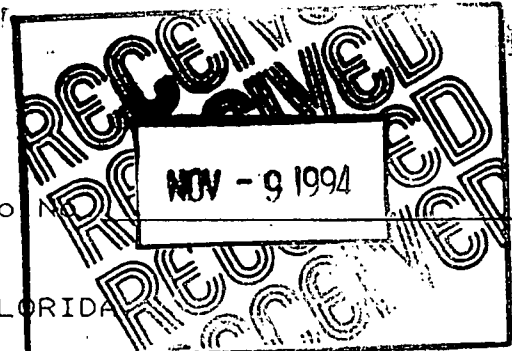


1 Palama Way

3683

SFR

3683



TOWN OF SEWALL'S POINT, FLORIDA
BUILDING PERMIT APPLICATION

Owner's Name KARR STEPHEN

Owner's Address 667 SW HIDDEN RIVER AVE PALM CITY

Owner's Telephone 287-1147

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

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

City _____ State _____ Zip _____

Contractor's Name STEPHEN P. CONWAY

Contractor's Address 1501 DECKER AVE E-519

City STUART State FL Zip 34994

Contractor's Telephone 288-0993 License Number CRC 053742

Job Name KARR LOT 26

Job Address ~~EASTLE HILL~~ #1 Palama way

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 26 CASTLE HILL

Bonding Company N/A

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name MARK CORSON

Architect/Engineer's Address _____

Mortgage Lender's Name 1ST FEDERAL OF PALM BEACHES

Mortgage Lender's Address US 1 STUART. FL

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 MASTER PLUMB License No. RF 0036357
Electrical Contractor COOK ELECTRIC License No. ER 0008060
Roofing Contractor PACIFIC ROOFING License No. CCC 059742
A/C Contractor NISAIR License No. CAC 041199
Description of Building or Alterations NEW 2 STORY

Name of Street Designated as Front Building Line and Front Yard
PALAMU

Subdivision CASTLE HILL Lot 26 Block _____
Building Area (air conditioned) 3943 ~~4183~~ sq. ft.
Garage, Porch, Carport Area 1348 ~~1441~~ sq. ft.
Contract Price (excluding carpet, land, appliance, landscaping)

\$ _____

V. I. Carr

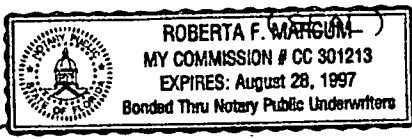
DATE 11-10-94

(Owner or Authorized Agent)

Sworn and Subscribed before me this

10 day of Nov 1994

Robert S. Marcus



NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Stephen P. Conroy
(Contractor)

DATE 10-13-94

Sworn and Subscribed before me this

13th day of October 1994

(SEAL)

Joan H. Bamler

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Notary Public, State of Florida
My Commission Expires Nov. 13, 1994
Bonded Thru Troy Fein Insurance Inc.

Certificate of Competency Holder

Contractor's State Certification or Registration No. CRC053742

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer

V. I. Carr

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked 3943 ✓ Date 11/10/94

A/C Area ~~4783~~ 3943 sq. ft. x \$60. = \$ 236,580

Non A/C Area 1441 sq. ft. x \$25. = \$ 36,025

Total = \$ 272,605

Contract Price \$ 273,000 (fee will be charged on higher amount)

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____
 OWNER _____
 ADDRESS _____
 CITY/ST/ZIP _____
 TELEPHONE _____

PERMIT NUMBER _____
 DATE ISSUED _____
 CONTRACTOR OR
 OWNER/BLDR. _____
 ADDRESS _____
 CITY/ST/ZIP _____
 TELEPHONE _____

FLOOD ZONE B-8
 TO BE CONSTRUCTED New house
 SITE ADDRESS 1 Palama Way
 SUBDIVISION Castle Hill
 CONSTRUCTION VALUE 273,000XX

ONE PER BLDG. PERMIT. MAX. THREE
 SIGNS PER JOB. MAX. SIZE TWO
 SQUARE FEET. BLACK & WHITE.

BLDG. PERMIT GOOD FOR ONE YEAR.
 AT EXPIRATION A NEW PERMIT FEE MUST
 BE PAID.

FEES

REMODELING/NEW CONSTRUCTION 236,580XX
 IMPACT 1508.20
 RADON 53.84
 SEPTIC _____
 WELL _____
 FENCE _____
 POOL _____
 DOCK _____

PLUMBING 100XX
 ELECTRICAL 100XX
 MECH./A.C. 100XX
 ROOF 100XX
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER _____

TOTAL 4,146XX
 PAID BY CHECK #2605

BUILDING INSPECTION (FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY _____ DATE _____
 ROUGH PLUMBING OK DATE 11/24/95 DB
 TERMITE PROTECTION OK DATE 11/30/94
 FOOTING-SLAB OK DATE 11/30/94 DB
 LINTEL OK DATE N/A
 ROUGH ELECTRIC OK DATE 3/8/95 DB
 FRAMING OK DATE 2/28/95 DB
 A/C DUCTS OK DATE 3/8/95 DB

NAILING 1/23/95 OK DATE _____
 ROOF OK 3/8/95 DB DATE 3/8/95 DB
 INSULATION OK DATE 3/10/95 DB
 FINAL ELECTRIC _____ DATE _____
 FINAL PLUMBING _____ DATE _____
 SEPTIC FINAL _____ DATE _____
 DRIVEWAY _____ DATE _____
 FINAL C.O. _____ DATE _____

PERMIT AUTHORIZED BY DB

- 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.

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 \$ 273,000 .

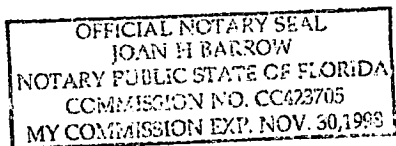
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

Suzanne P. Kerr
Affiant
Property street address:
1 Palmetto Way
Seaside, FL 32996

Sworn to and subscribed
before me this 21st day of
August, 1995.

Joan H. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
09/09/94

THIS IS ISSUED AS A MATTER OF INFORMATION
AND DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY A ASSURANCE COMPANY OF AMERICA
- COMPANY B
- COMPANY C
- COMPANY D

STEPHEN P FORNA
1503 DECKER AVE 1513
STUART FL 34994
407-288-0993

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
				PER OCCURRENCE	AGGREGATE
GENERAL LIABILITY	02072502	08/27/94	08/27/95	AGGREGATE	\$ 1,000,000
PRODUCTS COMPLETED OPERATIONS				\$ 1,000,000	
PERSONAL & ADVISORY				\$ 500,000	
EACH OCCURRENCE				\$ 500,000	
FIRE DAMAGE (Any Cause)				\$ 50,000	
MELEAP (Any Cause)	\$ 5,000				
COMBINED SINGLE LIMIT				\$	
BODILY INJURY (Per Person)				\$	
BODILY INJURY (Per Occurrence)				\$	
PROPERTY DAMAGE				\$	
AUTO ONLY - EACH ACCIDENT				\$	
OTHER THAN AUTO ONLY				\$	
EACH ACCIDENT				\$	
AGGREGATE				\$	
EACH OCCURRENCE				\$	
AGGREGATE				\$	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY				\$	
STATUTORY LIMITS				\$	
THE FROTHIER (OR PARTNERS EXECUTIVE OFFICERS ARE)				\$	
EACH ACCIDENT				\$	
DISEASE - POLICY LIMIT				\$	
DISEASE - EACH EMPLOYEE				\$	
OTHER				\$	

DESCRIPTION OF OPERATIONS LOCATIONS VEHICLES SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALLS POINT
1 S SEWALLS POINT
STUART FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Gordon D Sandberg

Parcel I.D. Number: 26-37-41-015-000-00260-90000
Grantee 1 TIN#365-56-3651
Grantee 2 TIN#421-80-1456

01073053

94 JUL 15 PM 4:19

791.06

RECORDED \$ _____ MARSHA STILLER
COUNTY \$ _____ MARTIN COUNTY
REG-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY WT D.C.

WARRANTY DEED

THIS WARRANTY DEED, made this 22nd day of June, 1994

By: PAUL L. MADDOCK, JR. and BESSEMER TRUST COMPANY OF FLORIDA, as Co-Trustees of the Marital Trust under the Will of Paul L. Maddock, dated June 7, 1985, of 375 South County Road, Palm Beach, Florida 33480, hereinafter collectively referred to as "Grantor,"

To: STEPHEN L. KARR and SUZANNE P. KARR, his wife, whose address is 667 S.W. Hidden River Avenue, Palm City, FL 34990, hereinafter referred to as "Grantee".

WITNESSETH:

THAT GRANTOR, for and in consideration of the sum of Ten (\$10.00) Dollars and other good and valuable considerations to it in hand paid by Grantee, the receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee and the heirs, executors, administrators, personal representatives, successors and assigns of Grantee, the following real property, situate, lying and being in the County of Martin, State of Florida, particularly described as follows:

Lot 26, CASTLE HILL, according to the Plat thereof, recorded in Plat Book 12, Page 89, Martin County, Florida, public records.

This conveyance is made subject to the following:

1. All of the terms, provisions, covenants, conditions, rights, privileges, obligations, easements and liens set forth and contained in the Declaration of Covenants and Restrictions for Castle Hill, the Articles of Incorporation and By-Laws of Castle Hill Homeowners Association, Inc., the Design Guidelines for Castle Hill and the hereinabove described Plat of Castle Hill, all collectively referred to as the "Homeowners Documents"; and any instruments referred to therein, and any amendments thereto;
2. Applicable zoning regulations and ordinances;
3. Real estate taxes for the current year and subsequent years;
4. Any and all covenants, conditions, restrictions, reservations and easements of record, if any, which may now affect the aforescribed property.

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

AND GRANTOR HEREBY COVENANTS with Grantee that it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land; that it hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

GRANTEE, BY ACCEPTANCE HEREOF, expressly acknowledges, assumes and agrees to be bound by and to comply with all of the covenants, terms, conditions and provisions set forth and contained in the aforescribed Homeowners Documents, including, but not limited to the obligation of Grantee to make payment of assessments thereunder and the lien rights upon the Lot as security for the payment thereof.

IN WITNESS WHEREOF, Grantor has caused these presents to be executed the day and year first above written.

Signed, sealed and delivered
in the presence of:

Brenda R Shewalter
[Printed Name] Brenda L Shewalter

Kimberly R Griffith
[Printed Name] Kimberly R Griffith

Paul L. Maddock, Jr.
Paul L. Maddock, Jr., Co-Trustee of the Marital
Trust under the Will of Paul L. Maddock,
dated June 7, 1985

Signed, sealed and delivered
in the presence of:

BESSEMER TRUST COMPANY OF FLORIDA,
Co-Trustee of the Marital Trust under the Will
of Paul L. Maddock, dated June 7, 1985

Rita Jo Ferrell
[Printed Name] Rita Jo Ferrell

By: [Signature]

Caroline Genovese
[Printed Name] CAROLINE GENOVESE

Accepted by Grantees:

[Signature]
[Printed Name] AVRON C. RIFKIN

Suzanne P. Karr
SUZANNE P. KARR

[Signature]
[Printed Name] KAROL D. LENEHAN

[Signature]
STEPHEN L. KARR

STATE OF FLORIDA
COUNTY OF PALM BEACH

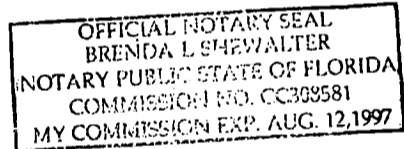
THE FOREGOING INSTRUMENT was acknowledged before me this 22 day of June, 1994
by Paul L. Maddock, Jr., Co-Trustee of the Marital Trust under the Will of Paul L. Maddock, dated June
7, 1985, who [x] is personally known to me, or [] has produced _____
as identification.

My Commission Expires:

Brenda L. Shewalter
Notary Public - State of Florida
[Printed Name] Brenda L. Shewalter

[Notarial Seal]

STATE OF FLORIDA
COUNTY OF PALM BEACH



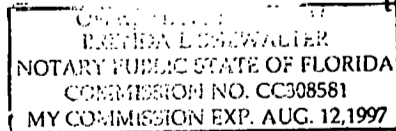
THE FOREGOING INSTRUMENT was acknowledged before me this 22 day of June, 1994,
by W. David Dwyer, as SVP of BESSEMER TRUST COMPANY OF
FLORIDA, Co-Trustee of the Marital Trust under the Will of Paul L. Maddock, dated June 7, 1985, who
[x] is personally known to me, or [] has produced _____
as identification.

My Commission Expires:

Brenda L. Shewalter
Notary Public - State of Florida
[Printed Name] Brenda L. Shewalter

[Notarial Seal]

STATE OF FLORIDA
COUNTY OF MARTIN

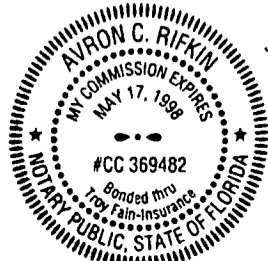


THE FOREGOING INSTRUMENT was acknowledged before me this 15th day of July, 1994,
by STEPHEN L. KARR and SUZANNE P. KARR, his wife, who [] is/are personally known to me, or
[x] has/have produced FLORIDA DRIVERS' LICENSES as identification.

My Commission Expires:

[Signature]
Notary Public - State of Florida
[Printed Name] _____

[Notarial Seal]



LAST PAGE

NOTICE OF COMMENCEMENT

STATE OF FL
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: 2 STORY SINGLE FAMILY

Owner: STEPHEN AND SUZY KARR
Address: 667 SW HIDDEN BLVD AVE
PALM CITY, FL 34990
Owner's interest in site of the improvements: _____

Contractor: STEPHEN P. CONWAY
Address: 1501 DECKER AVE E-519
STUART, FL 34994

Surety (if any): _____
Address: N/A
Amount of Bond: _____

Lender: 1ST FEDERAL OF PALM BEACH
Address: PGA BLVD NORTH PALM BEACH FL

Name of person within the State of Florida designated by owner upon whom notices of other documents may be served:

Name: STEPHEN P. CONWAY
Address: 1501 DECKER AVE E-519
STUART, FL 34994

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: STEPHEN P. CONWAY
Address: 1501 DECKER AVE E-519
STUART, FL 34994

[Signature]

Sworn to and subscribed before me this 31st day
of OCTOBER, 1994.

(NOTARY SEAL)

[Signature]

I am a Notary Public of the
STATE OF _____ AT-LARGE, and
My Commission Expires: _____



OFFICIAL SEAL
CAROL A. MORGAN
MY COMMISSION EXPIRES
JULY 04, 1995

Martin County Utilities
Water Service Connection

Time: 2:30 PM

Date: 11/23/94

Address: 1 Palmetto Way

Building Permit #: 3683

Bk.: _____ Lot: 26

Subdiv.: Castle Hill

Installed By: R.A.

Utilities S/O #: 24P59

Meter #: 39682761

Meter Size: 5/8

Meter Make: Hip-Lane

Back Flow: Yes

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Stephen P. Conway

Date November 7, 1994

Contractor Client

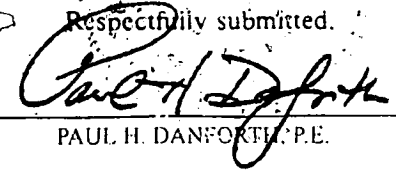
Site Lot 26, Castle Hill S/D
 Palana Way
 Foundation Pad

Permit # 3683

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction	
				Test No.	Max Dry Density		
9423	N.W. Corner	0 - 1'	100.9	9423A	103.6	97.4	
	"	1 - 1 1/2'	102.8			99.2	
	Center	0 - 1'	101.2			97.7	
	"	1 - 1 1/2'	103.1			99.5	
	S.E. Corner	0 - 1'	100.7			97.2	
	"	1 - 1 1/2'	102.6			99.0	
	All elevations below slab grade.						
	N.W. Corner	0 - 1'	102.4	9423B	104.2	98.3	
	"	1 - 2'	103.6			99.4	
	Center	0 - 1'	103.8			99.6	
"	1 - 2'	104.1	99.9				
S.E. Corner	0 - 1'	102.9	98.8				
"	1 - 2'	103.7	99.5				
All elevations below stripped surface.							

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

Respectfully submitted.



PAUL H. DANFORTH, P.E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508

VERO: (407) 587-6167

STUART: (407) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

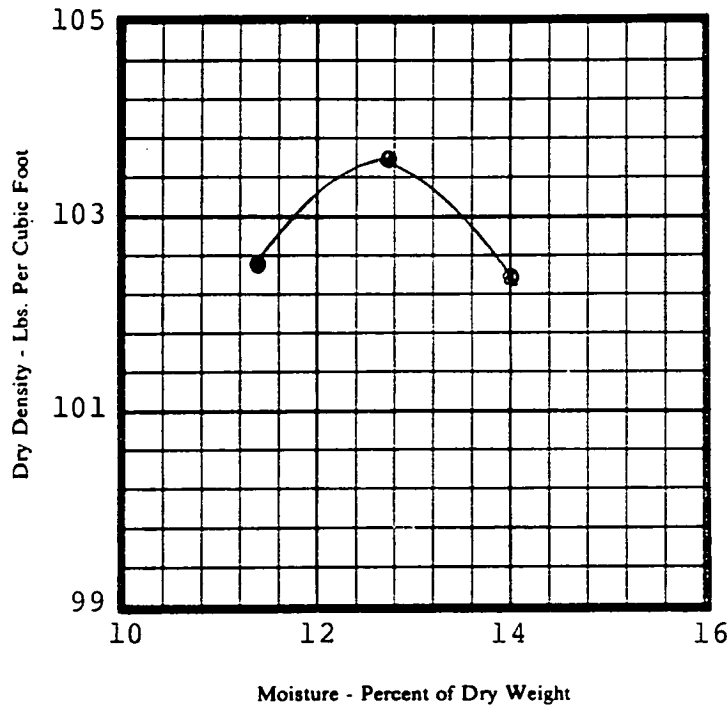
Client Stephen P. Conway

Date November 7, 1994

Contractor Client

Site Lot 26, Castle Hill S/D
Palana Way
Foundation Pad

Permit # 3683



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
9423A	B	Composite	12.7	103.6	Light gray fine sand, with trace of shell fragments.

Copies

Respectfully submitted,

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

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

Report
 of
MOISTURE DENSITY RELATIONSHIP
 ASTM 1557-70

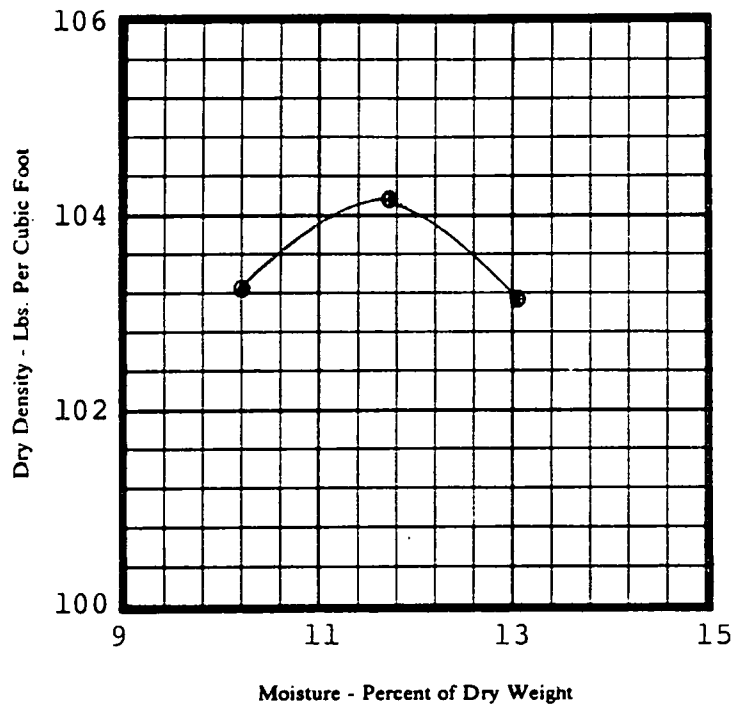
Client Stephen P. Conway

Date November 7, 1994

Contractor Client

Site Lot 26, Castle Hill S/D
 Palana Way
 Foundation Pad

Permit # 3683



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
423B	B	Composite	11.7	104.2	Dark gray to light gray, slightly silty, fine sand, with trace of organics.

Copies

Respectfully submitted,

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



MARTIN COUNTY
 BUILDING AND ZONING DEPARTMENT
 BUILDING DIVISION

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

PROJECT NAME AND ADDRESS

KARR RESIDENCE
LOT #26 CASTLE HILL
SEWALLS POINT

BUILDING DIV. USE ONLY
 BLDG. PERMIT # _____
 OCCUPANCY TYPE _____
 CONSTRUCTION TYPE _____
 COMMENT'S _____

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 design of the structure.

DESIGN PARAMETERS AND ANALYSIS

STANDARD BUILDING CODE _____ CODE EDITION ASCE 7-1988 _____ TESTED
 BUILDING DESIGN AS _____ PARTIALLY ENCLOSED ENCLOSED _____ OPEN
 BASIC WIND SPEED 110 mph _____ 140 mph
 IMPORTANCE/USE FACTOR ~~4~~ I
 DESIGN WIND PRESSURE 45 psi
 MWFRS 45 COMPONENTS AND CLADDING 45
 MINIMUM SOIL BEARING PRESSURE 2500 psf
 BUILDING HEIGHT 19.3
 FLOOR LOADS 55
 ROOF DEAD LOAD 15
 ROOF LIVE LOAD 30
 SHEAR WALL CONSIDERED YES
 CONTINUOUS LOAD PATH PROVIDED YES
 COMPONENT'S 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 MARK A. CORSON
 CERTIFICATION # AP12904
 DATE 11/2/94
 DESIGN FIRM CORSON & CRAWFORD

MCBD #100

SEAL

RIGHT-J LOAD AND EQUIPMENT SUMMARY

10-04-94

For: KARR RESIDENCE
 LOT 26 -- CASTLE HILL
 SEWALL'S POINT FL

By:

ENTIRE HOUSE
 VERIFY ALL CALCULATIONS WITH
 LICENSED AIR COND. CONTRACTOR

Job #: KARR RESIDENCE
 Wthr : West_Palm_Beach_AP FL
 Zone : 8

WINTER DESIGN CONDITIONS

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

SUMMER DESIGN CONDITIONS

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

HEATING SUMMARY

Bldg. Heat Loss 52530 Btuh
 Ventilation Air 0 CFM
 Vent Air Loss 0 Btuh
 Design Heat Load 52530 Btuh

SENSIBLE COOLING EQUIP LOAD SIZING

Structure 56135 Btuh
 Ventilation 0 Btuh
 Design Temp. Swing 3.0 Deg F
 Use Mfg. Data n
 Rate/Swing Mult. 0.95
 Total Sens Equip Load 53328 Btuh

INFILTRATION

Const Qual a # Fireplaces 1

	HEATING	COOLING
Area (sq.ft.)	4183	4183
Volume (cu.ft.)	40328	40328
Air Changes/Hour	0.9	0.4
Equivalent CFM	606	269

LATENT COOLING EQUIP LOAD SIZING

Internal Gains 2300 Btuh
 Ventilation 0 Btuh
 Infiltration 10991 Btuh
 Tot Latent Equip Load 13291 Btuh
 Total Equip Load 66619 Btuh

HEATING EQUIPMENT SUMMARY

Make
 Model
 Type

Efficiency / HSPF 0.0
 Heating Input 0 Btuh
 Heating Output 0 Btuh
 Heating Temp Rise 0 Deg F
 Actual Heating Fan 2686 CFM
 Htg Air Flow Factor 0.051 CFM/Btuh

Space Thermostat

COOLING EQUIPMENT SUMMARY

Make
 Model
 Type

COP/EER/SEER 10.0
 Sensible Cooling 0 Btuh
 Latent Cooling 0 Btuh
 Total Cooling 0 Btuh
 Actual Cooling Fan 2686 CFM
 Clg Air Flow Factor 0.048 CFM/Btuh

Load Sens Heat Ratio 81

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

Job #: KARR RESIDENCE

10-04-94

Procedure A - Winter Infiltration HTM Calculation*

1. Winter Infiltration CFM					
0.9 AC/HR x	40328 Cu.Ft.	x	0.0167	=	606 CFM
2. Winter Infiltration Btuh					
1.1 x	606 CFM x	25 Winter TD	=		16669 Btuh
3. Winter Infiltration HTM					
16669 Btuh /	843 Total Window	=			19.8 HTM
	& Door Area				

Procedure B - Summer Infiltration HTM Calculation*

1. Summer Infiltration CFM					
0.4 AC/HR x	40328 Cu.Ft.	x	0.0167	=	269 CFM
2. Summer Infiltration Btuh					
1.1 x	269 CFM x	16 Summer TD	=		4741 Btuh
3. Summer Infiltration HTM					
4741 Btuh /	843 Total Window	=			5.6 HTM
	& Door Area				

Procedure C - Latent Infiltration Gain

0.68 x	60 gr.diff.	x	269 CFM	=	10991 Btuh
--------	-------------	---	---------	---	------------

Procedure D - Equipment Sizing Loads

1. Sensible Sizing Load					
Sensible Ventilation Load					
1.1 x	0 Vent.CFM x	16 Summer TD	=		0 Btuh
	Sensible Load for Structure (Line 19)		+	56135	Btuh
	Sum of Ventilation and Structure Loads		=	56135	Btuh
	Rating and Temperature Swing Multiplie		x	0.95	RSM
	Equipment Sizing Load - Sensible		+	53328	Btuh
2. Latent Sizing Load					
Latent Ventilation Load					
0.68 x	0 Vent.CFM x	60 gr.diff.	=		0 Btuh
	Internal Loads = 230 x 10 No. People		+	2300	Btuh
	Infiltration Load From Procedure C		+	10991	Btuh
	Equipment Sizing Load - Latent		=	13291	Btuh

*Construction Quality is: a No. of Fireplaces is: 1
 MANUAL J: 7th Ed. RIGHT-J: V1.74 S/N 3911
 Printout certified by ACCA to meet all requirements of Manual Form J

1		Entire House						FIRST FLOOR			
2		467.0 Ft.						302.0 Ft.			
3		1.0 x2681. Ft.						10.0 heat/cool			
4		9.5									
TYPE OF EXPOSURE		CST NO.	HTM Htg	HTM Clg	Area Length	Btuh Htg	Btuh Clg	Area Length	Btuh Htg	Btuh Clg	
5	Gross Exposed Walls and Partitions	a	12H	1.5	1.2	3975	****	****	2490	****	****
		b	13H	0.2	0.7	530	****	****	530	****	****
		c		0.0	0.0	0	****	****	0	****	****
		d		0.0	0.0	0	****	****	0	****	****
		e		0.0	0.0	0	****	****	0	****	****
		f		0.0	0.0	0	****	****	0	****	****
6	Windows & Glass Doors Htg.	a	1G	20.5	**	781	15991	****	475	9726	****
		b		0.0	**	0	0	****	0	0	****
		c		0.0	**	0	0	****	0	0	****
		d		0.0	**	0	0	****	0	0	****
		e		0.0	**	0	0	****	0	0	****
		f		0.0	**	0	0	****	0	0	****
7	Windows & Glass Doors Clg.	North		21.0		226	****	4746	109	****	2289
		NE&NW		0.0		0	****	0	0	****	0
		E&W		70.0		213	****	14910	132	****	9240
		SE&SW		0.0		0	****	0	0	****	0
		South Horz		36.0		342	****	12312	234	****	8424
8	Othr doors	a	10D	11.5	9.0	45	518	406	45	518	406
		b	10D	11.5	9.0	17	196	153	17	196	153
9	Net Exposed Walls and Partitions	a	12H	1.5	1.2	3149	4724	3703	1970	2955	2317
		b	13H	0.2	0.7	513	92	339	513	92	339
		c		0.0	0.0	0	0	0	0	0	0
		d		0.0	0.0	0	0	0	0	0	0
		e		0.0	0.0	0	0	0	0	0	0
		f		0.0	0.0	0	0	0	0	0	0
10	Ceilings	a	16G	0.8	1.3	4183	3451	5522	2681	2212	3539
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
11	Floors	a	22A	20.3	0.0	302	6116	0	302	6116	0
		b		0.0	0.0	0	0	0	0	0	0
		c		0.0	0.0	0	0	0	0	0	0
12	Infiltration	a		19.8	5.6	843	16669	4741	537	10618	3020
13	Subtot Btuh Loss=6+8..+11+12					****	47755	****	****	32431	****
14	Duct Btuh Loss					10%	4775	****	10%	3243	****
15	Total Btuh Loss = 13+14					****	52530	****	****	35674	****
16	Int. Gains: People @	300				10	****	3000	2	****	600
	Appl. @	1200				1	****	1200	1	****	1200
17	Subtot RSH Gain=7+8..+12+16					****	****	51032	****	****	31526
18	Duct Btuh Gain					10%	****	5103	10%	****	3153
19	Total RSH Gain = 17+18					****	****	56135	****	****	34679
20	CFM Air Required					****	2686	2686	****	1824	1659

1 Name of Room		SECOND FLOOR									
2 Running Ft. Exposed Wall		165.0 Ft.							Ft.		
3 Room Dimensions, Ft.		1.0 x1502. Ft.							x Ft.		
4 Ceilings, Ft Condit. Option		9.0 heat/cool									
TYPE OF EXPOSURE		CST NO.	HTM Htg Clg		Area Length	Btuh Htg Clg		Area Length	Btuh Htg Clg		
5 Gross Exposed Walls and Partitions	a	12H	1.5	1.2	1485	****	****		****	****	
	b	13H	0.2	0.7	0	****	****		****	****	
	c		0.0	0.0	0	****	****		****	****	
	d		0.0	0.0	0	****	****		****	****	
	e		0.0	0.0	0	****	****		****	****	
	f		0.0	0.0	0	****	****		****	****	
6 Windows & Glass Doors Htg.	a	1G	20.5	**	306	6265	****			****	
	b		0.0	**	0	0	****			****	
	c		0.0	**	0	0	****			****	
	d		0.0	**	0	0	****			****	
	e		0.0	**	0	0	****			****	
	f		0.0	**	0	0	****			****	
7 Windows & Glass Doors Clg.	North		21.0		117	****	2457		****		
	NE&NW		0.0		0	****	0		****		
	E&W		70.0		81	****	5670		****		
	SE&SW		0.0		0	****	0		****		
	South		36.0		108	****	3888		****		
Horz		0.0		0	****	0		****			
8 Othr doors	a	10D	11.5	9.0	0	0	0				
	b	10D	11.5	9.0	0	0	0				
9 Net Exposed Walls and Partitions	a	12H	1.5	1.2	1179	1769	1387				
	b	13H	0.2	0.7	0	0	0				
	c		0.0	0.0	0	0	0				
	d		0.0	0.0	0	0	0				
	e		0.0	0.0	0	0	0				
	f		0.0	0.0	0	0	0				
10 Ceilings	a	16G	0.8	1.3	1502	1239	1983				
	b		0.0	0.0	0	0	0				
	c		0.0	0.0	0	0	0				
11 Floors	a	22A	20.3	0.0	0	0	0				
	b		0.0	0.0	0	0	0				
	c		0.0	0.0	0	0	0				
12 Infiltration	a		19.8	5.6	306	6051	1721				
13 Subtot Btuh Loss=6+8..+11+12					****	15324	****	****		****	
14 Duct Btuh Loss					10%	1532	****	%		****	
15 Total Btuh Loss = 13+14					****	16856	****	****		****	
16 Int. Gains: People @	300				8	****	2400		****		
	Appl. @ 1200				0	****	0		****		
17 Subtot RSH Gain=7+8..+12+16					****	****	19505	****	****		
18 Duct Btuh Gain					10%	****	1951	%	****		
19 Total RSH Gain = 17+18					****	****	21456	****	****		
20 CFM Air Required					****	862	1027	****			

RIGHT-J WINDOW DATA

Job #: KARR RESIDENCE

10-04-94

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

FIRST FLOOR

a	n	n	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	21.0	109.	0.0
a	n	e	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	70.0	54.0	0.0
a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.0	234.	0.0
a	n	w	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	70.0	78.0	0.0

SECOND FLOOR

a	n	s	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	36.0	108.	0.0
a	n	e	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	70.0	37.0	0.0
a	n	n	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	21.0	117.	0.0
a	n	w	a	c	y	n	n	n	1	90	1.0	0.0	0.0	1.0	70.0	44.0	0.0

SUMMER CALCULATIONS													
=== BASE ===					=== AS-BUILT ===								
GLASS-----													
ORIENT	AREA	x	BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x	SPM	x SOF	= POINTS	
N	226.00		109.7	24792.2	SGL	.40	N	109.0		46.4	.87	4400.1	
					SGL	.40	N	117.0		46.4	.87	4723.1	
E	91.00		109.7	9982.7	SGL	.40	E	54.0		91.7	.87	4308.1	
					SGL	.40	E	37.0		91.7	.87	2951.8	
S	342.00		109.7	37517.4	SGL	.40	S	234.0		90.7	.83	17615.8	
					SGL	.40	S	108.0		90.7	.83	8130.3	
W	122.00		109.7	13383.4	SGL	.40	W	78.0		91.7	.87	6222.8	
					SGL	.40	W	44.0		91.7	.87	3510.3	
.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS GLASS													
AREA		AREA		FACTOR	POINTS	POINTS		POINTS					
.15	4,183.00		781.00	.803	85,675.70		68,831.27			51,862.20			
NON GLASS-----													
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x	SPM	= POINTS				
WALLS-----													
Ext	3149.0		1.6	5038.4	Ext Wood Frame	19.0	3149.0	1.60	5038.4				
Adj	513.0		1.0	513.0	Adj Wood Frame	19.0	513.0	.60	307.8				
DOORS-----													
Ext	45.0		6.4	288.0	Ext Wood		45.0	9.40	423.0				
Adj	17.0		2.6	44.2	Adj Wood		17.0	3.80	64.6				
CEILINGS-----													
UA	4183.0		.8	3346.4	Under Attic	30.0	4183.0	.80	3346.4				
FLOORS-----													
Slb	302.0		-20.0	-6040.0	Slab-on-Grade	.0	302.0	-20.00	-6040.0				
INFILTRATION-----													
	4183.0		14.7	61490.1	Practice #2		4183.0	14.70	61490.1				
TOTAL SUMMER POINTS													
133,511.36				116,492.49									
TOTAL SUM PTS	x	SYSTEM MULT	= COOLING POINTS	TOTAL COMPON	x	CAP RATIO	x	DUCT MULT	x	SYSTEM MULT	x	CREDIT MULT	= COOLING POINTS
133,511.36		.37	49,399.20	116,492.49	1.00	1.100		.340		.817		35,595.21	

 WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
N	226.00	-.4	-90.4	SGL	.40	N	109.0	4.2	1.06	485.3
				SGL	.40	N	117.0	4.2	1.06	520.9
E	91.00	-.4	-36.4	SGL	.40	E	54.0	1.5	3.78	306.2
				SGL	.40	E	37.0	1.5	3.78	209.8
S	342.00	-.4	-136.8	SGL	.40	S	234.0	-.2	.79	-37.0
				SGL	.40	S	108.0	-.2	.79	-17.1
W	122.00	-.4	-48.8	SGL	.40	W	78.0	1.5	3.78	442.3
				SGL	.40	W	44.0	1.5	3.78	249.5

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	4,183.00	.803	-312.40	-250.98	2,159.83

NON GLASS-----							
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM = POINTS
WALLS-----							
Ext	3149.0	.3	944.7	Ext Wood Frame	19.0	3149.0	.30 944.7
Adj	513.0	.5	256.5	Adj Wood Frame	19.0	513.0	.30 153.9
DOORS-----							
Ext	45.0	1.8	81.0	Ext Wood		45.0	2.80 126.0
Adj	17.0	1.3	22.1	Adj Wood		17.0	1.90 32.3
CEILINGS-----							
UA	4183.0	.1	418.3	Under Attic	30.0	4183.0	.10 418.3
FLOORS-----							
Slb	302.0	-2.1	-634.2	Slab-on-Grade	.0	302.0	-2.10 -634.2
INFILTRATION-----							
	4183.0	1.2	5019.6	Practice #2		4183.0	1.20 5019.6

TOTAL WINTER POINTS	5,857.02	8,220.43
---------------------	----------	----------

TOTAL x	SYSTEM	=	HEATING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	=	HEATING
WIN PTS	MULT		POINTS	COMPON	RATIO	MULT	MULT	MULT		POINTS
5,857.02	1.10		6,442.72	8,220.43	1.00	1.100	1.000	.950		8,590.34

WATER HEATING

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

NUM OF BEDRMS	x	MULT	=	TOTAL	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
5		3319.0		16,595.00	65	.84	1.000		3476.0		1.00		17,380.00

=====

SUMMARY

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

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
49399.2		6442.7		16595.0		72,436.92	35595.2		8590.3		17380.0		61,565.55

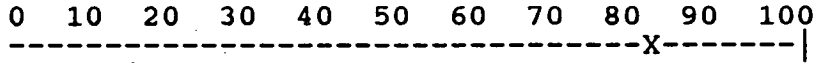
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* EPI = 84.99 *

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= 85.0



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
WINDOWS.....	Single Tint	SINGL CLR -----X-----	DBL TINT
INSULATION.....			
Ceiling R-Value.....	30.0	R-10 -----X-----	R-30
Wall R-Value.....	19.0	R-0 -----X-----	R-7
Floor R-Value.....	0.0	R-0 X-----	R-19
AIR CONDITIONER.....			
EER.....	10.0	9.7 X-----	EER 16.0
HEATING SYSTEM.....			
Electric COP.....	1.0	2.50 X-----	COP 4.19
WATER HEATER.....			
Electric EF.....	0.84	0.88 X-----	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: E-519 1501 Decker Ave Builder Signature: [Signature] Date: 10-12-99
 City/Zip: STUART, FL 34994

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: KARR RESIDENCE
AND ADDRESS: LOT 26 -- CASTLE HIL
SEWALL'S POINT, FLOR
OWNER: KARR

BUILDER:
PERMITTING
OFFICE: TOWN OF SEWA
PERMIT NO.

CLIMATE
ZONE: 7 | 8 | 9 |
JURISDICTION NO. 531300
CK

Table with 3 columns: Description, Value, and Unit/Type. Rows include construction type, area, insulation, and energy efficiency metrics.

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

PREPARED BY: [Signature]
DATE: 10/9/94

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

OWNER/AGENT: [Signature]
DATE: 10/12/94

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:

Department of Community Affairs

SN: 2464

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Whole Building Performance Method A

SOUTH

PROJECT NAME: KARR RESIDENCE

BUILDER:

AND ADDRESS: LOT 26 -- CASTLE HIL

PERMITTING

SEWALL'S POINT, FLOR

OFFICE: MARTIN COUNT

CLIMATE

ZONE: 7 | 8 | 9 |

OWNER:

KARR

PERMIT NO.

JURISDICTION NO. 531300

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 3943.00	_____
6. Predominant eave overhang (ft.)	6. 2.00	_____
7. Porch overhang length (ft.)	7. 0.00	_____
8. Glass area and type:	Single Pane Double Pane	_____
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 781.0sqft 0.00sqft	_____
9. Floor type and insulation:		_____
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 437.00 ft	_____
10. Net Wall type area and insulation:		_____
a. Exterior: 2. Wood frame (Insulation R-value)	10a-2 R=17.50, 3387.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=17.50, 513.00sqft	_____
11. Ceiling type area and insulation:		_____
a. Under attic (Insulation R-value)	11a. R=30.00 , 3943.00sqft	_____
12. Air distribution systems		_____
a. Ducts (Insulation + Location)	12a. R= 4.20 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	EER: 10.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.82	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. CF	_____
19. EPI (must not exceed 100 points)	19. 98.98	_____
a. Total As-Built points	19a. 67485.43	_____
b. Total Base points	19b. 68180.55	_____

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

PREPARED BY: Mary Howatt
DATE: 11/3/94

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

OWNER/AGENT: Stephen J. Conroy
DATE: 11/8/94

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-----											
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS	
N	226.00	109.7	24792.2	SGL	.88	N	109.0	63.6	.87	6031.2	
				SGL	.88	N	117.0	63.6	.87	6473.8	
E	91.00	109.7	9982.7	SGL	.88	E	54.0	130.2	.87	6116.8	
				SGL	.88	E	37.0	130.2	.87	4191.1	
S	342.00	109.7	37517.4	SGL	.88	S	234.0	129.0	.83	25054.4	
				SGL	.88	S	108.0	129.0	.83	11563.6	
W	122.00	109.7	13383.4	SGL	.88	W	78.0	130.2	.87	8835.4	
				SGL	.88	W	44.0	130.2	.87	4984.1	
.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS GLASS											
	AREA	AREA	FACTOR	POINTS		POINTS		POINTS		POINTS	
.15	3,943.00	781.00	.757	85,675.70		64,882.06		73,250.33			
NON GLASS-----											
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x	SPM	= POINTS		
WALLS-----											
Ext	3387.0	1.6	5419.2	Ext Wood Frame	17.5	3387.0	1.80	6096.6			
Adj	513.0	1.0	513.0	Adj Wood Frame	17.5	513.0	.68	346.3			
DOORS-----											
Ext	45.0	6.4	288.0	Ext Wood		45.0	9.40	423.0			
Adj	17.0	2.6	44.2	Adj Wood		17.0	3.80	64.6			
CEILINGS-----											
UA	3943.0	.8	3154.4	Under Attic	30.0	3943.0	.80	3154.4			
FLOORS-----											
Slb	437.0	-20.0	-8740.0	Slab-on-Grade	.0	437.0	-20.00	-8740.0			
INFILTRATION-----											
	3943.0	14.7	57962.1	Practice #2		3943.0	14.70	57962.1			
TOTAL SUMMER POINTS											
			123,522.96					132,557.30			
TOTAL x SYSTEM = COOLING				TOTAL x CAP x DUCT x SYSTEM x CREDIT = COOLING							
SUM PTS	MULT	POINTS		COMPON	RATIO	MULT	MULT	MULT	POINTS		
123,522.96	.37	45,703.50		132,557.30	1.00	1.100	.340	.860	42,635.73		

WINTER CALCULATIONS

=== BASE ===				=== AS-BUILT ===											
GLASS-----															
ORIEN	AREA	x BWPM	= POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS					
N	226.00	-.4	-90.4	SGL	.88	N	109.0	3.7	1.06	427.5					
				SGL	.88	N	117.0	3.7	1.06	458.9					
E	91.00	-.4	-36.4	SGL	.88	E	54.0	.2	3.78	40.8					
				SGL	.88	E	37.0	.2	3.78	28.0					
S	342.00	-.4	-136.8	SGL	.88	S	234.0	-1.7	.79	-314.3					
				SGL	.88	S	108.0	-1.7	.79	-145.0					
W	122.00	-.4	-48.8	SGL	.88	W	78.0	.2	3.78	59.0					
				SGL	.88	W	44.0	.2	3.78	33.3					
.15 x COND. FLOOR / TOTAL GLASS = ADJ. x GLASS = ADJ GLASS GLASS															
AREA		AREA		FACTOR		POINTS		POINTS		POINTS					
.15	3,943.00	781.00	.757	-312.40	-236.58					588.09					
NON GLASS-----															
AREA	x	BWPM	= POINTS	TYPE	R-VALUE	AREA	x	WPM	= POINTS						
WALLS-----															
Ext	3387.0	.3	1016.1	Ext Wood Frame	17.5	3387.0	.38		1270.1						
Adj	513.0	.5	256.5	Adj Wood Frame	17.5	513.0	.35		179.6						
DOORS-----															
Ext	45.0	1.8	81.0	Ext Wood		45.0	2.80		126.0						
Adj	17.0	1.3	22.1	Adj Wood		17.0	1.90		32.3						
CEILINGS-----															
UA	3943.0	.1	394.3	Under Attic	30.0	3943.0	.10		394.3						
FLOORS-----															
Slb	437.0	-2.1	-917.7	Slab-on-Grade	.0	437.0	-2.10		-917.7						
INFILTRATION-----															
	3943.0	1.2	4731.6	Practice #2		3943.0	1.20		4731.6						
TOTAL WINTER POINTS															
			5,347.32												
TOTAL x SYSTEM = HEATING				TOTAL x CAP x DUCT x SYSTEM x CREDIT = HEATING											
WIN PTS		MULT		POINTS		COMPON		RATIO		MULT		MULT		POINTS	
5,347.32	1.10	5,882.05		6,404.27	1.00	1.100	1.000	1.000	1.000	7,044.70					

 WATER HEATING

=== BASE ===				=== AS-BUILT ===					
NUM OF BEDRMS	x	MULT	= TOTAL	TANK VOLUME	EF	TANK RATIO	x MULT	x CREDIT MULT	= TOTAL
5		3319.0	16,595.00	80	.82	1.000	3561.0	1.00	17,805.00

 SUMMARY

=== BASE ===				=== AS-BUILT ===			
COOLING POINTS	HEATING POINTS	HOT WATER POINTS	= TOTAL POINTS	COOLING POINTS	HEATING POINTS	HOT WATER POINTS	= TOTAL POINTS
45703.5	5882.1	16595.0	68,180.55	42635.7	7044.7	17805.0	67,485.43

 * EPI = 98.98 *

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= 99.0

0 10 20 30 40 50 60 70 80 90 100
 |-----X-----|

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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Tint	-----X-----			
INSULATION.....					
Ceiling	R-Value..... 30.0	R-10		R-30	
Wall	R-Value..... 17.5	R-0		R-7	
Floor	R-Value..... 0.0	R-0		R-19	
AIR CONDITIONER.....					
EER.....	10.0	9.7	EER	16.0	
HEATING SYSTEM.....					
Gas	AFUE..... 0.00	0.78	AFUE	0.90	
WATER HEATER.....					
Electric	EF..... 0.82	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: 1 PALAMA WAY Builder Signature: [Signature] Date: 11-8-99

City/zip: STUART, FL 34996
 Florida Energy Code for Building Construction - 1993
 Florida Department of Community Affairs

TOWN OF SEWALL'S POINT, FLORIDA

Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:

(a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;

(b) Be dated not more than 30 days prior to the certificate of occupancy;

(c) Contain a complete legal description;

(d) Reference the source of information used in making the survey;

(e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;

(f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;

(g) Show the exact lot dimensions, including boundary lines and arcs, which must match the Plat, with any variations being noted;

(h) The scale of the map shown on the survey shall be at least 1" = 10'.

(i) Show the location, dimensions, and accurate identity of all easements as required under Rule 21 HH-6.03(15) of the Minimum Technical Standards;

(j) Show all setback requirements;

(k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;

(l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);

(m) Contain a certification to the Town of Sewall's Point;

(n) State for whom the survey is done;

(o) Show the location, dimensions and square footage of the native habitat preservation area required by Section 11-60 of this Code.

(p) Indicate the lowest habitable floor, average natural ground, and average crown of road elevations in accordance with applicable Code provisions.

(q) Contain a tabulation of the impermeable and permeable areas;

(r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column.

(s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. *(BUILDING HEIGHT FROM F.F.E.)*

Ordinance # 215, 3/11/92

ADDITIONAL MATERIALS REQUIRED
WITH
BUILDING PERMIT APPLICATION

THIS LIST IS FOR THE APPLICANT'S CONVENIENCE ONLY. THE APPLICANT MAY BE REQUIRED TO SUBMIT MATERIALS TO THE TOWN IN CONNECTION WITH THE BUILDING PERMIT APPLICATION WHICH ARE NOT LISTED HERE. COMPLETE INFORMATION REGARDING BUILDING PERMIT APPLICATION MATERIALS AND LAND DEVELOPMENT REGULATIONS ARE FOUND IN CHAPTERS 2, 2.5, 4, 6.1, 11, 13, APPENDIX A AND APPENDIX B OF THE TOWN CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, AND THE TOWN OF SEWALL'S POINT COMPREHENSIVE PLAN.

1. Florida Certification of Contractor and Sub-Contractor.
2. Certification of Liability and Workers' Compensation Insurance.
3. Three sets of Building Plans which must include:
 - a. 1/4" scale building drawings.
 - b. Plot plan at a minimum scale of 1" = 10' certifying proposed coverage by impermeable materials; show existing trees 4 or more inches in diameter at chest height; show all completed structures (C.O. issued), existing or proposed wells, all structures under construction (Building Permit issued), and all proposed structures (Building Permit Application filed or being filed); detailed surface water management practices shall be shown through use of swales, berms, retaining walls, etc. designed to meet the water quality requirements of South Florida Water Management District retain, on site, water from a 3-day 25-year storm event, and to prevent normal run-off onto adjoining parcels. Common swales on property lines are encouraged.
 - c. A topographic survey, sealed by an appropriate professional, indicating existing natural grade and grade changes proposed on the site, except when grade changes are limited to the area beneath the floor of dwelling units.

Each sheet of plans, and the cover sheet of specifications, for buildings and structures; alterations; repairs and improvements; replacements and additions; costing \$15,000.00 or more, shall bear the date, impress seal and signature of a licensed Architect or registered Professional Engineer. Plans for work which is predominately of Architectural nature shall be prepared by and bear the impress seal of a licensed Architect, and work which involves extensive computation based on structural stresses shall, in addition, bear the impress seal of a Professional Engineer.

- c. Foundation Plan.
- d. Floor Plan.

- e. Wall and Roof cross-sections.
 - f. Plumbing, electrical and A/C layouts.
 - g. At least two elevations showing height of building from finished floor.
4. Landscaping and Habitat Management Permit if the removal, relocation, or replacement of any vegetation or habitat is necessitated by the land development
 5. Recorded warranty deed to the property.
 6. Septic tank permit and one set of plans with Martin County Health Department seal.
 7. Energy code calculations.
 8. Certification of elevation from licensed surveyor and determination of flood zone.
 9. Amount of fill anticipated - rough sketch showing location and height of fill.
 10. Manufacturers' schedule of windows.
 11. Except for an improvement which is exempt pursuant to Florida Statutes, an owner or authorized agent before actually commencing to improve any real property, or re-commencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with Florida Statutes, shall record a Notice of Commencement in the clerk's office and immediately post either a certified copy of the notice or a notarized statement that the Notice of Commencement has been filed for recording along with a copy of the unrecorded notice.
 12. In special flood hazard areas, a certificate of an appropriately licensed professional stating fully enclosed areas below lowest floor are designed to automatically equalize hydrostatic flood forces on exterior walls by allowing for the entry and exit of flood waters.
 13. In coastal high hazard areas (V Zones), a certificate of an appropriately licensed professional stating breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and the elevated portion of the building and supporting foundation shall not be subject to collapse, displacement or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (structural and non-structural).

THE TOWN'S APPROVAL OF A BUILDING PERMIT APPLICATION DOES NOT RELIEVE OWNER OR CONTRACTOR FROM COMPLIANCE WITH THE TOWN CODE OF ORDINANCES OR OTHER REGULATIONS.

THE TOWN OFFICE HOURS ARE 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS ARE MADE FROM 8:00 A.M. TO 12:00 P.M. NOON ONLY. TWENTY-FOUR HOURS PRIOR NOTICE IS REQUIRED FOR INSPECTIONS.

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 8/23/95

This is to request that a Certificate of Approval for Occupancy be issued to Mr Stephen Karr.

For property at #1 Palama way built under Permit No. 3683 Dated 11/10/94 when completed in conformance with the Approved Plans.

Signed _____

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	8/21/95	DB
2. Termite protection	11/30/94	DB
3. Footing - slab	11/30/94	DB
4. Rough plumbing - slab	11/22/94	DB
5. Rough electric - slab	11/22/94	DB
6. Lintel	N/A	—
7. Dry in (final)	1/23/95	DB
8. Roof	3/8/95	DB
9. Framing	2/28/95	DB
10. Rough electric	2/28/95	DB
11. Rough plumbing	2/28/95	DB
12. A/C Ducts	2/28/95	DB
13. Insulation	3/10/95	DB
14. Final electric	8/23/95	DB
15. Final plumbing	8/23/95	DB
16. Final construction	8/23/95	DB
17. As-built survey	8/21/95	DB
18. Affidavit of cost	8/21/95	DB

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Bion 8/23/95 date

Approved by Building Commissioner [Signature] date

Utilities notified F.P.L. 8/21/95 date

Original Copy sent to OWNER date
(owner)

(Keep carbon copy for Town files)

3774

POOL

Permit No. _____

Date 4/10/95

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

3774

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

Owner Stephan Karr Present Address 667 SW Hidden River Ave

Phone 283-1147 Palm City, Fla 34990

Contractor Olympic Pools & Spa Address 1565 SW Martin Hwy

Phone 286-6470 Palm City, Fla 34995

Where licensed State of Fla. License number CPC039884

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Swimming Pool w/ Spa

1 Palama Way

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

Subdivision Castle Hill 26 Lot number _____ Block number _____

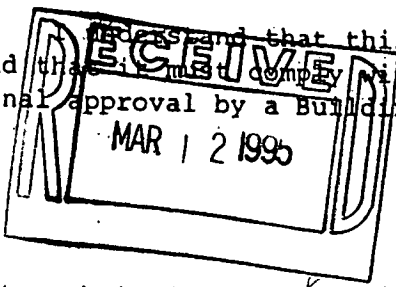
Contract price \$ 14,000 Cost of permit \$ 200.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor KSJ

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



Owner X Suzanne P. Karr

TOWN RECORD Approved: Dale Brown 4/12/95
Building Inspector Date

Date submitted _____ Approved: _____
Commissioner Date Final Approval given: _____
Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. _____

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

NO CONSTRUCTION MAY BEGIN UNTIL
NOTICE OF COMMENCEMENT
POSTED ON JOB SITE

Permit No. _____ Tax ID No. _____

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 and street address, if available

Lot 26 Castle Hill
1 Palama Way Seville Fl

General description improvements _____

Owner Stephen & Suzy Karr
Address 667 S.W. Hidden River Ave Palm City, Fla 34990
Owner's interest in site of improvement Swimming Pool

Fee Simple Title holder (if other than owner) _____

Address _____

Contractor Olympic Pools of Stuart Corp
Address 1565 SW Martin Hwy Palm City, FL 34990

Surety _____

Address _____

Amount of Bond \$ _____

Lender 1st Federal of Palm Beach

Address PGA Blvd Fort Palm Beach, FL

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 Stephen P. Conway
Address 1501 Decker Ave E-519 Stuart, FL 34994

In addition to himself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.12 (1) (b), Florida Statutes.

Expiration date of notice of commencement (the expiration date is one year from the date of recording unless a different date is specified). _____

THIS SPACE FOR RECORDING ONLY

[Handwritten signature and date: 4.15.95]

X Suzanne P. Karr
OWNERS NAME
STATE OF FLORIDA
COUNTY OF Martin
The foregoing instrument was acknowledged before me this 27th day of March, 1995, by Suzanne P. Karr, who is personally known to me or who has produced as identification.

(seal) John R. Davis, Jr
SIGNATURE OF NOTARY
John R. Davis, Jr
TYPE OR PRINT NAME OF NOTARY
NOTARY PUBLIC TITLE
COMMISSION NUMBER

3825

FENCE

Tax Folio No. 26-37-41-015-000-00.260-90000 Date 7/12/95

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

3875

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

Owner Suzy & Steve Karr Present Address 1 Palama Way

Phone 283-1147 Sewall Pt.

Contractor All American Fence Address P.O. Box 13269

Phone 878-1650 F.P. FL 34979-3269

Where licensed MIC License number SP00872

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Install 140' - 6' High Shadowbox Fence

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

1 PALAMA WAY

Subdivision CASTLE HILL 26 Lot number _____ Block number _____

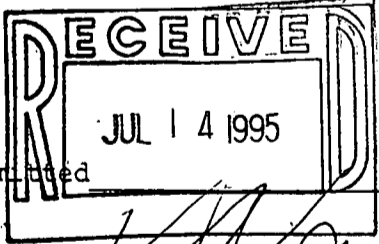
Contract price \$ 12,000.00 Cost of permit \$ 2500

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Michael J. Dempsey

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



Owner Steve Karr

TOWN RECORD

Date submitted _____ Approved: Dale Brown 7/14/95 Building Inspector _____ Date _____

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

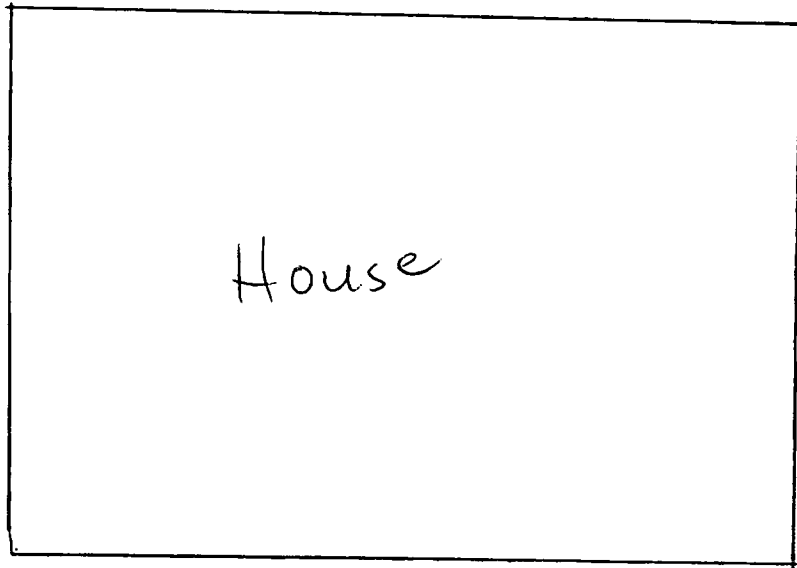
Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

Permit No. _____

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

140'



Steve & Suzy Karr
1 Paloma Way
Sewalls Pt.

5086

ADDITION /
ALTERATIONS

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 9/18/00

BUILDING PERMIT NO. 5086

Building to be erected for STEPHEN & SUZANNE KARR Type of Permit ACCESS, STRUCT. & ALT.

Applied for by STEPHEN P. CONWAY (Contractor) Building Fee \$576.00

Subdivision CASTLE HILL Lot 26 Block _____ Radon Fee 7.10

Address 1 PALAMA WAY Impact Fee N/A

Type of structure S.F.R. A/C Fee 120.00

Parcel Control Number: _____

Electrical Fee 120.00

Plumbing Fee N/A

Roofing Fee 120.00

Amount Paid \$1,000.70 Check # 3226 Cash _____ Other Fees (PLAB REV.) 57.60

Total Construction Cost \$ 600,000.00 TOTAL Fees \$1,000.70

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>2/19/01</u>

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

**This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

PERMIT # _____

TAX FOLIO # 26374101500000260

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

LOT 26 CASTLEHILL

GENERAL DESCRIPTION OF IMPROVEMENT: GARAGE ADDITION

OWNER: STEPHEN AND SUZANNE KARR

ADDRESS: ONE PALAMA WAY STUART FL 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: STEPHEN P. CONWAY

ADDRESS: 9 RIVERVIEW DR. STUART FL 34996

PHONE #: 220-0064 FAX #: _____

SURETY COMPANY (IF ANY) N/A

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: N/A

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: N/A

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____ FAX #: _____

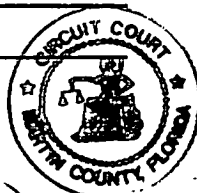
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF August
192000 BY Stephen L. Karr

PERSONALLY KNOWN
OR PRODUCED ID _____
TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.
MARSHA STILLER, CLERK
BY [Signature] D.C.
DATE 9-11-02

FILE

MASTER PERMIT NO. 5086

TOWN OF SEWALL'S POINT

Date 10/26/08

BUILDING PERMIT NO. 5128

Building to be erected for STEPHEN & SUZANNE KARR

Type of Permit RFG-SUB

Applied for by PACIFIC ROOFING

(Contractor)

Building Fee _____

Subdivision CASTLE HILL Lot 26 Block _____

Radon Fee _____

Address 1 PACAMA WAY

Impact Fee _____

Type of structure SFR.

A/C Fee _____

QUOTED BY: RICHARD GOMES
CC-C056793

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

Amount Paid _____

Check # _____

Cash _____

Other Fees (_____) _____

Total Construction Cost \$ _____

Roofing Fee SEE PN 5086

TOTAL Fees _____

Signed _____

Rob Austin

Applicant (CTR. AUTH.)

Signed _____

[Signature]

Town Building Inspector *[Signature]*

SUB

ROOFING PERMIT

INSPECTIONS

DRY IN
PROGRESS

DATE _____
DATE _____

PROGRESS
FINAL

DATE _____
DATE _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

**This permit must be visible from the street, accessible to the inspector.
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Bldg. Permit Number: _____

Owner or Titleholder's Name STEPHEN AND SUZANNE KARR Phone No. () 283-1147
 Street: 1 PALAMA WAY City SEWALLS POINT State: FL Zip 34996
 Legal Description of Property: LOT 26 - CASTLE HILL Parcel Number: 26-37-41-015-000-00260-

Location of Job Site: 1 PALAMA WAY 90000

TYPE OF WORK TO BE DONE: GARAGE ADDITION / RENOVATE EXISTING GARAGE TO FAMILY RM

CONTRACTOR/Company Name: STEPHEN P. CONWAY Phone No. () 220-0064
 Street: 9 RIVERVIEW D City SEWALLS PT State: FL Zip 34996
 State Registration: _____ State License: CRC 053742

ARCHITECT: MARK COXSON Phone No. () 223-8227
 Street: 800 E OCEAN BLVD City STUART State: FL Zip _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: +688 Garage Area: 710 Carport: _____ Accessory Bldg: _____
 Covered Patio: 277 Scr. Porch: _____ Wood Deck: _____
 Type Sewage: COUNTY Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
 Flood zone: B Minimum Base Flood Elevation (BFE): 10 NGVD
 Proposed first habitable floor finished elevation: 10.5 MARK EXT NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 60,000.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES _____ NO X
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: COOK ELECTRIC State: _____ License # ER0008060
 Mechanical: NISAIR State: _____ License # CACO 41199
 Plumbing: BY BISHOP State: _____ License # CFC 027632
 Roofing: PACIFIC State: _____ License # CC 056793

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 or AGENT SIGNATURE (Required)

 Owner
 State of Florida, County of: _____ On
 this the _____ day of _____, 2000,
 by _____ who is personally
 known to me or produced _____
 as identification.

CONTRACTOR SIGNATURE (Required)
Stephen P. Conway
 Contractor
 State of Florida, County of: Martin On
 this the 3rd day of August, 2000,
 by S. Conway who is personally
 known to me or produced Fl. d. l.
 as identification.

Notary Public
 My Commission Expires: _____
 (Seal)

Notary Public
 My Commission Expires: _____
 Joan H. Barrow
 MY COMMISSION # CC763645 EXPIRES
 November 30, 2002
 BONDED THRU TROY FAIN INSURANCE INC.
 Form revised: 20 April 2000

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: 0 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)

Bldg. Pmt# _____

Town of Sewall's Point

Date _____

BUILDING PERMIT APPLICATION

RECEIVED
 1 AUG - 2 2000
 1283-1147 *logged*

SUZANNE P.

Owner's Name: KARR STEPHEN L. Phone No. 283-1147
 Owner's Present Address: ONE PALAMA WAY SEWALLS POINT, FL
 Fee Simple Titleholder's Name & Address if other than owner _____

Location of Job Site: ONE PALAMA WAY
 TYPE OF WORK TO BE DONE: ADDITION OF GARAGE, RENOVATION OF EXISTING GARAGE INTO FAMILY ROOM.
 CONTRACTOR INFORMATION
 Contractor/Company Name: STEPHEN P. CONWAY phone No. 220-0064
 COMPLETE MAILING ADDRESS 9 RIVERVIEW DR SEWALLS POINT FL
 State Registration CRC053742 State License _____
 Legal Description of Property LOT 26 CASTLE HILL
 Parcel Number 26-37-41-015-000-00260, 90000

ARCHITECT/ENGINEER INFORMATION

Architect M A CORSON Phone No. 223-8227
 Address 800 E OCEAN BLVD STUART FL
 Engineer _____ Phone No. _____
 Address _____

Area Square Footage: Living Area 688 Garage Area 710 Carport _____
 Accessory Bldg. _____ Covered Patio 277 Scr. Porch _____ Wood Deck _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 NEW electrical SERVICE SIZE _____ AMPS

FLOOD HAZARD INFORMATION

flood zone B minimum Base Flood Elevation (BFE) _____ NGVD
 proposed finish floor elevation _____ NGVD (minimum 1 foot above BFE)
 Cost of construction or Improvement 60,000.00
 Fair Market Value (FMV) prior to improvement _____
 Substantial Improvement 50% of FMV yes _____ No X
 Method of determining FMV _____

SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

Electrical COOK ELECTRIC State License ER0008000
 Mechanical NISAIR State License# CACO 41199
 Plumbing PLUMBING BY BISHOP State License# CFC 027632
 Roofing PACIFIC ROOFING State License# CCL 056793

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, AIRCONDITIONERS, DOCKS, SEAWALLS, ACCESSORY BLDGS, SAND REMOVAL, 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/ CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE _____
 Sworn to and subscribed before me this _____ day of _____, 1998 by _____ who is personally known to me or has produced or has produced _____ and who did (did not) take an oath.

CONTRACTOR SIGNATURE Stephen P. Conway
 Sworn to and subscribed before me this 27th day of August, 1998 2000
 by S. Conway who is personally known to me or has produced _____ who did (did not) take an oath.



JOHN H. BARROW
 NOTARY PUBLIC, STATE OF FLORIDA
 COMMISSION # CC763643 EXPIRES
 NOVEMBER 30, 2002
 BONDED THRU TROY FAIR INSURANCE, INC.

TREE REMOVAL (Attach sealed survey)
No. of trees to be removed 0 No. to be retained _____ No. to be planted _____
Specimen tree removed _____ Fee _____ Authorized/Date _____
DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE:

- A. Property Appraiser's Parcel Number.
 - B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - C. Contractor's name, address, phone number & license numbers.
 - D. Name all sub-contractors (properly licensed).
 - E. Current Survey
 - F. 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 of 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 architect's seal and the following items:
1. Floor Plan
 2. Foundation Details
 3. Elevation Views - Elevation Certificate due after slab inspection.
 4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
 5. Truss layout
 6. Vertical Wall Sections (one detail for each wall that is different)
 7. 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 (Atlantic Ave. 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.
9. Replat required upon completion of slab or footing inspection and prior to any further inspections.

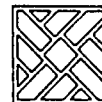
NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts, state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

Approved by Building Official _____

Approved by Town Engineer _____



K E L L Y & K E L L Y A R C H I T E C T S



June 12, 2000

CASTLE HILL DESIGN REVIEW COMMITTEE

Mr. Dick Williams
4 Castle Hill Way
Stuart, Florida 34996

REVIEW OF:

Lot #26, Karr Residence

COMMENTS

None

CONCLUSION

Approval recommended.

Sincerely,

Gary R. Kelly
Architect



October 23, 2000

Town of Sewall's Point

To Whom It May Concern:

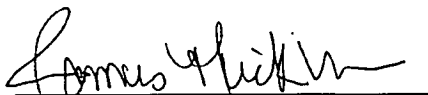
I, Richard J. Gomes qualifier for Pacific Roofing Corporation authorize Robert Austin of Pacific Roofing Corporation to sign for the following permit:

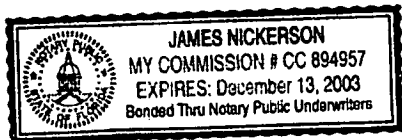
1 Palama Way
Sewall's Point Florida

If you have any questions regarding the above please feel free to contact me at 561 283-7663.

Sincerely,

Richard J. Gomes

 10/23/2000
James Nickerson - Notary Public



P.O. Box 2697 • Stuart, Florida 34995
808 SE Dixie Highway • Stuart, Florida 34994
(561) 283-7663 • 1-800-226-3283 (Ext. 9056) • FAX (561) 283-9505 • <http://pacificroofing.com>

License No. CCC056793 & Insured

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

11158

FOR MARTIN COUNTY REAL ESTATE

AD VALOREM TAXES

I.D. NUMBER: 26-37-41-015-000-00260.90000 1997 TAX DISTRICT: 2200
 ASSESSED VALUE: 392,273 EXEMPTIONS: 25,000 TAXABLE VALUE: 367,273

TAXING AUTHORITY	MILLAGE RATE	TAX AMOUNT
COUNTY COUNTY-GENERAL FUND-OP	5.4860	2,014.86
CNTY-F.I.T. BOND	.0770	28.28
CNTY-GO BONDS SERIES 1986	.3350	123.04
CNTY-BONDS LANDS FOR YOU	.1800	66.11
SCHOOL SCHOOL-GENERAL FUND	9.0010	3,305.82
SCHOOL - BOND ISSUE	.1120	41.13
CHLD SVC CHILDRENS SERVICES ORDNCS	.2281	83.77
F.I.N.D. FL-INLAND NAVIGATION DIST	.0500	18.36
CITY SEWALLS POINT	1.7830	654.85
S.F.W.M. SOUTH FLA WATER MANAGEMNT	.6970	256.00

TOTAL MILLAGE 17.94910 AD VALOREM TAXES 6,592.22

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	PURPOSE	RATE/BASIS	AMOUNT
COMBINED TAXES & ASSESSMENTS TOTAL:			6,592.22

EXEMPTION: HX-JTRS 25,000

26 37 41
 CASTLE HILL, LOT 26 PI#
 26-37-41-015-000-00260-90000

PROPERTY
 ADDR: 1 PALAMA WY MAR

26-37-41-015-000-00260.90000 1997
 KARR, STEPHEN L & SUZANNE P
 1 PALAMA WAY
 SEWALL'S POINT, FL 34996

TOTAL TAXES IF PAID

NOV 1-NOV 30 6,328.53 DEC 1-DEC 31 6,394.45 JAN 1-JAN31 6,460.38 FEB 1-FEB28 6,526.30 MAR 1-MAR31 6,592.22

ORIGINAL BILL SENT TO MORTGAGE COMPANY

*SEE REVERSE SIDE FOR INSTRUCTIONS

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS

FOR MARTIN COUNTY REAL ESTATE

ORIGINAL TOTAL TAXES IF PAID

EX-TYPE	ESCROW/	CODE/MILLAGE	CODE	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
NOV 1-NOV 30	DEC 1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR31	
6,328.53	6,394.45	6,460.38	6,526.30	6,592.22	
ASSESSED	392,273	TAXES	6,592.22	LARRY C O'STEEN, TAX COLLECTOR	
HX-JTRS	25,000	TOTAL	6,592.22	PO BOX 9013	
TAXABLE	367,273			STUART, FL 34995-9013	

26 37 41
 CASTLE HILL, LOT 26 PI#
 26-37-41-015-000-00260-90000

26-37-41-015-000-00260.90000 1997
 KARR, STEPHEN L & SUZANNE P
 1 PALAMA WAY
 SEWALLS POINT FL 34996-6511

011997 000000263741 0150000026090000 0000 00000659222 00000000000 0000 9

THIS IS NOT A STATEMENT. INFORMATIONAL NOTICE ONLY.

IT IS FOR INFORMATION ONLY ABOUT YOUR TAXES AND NON-AD VALOREM ASSESSMENTS COVERED BY THE DESCRIPTION ON THE REVERSE SIDE. YOUR TAX NOTICE WAS SENT TO YOUR ESCROW AGENT FOR PAYMENT. IF YOU DO NOT HAVE AN ESCROW ACCOUNT ON THIS PROPERTY OR IF IT IS YOUR RESPONSIBILITY TO PAY YOUR TAXES AND NON-AD VALOREM ASSESSMENTS DIRECTLY TO THE TAX COLLECTOR, PLEASE RETURN THIS NOTICE WITH YOUR REMITTANCE. THE LAW PROVIDES THE FOLLOWING:

SCHEDULE OF DISCOUNTS
4% IF PAID IN NOVEMBER 2% IF PAID IN JANUARY
3% IF PAID IN DECEMBER 1% IF PAID IN FEBRUARY
NO DISCOUNT IF PAID IN MARCH

TAXES AND NON-AD VALOREM ASSESSMENTS ARE DUE NOVEMBER 1 AND BECOME DELINQUENT APRIL 1, EACH YEAR, AT WHICH TIME THE LAW IMPOSES PENALTIES.

INFORMATION ONLY

PURSUANT TO SECTION 501.137 FLORIDA STATUTES 1987, ALL LENDERS OF MONEY, WHOSE LOANS ARE SECURED BY MORTGAGES ON REAL ESTATE AND WHO COLLECT FUNDS INCIDENTAL THERETO FOR THE PAYMENT OF PROPERTY TAXES, SHALL PROMPTLY PAY TAXES WHEN SAID TAXES BECOME DUE AND ADEQUATE ESCROW FUNDS ARE DEPOSITED SO THAT THE MAXIMUM DISCOUNT AVAILABLE MAY BE OBTAINED. IF THE ESCROW ACCOUNT FOR SAID TAXES IS DEFICIENT, THE LENDER SHALL NOTIFY THE DEPOSITOR WITHIN FIFTEEN (15) DAYS AFTER THE LENDER RECEIVES NOTIFICATION OF TAXES DUE FROM THE COUNTY TAX COLLECTOR.

*INFORMATION
ONLY*

ORIGINAL BILL SENT TO MORTGAGE CO.

S

N

EQUIPMENT SCHEDULE

LENNOX H529-012 170W

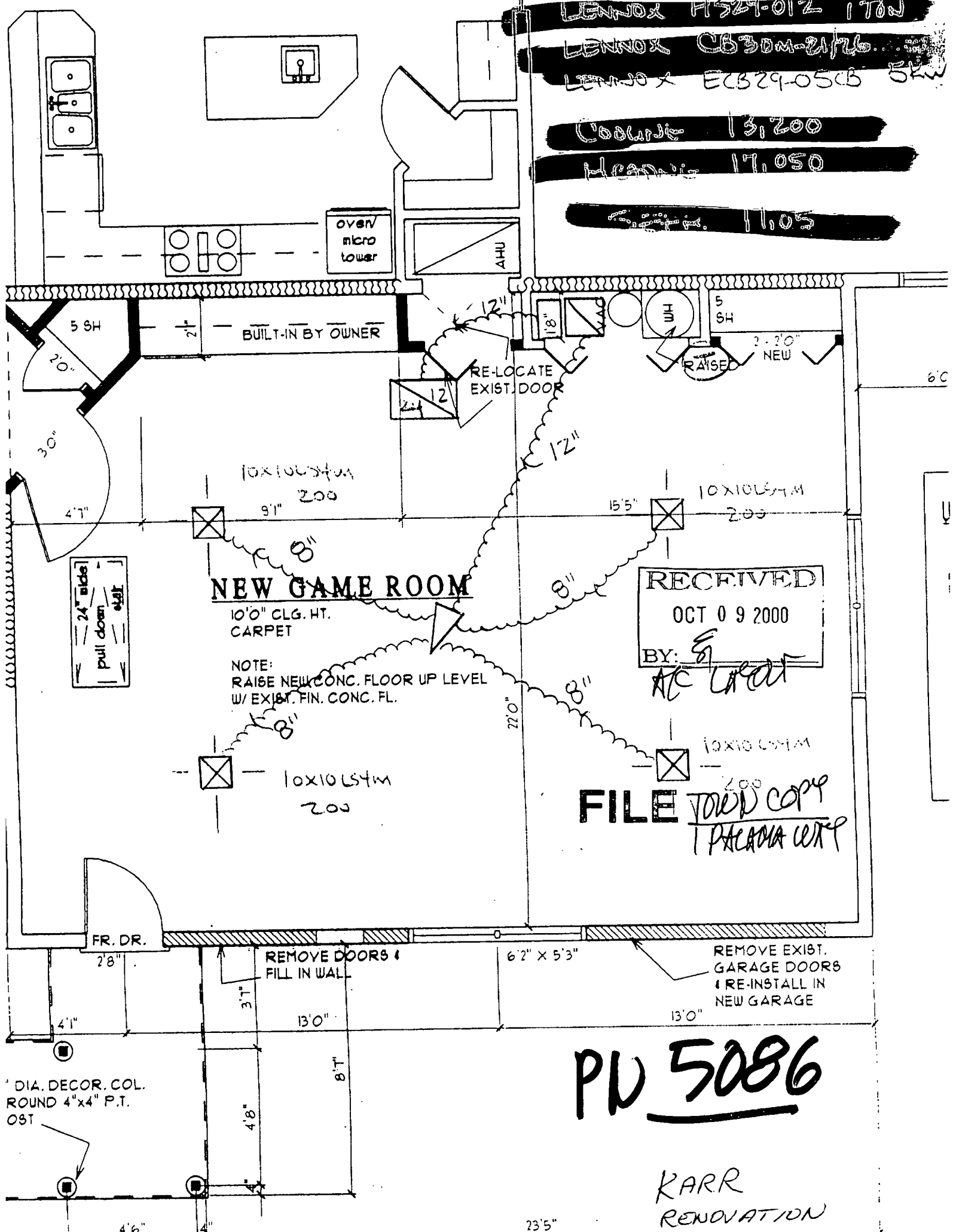
LENNOX CB30M-21/26

LENNOX ECB29-05CB 5KW

Cooling 13,200

Heating 17,050

Supply 11,050



PU 5086

KARR RENOVATION

CONWAY

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/27/1999

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.

perfect
FILE
Ext:

COMPANIES AFFORDING COVERAGE

- COMPANY A Transcontinental Insurance co.
- COMPANY B Transportation Insurance Co.
- COMPANY C **COPY**
- COMPANY D

Attn: Debra Hicks

INSURED Pacific Roofing Corp., Inc.
PO Box 2697
Stuart, FL 34994

W/C/INS
FILE

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	C155821031	08/27/1999	10/28/2000	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" 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	C144640569	08/27/1999	10/28/2000	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC177093784	10/28/1999	10/28/2000	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Mark Kasten/DEBBIE

Debra Hicks

Certificate of Insurance

...ate 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, extend, the coverage by the policies listed below.

RECEIVED
 JAN 3 1 2000
 BY: _____

Named Insured(s):

Staff Leasing, LP, by Staff Acquisition, Inc., The General Partner, and The Affiliated Limited Partnerships of Which Staff Acquisition, Inc. Is The General Partner and their Successor Corporations
 600 301 Boulevard West, Sulte 202
 Bradenton, Florida 34205

CNA
RISK MANAGEMENT

FILE

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	1-1-2001	WC 189165165 WC 189165182	Employer's 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:

Effective Date: 1/1/00

**16459
 Pacific Roofing Corp Inc Office**

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'S POINT
 1 S SEWALLS POINT RD
 STUART, FL 34996-6736

Martin Oosterbaan

Martin Oosterbaan
 Authorized Representative

Office: St. Louis, MO 12/15/99
 Phone: (877) 427-5567 Date Issued



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

BATCH NUMBER

EXPIRES: N/A

NAME: RICHARD JOHN GOMES
Under the provisions of Chapter 689
Expiration date: AUG 31 2002



GOMES, RICHARD JOHN
PACIFIC ROOFING CORP
PO BOX 2697
STUART FL 34995

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

RECEIVED
BY: *[Signature]*

*FILE
before*



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Entegra Roof Tile Corporation-Miami.
11501 NW 117 Way
Medley FL 33178

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

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

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

Your application for Product Approval of:
"Concrete Flat" Roofing Tile

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

This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime 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 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.: 99-1220.12 (Revises No.: 98-0423.09)

Expires: 06/04/2001

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 Dade County, Florida under the conditions set forth above.

FILE
TOOK COPY
1 PALM BEACH CITY

Francisco J. Quintana, R.A.
Director

Miami-Dade County
Building Code Compliance Office

Approved: 03/31/2000

1 of 7




APPROVED: March 31, 2000

EXPIRES: June 4, 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE


Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. SCOPE

This revises a roofing system using Entegra Flat Concrete Roof Tile, as manufactured Entegra Roof Tile Corporation described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County. For the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the design pressure values obtain by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

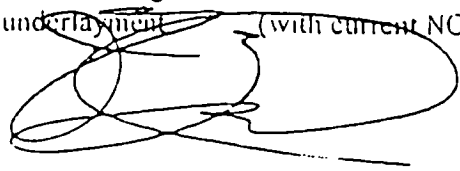
Category: Prepared Roofing
Sub Category: Flat Profile Tile

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Entegra Flat Tile	l = 16" w = 10" 1-1/4" thick	PA 112	Flat profile, interlocking, high pressure extruded concrete roof tile equipped with two nail holes. For direct deck or batten nail on, mortar or adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	PA 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 Components or products manufactured by others

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




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Roofing Product Control Examiner

APPROVED: March 31, 2000

EXPIRES: June 4, 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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


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 Roofing Product Control Examiner

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Roof Tile Adhesive TileBond	Factory premixed canisters	See PCA	Single component polyurethane foam roof tile adhesive	Flexible Products (with current NOA)
Hurricane Clip & Fasteners	Clips Min. 1/2" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 1/4"	PA 114 Appendix E	Corrosion resistant clips with corrosion resistant nails.	Generic

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with PA 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayments shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with chapter 29 of the SFBC.

4. INSTALLATION

- 4.1.1 Entegra 'Flat' Concrete Roof Tile and its components shall be installed in strict compliance with Miami Dade County Roofing Application Standard RAS 118, RAS 119, and RAS 120.

4.2 Data For Attachment Calculations

Tile Profile	λ (ft ³)	λ (ft ³)
	Direct Deck Application	Direct Deck Application
Entegra Flat Tile	0.189	0.205



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NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

Table 2: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Entegra Flat Tile	6.53	6.97	6.43	6.86	6.29	6.71	6.14	6.54	5.97	N/A

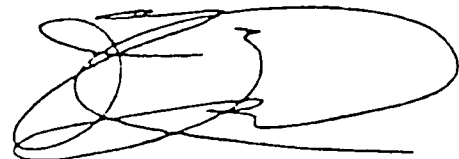
Table 3: Attachment Resistance Expressed as a Moment - M_t (ft-lbf) for Nail-On Systems				
Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Entegra Flat Tile	2-10d Ring Shank Nails	30.9	38.1	17.2
	1-10d Smooth or Screw Shank Nail	7.3	9.8	4.9
	2-10d Smooth or Screw Shank Nails	14.0	18.8	7.4
	1 #8 Screw	30.8	30.8	18.2
	2 #8 Screw	51.7	51.7	24.4
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails ¹	50.3	65.5	48.3

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

Table 4: Attachment Resistance Expressed as a Moment M_t (ft-lbf) for Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Flat Tile	Adhesive	31.3 ³

² See manufactures component approval for installation requirements.

³ Flexible Products Company TileBond Average weight per patty 13.9 grams.
Polyfoam Product, Inc. Average weight per patty 8 grams.



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APPROVED: March 31, 2000

EXPIRES: June 4, 2001

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

Table 4A: Attachment Resistance Expressed as a Moment - M, (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Entegra Flat Tile	PolyPro™	118.9 ⁴
	PolyPro™	40.4 ⁵
4 Large paddy placement of 45 grams of PolyPro™.		
5 Medium paddy placement of 24 grams of PolyPro™.		

5. LABELING

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

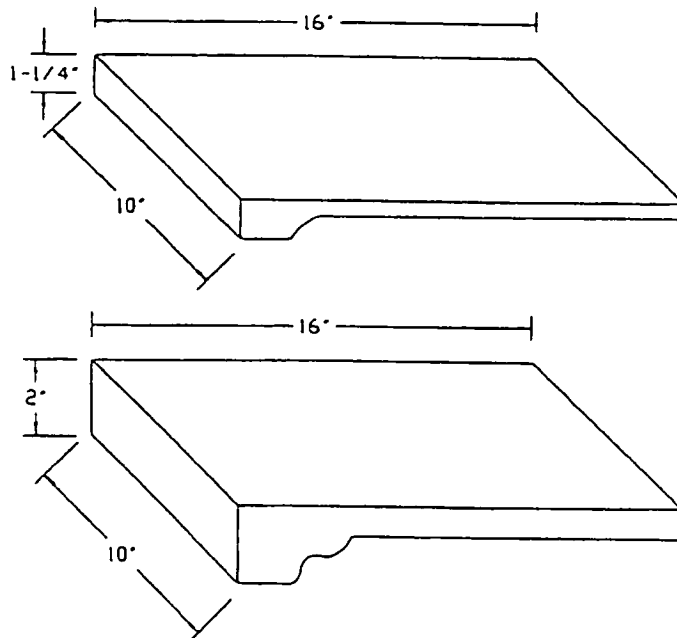
6. BUILDING PERMIT REQUIREMENTS

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

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.

PROFILE DRAWING



ENTEGRA "FLAT" CONCRETE ROOF TILE

[Signature]
Frank Salazar, R.C.C.
Roofing Product Control Examiner.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/08/00

PRODUCER
GORDON SANDBERG AGENCY
P.O. BOX 149264

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.

ORLANDO, FL 32814
407-894-4831

COMPANIES AFFORDING COVERAGE

COMPANY
A MARYLAND CASUALTY

INSURED
STEPHEN P. CONWAY
ONE RIVERCREST COURT
STUART, FL
34996-6515

FILE
he/wa

COMPANY
B

COMPANY
C

COMPANY
D

RECEIVED
MAY 10 2000
BY: *[Signature]*

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS' & CONTRACTOR'S PROT	SCP 34799214	03/29/00	03/29/01	GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 PERSONAL & ADV INJURY \$ 300,000 EACH OCCURRENCE \$ 300,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

GENERAL CONTRACTOR

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Gordon D. Sandberg

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



CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE OF EXEMPTION 07/08/94
EXEMPTED INDIVIDUAL NAME CONWAY STEPHEN P
SOCIAL SECURITY NUMBER 059-42-5526
BUSINESS NAME CONWAY STEPHEN P
FEDERAL IDENTIFICATION NUMBER 592230790
BUSINESS ADDRESS 1501 DECKER AVE UNIT E-519
STUART, FL 34994

STATE OF FLORIDA AC# 5153386
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CR -C053742 06/04/1998 97903856
CERTIFIED RESIDENTIAL CONTRACTOR
CONWAY, STEPHEN P
INDIVIDUAL
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration Date: AUG 31, 2000

A.M. ENGINEERING AND TESTING, INC.

VERO BEACH (561) 567-6167

FORT PIERCE (561) 461-7508

STUART (561) 283-7711

FT. PIERCE 1-800-233-9011

Report
of
DENSITY OF SOIL IN PLACE
ASTM D2922

RECEIVED
 SEP 22 2000
 BY: *[Signature]*

CLIENT: Steve Conway

CONTRACTOR: Client

Date: 9/20/00

SITE: Lot 26 Castle Hill / Palama Way
Sewall's Point
Foundation Fill - Addition

PERMIT # 5086

FILE

1 print copy

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX. DRY WT.		
1003	9/20/00	N.E. Corner	0 - 1'	1003	116.7	111.8	95.8
		Center	0 - 1'			111.6	95.6
		S.W. Corner	0 - 1'			112.0	95.9
ALL ELEVATIONS BELOW SLAB GRADE							

Copies: Client - 1
Sewall's Point Building Dept. - 1

Respectfully submitted,

A.M. ENGINEERING AND TESTING, INC.

Richard Boyette

RICHARD BOYETTE, P.E. FL Reg. No. 42485

A.M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET

FORT PIERCE, FLORIDA 34946

VERO BEACH (561) 567-6167

FORT PIERCE (561) 461-7598

STUART (561) 283-7711

FT. PIERCE 1-800-233-8011

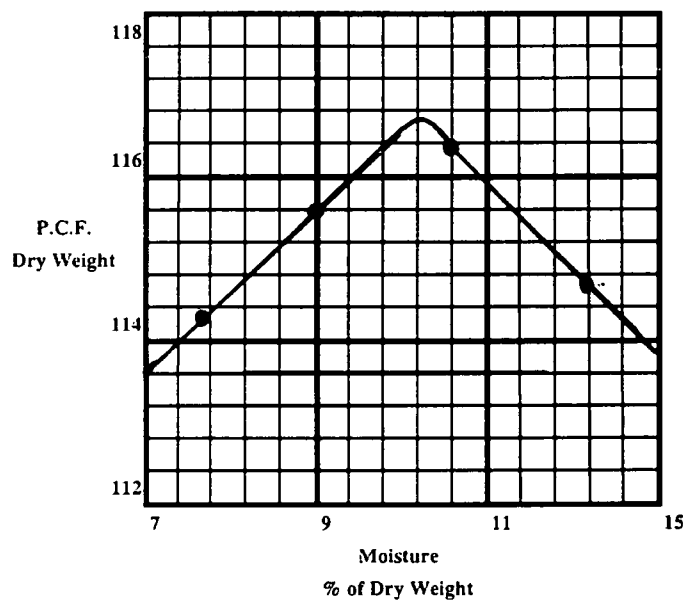
Report of MOISTURE DENSITY RELATIONSHIP ASTM D-1557

CLIENT: Steve Conway

DATE: 9/20/00

CONTRACTOR: Client

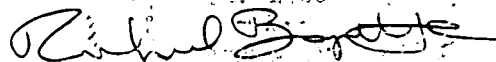
SITE: lot 26 Castle Hill / Palama Way
Sewall's Point
Foundation Fill - Addition



Test No.	Test Method	Sample Location	Optimum Moisture %	Max. Dry Density- P.C.F.	Soil Description
1003	A	Composite	10.2	116.7	Brown, slightly silty, slightly clayey, fine sand

Respectfully submitted,

A.M. ENGINEERING AND TESTING, INC.



Richard Boyette, P.E. FL Reg. No. 42485

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs Residential Whole Building Performance Method A

Project Name: THE KARR ADDITION Address: 1 PALAMA WAY City, State: SEWALL'S POINT, FL Owner: MR. & MRS. KARR Climate Zone: South	Builder: STEVE CONWAY Permitting Office: Permit Number: Jurisdiction Number:
---	---

<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">Addition</td><td style="text-align: center;">___</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">___</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">1</td><td style="text-align: center;">___</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">No</td><td style="text-align: center;">___</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">688 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>7. Glass area & type</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Clear - single pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Clear - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. Tint/other SC/SHGC - single pane</td><td style="text-align: right;">60.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> d. Tint/other SC/SHGC - double pane</td><td style="text-align: right;">0.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td>8. Floor types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 102.0(p) ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>9. Wall types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Frame, Wood, Exterior</td><td style="text-align: right;">R=19.0, 525.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. Frame, Wood, Adjacent</td><td style="text-align: right;">R=19.0, 540.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>10. Ceiling types</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=30.0, 688.0 ft²</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>11. Ducts</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Sup: Unc. Ret: Con. AH: Interior</td><td style="text-align: right;">Sup. R=6.5, 35.0 ft</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> </table>	1. New construction or existing	Addition	___	2. Single family or multi-family	Single family	___	3. Number of units, if multi-family	1	___	4. Number of Bedrooms	1	___	5. Is this a worst case?	No	___	6. Conditioned floor area (ft ²)	688 ft ²	___	7. Glass area & type		___	a. Clear - single pane	0.0 ft ²	___	b. Clear - double pane	0.0 ft ²	___	c. Tint/other SC/SHGC - single pane	60.0 ft ²	___	d. Tint/other SC/SHGC - double pane	0.0 ft ²	___	8. Floor types		___	a. Slab-On-Grade Edge Insulation	R=0.0, 102.0(p) ft	___	b. N/A		___	c. N/A		___	9. Wall types		___	a. Frame, Wood, Exterior	R=19.0, 525.0 ft ²	___	b. Frame, Wood, Adjacent	R=19.0, 540.0 ft ²	___	c. N/A		___	d. N/A		___	e. N/A		___	10. Ceiling types		___	a. Under Attic	R=30.0, 688.0 ft ²	___	b. N/A		___	c. N/A		___	11. Ducts		___	a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.5, 35.0 ft	___	b. N/A		___	<table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Central Unit</td><td style="text-align: right;">Cap: 12.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">SEER: 10.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>13. Heating systems</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Electric Strip</td><td style="text-align: right;">Cap: 12.0 kBtu/hr</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>14. Hot water systems</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> a. Electric Resistance</td><td style="text-align: right;">Cap: 50.0 gallons</td><td style="text-align: center;">___</td></tr> <tr><td></td><td style="text-align: right;">EF: 0.97</td><td style="text-align: center;">___</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> (HR-Heat recovery, Solar</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> DHP-Dedicated heat pump)</td><td></td><td style="text-align: center;">___</td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">CF,</td><td style="text-align: center;">___</td></tr> <tr><td> (CF-Ceiling fan, CV-Cross ventilation,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> HF-Whole house fan,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> PT-Programmable Thermostat,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> RB-Attic radiant barrier,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> MZ-C-Multizone cooling,</td><td></td><td style="text-align: center;">___</td></tr> <tr><td> MZ-H-Multizone heating)</td><td></td><td style="text-align: center;">___</td></tr> </table>	12. Cooling systems		___	a. Central Unit	Cap: 12.0 kBtu/hr	___		SEER: 10.00	___	b. N/A		___	c. N/A		___	13. Heating systems		___	a. Electric Strip	Cap: 12.0 kBtu/hr	___		COP: 1.00	___	b. N/A		___	c. N/A		___	14. Hot water systems		___	a. Electric Resistance	Cap: 50.0 gallons	___		EF: 0.97	___	b. N/A		___	c. Conservation credits		___	(HR-Heat recovery, Solar		___	DHP-Dedicated heat pump)		___	15. HVAC credits	CF,	___	(CF-Ceiling fan, CV-Cross ventilation,		___	HF-Whole house fan,		___	PT-Programmable Thermostat,		___	RB-Attic radiant barrier,		___	MZ-C-Multizone cooling,		___	MZ-H-Multizone heating)		___
1. New construction or existing	Addition	___																																																																																																																																																											
2. Single family or multi-family	Single family	___																																																																																																																																																											
3. Number of units, if multi-family	1	___																																																																																																																																																											
4. Number of Bedrooms	1	___																																																																																																																																																											
5. Is this a worst case?	No	___																																																																																																																																																											
6. Conditioned floor area (ft ²)	688 ft ²	___																																																																																																																																																											
7. Glass area & type		___																																																																																																																																																											
a. Clear - single pane	0.0 ft ²	___																																																																																																																																																											
b. Clear - double pane	0.0 ft ²	___																																																																																																																																																											
c. Tint/other SC/SHGC - single pane	60.0 ft ²	___																																																																																																																																																											
d. Tint/other SC/SHGC - double pane	0.0 ft ²	___																																																																																																																																																											
8. Floor types		___																																																																																																																																																											
a. Slab-On-Grade Edge Insulation	R=0.0, 102.0(p) ft	___																																																																																																																																																											
b. N/A		___																																																																																																																																																											
c. N/A		___																																																																																																																																																											
9. Wall types		___																																																																																																																																																											
a. Frame, Wood, Exterior	R=19.0, 525.0 ft ²	___																																																																																																																																																											
b. Frame, Wood, Adjacent	R=19.0, 540.0 ft ²	___																																																																																																																																																											
c. N/A		___																																																																																																																																																											
d. N/A		___																																																																																																																																																											
e. N/A		___																																																																																																																																																											
10. Ceiling types		___																																																																																																																																																											
a. Under Attic	R=30.0, 688.0 ft ²	___																																																																																																																																																											
b. N/A		___																																																																																																																																																											
c. N/A		___																																																																																																																																																											
11. Ducts		___																																																																																																																																																											
a. Sup: Unc. Ret: Con. AH: Interior	Sup. R=6.5, 35.0 ft	___																																																																																																																																																											
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Glass/Floor Area: 0.09	Total as-built points: 7154.90	PASS
	Total base points: 10378.00	

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

PREPARED BY: _____ **JOSE**


DATE: _____ **9-13-2000**

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

OWNER/AGENT: _____

DATE: _____

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



BUILDING OFFICIAL: _____

DATE: _____

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 1 PALAMA WAY, SEWALL'S POINT, FL,	PERMIT #:
--	-----------

BASE	AS-BUILT
GLASS TYPES	
.18 X Conditioned X BWPM = Points Floor Area	Type/SC Overhang Ornt Len Hgt Area X WPM X WOF = Points
.18 688.0 2.02 250.7	Single, Tint N 2.0 1.0 30.0 4.98 0.95 142.4
	Single, Tint E 2.0 1.0 30.0 3.99 1.23 146.9
	As-Built Total: 60.0 289.3
WALL TYPES Area X BWPM = Points	
	Type R-Value Area X WPM = Points
Adjacent 540.0 0.5 270.0	Frame, Wood, Exterior 19.0 525.0 0.30 157.5
Exterior 525.0 0.60 315.0	Frame, Wood, Adjacent 19.0 540.0 0.30 162.0
Base Total: 1065.0 585.0	As-Built Total: 1065.0 319.5
DOOR TYPES Area X BWPM = Points	
	Type Area X WPM = Points
Adjacent 0.0 0.00 0.0	Exterior Wood 20.0 2.80 56.0
Exterior 44.0 1.80 79.2	Exterior Wood 24.0 2.80 67.2
Base Total: 44.0 79.2	As-Built Total: 44.0 123.2
CEILING TYPES Area X BWPM = Points	
	Type R-Value Area X WPM = Points
Under Attic 688.0 0.10 68.8	Under Attic 30.0 688.0 0.10 68.8
Base Total: 688.0 68.8	As-Built Total: 688.0 68.8
FLOOR TYPES Area X BWPM = Points	
	Type R-Value Area X WPM = Points
Slab 102.0(p) -2.1 -214.2	Slab-On-Grade Edge Insulation 0.0 102.0(p) -2.10 -214.2
Raised 0.0 0.00 0.0	
Base Total: -214.2	As-Built Total: -214.2
INFILTRATION Area X BWPM = Points	
	Area X WPM = Points
688.0 -0.06 -41.3	688.0 -0.06 -41.3
Winter Base Points: 728.2	Winter As-Built Points: 545.4
Total Winter X System = Heating	
Points Multiplier Points	Component X Cap X Duct X System X Credit = Heating
	Ratio Multiplier Multiplier Multiplier Points
728.2 1.0900 793.8	545.4 1.000 0.998 1.000 1.000 544.5
	545.4 1.00 0.998 1.000 1.000 544.5

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

ADDRESS: 1 PALAMA WAY, SEWALL'S POINT, FL,	PERMIT #:
--	-----------

BASE	AS-BUILT
WATER HEATING	
Number of Bedrooms X Multiplier = Total	Tank Volume EF Number of Bedrooms X Tank X Multiplier X Credit = Total Multiplier
1 2370.00 2370.0	50.0 0.97 1 1.00 2149.20 1.00 2149.2
	As-Built Total: 2149.2

CODE COMPLIANCE STATUS							
BASE				AS-BUILT			
Cooling Points	+	Heating Points	+	Hot Water Points	=	Total Points	
7214.6		793.8		2370.0		10378.3	
							4461.2 544.5 2149.2 7154.9

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

ADDRESS: 1 PALAMA WAY, SEWALL'S POINT, FL,

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 6-12. 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.	

Lennox Objective Guide to Installation Comparison

 Nisair Airconditioning Inc.,
 1501 Decker Ave D-404
 Stuart, Fla
 1-407-283-0904

09/13/:0

LOGIC 1000 RESIDENTIAL LOADS ANALYSIS

PAGE 1

THE KARR ADDITION

PREPARED FOR: MR. & MRS. KARR

PREPARED BY: JOSE

FILE TITLE: KARR

DESIGN TEMPERATURES (DEGREES F)
 WINTER INSIDE 68 WINTER OUTSIDE 45
 SUMMER INSIDE 75 SUMMER OUTSIDE 91
 DAILY TEMPERATURE RANGE INDICATOR M
 DESIGN GRAINS RELATIVE HUMIDITY 41
 DEGREES NORTH LATITUDE 27
 SUMMER AIR CHANGES PER HOUR 0.4
 WINTER AIR CHANGES PER HOUR 0.7

	AREA SQ FT	BTUH LOSS	BTUH GAIN
ROOM -- 1 GAME ROOM IN ZONE 1	29 X 22		
WALL 12J3 R-19 + 1/2 OR 3/4 INCH EXTR POLY OVERHANG = 2.0	250	288	245
WINDOW 1C SINGLE PN CLR GLASS METAL FRM FACING-E TINT-TINTED SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	30	797	1,311
DOOR 10D SOLID CORE	20	212	180
WALL 12J3 R-19 + 1/2 OR 3/4 INCH EXTR POLY OVERHANG = 2.0	270	311	265
WINDOW 1C SINGLE PN CLR GLASS METAL FRM FACING-N TINT-TINTED SHADING-DRAPES OR BLINDS SHADING COEFFICIENT = 1 REVEAL = 1.0	30	797	504
WALL 12J3 R-19 + 1/2 OR 3/4 INCH EXTR POLY OVERHANG = 10.0	300	345	294
WALL 12J3 R-19 + 1/2 OR 3/4 INCH EXTR POLY OVERHANG = 10.0	216	248	212
DOOR 10D SOLID CORE	24	254	216
CEILING 16G LIGHT R-30 INSULATION	638	484	674
FLOOR 22A NO EDGE INSULATION	102	1,900	0
WINTER INFILTRATION 75 CFM		1,887	
SUMMER INFILTRATION 43 CFM			750
			LATENT GAIN 1,188 L
PEOPLE 4			SENSIBLE GAIN 1200
			LATENT GAIN 920 L

THE KARR ADDITION

			AREA SQ FT	BTUH LOSS	BTUH GAIN
DUCT	LOSS MULT=.20	GAIN MULT=.20		1,504	1,170
TOTAL FOR ROOM 1		6,380 CU FT	638	9,027	7,021
					2,108 L

STRUCTURE TOTALS		6,380 CU FT	638	9,027	7,021
					2,108 L

 MINIMUM Cooling Capacity needed is 9,129 btu
 at 91 degrees outside and 75 degrees inside

Maximum desired Sensible Cooling Capacity is 8,074 btu
 (115% of Sensible Load)

***** Version 92.10 *****
 * This Heating and Cooling Load Computation was produced using the procedures *
 * and tables of the Air Conditioning Contractors of America's Manual J, *
 * Seventh Edition. The accuracy of the calculated loads depends upon the *
 * accuracy of the data used and the accuracy of the Manual J load calculation *
 * procedures for the given conditions. No warranty, either expressed or *
 * implied, is given by Lennox Industries Inc. with respect to the accuracy *
 * and/or sufficiency of the information provided by this report. *

THE KARR ADDITION

			AREA SQ FT	BTUH LOSS	BTUH GAIN
DUCT	LOSS MULT=.20	GAIN MULT=.20		1,504	1,170
TOTAL FOR ROOM 1		6,380 CU FT	638	9,027	7,021
					2,108 L

=====

STRUCTURE TOTALS		6,380 CU FT	638	9,027	7,021
					2,108 L

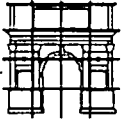
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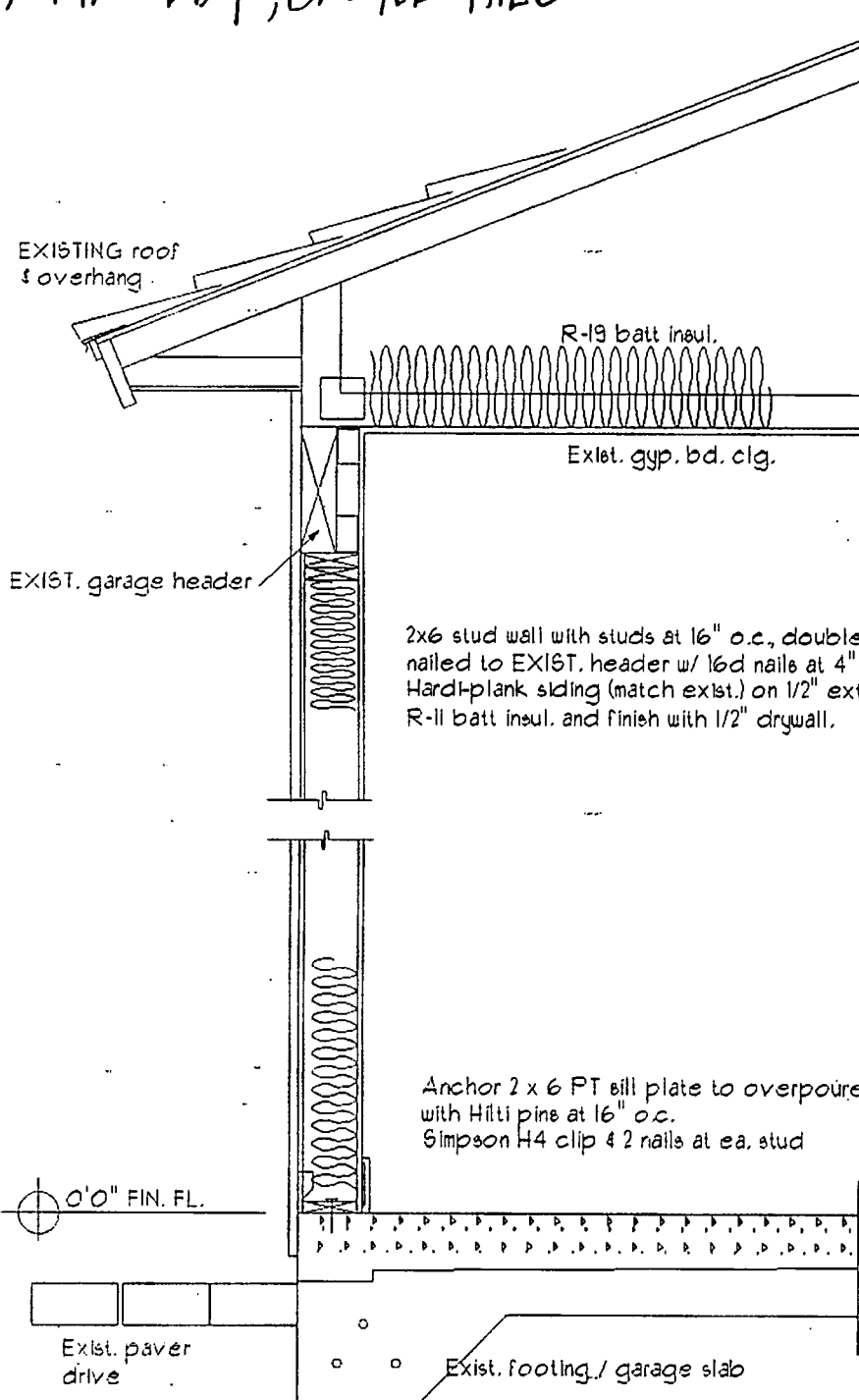
M.A. CORSON & ASSOCIATES, INC.
 ARCHITECTURE • STRUCTURAL DESIGN
 (561) 223-8227
 Stuart, Florida

M.A.C.

9/18/00

KAPP ADDITION
 1 PALAMA WAY, CASTLE HILL

RECEIVED
 SEP 28 2000
 BY: *[Signature]*



FILE
 TOWN COPY
 PALAMA WAY

PN 5086

IN-FILL SECTION

M.A. CORSON & ASSOCIATES, Inc.

ARCHITECTURE STRUCTURAL DESIGN
2637 N. E. Sabal Palm Way Jensen Beach, FL. 34957
(561) 223-8227 * Lic.# AA2971

To: Sewall's Point Building Department

Date: 6/20/00

Re: Karr Addition
1 Palama Way (Castle Hill)

This office approves of the following:

I here by certify that all areas of the structure, for the above mentioned residence, shall meet all of the structural load requirements for the 140 mile per hour wind loading as per the Miami / Dade County addition of the South Florida Building Code. The new structure is designed to meet all gravity, lateral, and uplift loads which will be created by a 140 wind force.

Thank you for your time and consideration. If you have any questions please call.

Sincerely,



Mark A. Corson A.I.A.

cc: file
bldgsp

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Sincerely,



Mark A. Corson A.I.A.

cc: file
bldgsp



(WINDOWS)

Steve Berg

METROPOLITAN DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Andersen Corporation
100 Fourth Avenue North
Bayport MN 55003-1096

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

Your application for Product Approval of:

"Perma-Shield Naroline" Series; Vinyl Clad Wood Double Hung Window

under Chapter 8 of the Metropolitan Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with Drawing No. 25001, Sheets 1 thru 4 of 4. (For listing, see Section 8 of this Notice of Acceptance)*

This approval shall not be valid after the expiration date stated below. The Office of Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the the right to revoke this approval, if it is determined by the Building Code Compliance Office 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.: 96-0725.03

Expires: 06/04/01

Raul Rodriguez
Raul Rodriguez

Product Control Supervisor

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS

BUILDING CODE COMMITTEE

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

Charles Danger, P.E.
Charles Danger, P.E.

Director
Building Code Compliance Dept.
Metropolitan Dade County

Approved: 06/04/98

-1-



ANDERSEN CORPORATION
Andersen Corporation

ACCEPTANCE No.: 96-0725.03

APPROVED : JUN 04 1998

EXPIRES : JUN 04 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. DESCRIPTION OF UNIT

1.1 This approves a wood double hung window designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirement, as determined by ASCE 7-88 "Minimum Design Loads for Buildings and Other Structures", do not exceed the Design Pressure Rating values in Section 7 and within the limitations contained in Section 3.

1.2 **Model Designation** "Perma Shield Narroline" Series Vinyl Clad Wood Double Hung Window.

1.3 **Overall Size** 3' 9-5/8" wide x 6' 5-1/4" high x 5.932" deep

1.4 **Configuration** X/X

1.5 **No. & Size of Vents (Sash)**: Two vent panels, top panel is operable and bottom panel is operable; top panel is 3' 7-3/4" wide by 3' 1" high, bottom panel is 3' 7-3/4" wide by 3' 1-1/2" high.

2. MATERIAL CHARACTERISTICS

2.1 **Frame and Vent (Sash) Material**: Ponderosa Pine wood frame and vent. Vinyl cladding is locked over the exterior frame and vent members.

2.2 Glazing

2.2.1 **Glazing Material**: A full lite 5/8" overall nominal insulating glass unit consisting of:
outboard lite: single strength (0.090") thick heat strengthened glass
airspace: desiccant-filled spacer system
inboard lite: single strength (0.090") thick heat strengthened glass.

2.2.2 **Glazing Method**: Interior glazed, using silicone adhesive backbedding and a 0.935" face x 0.344" deep vinyl glazing bead (Dwg. # 20151) at top vent top rail and stiles, a 0.909" face x 0.542" deep vinyl glazing bead (Dwg. # 20152) at bottom vent top rail and a 0.859" face x 0.377" deep vinyl glazing bead (Dwg. # 20153) at top & bottom vent bottom rails. All of which snap-fit into vents rail and stiles. Glass bite is 1/2".

2.2.3 **Daylight Opening**: 40-7/16" wide by 35-15/16" high.

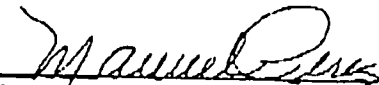
2.3 Vent (Sash) Construction:

2.3.1 **Stiles**: 1.688" face by 1.328" deep wood profile (Dwg. #25056 for RH upper), (Dwg. #25055 for LH upper), (Dwg. #25016 for RH lower) and (Dwg. #25015 for LH lower), all with a groove for snap-in glazing bead.

2.3.2 **Rails**: Top vent top rail is 1.578" face by 1.328" deep wood profile (Dwg. #25090) with a groove for a snap in vinyl glazing bead.

Top vent bottom interlock rail is 1.469" face x 1.453" deep wood profile (Dwg #25091) with a groove for a snap in vinyl glazing bead.

Bottom vent top interlock rail is 1.281" face x 1.766" deep wood profile (Dwg. # 25118) with a groove for a snap in vinyl glazing bead.


Manuel Perez, P.E., Product Control Examiner
Product Control Division

Andersen Corporation

ACCEPTANCE No.: 96-0725.03

APPROVED : JUN 04 1998

EXPIRES : JUN 04 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

Bottom vent bottom rail is 2.562" face x 1.328" deep wood profile (Dwg. #25048) with a groove for a snap in vinyl glazing bead liner.

2.3.3 **Corner Construction:** Corners are of mortise and tenon construction.

2.4 Frame Construction:

2.4.1 **Header:** A composite head member with overall dimension of 1.125" face x 3.844 deep, consisting of: a 0.750" face by 2.969" deep wood outside head jamb profile (Dwg #20012), a 0.750" face by 0.875" deep wood head inside piece (Dwg. #20013), a .375" face x 3.844 head top member (Dwg. #20162) and a vinyl cladding profile head liner (Dwg #20016). Additionally, a 1.125" face x 2.000" deep, vinyl lined wood outer frame member (Dwg #20027) is snap-fit into the frame head and contains a continuous rigid vinyl nailing flange (Dwg #20031) which is snap-fit around the exterior of head.


2.4.2 **Jamb:** A 0.719" face by 3.844" deep wood jamb profile (Dwg #20188). A .580" face x 4.209" deep jamb vinyl liner profile (Dwg #20293) is snap-fit around the exterior of jambs. A 1.125" face x 2.000" deep vinyl lined wood outer frame member (Dwg #20029) is snap-fit into the frame jamb and contains a continuous rigid vinyl nailing flange (Dwg #20032) which is snap-fit around the exterior of jambs.

2.4.3 **Sill:** A 1.375" face by 6.403" deep inclined vinyl lined wood sill profile (Dwg #20023) contains a continuous rigid vinyl nailing flange (Dwg #20032) which is snap-fit around the exterior of jambs.

2.4.4 **Corner Construction:** Frame members are copped and secured with three 8-penny nails and one #8 x 2-1/4" wood screw per sill/jamb corner and three 8-penny nails and two #8 x 1-3/4" wood screws per head/jamb corner. Vinyl cladding is locked over the interior frame members, and a vinyl jamb track insert is inserted in each jamb.

2.5 Weatherstripping:

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.5.1	One Row	Vinyl wrap foam bulb (Dwg #20057).	At top rail of upper vent. At bottom rail of lower vent.
2.5.2	One Row	Santoprene bulb (Dwg. #20171).	At top vent, bottom check rail.
2.5.3	One Row	Polypropylene leaf weatherstripping with foam insert (Dwg. #20056).	At vent stiles.


 Manuel Perez, P.E., Product Control Examiner
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Andersen Corporation

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NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

2.6 Hardware:

	<u>Quantity</u>	<u>Description</u>	<u>Location</u>
2.6.1	One	Valox surface mount cam sweep lock and keeper (Dwg #24533).	Midpoint of locking rail.
2.6.2	One	Lift handle.	At lower vent midspan of bottom rail.
2.6.3	Four	Vinyl vent stop.	Inner jamb track, 10" from head; outer jamb track, 16" from sill.
2.6.4	Four	Flat clock spring counter balance.	At head of window, two per vent.

2.7 Weepholes: None

2.8 Muntins: None

2.9 Reinforcement: None.

2.10 Sealants & Pads: Frame and vent corners are sealed with silicone sealant.

2.11 Additional Description: A 1-1/4" high sill stop is applied to the window frame.

3. LIMITATIONS

3.1 This approval applies to single unit applications of single window only, as shown in Section 10.

3.2 Units with dimensions equal to or smaller than those shown in Section 1.3 shall qualify under this approval.

3.3 Installation is limited by the Design Pressure Rating shown in Section 7 of this approval.

4. INSTALLATION:

4.1 Screws and Method of Attachment

4.1.1 Anchor through frame nailing fin

HEADER: 1-5/8" roofing nails through the window nailing fin to buck, spaced at 8" on center.

SILL: 1-5/8" roofing nails through the window nailing fin to buck, spaced at 8" on center.

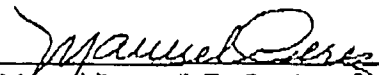
JAMBS: 1-5/8" roofing nails through the window nailing fin to buck, spaced at 8" on center.

Note: Please see note #11, Page 3. Shims are placed at each screw location.

4.2 Limit shim space to a maximum of 1/4".

4.3 Attachments of sub-bucks shall be designed by the Architect or Engineer of Records and must be in compliance with the South Florida Building Code.

4.3 Fasteners must have their own Notice of Acceptance and must be made of stainless steel or have adequate protection against corrosion, per DIN 50018.


Manuel Perez, P.E., Product Control Examiner
Product Control Division

0000 11:20AM FROM WINDOW-IN-DOOR SOURCE 407 293 7598 P. 5
Andersen Corporation

ACCEPTANCE No.: 96-0725.03

APPROVED : JUN 0 4 1998

EXPIRES : JUN 0 4 2001

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

5. IDENTIFICATION

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

6. USE

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

6.1.1 This Notice of Acceptance.

6.1.2 Completely dimensioned drawing showing size and location, including height above grade of opening to receive window, mean roof height, length and width of building.

6.1.3 Duplicate prints of approved drawings No. 25001, Sheets 1 through 4 of 4, bearing the approval stamp, Notice of Acceptance number and date by Miami-Dade County Product Control Section, clearly marked to show the option and components selected for the proposed installation.

6.2 The Building Official shall ensure the adequacy of window to meet the pressure requirement of the opening in which it is to be installed.

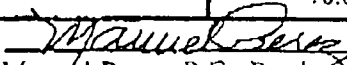
6.3 **Note:** The installation of this unit will require a hurricane protective system.

7. TESTS PERFORMED

7.1 TESTS

RESULTS:

TEST	TEST LOADS	DESIGN LOADS
AIR INFILTRATION @ 1.57 PSF SFBC PA 202-94 (0.34 CFM/FT)	0.11 CFM/FT - ATI-15359-N
AIR INFILTRATION @ 6.24 PSF SFBC PA 202-94	0.26 CFM/FT ATI-15359-N
UNIFORM STATIC PRESSURE AT DESIGN LOADS SFBC PA 202-94 POSITIVE	+50.0 PSF ATI-15359-N	+50.0 PSF ATI-15359-N
UNIFORM STATIC PRESSURE AT DESIGN LOADS SFBC PA 202-94 NEGATIVE	-70.0 PSF ATI-15359-N	-70.0 PSF ATI-15359-N
WATER RESISTANCE (PSF) SFBC PA 202-94	+7.50 PSF ATI-15359-N	+50.0 PSF ATI-15359-N
UNIFORM STATIC PRESSURE AT FULL TEST LOAD SFBC PA 202-94 POSITIVE 30 Seconds	+75.0 PSF ATI-15359-N	+50.0 PSF ATI-15359-N
UNIFORM STATIC PRESSURE AT FULL TEST LOAD SFBC PA 202-94 NEGATIVE 30 Seconds	-105.0 PSF ATI-15359-N	-70.0 PSF ATI-15359-N
FORCED-ENTRY RESISTANCE (FER) SFBC PA 202-94 & ASTM F-588	SATISFACTORY ATI-15359-N
Design Pressure Rating (Positive)		+50.0 PSF
Design Pressure Rating (Negative)		-70.0 PSF


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NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

8. EVIDENCE SUBMITTED

8.1 Tests:

- 8.1.1 Test reports on: 1) Air Infiltration Test, per PA 202-94
- 2) Uniform Static Air Pressure Test, Loading per PA 202-94
- 3) Water Resistance Test, per PA 202-94
- 4) Forced Entry Resistance, per SFBC PA 202-94 & AAMA 1302.5.

along with installation diagram of "Perma Shield Narroline 3862" vinyl clad double hung wood window, prepared by Architectural Testing Inc., report No. ATI-15359-N, dated 02/15/95 & 02/20/95, signed and sealed by Allen N. Reeves, P.E.

8.2 Drawing:

8.2.1 Manufacturer's complete set of parts and accessories drawings, elevation, sections and details:

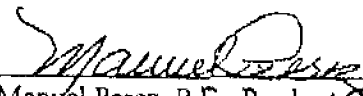
8.2.2 Drawing No. 25001, Andersen Corporation, "Narroline Double Hung Window", Sheets 1 thru 4 of 4, prepared by manufacturer, dated 12/15/97, signed and sealed by Richard Boyette, P.E.

8.3 Calculations:

8.3.1 Installation analysis and anchor calculations for Series "18, 20, 24, 28, 30, 34 & 38" Narroline vinyl cladding double hung wood windows, signed and sealed by Richard Boyette, P.E., dated May 16, 1996.

9. COMPARATIVE ANALYSIS: None.

10. TYPICAL ELEVATION: For typical elevation and cross sections, see Andersen Corporation, "Narroline Double Hung Window" Drawing No. 25001, Sheets 1 thru 4 of 4, bearing the Miami-Dade County Product Control approval stamp.


Manuel Perez, P.E., Product Control Examiner
Product Control Division

Andersen Corporation

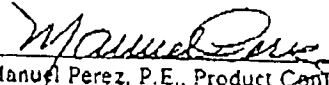
ACCEPTANCE No.: 96-0725.03

APPROVED : JUN 04 1998

EXPIRES : JUN 04 2001

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: "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 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, 2, 2(a) through 2(d) and this last page 3.
10. Items 10, 11 & 12 listed below only apply to glazed products and doors Unless specifically indicated in the Acceptance (approval), this unit is approved as a single unit installation. For multiple installation of this unit, a separate Acceptance for mullions is required from the Product Control Section.
11. The spacing of fasteners at window sills shall be as tested. The spacing of fasteners in all other parts of the frame, shall be as tested, but in no case shall exceed 24" on center. The first fastener shall be located at a maximum of 6" from each corner and mullion or stile. Fastener shall fully penetrate the buck, which shall be the same size as the one tested with the unit. No wood or plastic shields or pins shall be used for anchoring. See section four (4) of this approval for sizes of fasteners used in testing.
12. Hardware for all windows and doors shall conform to Security and Forced Entry Prevention, Chapter 36 of the South Florida Building Code.


 Manuel Perez, P.E., Product Control Examiner
 Product Control Division

END OF THIS ACCEPTANCE

STATEMENT OF INSPECTION

RECEIVED
FEB 12 2001
BY: *[Signature]*

To: Building Official, Town of Sewall's Point
FROM: Architect or Engineer of Record
RE: Subject structure described as follows:

FILE

OWNER: Steve Karr ; ADDRESS: ONE PALAMA WAY

PROJECT ADDRESS: _____ ; LEGAL DESCRIPTION: LOT 26 BLK _____ SUB CASTLE HILL

GENERAL CONTRACTOR: STEPHEN P. CONWAY ; LIC/CERT No. CRC053742

ADDRESS: 4 OAK HILL WAY STUART FL ; TEL 220-220-0064 ; FAX 800-8001

ARCHITECT OR ENGINEER: MARK A. CORSON ; LIC/REG No. AA2971

ADDRESS: 2637 N.E. SABAL PALM WAY DEP. BCH. FL. ; TEL 223-8227 ; FAX 223-8234

PERMIT No: 5086 ; DATE OF ISSUE: 9-11-00 ; DATE OF THIS STATEMENT: 2-9-01

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, I hereby attest as follows:

- I am the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the substitute Architect or Engineer, having been accepted by the Building Official, for the Architect or Engineer who sealed and signed the plans for the subject structure, or
 I am the threshold or special inspector used in accordance with this Code.

[Signature] 2. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents.

3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

Executed at Sewall's Point, FL, this 12th day of Feb., 2001.

NAME: Mark A. Corson ; SIGNATURE: *[Signature]* ; Lic. No: AA2971

STATE OF FLORIDA
COUNTY OF Martin

Sworn to and subscribed before me this 12th day of Feb., 2001, by M.A. Corson, who is personally known to me or who has produced FL d.L. as identification and who did not take an oath.

[Signature]

(NOTARY SEAL)



Joan H. Barrow
MY COMMISSION # 00000000 EXPIRES
November 30, 2002
BONDED THRU TROY FARRIS
Notary Public of the State of Florida and
my commission expires: _____

M.A. CORSON & ASSOCIATES, Inc.

ARCHITECTURE STRUCTURAL DESIGN

800 S.E. Ocean Blvd., Suite C Stuart, Fl. 34994

(561) 223-8227 * Lic.# AA2971

To: Sewall's Point Building Department

Date: 1/23/01

Re: Karr Addition

1 Palama Way Stuart, Fl. 34996 (Castle Hill)

Permit #5086

I have inspected the wood garage door for the above mentioned residence which has been relocated to a new garage addition and find it to be acceptable for the 140 mph wind loading and in accordance with the Miami / Dade County edition of the South Florida Building Code.

Thank you for your time and consideration. If you have any questions please call.

Sincerely,



Mark A. Corson A.I.A.

cc: file
Conway
bldgsp2

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 \$ 60,000.00.

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.

Justin P. King (owner)
Affiant
Property street address: -
ONE PALAMA WAY
STUART FL 34996

Sworn to and subscribed
before me this 12th day of
February, 2001.

Joan H. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



Joan H. Barrow
MY COMMISSION # CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAH INSURANCE, INC.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/25, 2000; Page 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4978	Rimer	ret. wall	CANCEL	FOR REV. EDGE (1)
X	29 S River CLEAR DRIVE. CORP	footer at studio	9/25 8:15	(WALK) RECD 9/22 - COPY TO FIELD ✓
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5086	Corr	pre-pour	PASSED	SOIL KIT RECD 9/22/00
(1)	1 Palama Way Conway	steel for slab & PIERS	SA	- FORWARDED SURVEY PER (TO OFFICE 9/25/00)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4990	Elder	pre-pour	CANCEL	
X	4 Emanta owner/bldr.	tie beam column	9/25 8:30	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5029	PAGE	POOL - FINAL	PASSED	FIELD
(3)	6 LAUTANA LANE OLYMPIC POOLS		SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4737	DEGIOLA	POOL - FINAL	PASSED	FIELD COPY OF FINAL SURVEY TO SITE ✓
(2)	130 P. SEWALL'S POINT RD OLYMPIC POOLS		SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4950	WATTLES	POOL - FINAL	PASSED	FIELD COPY OF FINAL SURVEY TO SITE ✓
(4)	20 RIDGEVIEW - NORTH OLYMPIC POOLS		SA	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: CODE ENF. COMPLAINT: DOUG BENT - 975 SEWALL'S POINT RD (INSPECTION) FROM BENT PROP
 RE: LOUIS LARSON II LAUTANA LANE } SHED @ SOUTH & TIKI HUT @ NO
 (ACCESS. STRUCTURES IN REAR SETBACK) (APPROX LESS THAN 25' FROM REAR

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Fri~~ 10/16/00, 2000; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ✓ 4096	CHONTOS 83 SPR (S) A+W ROOFING	DRY IN + METAL	OK BG.	Nail went through 1/4 A/c Lurie Flat Roof Sheathing
✓ N ✓ 5086	KARR 1 Palmetto Way Steve Conway	SHRIMP TIE DOWN	Failed BG.	
✓ S ✓ 4755	CLEMENTS 6 MIDDLE RD. Jim Campbell Const.	Screw OFF on Drywall BATH Rm	Passed BG.	
✓ S ✓ 5075	VASQUEZ 82 S. SP. RD. GROZA Builders	Ground Rough Plumbing	Passed BG.	
✓ N ✓ 4895	Seely - Handball Ct 37 N.E. COPTING GARAGE GRIBBER	Framing Plumbing area. A/C	Reject BG.	No Access to A/H in Attic. Plb + Elec NOT Ready.
✓ S ✓ 5016	DENNIS 16 RIDGELAND DR. FLORIAN PINEST CONST.	V/G ELECT PVC (SHORELINE)	OK BG	

OTHER: UNSCHEDULED (161 S. RIVER RD. - DAVID MILLER (DANIELSON))
 SITE VISITS (16 RIDGELAND DR. - R. PINEST (DENNIS))
 (19 RIDGELAND DR. - LEAR DEVEL. (WINNER))
 (29 S. RIVER RD. - " " (RIMER))

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-13, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5088	Carr	new (Siding) (PTL)		
N ①	Paloma Way conway	wood sheathing	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5019	Vasquez	slab	PASSED	REVD: FORM BOARD/COMP/SPR
S ③	82 S.S.P. Rd. Groza	INTERIOR ONLY	(PTL.)	9:30 AM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5088	Leaphens	framing	PASSED	NOTE: ADD'L FASTENERS
S ⑤	2 Crane's Nest DAVE HAGEN CONST.	(SIDING/WINDOW REPL.)	(PTL.)	REQ @ HEAD & SILL - ALL (PER PROD. APPL) REINSPECT @ FINAL
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 5068	Winer	temp. el.	CANCEL	transformer is
X	19 Ridgeland FTL Electric		(BY OWNER) 10/13 - 8:15	at 22 Ridgeland
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4904	Miranda	rough all	PASSED	COMPLETES FRAMING
②	34 Castle Hill owner	gas line (REINSPECT)	✓	(rev. F.P. dur. reg.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 4803	Foglia	preliminary	PERFORMED	- CHECKLIST TO CONTR -
S ⑦	101 H. Sewall Foglia	walk-through (FOR FINAL)	✓	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5063	Robinson	slab	INCOMPLETE	last inspection
S ⑧	173 S. River Morris/Driftwood		✓	if possible REINSPECT - 10/16 8:00 AM

OTHER: 132 S. RIVER ROAD; COMMERCIAL CONST. INC. - WORK COMMENCED W/O PERMIT (STRUCT. REPAIR/REPL. - FRAMEWORKS) OK TO CLOSE IN FOR WEATHER; PERMIT MONDAY A.M. (AFTER PAGE); INSPECTION.

INSPECTOR (Name/Signature): * EXTENSIVE INTERIOR WORK - K&B; T/T OWNER RE PERMIT REQ.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/7/8, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N 5708	Nicklas	fence	PASSED	
10	21 Castle Hill Way United	final	☞	
✓ S 5097	Kilbride	pool tie-	PASSED	10/16 FORM BOARD SURVEY
4	4 Lantana Lane Twin Pools	in GROUND ROUGH, STEEL & BOND.	☞	
✓ N 4963	Johnson	tin-tag & metal	PASSED	✓ SHEATHING INSUP 8/16; 8/18; 8/25 COMPLETE
11	9 Quail Run Pacific		☞	
✓ N [REDACTED]	[REDACTED]	tin-tag & metal	PASSED	10/13 SHEATHING
8	[REDACTED] Pacific 263-0116 (KOB)		☞	
✓ M 4920	TOWN HALL	FINAL ROOF	PASSED	PRIOR (10/16) INSP. REB. REPL. 6 ADD' CRACKED TILES
1	1 S. SPR TAYLOR		☞	
✓ S 4799	Jones	fence final	PASSED	VERIFY COMPLIANCE W/ HGT. LIMITATIONS
6A	51 S. Sewall's United	NO PERMIT DOCUMENTS ON SITE - UNABLE TO VERIFY	☞	REINSP. 10/20 FROM TOWN (NO PER) FILE
✓ N 4943	Chardevoyne	fence	PASSED	REP/REPL 6' WOOD @ SPRD
12	22 Fieldway United	final (VERIFY FROM TOWN FILE)	☞	- WALKED PROP. W/ OWNER - CONTR. DID NOT LEAVE DOCS.

OTHER: M* = middle

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/29, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ②	4978 Rimer/Bird 29 S. River Rd. Lear	tie down of studio	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ⑥	5167 Gibson 134 S. River Rd. A & W	sheathing	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ③	4213 Follweiler 11 Lofting Way NE ARK	storm shutters (REINSPECT)	PASSED A	10:30 ✓ FINAL INSP. COMPLETE - OK FOR C.O.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ④	4527 SEELY 37 NE LOFTING WAY GRIBBEN	DRY WALL + NAIL (REINSPECT - GARAGE)	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ N ⑦	5026 Karr 1 Pelame Conway	mech. FRAMING (ALL)	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ⑤	5075 Vesquez 82 S.S.P. Rd. GROZA	sheathing (ROOF. 2ND PT.)	PASSED A	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S ④	4965 Danielson 161 S. River Rd. Miller	straps	PASSED A	9:30 +

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed Fri ~~12-4~~, 2000; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5013	Dennis	partial	PASSED	SEALED EDGES. REV. DUGS
S (4)	16 Ridgeland FL. FINEST	beam & col	(PTC)	REQUIRED FOR INSP. (SHT A.S.1 - SLABS)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5161	BRENNAN	TEMP. POWER	PASSED	LATE AM
S (5)	111 Henry Sewall way. Glenmark	→ FLOORING CONTR. TO (RESCHEDULE FOR 12/6)	✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5063	ROBINSON	Beam & col	PASSED	
S (3)	173 S. River rd DRIFTWOOD HOMES	1ST FL. (PTC).	✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5171	NADIR	T/W TAG METAL	✗	CANCEL BY CONTR 12/4
S X	8 HERON'S NEST PACIFIC ROOFING		✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5170	N.W. BANK	INTERING	PASSED	LATE AM
S (6)	18 Heron's PACIFIC ROOFING 263-0116		✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5086	KARR	Insulation	PASSED	
N (8)	1 Palmyra Castle way Conway		✗	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ 5169	GIBSON	FINAL	✗	CANCEL BY CONTR 12/4 (RESCHED. 12/6)
S X	134 S. Green A+W Roofing		✗	

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Monday, November 17, 2014~~ 2000; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S I/R (7)	BARWILL 4 N. RIDGEVIEW RD. O/B	FIELD VERIFICATION	Passed	2/14 Permit validity how long
✓ S I/R (6)	ROBINSON 173 S. RIVER RD SHADE TREE, INC	FIELD VERIFICATION	Passed	2/14
✓ S 5258 (J)	MASSAID 17 E. HIGH POINT PACIFIC	SHEATHING + TIN TAG	Passed	2/14
✓ N 4717 (10)	ZARCO 124 N. SPR BUFORD	SHUTTERS - FINAL	Passed	2/14
✓ N 5086 (12)	KARR 1 PALAMA WAY CONWAY	GARAGE - FINAL	Passed	FINAL SURVEY, OWNER APPL. ARCHITECT REVD.
✓ N 5242 (a)	KOCH 71 N. RIVER RD. W.B. BROWN	TIE BEAM STEEL mas. wall	Passed	later in Am 2/14
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

8360

FENCE

Martin County # SPO/ MASTER PERMIT NO. 20060070

TOWN OF SEWALL'S POINT

Receipt

Date 8-16-06

BUILDING PERMIT NO. 8360

Building to be erected for Karr

Type of Permit Fence

Applied for by American Fence (Contractor)

Building Fee 30-

Subdivision Castle Hill Lot 26 Block

Radon Fee

Address 1 Palama Way

Impact Fee

Type of structure SFR

A/C Fee

Electrical Fee

Parcel Control Number:

Plumbing Fee

26-37-41-015-000-0026-090000

Roofing Fee

Amount Paid \$30- Check # 2347 Cash Other Fees ()

Total Construction Cost \$ 1440-

TOTAL Fees 30-

Signed [Signature] Applicant

Signed [Signature] Town Building Official Dept Clerk

RECEIVED
6-28-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 6/27/06

OWNER/TITLEHOLDER NAME: Karr

Phone (Day) _____ (Fax) _____

Job Site Address: 1 Palama Way

City: Sewalls Point State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) Crest Hill / 26

Parcel Number: 26374101-5000002609-0000

Owner Address (if different): same

City: _____ State: _____ Zip: _____

Description of Work To Be Done: 6' wood fence

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1440
(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: Hannon Baldwin Smith American Fence Phone: 772-8781630 Fax: 462-5158

Street: 17280 Hammock Ln City: PSL State: FL Zip: 34987

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SP0 3352

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.# _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

NOTICE: In addition to the requirements of this permit, there may be 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)
X Suzanne P. Karr

State of Florida, County of _____

This the 27 day of June, 2006
by _____ who is personally

known to me or produced FL-PA
as identification. Cyndee Cooper

My Commission Expires _____
Notary Public Cyndee Cooper
Commission # DD516182
Expires May 11, 2010

CONTRACTOR SIGNATURE (required)
Shannon Baldwin Smith

On State of Florida, County of _____

This the 27 day of June, 2006
by _____ who is personally

known to me or produced _____
As identification. Cyndee Cooper

My Commission Expires _____
Notary Public Cyndee Cooper
Commission # DD516182
Expires May 11, 2010

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



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED

Permit Number: SP01 - 20060070
Permit Type: SEWALLS POINT
Date Issued: 03-JUL-06
Project:
Scope of Work: 6' wood fence

Applicant/Contact:	BALDWIN, SHANNON C	/
Parcel Control Number:	26-37-41-015-000-0026.0-90000	
Subdivision:	CASTLE HILL	
Construction Address:	1 PALAMA WAY	
Location Description:		
Owner Name:	KARR, STEPHEN L	
Prime Contractor:	BALDWIN, SHANNON C 557 NW SHERBROOKE AVE PORT ST LUCIE, FL 34983	AMERICAN FENCE CREATIONS INC 772-878-1650 License No.: SP03352

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

Code #

Surge -
Stephen Kern

1 Palama Way

260-6049 Cell

has fence on 2 sides
of prop -

wants to install other
side - I told him finished
side facing out - He
said other 2 sides face
in - ~~what~~ Can he do?

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE OF INSURANCE



- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

Insures the following policyholder for the coverages indicated below:

Name of policyholder: AMERICAN FENCE CREATIONS INC
 Address of policyholder: 17280 HAMMOCK LN
 Location of operations: PORT ST LUCIE, FL 34987-3100
 Description of operations: FENCING CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
98-Q5-9678-S B	Comprehensive Business Liability	04/07/06	04/07/07	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence \$ 500,000 General Aggregate \$ 1,000,000 Products - Completed Operations Aggregate \$ 100,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence \$ Aggregate \$
93-QE-6597-L F	Workers' Compensation and Employers Liability	04/07/06	04/07/07	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
 Martin County
 2401 SEmonteray Road
 Stuart, Florida 34996

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder _____ days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Terrence L. Morley
 Signature of Authorized Representative
 TERRENCE L. MORLEY 05/18/06
 Title _____ Date _____

Agent's Code Stamp

AFO Code F607

BALDWIN, SHANNON C
AMERICAN FENCE CREATIONS INC
557 NW SHERBROOKE AVE
PORT ST LUCIE, FL 34983

NOTICE TO ALL CONTRACTORS

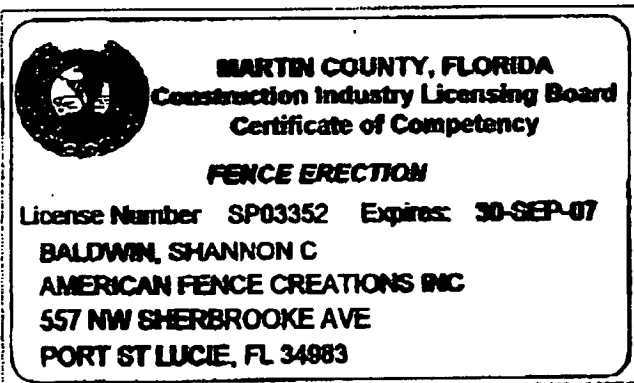
PLEASE BE ADVISED THAT MARTIN COUNTY, FLORIDA SECTION 43.42 REQUIRES COMPLIANCE WITH THE FOLLOWING EXERPT FROM THE GENERAL ORDINANCES OF THE MARTIN COUNTY CODE:

PROHIBITED ACTMTIES:

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

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

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



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-15, 2006 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8465	Yu	Demo-final	PASS	CLOSE
4	131 S. River Rd John O'Connell Inc.			INSPECTOR: <i>[Signature]</i>
0070	KAM	FENCE	PASS	CLOSE
9	1 PALAMA WAY			INSPECTOR: <i>[Signature]</i>
8466	Mc-Malon Easement	Final-meter ^{pumps}	PASS	CLOSE
1A	6 Sable Ct Jimmy Powell			INSPECTOR: <i>[Signature]</i>
8467	Knobel - Easement	Final-meter ^{pumps}	PASS	CLOSE
1A	6 Sable Ct Jimmy Powell	OFF 57 S.S.P.A.		INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

9128

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9178	DATE ISSUED:	JUNE 4, 2009
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	NISAIR		
PARCEL CONTROL NUMBER:	263741015-000-002609	SUBDIVISION	CASTLE HILL-LOT 26
CONSTRUCTION ADDRESS:	1 PALAMA WAY		
OWNER NAME:	KARR		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	772-466-8115

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 6/14/09
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: 6/14/09 BUILDING PERMIT APPLICATION Permit Number: 9178

OWNER/TITLEHOLDER NAME: Stephen Karr Phone (Day) 283-1147 (Fax) _____

Job Site Address: 1 Palama Way City: Stuart State: FL Zip: 34990

Legal Desc. Property (Subd/Lot/Block) Castle Hill Lot 26 Parcel Number: 26-37-41-015-000-00260-9

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

Description of Work To Be Done: H.V.A.C.

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5,500.00
(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: _____

CONTRACTOR/Company: NSAIR Air Conditioning Phone: 772-466-8115 Fax: 772-468-9745

Street: 3700 S US Highway 1 City: Ft. Pierce State: FL Zip: 34982

State Registration Number: CAC041199 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

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

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

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

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): 2007
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007

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)
Stephen Karr

State of Florida, County of _____
This the 4 day of June, 2009

by Stephen Karr who is personally known to me or produced _____ as identification.

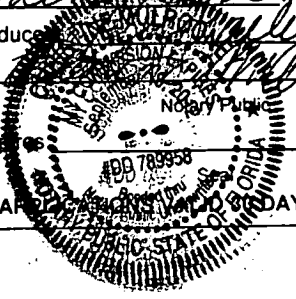
My Commission Expires: 9/19/12

CONTRACTOR SIGNATURE (required)
Philip Nix

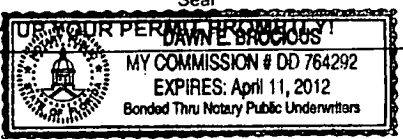
On State of Florida, County of: Martin
This the 4 day of June, 2009

by Philip Nix, Jr who is personally known to me or produced _____ as identification. Dawn E. Brando

My Commission Expires: 4/11/12



PERMIT APPROVAL REQUIRED WITHIN 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT FROM HERE





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

Site Provided by...
 governmax.com T1.14

Summary

print [navigation icons] Owner 2 of 11

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
26-37-41-015-000-00260-9	1 PALAMA WY	4170	Owner	0	1

Summary

Property Location 1 PALAMA WY
Tax District 2200 Seawalls Point
Account # 4170
Land Use 101 0100 Single Family
Neighborhood 120900
Acres 0.530

Legal Description

Property Information
 CASTLE HILL, LOT 26 PI# 26-37-41-015-000-00260-90000

Search By

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

Owner Information
Owner Information
 KARR, STEPHEN L
 KARR, SUZANNE P

Mail Information
 1 PALAMA WAY
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$299,250
Market Impr Value \$685,990
Market Total Value \$985,240

Site Functions

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

Recent Sale
Sale Amount \$113,000

Sale Date 7/15/1994
Book/Page 1081 0942

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

Legal disclaimer / Privacy Statement

Data updated on 6/1/2009



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6-24 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8199	Kinsling	Final AC	PASS	CLOSE
<u>150</u>	7 Mindow St Nislin	(pd 6/16/09 @ meat removal)		INSPECTOR <i>OM</i>
9110	KN	Final	PASS	CLOSE
<u>11AM</u>	Palama Way Nislin			INSPECTOR <i>OM</i>
9149	Marsh	Final 1st lift	PASS	CLOSE
<u>2</u>	16 S Sewalls TCBI			INSPECTOR <i>OM</i>
		WORK		
<u>2A</u>	126 N. SPR	w/o PERMIT (CALL KIT)		INSPECTOR
9078	MASTERPIECE	PLB ROUGH	PASS	
	1 MARGUERITA	ELEC. "		
	MASTERPIECE	CAS "		INSPECTOR <i>OM</i>
		MECH "		
		FRAMING		INSPECTOR <i>OM</i>
9600	CD2	ELEC. / porch	PASS	
	4 RIVER OAK PL	(FRONT 1ST & 2ND PL)		
	SDH +			INSPECTOR <i>OM</i>

10812

CONCRETE

DRIVEWAY



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10812	DATE ISSUED:	3/24/2014
SCOPE OF WORK:	CONCRETE DRIVEWAY		
CONTRACTOR:	RIZON BUILDERS		
PARCEL CONTROL NUMBER:	263741015000002609	SUBDIVISION	CASTLE HILL LOT 26
CONSTRUCTION ADDRESS:	1 PALAMA WAY		
OWNER NAME:	BRUNER		
QUALIFIER:	GREG LINEBURG	CONTACT PHONE NUMBER:	772 461-3738

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

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

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

INSPECTIONS

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

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

**Town of Sewall's Point
BUILDING PERMIT APPLICATION**

Date: 3,14,2014 Permit Number: 10812
 OWNER/LESSEE NAME: MR. & MRS BRUNFR Phone (Day) _____ (Fax) _____
 Job Site Address: I PALAMA WAY City: STUART State: FL Zip: 34996
 Legal Description: LOT 26 CASTLE HILL Parcel Control Number: 26-37-41-05-000-00260-9
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):**

REPLACE DRIVEWAY

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO X
Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO X
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 10725.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: RIZON Phone: 772 461 3738 Fax: _____
 Qualifiers name: GREGORY L. LINEBURG Street: 895 WOODLANDS DR City: P.S.I. State: FL Zip: 34952
 State License Number: CRC0261740 OR: Municipality: _____ License Number: CRC026174
 LOCAL CONTACT: GREG LINEBURG Phone Number: 772-461-3738
 DESIGN PROFESSIONAL: C CALVERT MONTGOMERY + ASSOCIATES INC Fla. License# LR3CA0000
 Street: P.O. BOX 92 9595 FED City: STUART State: FL Zip: 34995 Phone Number: 772 287-5636

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below PFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 30.05.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

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

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

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
 State of Florida, County of: St Lucie
 On This the 17th day of March 2014
 by Gregory L. Lineburg who is personally
 known to me or produced FUDAY 4516-222 RIVINGTON BLVD
 As identification, _____ State of Florida
 My Commission Expires: 04/25/17 Expires: April 25, 2017

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!

LINEBURG 19777 & ATT. NET



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10812		
ADDRESS:	1 PALAMA WAY		
DATE ISSUED:	3/24/2014	SCOPE OF WORK:	CONCRETE DRIVEWAY

SINGLE FAMILY OR ADDITION /REMODEL		Declared Value	\$	
---	--	-----------------------	-----------	--

Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel:			
@ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:			
		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	n/a
Martin County Impact Fee:			
		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 10,725.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 2.00	\$ 200.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	\$ 3.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	\$ 3.00
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	211.00

4-8-14
 CK 4500

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

generated on 3/24/2014 11:55:12 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00260-9	4170	1 PALAMA WAY, SEWALL'S POINT	\$704,210	3/22/2014

Owner Information	
Owner(Current)	BRUNER JEFFREY C & MARTHA
Owner/Mail Address	1 PALAMA WAY STUART FL 34996
Sale Date	9/18/2012
Document Book/Page	2602 0015
Document No.	2352340
Sale Price	824000

Location/Description			
Account #	4170	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 26 PI# 26-37-41-015-000-00260-90000
Parcel Address	1 PALAMA WAY, SEWALL'S POINT		
Acres	.5300		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

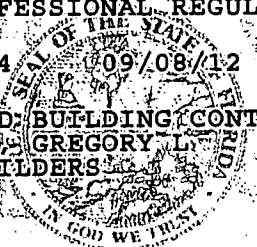
Assessment Information	
Market Land Value	\$250,000
Market Improvement Value	\$454,210
Market Total Value	\$704,210



STATE OF FLORIDA AC# E349337
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION

CBC026174 09/08/12 128056494

CERTIFIED BUILDING CONTRACTOR
 LINEBURG, GREGORY L.
 RIZON BUILDERS



IS CERTIFIED under the provisions of Ch. 489 FS
 Expiration date: AUG 31, 2014 L12090800590

LINE
 RIZON
 568
 PORT

S
 D
 O
 F



2013 / 2014

ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT

RECEIPT # 1500-00019468

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 10
TYPE OF BUSINESS 1500 BUILDING CONTRACTOR (BUILDING)

BUSINESS/ Lineburg, Gregory

DBA NAME Rizon Builders
MAILING Lineburg, Gregory
ADDRESS 895 Woodlands Drive
Port Saint Lucie, FL 34983

BUSINESS LOCATION 895 Woodlands Drive
Port Saint Lucie, FL 34983
St Lucie County



CO 8323

RENEWAL	
ORIGINAL TAX	\$12.35
PENALTY	\$3.09
COLLECTION COST	\$3.00
TOTAL	\$18.44

Paid 03/17/2014 18.44

0208-20140317-001853

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

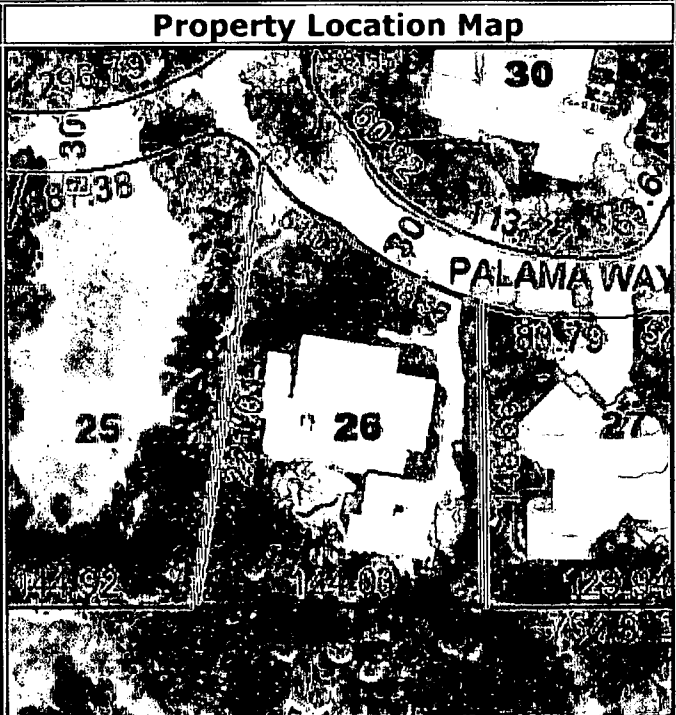
This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Lineburg, Gregory
895 Woodlands Drive
Port Saint Lucie, FL 34983

Martin County Property Information Sheet

General Information			
Parcel #	26374101500002609		
Owner Name:	BRUNER, JEFFREY C & MARTHA		
Owner Address:	1 PALAMA WAY STUART, FL 34996		
Site Address:	1 PALAMA WAY SEWALLS POINT, FL 34996		
Storm Surge Evacuation Zone:	5, 3		
	X500, X		
FIRM Panel:	154		
Urban Service District:	Primary		
Municipality:	Sewall's Point		
Taxing District:	Municipality		
	Contact City of Stuart Fire Rescue		
Building Design Wind Speed			
Occupancy Category I:	150		
Occupancy Category II:	160		
Occupancy Category III and IV:	170		
Land Use			
*NOTE: Land Use information can change frequently, please verify with the _____ at 772-288-5501			
Zoning:	SEWALL		
Zoning Details:	N/A		
Future Landuse	NO DATA		
Landuse Details:	N/A		
Community Redevelopment			
CRA:	N/A		
Zoning Overlay Zone:	N/A		
Mixed Use Areas:	N/A		
Schools			
School information obtained from the _____ system. If there are any questions, please contact the Martin County School District at 772-219-1200			
Elementary School:	Felix A. Williams		
Middle School:	Stuart Middle School		
High School:	Jensen Beach High School		
Utilities & Solid Waste			
Service:	Utility:	Availability:	Phone:
Water:	Martin County Utilities	YES	772-221-1434
Sewer:	Martin County Utilities	YES	772-221-1434
Recycle Collection:	Monday		



Election Information		
Election information obtained from the _____ system. If there are any questions, please contact the _____ at 772-288-5637		
Voter Precinct	10	
Commission District:	1	
	Doug Smith	772-288-5400
	Carolyn Timmann	772-288-5576
	William Snyder	772-220-7000
	Laurel Kelly	772-288-5608
	Laurie J. Gaylord	772-219-1200
	Vicki Davis	772-288-5637
	Ruth Pietruszewski	772-288-5600
State Senator:	NEGRON, JOE	
State Representative:	HARRELL, GAYLE B.	
US Senators:	Rubio, Marco (R)	866-630-7106
	Nelson, Bill (D)	202-224-5274
	Murphy, Patrick (D)	772-781-3266

Print



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Security First Insurance Agency 1318 Town Plaza Court Winter Springs, FL 32708 Phone (407) 977-7100 Fax (407) 977-0024	CONTACT NAME: PHONE (A/C, No, Ext): (407) 977-7100 FAX (A/C, No): (407) 977-0024 E-MAIL ADDRESS: mailbox@walkerinsuranceagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED RIZON CORPORATION AND CREATIVE CONCRETE DESIGN, INC. 895 WOODLANDS DRIVE PORT SAINT LUCIE, FL 34952 (772) 461-3738	INSURER A: Vanguard Insurance Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
------------------	----------------------------	-------------------------

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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"/> PRO-JECT <input type="checkbox"/> LOC			PGL003976-13	04/19/2013	04/19/2014	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT BUILDING DEPT 1 S SEWALL'S POINT ROAD SEWALL FL 34996 FAX: 772-220-4765	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

CERTIFICATE OF LIABILITY INSURANCE

Date
3/17/2014

Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562	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: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Insurers Affording Coverage</th> <th style="width: 30%;">NAIC #</th> </tr> <tr> <td>Insurer A: Lion Insurance Company</td> <td>11075</td> </tr> <tr> <td>Insurer B:</td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> </tr> </table>	Insurers Affording Coverage	NAIC #	Insurer A: Lion Insurance Company	11075	Insurer B:		Insurer C:		Insurer D:		Insurer E:	
Insurers Affording Coverage	NAIC #												
Insurer A: Lion Insurance Company	11075												
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 INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$																
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 65%;">WC Statutory Limits</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%;">OTH-ER</td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td>\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTH-ER		E.L. Each Accident		\$1,000,000		E.L. Disease - Ea Employee		\$1,000,000		E.L. Disease - Policy Limits		\$1,000,000
<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTH-ER																			
	E.L. Each Accident		\$1,000,000																			
	E.L. Disease - Ea Employee		\$1,000,000																			
	E.L. Disease - Policy Limits		\$1,000,000																			

Other **Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 08-66-131
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":
Rizon Corporation dba Rizon Builders
 Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.
Project Name:
 FAX: 772-220-4765 / ISSUE 03-17-14 (TLD)

Begin Date **12/9/2004**

CERTIFICATE HOLDER TOWN OF SEWALL'S POINT BUILDING DEPARTMENT 1 SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
---	--

John H. ...

Greg

RIZON CORPORATION, INC

CREATIVE CONCRETE

Commercial • Residential
"Certified Building Contractors"

Feb.7, 2014

Proposal Submitted To: 407-947-3994

Mr. & Mrs. Bruner

Lot 26 Castle Hill

Sewall's Point FL.

STUART, 34996

We hereby submit specifications and estimates for:

To Install Concrete Driveway consisting of 2300 sq. ft. (Any additional sq.ft. will be an additional charge). All grading, compaction and sitework to be done by other. We will hand grade, form, and pour 3000 PSI. Fiber mix concrete 5" thick with one #4 rebar continues on outside edge 6"x6" thick. Two #4 rebar will be place in main driveway wet set. We will machine trowel finish and broom finish driveway. Saw cuts where needed. All permits by contractor. All survey or blue print supply by owner. Contractor will install one row of brick pavers in driveway at 30 feet apart starting at road. Contractor will install paver and repair 450sq. of paver in driveway.

-----We hereby propose to furnish labor and materials- complete in accordance with the above specifications, for the sum of TENTHOUSAND SEVEN HUNDRED AND TWENTY FIVE DOLLARS.

DEPOSIT (20%) - \$2145.00 UPON SIGNING.

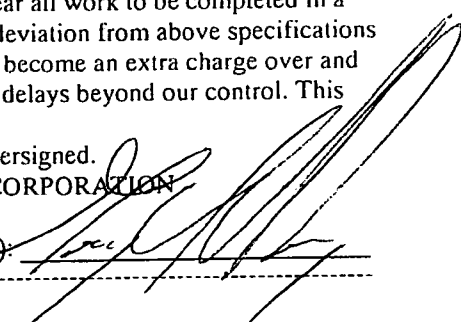
PAYMENT (65%)-\$6971.25 UPON POURING OF DRIVEWAY.

PAYMENT (15%) - \$1608.75 UPON INSTALLING OF PAVERS AND CLEAN UP.

All material is guaranteed to be as specified. All material is guaranteed through the Material Supply Company not the Concrete Contractor. All work is guaranteed for one year all work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. This proposal subject to Acceptance within 15 days and is void thereafter at the option of the undersigned.

RIZON CORPORATION

Authorized Signature (By: President):

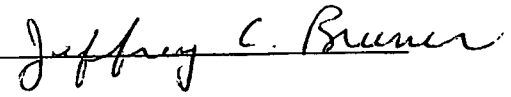


ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

ACCEPTED: DATE

Signature:



Date: 2/25/14

Signature: _____

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4/23-14 Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10812	Brunner	Alteration		461-3738
	T Palama Way	Drp - Prepaw	PASS	
	Rizon Bldrs	Partial		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10731	Willeams	Plumbing		260-0848
	24 Cattle Hill Way	(Pool)	PASS	
	SF Cust. Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10775	Mc John	Window +		Steve 320-8072
	10 Heritage Way	Door	PASS	
	GJD Contracting			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10672	Duke	Tiedown		215-8464
	25 Island Rd.	+ Treess Engineering	PASS	Curt
	COR Builders			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	REIB	FREE		
	4 BARU		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10834	TWORRY	FOOTING		
	112 Henry Sewalls		PASS	
	SERGEANT MDM			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
			3780	
			407-721 2380	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

4/28 - 14

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10818	OLSON 12 KNOWLES BING ROOFING	Decking + Dry In ROOF SHEATHING -	APPARENT - PASS	772 419-2086 INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10812	BRUNER	Overhaul		
	T PALAMA WAY	DRIVEWAY	PASS	
	RIZON BLVD			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

6/25-14

Page ___ of ___

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10812	Permer 1 Palama Way Heaton Trees	Final Renewal & Landscaping	Pass	2/07-9/17-3994 Permer INSPECTOR <i>[Signature]</i>
10902	45 RIO VISTA DR SEACOAST A/C	FINAL A/C	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10731	WILLIAMS 24 CASTLE HILL S. FLORIDA CUSTOM POOLS	POOL FINAL	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10674	MORAN 2 PALM RD BROWNIE COMP	SLAB	Pass	INSPECTOR <i>[Signature]</i>
10848	GERMANY 14 S. SAT RD SCOTT HOLMS	Framing	Pass	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR

11155

ROOF REPAIR



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	11155	DATE ISSUED:	January 27, 2015
SCOPE OF WORK:	Roof Repair		
CONTRACTOR:	Stuart Roofing		
PARCEL CONTROL NUMBER:	26-37-41-015-000-00260-9	SUBDIVISION:	Castle Hill, Lot 26
CONSTRUCTION ADDRESS:	1 Palama Way		
OWNER NAME:	Bruner		
QUALIFIER:	John Turner	CONTACT PHONE NUMBER:	349-2772

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11155		
ADDRESS:	1 Palama Way		
DATE ISSUED:	1/27/2015	SCOPE OF WORK:	Roof Repair

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa	@ \$ 121.75 per sq. ft.	s.f.	\$ -
Total square feet non-conditioned space, or interior remodel:	@ \$ 59.81 per sq. ft.	s.f.	\$ -
Total square feet remodel with new trusses:	\$ 90.78 per sq. ft.	s.f.	\$ -
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K)	\$ 100.00 per insp.	# insp	n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 2,200.00
Total number of inspections:	@ \$ 100.00 per insp.	# insp	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 11155

Date: _____
 OWNER/LESSEE NAME: BRUNER, JEFFREY + MARTHA Phone (Day) _____ (Fax) _____
 Job Site Address: 1 PALAMA WAY City: STUART State: FL Zip: 34996
 Legal Description: CASTLE HILL, LOT 26 Parcel Control Number: 26-37-41-015-000-00260-9
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Roof Repair

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES NO
Has a Zoning Variance ever been granted on this property?
 YES (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 2200.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

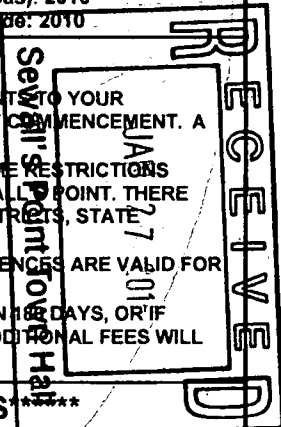
Construction Company: STUART ROOFING Phone: 692-9854 Fax: 692-9856
 Qualifiers name: JOHN TURNER Street: 140 NE DIXIE HWY City: STUART State: FL Zip: 34994
 State License Number: CCC-024411 OR: Municipality: _____ License Number: _____
LOCAL CONTACT: JOHN TURNER Phone Number: 772.349.2772
DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof: _____ Elevated Deck: _____ Enclosed area below BFE: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement

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

WARNINGS TO OWNERS AND CONTRACTORS:

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



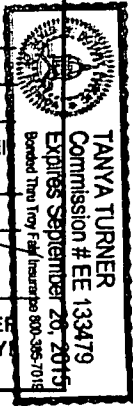
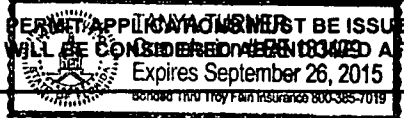
*******A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*******

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 x Jeffrey C. Bruner
 State of Florida, County of: MARTIN
 On This the 26TH day of JANUARY, 2015
 by JEFFREY BRUNER who is personally
 known to me or produced
 As identification. _____
 Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 x John Turner
 State of Florida, County of: MARTIN
 On This the 26TH day of JANUARY, 2015
 by JOHN TURNER who is personally
 known to me or produced
 As identification. _____
 Notary Public

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!
 My Commission Expires: _____
 My Commission Expires: 9.26.15



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

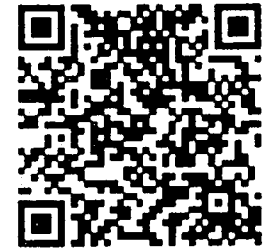
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CCC024411

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

TURNER, JOHN WESLEY
STUART ROOFING, INC
140 NE DIXIE HWY
STUART FL 34994



ISSUED: 08/05/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1408050001582



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SUNZ Insurance Solutions LLC 7405 N Tamiami Trail Sarasota, FL 34243	CONTACT NAME: PHONE (A/C, No, Ext): 941-306-3077 FAX (A/C, No): 727-497-1280 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Howard Leasing, Inc. 6302 Manatee Avenue West, Suite K Bradenton FL 34209	INSURER A: SUNZ Insurance Company NAIC # 34762	
	INSURER B: Aspen Re - London - Best Rating "A"	
	INSURER C: Catlin Syndicate - Lloyds - Best Rating "A"	
	INSURER D: Brit Syndicate - Lloyds - Best Rating "A"	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21029578

REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCPEO0000040 05 WCPEO0000040 04	5/14/2014 5/14/2013	5/14/2015 5/14/2014	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation						This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage						
D							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage provided for all leased employees but not subcontractors of: Stuart Roofing of The Treasure Coast, Inc. dba Stuart Roofing, Inc
 Location Effective: 6/2/2014

CERTIFICATE HOLDER**CANCELLATION**

1894 Town of Sewall's Point 1 S Sewall's Point Rd Sewall's Point FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  Glen J Distefano
--	--

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ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/5/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Insurance Agency Inc. 1010 SW Martin Downs Blvd Palm City FL 34990		CONTACT NAME: Patrick Gleason PHONE (AGC No. Ext): (772) 426-9933 FAX (AGC No.): (772) 426-9943 E-MAIL ADDRESS:	
INSURED Stuart Roofing of the Treasure Coast Inc. 140 NE DIXIE HWY Stuart FL 34994		INSURER(S) AFFORDING COVERAGE INSURER A: MAPFRE INSURER B: Axis Surplus Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: CL148502415** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		PLGLN00710AX	07/31/2014	07/21/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>		4150130007908	3/14/2014	3/14/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

(772) 220-4765

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Laura Warren/LWARR

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

generated on 1/27/2015 3:03:29 PM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
26-37-41-015-000-00260-9	4170	1 PALAMA WAY, SEWALL'S POINT	\$653,690	1/24/2015

Owner Information	
Owner(Current)	BRUNER JEFFREY C & MARTHA
Owner/Mail Address	1 PALAMA WAY STUART FL 34996
Sale Date	9/18/2012
Document Book/Page	<u>2602 0015</u>
Document No.	2352340
Sale Price	824000

Location/Description			
Account #	4170	Map Page No.	SP-01
Tax District	2200	Legal Description	CASTLE HILL, LOT 26 PI# 26-37-41-015-000- 00260-90000
Parcel Address	1 PALAMA WAY, SEWALL'S POINT		
Acres	.5300		

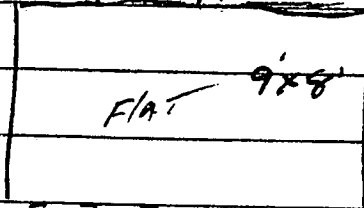
Parcel Type	
Use Code	0100 Single Family
Neighborhood	120900 Sewall's Lndg/Castle Hill

Assessment Information	
Market Land Value	\$205,000
Market Improvement Value	\$448,690
Market Total Value	\$653,690

JIM BAUER

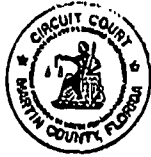
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TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



REMOVE TILE FROM FLAT ROOF BELOW
CLEAR STORY WINDOWS ALSO REMOVE
TILE BELOW 4' TO 6' BELOW FLAT
RESURFACE ALL W/ MODIFIED ROOFING
& REINSTALL TILE W/ FOAM ADHESIVE.

INSTR # 2496671
OR BK 2763 PG 2267
(1 Pgs)
RECORDED 01/29/2015 03:21:43 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK



THIS IS TO CERTIFY THAT THE
FOREGOING PAGE(S) IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
DOCUMENT AS FILED IN THIS OFFICE

CAROLYN TIMMANN, CLERK

BY: [Signature]
DATE: [Signature]

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00

PERMIT #:

TAX FOLIO #

35-37-41-008-000-0080-6

STATE OF FLORIDA

COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS, IF AVAILABLE):

Knowles S/D Lot 18-51 N. River Rd.

GENERAL DESCRIPTION OF IMPROVEMENT:

Brick HFT + Deck addition

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: Jack Carter
Address: 123 Sea Port Rd. Oosterville MA 02655
Interest in property: owner
Name and address of fee simple title holder (if different from Owner listed above):

CONTRACTOR'S NAME: TOBI Phone No.: 260-4186
Address: 2000 Hoff Rd. Stuart FL 34994

SURETY COMPANY (if applicable, a copy of the payment bond is attached):
Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: _____

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: _____ Phone No.: _____
Address: _____

In addition to himself or herself, owner designates _____ of _____ to receive a copy of the Lendor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief.

[Signature]
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact
owner
Signatory's Title/Office

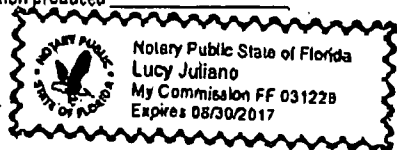
The foregoing instrument was acknowledged before me this 20 day of Jan, 2015

By: Jack Carter as owner for property
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

[Signature]
Notary's Signature

Personally known or produced identification
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)



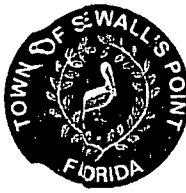
TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 11/29/15 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11102	Elliott	A/C	NO ONE HOME	45° RE-INSPECTION
Am Requested	25 W High Pt Rd His Air	Final	10:25 AM	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11136	Gervato	Pool Remodel Underground	Fail	DOUBLE FEE ON GAS PERMIT
Am Requested	10 N Sewall Pt Rd DUR	plumbing + electric rebar + Lathe	GAS WORK NO PERMIT	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11135	Bruner	Roof Repair		
	Palama Way Stuart Roofing	Final	Fail	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11142	De rosa	Garage Door		
	16 N Sewall Pt Rd Chris French Solutions	Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11143	Moscatello	Roof		
	1 Worth Ct Elite Roofing	Dry-in + metal	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11071	Resnick	TEMP ONE	PASS	*E-MAIL EPL
Pm Requested	14 Middle Rd Celentano Dev. Group	Slab	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11114	MAYFIELD			
	2 E. HIGH PR BRUNER DEV. GROUP	FENCE	PASS	CLOSE INSPECTOR <i>[Signature]</i>

TREE In N. RIVER



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

**APPLICATION FOR TREE REMOVAL, RELOCATION OR
REPLACEMENT PERMIT ON DEVELOPED RESIDENTIAL PROPERTY**

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. Removal of trees with a diameter of less than two inches.
3. Removal of citrus or non-native fruit trees.

Sec. 70-22. Permit required for tree removal.

A permit as provided for in this chapter shall be required for the removal (or transplant) of any tree with a two-inch caliber or more upon any parcel upon which there is a residence under a validly issued permit. Permit requirements are outlined under article V Town Ordinances. If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the state or type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner. (Ord. No. 303, 7-20-04)

Application procedures:

1. Complete application information including sketch below.
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 posted 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.

Permit Fee:

1. Tree permits are \$15.00.
2. Permit - No fees are assessed for tree which is dead, diseased, injured, hazardous to life or property, or listed as a prohibited species by the Florida Department of Environmental Protection.

NOTICE:

A PERMIT WILL NOT BE ISSUED FOR THE REMOVAL ANY NATIVE SPECIES TREES UNLESS ONE OR MORE OF THE FOLLOWING CONDITIONS EXIST: (SEC. 70-87. PERMIT ISSUANCE OR DENIAL TOWN ORDINANCES).

- A. THE VEGETATION IS LOCATED IN AN AREA WHERE STRUCTURES, UTILITIES OR IMPROVEMENTS MAY BE PLACED ACCORDING TO THE TOWN CODE; AND TO PRESERVE THE VEGETATION WOULD UNREASONABLY RESTRICT THE ECONOMIC ENJOYMENT OF THE PROPERTY; AND THE VEGETATION CANNOT BE RELOCATED ON THE SITE BECAUSE OF AGE, TYPE OR SIZE.
- B. THE VEGETATION IS DISEASED, INJURED, LOCATED TOO CLOSE TO THE EXISTING OR PROPOSED STRUCTURES, INTERFERES WITH EXISTING UTILITY SERVICE, OR CREATES UNSAFE VISUAL OBSTRUCTION.
- C. THE VEGETATION IS TO BE MOVED TO ANOTHER LOCATION ON THE OWNER'S PROPERTY OR IS TO BE REPLACED BY ANOTHER TREE OR SHRUB ON THE OWNER'S PROPERTY, REGARDLESS OF LOCATION.

IF THE PERMIT IS DENIED, THE DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE BASIS FOR DENIAL USING THE CRITERIA LISTED IN THIS SECTION.

*****THE FOLLOWING SPECIES ARE CONSIDERED NATIVE, PROTECTED SPECIES***:**

BLACK IRONWOOD, BLACK MANGROVE, BLOLLY, BUTTONWOOD, CABBAGE (SABLE) 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.



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

Picked up

AK

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 KARR'S Address ~~Palma Way~~ Phone 283-1147

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Coconut palm

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

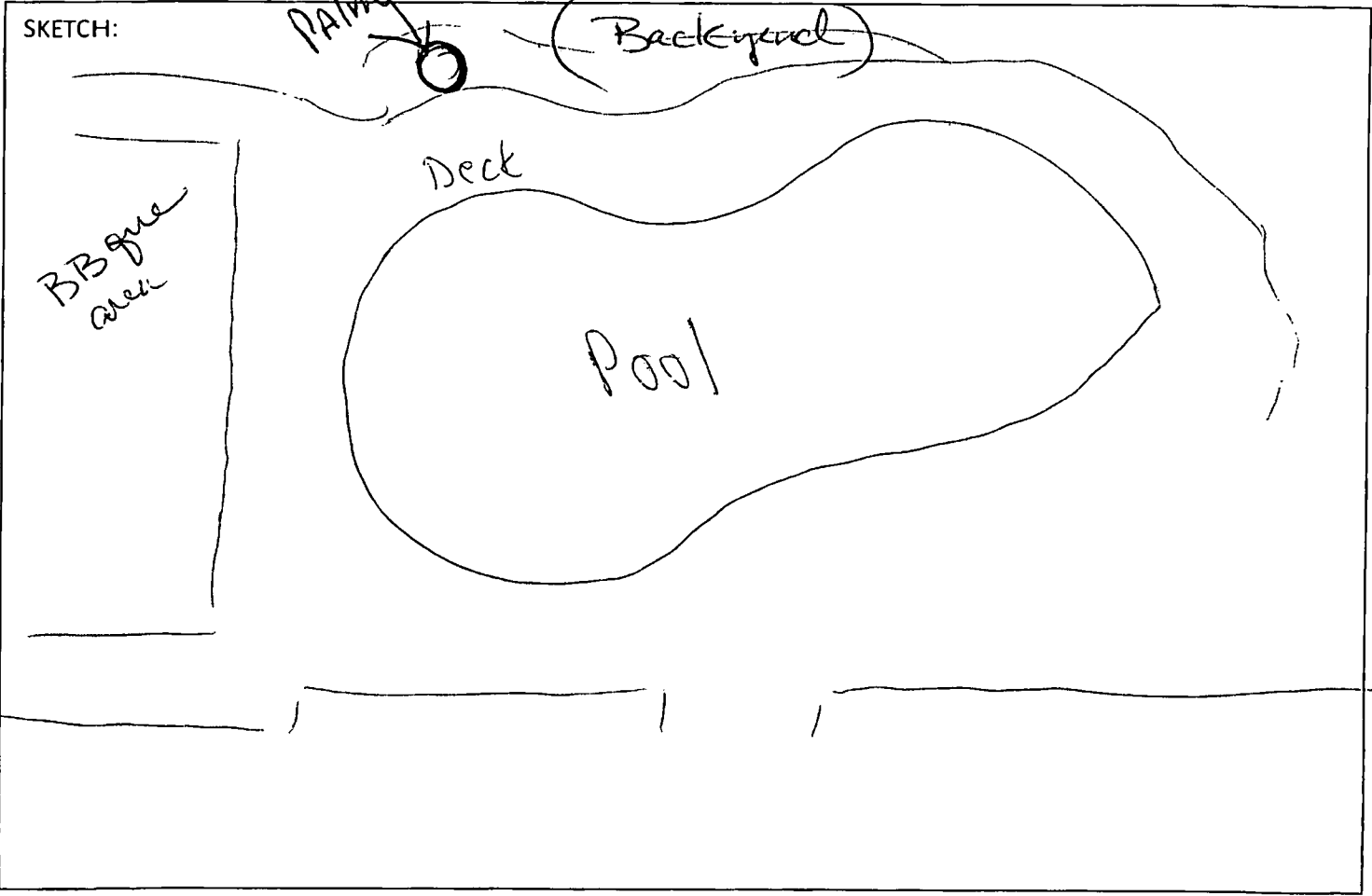
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

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

Signature of Property Owner Suzanne Patton Date 4/21/10

~~Approved by Building Inspector: _____ Date _____ Fee _____~~

NOTES: _____



600

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 KARR Address 667 SW Hidden Run 283-1147

Contractor S. CONWAY Address 1501 DECKER AVE SUITE 201 PALM CITY Phone 200-0993

Number of trees to be removed (list kinds of trees) 20

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

Number of trees to be replaced 0 10-OAK, 3 PALMS, 7 HICKORY. (list kinds of trees):

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Stephen B. Conway Date submitted 10-19-94

Approved by Building Inspector [Signature] Date 10-19-94

Approved by Building Commissioner [Signature] Date _____

Completed _____ Date _____ Checked by _____

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

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

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: S. KARR

ADDRESS: 667 SW HIDDEN RIVER AVE
PALM CITY, FL

CONTRACTOR: S. CONWAY

ADDRESS: 1501 DECKER AVE E-519
STUART, FL.

LICENSE NUMBER: CRC-053742

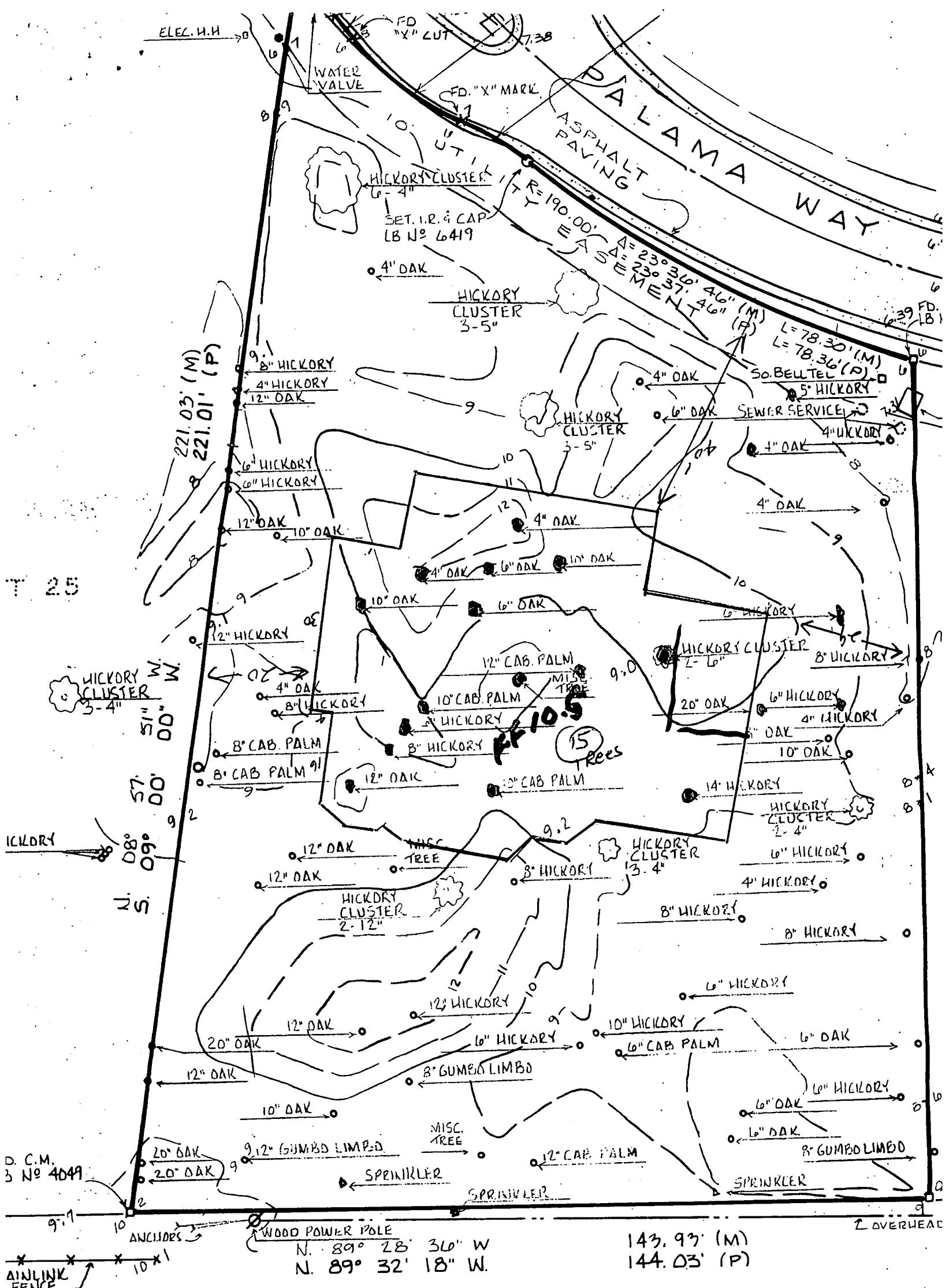
PHONE: S. KARR 283-1147 S. Conway 288-0993
Owner Contractor

CONTRACT PRICE: \$ NA

PERMIT FEE: \$ _____ PAID: _____
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

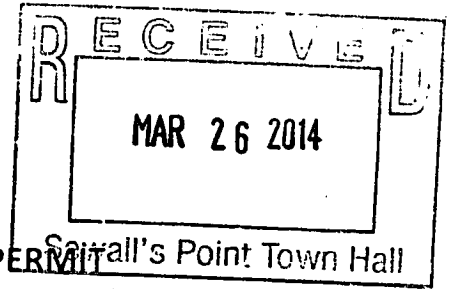
CONSTRUCTION OF NEW 2 STORY
RESIDENCE IN CASTLE HILL.



No.	Revisions



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



TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner JEFF BRUNER Address ~~XXXXXXXXXX~~ Phone _____

Contractor HEATON TREE Address 629 SE AULT RD Phone 772 219 8559

No. of Trees: REMOVE 1 Species: LIVE OAK

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

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

Signature of Property Owner Jeff C Bruner Date 3/26/14

Approved by Building Inspector: [Signature] Date 4-1-14 Fee: N/E

NOTES: _____

