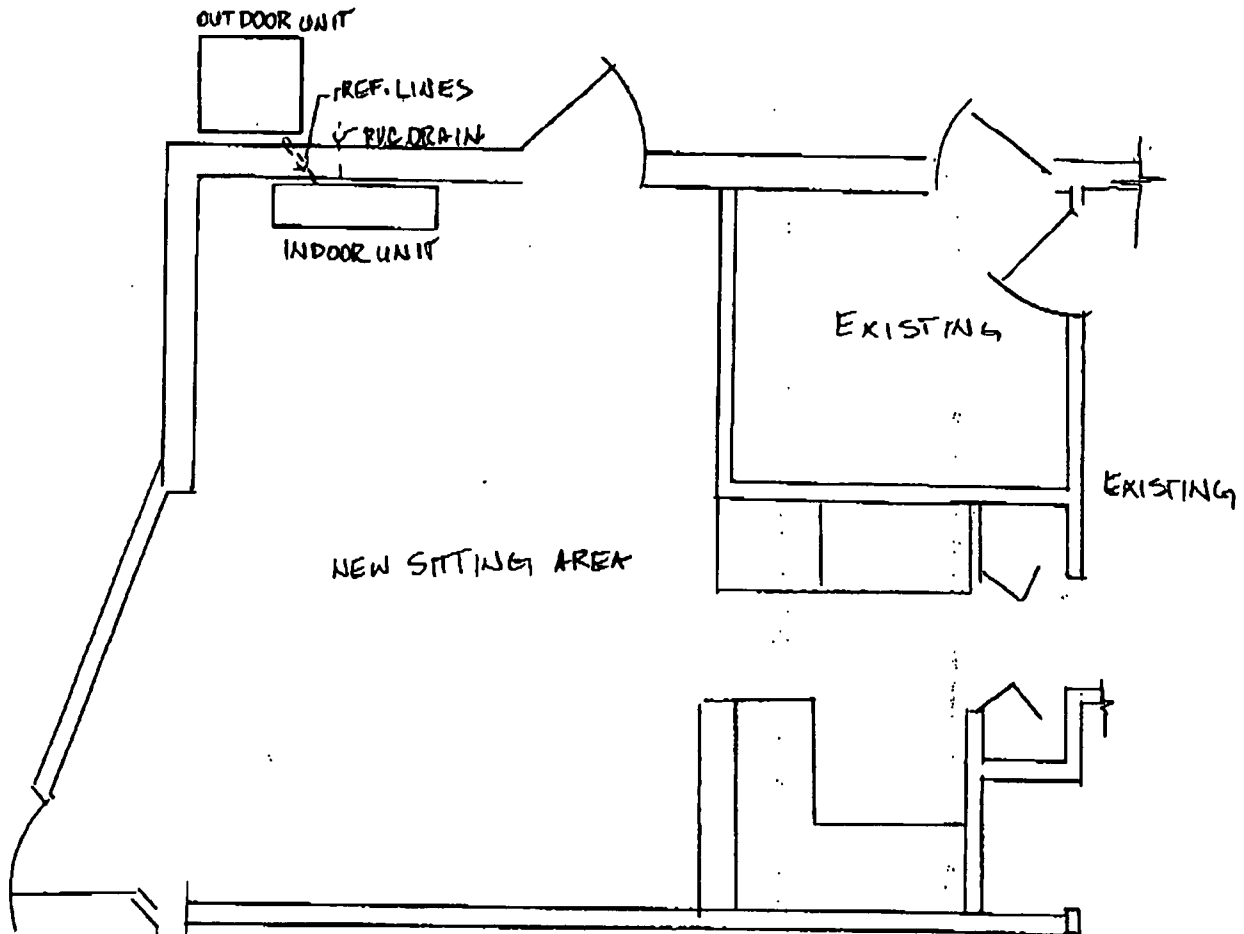
PROJECT NAME: AND ADDRESS:	MR & MRS. BRADEN SEWALL'S POINT	BUILDER: GROZM	PERMITTING OFFICE:	CLIMATE ZONE: 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
OWNER: MR. BRADEN	PERMIT NO.:	JURISDICTION NO.: 531300		

SMALL ADDITIONS TO EXISTING RESIDENCES (500 square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2, and 6C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. **RENOVATIONS** (Residential buildings undergoing renovations costing more than 20% of the assessed value of the building). Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. **MANUFACTURED HOMES AND BUILDINGS**. Only site-installed components and features are covered by this form. **BUILDING SYSTEMS** Comply when complete new system is installed.

	Please Print	CK																
1. Renovation, Addition, New System or Manufactured Home	1. ADDITION	_____																
2. Single-family detached or Multiple-family attached	2. SINGLES	_____																
3. If Multiple-family—No. of units covered by this submission	3. _____	_____																
4. Conditioned floor area (sq. ft.)	4. 296	_____																
5. Predominant eave overhang (ft.)	5. 2	_____																
6. Glass type and area:	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">Single Pane</td> <td align="center">Double Pane</td> <td></td> </tr> <tr> <td>6a. _____ sq. ft.</td> <td>_____ sq. ft.</td> <td>_____ sq. ft.</td> <td>_____</td> </tr> <tr> <td>6b. 98 sq. ft.</td> <td>_____ sq. ft.</td> <td>_____ sq. ft.</td> <td>_____</td> </tr> <tr> <td>7. 33 %</td> <td>_____ %</td> <td>_____ %</td> <td>_____</td> </tr> </table>		Single Pane	Double Pane		6a. _____ sq. ft.	_____ sq. ft.	_____ sq. ft.	_____	6b. 98 sq. ft.	_____ sq. ft.	_____ sq. ft.	_____	7. 33 %	_____ %	_____ %	_____	_____
	Single Pane	Double Pane																
6a. _____ sq. ft.	_____ sq. ft.	_____ sq. ft.	_____															
6b. 98 sq. ft.	_____ sq. ft.	_____ sq. ft.	_____															
7. 33 %	_____ %	_____ %	_____															
7. Percentage of glass to floor area		_____																
8. Floor type and insulation:		_____																
a. Slab-on-grade (R-value)	8a. R = ϕ 53 in. ft.	_____																
b. Wood, raised (R-value)	8b. R = _____ sq. ft.	_____																
c. Wood, common (R-value)	8c. R = _____ sq. ft.	_____																
d. Concrete, raised (R-value)	8d. R = _____ sq. ft.	_____																
e. Concrete, common (R-value)	8e. R = _____ sq. ft.	_____																
9. Wall type and insulation:		_____																
a. Exterior:		_____																
1. Masonry (Insulation R-value)	9a-1 R = 5 268 sq. ft.	_____																
2. Wood frame (Insulation R-value)	9a-2 R = _____ sq. ft.	_____																
b. Adjacent:		_____																
1. Masonry (Insulation R-value)	9b-1 R = _____ sq. ft.	_____																
2. Wood frame (Insulation R-value)	9b-2 R = 11 168 sq. ft.	_____																
c. Marriage Walls of Multiple Units* (Yes/No)	9c. _____	_____																
10. Ceiling type and insulation:		_____																
a. Under attic (Insulation R-value)	10a. R = 30 296 sq. ft.	_____																
b. Single assembly (Insulation R-value)	10b. R = _____ sq. ft.	_____																
11. Cooling system*	11. Type: ROOM UNIT	_____																
(Types: central, room unit, package terminal A.C., gas, existing, none)	SEER/EER: 13	_____																
12. Heating system*	12. Type: ROOM UNIT	_____																
(Types: heat pump, elec. strip, natural gas, LP-gas, gas h.d., room or PTAC, existing, none)	MSPP/COPIAFUE: 7.7	_____																
13. Air distribution system*		_____																
a. Backflow damper or single package systems* (Yes/No)	13a. NO	_____																
b. Ducts on marriage walls adequately sealed* (Yes/No)	13b. NO	_____																
14. Hot water system:	14. Type: EXISTING	_____																
(Types: elec., natural gas, other, existing, none)	EF: _____	_____																

* Pertains to manufactured homes with site-installed components.

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>[Signature]</u> DATE: <u>10/20/07</u>	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 903.908, F.S. BUILDING OFFICIAL: <u>[Signature]</u> DATE: _____
I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: <u>[Signature]</u> DATE: <u>10/10/07</u>	



DAIKIN

Indoor unit	FTXS12DVJU
Outdoor unit	RXS12DVJU
SEER	13.0
HSPF	7.7
Total capacity	11,500 (BTU/H)
Heating capacity	11,500 (btu/h)
Running Current	5.33A(cool) /4.6A(heat)
Max. fuse size	15 A
Ref. Piping size	1/4"x3/8" (LxG)
Power Supply	208-230/1/60

ADDITION FOR:
MR. & MRS. BRADEN
SEWALL'S POINT, FL

PERFECT COOLING, INC
TEL: 561-276-9553

P.O. 07253

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE	AS-BUILT
Summer Base Points: 19170.4	Summer As-Built Points: 25822.9
Total Summer X System = Cooling Points Multiplier Points	Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (System - Points) (DM x DSM x AHU)
19170.4 0.3250 6230.4	(sys 1: Central Unit 18000btuh ,SEER/EFF(16.3) Ducts:Unc(S),Unc(R),Int(AH),R6.0(INS) 25823 1.00 (1.07 x 1.165 x 0.90) 0.209 1.000 6077.7 25822.9 1.00 1.125 0.209 1.000 6077.7

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE	AS-BUILT
Winter Base Points: 799.0	Winter As-Built Points: 1385.9
Total Winter X System = Heating Points Multiplier Points	Total X Cap X Duct X System X Credit = Heating Component Ratio Multiplier Multiplier Multiplier Points (System - Points) (DM x DSM x AHU)
799.0 0.5540 442.6	(sys 1: Electric Heat Pump 21600 btuh ,EFF(9.1) Ducts:Unc(S),Unc(R),Int(AH),R6.0 1385.9 1.000 (1.099 x 1.137 x 0.91)0.375 1.000 590.6 1385.9 1.00 1.137 0.375 1.000 590.6

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

BASE				AS-BUILT										
WATER HEATING				Tank	EF	Number of	X	Tank	X	Multiplier	X	Credit	=	Total
Number of	X	Multiplier	=	Volume		Bedrooms		Ratio				Multiplier		
Bedrooms														
1		2273.00	2273.0	20.0	0.94	1		1.00		2224.64		1.00		2224.6
													As-Built Total:	2224.6

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling	+	Heating	+	Hot Water	=	Total	
Points		Points		Points		Points	
6230		443		2273		8946	
Cooling	+	Heating	+	Hot Water	=	Total	
Points		Points		Points		Points	
6078		591		2225		8893	

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: , , ,	PERMIT #:
----------------	-----------

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
Exterior Windows & Doors	606.1.ABC.1.1	Maximum: .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area.	
Exterior & Adjacent Walls	606.1.ABC.1.2.1	Caulk, gasket, weatherstrip or seal between: windows/doors & frames, surrounding wall; foundation & wall sole or sill plate; joints between exterior wall panels at corners; utility penetrations; between wall panels & top/bottom plates; between walls and floor. EXCEPTION: Frame walls where a continuous infiltration barrier is installed that extends from, and is sealed to, the foundation to the top plate.	
Floors	606.1.ABC.1.2.2	Penetrations/openings >1/8" sealed unless backed by truss or joint members. EXCEPTION: Frame floors where a continuous infiltration barrier is installed that is sealed to the perimeter, penetrations and seams.	
Ceilings	606.1.ABC.1.2.3	Between walls & ceilings; penetrations of ceiling plane of top floor; around shafts, chases, soffits, chimneys, cabinets sealed to continuous air barrier; gaps in gyp board & top plate; attic access. EXCEPTION: Frame ceilings where a continuous infiltration barrier is installed that is sealed at the perimeter, at penetrations and seams.	
Recessed Lighting Fixtures	606.1.ABC.1.2.4	Type IC rated with no penetrations, sealed; or Type IC or non-IC rated, installed inside a sealed box with 1/2" clearance & 3" from insulation; or Type IC rated with < 2.0 cfm from conditioned space, tested.	
Multi-story Houses	606.1.ABC.1.2.5	Air barrier on perimeter of floor cavity between floors.	
Additional Infiltration reqts	606.1.ABC.1.3	Exhaust fans vented to outdoors, dampers; combustion space heaters comply with NFPA, have combustion air.	

6A-22 OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.)

COMPONENTS	SECTION	REQUIREMENTS	CHECK
Water Heaters	612.1	Comply with efficiency requirements in Table 612.1.ABC.3.2. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas & heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78%.	
Shower heads	612.1	Water flow must be restricted to no more than 2.5 gallons per minute at 80 PSIG.	
Air Distribution Systems	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated, and installed in accordance with the criteria of Section 610. Ducts in unconditioned attics: R-6 min. insulation.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1, 602.1	Ceilings-Min. R-19. Common walls-Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 87.3

The higher the score, the more efficient the home.

GROZA, . . .

<p>1. New construction or existing New <input type="checkbox"/></p> <p>2. Single family or multi-family Single family <input type="checkbox"/></p> <p>3. Number of units, if multi-family 1 <input type="checkbox"/></p> <p>4. Number of Bedrooms 1 <input type="checkbox"/></p> <p>5. Is this a worst case? No <input type="checkbox"/></p> <p>6. Conditioned floor area (ft²) 678 ft² <input type="checkbox"/></p> <p>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</p> <p style="margin-left: 20px;">a. U-factor: Description Area</p> <p style="margin-left: 40px;">(or Single or Double DEFAULT) 7a(Sngle Default) 131.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. SHGC:</p> <p style="margin-left: 40px;">(or Clear or Tint DEFAULT) 7b. (Clear) 131.0 ft² <input type="checkbox"/></p> <p>8. Floor types</p> <p style="margin-left: 20px;">a. Raised Wood, Adjacent R=11.0, 678.0ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types</p> <p style="margin-left: 20px;">a. Frame, Wood, Exterior R=19.0, 757.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Concrete, Int Insul, Exterior R=4.1, 60.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Adjacent R=11.0, 65.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types</p> <p style="margin-left: 20px;">a. Under Attic R=19.0, 678.0 ft² <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts</p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior Sup. R=6.0, 1.0 ft <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p>	<p>12. Cooling systems</p> <p style="margin-left: 20px;">a. Central Unit Cap: 18.0 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">SEER: 16.30 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems</p> <p style="margin-left: 20px;">a. Electric Heat Pump Cap: 21.6 kBtu/hr <input type="checkbox"/></p> <p style="margin-left: 40px;">HSPF: 9.10 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems</p> <p style="margin-left: 20px;">a. Electric Resistance Cap: 20.0 gallons <input type="checkbox"/></p> <p style="margin-left: 40px;">EF: 0.94 <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed based on installed Code compliant features.

Builder Signature: *J. Groza*

Date: 6/28/07

Address of New Home: 12 Oakwood Dr.

City/FL Zip: Sewall's Point



**NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar™ designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 321/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at 850/487-1824.*

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
EnergyGauge® (Version: FLRCSB v4.5)



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 12 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.

SLAB

NEED FORM BOARD SURVEY

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: 11/8

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 11-8, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8741	Konraden	Slab	FAIL	
1	12 Oakwood DR Goza			INSPECTOR: <i>[Signature]</i>
0088	Foule	Final-gas	PASS	
2	94 N Sewalls Pt Walter White/mc			INSPECTOR: <i>[Signature]</i>
8740	HB Assoc of TC 3718 SE Ocean HB RLM	rough elec rough plumbing	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: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ Thurs 11-8, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3741	Handwritten	Handwritten	FAIL	
1	12 Oakwood DR Crosa	Handwritten	Handwritten	INSPECTOR: <i>[Signature]</i>
0088	foole	final-gas	PASS	
2	94 N Sewalls Pt Walter White/mc			INSPECTOR: <i>[Signature]</i>
3740	HB Assoc of TC 3718 SE Ocean HB RLM	rough elec rough plumbing	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: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{Thurs} Fri 11-15, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8755	Durante	Footers +	FAIL	
1st	48 S Sewall Pt O/B	Steel		INSPECTOR: <i>[Signature]</i>
Tree	OR Holding	Tree	PASS	
2 (9AM)	27 Lusting Way Timber Tree			INSPECTOR: <i>[Signature]</i>
8751	Bradon	Timber	PASS	
3	12 Oakwood Goya			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: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 12 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.

ROOF SHEATH.

ADD 2X4 'LAT' @ PLYWOOD
ENDS @ N.E. CORNER
(2 REQUIRED)

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: 12/21

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-21, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8780	Bailey	Final	FAIL	
3	7 Periwinkle Cir	(Permit on fence)		INSPECTOR: <i>OM</i>
	Centerline			
8741	BLIVEN	ROOF SHEATH	FAIL	
2	12 OAK WOOD			INSPECTOR: <i>OM</i>
	6202A BDR.			
8784	Garrison	Pool steel	PASS	
4	8 N River	bond/main drain		INSPECTOR: <i>OM</i>
	Crystal Lagoon			
8754	RIPUNGER	SUBSIDING	PASS	
1	143 S. RIVER	STRAPPING		INSPECTOR: <i>OM</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:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 12 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.

DRY-IN

MISSING ALL METAL WORK
(FLASHINGS) DRIP EDGES
& TIE IN FLASHING TO
EXIST ROOF & WALL.

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: 1/10/08

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURS~~ 1-17, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Nelson 3 Marguerita Nelson Homes	2nd fl column	FAIL	INSPECTOR: <i>[Signature]</i>
8528	Masterpiece 5 Mandalay Masterpiece	gas line Final	CANCEL -	INSPECTOR:
8141	[Redacted] 12 Oakwood Dr Crosa	[Redacted]	[Redacted]	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: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-5, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8755	Durante	Electric	SCHEDULE	FOR FRIDAY 3/7
2	405 Sewalls	Plumbing	FAIL	
	OIB 692-323	A/C	SCHEDULE	FOR FRI - 3/7
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3	12 Oakwood	Plumbing	PASS	
	Goza	Plumbing	PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8654	Brunner	Final	PASS	CLOSE
4	19 Riverview			
	Parko Co			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8711	Poch	entry doors	PASS	
7	145 Sewalls	prepour pad	PASS	
	Custom Crafts.			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8827	Poch	Final	PASS	CLOSE
7	145 Sewalls			
	Quality Fence			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	McClure	Tree	PASS	
6	12 Admirals Walk			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8814	Cotler	shelving	PASS	PER APPROVAL
5	605 River Rd			By G.C.
	All American			INSPECTOR: <i>[Signature]</i>

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-7, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8755	Durante	Electric		
5	48 S. Sewalls OIB	plumbing A/C		INSPECTOR:
8833	Lewings	Final	PASS	
4	BN Via Lucinda Gulfstream			INSPECTOR: <i>[Signature]</i>
8788	Parrot	Partial removal	FAIL	
1	1 Island Rd TC Barge	cap+deadman tiebacks		INSPECTOR: <i>[Signature]</i>
1801	Cummings	garage framing	PASS	
3	835 River Elias Mgmt			INSPECTOR: <i>[Signature]</i>
8741	Madin	insulation	PASS	
2	12 Oakwood Dr Gryza			INSPECTOR: <i>[Signature]</i>
8801	BARNFATHER	DRIVE SLAB	PASS	
	49 S.S.P.R.	W.A.Q. REPAIR (PREPOUR)		INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-12, 2008

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
853	Civello	Elec rough	PASS	
1st	31 Feldway OB	Roof	PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8544	Carlson/Brennan	Final	PASS	CLOSE
11	3 Texan Ln Broward Solar			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8754	Kiplinger	Final-porch	PASS	CLOSE
6	1435 River Rd Duffwood			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8784	Garrison	Final	PASS	CLOSE
2	8 N River Rd Crystal Lagoon			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8813	Hepworth	Shedding	CANCEL	WILL RESCHEDULE
3	3 Riverview Sand Castle			
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8	Cummings 835 River Rd Elias Mgmt	main house garage insulation	PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8744	Muder	Roof	PASS	
7	12 Oakwood Grogg			
				INSPECTOR: <i>[Signature]</i>
OTHER:				



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 12 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

ROOF EDGES & DRAIN EDGES
IS NOT COMPLETELY
SEALED -

INSULATE CONDENSATE DRAIN
IN GARAGE.

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: 4/25


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-25, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8820	Deschane	tie beams & reinspect ^{column}	FAIL	
4	64 N River JMC			INSPECTOR: <i>[Signature]</i>
8874	Bush	steel, main drain	PASS	
2	2 Mindoro St Olympic	electric		INSPECTOR: <i>[Signature]</i>
8865	Hogle	Footer	PASS	
3	22 N Sewalls CDR			INSPECTOR: <i>[Signature]</i>
8859	Bush	Demo final	PASS	CLOSE
2	2 Mindoro St Parks	on pool deck		INSPECTOR: <i>[Signature]</i>
8841	Bradley	final	FAIL	
1	12 Oakwood Grona			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

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

CORRECTION NOTICE

ADDRESS: 12 OAKWOOD

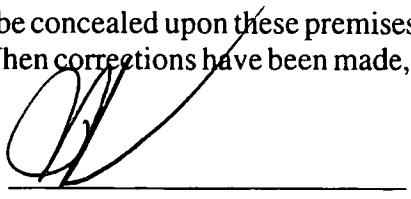
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

FINAL

SUBMIT LTR FROM ROOFING
MANUFACTURER ACCEPTING
& APPROVING USE OF
NP1 ADHESIVE @ ROOF
EDGE DRIP.

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: 5/1



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURS~~ **THURS** 5-1, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8852	Millard	Final	PASS	CLOSE
4	5 Indialucie Tripp Assoc	(shutters) need affidavit		INSPECTOR: <i>[Signature]</i>
CE	Zigler	Fence &	OK.	MR ZIEGLER w/ FALL w/ neighbors
2	15 Emarter 781-5640	brasilian pepper @ 17 Emarter		INSPECTOR: <i>[Signature]</i>
8814	Cotler	Final	PASS	CLOSE
3	60 Skiver Rd All American Roof			INSPECTOR: <i>[Signature]</i>
8568	Mariano	gas final	FAIL	MISSING INSPECTION SLEN OFF SHIT.
1st	23 Middle Rd C&C Div.			INSPECTOR: <i>[Signature]</i>
8141	BRADEN 12 OAKWOOD Crosa	FINAL	FAIL	INSPECTOR: <i>[Signature]</i>
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 5-14, 2008

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0589	Hardin	electric	FAIL	
3	215 S. Weir Rd Stratton	low voltage	PASS	INSPECTOR: <i>[Signature]</i>
CE				
	FIELDWAY / N. RIVER	BRAZILIAN		
		PEPPERS		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
CE	DR. NEHME	TREE REMOVAL		
		w/o PERMIT		
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
CE		PEPPER TREES		SEND N.O.V.
6A	FIELDWAY / N. RIVER			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
CE		TRASH PILE		
6B	FRENCH LANE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
014	Knader	Final	PASS	CLOSED
	12 Oakwood Dr Grove			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 4164

Date 4/15 19 98

Building erected for BRADEN

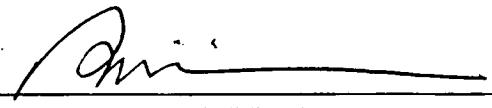
Subdivision OAKWOOD Lot 1&2 Block _____

Address 12 OAKWOOD DRIVE

An interim proprietary and general services fee to defray costs to Town on newly improved property prior to imposition of ad valorem taxes on such property. From JAN 98 To JAN 99.

TOTAL \$ 360⁻ PAID - Check # 1020, Cash _____

Signed _____
Applicant

Signed 
Town Building Inspector

TOWN OF SEWALL'S POINT, FLORIDA

Date 3/22/2 19 TREE REMOVAL PERMIT No 2019

APPLIED FOR BY Bradon, in Oakwood (Contractor or Owner)

Owner _____

Sub-division _____, Lot _____, Block _____

Kind of Trees Coh. Palms

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS cluster of trees interfering with Oaks

Signed, _____ Applicant Signed, [Signature] FEE \$ 15.-
Town Clerk
Reg. Insp.

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

to close to
House -

Permit # 2019

Date Issued: 3/22/2

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 BRADEN Address 12 OAKHURST Phone 287-8165

Contractor IC Address '' Phone ''

Number of trees to be removed (list kinds of trees) 1 Palm + 10

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): 0

Number of trees to be replaced: 0 (list kinds of trees):

Permit Fee \$ 15.-

\$15.00

(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 [Signature] Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 3/22/2

Completed _____ Date _____ Checked by _____

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

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

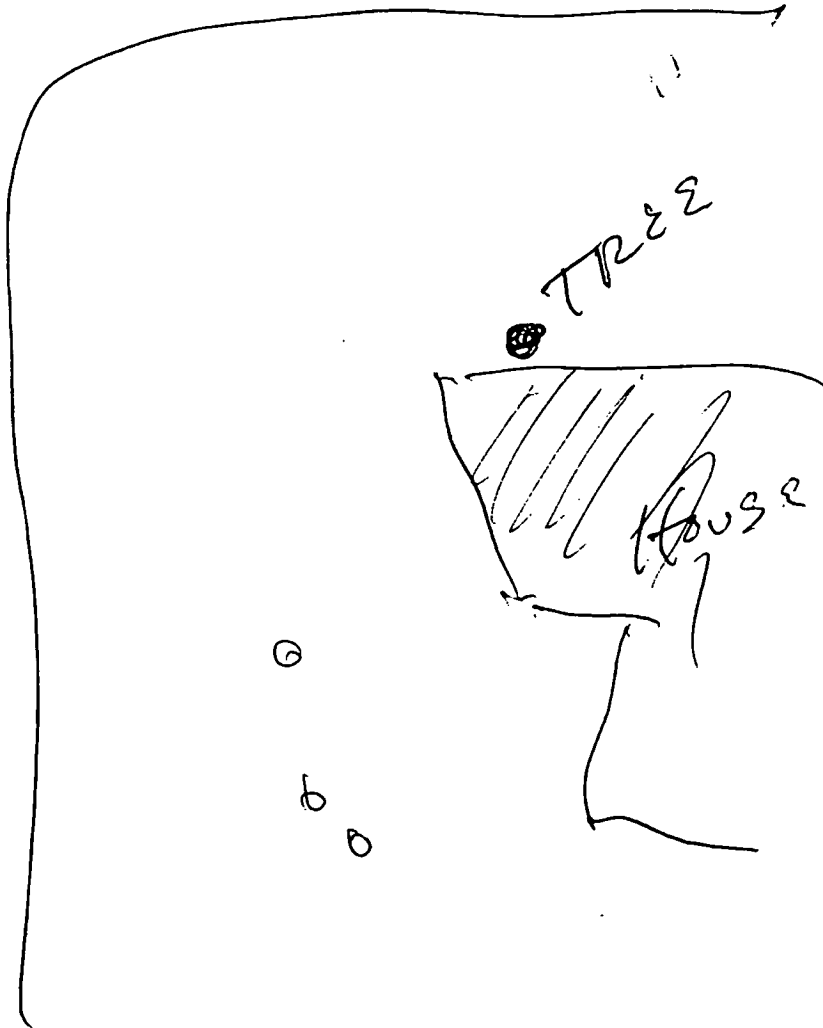
See attached Tree Species List

River Rd

Duckwood

TREE

HOUSE



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 Philip Braden Address 12 OAK WOOD. Phone 287-8165.

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 - Dead ✓

None

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

None

Number of trees to be replaced: _____ (list kinds of trees):

Permit Fee \$ 0
\$15.00

(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 [Signature] Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 8/2/82

Completed _____
Date _____ Checked by _____

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

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

See attached Tree Species List

GN

VACANT LOT

DEAD TREE



125'0"

20'

36'

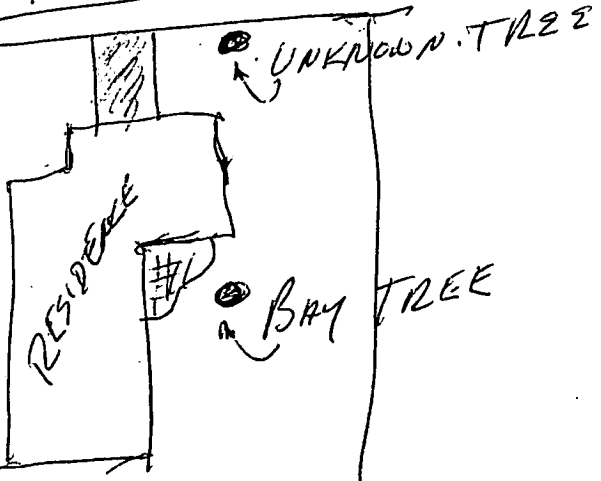
110'0"

10 OAKWOOD DR

SCALE 1" = 20'

RIVER RD

DALWOOD DR



TREE REMOVAL, RELOCATE OR REPLACE

PERMIT APPLICATION PACKAGE

DOCUMENTS CONTAINED IN PACKAGE

- 1. Tree Removal/Relocation Application**
- 2. Tree Removal/Relocation Submittal Requirements**

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Philip BRADEN Address 12 OAKWOOD DR. Phone 287-8165

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 2 Type: BAY TREE

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: UNKNOWN

No. of Trees: REPLACE 0 WITHIN 30 DAYS Type: _____

Written statement giving reasons: TREES ARE DEAD

Signature of Applicant Philip Braden Date 5/1/03

Approved by Building Inspector: [Signature] Date 5/22/03 Fee: 0

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

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 23 & 2003 TREE REMOVAL PERMIT No 1283

APPLIED FOR BY BRADEN (Contractor or Owner)

Owner 12 OAKWOOD DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 Bay Trees 1 UNKNOWN - Dead

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, Gene Simmons (Red) 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. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____



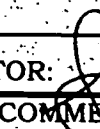
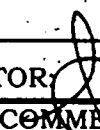
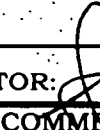
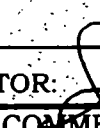

REMARKS _____

Blank lined area for notes or drawings.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

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

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Philip BRADEN Address 12 OAKWOOD DR Phone 287-8165

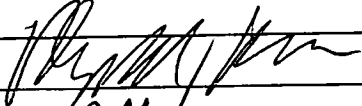
Contractor Self Address Phone

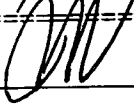
No. of Trees: REMOVE 2? Type: DEAD

No. of Trees: RELOCATE None WITHIN 30 DAYS Type:

No. of Trees: REPLACE None WITHIN 30 DAYS Type:

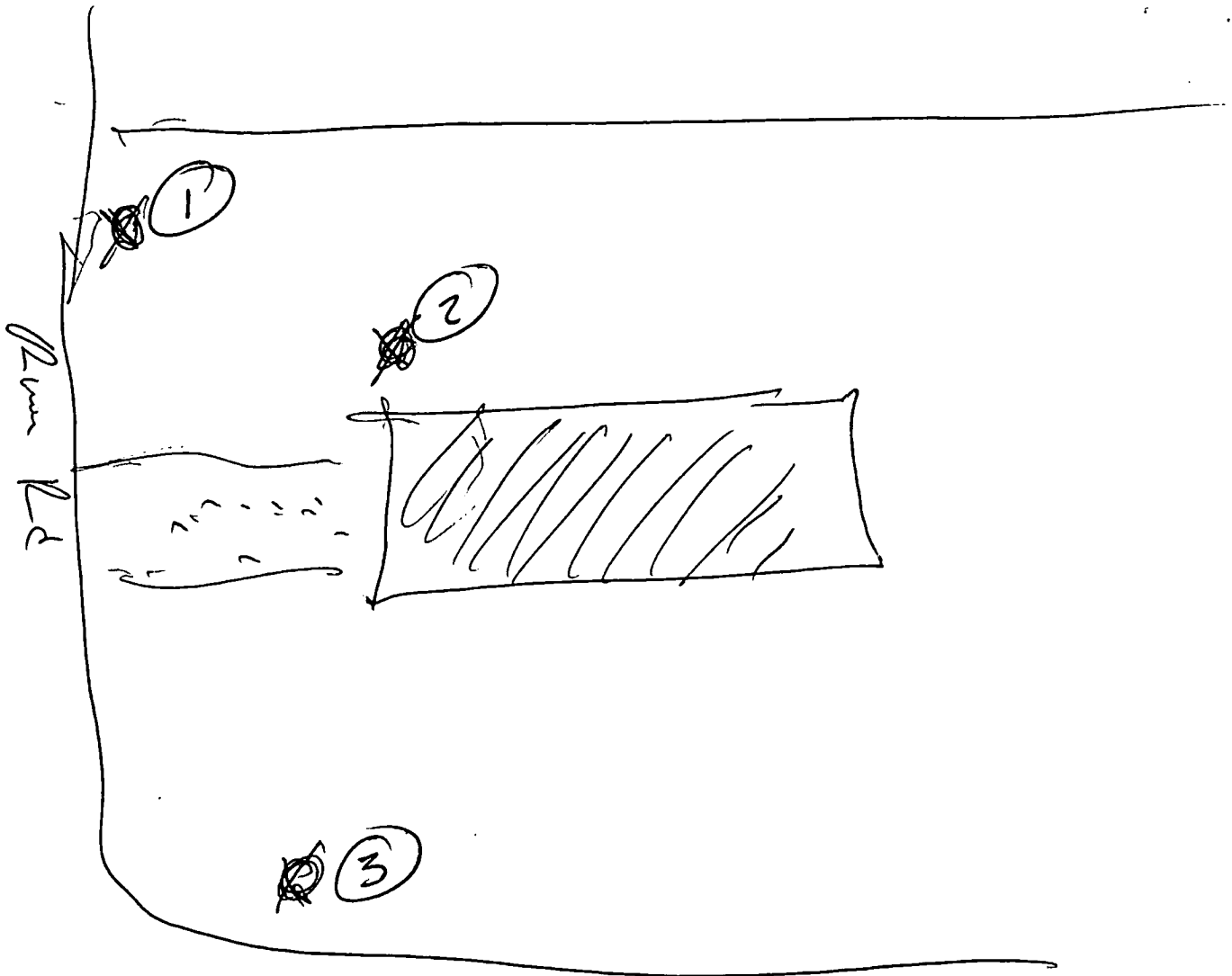
Written statement giving reasons: TREES DEAD

Signature of Property Owner  Date 6/13/05

Approved by Building Inspector:  Date 6/15 Fee: 0

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

① GUMBO LIMBO IS NOT DEAD. ② APPROVED FOR REMOVAL
③ FLORIDA HICKORY IS NOT DEAD



042507-DS

TOWN OF SEWALL'S POINT, FLORIDA

Date JUNE 15 ~~*2005~~ TREE REMOVAL PERMIT No 2515

APPLIED FOR BY BRADEN (Contractor or Owner)

Owner 12 OAKWOOD DR

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 TREE (# 2 AS PER ATTACHED)

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed [Signature] Town Clerk
BUILDING OFFICIAL

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

TOWN OF SEWALL'S POINT TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

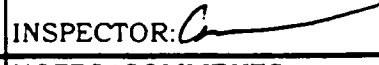

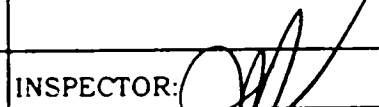
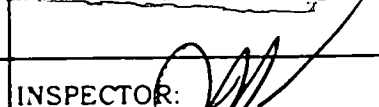
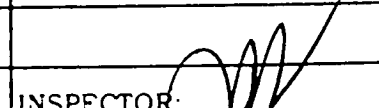
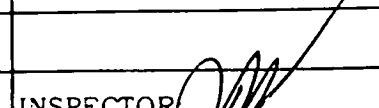
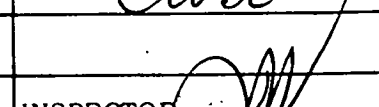
PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/15, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7400	HB ASSOC PATCHINGTON	FINAL	PASSED	
* 17	3762 OCEAN BLDG	REPAIR ELEC, MECH.		
	KIRCHMAN CONST.	PLUMB. BLDG		INSPECTOR: 
7617	BURLEY	DRIVEWAY	PASS	CLOSE
16	15 BANYAN			
	O/B			INSPECTOR: 
TREE	POTTER	TREE	PASS	
15	4 PEREWINKLE			
				INSPECTOR: 
TREE	BRADEN	TREE	PASS	AS MODIFIED
4	12 OAKWOOD DR			INSPECTOR: 
7595	HOUTSETTER	DEY IN	PASS	
6	72 S. RIVER ROAD			
	QUADROS INC			INSPECTOR: 
TREE	CHONCOB	TREE	PASS	
5	83 S. SEWALL			
				INSPECTOR: 
7196	HARVEY	DOCK FINAL	PASS	CLOSE
12	1 RIDGELAND G			
	O/B			INSPECTOR: 
OTHER:	POWERS COMPLAINT ABOUT ?			
13	70 S. SEWALL ST FILL RUNOFF ?			
	- 2 COMPLAINTS -			



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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Philip R. BRADY Address [REDACTED] Phone 287-8165

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 3 Type: 1 Dead Guava Limbo 2 CABBAGE PALMS

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: CABBAGE PALM

No. of Trees: REPLACE 0 WITHIN 30 DAYS Type: CABBAGE PALM

Reason for tree removal/relocation 1 Dead 2 in way of Addition

Signature of Property Owner [Signature] Date Oct-7-07

Approved by Building Inspector: [Signature] Date 10/11 Fee: ~~10~~ 0

NOTES: _____

