

12 Palm Court

8389

CONCRETE WALL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 8389

Date 9-27-06

Building to be erected for Heelriegel

Type of Permit Concrete fence

Applied for by Worrell Building Corp (Contractor)

Building Fee 35

Subdivision ~~Adams Road~~ Lot 6 Block _____

Radon Fee _____

Address 12 Palm Ct

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number: 3537-41-008-000-00060-1

Plumbing Fee _____

~~133841-005-000-000-609-0000~~

Roofing Fee _____

Amount Paid \$35 Check # 004070 Cash _____ Other Fees (_____)

TOTAL Fees 35

Total Construction Cost \$ 2000

Signed John Worrell
Applicant

Signed John Adams
Town Building Official

PERMIT

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

INSPECTIONS

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

RECEIVED
9-20-06

RECEIVED
9-13-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 9-12-06

OWNER/TITLEHOLDER NAME: Philip L. Hellriegel Phone (Day) 708-9641 (Fax) 419-0281

Job Site Address: 12 Palm Court City: Sewalls Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

Owner Address (if different): 11 Castle Hill Way City: Sewalls Pt State: FL Zip: 34996

Description of Work To Be Done: ENTRANCE FENCE (CONCRETE)

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2000.

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 300,000

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

Method of Determining Fair Market Value: PURCHASE

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

CONTRACTOR/Company: WORRELL BUILDING CORP Phone: 220-3721 Fax: 288-0333

Street: 1865 S.E. AIRPORT ROAD City: STUART State: FL Zip: 34996

State Registration Number: CGC 048703 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: N/A State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT BRADEN & BRADEN Lic.# AAE-000032 Phone Number: 772-287-8258

Street: 417 COCONUT AVE City: STUART State: FL Zip: 34996

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

Carport: _____ Total Under Roof N/A 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)
Philip L. Hellriegel

State of Florida, County of: MARTIN

This the 12 day of SEPTEMBER, 2006

by Philip L. Hellriegel who is personally

known to me or produced FL. DRIVER'S LICENSE

as identification. Rachana M. ...

My Commission Expires: 8-29-08

CONTRACTOR SIGNATURE (required)
John Worrell

On State of Florida, County of: MARTIN

This the 12 day of Sept, 2006

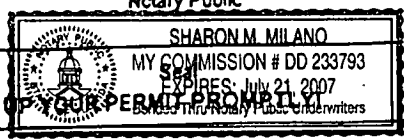
by John Worrell who is personally

known to me or produced _____

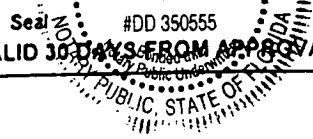
As identification. Sharon M. Milano

Notary Public

My Commission Expires: _____



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



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE
WATE-1

DATE (MM/DD/YYYY)
08/24/06

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

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

INSURED
Watts Electric Corporation
Worrell Building Corporation
Watts A/C Mechanical Corp
Airport RV & Storage
1865 SE Airport Road
Stuart FL 34996

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Southern Owners	10190
INSURER B:	Progressive	24260
INSURER C:	Auto Owners Insurance Co	18988
INSURER D:		
INSURER E:		

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	20607101	08/25/06	08/25/07	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> contractual liab				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> broad form PD				GENERAL AGGREGATE	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XCU NOT EXCLUDED						
B		AUTOMOBILE LIABILITY	08195410-1	08/25/06	08/25/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
C		EXCESS/UMBRELLA LIABILITY	20607108	08/25/06	08/25/07	EACH OCCURRENCE	\$ 4,000,000
		<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10,000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER	20607107	08/25/06	08/25/07		50,000 500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Electrical Contractor - State of Florida

CERTIFICATE HOLDER

TOWNS - 1

Town of Sewalls Point
1 S Sewalls Point Road
Stuart FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Phil Walcott



CERTIFICATE OF LIABILITY INSURANCE

Date (mm/dd/yy)
7/26/2006

Producer
Glen J Distefano

SUNZ Insurance Company
PO Box 1777
St Petersburg
727-497-1247
www.sunzinsurance.com

FL 33731

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

INSURERS AFFORDING COVERAGE

- INSURER A SUNZ Insurance Company
- INSURER B
- INSURER C
- INSURER D
- INSURER E

Insured
A.E.M., Inc.

Suite 100
1440 W. Indiantown Road
Jupiter

FL 33458

COVERAGES

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INSR LTR	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 LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGG LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
	FIRE DAMAGE (Any one fire)				\$	
	MED EXP (Any one person)				\$	
	PERSONAL & ADV INJURY				\$	
	GENERAL AGGREGATE				\$	
	PRODUCTS-COMP/OP AGG				\$	
					\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
					\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
	OTHER THAN AUTO ONLY:				EA ACC \$	
	AGG				\$	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
	AGGREGATE				\$	
					\$	
					\$	
					\$	
A	WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	WCPEO000000302	8/1/2006	8/1/2007	<input checked="" type="checkbox"/> STATUTORY LIMIT <input checked="" type="checkbox"/> OTHER	
					EL EACH ACCIDENT	\$ 1000000
					EL DISEASE - EA EMPLOYEE	\$ 1000000
					EL DISEASE - POLICY LIMIT	\$ 1000000

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

Coverage provided for all leased employees but not subcontractors of: Watts Electric Corp./Worrell Building Corporation
State of Florida Coverage Only

CERTIFICATE HOLDER

07831
Town of Sewalls Point

1 South Sewalls Point Road

Stuart

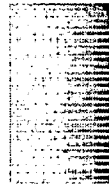
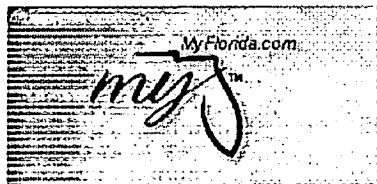
FL 34996

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. * 10 Days for Non-Payment of Premium

AUTHORIZED REPRESENTATIVE

Douglas Lilak



Log On

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9:55:56 AM 9/21/2006

Public Services

- Search for a Licensee
- Apply for a License
- View Application Status
- Apply to Retake Exam
- Find Exam Information
- File a Complaint
- AB&T Delinquent Invoice & Activity List Search

User Services

- Renew a License
- Change License Status
- Maintain Account
- Change My Address
- View Messages
- Change My PIN
- View Continuing Ed

[Term Glossary](#)

[Online Help](#)

Licensee Details

Licensee Information

Name: **WORRELL, JOHN (Primary Name)**
WORRELL BUILDING CORP (DBA Name)

Main Address: **185 SE AIRPORT ROAD**
STUART Florida 34996-5217

County: **MARTIN**

License Mailing:

LicenseLocation: **185 SE AIRPORT ROAD**
STUART FL 34996-5217

County: **MARTIN**

License Information

License Type: **Certified General Contractor**

Rank: **Cert General**

License Number: **CGC048703**

Status: **Current,Active**

Licensure Date: **11/18/1989**

Expires: **08/31/2008**

Special Qualifications Qualification Effective

Bldg Code Core

Course Credit

Qualified Business License Required 02/20/2004

[View Related License Information](#)

[View License Complaint](#)

AC# 1485039

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0407130141

DATE	BATCH NUMBER	LICENSE NBR
07/13/2004	040027065	CGC048703

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

WORRELL, JOHN
WORRELL BUILDING CORP
1865 SE AIRPORT ROAD
STUART FL 34996-5217

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34986
(772) 288-5604

LICENSE 1990-513-166 CERT _____
PHONE 5612203421 SIC NO 001521

LOCATION:
1865 SE AIRPORT RD MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

WORRELL, JOHN/QUALIFIER
WORRELL BUILDING CORP
JOHN WORRELL/QUALIFIER
1865 SE AIRPORT ROAD
STUART FL 34997

IS PERSON INTENDING TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION:
OF

GENERAL CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

31 DAY OF AUGUST 05

AND ENDING SEPTEMBER 30, 2006 12 05083101 005336

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-27, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC 0080	Reno	Final ROOF REPAIR	PASS	
5	6 Island Rd Pacific Roofing			INSPECTOR: <i>[Signature]</i>
8389	Hellriegel	Foundation (Pool)	PASS	
8	12 Palm Ct Worrell			INSPECTOR: <i>[Signature]</i>
718	SCHOPPE	Final	FAIL	
7	9 Palm Rd APP	(re for #1488)		INSPECTOR: <i>[Signature]</i>
7829	Marley	Final steps?	---	Reschedule
5A	39 W High Rd O/B		?	INSPECTOR: <i>[Signature]</i>
8393	Hannery	Pool deck	PASS	
11	23 Rio Vista Scheller			INSPECTOR: <i>[Signature]</i>
8409	Vanfossen	dry-in	PASS	
6	158 S River Pk Pacific Roof			INSPECTOR: <i>[Signature]</i>
6145	Reisinger	outside electric panel	PASS	CALL FPC FOR METER RELOCATION
3	8 Castle Hill O/B			INSPECTOR: <i>[Signature]</i>

OTHER: _____

~~30th~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-3, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8389	Heinigel	tie beam on wall	PASS	
5	12 Palm Ct Worell	10:00 A.M.		INSPECTOR: <i>[Signature]</i>
8401	Olson	tie ^{DOCK} back	PASS	
7	19 N River TCBI	clearance		INSPECTOR: <i>[Signature]</i>
8431	Lenigan	gas rough	PASS	
6	27 N River 2d St Prop Disc.			INSPECTOR: <i>[Signature]</i>
7819	Tidikis	hursect	FAIL	
3	12 Crane's Nest Advanced	window bucks		INSPECTOR: <i>[Signature]</i>
7584	Scherodnic	Meter	FAIL	
1	12 S. Sewalls Driftwood	(see #113712)		INSPECTOR: <i>[Signature]</i>
Tree	Gage	Tree	PASS	
2	5 E. High Pt O/B			INSPECTOR: <i>[Signature]</i>
0097		FINAL KIT.	PASS	CLOSE
4	14 S. VIA LUCINDA			INSPECTOR: <i>[Signature]</i>
OTHER:	0000 49 N. S. P. R.	FINAL DOCK.	PASS	CLOSE <i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thu~~ ^{THURS} 11-9, 2006

Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6589	11401	Final	PASS	CLOSE
1	12 Palm Ct Worell			INSPECTOR: <i>[Signature]</i>
0121		FINAL	PASS	CLOSE
2	20 N. RIVER			INSPECTOR: <i>[Signature]</i>
0102		ROOF FINAL	FAIL	
4	25 N. RIVER			INSPECTOR: <i>[Signature]</i>
8415		WINDOW/SHUTTERS	FAIL	
3	20 N. RIVER	DOOR.		INSPECTOR: <i>[Signature]</i>
8418		FENCE FINAL	PASS	CLOSE
	179.5 RIVER			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:



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



BUILDING DEPARTMENT RECORDS REQUEST FORM

Name of Requestor: Patricia Kunde Date of Request: 6/25/13
 Telephone/Fax: 772-579-9129 E-mail: _____

Subdivision: _____ Permit Number(s) _____

Address of Building(s) 17 Palm Court

Records/Documents Requested (Be specific) Boundary Survey

Use back of form if necessary

Reproduction of Architectural Plans and Drawings under Seal:

We are required to advise individuals seeking to copy architectural records under seal of the limitations of the federal copyright law and the consequences of violating its provisions:

Federal Copyright laws vests the owner of a copyright, subject to certain limitations, the exclusive right to do or authorize, among other things, the reproduction of the copyrighted work in copies and the distribution of the copyrighted work to the public by sale or transfer of ownership. The unauthorized reproduction in part or in whole of any copyrighted work in copies constitutes an infringement of such copyright. Copyright infringement is a tort and all persons concerned therein are jointly and severally liable as joint tort-feasors.

Removal of Records from Town Hall, Indemnification:

In consideration of being permitted to remove these public records from Town Hall, I hereby agree to defend, hold harmless and indemnify The Town of Sewall's Point, its officers, employees, and agents, individually or in an official capacity for the Town from and against any and all liability on account of any damages, omissions, commissions, actions, causes of action, claims, suits, judgments and damages accruing, including court costs and attorney's fees at all levels of trial and appeal, that may arise from the undersigned's removal of these public records from Town Hall. I further agree that all records removed from Town Hall will be returned in the same condition they were received and on the date specified below.

In the further event the undersigned shall fail to so defend and/or indemnify and save harmless, then in such instance the Indemnities shall have full rights to defend, pay or settle any claim on their behalf without notice to undersigned and with full rights to recourse against the undersigned or all fees, costs, expenses and payments made or agreed to be paid to discharge said claim.

DEPARTMENT USE ONLY:

Total copies @ _____ / copy.....\$ 13

Total minutes (after first 15 minutes) _____ spent on retrieval @ 6-26 / minute.....\$

Miscellaneous fees or charges (describe): _____ \$ 50

Total fees: \$ 100

Condition of Records: Poor Fair Good Excellent Total Pages _____ Clerk (Int.) _____

The undersigned agrees to return these records by: 6/26/13

Signature: Patricia Kunde Print Name: Same Date: _____

Address _____ Phone: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 10-11-06 TREE REMOVAL PERMIT No 387

APPLIED FOR BY H & L Marine Development (Contractor or Owner)

Owner ~~10 Palm Ct~~

Sub-division _____, Lot _____, Block _____

Kind of Trees Palms

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Remove trees to build entrance wall + gate FEE \$ 15

Signed, _____ Applicant

Signed, Phil Wintercorn Blog Inspector ~~Temp. Clerk~~

TOWN OF SEWALL'S POINT

Call 287-2453 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

12 PALM COURT

Owner HOLMARINE DEVELOPERS Address 31305 E GRAN PKWY Phone 419-0280

Contractor JOHN WARELL Address 1865 SE AIRPORT RD Phone 220-3421

No. of Trees: REMOVE 3 Type: PALM

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____

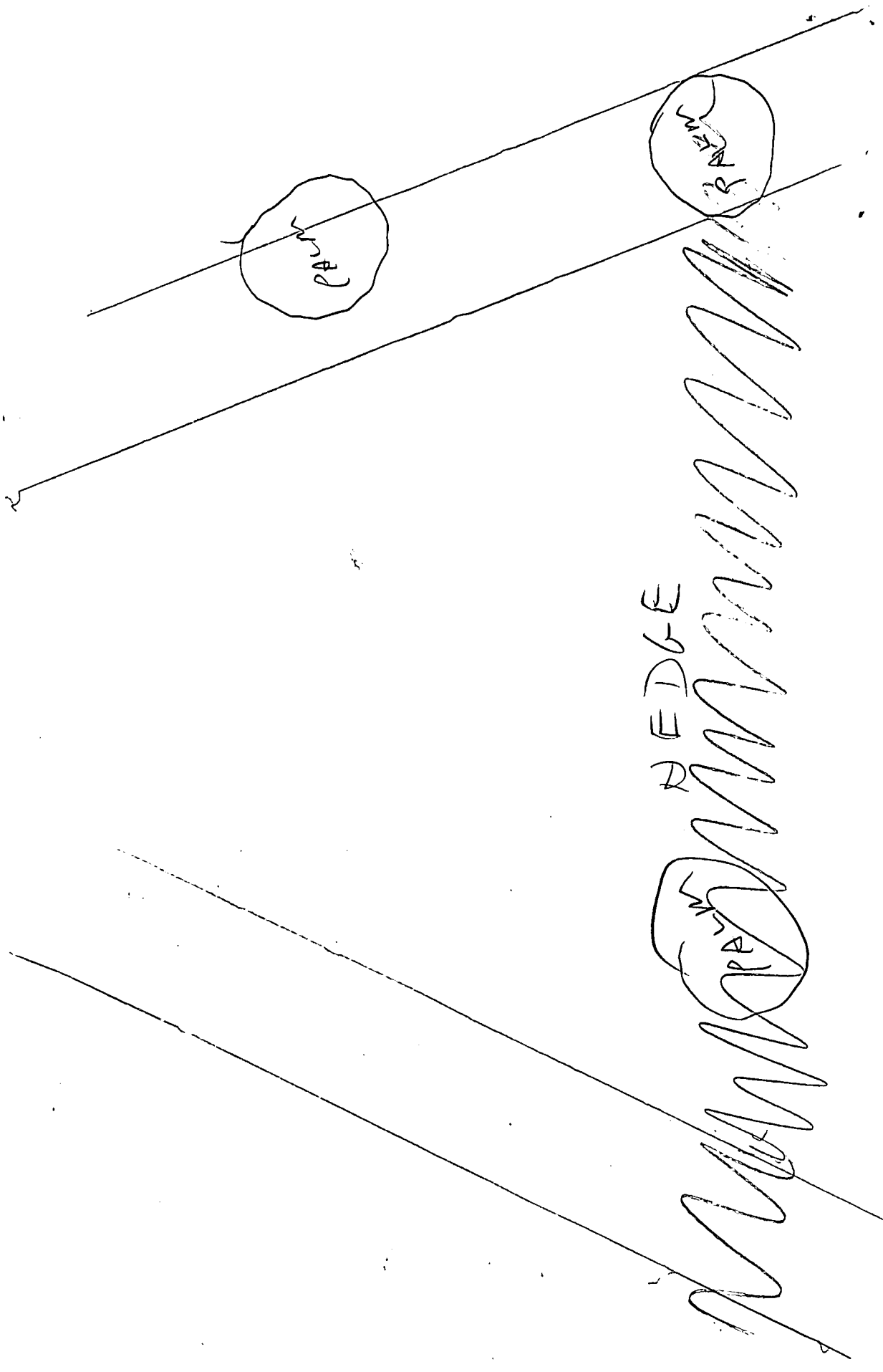
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: TO BUILD AN ENTRANCE WALL & GATE TO PROPERTY FROM SEWALLS POINT ROAD

Signature of Property Owner [Signature] Date 10-06-06

Approved by Building Inspector: [Signature] Date 10/11 Fee: 15

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



PAIN

PAIN

EDGE

PAIN



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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Phil HEURIEGEL Address ~~10165 NW 12th St~~ Phone 772-708-9641

Contractor _____ Address (12 Palm Ct.) Phone _____

No. of Trees: REMOVE 6 Type: AUSTRALIAN PIPES

No. of Trees: RELOCATE _____ WITHIN 30 DAYS (2) Type: BRAZILIAN PEPPERS

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

Reason for tree removal/relocation _____

LETTER FROM SEWALL'S POINT TOWNSHIP.

Signature of Property Owner *[Signature]* Date 9-20-07

Approved by Building Inspector: *[Signature]* Date 9/20 Fee: 0

NOTES: _____

